

Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please	Print	or	Type)
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Name

H. Brent Skinner

Employee Number

s.17(1)

Position

Chief Planning Officer

Cost Centre:

00 201 9000 71110500005

Department:

Strategic Planning and Capital Development

Bus, Phone:

407-7171

Period

February 1, 2005 - February 28 2005

Expenses Paid (*Please attach receipts*). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation				ordaod	
Meals	· · · · · · · · · · · · · · · · · · ·				
Registration Fees	Capital Hoalth		87.00		
Transportation (including parking)	RECEIVE		25.00	-	
Other	MAR 2 2 200		27.00		
Mileage	(2) (2) (2)	C Section 1			
TOTAL	ACCOUNT		84.70		
	ACCOUNT PAYABLE	1	\$ 193.70		\$
ess Cash Advance	The state of the s				
NET					
			\$ 198,70		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health I or on my behalf from Capital Health or other organization.	business and have not been previously claimed by me
Employee Signature	Date Mang, Jus
Approved by	
Print Name Systeatherill	Title PRESIDENT & CEO
Signature Theather	Date
Print Name	Title
Signature	Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPENSEACHATING OPRY'S

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PENSE LIMITS		F84.	00	12	5-00	84.	

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500. **Hosting Expenses**

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating 2

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We Appreciate You	ur Busi	ness.

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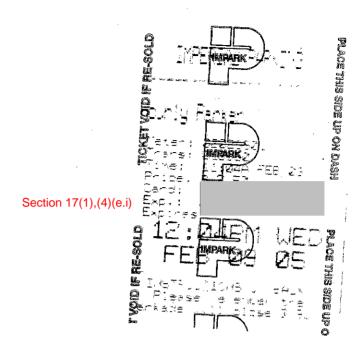
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Thank You For Parking At Commerce Place Parkade

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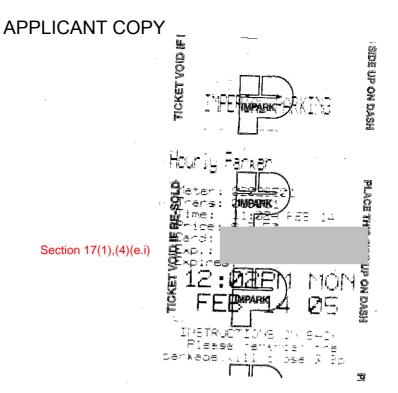
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APPLICANT COPY Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Trave

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DEC 13 LUS SRIGNINI

DEC 19 S. I ODRES

DEC 10 DENNERS

DEC 10 T. WILSON

DO 20 2 COMBOT

DO 20 2 COMBOT

(Please Print or Type)

Name

H. Brent Skinner

Employee Number

Section 17(1)

Position

Chief Planning Officer

Cost Centre:

00 201 9000 71110500005

Department:

Strategic Planning and Capital Development

Bus, Phone:

407-7171

Period

December 1, 2004 - January 31, 2005

Expenses Paid (*Please attach receipts*). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

·	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation	Capital Heal	h		intoldaca	
Meals '	RECEIV	and and	12662		122.62
Registration Fees	FEB 1120	j 5			4.05
Transportation (including parking)			101.50		
Other	ACCOUNT PAYABLE				
Mileage		-3/10/2014	106.75	w	
TOTAL		-	\$ 334.87	3	\$
Less Cash Advance					
NET			\$ 334.81		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

or on my behalf from Capital Health or other-organization.					
Employee Signature Address	Date _	Feg7, 2005			
Approved by					
Print Name S. Weatherill	Title _/	President & CBO			
Signature Tellet Mind Hir St	Date _				
Print Name	Title				
Signature	Date _				

NOTE:

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EXPENSE GLAIM DETAILS

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EXPENSE LIMITS

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Lunch Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating

DO NOT LEAVE ITEMS VISIBLE IN VEHICLE

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CAR AND CONTENTS LEFT NO AT OWNER'S RISK	72176
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Please leave this pass with parking lot attendant on exit	Amount PD
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Amount Pd:	
Licence Prov.	
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Date	
72176	

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University of Alberta RECEIPT

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET

13

EXPIRATION DATE

EXPIRATION TIME

AMOUNT PAID

University of Alberta

University of Alberta

University of Alberta

ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS

OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET

University of Alberta

RECEIPT



14

CITY OF EDWINTON LIHRARY PARKADE GST # 119326270 RT0001

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EDMONTON CITY CENTRE WEST PARKADE
PH # (780) 428-4544

