

## Board and Executive Expense Report

**Name** Dr. Tyrone Josdal  
**Title** ACMO, Physician Access & Capacity  
**Location** Red Deer  
 Expenses submitted during the month of November 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
November 2012	P-Card	Various meetings and Corrections Health Tours	327	38	552	109	1,026			
November 2012	Expense Claim	Various meetings, projects, and courses		327		22	349			
<b>Total</b>			\$ 327	\$ 365	\$ 552	\$ 131	\$ 1,375	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,375

Maximum meal expense claimed in the month \$ 38 4 persons  
 Maximum daily hotel rate claimed in the month \$ 235  
 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

**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

<u>JOSDAL, TYRONE</u> Cardholder's Name	<u>SVP &amp; ASSOCIATE CHIEF</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2012</u>
<u>MEDICALAFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,025.68</u>
<u>TYRONE.JOSDAL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 19/10/2012	299042548	AIR CAN 0142113811578, AIR CANADA	326.87	CAD	326.87	15.56	.00	Air fair to Grande Prairie, Corrections Health tours
② 23/10/2012	299139446	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	.00	.00	Parking
③ 25/10/2012	299386319	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking
④ 05/11/2012	300318991	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90	.00	Parking
⑤ 05/11/2012	300417929	SERVICE PLUS INNS & SU, LODGING HOTELS, MOTELS, RESORTS	153.03	CAD	153.03	6.99	.00	HOTEL
⑥ 06/11/2012	300527933	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	46.00	CAD	46.00	.00	.00	Parking
⑦ 06/11/2012	300527934	A&W #1294, FAST-FOOD RESTAURANTS	38.04	CAD	38.04	1.81		Meal
⑧ 10/11/2012	300900116	HOLIDAY INN EXPR DOWNT, HOLIDAY INNS	151.96	CAD	151.96	7.24		HOTEL
⑨ 15/11/2012	301285617	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	246.84	CAD	246.84	11.79		HOTEL

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online@ on my behalf (if applicable)

JOSDAL, TYRONE

SVP & ASSOCIATE CHIEF

Name of Cardholder

Cardholder Position/Title

Signature of Cardholder

November 27, 2012  
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online@ in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-Card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online@ on my behalf (if applicable).

Verna Nij  
Name of Approver

EVP + CMO  
Approver Position/Title

Signature of Approver

NOV 28/12  
Date of Signature

Submit approved statement with attachments to Accounts Payable

Attach:

- Original itemized receipts
- 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

Address:

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 16030 107 Street  
Edmonton AB T3J 3E4

As made by authority:

Reference #

Reviewed by:

Date

# FlightNetwork

search no further.™

*Conventions Health Tours*

2947-A Portland Drive  
Oakville(Ontario)  
L6H 5S4, Canada  
[www.flightnetwork.com](http://www.flightnetwork.com)

Telephone: (905) 829-8699  
Toll free: 1 800 671-5032  
Fax : (905) 829-9102  
email: sales@flightnetwork.com

Sales Invoice Number: 738636  
Invoice Date: 19-Oct-2012 Fri  
Booking Reference : XXXXXXXXXX  
Booking Agent : FlightNetwork Web

**Bill To:** **Passenger Contact Info:**

**Tyrone Josdal**  
43 Michener Bend  
Red Deer, AB  
T4P 0H6 ,CA

Ty Josdal  
jelena.clarke@albertahealthservices.ca

Origin	Destination	Carrier/Supplier	Departure Date / Time	Arrival Date / Time
Edmonton, AB (YEG)	Grande Prairie, AB (YQU)	Air Canada 8367	5 Nov 2012 Mon 7:00pm	5 Nov 2012 Mon 8:12pm
Grande Prairie, AB (YQU)	Edmonton, AB (YEG)	Air Canada 8368	6 Nov 2012 Tue 8:50pm	6 Nov 2012 Tue 9:57pm

Details	Passenger Name	Type	Locator	Ticket Number	Amount	Taxes & Fees	Total
Air Canada	Josdal/Ty Mr	Adult	PEQEMR	0142113611578	\$ 228.00	\$ 98.81	CAD \$ 326.81

**Insurance**

RBC Travel Insurance : Declined. You have chosen to decline travel insurance for your trip. Flight Network will not be held responsible for any expenses that occur as a result of declining insurance. If you decide you would like to add travel insurance please contact us as soon as possible.

