

Official Administrator and Executive Expense Report

Name Dr. Tom Noseworthy
Title Associate Chief Medical Officer, Strategic Clinical Networks;
Location Edmonton
 Expenses submitted during the month of February 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)
Feb-14	Direct Billing	Meetings	216			79	295			
Feb-14	Expense Claim	Meetings				78	78			
Total			\$ 216	\$ -	\$ -	\$ 157	\$ 373	\$ -	\$ -	\$ -

Total for the Month \$ 373

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

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

Travel Period from: 10/1/2004 to 10/31/2004

Medical Officer - S. A. N.

Position (Title):

Associate Chief Medical Officer - SCN

13000

OGFA Level:

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E. coli

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Figure 4-2-20

Employee # (if known):

CAPITAL PROJECT CODING ONLY -A

Project Number

Project Task Number

Expenditure Organization

Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Ref Unit	Location	Functional Centre (FC)	Total Expense	Ref Unit	Location	Functional Centre (FC)	Secondary Expense	Total Expense
2A	401	3000	FIN 10000012	\$78.48					
2B									
2C									
2D									
				\$78.48					

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

NOTE: These fields do not auto-populate for Section C & D.

TOTAL REIMBURSEMENT	
Total Section B	\$78.48
Total Section C&D	
Less Cash Advances	
TOTAL CLAIM	\$78.48

SECTION F: AUTHORIZATION

[illegible]

EXPENSE CLAIM DETAILS

Enter Finance Coding

101

0000

71110000012

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 = Inter'l)
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.America 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						
10-Feb-14	Transportation: Taxi from Edmonton airport to Home to attend all-day Scientific Directors' Retreat in Edmonton.	AB	Meeting	yes						\$72.00 ✓				
21-Feb-14	Transportation: LRT from downtown and return to attend meetings at Lister Hall and at College Plaza	AB	Meeting	yes						\$6.40 ✓				
SUBTOTALS										\$72.00	\$6.40	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 \$78.40

Auto fills on page 1 - TOTAL TRAVEL \$ \$78.40

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)

Dr. T. NOSEWORTHY
FEB 10
21A > RES:

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N 1C2
780-463-5800

Item Id: 4502412509440
Item #: 0111
VISA PURCHASE
Op Id: 11111111
Card #: [REDACTED]

Taxi from
Edmonton
Airport to
Home to
attend all-day
SD Research
mtg. in
Edmonton

APPROVED
AMOUNT

CAD \$72.00

Ref. W: [REDACTED]
Auth. W: [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
EST 062104769

Date: 2014/02/11 Time: 19:42:46
Response: AUTH [REDACTED]

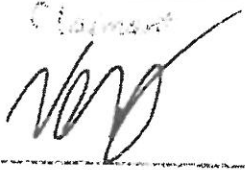
CUSTOMER COPY

Dr. Tom Noseworthy

Written Attestation re LRT Fare:

I, Dr. Tom Noseworthy, incurred
\$72.00 in expenses to travel via
LRT from downtown to Lister Hall
and College Plaza to attend meetings
there on February 2, 2014. I misplaced
the LRT stubs and have not previously
claimed this expense.


Dr. Tom Noseworthy, Claimant


Dr. Verena Puri, Approver

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:

Reporting Period for the Month of: February 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
February 2014	Direct Billing	Transportation	Airfare to attend meeting	Marlin Travel	\$216.48
February 2014	Direct Billing	Transportation	Taxi for transport	Airport Towne Car Service	\$ 79.24
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$295.72

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

INV# [REDACTED] BFORZCH0113420C.txt
BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
DATE: 31JAN14
PAGE: 1

FOR: DR THOMAS NOSEWORTHY
AC [REDACTED]
101000071110000012

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8170 S	HK	10FEB	6:00A	6:59A		
D8 (300 SERIE									
AIR CANADA E									

*** TOUR ***

BSP TASF DEPARTING FROM CALGARY ON 01AUG14 AT 12:00A
TO CALGARY RET01AUG14 AT 12:00A
1 PACKAGE TOUR
MANAGEMENT FEE

C O S T

	TKT NO	(INCL 37.48 TAX)	
AIR CANADA	[REDACTED]	206.48	
BSP TASF	[REDACTED]	10.00	
*** SUB-TOTAL EXCLUDING GST/HST & APT			
*** TOTAL CHARGES THIS INVOICE ***			
PAYMENT BY [REDACTED]	TKT	216.48	
PAYMENT BY [REDACTED]	TKT	206.48	
*** BALANCE DUE THIS INVOICE		10.00	
BALANCE DUE TO DATE		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.