OPERATED BY SPOTS PARKING INC.
GST # R119326270 RT0001

RCPCH#115897
01/12/05 10:50 L# 2 A# 14 Txn#430091
Regular Rate # 3.50
Total Tax # 0.25
CASH PAID # 3.75
Cash Tender # 3.75-
Change Due # 5.00
THANK-YOU!
WE APPRECIATE YOUR BUSINESS.
```

Name	~ ·~ ·
Amount Pd:	
Licence Prov	
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Date	
73362	- :

EDMONTON CITY CENTRE WEST PARKADE
PH # (780) 428-4544
OPERATED BY SPOTS PARKING INC.
FOR THE CITY OF EDMONTON
GST # R119326270 RT0001

RCPt#115897
O1/12/05 10:50 L# 2 A# 14 Txn#430091
O1/12/05 09:42 In 01/12/05 10:50 Out
Regular Rate \$ 3.50
Total Tax \$ 0.25
Total Fee \$ 3.75
CASH PAID \$ 3.75
CASH PAID \$ 3.75
CASH Tender \$ 5.00
Change Due \$ 1.25
THANK-YOU!
WE APPRECIATE YOUR BUSINESS.

Best copy available

THE PARTS

LIFE IS GOOD EAT IT UP AND STARBUCK'S SMOKED MEAT Tel: (780) 431-3468 GST# 805717755RTOCO1 Tbl 264/1 Chk 2666 Jan 20'05 07.1544	LIFE IS GOOD, EAT IT UP FEATURING DUNN'S SMOKED MEAT AND STARBUCK'S COFFEE Tel: (780) 431/5468 GST# 8657177E98TOUCH Date: Jan20'0E 07:55AM Card Type: Amex Acct #: Exp Date: Auth Code: Section 17(1),(4)(e) Check: Table: Table: Table: KINNER	. ij
07:55 Total 32.36 Tip: 34.56	Subtotal: 34.56 Tip:	
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nt Name: you for dining with up. PAY YOUR SERVER.	I agree to pay above total according to my card issuer agreement.	
TOUR SERVER! " " "	*** * Customer Copy * * * *	

CITY OF EDWINTON LIBRARY PARKADE OST # 119526270 RT0001

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KMJ-03-18/K

APPLICANT COPY

Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name

H. Brent Skinner

Employee Number

Position

Chief Planning Officer

Cost Centre:

00 201 9000 71110500005

Department:

Strategic Planning and Capital Development

Bus. Phone:

407-7171

Period

March 1 - March 31 2005

Expenses Paid (*Please attach receipts*). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation		The second secon			
Meals	Capital Hea	in .	30.60 V	V	
Registration Fees	RECEIV				
Transportation (including parking)	MAY 18	2005	7.75 V	/	A CONTRACTOR OF THE PROPERTY O
Other	MAI				
Mileage	ACCOU	175 LE	144 45	لسا	
TOTAL		The state of the s	\$		3
Less Cash Advance			*		
NET			\$ 782.80	755	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

or on my behalf from Capital Health or other organization.	usiness and have not been previously claimed by me
Employee Signature 47 Khenn	Date Amic 21, 2ws
Approved by	
Print Name Sweatherill	Title President de Eo
Signature Hugarther	Date
Print Name	Title
Signature	Date

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- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLANITURETARES

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage
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	Total km						127_
	@						\$0.35
TALS TO	D FRONT OF FORM	1	30.60	~	7.75	(44.45

Meal Allowances

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Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

Dinner

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Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

Thank You For Joining Us At Farls On Campus 8629-112 Street Famonton, Alberta 160-1K8

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Don't forget to join us for: Margarita Mondays! Bellini Tuesdays!
Wings and Pint Wednesdays!
Dry Rib Thursdays!
and Martini Weekends! and martini weekends!
Please pay your server.
All customer comments &
are welcome!! Contact us at
(780) 439-4848 or www.earls.ca
or ecampus@earlsrestaurants.com
GST#R120713706

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LEAVE ON DASH - THIS SIDE UP

AMOUNT PAID

University of Alberta

CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
AUTHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE



DETACH RECEIPT FROM TICKET

TIME AMOUNT PAID

CREDIT CARD NUMBER

University of Alberta

RECEIPT





Health		Travel Expo (In Canadian L (To be used fo	Dollars)		Dital Heat	
(Please Print or	Type)				2 0 200:	SULVICES .
Name	H. Brent Skinne	er		Employee Number	_ u 200;	Ĵ .
Position	Chief Planning	Officer		Cost Centre: 00 201 9000 7	111 05 000	95
Department:	Strategic Planni	ing and Capital Develop	ment	Bus. Phone: 407-7171	l	
Period	April 1, 2005 –	April 30, 2005				
Accommodation		Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			Rate	Canadian \$ (including GST)	1	DO NOT USE
Meals		Capital Hea		81.69		71.69 10.00
Registration Fee:	s	The state of the s	bass cass			
Transportation (in	ncluding parking)	JUL 2 0 3	005	V 7.50		W
Other		ACCOUN	TG	•		
Mileage		PAYABL		47.95		
TOTAL				\$		\$
Less Cash Advar	ice		*			
NET				\$ 137.14		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health bu or on my behalf from Capital Health or other organization.	usiness and have not been previously claimed by me
Employee Signature LA Charine	Date
Approved by	
Print Name <u>S. Weatheriff</u>	Title President and CEO.
Signature Seela Shired for See	Date
Print Name	Title
Signature	Date

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



Local Travel Expense Claim

APRIL, 2005

Employee Name: BRE-T SKINN	M
Employee Position: Curer Planner	
Department: FACILITIES PLANNIC	NO CONTINUOUS
Code:	
ovue,	
	Amount Claime
Mileage Claim (from reverse page)	\$ 47.95
Parking Fees (from reverse page and atta	ach receipts)
Lunch Bens / Kinsauk /Lennh Taxi/Bus Fare (attach receipts)	7.50
	81.69
Vehicle business insurance (up to \$100 e proof of insurance)	each year with attached \$
TOTAL CLAIM	\$ 137.14
	·
Employee Signature:	
Employee Signature: ATMour	Date: 242, 2005
11th animal Cianatona	Deter
Authorized Signature:	Date:



Travel Log

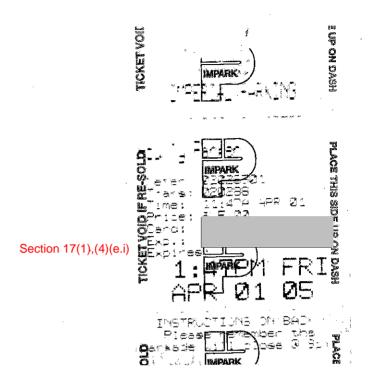
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					`

TOTAL

/37 km.	\$ 7.50
x . 🕉 km.	-
\$47.95	

Business Travel Notes:

- 1. Mileage may be claimed for travel directly related to Capital Health business
- 2. Mileage at \$0.28/km is payable for business travel between locations after first arriving at work, to any location within the region.
- 3. Mileage is not payable to and from home unless specifically authorized during callout or emergency situations.



FILEGRO ITALIAN KITCHEN 10011 109 ST EDMONTON AB

CARD NUMBER
EXPIRY DATE
CARD TYPE
DATE/TIME
RECEIPT NUMBER
AUTHORIZATION
AMOUNT

, TIP

10, w

TOTAL AMOUNT

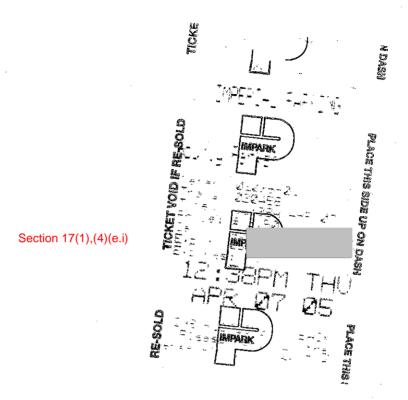
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00 APPK.n THANK YJU

AUTH, # 78

FIX DHOLDER WILL PAY FUTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.

BRENI H FINNER





Capital Health Director, Accounting Services

DEC 19 MA

Accounting Services

Memorandum

DATE:

December 1, 2005

TO:

Brent Skinner

Chief Planning Officer

FROM:

Vicky Afacan

Senior Director Accounting Services

SUBJECT: Expense Claims

All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claims that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
April1 – April 30	\$81.69	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver)
August 25 – August 26	\$165.72	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver)

Attached is a copy of the above expense claims for your reference. Please forward the necessary documentation to my attention at Capital Health Centre 10th floor Accounting Services.

Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely.

10: Vicky Afacan.

See the 3 pages which
have been co-signed by
Leila Shwed.



Travel Expense Claim Form

(In Canadian Dollars)
Capital Health
(To be used for all Regional and Out of Regional Foreign Accounts

(Please Print or Type)		Man and Out of Regional Books (Accounting Services
Name	H. Brent Skinner	Employee Number JUL 2 8 2005
Position	Chief Planning Officer	Cost Centre: 00 201 9000 71110500005
Department:	Strategic Planning and Capital Development	Bus. Phone: 407-7171
Period	April 1, 2005 April 30, 2005	

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals	REGEIV	ED	81.69		
Registration Fees	1	}			
Transportation (including parking)	JUL 2 0 2	005	V 7.50		
Other	ACCOUN	TS			
Mileage	ACCOUN PAYABI	E	47.95		
TOTAL	***************************************		\$		
Less Cash Advance					
NET			\$ /37.14		

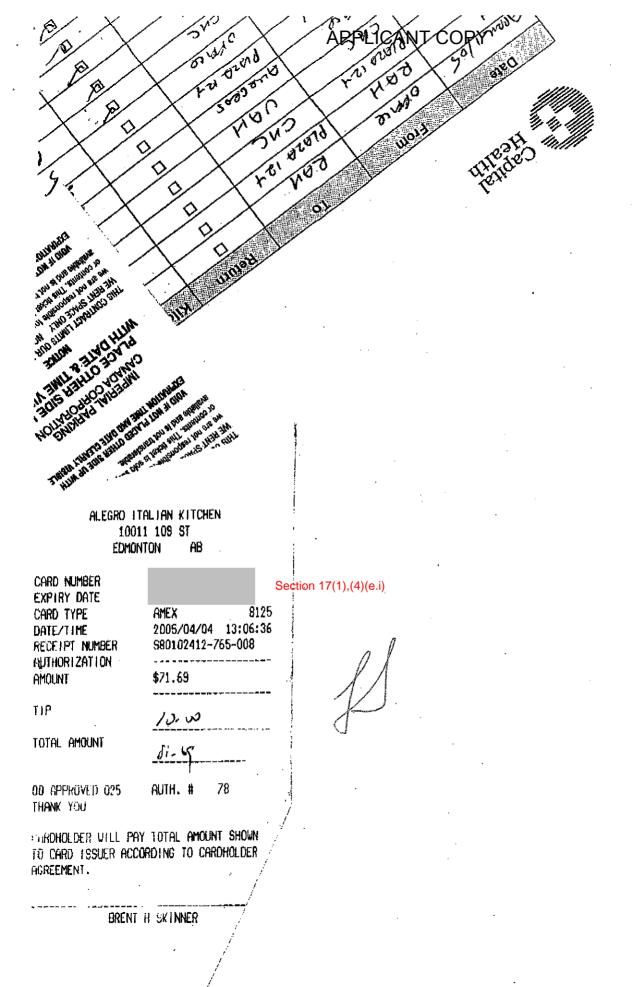
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health bor on my behalf from Capital Health or other organization.	usiness and have not been previously claimed by me
Employee Signature	Date 12 July 05
Approved by	
Print Name 5. Weatheriff	Title President and CEO.
Signature Seels Shined for See	Date
Print Name	Title
Signature	Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

CH-0313 August 2003





Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)			Section 17(1)					
Name BRENT	SKINNE	R	Employee Number					
Position Chief Plan	ning Officer		Oracle Cost Centre	201900	00 7///05 <i>0</i> 00			
Department Facilites	Planning +	Construc	tion. Bus. Phone 7	35 <i>-0</i>	43/			
Period from 25-Aug-	·05 10 26-	Aug-0	5					
Expenses Paid (Please attach r organization. Complete details	eceipts). Do not include on the other side of the f	amounts paid b	y Capital Health or reimbursed	/ reimbursa	ble by another			
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE			
Accommodation	226.56(vr)	1.22	276.89					
Meals	206.97(05)		252.45					
Registration Fees			61.67					
Transportation (including parki	19) 50.55 (UI)	1.22	1 24.00 W					
Other	nital Health	·						
Mileage	CEIVE		19.00W		-			
TOTAL			\$		\$			
Less Cash Advance				<u> </u>				
NET	ACCOUNTS		\$ 634.02					
The information on this form is o	dilected under section 4	of the Regional	Health Authorities (Ministerial)	Regulation	and will be used to			
I hereby certify that the expense or on my behalf from Capital He	s listed above were incurally or other organization	rred on Capital I 1.	Health business and have not b	een previou	usly claimed by me			
Employee Signature	Thomas		Date	_ 200 K				
Approved by			. ,					
Print Name <u>Sus</u>	an Paul	Title <u>Sr. V./</u>	Title Sr. V.P. Facilities Planning and Construction					
Signature	sontaul		Date	- Triu				
Print Name			Title					
Signature		·	Date					
·								

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage kr
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EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Lunch Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

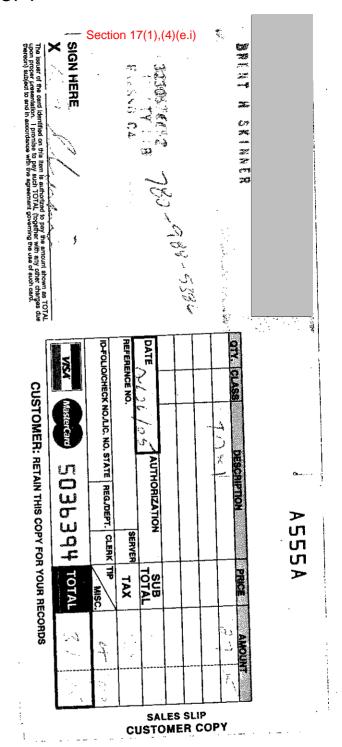
Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

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lable /2/1	08/26/วากร	e	: 14	
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Wok Seared Pacific Salmon	7.95 13.95		Soul!	12 39
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Thank you for Dining with us. Flease come Again.			CUSTOMER COPY	



EDMONTON AIRPORTS

Best copy available

U.S.A. CAB CO Fresno, CA

(559) 222-5588 Fast Service, Friendly & Courteous 24 Hours

Driver: Leonard Date: 3-26



5855 W. Century Boulevard Los Angeles, CA 90045 (310) 641 5700 Marriott.com/LAXAP

GUEST FOLIO

805 SKINNER/BRENT/MR

199.00 08/26/05 13:00 7284

NKG

08/25/05 10:23

28

PASSPORT:

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THANK YOU FOR CHOOSING THE LOS ANGELES AIRPORT MARRIOTT! FOR A QUICK CHECK-OUT, PLEASE DIAL '88' ON YOUR PHONE, OR PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT.

08/25 F&B 85.53 ROOM&TAX 226.96

Marrioff.
LOS ANGELES AIRPORT

5855 W. Century Boulevard Los Angeles, CA 90045 (310) 641 5700 Marriott.com/LAXAP

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit rard number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

Marriott. APPLICANT COPY

LOS ANGELES AIRPORT

5855 W. Century Boulevard Los Angeles, CA 90045 (310) 641 5700 Marriott.com/LAXAP

GUEST FOLIO

805 SKINNER/BRENT/MR

199,00 08/26/05 13:00 7284

08/25/05/10:23

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PASSPORT:

PAYMENT

<u>199.00</u>

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08/25 ROOM 08/25 RM TAX 08/25 CA FEE 08/26 AX CARD

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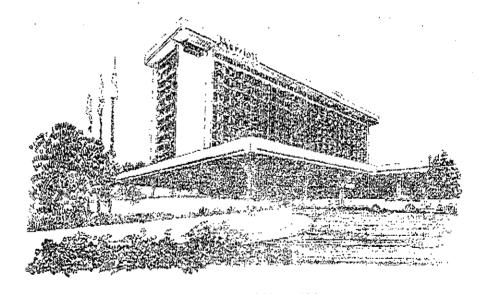
SETTLED TO:

AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE LOS ANGELES AIRPORT MARRIOTT! FOR A QUICK CHECK-OUT, PLEASE DIAL '88' ON YOUR PHONE, OR PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT.

08/25 F&B **ROOM&TAX**

----- EXP. REPORT SUMMARY 85.53 AX 226.96





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6-2955C Rev. 12/04

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290





Travel Expense Claim Form

·	(iii Gariaulari Dullars)
	(To be used for all Regional and Out of Regional Trave

(Please Print or Type)

Name

H. Brent Skinner

Employee Number

Position

Chief Planning Officer

Cost Centre:

00 201 9000 71110500005

Department:

Strategic Planning and Capital Development

Bus. Phone:

735-0431

Period

July 1, 2005 - August 31, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation		· PE			
Meals	The state of the s	*	114.44	·V	120-44 4.00
Registration Fees		200			
Transportation (including parking)	72200	To be a second	1 13.40	~	
Other	Jim' MITS	D.	/		
Mileage	ACCOUNTS PAYABLE		# 77.52 71. 40	الدا	
TOTAL			\$ 209,24		\$
Less Cash Advance	Na-of-		# 21- 31		
NET			\$ 209.21		a jarahan karanan karana

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health or on my behalf from Capital Health or other organization.	business and have not been previously claimed by me
Employee Signature	Date
Approved by	
Print Name Sweatherill	Title President (CEO
Signature	Date
Print Name	Title
Signature	Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPERSE CANTOE QUEST

Date	Particulars	Accommodation \$	Meal \$	Registratio	n \$	Transportation \$	Other \$	Mileage km
245/6	OFFICE /PLADIES/RETURN					\$ 2.50	ر	16
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TOTALS TO	FRONT OF FORM	197	27. 41		19	3.40	1	21:90

EXPENSE LIMITS

77.50

. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

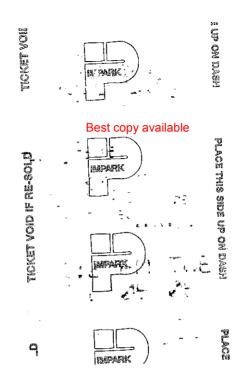
- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

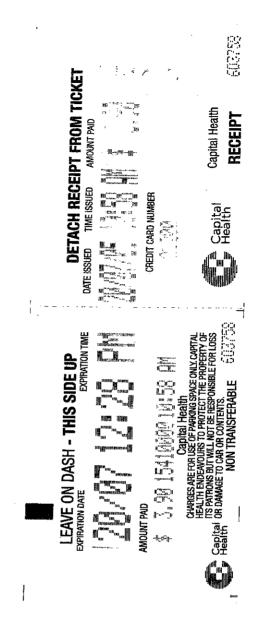
Advance

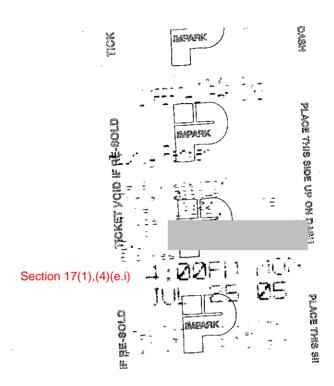
Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.







***** NATE 07/29/05 CHECK # 581 7:46 T_ME TABLE # 24 =:-===== - Table Mar 109TH ST 15J1N7 - S : Ernie555 EDMUNTUN i.i. AMOUNT 132092349416 ITEMS ORDERED PRE AUTH PURCHASE ******* HPAI; 315XPR GI OMELT 07-29-2005 08:19:03 £99 Heet & 1 49 S , E**g**g Exp P 3.2 Card Type AM 2 Lur da ካያ (EKENT H GRINNER マヹ お **本本本本本本本本本本**本本本本本本 キャー・キャン e# 12946 Operator 555 ***** J2299(,14 jgi). 16.88 enta 1 23 kr- 001197004 St 1.13 Section 17(1),(4)(e.i) P. Beth Purchase \$18.07 Ϊij TU: Mil. testam ach RICKY'S AL OF WHILE PHONE 421 - 7546 PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

C º T. #899060974

CITY OF EDWINTON LIBRARY PARKAGE GST # 119326270 RTOOD1

Ficht# 6460
08/11/05 14:35 L# 2 A# 21 Txn# 24919
08/11/05 13:19 In 08/11/05 14:35 Gut
Tkt# 171519
Regular Rate \$ 4.21
Total Tax \$ 0.29
Total Fee \$ 4.50
CASH PAID \$ 4.50Cash Tender \$ 5.00
Change Due \$ 0.50
THAYK YOU
COME AGAIN

IL PORTICO RESTAURANT 10012 107 ST

EDMONTON

Section 17(1),(4)(e.i)

CARD NUMBER EXPIRY DATE CARD TYPE AMEX 6845 DATE/TIME 2005/08/15 12:35:40 RECEIPT NUMBER \$47131088-659-001 **AUTHORIZATION AMOUNT** \$26.22 TIP 4.00 TOTAL AMOUNT 23.20 00 APPROVED-025 AUTH, # 78 THANK YOU

6.5.7.# K128U5U554 30 STEPHONI CHE SAG TBL 10/1 99915105 11:0540 1 *COFFEE 2.00 1 1909 2 57 17 37 90 20.00

TL PORTICO EMOUTES, ALEXAR

PLEASE PAY SERVER

SUBTONIAL

0.5.7. TOTAL DEF 24.50

1.72

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.

CARDHOLDER SIGNATURE

IL PORTICO RESTAURANT 10012 107 ST EDMONTON AB

CARD NUMBER EXPIRY DATE CARD TYPE DATE/TIME RECEIPT NUMBER Section 17(1),(4)(e.i) AMEX 1082 2005/08/16 12:59:29 547131088-659-116		•	IL PORTICO EDMONTON; ALBERTA G.S.T.# R128503554 10 BRANDY				
AUTHORIZATION \$32.10	TEL	16/1 A	CHK 21 JG16'05 11		GST 0		
TIP TOTAL AMOUNT	320	4. 4.			10 11	.00 .00 .00 .00	
00 APPROVED-025 THANK YOU THANK YOU THANK YOU THANK YOU	AUTH. # 11 PAY TOTAL AMOUNT SHOWN CCORDING TO CARDHOLDER	D.	SUBTO G.S.T TOTAL E A S	DUE			

CARNK-YOUL CARL FOOD GREAT PEOPLE

Thank You For Joining Us At Earls On Campus

General Many CORBETT Head Chy HITCHELL

earls GREAT FOOD GREAT PEOPLE

88292	For Jo On 112 Inton, A	ining Us A Campu Stree Iberta	t S t
Card Type.	144167	N 17 REON	
Auth Code Check: Table: Server:			7(1),(4)(e.i)
Ref Number:	9911244	77755	
Subtotal:		44.05	
Tip:	nitr		
Total:	January and		-

I agree to pay above total according to my card issuer agreement.

********Customer Copy*******



Travel Expense Claim Form

Canital Health (In Canadian Dollars)

		ed for all Regio	nal and Out of Regional Travel)	r, Accounti	ng Services
(Please Print or	Type)			UL 202	2005
Name	H. Brent Skinner		Employee Number	Section	
Position	Chief Planning Officer		Cost Centre: 00 201 9000	7111050000	05
Department:	Strategic Planning and Capital De-	velopment	Bus. Phone: 407-717	'1	
Period	May 1, 2005 May 31, 2005	Calsur			
•	Please attach receipts). Do not include mplete details on the other side of the	•	by Capital Health or reimbursed	/ reimbursa	able by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			419.58		404.46 15.1

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	included	DO NOT USE
Accommodation Calgar	منده در المراجع		419.58		404.46 15,17