**Tax Detail :** **Invoice Summary :**

GST : CAD \$ 15.56  
Other Taxes & Surcharges : CAD \$ 83.25  
TICO Registration No. : 50009248  
G.S.T. Registration No. : 129309720

Total Amount: CAD \$ 326.81  
Payment Applied: XXXXXXXXXX : CAD \$ 326.81  
Net Amount Due : CAD \$ 0.00

Amazing travel deals right to your inbox!

Seat sales, contests & more



**Terms and Conditions :**

Please review your itinerary on the confirmation email and/or E-tickets. Please also check the validity of your passport and visas for entry to your selected destination. Kindly be advised that entry into any country is at the sole discretion of the immigration/customs officer of that country even if the required information and travel documents are complete. CHECK-IN TIME AT AIRPORTS IS 3 HOURS PRIOR TO DEPARTURE OF YOUR FLIGHT(S). YOU MUST RECONFIRM YOUR FLIGHT(S) 72

SERVICE PLUS INNS & SUITE  
10810-107A AVE  
GRANDE PRAIRIE, AB, T8V 7A9  
780-538-3900

# Service Plus Inns & Suites

A Division of GameHost Income Fund

10810 107 Avenue

Grande Prairie, AB T8V 7A9

Telephone: (780)538-3900 Fax: (780)532-8558

5

Nov 06, 2012  
8:34 am

MasterCard MID: 26594130832  
Term ID: 200

Ref #: 003

Force

Folio #: [REDACTED]  
Room Number: 216  
Rate: \$139.00  
Pay Method: MC8835

MASTERCARD

Entry Method: Manual

-12

Date	Department	Reference	Voucher	Room	Debit	Credit
11/05/12	Guest Room	Auto Posted		216	\$139.00	
11/05/12	G.S.T. Room	Auto Posted		216	\$6.95	
11/05/12	Tourism Levy	Auto Posted		216	\$5.56	
11/05/12	Destination Mktg Fee	Auto Posted		216	\$1.39	
11/05/12	G.S.T. Room	Auto Posted		216	\$0.07	
11/05/12	Tourism Levy	Auto Posted		216	\$0.06	
11/06/12	Mastercard	CHECKED-OUTMC8835		216		\$153.03

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Balance:

G.S.T. REG. # R888210101

Signature \_\_\_\_\_

\* Trip to Grande Prairie - Corrections Health Facility Tours

PLACE ON DASH FACE UP

( SAME DAY 18h00 )  
 Standard Parking 107 Street  
 Machine Web ID = LOT 107  
 EXPIRES  
**23 OCT**  
**18:00** PAID \$26.00C  
 ENTRY TIME 23 OCT 12 12:33  
 17991

TRIP to  
 Edmonton,  
 Helen Stokes'  
 Farewell  
 Tea.

(2)

PLACER SUR LE TABLEAU DU BORD  
 CE CÔTÉ VISIBILE

PLACE ON DASH FACE UP

( SAME DAY 18h00 )  
 Standard Parking 107 Street  
 Machine Web ID = LOT 107  
 EXPIRES  
**25 OCT**  
**18:00** PAID \$18.00C  
 ENTRY TIME 25 OCT 12 08:22  
 18086

CMO update  
 meeting  
 in  
 Edmonton

(3)

PLACER SUR LE TABLEAU DU BORD  
 CE CÔTÉ VISIBILE

PLACE ON DASH FACE UP

Valid for 3 Hours  
 Standard Parking 107 Street  
 Machine Web ID = LOT 107  
 EXPIRES  
**05 NOV**  
**16:40** PAID \$19.00C  
 ENTRY TIME 05 NOV 12 13:40  
 18524

Meeting re:  
 Diagnostic  
 Imaging  
 in  
 Edmonton

(4)

PLACER SUR LE TABLEAU DU BORD  
 CE CÔTÉ VISIBILE

T# R128593776  
 Edmonton Airport  
 Can-15J 2T2 Edmonton  
 Tax CodeCA5%

it Lane 06/11/12 22:5  
 zip 068990

Short-term parking .kt  
 - No. 034044  
 /11/12 17:11 -  
 /11/12 17:10 -  
 riod 2d0h3  
 ax) \$46.00

total \$46.00

Payment Received \$46.00

Arch: K2005340013  
 h: 005943  
 e: Swiped

Total 5% \$43.82

← Trip  
 to Grande  
 Prairie,  
 airport  
 parking

(7)

