

Board and Executive Expense Report

Name Jitendra Prasad
Title SVP, Contracting, Procurement & Supply Management
Location Edmonton
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	Expense Claim	Meetings				411	411			
Jan-14	Direct Billing	Meetings	336				336			
Total			\$ 336	\$ -	\$ -	\$ 411	\$ 747	\$ -	\$ -	\$ -

Total for the Month \$ 747

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 14-01-14 To: 29-01-14
 Travel Period from: 14-0-14 To: 29-01-14 (if applicable)
 Out-of-Province Travel

Name: Jitendra Prasad Position (Title): Senior Vice President, CPSM
 Location: SSP Dept: CPSM DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →					Project Number		Project Task Number																																																																							
					Expenditure Organization		Expenditure Type																																																																							
Total - Section B: Travel - Pg 2 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Pg</th> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>101</td> <td>0006</td> <td>7118365000</td> <td>\$318.70</td> </tr> <tr> <td>2B</td> <td></td> <td></td> <td></td> <td>\$92.75</td> </tr> <tr> <td>2C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">\$411.45</td> </tr> </tbody> </table>					Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	2A	101	0006	7118365000	\$318.70	2B				\$92.75	2C					2D									\$411.45	Total - Section C&D: Other & Foreign Expenses - Pg 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Secondary/ Expense</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense																										TOTAL REIMBURSEMENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Total Section B</td> <td style="text-align: right;">\$411.45</td> </tr> <tr> <td>Total Section C&D</td> <td> </td> </tr> <tr> <td>Less Cash Advance</td> <td> </td> </tr> <tr> <td>TOTAL CLAIM</td> <td style="text-align: right;">\$411.45</td> </tr> </tbody> </table>		Total Section B	\$411.45	Total Section C&D		Less Cash Advance		TOTAL CLAIM	\$411.45
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NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D																																																																									

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: FEB 24 2014

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: Position #: Phone #: [Redacted]

Signature: Deborah Rhodes Title: Acting CFO Date: FEB 24/14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

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Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext:

Signature: Title: Date:

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding		01 0006 4135050000		Emp # (E-People)		Page 2A									
If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.															
SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C															
Select from dropdown (column Prov) where expenses were incurred (Out of N. America = Interl) Ensure separate lines are used for claim items that differ in Province, US and Out of North America				Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select " No " in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page											
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
14-Jan-14	Return travel to Calgary for Meeting with Dr. Cowell and Deb Rhodes at Southport	AB	Meeting	No											
14-Jan-14	Taxi from residence to Edmonton Airport	AB	Meeting	Yes							\$47.30				
14-Jan-14	Taxi from the Calgary Airport to Southport	AB	Meeting	Yes							\$56.10				
14-Jan-14	Taxi from Southport to Calgary Airport	AB	Meeting	Yes							\$56.30				
14-Jan-14	Taxi from Edmonton Airport to Residence	AB	Meeting	Yes							\$53.90				
29-Jan-14	Return travel to Calgary for meeting with the Surgical Executives Board Meeting at the Foothills Medical Clinic	AB	Meeting	No											
29-Jan-14	Taxi from residence to Edmonton Airport	AB	Educ	Yes							\$46.20				
29-Jan-14	Taxi from Calgary Airport to Southport										\$58.90				
SUBTOTALS											\$318.70				Total Kms
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle - details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement										Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)					
										Mileage \$					
										Travel \$ Subtotal \$318.70					
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Auto fills on page 1 - TOTAL TRAVEL \$318.70					
Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form) Meeting with Dr. Cowell and Deb Rhodes at Southport on January 14, 2014 required in person attendance. Required to make an in-person presentation to the Surgical Executive Board at the Foothills Medical Centre															

EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101 0006 7135052 000</u>	Emp # (E-People) [REDACTED]	Page 2B
If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.		

SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column: Prov) where expenses were incurred (Out of N America = Inter!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
29-Jan-14	Taxi from Southport to Foothills Medical Centre for meeting with Surgical Executive Board	AB	Meeting	Yes								\$29.50		
29-Jan-14	Taxi from Edmonton Airport to residence											\$63.25		
SUBTOTALS												\$92.75		Total Kms

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Mileage \$
	Travel \$ Subtotal \$92.75
	Auto fills on page 1 - TOTAL TRAVEL \$ \$92.75

Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Jan 14, 2014

2

ASSOCIATED CAB ALTA LTD
387 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

YELLOW CAB
10115 51 STREET NW
EDMONTON AB T6H-1C2
96 462-3456
DATE: 2014/01/14
TIME: 08:54
TRIP ID: 0
LOCATION: 873880-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]
APPROVED
FARE (\$) 56.10
TIP 8.00
TOTAL CAD\$47.30

DATE: 2014/01/14
PICK-UP TIME: 08:52
DROP-OFF TIME: 08:59
TRIP ID: 0
LOCATION: 873880-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]
FARE (\$) 56.10
EXTRA (\$) 8.00
SUBTTL (\$) 56.10

Get. #1: [REDACTED]
Get. #2: [REDACTED]
Get. #3: [REDACTED]
Get. #4: [REDACTED]
Get. #5: [REDACTED]
Get. #6: [REDACTED]
Get. #7: [REDACTED]
Get. #8: [REDACTED]
Get. #9: [REDACTED]
Get. #10: [REDACTED]
Get. #11: [REDACTED]
Get. #12: [REDACTED]
Get. #13: [REDACTED]
Get. #14: [REDACTED]
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Get. #84: [REDACTED]
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Get. #89: [REDACTED]
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Get. #92: [REDACTED]
Get. #93: [REDACTED]
Get. #94: [REDACTED]
Get. #95: [REDACTED]
Get. #96: [REDACTED]
Get. #97: [REDACTED]
Get. #98: [REDACTED]
Get. #99: [REDACTED]
Get. #100: [REDACTED]

TIP (\$) 8.00
TOTAL (\$) 64.10
SIGNATURE: [REDACTED]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

Taxi from residence
to Edmonton Airport

Taxi from Calgary Airport
to Southport.

Jan 14 2014

3
TRANSACTION RECEIPT
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: Visa
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: 00001591F2D7
DATE: 2014/01/14 16:37:59
AUTH: [REDACTED]
IFID: [REDACTED]
DRV: [REDACTED]
VEH: [REDACTED]
GST: 848197539
Meter Start Time:
15:56:49
Meter Stop Time:
16:37:11
Distance: 29.1 Km
FARE 1: \$ 48.86
FLAT: \$ 0.00
TAX: \$ 2.44
TOTAL FARE: \$ 51.30
PAYMENT AMOUNT: \$ 51.30
TIP: \$ 5.00

TOTAL PAYMENT: \$ 56.30
Please note that this receipt is
not valid for tax purposes

Taxi from Southport
to Calgary Airport

4
YELLOW CAB
10115 51 WHEATMEAD RD
EDMONTON AB T6A 1C2
780 462-1456

Term: 10115024104/8263
Item: 110/007
Type: Credit
PURCHASE
OF 101150486
Card #: [REDACTED]

AID: 4000000000000000

APPROVED

FARE	CAD\$48.86
TAX	CAD\$2.44
TOTAL	CAD\$51.30

Card #: [REDACTED]
Exp. Date: 00/00/00
Card: 4000000000000000
CVV: 1234

FROM OUR LINE AT 101150486
THANK YOU FOR BEING OUR GUEST

EST 1000000000

Taxi from Edmonton Airport
to residence

ACCT NO.

NAME OF
ACCOUNT

OTHER

**Associated
Cab Alta. Ltd.**
TEL: 299-1111**ALLIED LIMOUSINE**
TEL: 299-9555

TIME

A.M.

P.M.

Driver GST #

TAXI FROM:

TO:

Authorization Number

DATE:

DRIVER NAME & CAR NO.