Meals	Caoital Health		28,78		
Registration Fees	RECEIVE				
Transportation (including parking)	JUL 2 0 200	5	32.40		
Other		S. S		-	en in de profesionales de la company de la c
Mileage	ACCOUNT PAYABLE	2	259.00		
TOTAL			\$		\$
Less Cash Advance	-			-	
NET			\$ 739.76		

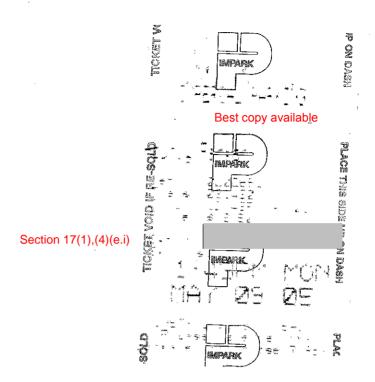
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Ca or on my behalf from Capital Health or other organization.	apital Health business and have not been previously claimed by me
Employee Signature	Date 12 July 05
Approved by	
Print Name 5; Weatherill	Title President and CEO
Signature Leclar Approach Ser	Date
Print Name	Title
Signature	Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

CAPUTAL MENTH RUYAL ALEXANDRA PUBLIC PARKING



THE CAME BY WINNERS FOR THE CARREDE

651 # RU9526270 RT0001

05/17/05 12:08 1#1 A# 5 1xm#4/957/ 05/17/05 10:25 in 05/17/05 12:08 fut 4,61 Kegular Kate \$ 0.55intal lax 5.00intal Fee 5 (11)-CASH PAID 5.00 Cash Tender 0.00 inance que JHMK-AIIII WE APPRECIATE YOR RIGINESS. IMAIN ME)

NORMANDS RESTAURANT GST#R123163602

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TGL 10/1 CHK 2 MAY19'05 1	
2 50UP & SALAD	17.90
2 COFFEE	4.50
2 POP	4.50
SUBTOTAL	26.90
G.S.T.	1.88
TOTAL DUE	28.78
*** MUSSEL MONDAY	S 4 STYLES ***
ALMOST ALL YOU	CAN EAT 19.95
PLEASE PAY WWW.NORMANDS.	

Thank You For Parking At Commerce Place Parkade

05MAY20 13:06 019 002 05MAY20 08:35 02 / 4:31 #131707

S0079149399

RATE 13.50 TOTAL 13.50 Cash 20.00 CHANGE 6.50

GST #897727657RT Have a Nice Day

OMETAL MALIN REYAL A EXAMBA A BELLE FARKING

THE WESTIN CALGARY 320 4th Avenue SW Calgary, Alberta Canada T2P 2S6 403-266-1611

Mr. Brent Skinner

Section 17(1)

Arrival 05/03/05 Departure 05/05/05 Payment Method AX Invoice

Room Cashier Page

Starwood Preferred Guest #

Airline Partner #

The Westin Calgary, 05/04/05

Date	Text	Room	Charges	Credits
05/03	Room Charge	0326	189.00	
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%	•	7.56	
05/04	Room GST 7%		13.23	

Total 419.58 Balance 419.58 \$

0326

1

26.46 GST Room F&B GST · 0.00 Other GST 0.00 Total GST 26.46 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.



Local Travel Expense Claim

MA1, 2005

Employee Name: Bならて SKINNEN	
Employee Position: Carer PLAN-WI UMCEN	
Department: Facilities Planner on Curringin	
Code:	
	Amount Claimed
Mileage Claim (from reverse page)	\$ 259,00
Parking Fees (from reverse page and attach receipts)	\$ 32.40
Faxi/Bus Fare (attach receipts)	\$ 446.36
Vehicle business insurance (up to \$100 each year with attached proof of insurance)	\$
TOTAL CLAIM	\$ 739, 76
+ CMCaa C	
they, Rus Form man 19	
may 19	
, _ 0/	
Employee Signature: LT Munim Date: Dun	2, 2005
Authorized Signature: Date:	



Travel Log

Date	From	То	Return	Kilometers	Parking
MA13, 2005	orace	coucon		300	
Ma- 5, 200	concer	omice		300	
man 6, mor	Cone.	varice		3	
<u> </u>	ornce	ECM		į	
~ \	EM .	Pina 124		2	
<u> </u>	CA12 124	OFFICE		2	
no19, 200	office	ROY		3	7.50
<u> </u>	RM	12420124		4	2.50
~1	0420124	VAH		5	
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MONII	offered	VAY	<u>0</u>	6	
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~1	www	Vay		4	
may w	OFFILE	Ams w		4	13.50
manw	OFFRM	von		3	
may 31	opme	vay		7	
4	UAN	RAN	П	6	13.50

TOTAL

740 km.	\$ <i>32.</i> 40
x, 3/6/km.	
\$259.00	

Business Travel Notes:

- 1. Mileage may be claimed for travel directly related to Capital Health business
- 2. Mileage at \$0.28/km is payable for business travel between locations after first arriving at work, to any location within the region.
- 3. Mileage is not payable to and from home unless specifically authorized during callout or emergency situations.

Capital Health

APPLICANT COPY

Travel Expense Claim Form

Capital Health Director, Accounting Services

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel).

(Please Print or	Type)	ı				
Name	H. Brent Skinn	ner ·		Employee Number	ar ee aan ar ee ee ee ar	TOTAL BENTHALISE MARKETERS - LANGE
Position	Chief Planning	Officer		Cost Centre: 00 201 9000	7111050000	5
Department:	Strategic Planr	ning and Capital Develo	pment	Bus. Phone: 407-717	1	
Period	June 1, 2005 –	-June 30, 2005				,
Expenses Paid (organization. Co	Please attach receip omplete details on th	ots). Do not include am ne other side of the fom	nounts paid t	by Capital Health or reimbursed	/ reimbursat	ole by another
		Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation						
Meals		Capital Healt	h		. /	
Registration Fee	es	DECEIV		12.90	4	
Transportation (i	including parking)	JUL 2 0 2		11.90		estero Personal monestra establista espe
Other		July 6 0 5				
Mileage		ACCOUNT PAYABI		V 34.65	W	
TOTAL	-	PAYABI	AND PARTY OF THE P	\$		\$
Less Cash Adva	nce					
NET				\$ 44.55.		
The information or process your clain	n this form is collect n.	ed under section 4 of the	ne Regional	Health Authorities (Ministerial)	Regulation a	nd will be used to
hereby certify the or on my behalf fro	at the expenses liste om Capital Health o	ed above were incurred rother organization.	on Capital I	Health business and have not b	een previous	ly claimed by me
Employee Signatu	ire 450	lhein	•	Date	July	05
Approved by	Brei	nt Skinner				
Print Name	S. Wed	atheriff		Date Title Preside	ent an	dCEO
ignature	le April	vel for -	241	Date		e de la companione
rint Name	New York	/		Title		
ignature		·		Date		

NOTE:

- · GST amounts included in the expense claims will be calculated by Accounts Payable.
- · Please ensure that the expense claim is properly authorized.
- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

BRENT SKINNER

Employee Position: Culer Plannet vision



Employee Name:

Local Travel Expense Claim

June, sust

Department: Excurred position on auto	urstw
Mileage Claim (from reverse page) Parking Fees (from reverse page and attach receipts) Taxi/Bus Fare (attach receipts)	Amount Claimed \$ 34.65 \$ //. 90 \$
Vehicle business insurance (up to \$100 each year proof of insurance)	
TOTAL CLAIM	\$ 46.55
Employee Signature: Them [Date: 24 2 2007
Authorized Signature:	Date:



Travel Log

Date	From	То	Return	Kilometers	Parking
Junes, nos	UM	OFFICE		3	
20012	office	CITY	D/	4	
Drie B	OFFICE	STUNE		30	15-00
ome 10	ome	Ron		6	2.00
me 17	othe	RAM		3	13.50
~1	RON	PLATAM		4	
1	P1020 124	OFFICE		2	
Tre 20	OFFU	VAI		6	
Drx 21	orne	05	ū	10	
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Done 28	~)	7		6	
2m 29	OFFICE	UDI		T	
~1	UAM	UB		2.	12.00
		·			
			🗆 .		

TOTAL

99 km.	\$ 450
x . ⋛≸ km.	12,90
\$ 34.65	100

Business Travel Notes:

- 1. Mileage may be claimed for travel directly related to Capital Health business
- 2. Mileage at \$0.28/km is payable for business travel between locations after first arriving at work, to any location within the region.
- 3. Mileage is not payable to and from home unless specifically authorized during callout or emergency situations.

TELUS PARKADE

65: INC. R#122388333

0510NO6 18:76 001 001
0510NO6 17:27 01

- 01007811
RATE 1 \$5.00
\$5.00

MANAGED BY
IMPERIAL PARKING

LEAVE ON DASH - THIS SIDE UP EXPIRATION DATE EXPIRATION TIME

CREDIT CARD NUMBER

Capital Health
RECEIPT 007207

67

CAPITAL HEALTH ROYAL ALEXANDRA PUBLIC PANKING

Rcpt# 2634 06/17/05 11:28 06/17/05 10:08	L# 1 A# 10 Txn# In 06/17/05 11:28	5446 Out
Tkt# 745463 Daily Rate Total Fee CASH PAID	\$ 3.90 \$ 3.90 \$ 3.90- \$ 3.90	~
Cash Tender Change Due	\$ 0.00	

University of Alberta
RECEIPT



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name

H. Brent Skinner

Employee Number

Section 17(1)

Position

Chief Planning Officer

Cost Centre:

00 201 9000 71110500005

Department:

Facilities Planning and Construction

Bus. Phone:

735-0431

Period

October 1 - October 31, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			61.50		53.50 9.00
Registration Fees	And the second s	EDA COM			
Transportation (including parking)	Carrie		14.00		W
Other	RECEIVED	100 Miles 100 Mi			
Mileage	NOV 2 1 2003	STANIS TRANSPORT	95.00		C .
TOTAL	ACCOUNTS		\$		\$
Less Cash Advance	DAY A	essential in a			
NET			\$ 170.50		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health be or on my behalf from Capital Health or other organization.	usiness and have not been previously claimed by me
Employee Signature	Date
Approved by	_
Print Name Sp. Weatherill	Title President (CEO
Signature	Date 1018/05.
Print Name	Title
Signature	Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable."
- Please ensure that the expense claim is properly authorized.
- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

70

EXPERSE CANNITO EXARY

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
- CT3/65	conceptance waster protection						50
cc14/2	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						50
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47 11	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						6
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oc: 7	OFFICE/USDINGERAN						6
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% /	puses 18-1 /OFFICE						3
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× 0	oren 10 m norm						6
CC T 18	and poll room						4
anzi	com 1204 page						4
cc = 24	open pins mother				2.50		6
~ /	Level Franciae		6150				
CCTU	OFFICE / Cro. mckery room						2
CCT 27	contrasientoune				3.00		6
CCT 20	office / UM / OKMSE						G .
	OFFICE / STURE / PORT						34
	CHERCE I DA lacton						6
-1	kno 100 our pason						32_
	Total km						250
	-@						\$0.38
TOTALS T	O FRONT OF FORM	6	1.50		14.00		95.00

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Dinner

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

. Travel

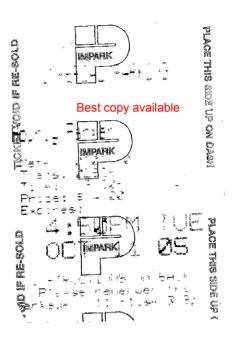
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

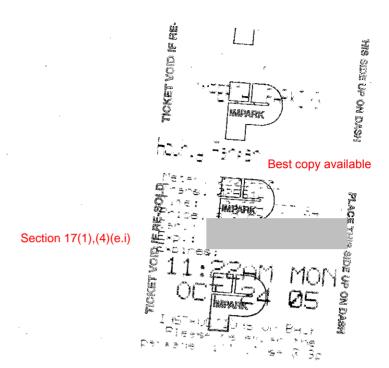
4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.



TELUS PARKADE
GST INC. R#122388333

0500111 14:16 001 001
0500111 12:53
/ 1:23 #117165
RATE 1 \$4.50
TOTAL \$4.50
MANAGED BY
IMPERIAL PARKING





IL PORTICO RESTAURANT 10012 107 ST EDMONTON AB

Section 17(1),(4)(e.i)

IL PORTICO
EDMONTON, ALBERTS
0.5 T.# R128007353

CARD NUMBER EXPIRY DATE		24 SIÇ				
CARD TYPE DATE/TIME RECEIPT NUMBER AUTHORIZATION AMOUNT	AMEX 5075 2005/10/24 12:49:27 S47131088-716-008	TBL 14/1 CHK 19 00724'85 11:5				
	\$53.50	2 *POP 1 SOUP CUP 1 PASTA SPEC	1.00 4.00 15.00			
TIP TOTAL AMOUNT	y. v	1 SALAR CHICLEN 1 FRITTETS 3 KOPFEE	10 10 9.50 7.50			
	61.47	SUBTOTAL G.S.T.	해지 (6) 기업 및 1945			
00 approved-025 Thank you	AUTH. # 23	TOTAL PUE	7.8 13.50			
CARDHOLDER WILL PA TO CARD ISSUER ACCI AGREEMENT.	y total amount shown Ording to cardholder	PLEASE PAY	bekvek:			

CARDHOLDER SIGNATURE



Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Typ	e)	•		Section 17(1)	
Name	H. Brent Skin	ner		Employee Number		
Position	Chief Planning Officer			Cost Centre: 00 201 9000 7	11105000	05
Department:	Strategic Planning and Capital Development			Bus. Phone: 735-043	1	
Period	September 1 -	- September 30, 2005			•	
Expenses Paid (Plea organization. Compl	se attach recei ete details on ti	ipts). Do not include ame he other side of the form	ounts paid b	y Capital Health or reimbursed	/ reimbursa	able by another
		Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation						
Meals			25 B	105 23	اسا	95.23 10.00
Registration Fees			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Transportation (inclu	iding parking)			8-25	/	W
Other			.75. W			
Mileage		ACCOUN	TS	78-28		W
TOTAL		Section Sectio	Name of the state	\$ 191.76		\$
Less Cash Advance	***************************************	·				
NET				\$ 191.76		
The information on the process your claim.	s form is collec	cted under section 4 of the	ne Regional	Health Authorities (Ministerial) F	Regulation	and will be used to
I hereby certify that th or on my behalf from (e expenses list Capital Health o	ted above were incurred or other organization.	on Capital I	Health business and have not be	en previo	usly claimed by me
Employee Signature _	450	llow		DateOc\(\int 12	, 200	15
Approved by	. 1	į			•	
Print Name	cila U	Veather 11		Title		
Signature TV	bach	500×50×50×50×50×50×50×50×50×50×50×50×50×		Date	1/05.	
Print Name				Title		
Signature	· · · · · · · · · · · · · · · · · · ·			Date	· ·	
NOTE:				,		
 GST amounts include 	ded in the expe	ense claims will be calcu	lated by Acc	counts Payable.		

- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
ionsto							.6
IPM 9	~ //						6
Sist 12	othe prone perun						80
~1	ornce /van	:					3
-13	ornolo proton						6
o i	othe / swy am/rown			·			68
Som My	omejvar/retur						6
Sem 15		66-34					3
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~/	GRU /VAM						6
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Som	van Jean						6
- 1	RANJUFFICE						3
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~	" "						6
500 23	Ran Jusy						3
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'	can/ait						2
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	OFFICE /PURSI24/NETVIN						4
	Lunca - G. Frum		28.89 W				
	EDM/OFFICE						3
- (OFFICE / VAM						3
Sars 29	office/vou heron						6
							-
	Total km						206
						-	\$0.38
TOTALS	TO FRONT OF FORM		105-23		8.25		78.28

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

Best copy available

The Confeder to Louise The Fairmont Hole I Ma donald 780-424 5181	
CONFEDERATION Check: 212200 Server: RENE Terminal: 21 TOFFEE 1 COFFEE 1 CARL LANG 1 SOUPASARIMEN OF 11.000 1 SOUPASARIMEN OF 17.000 1 SOUPASARIME	MERCH ID: 4500; CASHIER: RENEE TERMINAL: 22 CONSTRUCTOR NAME: NAME: NAME OF THE STRUCTOR OF T
GRATUITY;	TOTAL: (a) 12
TOTAL: ROOM NO. :	GRATUITY: /
PLEASE PRINT NAME	TOTAL: 56,11
X	X SIGNATUR)

CITY OF EDMONTON LIBSARY PARKADE SST # 119326270 RTOCO1

Ropt# 10885 09/23/05 14:12 L# 2 A# 38 Txn# 5768? 09/23/05 13:22 In 09/23/05 14:12 Out Tkt# 185820 Regular Rate \$ Total Tax Total Fee CASH PAID d. 0.20 Œ, 3.00 3,00-Cash Tender 3.00 Change Due 0.00 THANK YOU COME AGAIN

IL PORTICO RESTAURANT 10012 107 ST EDMONTON AB

0810

IL PORTICO EUMONTON, ALBERTA G.S.T.# R128503554

17 MICHELLE

PLEASE

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2 *COF 1 SALF 1 TAG	D CHICKEN	5.0 10.0 12.0	Ű
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CTOY THREE SHIPS, SAME SETS GOOD SLICE SLICE SAME THE STATE OF THE STATE SAME SAME SAME SAME SAME SAME SAME SAM	RECEIPT NUMBER AUTHORIZATION	S47131088-694-002
Comments of the control of the contr	AMOUNT	\$28.89
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12.00	TOTAL AMOUNT	
27.00 1.89 2.89	00 approved-025 Thank you	AUTH. # 64
ERVER		Y TOTAL AMOUNT SHOWN .

AGREEMENT.

CARD NUMBER

EXPIRY DATE

TO CARD ISSUER ACCORDING TO CARDHOLDER



Travel & Employee Expense Claim Form

(In Canadian Dollars)

(Please Pri	int or Type)		•	S	ection 17(1)				
Name	H. Brent Skinner		Emplo	yee Number		Union Name			
Position	Chief Planning Office	cer		_ Department	Facilities Planni	ing and Const	uction		
Business Pl	hone <u>735-0431</u>		P	eriod from <u>Nove</u>	mber 1	to <u>Novembe</u>	r 30, 200	05	
Expenses I another org	Paid <i>(Please attach r</i> ganization. Complet	eceipts e details). Do not ir s on the otl	nclude amounts p ner side of the fo	paid by Capital rm.	Health or rei	nburse	d / reimbursat	ole by
				Expense Codes		Non- Canadian Currency	Rate	Canadian \$ (including GST)	✓ if G
		BU	Location	Functional Center	Account				I I I C I C I C
Accommod	ation	201	9000	71110500005					<u> </u>
Meals	69600	201	9000	71110500005	45.03	6.00		4 5 LO3	
Registration	n Fees	201	9000	71110500005					
Transportat parking)	ion (including	201	9000	71110500005	w			14.50	v
Other		201	9000	71110500005					
Mileage		201	9000	71110500005	. 1			\$ 55.10	
TOTAL					<u> </u>		\$	\$	\$
Less Cash A	dvance		gyptopred 2 Mark	Capital Healt	h				
NET			A Property of the Control of the Con	RECEIVE			\$	\$ 120-63	\$
			der section	4 of the Regional	Health Authoriti				
- 0. o	that the expenses lise that from Capital He	ن امراارات	mici organiz		,				d by
npioyee Sigr	nature	<u>~</u>	1~~~	PARTIES TO SERVICE SERVICE COMMENSATION COME	Date	Nec 5,	aus (<u> </u>	
proved by:	S./L	Joseph .	(m) 1/		,,,,		+ 10		
mature	1	each	1		Title	residen	1 5. C	.CO: 	
nt Name	— V€								
					Date				

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

AERPENSIANI JURGEPAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage k
NOVLIOS	ome Juan						* 3
MUB/OK	orno 1200						-3
-1	RAN/FARIS		51.03				3
** 1	Emus /office	45.03					a
w/1	othe Jusu lasun	6.00					6
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wit.	W 11						6
MULIM	Ugn/CHADEL/OFFICE		-				34
,	omice / warmers						3
طا سه	OFFICE / was Time well region				600		4
<u>~ 1 </u>	OFFICE / MEDILISEN / NEEDWA						26
4 1	OFFICE / UM / NATUR						6
win	UFM# 1 06220 124				2.50	/	2
I	or Juan / Roseman						3
10v 21	OFFICE /UM (NETURN)						<u>.</u> 6
in ta	other / ciry / Return				7.00	Spranner.	4
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1	other worm peren				3.00		4
	seme from treson						6
							··· · · · · · · · · · · · · · · · · ·
		·					
				-			<u> </u>
	Total km						1:3
							\$0.38
	@		51.03	•	14.50		(except where collective agreement specifies otherwise)

EXPENSE LIMITS

955-10

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Trave

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

GREAT FOOD GREAT UT

2" Andrew C	
To) FRA Chk 1541	Gst 3 M
1 PGP	2.35
