Alberta Health Services

www.albertahealthservices.ca

Board and Executive Expense Report

Name Shelly Pusch
Title SVP, North Zone
Location Westlock
Expenses submitted during the month of March 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)	
Mar-14	P-Card	Meetings	79			38	117		-	-	
Jan-14	Expense Claim	Meetings				331	331				
Feb-14	Expense Claim	Meetings				207	207				
Mar-14	Expense Claim	Meetings				273	273				
Total			$ 79	$ -	$ -	$ 849	$ 928	$ -	$ -	$ -	

Total for the Month $ 928

Maximum daily single meal expense claimed in the month	$ -
Maximum daily base 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

Alberta Health Services

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: 13-Jan-14 **To** 31-Jan-14
Travel Period from: _____ **To** _____
Out-of-Province Travel

Name: Shelly Pusch
Position (Title): SVP North Zone
Location: Westlock Admin Building **Dept:** North Zone **DOFA Level:** _____ **Union:** [redacted] **Business Phone #:** [redacted] **Ext:**
Employee # (E-People): [redacted]

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0004	71110100004	$331.28
2B				
2C				
2D				
				$331.28

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & $ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	$331.28
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	$331.28

SECTION F: AUTHORIZATION

Employee Signature: [signature] Date 13-Jan-14

Approved By (PRINT ONLY): Deb Gordon DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext
Signature: [signature] Title Chief Health Operations Officer, Northern Alberta Date 13-Jan-14

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(c) 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 Persons to Pay program

(07704 print) Rev 2013 05

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064

Emp # (E-People) [redacted]

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 = Intern)*
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) – Meal Allowance: Meal Type with value	Meal Allowance: Allowance	Meal with Receipt: Meal Type	Meal with Receipt: with receipt	If amount being claimed is above the policy limit stated in Appendix "A" rationale is required – Airfare	Hotel	Taxi	Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
13-Jan-14	Travel to Edmonton, Service Plan Review Session at U of A	AB	Meeting	Yes										270.00
22-Jan-14	Travel to Slave Lake, Physician and Slave Lake Town Council Meeting	AB	Meeting	Yes										386.00
SUBTOTALS														Total Kms 656.00

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)	$0.505
Mileage $	$331.28
Travel $ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL $	$331.28

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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)

09204 post(Rev2013-05)

Alberta Health Services

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: 1-Feb-14 **To** 27-Feb-14
Travel Period from: ____ **To** ____
Out-of-Province Travel

Name: Shelly Pusch **Position (Title):** SVP North Zone

Location: Westlock Admin Building **Dept:** North Zone **DOFA Level:** **Union:** [redacted] **Business Phone #:** [redacted] **Ext:**

Employee # (E-People): [redacted]

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0004	711101C0064	$207.05
2B				
2C				
2D				
				$207.05

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & $ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	$207.05
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	$207.05

SECTION F: AUTHORIZATION

Employee Signature: [signature] Date [illegible]

Approved By (PRINT ONLY): Deb Gordon DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext

Signature: [signature] Title Chief Health Operations Officer, Northern Alberta Date 18-Feb-14

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(d) 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 Process to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100084

Emp # (E-People) [redacted]

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 = Intern)
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 (# total), 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): Meal Allowance – Meal Type with value	Meal Allowance – Allowance	Meal with Receipt – Meal Type	Meal with Receipt – with receipt	If amount being claimed is above the policy limit stated in Appendix "A" rationale is required: Airfare	Hotel	Taxi	Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
27-Feb-14	Travel to Slave Lake, MLA, Tri Council, HAC & AHS Healthcare Mtg	AB	Meeting	Yes										410.00
SUBTOTALS														Total Kms 410.00

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 $0.605 per km for under 5,000km/yr or $0.47 per km for over 5,000km/yr or per Union Agreement

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Enter $0.505 km, $0.47 km OR rate per Union Agreement (see Mileage details to the left)	$0.505
Mileage $	$207.05
Travel $ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL $	$207.05

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)

09704 (rev Jan/2013-04)

Alberta Health Services

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: 6-Mar-14 To 12-Mar-14

Travel Period from: ______ To ______ (if applicable)

Out-of-Province Travel

Name: Shelly Pusch

Position (Title): SVP North Zone

Location: Westlock Admin Building Dept: North Zone DOFA Level: ______ (if applicable) Union: [redacted] Business Phone #: [redacted] Ext:

Employee # (E-People): [redacted]

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0004	71110100064	$272.70
2B				
2C				
2D				
				$272.70

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & $ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	$272.70
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	$272.70

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy of Alberta Health Services and that the expenses being claimed are in compliance with such policy. I attest the expenses incurred in this claim were for valid business purposes for Alberta Health Services and that the claim has not been previously claimed. 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.