A & W #1296  
 10122 100TH ST T8S1S6  
 PEACE RIVER AB  
 22409748

iiii PURCHASE iiii

11-06-2012 11:16:38  
 Acct # [redacted] C  
 Exp Date '11/'11 Card Type MC  
 Name: TYRONE JOSDAL  
 A0000000041010 MasterCard

Trace # 900005  
 FS2240974803  
 Auth # 131009 RRN #001215005

Total \$38.04

(00) APPROVED-THANK YOU

Retain this copy for your  
 records  
 Customer copy

Bevella Hubbard  
 Nancy Dubois  
 Keith Cawthay  
 Tyrene Josdal  
 Peace River

making with  
 CORRECTIONS  
 HEALTH.

(7)



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12-07-12

<b>Ty Josdal</b> <b>43 Michener Bend</b> <b>Red Deer AB T4P 0H6</b> <b>CA DESCRIPTION</b>	Folio No. :	[REDACTED]	Room No. :	605
	AVR Number :	[REDACTED]	Arrival :	11-08-12
	Group Code :	[REDACTED]	Departure :	11-09-12
	Company :	[REDACTED]	Conf. No. :	66222792
	Membership No. :	[REDACTED]	Rate Code :	IMSTI
	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
11-08-12	Parking	10.00	
11-08-12	*Room	129.00	
11-08-12	GST Tax	6.45	
11-08-12	Trsm Levy Tax	5.16	
11-08-12	Municipal DMF Tax	1.29	
11-08-12	Municipal DMF Tax GST	0.06	
11-09-12	MasterCard [REDACTED]		151.96
<b>Total</b>		<b>151.96</b>	<b>151.96</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying at Holiday Inn Express Downtown Edmonton. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

**Guest Signature:** \_\_\_\_\_  
 I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Downtown  
 Edmonton 10010 - 104 Street  
 Canada T5J 0Z1 Edmonton, AB  
 Telephone: (780) 423-2450 Fax: (780) 426-6090  
 OCST #896724515  
[www.hiexdowntown.com](http://www.hiexdowntown.com)



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11-09-12

<b>Ty Jisdal</b> 43 Michener Bend Red Deer AB T4P 0H6 CA DESCRIPTION	Folio No. : AVR Number : Group Code : Company : Membership No. : Invoice No. :	Room No. : <b>605</b> Arrival : <b>11-08-12</b> Departure : <b>11-09-12</b> Conf. No. : <b>66222792</b> Rate Code : <b>IMSTI</b> Page No. : 1 of 1
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Date	Description	Charges	Credits
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11-08-12	GST Tax	6.45	
11-08-12	Trsm Levy Tax	5.16	
11-08-12	Municipal DMF Tax	1.29	
11-08-12	Municipal DMF Tax GST	0.06	
<b>Total</b>		<b>151.96</b>	<b>0.00</b>
<b>Balance</b>		<b>151.96</b>	

Thank you for staying at Holiday Inn Express Downtown Edmonton. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

**Guest Signature:**

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

*Patent & Family (Edmonton) Group meeting*

Holiday Inn Express Downtown  
Edmonton 10010 - 104 Street  
Canada T5J 0Z1 Edmonton, AB  
Telephone: (780) 423-2450 Fax: (780) 426-6090  
OGST #896724515  
[www.hiexdowntown.com](http://www.hiexdowntown.com)





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Dr Tyrone Jisdal  
43 Mitchner Bend  
Red Deer AB T4P 0H6  
Canada

Room Number: 1602  
Arrival Date: 11-14-12  
Departure Date: 11-15-12  
Page No: 1 of 1

Guest Name

INVOICE

Folio No: [REDACTED]

11-15-12

Date	Description	Charges	Credits
11-14-12	Room Revenue	235.00	
11-14-12	Tourism Levy - 4%	9.40	
11-14-12	Destination Marketing Fee - 1%	2.35	
11-14-12	Tourism Levy on DMF	0.09	
11-15-12	Mastercard [REDACTED]		246.84
<b>Total</b>		<b>246.84</b>	<b>246.84</b>
<b>Balance</b>		<b>0.00</b>	

GST on DMF	0.00
Destination Marketing Fee - 1%	2.35
Tourism Levy - 4 %	9.40
Room GST - 5%	0.00
GST - 5%	0.00