2 POP REF	0.00
1 COFFEE	2.25
1 SANTA FE CHICK	19 50
2 GREEK PIZZA @ 11.99	77.38
Subtotal	42.08
GST Tax	2.95
W	.03
Ulitz Iulai 🔭 🛶	

PER SE PAY YOUR SERVER

This Aoki; Managing Partner a Bates, Head Chef

D. Jewell B. Fedor . GST#R1015441134 ear

O2Nov't E A Amex

Act Exp Data
Author Section 17(1),(4)(e.i)
Check Tahlor Carroll # C D62581

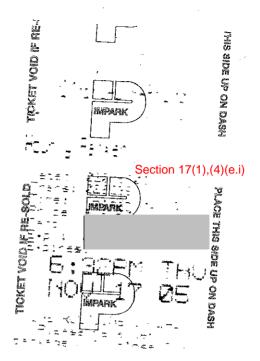
4 7 8 6 6 60

Signature & C D62581

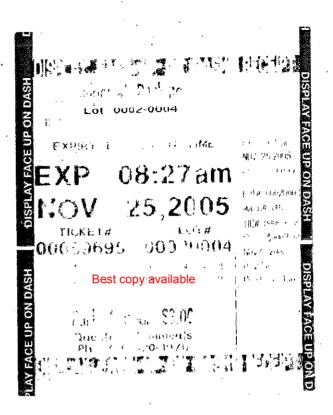
I agree to pay above total according to my card issuer agreeme

** Satomer Copy*





CITY OF EDWINTON LIBRARY PARKADE SST B 119326270 RT0001





Travel & Employee Expense Claim Form

(In Canadian Dollars)

(Please Print or Type)

Section 17(1)

3*3*.

Name H. Brent Skinner		Emplo	yee Number		Union Name	-		
Position Chief Planning O	fficer		_ Department <u>F</u>	acilities Planni	ng and Constr	uction		
Business Phone 735-043	1	P	eriod from <u>Decer</u>	nber 1t	o <u>Decembe</u> i	r 31, 200	05	
Expenses Paid (Please attack another organization. Comp	h receipts) lete details	Do not in on the oti	nclude amounts parter side of the fon	aid by Capital m.	Health or reir	nburse	d / reimbursab	le by
		, , , , , , , , , , , , , , , , , , , ,	Expense Codes		Non- Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GS included
	BU	Location	Functional Center	Account	Garroney	rato	001)	Molade
Accommodation	201	9000	71110500005					
Meals	201	9000	71110500005				37.17	-
Registration Fees	201	9000	71110500005					 I
Transportation (including parking)	201	9000	71110500005				5.25	
Other	201	9000	71110500005					
Mileage	201	9000	71110500005				34.96	
TOTAL						\$	\$	\$
Less Cash Advance								
NET						\$	\$-17.38	\$
he information on this form is co	ellected und	der section	4 of the Regional H	lealth Authoritie	es (Ministerial)			
process your claim.					o (Ministerial)	rixeguia	idon and will be	usea
hereby certify that the expenses ie or on my behalf from Capital I	listed abo	ve were inc	urred on Capital He	ealth business	and have not t	peen pre	eviously claime	by by
				Doto "-	70-1 is	2.00	<u> </u>	
pproved by:				Date	7100 76,			
rint Name	Elleat	herill	<u> </u>	Title Pro	esident s	1 C E	Ö	
gnature //ev o	att	-	Capital F	lesDate i				
int Name				Title)		<u>-</u>		
gnature				Date				
DTE:			144 5 6				****	
Expense claim must be pro approver. The approver must required supporting documa approval.								
GST amounts included in the	expense cl	aims will be	calculated by Acc	ounts Payable.				

See the other side of this form for expense claim limits.

through the internal mail system.

Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)

For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed

For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.

Out of province expenses also require approval of Chief Operating Officer or Vice President.

AERPHINGEACNATINO OPPAYLS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
De2/08	oppie from perim						6
Dec 5	~ //						6
Pec a	OFFICE / AIT / NETUR						8
nec 12	OFFICE JUDI / NETUM						6
Dec 14	VAN/AIT			ļ _!			1
	AIT /OFFICE						4
Ope 15	oppulvay/Rown						
nee 16	OKAO 1204						6 3 14
> 1	ROM / STROMICANO COUNT						14
<u>\ \ 1</u>	STROMINA COM LOVARE						15
	oppres/Ann				5.25		1
\/	ann Juan						ÿ
nec 20	orene / van/retur						6
oca!	\\ //						6
Dec 27	~ 11						6
Dec 29	MANNEW -A-MEONINO		37.17				
							•
							-
						···	
-	·						., .,
	Total km						92
							\$0.38
			[_		(except where collective
	@		37.17		5.25		agreement specifies
							otherwise)

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast
Lunch
Lunch
Signature time is earlier or the return time is later than 7:00 a.m.)
Signature time is earlier or the return time is later than 1:00 p.m.)
Signature time is earlier or the return time is later than 1:00 p.m.)
Signature time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Grant MacEwan C.C. 10700-104 Avenue Edmonton, Alberta TSJ 482 Parking Services Tel: (780) 497-5875

Thank You, Have a nice day!

IL PORTICO RESTAURANT 10012 107 ST EDMONTON AB Section 17(1),(4)(e.i)

CARD NUMBER EXPIRY DATE IL FIRTION EDMONTON - PLETPING CARD TYPE AMEX 6814 0.5.7.4 PLASTITE DATE/TIME 2005/12/29 13:22:40 RECEIPT NUMBER S47131088-768-016 is KIM AUTHORIZATION AMOUNT \$33.17 TBL 8,4 CHW 770 Coll (JEC 29 05 01:24Pm TIP 4.00 1 SALAD CHICKEN 10.00 TOTAL AMOUNT 1 LUNCH SPEC 16.00 37.17 2 AUFFEE 5.0 00 APPROVED-025 SUBTUTAL AUTH. # 13 31.00 THANK YOU G.S.T, 2.17 707AL INE 33.17 CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN PLEASE PRY SERVER TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.

CARDHOLDER SIGNATURE



APPLICANT COPY Travel & Employee Expense Claim Form (In Canadian Dollars)

Section 17(1)

											
	H. Brent Sk	· · · · · · · · · · · · · · · · · · ·	Employee Number: Union Name:								
		nning Officer		Department: Facilities Planning and Construction							
Busines	ss Phone:	735-0431	Period From: February 1 to Feb 28, 2006								
Expense mother o	s Paid (plea organization	se attach receipts). Do no	ot include amounts other side of the fo	paid by Capital	Health or re	imbursed / reimbur	sable by				
Bal Unit Location Functional Centre e.g. 201 e.g. 9000 Functional Centre e.g. 71135050044			Account e.g. 69500001	Non-Canadiar Currency	Rate	Canadian \$ (including GST)	✓ if GST included				
201	9000	71110500005				4.50					
201	9000	71110500005			 						
201	9000	71110500005	Capital He	alth		4,50					
	-		RECEI	VED	33. 20	3,00	<u>D</u>				
			HEVE:	-006	4.00	17.20	<u> </u>				
			1 SAM	4 5000 T		17.400					
			UNTS 1	TEES8	8341382	43 🛮					
ess Casi	ess Cash Advance ACCOUNTS PAYABLE										
otal				4 6	3.73	t10200					
ereby ce	ertify that th	s form is collected under s your claim. le expenses listed above ny behalf from Capital He	wore incurred as C			137-18	id				
almed by	me or on r	ny behaif from Capital He	alth or other organiz	zation.	siness and r	nave not been previ	ously				
nployee	Signature:	wither		Date	: Mano	n 2, 2006					
proved I nt name)	3y: The	ella Weatherill	Title: Presi	dent		Phone #					
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nature)				`.		Date					
E:			 	<u> </u>		vale					

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

A EXBENSE RIANN PETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
1232/06	OFFICE / AIT/RETURN						8
* '	STAGE OMW /RETURN				14.50		4
feB 3	OFFICE POURSIEN/PORM	-					4
	ome las williams			L.	4.50		
<u> </u>	murumi/UAM						3
~ 1	van Jossice						1 3
	OFFICE / Western / Retion .						68
-	office/var/netum						6
pen y	ome /vm						3
	can /sacred cius						1 /
	FARMAN JOHNE				1 3.00		2
	OFFICE / FOTTIMO GASMAN						6
4039	orace/van herem						6
	OFAY / B-AMIK TRADE						10
テリワ	Mome / DIRRAG					33, Zo	25
\ i	TOXI-AMAY-FOTHILL				37.20	4.00	× 2
<u></u>	AMENT/OFFICE				12.40	1700	25
2528	OTHE IRAN IRETURN						6
22 6	ome / DIT						4
~ \	DIF / VAN						7
27 27 V	orne/cumomi/orane						
							_2
							·
							···-
							
	Total km						191
	@			1 8	61.60		\$0.43

EXPENSE LIMITS

83

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: Breakfast

Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Dinner

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From Formary 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

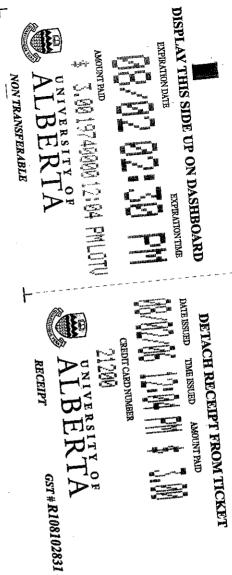
TELUS PARKADE GST INC. R#122388333

06FEB02 15:56 001 001 06FEB02 14:32 01 / 1:24 #126947

=01033746

RATE 1 \$4.50 TOTAL \$4.50 CASH \$4.50

MANAGED BY IMPERIAL PARKING



EDMONTON AIRPORTS

Best copy available

10,00 &
2,60 \$
9,81 \$

Think you for your stronge!

** Junt 24 hours **

** Junt 27 your **



Travel & Employee Expense Claim Form

(In Canadian Dollars)

(Please Print or Type)	•		Sec	ction 17(1)				
Name H. Brent Skinner	·····	Emplo	yee Number		Union Name			\checkmark
Position Chief Planning O	fficer	···-	_ Department <u>É</u>	acilities Plannin	g and Constr	uction		
Business Phone 735-043	1	Pe	eriod from <u>Janua</u>	y 1_to <u>Janua</u>	ry 31, 2006			
Expenses Paid (Please attack another organization. Comp	<i>h receipts)</i> lete details	. Do not in on the oth	clude amounts pa ner side of the for	aid by Capital I m.	lealth or rei	mburse	d / reimbursab	le by
		· · · · · · · · · · · · · · · · · · ·	Expense Codes		Non- Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GS*
Ti.	BU	Location	Functional Center	Account	Gunoncy	- Nato		moladec
Accommodation	201	9000	71110500005					
Meals	201	9000	71110500005	6960000	a		740.78	
Registration Fees	201	9000	71110500005				70 10	
Transportation (including parking)	201	9000	71110500005	6241000	5		\$7.00	
Other	201	9000	71110500005				3	
Mileage	201	9000	71110500005	6241000)		45.22	
TOTAL			Capital He			\$	\$	\$
Less Cash Advance		ſ	Capitel	VEN /	1 W		,	
NET			DEP.			\$	\$91.00	\$
The information on this form is coprocess your claim. hereby certify that the expense	ollected un	der section	4 of the Regional I	lealth Agthoritie	(Mînisteria	l) Regula	ation and will be	e used
hereby certify that the expense ne or on my behalf from Capital	s listed abo Health one	ve were inc other organi	curred on Cápi tal A zation.	ealth-business	and have not	been pr	eviously claime	ed by
mployee Signature	The			Date <i>F</i>	eB 28,	200	6	
pproved by:		1 22			· .			
rint Name She	ila W	lather,	<i>]</i>	Title <i></i>	residen	1		
ignature 💛 🗸	Lack	w		Date				
rint Name				T141 -				
ignature				Date				<u></u>

NOTE:

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 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
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Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
22360	conce/was / return			-			6
~ 1	-/						6
224/EL	LUM-SIBARRA		140.78		\$ 2.00		8
32 4	cine 10000 121/18TUN						4
JU 10		,					4
2216	OFFICE /VAN METURN						<u>ي</u>
20~10	office / Pare Mew						4
2015	chie/AT/return						8
22 20	orno 12au		1				3
~ 1	ROM/FAROGIAN MORE						12
<u> </u>	FOR 1919 WAR MUREL / SPIECE						10
~ 1	office / DIT / return						8
m23	OKRILE IRAM				3,00		3
~/	RAY 12TT						7
	DIT JOHNE						4
2025	OTTIO / PURPORA /OTTHE						4
2221	orne/vay/renow		-				(_E :
2006	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						6
2010	~ //			-			6
							-
							:
	Total km						119
							\$0.38
	@	1	40.78		*	Ì	(except where collective
					\$.00		agreement specifies
							otherwise)

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
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- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

35.78

MURRIETA'S EDMONTON

10612 82nd Ave. Tel: 750-438 4100

Theth #

×/2006 Stryer: My helle t 1 1 1 · (****) 2.57 UUT 6.46 Clip of Suite Salmon (Tub 11.83 2.57 Soft Drinks 10.01 SmChicken Penna SUB~.JTAL: 33.44 2.34 GST:

GST#db/3: Happy holidays to sear Murreta's Bar \ 11.

TOTAL:

MURRIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check: 16720

Michelle C.

Date: 01/04/2006

Time: 13:10

Section 17(1),(4)(e.i)

- INNER/BEENT H

529052 -9999

ONLINE

AUH MERCHANT#

SUBTOTAL \$

35.78

TIP \$

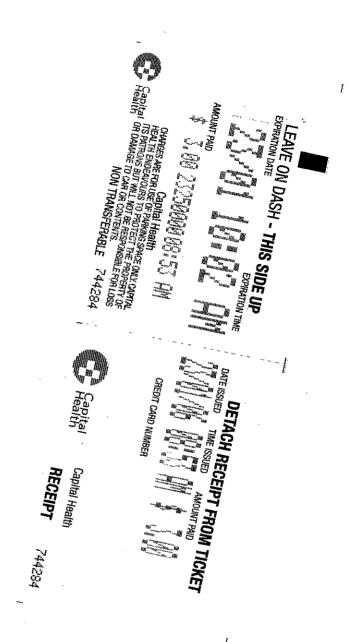
_____.

TOTAL \$

** CUSTOMER COPY **

GST#857377576RT0001 Happy holidays from the Staff of Murrieta's Bar & Grill







Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner			Employee Numbe	r:	Union Na	Union Name:					
Position	n: Chief Pla	nning Officer		Department: Facilities Planning and Construction							
Busines	s Phone: 7	735-0431	Period From: April 1 to June 30, 2006								
Expenses another of	s Paid (plea organization	se attach receipts). Do no	ot include amounts of the fo	paid by Capital H	lealth or rein	nbursed / reimbur	sable by				
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included				
201	9000	71110500005	69600000	(Meals)		307.47					
201	9000	71110500005	62410000	(Mileage)		208.12	0				
201	9000	71110500005		Other)		308.75					
				<u>ි</u> බල්	B.80	45.25	Partcol				
			Capital Ne	alth							
<u>l</u>					~						
Less Cas	Less Cash Advance AUG			2006							
Total			ACCOUNTS (1)			824.34					
he inform ill be used	ation on thi	s form is collected under s s your claim.	section 4 of the Rec	gional Health Aut	thorities (Mir	nisterial) Regulation	on and				
hereby co claimed by	ertify that th y me or on i	he expenses listed above my behalf from Capital He	were incurred on Ca alth or other organi	apital Health bus zation.	iness and ha	ave not been prev	riously				
mployee	Signature:	withen	~~	Date:	ni	1/06	·				
pproved By: Susan Paul Title: Sent				or U.P. Phone # 735-00			0018				
ignature) Soul				Date Aug. 15/06.							
pproved I	ву: ———		Title:			Phone #					
ignature)				Date							
TE:	olaim mua	4 ha muan ul					$\overline{}$				

- laim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

AEPOPEINS E ACILIAIM TO BITANLS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
APRIL 8/0	ome/uga/Return			<u></u> .			6
~14	ome / socemen		175.44		5.00		2
AMR E	OFFICIUS O/NETUR						6
AP1 5	U, A/PLAZO 124/0996				6.25		8
Am 6	once IRM /RETURN						6
ar 7_	OFFICE /UGU/DOTTON						6
m 11	oracjum/regum						6
~ 1	orno 1 asu/ natur						6
m 13	um/ean						7
Jun 18	orace / ugn						3
~ <i>i</i>	UDU /ATT / NEUTON 10 WHILE						7
Jan 21	oin w/v;A				2.00		3
pm	omme INEENC/Krom/onine						30
	ONO / VOM / MON A CONTO				5.00		8
	OFFICE / POWE OF WAS / OFFICE						14
27	of w / Converse Con / Confidence				7.50		14
m/	ome / we strient force						70
	ofthe / Amoral installation						30
	MAN CITY/UGU/OFFICE				4.50		8
	OFFIN / LOUSETHE GLASTIN				6-00		2
	OFFICE / NICKIME / NETURE						30
-1 6	oppie/comms/oppie				6.00		4
	OFFICE / UM / RETURN						6
11 ne	ome/porony heren						4
M 16 0	me/anw/van/an/once				3.00		14
M18 1	OFFICE / WAY / OPEN						/0
219	owne / em/von/offere						14
	ormuluar Inetum						6
<u> </u>							
	Total km						
	@						\$0.43

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Dare	Pannains	Acco-APPL M	ICANTAGOEX	Markeron	orus	nsient
marge/s Ence / Ence / Ence of Ence of Ence of Ence of	OFFICE / POSE IN frend		183.75		The state of the s	3 4 4
June 19 June 22 June 22 June 26 June 26	Direct / Consumpression Direct - Prontant person OFFIC / VOM Remains of the pront OFFIC / NOMPON / NOTERN OFFICE / VOM / NOTERN	4132	-63		80-25	3
						THE PARTY OF THE P
	The state of the s					
					084K	
,m		\$307.47	108 183-75 USAK	6		interiories and province of



Receipt FOIP

Printed: 01-Jun-06 01:09 PM

User: jeatab

City of Edmonton - Community Services

Capital Health Rhawnie Wollen 10030 107 Street Suite 1100 Edmonton, AB T5J 3E4

Receipt #: 2655361 User: ieatab

Issued: Thu 01 Jun 06 01:09 pm

Description

Amount

Previous Balance

\$183.75

Applied To: 285850 - Capital Health Staff Picnic

\$183.75

Payment:

Visa Card Front Desk

(\$183.75)

Balance

\$0.00

Community Services

Runne park some pience parm - fre some pience an Ambeaul

Community Services

The personal information collected from you is collected under the authority of S. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to administer program registrations, membership management and facility bookings for Community Services. Aggregate data will be used for program planning and evaluation. Questions about the collection of personal information should be directed to the Community Services FOIP Coordinator at 496-4999.

City of Edmonton - Community Services Social and Recreation Services Access to Recreation : Sport 146 Janes Feergad 1181 2 ntal - 205850 - Capital Mealth Store 173.35tr hTotale 197 TE **72**0 10.40 tal: 183.75 sa Card ont Nesk 183,75 counts Capital Vacith) 49450 /915/04 SERVING YOU IN YOUR COMMUNITY! HAM. odasator. ca/com requires/ GST #2119325270 RT0001

275850

FACILITY BOOKINGS 4TH FLOOR REVILLON TSJ4A1 EDMONTONA AB

Name: K

Date 06/06/01 Time 13 08 12 Exp Date Auth # 04(26) Card Type VI Tran Code 00 NZ2314047001 001496025

Invoice Mo.:

130%

Subtotal
Tax
Total
\$180.70

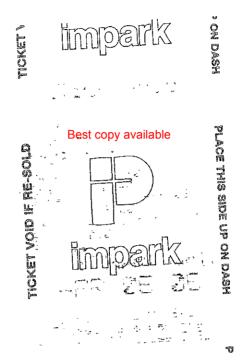
I asree to pay above total amount according to card issuer agreement Retain this copy for your records

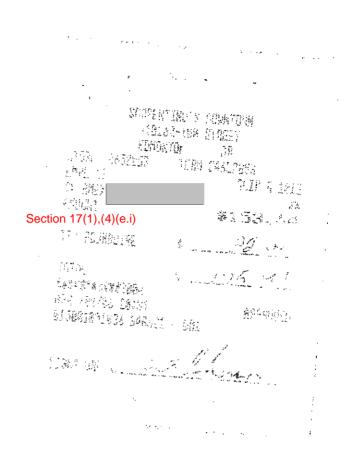
Top copy-customer Bottom copy-merchant

THANK YOU FOR JOINING US AT SORRENTINGS G.S.T.#889541258

F- 2	*

TBL 55/1 CHK 3105 APR04'06 06:26	05T
1 #38-MER.LA PLAYA 1 BRUSHETTA 1 OFEN FOOD 2 GF BEEF W/ PRAWN 1 RIB EYE 2 CAFE LATTE	38.00 8.00 2.50 56.00 31.00 7.90
SUBTOTAL G S T TOTAL DUE 153	143.40 10.04 - 44
PLEASE PAY SE THANK - YOU	RVE







TELUS PARKADE GST INC. R#122388333

06MAY16 11:20 001 001 06MAY16 10:20 / 1:00 #136226

RATE 1 \$3.00 TOTAL \$3.00 CASH \$3.00

MANAGED BY IMPERIAL PARKING

CONTROL SWINTON

LIGHTY PARKAGE

CONTROL STATEMENT TO STA

CITY OF EMMATCH LIBROARY PARKAGE CET # 119326270 RTG001

Acpis 41484
CA/27/CS 13:36 LN 2 AM 12 TX/BLS461
64/27/CS 11:28 In CA/27/CS 13:3+ Cut
TXCN 587409
Regular Rate \$ 7.01
Total Tax \$ 0.49
Total Fee \$ 7.50
CASH PAID \$ 7.50CASH Fender \$ 20.00
CHANK YOU
COME AGAIN

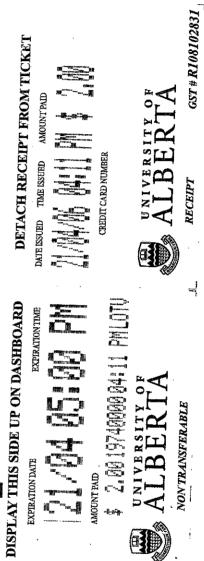
Grant MacEwan C.C. 10700-104 Avenue Edmonton, Alberta T5J 462 Parking Services Tel: (780) 497-5875

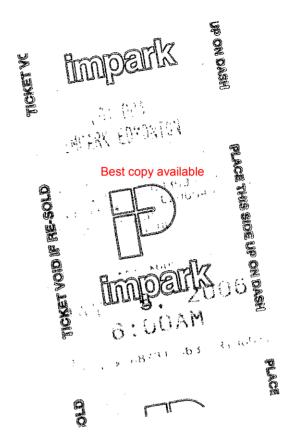
Transaction Date: 25/04/2006 19:39:05

Subtotal: \$5.00
Amount Given: \$5.00
Change: \$0.00
TOTAL: \$5.00

Payment:

Thank You, Have a mice day!





Thank You For Parking At Commerce Place Parkade

06MAY05 15:13 019 002 06MAY05 13:23 02 / 1:50 #22478?

80077870651 RATE 6.00 TOTAL 6.00 Cash

GST #897727657RT Have a Nice Day