Travel, Hospitality and Working Session Expenses Policy - Document #1121

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

Employee Signature: [signature] Date 7 Mar 14/14

I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy of Alberta Health Services and that the expenses being claimed are in compliance with such policy. I attest the expenses incurred in this claim were for valid business purposes for Alberta Health Services and that the claim has not been previously claimed for payment or reimbursement 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 claim forms with receipts should be sent by the Approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deb Gordon DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext

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

Signature: [signature] Title Chief Health Operations Officer Date ______

I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy of Alberta Health Services and that the expenses being claimed are in compliance with such policy. I attest the expenses incurred in this claim were for valid business purposes for Alberta Health Services and that the claim has not been previously claimed for payment or reimbursement 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): ______ DOFA Level ______ Position # ______ Phone # ______ Ext

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

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 Expense to this program.

09704 (Rev2013-05)

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064 **Emp # (E-People)** [redacted]

*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 = Other) Enter applicable kms 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 expense) 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? Yes	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							
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi			
6 Mar-14	Travel to Edmonton - RRT Acute Care Workshop	AB	Meeting	Yes										
12 Mar-14	Travel to Edmonton - RRT Continuing Care Workshop	AB	Meeting	Yes										
SUBTOTALS														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 (and Mileage dollars to the left) $0.505

Mileage $ $272.70

Travel $ Subtotal

Auto fills on page 1 - TOTAL TRAVEL $ $272.70

Note: Total will auto fill into pg 1 Section E, if form completed electronically - Additional pg 2's can be found after Page 3

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)

RBB
Acute Care
Workshop
Edmonton
Mileage 270 Km
7 Mar 16

Mar 12
RBB - Cord. Care
270 Km

Alberta Health Services

P-Card details Online ® Cardholder Statement Report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

PUSCH, SHELLY	SVP NORTH ZONE		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/03/2014
NORTH ZONE	WESTLOCK ADMIN BUILDING		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	$116.75
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA			
Cardholder's e-mail address		Last 6 digits of the P-Card	[redacted]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/03/2014	345082086	CE74 DIAMOND PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	RBB - Acute Care Workshop
06/03/2014	345082087	WESTJET 8382196605902, Westjet Airlines	78.75	CAD	78.75	.00	.00	Not able to attend - Transfered Flight to Denise Kayto - PT centered Care
12/03/2014	345598750	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	.00	.00	RBB - Cont Care Meeting Edmonton

Alberta Health Services

P-Card details Online ® Cardholder Statement Report

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

PRODANIUK, KATHY — Name of Cardholder Designate

EAC to SVP — Cardholder Designate Position/Title

Kathy Prodaniuk — Signature of Cardholder Designate

March 18, 14 — Date of Signature

Cardholder

By signing this statement

- 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PUSCH, SHELLY — Name of Cardholder

SVP NORTH ZONE — Cardholder Position/Title

Shelly Pusch — Signature of Cardholder

March 18, 14 — Date of Signature

Approver Designate (If Applicable)

By signing this statement

- 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Kim Belrose — Name of Approver Designate

Exec Assistant — Approver Designate Position/Title

Signature of Approver Designate

19 March 14 — Date of Signature

Approver

By signing this statement

- 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deb Gordon — Name of Approver

VP & Chief Health Operations officer, Northern Alberta — Approver Position/Title

Signature of Approver

19 March 14 — Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter
- Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____

[redacted]