METER CHARGE
G.S.T. INCLUDED

LESS 10%

(\$2.50 Per Trip)
Passenger Pays

GRATUITY

TOTAL - Subsidy
(Payable by A.C.E.)

SIGNATURE (in writing)

507807

CUSTOMER'S
COPY*Taxi from Calgary
Airport to Southport*YELLOW CAB
3015 41 AVENUE NW
EDMONTON AB T6H 1C2
780-462-3456

Term ID: 45024124/8241

Item #: 1025

Visa Credit

PURCHASE

UP ID: 186761

Card #

ATC: 8888888888888888

APPROVED

AMOUNT

CAD \$42.00

TIP

CAD \$4.20

TOTAL

CAD \$46.20

Ref. #:

Auth. #:

Resp. Code: 00

TID: 4000000000

TST: 0000

BOOK OR LINE AT 2000001.00
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014-01-09 Time: 09:00:43
Person: AUTH 012001*Taxi from
residence to
Edmonton
Airport*

Jan 29, 2014

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H 1G1
780-467-3456

Term ID: 15004124782113
Item #: 11114
Visa Credit
PURCHASE
Op ID: 27252
Card #: [REDACTED]

WID: A0000000001010

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$8.25
TOTAL	CAD\$63.25

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
VISA: 1000000000
ISS: FREE

FROM ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/01/29 Time: 23:00:14
Receipt: [REDACTED]

Taxi from Edmonton
to residence

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
333 Meridian Road SE
Calgary AB T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa

CARD: [REDACTED]

EXP: [REDACTED]

DATA: [REDACTED]

Terminal ID: 000014731052

DATE: 2014/01/29 15:36:24

AUTH: [REDACTED]

TRID: [REDACTED]

DRV: [REDACTED]

VEH: [REDACTED]

GST: 130638760

Meter Start Time:

15:11:40

Meter Stop Time:

15:35:29

Distance:

15.4 Km

FARE 1: \$ 29.50

FLAT : \$ 0.00

TAX : \$ 0.00

TOTAL FARE: \$ 29.50

PAYMENT AMOUNT: \$ 29.50

TIP: \$ 3.50

TOTAL PAYMENT: \$ 33.00

Taxi from South per
Lo Foothills Medical
Center.

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes ☒ No ☐

Name: Jitendra Prasad

Reporting Period for the Month of: January 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-01-14	Direct Billing	Transportation	Rtrn flight Edm-Calgary to attend Meeting	Marlin Travel	\$110.00
2014-01-29	Direct Billing	Transportation	Rtrn Flight Edm-Clg to attend Mtg	Marlin Travel	\$226.00
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$336.00

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: January 8, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MR JITENDRA PRASAD
AC [REDACTED]

Tuesday, January 14, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 1D

Flight: 8171 W CLASS
07:30 AM Equipment: D8 (300 SERIES)
08:23 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8225 W CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:23 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]
TKT [REDACTED]

100.00
10.00

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 01670
Date: January 8, 2014
Page: 2/2
Our Reference:
Your Reference:

INVOICE

Total:

Grand Total:	110.00
Less Credit Card Payments:	110.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Business Reason

To attend meetings with the Official Administrator and Acting
Chief Financial Officer, as well as a meeting with Calgary-
based CPSM staff. Due to the nature of both meetings and
the matters being discussed, I was required to attend in-person.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:

Date:

January 27, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

MR JITENDRA PRASAD

AC

Wednesday, January 29, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2C

Flight: 8131

W CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:53 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 4C

Flight: 8164

W CLASS

08:00 PM Equipment: D8 (300 SERIES)

08:53 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB

TKT-

216.00

10.00

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: January 27, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	226.00
Less Credit Card Payments:	226.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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Business Reason

To attend meetings with Calgary Zone Surgical Executive
on January 29, 2014. Due to sensitivity of the issues to be
discussed at this meeting, I was required to attend in person.