customer color

IL PORTICO EDMONTON, ALBERTA G.S.T.# R128503554

14 LUAIR	Management of the second se
TBL 37/1 CHK 1183 JUN19'76 05:38F	
1 PASTA SPEC 1 SALMON FILET 1 CHICKEN 1 TRIO 2 *COFFEE 1 *DECRFF COFFEE SUBTOTAL G.S.T.	19.00 26.00 25.00 5.00 2.50 107.50 7.53
TOTAL DIE 1.1.	e.oo eevee

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Et al. 18	• 13
•	. :0
1·12	PURCHASE
06 19 2003	19 13.34
Acct #	5
	said Type As
Name BRENT H Section	17(1),(4)(e.i)
Inv # 37	Operator Gos
722616227	001
Auth # 11	RRN GUIDONGAE
P Auth Purchase	\$1
T1p	17.0
Total	172.08
Customer	cepy

DIETTAL CLARENTCATIONS 10173 109 ST TEVINT FOMENTUR #8	222 914 51
danes Accil f	
Section 17(1),(4)(e.i)	13 12 07 048146 00
Invoice No.:	504616
Subtotal Tax Total	Maria Commence
Signature 15 12 (Y) COS I agree to pay above total as apporting to pard is over agre Retain this copy for your	iewa. Kani
Top governotioner Botton con	y-aprobant



INVOICE

Date

06/22/06

No.

1504616

GST Number

R135790277

Terms

Net 30 days

Digital Communications Group ltd. 10176-109 Street Edmonton, AB T5J 1M7 (780) 426-2355

Please send payments to: Digital Communications Group Ltd., 6031 Gateway Blvd, Edmonton, AB, T6H 2H3, (780) 438-2355

Billing Information

Capital Health Brent Skinner 1J2.07 Walter C. Mackenzie 8440 112 st Edmonton, AB T6G 2B7

User Information

Capital Health Brent Skinner 1J2.07 Walter C. Mackenzie 8440 112 st Edmonton, AB T6G 2B7

Salesperson		rson	Sales	Sales Slip		nt Type	P.O. / Chq Number		
	Nancy E	Diaz	1504	316	VIS	SA			
Q	Item		Description	Serial Numb	er Plan	Cell Number	Price	Extended	
1	STRIP	De-Insta	allation of Car accessories			·	\$75.00	\$75.00	
						·			
								<u> </u>	
				L OF FR	×^				
_		•	Parrou Cu Cu Pr	pure					
			CA	SEN					
_			- CV. Ch						
1									
_									
_	BRRESITO.								

COMMENTS:	SUBTOTAL	\$75.00
Paid In Full - Thank you!	TAX AMOUNT 7.0%	\$5.25
	SECURITY DEPOSIT	\$0.00
	LOANER DEPOSIT	\$0.00
Potrum Palian	GRAND TOTAL	\$80.25
Return Policy All returns must be within 7 days with phones having less than 10 minutes of use.	AMOUNT PAID	\$80.25
All returns must have complete original packaging. Software, hands-free sets, prepaid cards, and clearance items are final sales. No cash refunds. Restocking fee may apply.	BALANCE DUE	\$0.00





Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

	PREVIOUS STATEME	NT BALANCE
DATE	ACTIVITY DESCRIPTION	
STATEM	IENT FROM MAY 17 TO JUN 10	6, 2006
BKENII	1 SKININEN	
DDENT I	H SKINNER	
	Platinum Section 17(1),	(4)(6.1)

BRENT H SKINNER -

MAY 25 CANADA GREEN BUILDING COUEDMONTON AB

#UNIO1 - FACILITY BOOKINGS EDMONTON AB

,(4)(e.i)

1 OF 2

AMOUNT (\$)

\$428.00

\$183.75

CONTACT US

Customer Service / Lost & Stolen Collect Outside North America

IMPORTANT INFORMATION

1-800-769-2512 (416) 974-7780

PAYMENT INFORMATION

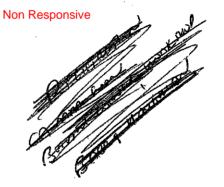
Minimum payment Payment due date Credit limit

Available credit Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance Payments & credits **Purchases & debits** Cash advances Interest Fees

NEW BALANCE



Section 17(1),(4)(e.i)



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE MINIMUM PAYMENT

PAYMENT DUE DATE JUL 03, 2006

AMOUNT PAID \$

Non-Responsive

VISA Platinum

Section 17(1),(4)(e.i)

RBC0150020_4735661_013-80933

BRENT H SKINNER

03101

Payment options

· Telephone banking 1-800-769-2511

· Online banking www.rbcroyalbank.com · RBC Royal Bank ATM

· RBC Royal Bank Branch

· By mail

Detach and return with payment.

Please do not send cash through the mail. Please do not staple or damage this form.

Section 17(1),(4)(e.i)



APPLICANT COPY Payment Requisition

Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION (Check one only) ☐ Vendor ☐ Patient ☐ Employee (EE number							
Invoice Date 25-May - (DD-MMM-YY) 2006 Invoice Number Section 17(1)							
Vendor Number (or S.I.N.) Payee Name Brent Skinner							
Address c/o. 11th Floor, Capital Health Centre City Edmonton							
Province/State AB Postal Code Country							
II PAYMENT DETAILS							
Reason for payment hemburse for Conference Fee PO#							
Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No							
If this is a contract payment, what is the contract date?							
Have goods / services been received? Tes, When? June 1/06.							
Are original attachments to be mailed with cheque? (Note 2)							
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)							
Bal Unit Location Functional Centre Account Expense GST if e.g. 201 e.g. 9000 e.g. 71135050044 e.g. 69500001 Sub-Total applicable Total Payment							
201 0007 71550300042 61030000 428.00 - 428.00							
Capital Health							
AUG 1 7 2006							
ACCOUNTS							
PAYABLE							
Canadian U.S. Other TOTAL 428.00 - 428.00							
IV AUTHORIZATION							
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.							
Requisitioned by (Print name) Phone # 413-7631							
(Signature) Bunde Haway Date Aug. 16/06							
Approved by (Print name) Phone # 4/3_1958							
(Signature) Date Aug. 16/01							
Approved by (Print name) Phone #							
(Signature) Date							
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1							
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. The processed payment requisitions will be returned without processing.							



MEMORANDUM

DATE:

August 11, 2006

TO:

Penny Lightfoot

FROM:

Brent Skinner

RE:

Request for Reimbursement

Registration - Canada Green Building Conference

Thank you again for sponsoring two staff members from the Facilities Planning & Construction department to attend the Conference in May.

Attached is a copy of my VISA bill indicating payment of one registration (for Michael Schneider).

Please process a payment to me.

Thank you,

Brent Skinner



VISA PlatinumSection 17(1),(4)(e.i)

BRENT H SKINNER

STATEMENT FROM MAY 17 TO JUN 16, 2006

1 OF 2

ACTIVITY DESCRIPTION

AMOUNT (\$)

PREVIOUS STATEMENT BALANCE

BRENT H SKINNER -

MAY 25 CANADA GREEN BUILDING COUEDMONTON AB

\$428.00

FACILITY BOOKINGS EDMONTON AB

\$183.75

Protect yourself when traveling

Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen Collect Outside North America

1-800-769-2512 (416) 974-7780

PAYMENT INFORMATION

Minimum payment Payment due date Credit limit Available credit Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance

Payments & credits Purchases & debits Cash advances Interest Fees

Carena course Schneiden Schneiden Non-Responsive

Section 17(1),(4)(e.i)



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE

03101

MINIMUM PAYMENT

PAYMENT DUE DATE JUL 03, 2006

AMOUNT PAID

Non-Responsive

Section 17(1),(4)(e.i)

Payment options

- · Telephone banking 1-800-769-2511
- Online banking www.rbcroyalbank.com
- · RBC Royal Bank ATM

VISA Platinum

- RBC Royal Bank Branch
- · By mail

Detach and return with payment.

Please do not send cash through the mail. Please do not staple or damage this form.

Section 17(1),(4)(e.i)

RBC0150020_4735661_013-80933

BRENT H SKINNER

128

MESSAGE CONFIRMATION

05/18/2006 12:58 ID=CAPITAL HEALTH

DATE

S.R-TIME

DISTANT STATION ID

MODE

PAGES

RESULT

Ø5/18

00'41"

7804332458

TX

001

OK.

DADO

05/18/2006

12:57

CAPITAL HEALTH → 94332458

NO.848 D001

Please fill out form online and PRINT. Proceed with registering by faxing to (780) 433-2458

PLEASE CHECK

CALGARY May 30 & 31, 2006

EDMONTON May 31 & June 1, 2006

First Name: Michael

Last Name: Schneider

Title: Project Manager, RAH

Company/Organization: Capital Health

Address: Facilities Planning and Construction Suite 1100, Capital Health Centre 10030 - 107 Street

129

EARLY BIRD REGISTRATION

\$350.00 + GST

(\$24.50) = \$374.50Note: All payments must be received

by April 14, 2006.

I FULL DELEGATE REGISTRATION \$400.00 + GST (\$28.00) = \$428.00

FAP-01-NOU-2006-003 APPLICANT COPY



Accounting Services 1100 Harley Court 10045-111 St. Edmonton, Alberta T5K 2M5



i PAYEE INFORMATION (Check one only)	dor	2 Employee (EE	number
Invoice Date Invoice N	lumber		
Vendor Number (or S.I.N.) Vendor N	lame H. Breut Ski	nner	
Address		City	
Province/State Postal Co	ode	Country	
II PAYMENT DETAILS	Funds Type	CCITF C	HA Operating
Reason for payment HSALC Facility Tour		PO#	
	by of contract if not previously t	forwarded) [] [No
f this is a contract payment, what is the contract date?		Number	
Have goods / services been received?			No
Are original attachments to be mailed with cheque? (Note 2)	☐ Yes ☐ No)	
EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FO	ORMAT) (Departm	ents must provide (Complete Coding)
Project Task Expenditure Type Exp. Orga g. UAH9503 e.g. 3.00.37.01.00 e.g. Al01 Funds e.g. Capita			Total Payment
404901 1.00.13.01.00 AJOI Ful Capital	Project \$ 432.5	\$	\$ 432.50
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
1 5700000003-031870	10 \$	\$	\$
Canadian U.S. Other	TOTAL \$ 4325	\$ 30	\$ 432.50
AUTHORIZATION			N
confirm that the above items have not been previously paid	and the expenses related	l only to Capital He	ealth business.
equisitioned by (Print name)	RECEVED	Phone #	ŧ
(Signature)	ret o a cade	Date	
proved by (Print name) See affached	for	Phone #	
(Signature) a Approval	ACCOUNTS PAYARIF	Date	
proved by (Print name)		Phone #	
(Signature)		Date	·
THORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGN	ING AUTHORITY BOLICY	/ NIBADED EINANG	~=

- All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 2)
- 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
 - Incomplete/improperly authorized payment requisitions will be returned without processing



Travel & Employee Expense Claim Form (In Canadian Dollars)

Section 17(1)

Name:	H. Brent Skir	nner	Employee Numbe	er:	Uni	on Nan	ne:	
Position: Chief Planning Officer Department: Facilities I					Planning	and Construction		
Business Phone: 735-0431 Period From: February 14 to Feb 17, 2006								
		se attach receipts). Do no . Complete details on the			ital Health	or reim	bursed / reimbur	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Cana Curren	l Ret	ate	Canadian \$ (including GST)	✓ if GST included
	HSA	C Facilità T	Dar					
	to A	Hanta and Hi	eston.					
	The	Edmonton Clinic	c)	395 2	9		97,60	<u> </u>
			1		İ			
	-						**************************************	
Less Cas	sh Advance		1				· · · · · · · · · · · · · · · · · · ·	
Total			7	2662	27 vc)		97.60	
		he expenses listed above my behalf from Capital Ho			th business	s and h	ave not been pre	viously
Employe	e Signature	: withe	1		Date: ≁	man	2/0(
Approved		es Rodrigues	Title: Anuc	ersity of	Alben	la.	Phone #	
(Signature)		AUNOS.					Date	
Approved		eila Weatherill	Title: President	dent &	CEO		Phone #	
(Signature)	Wear	Deul					Date	
OTÉ:	<u> </u>							
approv require approv	er. The app d supportir al.	ist be properly authorized rover must initial individung documents to indicate	al items that are no approval without s	ot supported upport. Uns	d by supp	9-	1.60 CA]	>_
		ded in the expense claims v n the payroll system, expen	-		·			
For phy	/sicians, con	tracted employees and thos mail system.		-		29	7.69 US	D.
See the	other side o	of this form for expense clain			A Delivery of the Control of the Con	1	2 1.125	(Oct. Zola
Angrous	ad alaim forn	a with receipte chould be co	int to Accounte Davis	hla (Canital	Ucal			\ 1

131

Out of province expenses also require approval of Chief Operating Officer or Vice P

97.60+334.90 = 432.50

107 Street, Edmonton, AB T5J 3E4)

ARRENGENTING PAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
SeB14	TOXI PO AIRPORT				147.40		
~1	The I D LOTEL (MOUSTON)				148;00(US)		
FRD15	TOXI NO DIVANT (MUSIC)				157.70 (US)		
Fens	con revial (ATTENTA)				181.99 (US)		
KEB 16	PANKUI (OTUDIO)				N.00 (41)		_
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EXPENSE LIMITS

. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 Lunch \$10.0

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.





Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner		Employee Numbe	<u></u>	Union Na	ıme:				
Position: Chief Planning Officer		`Department: Facilities Planning and Construction							
Business Phone: 735-0431			Period From: July 1 to September 30, 2006						
Expenses another o	s Paid (plea organization	se attach receipts). Do no . Complete details on the	t include amounts _i	paid by Capital H orm	lealth or reir	mbursed / reimburs	able by		
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included		
201	9000	71110500005	69600000	(Meals)		258.49	D/		
201	9000	71110500005	62410000	1 .	age)	135.57			
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Less Cash Advance			DC1 3			·			
Total			ACCO	Varia	· •	1426.02			
he inform vill be use	nation on the	is form is collected under s your claim.	section 4 of the Rec	gional Health Au	thorities (Mi	nisterial) Regulatio	on and		
l hereby c claimed b	ertify that t	he expenses listed above my behalf from Capital He	were incurred on C alth or other organ	apital Health bus ization.	siness and h	ave not been prev	ously		
Employee	Signature:	with	nn	Date	ः ००५	15/06			
Approved By: Sheila Weatherill Title: President					Phone #				
Signature) / W Q au						Date			
Approved By: (Print name)			Title:			Phone #			
Signature)							Date		
OTE:									
Expens	e claim mus	st he properly authorized a	and must be suppe	rtad by original -	anainta e	and the same	41.		

- ed and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANTMGERY'S

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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2010	um lorene						3_
0467	orme icas /nesons						6
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01/00	ornie 1291			<u> </u>			3
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02/08	opprefuel presum						6
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07/04	orma / vas toeme						6
08109	USA PROM / COM / OFRER						10
11/09	office/stream/oracl						30
w is	ore las herm						6
	Cee mise	nos)					
	Total km						
	@						\$0.43

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

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Receipt FOIP

Printed: 07-Jul-06 10:05 AM

User: leobal1

City of Edmonton - Community Services

Capital Health Rhawnie Wollen 10030 107 Street Suite 1100 Edmonton, AB T5J 3E4

Receipt #: 2791866

User:

leobal1

Fri 07 Jul 06 10:05 am

Description

issued:

Previous Balance

Amount \$32.00

Applied To: 285850 - Capital Health Staff Picnic

\$32.00

Payment:

Visa Card Front Desk

(\$32.00)

Balance

\$0.00

Community Services

PICNIC# 285850

FACILITY BOOKINGS 4TH FLOOR REVILLON 15J4A1

EDMONTON

B 22314047 ZENT H. SKINNER

Name: Acct #

Date 06/07/07^{Se}
Exp Date Card Type VI

6/07/0<mark>\$ection 17(1),(4)(e.i)</mark> 6/07/07 Time 09 44 58 Auth # 056427

NZZ314047001 Tran Code 00 NZZ314047001 001521002

Invoice No.:

0945

Signature X PHONS IN

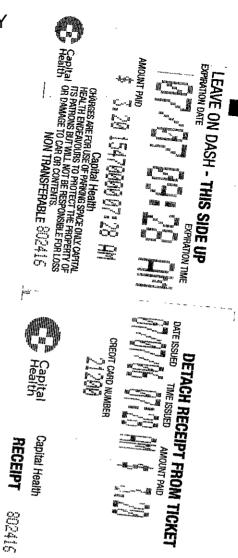
I agree to pay above total amount according to card issuer agreement Retain this copy for your records

Top copy-customer Bottom copy-merchant

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Community Services

The personal information collected from you is collected under the authority of S. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to administer program registrations, membership management and facility bookings for Community Services. Aggregate data will be used for program planning and evaluation. Questions about the collection of personal information should be directed to the Community Services FOIP Coordinator at 496-4999.



IL FORTICO EDMONTON: ALBERTA G.S.T.# R128503554

GST O.

18 CHRIS TBL 13/1 CHK 23 JUL11'06 11:48FM

2 ***POP** 4.00 1 SOUP BOWL 5.00 1 LUNCH SPEC 15.00 1 PASTA SPEC 14.00 1 SALAD CHICKEN 10.00 3 *COFFEE 7.50 SUBTOTAL 55.50 G.S.T. 3.33 TOTAL DUE 58.83

PLEASE PAY SERVER

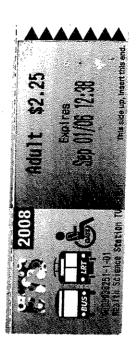
IL PORTICO RESTAURANT 10012 107 51 EDMONTON 93211/2/110 07-11-2008 Acct # Exp Date 5 Name: BRENT H Section 17(1),(4)(e.i) Lard Type AM SKIRNER Inv. # 13 Operator 555 T22616227001 Auth # 31 REN 001027011 P. Auth Purchase 358 83 Tip 8.00 Total 66.83 Customer copy

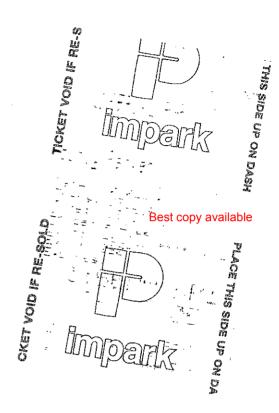
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SIGNATURE NOT A CREDIT PLEASE PAY	CARD VOUCHER YOUR SERVER				

Grant MacEwan C.C. 10700-104 Avenue Edmonton, Alberta 751 452 Parking Services Tel: (780) 497-5875

Transaction Date: 03/08/2006 08:42:30
Subtotal: #5.25
Amount Given: #5.25
Change: #0.00
TOTAL: #5.25

Thank You, Have a nice day!





**************************************	DAN ***********************************	PURCHASE RESTAURANT DAN PURCHASE RESTAURANT 142.50 AMOUNT 8.56 TAX
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Wanna be SHAKEN & STIRRED? Join us for MARTOONIE THURSDAYS Lounge, 3pm till close for \$2 Maand cool RETRO spun beat	in c _{ur} artinis s!	
3975 Calgary Trail Edmonton GST #865789382		

WWW.centuryhospitality.com



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner			Employee Number:		Union Na	Union Name:		
Position: Chief Planning Officer				Department: Facilities Planning and Construction				
Business Phone: 735-0431			Period From: October 1 to October 31, 2006					
Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form								
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71110500005	69600000	(meals)		28.62		