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

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

CONTINUED ON NEXT PAGE

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

*Fly from Calgary
to Edmonton on
Feb. 10th for
all-day Scientific
Director's
Retreat.*

INV[REDACTED]FORZCH0113420C.txt

I N V O I C E

INV NO: [REDACTED]
DATE: 31JAN14
PAGE: 2

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.



Payment Requisition

AHS - AP Processing - Internal Use Only

Naming Convention:

Voucher #

T4A/NR Applicable? - If yes, indicate line & amt

Please Note: Only 1 Invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)

This Form should only be used for exceptions to Markview or if no invoice exists.

PAYEE INFORMATION (Check one only)		<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input type="checkbox"/> Other (example: Volunteer)	
Invoice Date	February 11 2014	Invoice Number			
Vendor Name	Airport Towne Car Service				
Address	37 Royal Oak Cove NW		City	Calgary	
Province/State	AB	Postal Code	T3G 4X7	Country	Canada
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Payment Details:		Non-Po Invoice <input checked="" type="checkbox"/>	Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>	
Reason for Expense &/or Business case:		Transport/cab for Dr Noseworthy while in Calgary			

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required
Cells that are **locked** (complete calculations) are **Aqua**. Cells requiring **selection from dropdown menu** are shaded **Orange**

FINANCE CODE/ACCOUNTING DISTRIBUTION

(Departments must provide Complete Coding)

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 below

Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0000	71110000012	62310000	yes	\$79.24		\$79.24
Canadian <input checked="" type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT		\$79.24		\$79.24

CAPITAL PROJECT CODING

(If more space is needed for coding, please attach an additional sheet)

Project	Task	Expense Type	Expense Org.	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	TOTAL PAYMENT				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
Karen Ramkhelawan	Exec Asst to ACOMO, Strategic Clinical Networks	26-Feb-14	
I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
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 the 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 Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr Verna Yiu		Feb 27/14	
Title/Program Group	COOFA Level	Position#	
VP, Quality & Chief Medical Officer			

- 1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health or personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca

1104316 ALBERTA LTD. (National Limousine)
37 Royal Oak Cove NW
Calgary AB T3G4X7



Dr. Noseworthy CORPORATE
KAREN Ramkhelawan
EDMONTON AB

nationallimo.ca # [REDACTED]
nationallimo.ca Date
Amount Due

February 11, 2014

\$79.24 CAD

Item	Description	Unit Cost	Quantity	Line Total
Sedan Service	Feb 10 - [REDACTED]	68.90	1	68.90
Subtotal				68.90
Gratuity 15%				10.34
Total				79.24
Amount Paid				-0.00
Amount Due				\$79.24 CAD

Notes

Please make cheque payable to:
Airport Towne Car Service
37 Royal Oak Cove, NW
Calgary, Alberta T3G4X7

Karen Ramkhelawan

From: Karen Ramkhelawan
Sent: Friday, February 07, 2014 5:19 PM
To: 'National Limo - Reservations 4035128751'
Subject: RE: Transport for Dr Tom Noseworthy - Monday, February 10th

Many thanks, Sam.

Karen
[REDACTED]

From: National Limo - Reservations 4035128751 [mailto:sam@nationallimo.ca]
Sent: Friday, February 07, 2014 5:10 PM
To: Karen Ramkhelawan
Subject: Re: Transport for Dr Tom Noseworthy - Monday, February 10th

Bookings confirmed.

IMPORTANT REMINDERS.

1) Please do not pay or tip Drivers
as gratuity will be covered in the final billing.

2) **CANCELLATION POLICY**

A minimum 3 hour notice is required after which cancellation charges apply on Feb. 10th.

3) To avoid any miscommunication regarding pickup or drop off changes, please either call or email Sam directly at
[REDACTED]

*Transport from condo to
Calgary airport to fly to
Edmonton to attend all-day
Scientific Directors' Retreat
on Feb. 10th.*

On Friday, February 7, 2014, Karen Ramkhelawan <Karen.Ramkhelawan@albertahealthservices.ca> wrote:

Hi Sam,

I hope all is well.

Can you please pick Dr Noseworthy up from his condo on **Monday, February 10th at 4:30am** and take him to the airport for his 6:00am Air Canada flight. *Note: this is business transport.*

Thanks very much & please confirm.

Best Regards,

Karen Ramkhelawan, Executive Assistant
Office of the Associate Chief Medical Officer
[REDACTED]

[REDACTED]
[REDACTED]
E: karen.ramkhelawan@albertahealthservices.ca

Strategic Clinical
Networks (SCNs)
AHS' engines
for innovation



Error! Filename not specified.

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--

Regards
Sam