Signature: \_\_\_\_\_  
I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

*DMDs and CMC update meetings*

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-Nov-12 To 30-Nov-12  
 Travel Period from: 1-Nov-12 To 30-Nov-12  
 Out-of-Province Travel

Name: Ty Joodal Position (Title): ACMO  
 Location: McHenry Red Deer Dept: Medical Affairs DOFA Level: (if applicable) Union: N/A Business Phone #: Ext:  
 Employee # (E-People): Employee # (REQUIRED prior to E-People migration):

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	711100000-2	\$349.00						\$349.00		
2B												
2C												
2D												
				\$149.00							Less Cash Advance	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C&D						<b>TOTAL CLAIM</b>	\$349.00

**SECTION F: AUTHORIZATION**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.  
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Jelana Clarke Phone #: Ext:  
 I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.  
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: Jan 7, 2013  
 I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122).  
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verma DOFA Level: 26 Position #: Phone #: Ext:  
 Signature: Title: EVP + CMO, Quality + Medical Affairs Date: Jan 8/13  
 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(1) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS' Procedure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Maria Pata, Director Accounts Payable at 780-715-2515 or email: Maria.Pata@ahs.ab.ca

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> 101 • 0000 • 71110000012	<b>Emp # (E-People)</b> _____	<b>Emp # (prior to E-people)</b> _____	<b>Page 2A</b>
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*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 menu (column Province) 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-mm-yy)	Purpose of Travel <small>55 characters maximum - length of shaded area</small>	Province, US, or Out of N.America	What is travel related to?	Meal <small>(Select type from dropdown)</small>			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)	
				Type	w/receipt	w/o receipt or per diem							
1-Nov-12	ZMD's meeting, Edmonton	AB	Meeting	BL		\$20.90							
5-Nov-12	Trip to Grande Prairie, Correction Facilities tour	AB	Project	LD		\$32.35							
6-Nov-12	Trip to Grande Prairie, Correction Facilities tour	AB	Project	LD		\$32.35							
7-Nov-12	PPEC, Calgary	AB	Meeting	B		\$9.20							
8-Nov-12	Patient Advisory group, Edmonton	AB	Meeting	L		\$11.00							
9-Nov-12	Patient Advisory group, Edmonton	AB	Meeting	B		\$9.20							
14-Nov-12	Overnight stay in Edmonton, ZMD and CMO meetings	AB	Meeting	BD		\$29.95							
18-Nov-12	Family Practice Review and update course	AB	Educ	BD		\$29.95							
20-Nov-12	Family Practice Review and update course	AB	Educ	D		\$20.75							
21-Nov-12	Family Practice Review and update course	AB	Educ	D		\$20.75							
22-Nov-12	Med Staff Engagement in Quality, Ecm	AB	Meeting	BD		\$29.95							
23-Nov-12	CMO onsite meeting Ecm	AB	Meeting	B		\$9.20							
26-Nov-12	Making the big picture persona	AB	Educ	BL		\$20.90							
29-Nov-12	CMO update, overnight stay	AB	Meeting	BD		\$29.95							
30-Nov-12	one on one with Dr. Magran, Calgary	AB	Meeting	BL		\$20.90							
5-Nov-12	Trip to Grande Prairie, Correction Facilities tour									\$22.00			
<b>SUBTOTALS</b>							\$327.00			\$22.00			Total Kms

MEAL PER DIEM RATES			
B = Breakfast = \$9.20	L = Lunch = \$11.60	D = Dinner = \$20.75	A = ALL MEALS = \$41.55
BL = Breakfast & Lunch = \$20.80	BD = Breakfast & Dinner = \$29.95	LD = Lunch & Dinner = \$32.35	

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
 → details of travel location to \$ from must be included above under the purpose of travel column  
**\$0.505 per km for under 5,000km/yr**  
**\$0.47 per km for over 5,000km/yr**  
 or per Union Agreement

<b>Enter \$0.505 km, \$0.47 km QR rate per Union Agreement</b> <small>(see Mileage details to the left)</small>	
Mileage \$	
<b>Travel \$ Subtotal</b>	\$349.00
<b>Enter on page 1 TOTAL TRAVEL \$</b>	\$349.00

*Note: Total will auto fill into pg 1, Section E, if form completed electronically. Additional pg 2s can be found at end of form*

Fare: 22 Date: 5/11/2011

From: MAINE To: Boston MA

Driver: Simon L C No: 82



Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_