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-			Capital	tealth				
			RECE	IV				
Less Cash Advance			NOV	2 1 2006		. `		
Total	,		- The state of the	OUNTS	(T)	198.81		
Total The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.								
		he expenses listed above my behalf from Capital He			siness and h	ave not been prev	iously	
Employee Signature: Aller Date: Mo				: NOU	16/06			
Approved By: Susan Paul Title: Senior U.P					Phone #			
(Signature)						Date		
Approved By: (Print name)			Title:			Phone #		
(Signature)						Date		
OTE:	o oloim mu	et be properly authorized	and must be suppo	arted by original	racainte ar a	conver contified	by the	

- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

ABPLICANT GORYS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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~	Grave / von pour						6
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~`	OFFICE/VAY/rETIN	V					6
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				·			
				-			醤
	Total km						57.19
	@		2862		13.00		\$0.43

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



DISPLAY THIS SIDE UP ON DASHBOARD EXPRATION DATE EXPRATION TIME

DATE ISSUED TIME ISSUED DETACH RECEIPT FROM TICKET

AMOUNT PAID

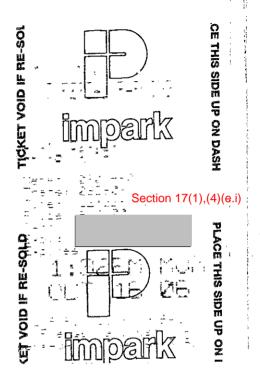
CREDIT CARD NUMBER

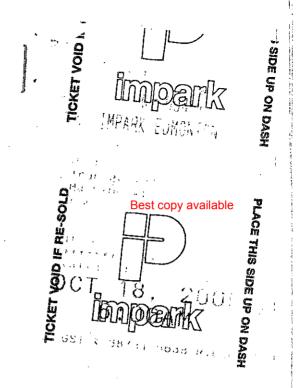
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RECEIPT

146



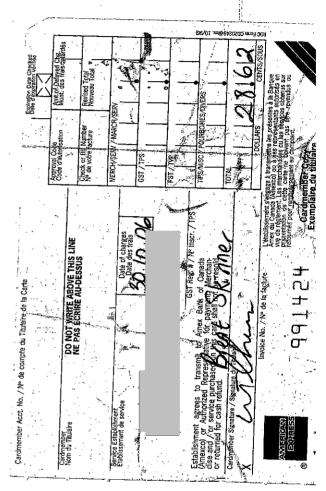


IL PORTICO EDMONTON, ALBERTA G.S.T.# R128503554

18 CHRIS

PLEASE

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Section 17(1),(4)(e.i)

SERVER



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

110111C.	H. Brent Ski	nner	Employee Numbe	r:	Union Name:			
Positio	n: Chief Plat	nning Officer		Department: Facil	ities Plannir	ng and Construction		
Busine	ss Phone: 7	35-0431	Period From: Nov	vember 1 to Nove	mber 30, 20	006		
		se attach receipts). Do no . Complete details on the			ealth or rei	mbursed / reimburs	sable by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71110500005	69600	(meals)		159.59	प्र	
201	9000	71110500005	62410	(travel)		120,25		
201	9000	71110500005		(other)				
			Capital rive	ED				
ess Ca	sh Advance	•		2000				
Total			DEC 0.8	*	/	279.80		
		s form is collected under s your claim.	section 46 Revenue	NTS ginal Health Aut	horities (M	inisterial) Regulatio	on and	

hereby d	certify that to by me or on	he expenses listed above my behalf from Capital H	were incurred on C ealth or other organ	apital Health bus ization.	iness and I	nave not been prev	iously	
laimed t	certify that to by me or on Signature:	he expenses listed above my behalf from Capital H	e were incurred on C ealth or other organ	capital Health bus ization.		6/06	iously	
mployed	Signature:	the expenses listed above my behalf from Capital H	ealth or other organ	ization.	Doc		iously	
laimed t mployed pproved	Signature:	my behalf from Capital H	ealth or other organ	Date:	Doc	6/06	iously	
laimed t	Signature:	iusan Paul	ealth or other organ	Date:	Doc	6/06 Phone #	iously	

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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Date	, Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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	w L		159.59		77 15		40.70

EXPENSE LIMITS

65.46

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

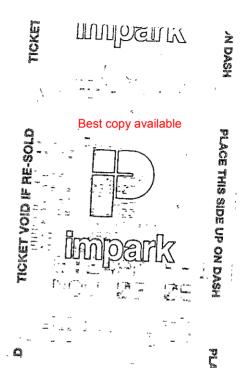
\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

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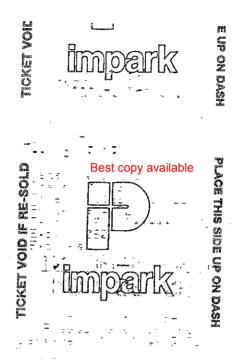
Travel advance may be requested provided travel expenses are likely to exceed \$500.



Thank You For Perking At Commerce Place Parkads

O6MDV10 12:13 019 002 06MDV10 09:27 02 2:46 #276863

S0094186126 9.00 9.00 Cash 9.00 9.00 9.00 EST #8977727657RT Have a Nice Day



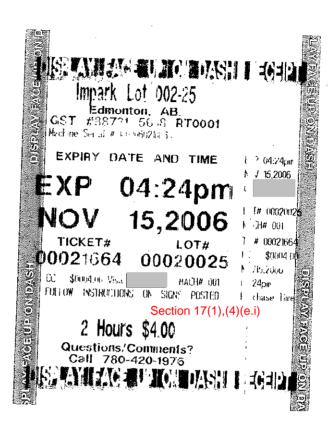
MANULIFE PLACE OPERATED BY STANDARD PARKING

06NOV13 11:50 001 001 06NOV13 10:49 / 1:01 #312973

8722355

\$3.75 \$3.75 RATE 1 TOTAL CASH \$20.00 \$16.25 CHANGE

GST INCLUDED
GST# R119580595 HAVE A NICE DAY



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Gift Certificates Available in \$10, \$25 and \$50 denomination... Ask Your Server For Some Today!!! Time: 18:37 4 CUSTOMERS

GST# RT0001810812149

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Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Position: Chief Planning Officer Business Phone: 735-0431 Period From: December 1 to December 31, 2006 Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursed another organization. Complete details on the other side of the form Bal Unit e.g. 201		nber: Union Name:					Name: H. Brent Skinner Employee Num		
Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursed another organization. Complete details on the other side of the form Bal Unit e.g. 201	n						nning Officer	: Chief Plar	Position
Bal Unit e.g. 201 Location e.g. 9000 Functional Centre e.g. 71135050044 Rate Canadian \$ (including GST)		06	nber 31, 200	to Decem	ember 1 1	Period From: Dec	735-0431	s Phone: 7	Busines
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RECEIVED					President Lindon	ECEIVED			
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Total 801.51		1801,51))				Total
ACCOUNTS The information on this form is collected under separabilitie Regional Health Authorities (Ministerial) Regula will be used to process your claim.	tion and	nisterial) Regulatio	orities (Mi	alth Auth	gional He		is form is collected under	ation on th d to proces	he inform ill be use
I hereby certify that the expenses listed above were incurred on Capital Health business and have not been pro Claimed by me or on my behalf from Capital Health or other organization.	eviously	ave not been previ	ness and h	alth busir	apital Hea	were incurred on C alth or other organ	the expenses listed above my behalf from Capital He	ertify that t y me or on	hereby o claimed b
Employee Signature: LT Sharm Date: 229, 2007		19,2w7	22	Date:		ın	: LT Sha	Signature:	mployee
		Phone #			Title: PRESI	Approved By S. WEATHORICE Title: PRES			
(Signapure) (Date		Date					ached	the de	
Approved By: (Print name) Title: Phone #		Phone #				Title:		Ву:	pproved
Signature) Date		Date							Sidoature
OTE: Expense claim must be properly authorized and must be supported by original receipts or a copy as certifie									

- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account,
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXALENSE ENVINCELLENCE

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Det	More/Survivo ox/office						35
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<u>~1</u>	OFREIUM LOFFEE						6
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Doc 19	orano/con/pu /orand						8
me w	CHINO/ MAKE 100 STREAMS				<u>.</u>		15
Mc21	orrue/vam						3
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~	var/ann/office				8-00		7
Dec 20	Course - P. Bonco / Flow		५1.08				
	Total km		_				243
	@		173.41		35.00		\$0.43

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

\$104,49

2. Travel

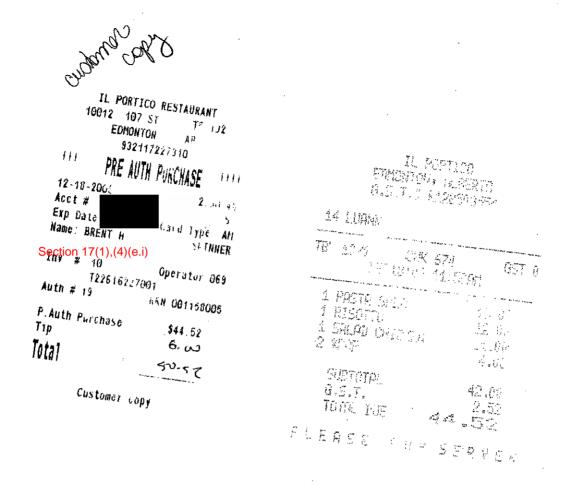
- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Alberτa Collage

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Terminal	#:1 Cas	hier#:2	*************	
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Rate1	: \$	5.00		
TOTAL	: \$	5.00		
	: \$	20.00		
CHANGE	: \$	15.00		



TELUS PARKADE GST INC. R#122388333

\$8.00 RATE 1 TOTAL \$8.00 \$8.00 CASH

MANAGED BY IMPERIAL PARKING

TELUS PARKADE GST INC. R#122388333

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RATE 1 \$15.00 TOTAL, \$15.00 \$15.00 CASH

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Best copy available

Alberta Collage



Web site: www.gpscentral.ca

SALES RECEIPT

DATE	RECEIPT NO				
11/26/2006	89661				

BILL TO: SHIP TO: Brent H Skinner BRENT H SKINNER Section 17(1) ORDER/P.O. No. **TERMS** REP **SHIP DATE** SHIP VIA F.O.B. 48090 American Ex... SH 11/27/2006 Xpresspost GPS Central OTY DESCRIPTION PRICE **AMOUNT** 1 Garmin: GPSMAP 76CSx 010-00469-00 448.95 448.95T Shipping & Handling Charges 12.00 12.00T Subtotal 460.95 ----AMEX Payment-----Credit Card #: Date: 06NOV26 Section 17(1),(4)(e.i) Auth #: 12 REGIONAL GIER Business Number: 86168 2797RT0001 Section 17(1) Thank you for your business! Please retain this receipt - it is your proof of purchase for warranty purposes. Returns accepted only within 15 days of ship date and subject to a 15% re-stocking fee if not returned in as new condition. Opened unlock certificates and items with opened software cannot **GST/HST** 27.66 be accepted for return. No returns accepted without a Return Merchandise Authorisation. Please visit www.gpscentral.ca/RMA.htm to get an RMA#. You are responsible for all return shipping costs to GPS Central; if a replacement is required we will ship to you at no shipping charge. NOTE: IT IS THE USER'S RESPONSIBILITY TO USE THESE PRODUCTS PRUDENTLY. THESE PRODUCTS ARE INTENDED TO BE USED ONLY AS TRAVEL AIDS AND MUST NOT BE USED FOR ANY Total Can\$488.61 PURPOSE REQUIRING THE PRECISE MEASUREMENT OF DIRECTION, DISTANCE, LOCATION, OR TOPOGRAPHY.



Name: H. Brent Skinner

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Employee Number:

Section 17(1)

Union Name:

Position	Position: Chief Planning Officer			Department: Facilities Planning and Construction				
Business Phone: 735-0431 Period From: January 1 to January 31, 2007								
		se attach receipts). Do no			ealth or rein	bursed / reimbur	sable by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001			Canadian \$ (including GST)	✓ if GST included	
201	9000	71110500005	62410000	nileage, pa	rkin	112.69	Ø	
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Less Cash Advance PAYABLE								
Total	701.07							
rill be use	ed to proces ————————————————————————————————————	is form is collected under ss your claim. the expenses listed above my behalf from Capital H	were incurred on	Capital Health bus				
Employe	Employee Signature: LT I Date: Fe					13/2007		
Approved	Approved By: Sylveatherill Title: Pres + CEO.					Phone #		
Signature) Across Acros Across Across Across Across Across Across Across Across Across						Date		
Approved (Print name)	Approved By Title:				Phone #			
Signature)						Date		

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

11.0

ARPHNEACHAINDER PAYLS

Dave	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
02/01	OFFICE /USA /RETURN						6
03/01	"						16
03/01	OFFICE / BRIANIES/RETURN				8.00		12
04/01	om & luau						2
~- i	una/Bana/ome				8-00		5
05/0)	DIACO (VOA /NETUNO						6
~ 1	` /		· / · · · · · · · · · · · · · · · · · ·				6
08/01	home/summer/office						23
~ 1	OFFICE /UDA METUR						6
sa 1	~ //						6
14/01	עמע / רוו מומן/ שומט				8.00		5
12/01	OKEU / UD / RETURN				-4.00		G
<u> </u>	OKKILO/VOM						3
~ 1	UAY/DIT/OFFICE						5
17/01	UAU/ROY/OFME						10
18/01	OFFICE / UM/resum						6
22/01	home/summor/office						23
~ 1	OFFICE 1 MORD IN / NOTIN				6.00		4
25/01	OFFAU (VM) (NETUR						6
~ /1	~ 11						6
2661	OFNU/ YOUW/ STANN						16
~ 1	STUDIO 1015/01/10						19
29/01	ormel ups herum			77.38			6
<u>'- i</u>	LUNCH - U. WATUR		88-38	[(. O ^{.)}			
	Total km						142
	@		88.38		34.00		1 <u>8 3</u> \$0.43
			פניטים		3) BA , UV /		\$0.43

EXPENSE LIMITS

Meal Allowances 78.69

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Thank You Fur Parkiny Al Commerce Place Parkade

07JAN03 14:36 019 002 07JAN03 12:58 02 / 1:38 #290336

50067326364 RATE

8.00 8.00 TOTAL 10.00 2.00 Cdair CHANGE

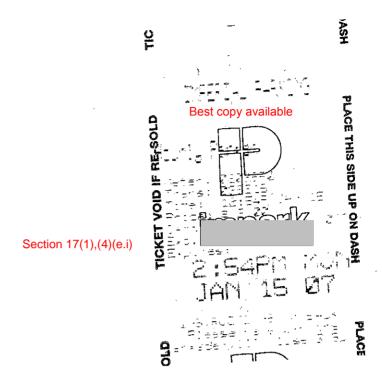
661 #697727667RT Have a Nice Day

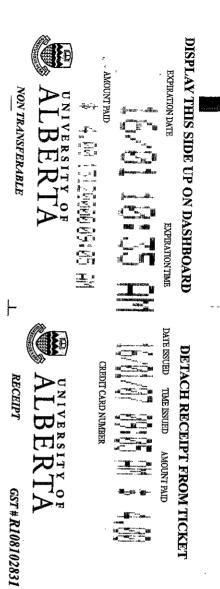
Thank You For Parking Ai Commerce Place Parkade

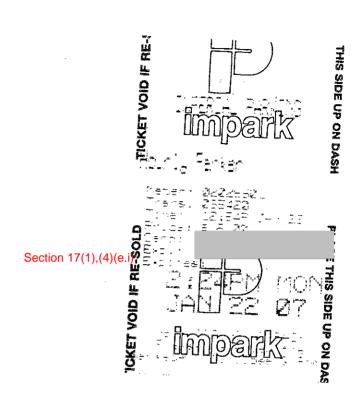
07JAN04 15:16 019 002 07JAN04 13:11 02 / 2:05 #290644

\$0067415562 RATE 8.00 TOTAL 8.00 Gash 8.00

667 #897727657KT Have a Nice Day







IL PORTICO EMMITTING REFERE IL PORTICO RESTAURANT 10012 107 ST 18 SCOTT T5J1J2 EDMONTON AB 22616227 TBL 19/1 OHK 172 JAN28 97 12: (CPP) PRE AUTH PURCHASE 01-29-2007 2 XTEA Acct # INOTE Exp Date i silver parts Name: BRENT SAINNER 1 100 Section 17(1),(4)(e.i) 3 SALAD CHICKEN 2 TORTELLINI Inv # 15 Operator 065 33.00 T22616227**00**1 26.00 Auth # 085086 RKN 001192013 SUBTUIAL. P. Auth Purchase 73.00 G.J.T. \$77.38 Tip TOTAL DIE _ 11 w Total 88.38 PLEASE 医毒素 医医皮肤皮肤 Customer copy

Lmcd

VEN UNTWELL
ICAMUEN MODAL
STA AL
DAVID DIAMAN
BROT SCINAGE





Travel & Employee Expense Claim Form

(In Canadian Dollars)

			Sect	ion 17(1)				
Name: H. Brent Skinner			Employee Numbe	er:		Union Na	me;	-
Position	n: Chief Pla	nning Officer		Department	t: Facil	ities Plannin	g and Construction	
Busines	s Phone: 7	735-0431	Period From: Mar	rch 1 to M	arch 31	, 2006		
Expenses another of	s Paid (plea organization	se attach receipts). Do no . Complete details on the	t include amounts other side of the fo	paid by Ca orm	pital He	ealth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	1	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian		Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	04/70155	Meals	5)		42.80	
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			· · · · · · · · · · · · · · · · · · ·	Capita	l Healt I IN/I			
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Less Cas	Less Cash Advance			ACCOUNTE				
Total		-425	PAYABLE				157.70.	
he inform	ation on thi d to proces	is form is collected under s your claim.	section 4 of the Re	gional Hea	ith Aut	horities (Mi		on and
l hereby c claimed b	ertify that to	he expenses listed above my behalf from Capital He	were incurred on C alth or other organ	apital Heal ization.	lth busi	iness and h	ave not been prev	ously
Employee	Signature:	Wille	n		Date:	Cernil	15,2005	
Approved Print name)	By: She	eila Weatherill	Title: Pres	ident	del	50	Phone #	
Signature) Lew garker						Date		
pproved	Ву:	,	Title:				Phone #	
Signature)	-						Date	
TE:								
⊨xpens	e claim mus	st be properly authorized a	and must be suppo	rted by original	ginal re	eceipts or a	copy as certified in	v the

- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- Out of province expenses also require approval of Chief Operating Officer or Vice President.

<u>ÆPAPPEINSTEJCHJATIMODOBJIDAYLS</u>

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
01/05/06	CAC PUA				"5-CO		3
52/03/bi	1 2			3			E E
03/05/4	X 11						6
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21/03/06	of the / Newsons / retons					·	24
27/31.1	ema Jua / vom				3.75		6
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22/03/11	orise /von						3
1/03/0	orne juan perm						6
						<u> </u>	
	Total km						30
			Fle a m				230
	@		942.8C		/6 co		\$0.43

EXPENSE LIMITS

98.90

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

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Travel

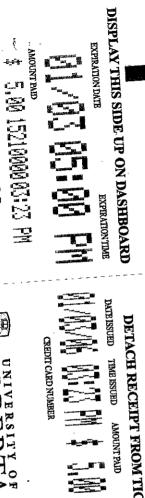
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RECEIPT

GST#R108102831

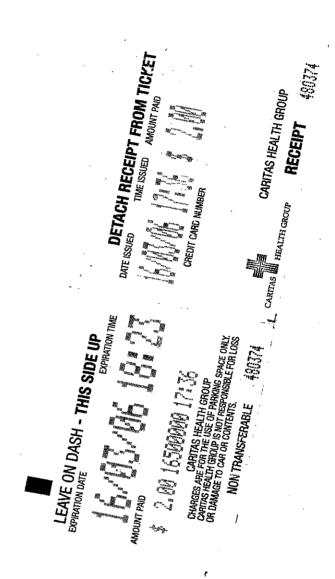


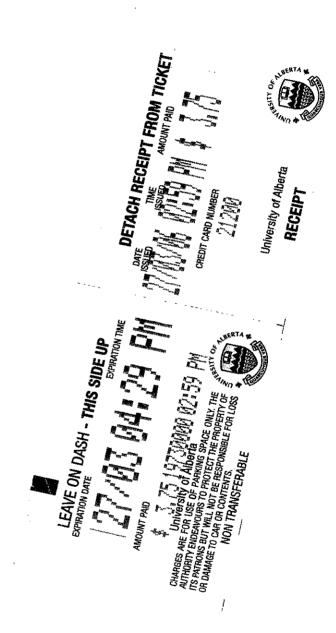
DETACH RECEIPT FROM TICKET

Grant MacEwan C.C. 10720-104 Avenue Edmonton, Alberta TSI 452 Parking Services Tel: (780) 497-5875

Thank You, Have a mice day!

Fairmont Hotel Macdonald The Harvest Room 123 KAILIN	rarimont Hotels & Resorts Fairmont Hotel Macdonald
103/1 (16. 15/1) (2) Her 13/06 (15/2)	The Harvest Room 10065-100 Street Edmonton, Alberta TSJONG (780) 424 5181
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Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner Employee Number: Union					ame:			
Position: Chief Planning Officer				Department: Facilities Planning and Construction				
Busines	s Phone: 7	35-0431	Period From: Fe	ebruary 1 to M	larch 31, 2007			
Expenses another o	s Paid (pleas rganization	se attach receipts). Do not . Complete details on the o	include amount other side of the	s paid by Capi form	tal Health or re	imbursed / reimburs	able by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canad Currenc	TOTAL	Canadian \$ (including GST)	✓ if GST included	
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Less Cash Advance APR 1 0 2307								
Total				ACCOL		672.77		
The information on this form is collected under section 4 of the Regional Bealth Authorities (Ministerial) Regulation and will be used to process your claim.								
		the expenses listed above my behalf from Capital He			h business and	have not been prev	riously	
Employee Signature: Whave Date: Ami					12, 2w7			
Approved By: Sheilay Weatherill Title: President < CEO Phone #								
(Signature)					Date	*		
Approved (Print name)	l By:		Title:			Phone #		
(Signature)						Date		

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSIONAL DETRIES

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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	Total km	`					
	. @						\$0.43

EXPENSE LIMITS

(CONTINUED ON NEET PORE)

. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Trave

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

EXPENSE CAMP DE DAL'S

Date :	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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	Total km		354, Xe		36.75	'	318
	@						\$0.43

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

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2.