WESTJET

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Print eTicket

eTicket Receipt

Ticket transferred to Denise Kayto - Shelly unable to attend

Prepared For
KAYTO/DENISE MS

WESTJET RESERVATION CODE	[redacted]
ISSUE DATE	08Mar2014
TICKET NUMBER	[redacted]
ISSUING AIRLINE	WESTJET
ISSUING AGENT	[redacted]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
10Mar	WESTJET WS 141	EDMONTON INTL AB, CANADA Time 5:30pm	VANCOUVER BC, CANADA Time 6:09pm Terminal MAIN TERMINAL	Class ECONOMY Seat Number 07D - (PAID) Conf: 8360314142419 Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis XBRJC9 Not Valid Before 10 MAR Not Valid After 10 MAR
13Mar	WESTJET WS 108	VANCOUVER BC, CANADA Time 8:00am Terminal MAIN TERMINAL	EDMONTON INTL AB, CANADA Time 10:27am	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis GBRJC9 Not Valid Before 13 MAR Not Valid After 13 MAR

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD [redacted]
Endorsement / Restrictions	NONE
Fare Calculation Line	YEA WS YVR109.00WS YEA119.00CAD228.00END
Exchanged Ticket	[redacted]
Fare	CAD 228.00
Change Fee	CAD 75.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE)

	CAD 16.16 XG (GOODS AND SERVICES TAX (GST))
	CAD 45.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))
	CAD 6.00 YQF (OTHER AIR TRANSPORTATION CHARGES)
	CAD 30.00 YQI (OTHER AIR TRANSPORATION CHARGES)
Total Fare	CAD 339.41
Total Additional Collection	CAD 78.75
Additional Fees not included in Fare	CAD 10.00 (0.00 XG) - YEG YVR - CA [redacted] (SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 **GST # 866112535**

- We look forward to welcoming you on board your upcoming WestJet flight.
- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our airline partners: it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our code-share baggage info page
- Positive identification is required at check-in, ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Should you miss the first flight on your booking, or fail to show up for another flight on a multi-segment booking, you'll lose your seat on remaining flights and the fare, fees, charges and taxes will not be refunded.
- For more information on your flight with WestJet visit travel info or go directly to the most common searches:
  - Fares, taxes and fees (Change/cancel guidelines, baggage fees, service fees and other taxes and fees)
  - Baggage allowances (Carry-on, checked, sporting goods, restricted items)
  - ID requirements (For adults, children and infants on domestic, transborder and international flights)
  - Seat selection (How it works, changing your seat and more)
  - Inflight services (Buy on board, up! magazine and more)
  - Inflight entertainment (Channel line-up, and pay-per-view movies and TV programs)
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our contact us page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

Important Legal Notices

Get Adobe Reader®

Print eTicket

#345082086 ✓

RBB - Acute Care Workshop

PLACE FACE UP ON DASH

Expiration Date/Time

08:59 PM

MAR 06, 2014

PARKING RECEIPT

Purchase Date/Time: 08:45am Mar 06, 2014
Total Parking: $11.43
Total GST: $0.57
Total Due: $12.00 Rate: $12.00 UNTIL 9PM
Total Paid: $12.00 Payment Type: Card
Ticket #[redacted]
S/N #: 3000092700075
Setting: CE74
Mach Name: CE74

Card [redacted] MasterCard
Auth #: [redacted]

RECEIPT

Expiration Date/Time: 08:59pm Mar 06, 2014
Purchase Date/Time: 08:45am Mar 06, 2014
Total Parking: $11.43
Total GST: $0.57
Total Due: $12.00 Rate: $12.00 UNTIL 9PM
Total Paid: $12.00 Payment Type: Card
Ticket # 77014001
Setting: CE74
Mach Name: CE74

Card [redacted] MasterCard
Auth #: [redacted]

#345598750 ✓

RBB Acute Care

TICKET VOID IF RE-SOLD

IMPARK
PHONE [redacted]
DAILY RATE

Meter : LOT 383
no in and out privileges
Time: 11:01A MAR 12

PLACE THIS SIDE UP ON DASH

Price: $28.00
Card: [redacted]
Exp.:
Expires

6:00PM WED
MAR 12 14

impark

TEST NO. [redacted]
INSTRUCTIONS ON BACK