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At Earls On Campus 8629-112 Street Edmonton, Alberta 166-188

1 Chk 3862 05Feb'07 11:41AM Tbl 13/1 Gst 3 1 DECAF COFFEE 2 POP @ 2.50 2 POP REFILL 2 COFFEE @ 2.50 1 CAJUN SAND 1 CLUBHOUSE 1 SANTA EE CHTSW 0.00 5.00 12.00 12.00 15.00 1 SANTA FE CHICK Subtotal
 GST Tax
 12:27 Total 51.50 3.09

All Week Long Campus Earls NFL Bud Mondays \$3.00 Bottles Bellini Tuesday \$4.00 Bellinis Wing Wednesday \$5.50 Wings Lo-ball Thursday's \$3.50 Weekends \$1 off all Martini's Visit us on line at www.earls.ca Head Chef Dustin Dewan General Manager Colin Corbett GST# 10154 1191 RT0001

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At Earls On Campus 8629-112 Street Edmonton, Alberta 166-1K8

Date: Card Type: Acct #: Exp_Date: 05Feb 07 12:32PM Am⊊v Auth Code: 16A/75 Check: 3862 Table: 13/1 Server: 24 MARISA Ref Number: 001170703921

Subtotal; 54.59

I agree to pay above total according to my card issuer agreement.

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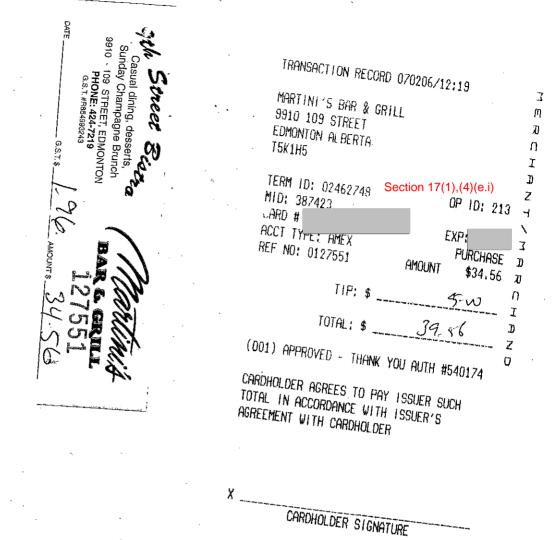
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EDMONTON CITY CENTRE WEST PARKADE PH # (780) 428-4544 OPERATED BY ADVANCED PARKING

GST # R119326270 RT0001

Rcpt#190237
02/16/07 12:02 L# 2 A# 14 Txn#651071
02/16/07 11:12 In 02/16/07 12:02 Out
Regular Rate \$ 2.83
Total Tax \$ 0.17
Total Fee \$ 3.00
CASH PAID \$ 3.00Cash Tender \$ 3.00
Change Due \$ 0.00
THANK-YOU!
WE APPRECIATE YOUR BUSINESS.
COME AGAIN!

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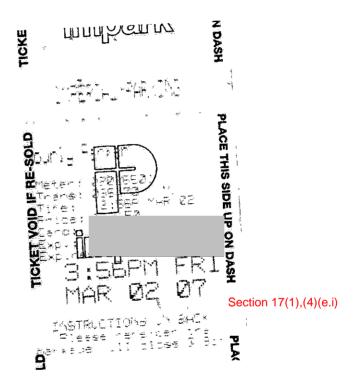
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& HAVE A GREAT DAY:

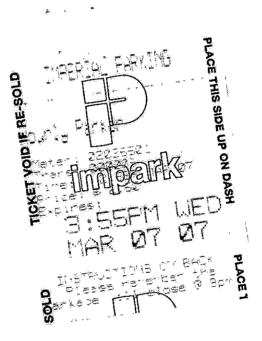
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DETACH RECEIPT FROM TICKET CREDIT CARD NUMBER RECEIPT DISPLAY THIS SIDE UP ON DASHBOARD NON TRANSFERABLE AMOUNT PAID







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🖁 GST Reg.# R135664738

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IL PORTICO EDMONTON, ALBERTA G.S.T.# R128503554 3 JACKIE TBL 26/1 OHK 215 GST 0 MAR21'07 10:45AM 1 OPEN RED WINE 9.00 1 OPEN RED WINE 9.00 1 *POP 2.00 1 SALAD CHICKEN 11.00 1 BEEF SAND 11,00 1 LUNCH SPEC 17.00 2 *COFFEE 5.00 SUBTOTAL 64.00 G.5.T. 3.84 TOTAL DUE 67.84 PLEASE PAY SERVER

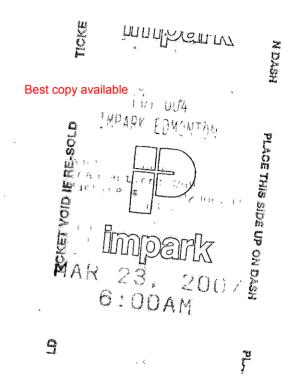
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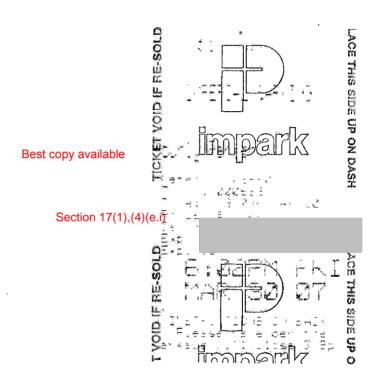
CITY OF EMONTON LIBRARY PARKADE GST # 119326270 RT0001

Rcpt# 11886 03/22/07 15:26 L# 2 A# 12 Txn# 37663 . 03/22/07 13:13 In 03/22/07 15:26 Out Tkt# 178448 Regular Rate \$ 7.08 Total Tax \$ 0.42 Total Fee \$ 7.50 CASH PAID \$ 7.50-Cash Tender \$ 20.00 Change Due \$ 12.50

> THANK YOU COHE ASAIN









Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name:	H. Brent Skir	nner	Employee Numbe	er:	Union Na	me:	
Position	n: Chief Plar	nning Officer		Department: Facilit	ies Plannin	g and Construction	
Busines	s Phone: 7	35-0431	Period From: Apr	il 1 to April 30, 20	07		
Expenses another of	s Paid (plea organization	se attach receipts). Do no . Complete details on the	t include amounts other side of the fo	paid by Capital He	alth or rein	nbursed / reimbur	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
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I hereby claimed	certify that by me or on	the expenses listed above my behalf from Capital H	e were incurred on Ealth or other orga	Capital Health bus nization.	iness and	have not been pre	viously
Employe	e Signature	: CTX	hun	Date:	mg.	14/07	
Approve		Aveatherill	Title: Pre	sident de	EO	Phone #	
(Signature)		Leacher				Date	
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(Signature)	7					Date	

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- · GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CALAINT (DECLARLYS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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	Total km						215
	@				438.15	191.98	\$0.43

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

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Trave

- Use of personal automobile From February 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Page 1 of 2

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

BRENT SKINNER

Your account number Your TELUS Account ID

9	2000	FOX CONSTANT	
M S C X	SESSE DOS	TOX COT	S S

Here's what you owe this month: \$91.98

\$91.98	Total amount due by Apr 28	Total a
91.98	Total new charges	Total new
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63.46	Additional Charges and Credits (see details below)	Additiona
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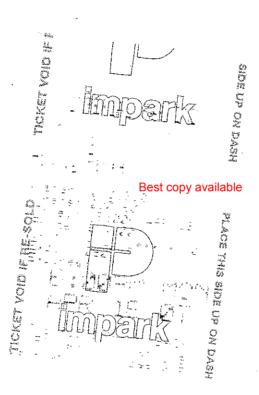
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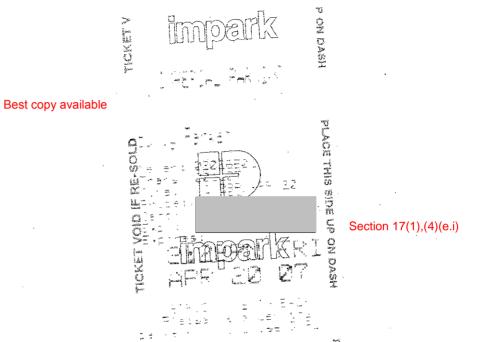
Visit our web site

For news on TELUS products and services, visit

Paying by credit card

using a credit card, visit our web site at www.telus.com/onlineservices o pay your TELUS phone account





DETACH RECEIPT FROM TICKET CREDIT CARD NUMBER DISPLAY THIS SIDE UP ON DASHBOARD NON TRANSFERABLE

MANAGED BY IMPERIAL PARKING

Best copy available

Terminal#:1 cas # 224/04/07 07:30
24/04/07 09:53 224
433445 #034
Rate!
TOTAL

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Travel & Employee Expense Claim Form

			-	(in Canadi	an D	ollars) Section	on 17(1)			· · · · · · · · · · · · · · · · · · ·	
Name: H	. Brent Sk	inner	Employ	ee Number	:		Union Nar	ne:			
Position:	Chief Pla	nning Officer, Ca	pital Hea	alth	Эера	artment: Fa	cilities Planni	ng	& Construct	ion	
Business	Phone: 7	735-0431	Period	From: Ma	/ 1	to May 31,	2007				
	- Paid (please	e attach receipts). D Complete details on					Health or reim			sable by	
Bal Unit e.g. 201	Bal Unit Location Functional Cent		·	Account 69500001	Non-Canadian Currency		Rate	Canadian \$ (including GST)	√if GST included		
201	9000	711105000	05	62410000	staff	travel		C	72.23	4	
201	9000	711105000	05	69600000	mea	ls		<u></u>			
201	9000				othe	Γ.					
						FEC	ElVED				
								essage option			
Less Cas	n Advance					JUN	1 5 2007				
Total				<u>-</u>			OUNTS		\$0.00		
be used to	process yo					gional Healt					
I hereby co	ertify that the me or on i	ne expenses listed a my behalf from Cap	above we ital Healt	re incurred of	n Ca gani	apital Health zation.					
Employee	Signature:	(A	X/L	e us		1	Date: W	ve	11100		
Approved (Print name)	By: 5.0	Deatherill	/	Title: Re	251	dents	CEO		Phone #		
(Signature)		geatherill Weall							Date	•	
Approved (Print name)		- Vac		Title:					Phone #		
(Signature)					•				Date		

Note:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

EXPENSE ALATINOTEPAILS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other\$	Mileage km
01911/01	OPPLE/VAY/RETURN				era si		6
MAJA	~ //						6
m213	ornie/sha~				\$6,00		ユ
man Y	opere luon tream						رج
MA-17							<u> </u>
MAYB	OFFICE POST/VAN/CON/SARD	·		-			_/5
man i	meno from perin						
main	OPAROLUSU PRESTON						6
mail	OKTED/USA INETUM						<u> </u>
MANIT	OKEN/UNI/ONI/OKKIR						8
mar/6	OKMO/VAY /rOTUN						<u> </u>
~ (/		-				6
manin	office (vo) round				4.60		6
nari8	~ //			·			
MANN	oxeve / um porum						<u> </u>
~ 4	\\ /\ //	ľ		-			6
main	11						6
Man 25	~ 4						<u> </u>
MD126	oxxice / stasmans / oxxice						80
V (1	OKEN /UM//MI/MID						13
ma	offue / vo / nexten				5.98		<u>6</u>
m 20	verme won person						
MM 01	~ //						6
						Total km	176
		-			d in Section 2 - Trav		\$0.43*
TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	- \$0.00	
					16.55		75.68

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

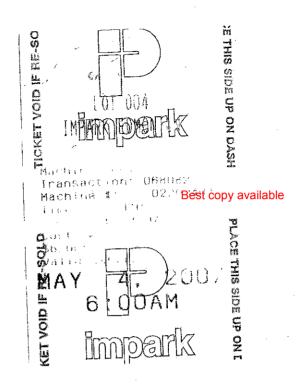
For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

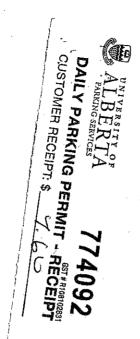
2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a
 fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements
 on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
- 3. Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.





PARKING SERVICES
GST11 R100102931

05-17-2007 THI 4111

0!

DP 11
651
4.60 S
CASH
4-60

LCL 4704 16:1571

WALDER TY OF PARKING PERMIT - RECEIPT CASH 9693 12:49711 CASH 9693 12:49711



APPLICANT COPY Reumbutte. 21 Jul 07

Travel & Employee Expense Claim Form (in Canadian Dollars) Section 17(1)

E91821

Name: H. Brent Skinner Employee N		r:	Union Name:
Position: Chief Planning Officer, Ca	pital Health	Department: Faci	lities Planning & Construction
Business Phone: 735-0431	Period From: Ju	ne 1 to July 31, 2	007

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by

another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included
201	9000	71110500005	62410000	staff travel	<i>\rangle</i>	163.LL	/ /
201	9000	71110500005	69600000	meals	78.29 11.50	89.79	
201	9000	711105000	6/020003	other	<i></i>	25.37	
_ess Cash	Advance		· · ·	·		₩	
Fotal						278.77	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health or other organization	
Employee Signature:	Date: AUIT 20/2W7

Approved By: Sheila Weatherill	Title: President	1000	Phone #
(Signature) /// /		RECEIVE	Date Aug 22/07.
Approved By Seela Mw for SW (Print name)	Title:	AUG 2 6 2007	Phone #
(Signature)		ACCOUNTS	Dale
Note:		PAYABLE	

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

EXPENSE ALATIVO DE PAYLS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

							Mileage
Date	Particulars	Accomm.\$	Meal \$	Registration \$	Transportation \$	Other\$	km
05/06	OFFICE/VAY RETURN		-				6
0446							<u> </u>
08/06	<u> </u>						<u></u> 6
11							
11/06	~ //						_6
12/06	OFFICE/UA/UAY/OFFICE				5,00		C :
13/02	OKEIG/VOM/RETUR						
19/06	orace/Ron return					·	Ĕ.
سراد دا	OKALE/OIT/region	-					<u> </u>
20/36	ornie /von herm					-	6
22126	N 1 11		-				<u> </u>
25/06	na-e/stramano/oxxx						37.
26/06	ugulem lone						/0
03/27	OFMI-1DIT /RETURN	•			-		8
05/97	SITE TOUR-SE AIC'I		,		·		30
07101	MONE FAX BILL			7		25-32	
09/07	none / strancom/ oxyco				·		37_
V 71	OMAUJUDI RETUR		·		4.05		6
10107	OFFICE / AIT/VAN/OFFICE			-			8
1//00	OKKIE/UM/OKKIE					I	6
12/09	OFFIR/USI/NOTUN						6
1407							6
17107	11 /1						6
						Total km	
			(or alternat	e rate as outlined	d in Section 2 - Tra	vel below) @	\$0.43
TOTALS	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Î					

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.) \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Lunch Dinner

\$25.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2 Travel

- Use of personal automobile -- From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a
 fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- . Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

EXPENSE ANATIM DEPAYLS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
17/07	OFFIC / VAY/AIT/OFFICE	71000111111. \$	mear v	Regionation	Transportation 4		8
18/01	UAN/RAY UANDA GAR	, , , , , , , , , , , , , , , , , , ,				· · · · · · · · · · · · · · · · · · ·	19
19/01	OFFICE / VOM / NOTION						6
23/0 1978	more/stronguis/war						32
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OKKEROM/VOM/OFFER						13
21/07	omilar/ neturn						8
× 11	Linea-Ailer Marrial		51.51				4
11 4	OPENE/VAN/OFEN			i			6
25/07	OFFICE/UM/SKEVE						<u></u>
~ (1	~ (1						<u>_</u>
26/07	OFFICE/UA				3.25		
27/29	OKANE/VAU LOKKEN						3
27/07	Lunci-M. Dunca		38.28		· ·		
01/5	OFFREIVAINETUN						_6
		·					
	-				·		

							·
							· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·		
						Total km	252
					d in Section 2 - Tra		\$0.43*
TOTALS		\$0.00	\$0.00	\$0.00		\$0.00	
•			89.79		12.30	25.32	151.36

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2 Travel

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 on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
- 3. Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

PARKING SERVICES
GST11 R100102831 06-12-2007 THE #111 DP 07 5,00 5 0,28 5,**0**0 CASH ICL .

2851 13:22TM

PARKING SERVICES
GST 11 R108102831

07-09-2007 MW 1111

DIPOK 10,00 S
GST 0,57
CASH 10,00 S

PARKING SERVICES
GSTM RICHIOZOST

07-09-2007 MM 1111

0F-12
GST
CASH Q2

5965 14:441M

TELUS Your TELUS Statement Jul 07, 2007

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

BRENT SKINNER

Your account number **Your TELUS Account ID**



Machine in Me pinner

1 of 2

.57

Section 17(1)

Here's what you owe this month: \$25.32

Amount of your last bill	\$25.32
Payment we processed on Jul 05 - Thank You	-25,32
Amount overdue from your last bill 1 Residence Line Touchtone from Jul 07 to Aug 06	.00 23.34
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.41
Total new charges Total amount due by Jul 29	25.32 \$25.32

Thank you for keeping your account up to date.

				es				

		.,	 ************	
E9-1-1 Municipal	Call Answer Fee	Jul 06		\$.44
E9-1-1 Provincial	Network Fee Jul	06		.13
Total additional cl	narges and credi	S		\$.57

News from TELUS

Thank you for choosing TELUS as your communications provider.

Visit our web site

For news on TELUS products and services, visit our web site at www.telus.com

Tear off here

terranean Granden Edmonton
R Jasper Avenue
161: 180-420-1996
GST#R893495762

36 Keisha I	
phy 2813	Gst 2
Tb1 52/1 Chk 2013 Ju124'07 11:43AM	محيات منيا حمد مند بدن وهوا بين
1 SIDECAR LIME 1 DIET COKE 1 SODA WATER 2 LATTE 1 PANANG BOWL 1 AHI TUNA CLUB	0.00 2.25 .25 7.98 15.99 13.99
SUBTTL	2.55
Tax GST 12:27PM TOTAL 4	5.01
_	

COME JOIN US ON THE PATIO



WE WANT TO ROOM YOU.
WHAT JOEYSRES TO JEANTS COM

Have a great-day!

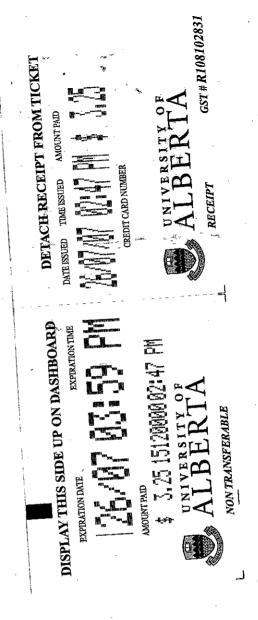
ل `	oeys
	ermanean Grill
•	Edmonton
11228	Jasper Avenue
rel:	780-420-19 9c
GS [*]	T#R893495762
Date:	Ju124'07 12:33PM
Card Type:	Amex
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Server:	36 Keisha T
Ref Number:	001185301990
BRE	NT H SKINNER
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Subtotal:	45.01
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Tip:	u '

I agree to pay above total according to my card issuer agreement.

Total:____

*********Customer Copy*****

81.1)



ALLEGRO ITALIAN KITCHEN EUMONTON.ALBERTA G.S.T.#896140894

19 RACHEL

TBL 4/1 CHK 925 GST 2

JUL27 07 11:58AM

2 INSALATA POLLO 27.90
2 COPFEE 3.50

SUBTOTAL 31.40
G.S.7. 1.88
TOTAL DUE 3:3.20

*********PLEASE PAY SERVER*******

ALEGRO ITALIAN KITCHEN 10011 109 ST EDMONTON OR

CARD NUMBER CARD TYPE DATE/TIME RECEIPT NUMBER AUTHORIZATION	HMEX 565; 2007/07/27 12:57; 25 580132649-131-016
AMOUNT	\$33.28
TIP	**************************************
TOTAL AMOUNT	\$; W
	38.28
00 APPROVED 025	AUTH. # 35

CARDHOLDER COPY





Travel & Employee Expense Claim Form

			(in Canad	ian Dollars)Section	17(1)			 -
Name: H	l. Brent Sk	dinner	Employee Number	7	Union Na	me:		
Position:	Chief Pla	anning Officer, Cap	pital Health	Department: Fac	cilities Planni	ing & Construc	ction	
Business	Phone:	735-0431	Period From: Sep	otember 1, 2007	to October	31, 2007	·	1
	Paid (pleas		o not include amount the other side of the		Health or reim	bursed / reimbu	ırsable by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044		Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included	
201	9000	711105000	05 62410000	staff travel		222.34	W	1
201	9000	7111050000	05 69600000	meals		60.00	₩ 53w	٦.۵
201	9000	711105000	5 6/02 0003	other		1.50.15	W]
202	9000	5612000000		-		376.18	353.30	
			6950000				22.88	_
: 6 ,				Capitari	The state of the s	:		_
Less Cas	n Advance			RECE	VED	0.35		1
Total				, r		708.67		_
	ation on the process ye		under section 4 of th	NUV Z Regional Health ACCOU PAYAE	i Āuthorities (N	<i>f</i> linisterial) Regu	ulation and wil	
			bove were incurred of tal/Health or other or		ousiness and h	nave not been p	reviously	
Employee	Signature:	LASS	2m	D	ate: Nov	1,2007	-	٠. ا
2734	-					· · · · · · · · · · · · · · · · · · ·		_ _
Approved (Print name)	By: 5. 6	(Matherill	Title:	esident ,	CEO	Phone #		
(Signature)	\mathcal{A}	Evacher	/			Date		· ·
Approved i (Print name)	ву:		Title:			Phone #		
(Signature)						Date		3
Mata:				<u> </u>	··.			ان ر

Note:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
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- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

TELUS Your TELUS Statement Sep 07, 2007

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

BRENT SKINNER

Your account number
Your TELUS Account ID



Here's what you owe this month: \$25.32

Amount of your last bill	\$22.42	 Thank you for keep 	ping
Payment we processed on Aug 28 - Thank You	-22.42	your account up to	date.
Amount overdue from your last bill			
1 Residence Line Touchtone from Sep 07 to Oct 06	23.34		
Additional Charges and Credits (see details below)	.57		
GST (Registration 812758878) at 6%	1,41		
Total new charges	25,32		
Total amount due by Sep 28	\$25.32		78. sa s
Additional Charges and Credits			.57
E9-1-1 Municipal Call Answer Fee Sep 06		\$.44	
E9-1-1 Provincial Network Fee Sep 06		13	
Total additional charges and credits		\$.57	

News from TELUS

Your Terms of Service

Please note that the Canadian Radio-television and Telecommunications Commission (CRTC) no longer regulates the price and most terms for local phone services in your area. This change will not affect your phone service in any way. A copy of your updated TELUS Terms of Service is enclosed for your reference. Please read them carefully as your continued use of the service will mean that you have accepted them. Please visit telus.com/publicpolicy for more information.

Tear off here.

```
TELUS PARKADE
GST INC. R#122388333

075EP21 13:45 001 001

075EP21 13:45 001 001

RATE 1 $6.00

TOTAL $6.00

MANAGED BY
IMPERIAL PARKING
```

GS.T. No.:	Unit No. #34 - Amount: #34 - CO	Chauffeur:	Date: <u>109-38-0</u> 7
			V

BLACKTOP
735-3222
2009
2009
2009
275-8000

Chauffeur:

Chauffeur:

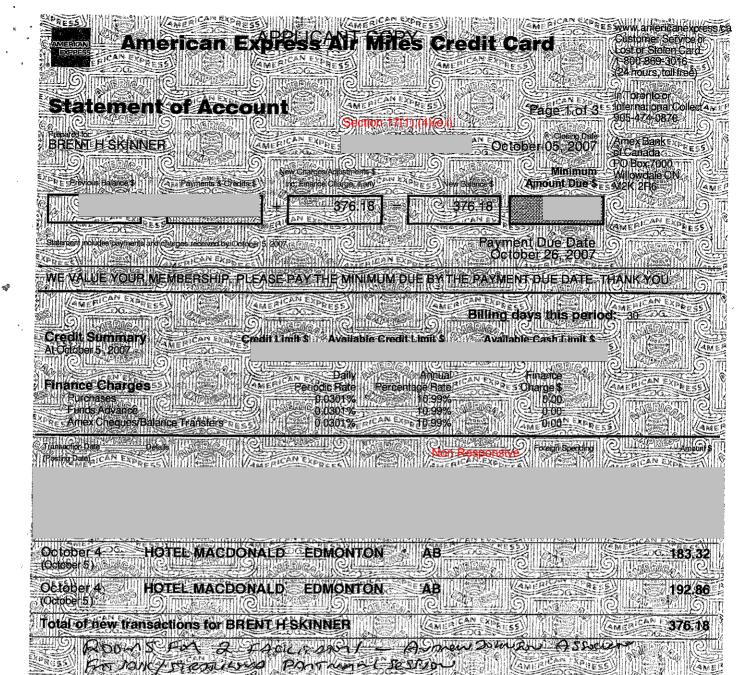
Onita No.: 1259 Amount:

GS.T. No.: 865 98479816 Creek



ą.

```
GST# R128599776
         ****
            0000001009 Phone. (780)890-8439
          米本本本本本
                          Fax. (780)890-8329
Car park
Receipt no. 0090/0771/00606 28.09.07
 015100 pay parking ticket 16,10
28.09.07 10:42 - 28.09.07 18:36
Length of stay: 0 Dy. 7 Hr. 54 Min.
                                     16,10$
            total amount
                                      16,10 $
              accepted total
                                       0,91 $
                          6.00 %
              G.S.T.
            Thank you for your patronage!
                  Please Come Again!
                ** Open 24 hours **
                  ** Thank you **
```



EDMONTON CITY CENTRE WEST PARKADE PH # (780) 428-4544 OPERATED BY ADVANCED PARKING

GST # R119326270 RT0001

RCPt#172147 10/04/07 11:11 L# 1 A# 5 Txn#747284 10/04/07 08:29 In 10/04/07 11:11 Out Regular Rate \$ 7.55 Total Tax Total Fee 0.45 8.00 CASH PAID 8.00-Cash Tender 8.00 Change Due 0.00 THANK-YOU! WE APPRECIATE YOUR BUSINESS. COME AGAIN!

TELUS Your TELUS Statement Oct 07, 2007

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

BRENT SKINNER

Your account number
Your TELUS Account ID



Section 17(1)



Here's what you owe this month: \$24.83

THE CONTRACT OF THE CONTRACT O		A section of the sect
Amount of your last bill	**************************************	Thank you for keeping
Payment we processed on Sep 26 - Thank You	-25.32	your account up to date.
Amount overdue from your last bill	.00	
1 Residence Line Touchtone from Oct 07 to Nov 06	23.34	
Additional Charges and Credits (see details below)		
GST (Registration 812758878) at 6%	1,38	
Total new charges	24.83	
Total amount due by Oct 29	\$24.83	
Additional Charges and Credits		11
Quality of Service Rebate Sep 18		-\$.46
E9-1-1 Municipal Call Answer Fee Oct 06		44
F9-1-1 Provincial Network Fee Oct 06		
Total additional charges and credits		\$11

Tear off here



Travel & Employee Expense Claim Form

(in Canadian Dollars) Section 17(1)

ម			(iii Gariae	11011 2 01101 07			,	7
Name: H	. Brent Sk	inner.	Employee Numbe					
Position:	Chief Pla	nning Officer, Ca	pital Health	Department: F	acilities Plann	ing & Construc	ction	
Business	Phone: 7	35-0431	Period From: Se	ptember 1, 20	07 to October	31, 2007		
Attachment Expenses F another org	Paid (please	e attach receipts). C Complete details o	o not include amoun	its paid by Capit	al Health or rein		ırsable by	_
Bal Unit e.g. 201		Functional Centre e.g. 71135050044	e Account	Non-Canadia Currency	n Rate	Canadian \$ (including GST)	√ if GST included	
201	9000	711105000	005 62410000	staff travel		222.34	سا	_
201	9000	711105000	005 69600000) meals		60.00	# 53w	J .00) W
201	9000	711105000	05 6102 0003	other		150.15	ω	_
202	9000	561200000	07 4103000	•		376.18	353.30	_
			6950000				22.88	_
7 8 ⁻⁵ 1.				Canit	ai riealth			4
Less Casi	h Advance			REC				4
Total						708.67	<u> </u>	
be used to	process y	our claim.	d under section 4 of t	he Regional Hea ACC PAY	OUNTS ABLE			
I hereby co	ertify that tl y me or on	ne expenses listed my behalf from Car	above were incurred pital Health or other o	on Capital Heal organization.	th business and	have not been p	reviously	
Employee	Signature:	LAL	hom		Date: Nou	1,2007		
Atta.								¬
Approved (Print name)	By: 5	(wather)	Title:	resident	V CEO	Phone #		
(Signature)	A	evo ache	u/	<u> </u>		Date		
Approved By: Title:			Title:			Phone #		
(Signature)						Date		\$2 E40
Note:							\ <u>.</u>	To the second se
	aa alaina m	ust he properly auf	thorized and must be	supported by o	riginal receipts	or a copy as cert	tified by the	į

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.



10065 - 100 STREET EDMONTON, AB, CANADA T5J 0N6 T (780) 424-5181 F (780) 429-6481 G.S.T. Registration # 139445290

APPRIMOANT COPY

Folio#

78792

Cashier # Page # 249 1 of 1

Arrival

10-02-07

Departure

10-03-07

Date	Description	Additional Information		Charges	Credits
10-02-07	Room Charge			165,00	
10-02-07	Room - DMF			1,65	
10-02-07	0-02-07 Room - AB Tourism Levy	0		6.67	
10-02-07 Room - GST	Room - GST	Section 17(1),(4)(e.i)		10.00	
10-03-07	American Express		XX/XX		183.32
		Total		183.32	183.32
		Balance Due		0.00	- Reservoyage - Company

GST	Summary
-----	---------

Andrew Johnson

Room	10.00
F&B	0.00
Other	0.00
Total	10,00

Guest signature

Signature du client X

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay few any part of or the first amount in these shreeper. Overdue belance supplies to a surcharge at the rate of 1.5% per month after our month. (18.00% per around.) I have accepted delivery of the Globa area. In III is that I have a supplied to the surcharge of the State of 18.7 (18.10 for the two subject of 18.7 (18.10 for the surcharge of 18.10 for the surcharg

Ja me porta personnalement responsable du règlement total de cette ricle su use ou la compegnie, l'essociation us son reprisentant désigné un entireure il le palement. Les comptes en souffrance son d'augest à un référêt de 1,5% per mois septés un mois. (18,00%, par année) Já accepté à l'énvalon du journal The Globe and Mail 5/ javais netues, j'aurais pu obtenir un revetit à mon compte. de 0,755 per jour det unit et vandredit) et de 1,505 te Samedi. (Cans les hôtels perticipants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

Merci d'avoir choisi les Hôtels Fairmont

n _n n _n	n -r
Fairmont Hotels & Kesorts Fairmont Hotel Macdonald The Harvest Room 10065-100 Street	Fairmont Hotel Macdonald The Harvest Room
Edmonton, Alberta T5JON6	121 GLORIA
(780) 424 5181 CHECK: 1181 TABLE: 302/1	302/1 CHK 1181 GST 2 0CT22'07 11:59AM
SERVER: 121 GLORIA DATE: OCT22'07 12:43PM CARD TYPE: AMERICAN EXPRESS ACCT #: EYP DATE: VY 000	2 LUNCH FEATURE 44.00 2 COFFEE 6.00
EXP DATE: XX/XX AUTH CODE: 19 Section 17(1),(4)(e.i) BRENT H SKINNER	Food 50.00 50.00 GST 3.00 Total Due \$53.00
SUBTOTAL: 53.00	FAIRMONT HOTEL MACDONALD GST #139445290
GRATUITY 700	GRATUITY
TOTAL 60.00	TOTAL
SIGNATURE	
	ROOM #
	PRINT NAME
PLEASE RETURN A SIGNED COPY TO YOUR SERVER	SIGNATURE

Alberta Collage

Terminal#:1 Cashier#:2
22/10/07 11:48
22/10/07 13:39 - 01:52
58998551 / #048592
Rate1 \$ 8.00
TOTAL \$ 8.00

Re: Misc Page 1 of 2

Whitson, Sylvia

From:

Andrew Johnson

Section 17(1)

Sent:

Thursday, November 15, 2007 11:08 PM

To:

Whitson, Sylvia

Subject:

Re: Misc

Attachments: Proposal full.pdf; hotel.jpg

Hi Sylvia,

The Hotel Macdonald statement for one room is attached. I believe the other room was for the exact same amount, but I don't have a statement for it. When I realized upon checking out that the room was prepaid, I didn't bother collecting the statement for the second room, since I wasn't going to be billing you for it.

As the meal charges are a per diem flat fee, I don't provide receipts. I can however tell you that I spent more than the per diem, as food at the Hotel Macdonald was quite expensive...if you really need these, I will dig them up.

EXPENSE ACLIATING DEPMILS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

		_					Mileage
Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	km
OCT 4	HOTEL PROMJ-6-5-704	37618	***************************************				
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				and the state of t		Total km	268
					d in Section 2 - Tra		\$0.43*
TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		376.18	60.00	1934	107.10	50.15	115.24

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a
 fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- . Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements
 on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

EXPENSE ACMATING DEPIXILS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
SON 5	OFFICE/Ugy/Retow					, , , , , , , , , , , , , , , , , , ,	6
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Jan 18	omal AIS/UAN	,					5
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0002	orme/vou/resim	**************************************	altra Anna and Anna				3
		•			-	Total km	
			(or alternat	e rate as outline	d in Section 2 - Tra	vel below)@	\$0.43
TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

EXPENSE LIMITS

1. Meal Allowances

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Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

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- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.





Name: H. Brent SKinner

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Employee Number:

Section 17(1)

Union Name:

	n: Chief Plan			··			
Busines	s Phone: 7	35-0431	Period From: Au	gust 1 2007		to August 31, 200	07
		se attach receipts). Do no . Complete details on the			alth or rein	nbursed / reimburs	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	11110500005	6241000	o (travel)		32.08	
201	9000	71110500005	6 96 0000	(meals)		123,97	므
201	9000	71110500005		(Other)			
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- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)

254

Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLISE AINTH GORIYS

Recommended Coding

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
2061	LUNCY		25-16	W			
* 1	OFFICE/VA/RETURN		-		14.00	w	6
DL7	orque / AIT/orace						8
~1	ome locemlone				14.00	w	3
M13	OKRID/US/NETUN		1				6
MW	STASSENS on / LIFTLE						11
mn	OMME/AT/OME					,	8
>1	OFFERI DET I NE TUM			86.39			8
DN 28	crea ort/paris/Argei		98-21	11.82			1
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,			-				
				-			.,
		· · • · · · · · · · · · · · · · · · · ·				Total km	56
:			Rate	as outlined i	n Section 2 – Trav	el below @	
Totals			123.37		8-00		24.08

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)
For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of
 approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
 otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Subtotal: Total: Not Toasted Whole Wheat /Sandwich Swiss Regular Chk Salad Not Toasted Regular Egg Salad Swiss White /Sandwich Regular Ham + Cheese Whole Wheat /Sandwich Whole Wheat /Sandwich Regular Ham + Cheese loasted Dasted Not Toasted White /Sandwich Regular Turkey Club Not Toasted Whole Wheat /Sandwich Regular Turkey Club \$4.09 \$0.00 \$0.00 \$0.00 \$4.09 \$4.09 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$23.74 \$1.42 \$25.16 \$4.69 \$0.00 \$0.00 \$4.69 \$0.00 \$0.00

Order Started: 11:43:20 AM

20074

Thank You! Please Come Again!!! GST # Order #: 240

Change Due:

Always There. Since 1964

256

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATIONTIME

AMOUNT PAID

\$ 4,00 1746000002:58 PM



0719676

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME IS

TIME ISSUED

AMOUNT PAIR



CREDIT CARD NUMBER



ALBERTA 07

RECEIPT

GST # R108102831

Thank You For Parking At Commerce Place Parkade

07AUG20 11:14 019 002 07AUG20 10:27 02 / 0:47 #353344

80087104905 RATE TOTAL

4.00 4.00 Cash 4.00

GST #897727657RT Have a Nice Day

IL PORTICO EDMONTON, ALBERTA G.S.T.# R128503554

8 75	TACKS	75
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TBL 5/1 CHK 8 AUG28'07 11	Make the Control of t
1 TOMATO JC 2 *POP 1 *DECAFF COFFEE 2 SOUP CUP 2 SALAD CHICKEN 1 LUNCH SFEC 1 PASTA SPEC 1 CAPPUCCINO 1 *COFFEE	2.50 4.00 2.50 2.00 22.00 15.00 2.50
SUBTOTAL G.S.T. TOTAL DUE &	31.50 4.89 36 . 39

PLEASE PAY SERVER

71 72. W 98. 21

IL POR:

* * * *

08-28-2007

Name: BRENT H

Trace # 640097

P.Auth Purchase

Inv. # 4185 Auth # 51

Acct # Exp Date

10012 107 ST

EDMONTON

932117227310

PRE AUTH PURCHASE

T5J1J2

13:26:34

SKINNER

Card Type AM

Operator 131

RRN 001064097

\$86.39

AB

Section 17(1),(4)(e.i)

Customer copy

FS2261622701



Travel & Employee Expense Claim Form

			(in Canad	lian Dollars) <mark>Secti</mark>	on 17(1)			
Name: I	H. Brent Sk	dinner	Employee Number	r:	Union Na	me:		
Position	: Chief Pla	anning Officer, Cap	oital Health	Department: Fa	cilities Plann	ing & Construc	tion	7
Busines	s Phone:	735-0431	Period From: No	vember 1 to De	cember 10, 2	007		
	Paid (pleas		o not include amount the other side of the		Health or reim	ıbursed / reimbu	rsable by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√if GST included	
20	9000	7111050000	5 62410000	staff travel		160.18	1/	155.70
20	9000	7111050000	69600000	meals		165.70	V	10.00
201	9000	71110500055	49500005	other	879.76	957.61		1
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Total					EC 1 0 2007	P1, 23.49		1
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			bove were incurred of al Health or other or		business and l	have not been pr	eviously	
Employee	Signature:	WILL	Lum	ַ	Date: Rec	5,2007]
Approved (Print name)	By: 5 . 2	Weatherill	Title: Pro	esident i	CEO	Phone #		
(Signature)		Hevo a	1			Date		
Approved (Print name)	Ву:	7	Title:			Phone #		

Note:

(Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
approver. The approver must initial individual items that are not supported by original invoices or do not have all the
required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
approval.

Date

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J·3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

ARPHNSEANLAIN (DEMAILS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Mov 1	549W GULF. CENT				* 6.00	750	3
- 1	OFFICE/VAY/RETURN						6
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NOV 27	opper / ar / resum		***************************************				8
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pw 30	<u> </u>	77.57.47.47.55.56.47.45.45.45.45.45.45.45.45.45.45.45.45.45.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(
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- 4	Y-MOS OWE PRIZE			**************************************		879.K	
*						Total km	126
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TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
			145.70		6.00	907.61	54.18

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2 Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a
 fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- . Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

SHISS CHALET 10188 : F EDMONTON (5K1M7 780-42. 3112 Merchant ID: 000010102652 Term ID: 001 Ref #: 003 Sale Section 17(1),(4)(e.i) ATEX 11/01/07 Inv #: 000003 Appr Code: 121369 Approd Batch#: 000215 Amount: 83.62 Tip: Total:

Customer Copy

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FOR GUES

Swiss Chalet # 310 DELIVERY

0-003 GST# 843704525kTUox

.310- & 4:07pm Thu Nov 01/2007 (780)735-6839 T5/3E4

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Subtotal

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Card # XXXXXXXXXX62004 PRENT SKINNER Exp 12/08

CANADA PLACE PARKADE

OFERATED BY INFERIAL PARKING
FOR THE CITY OF EDWONTON

RCPt# 67416 11/01/07 08:37 LW 1 AW 51 TXMM167884 11/01/07 06:47 In 11/01/07 08:37 Out Regular Rate \$ 5.66 Total Tax 0.34 Total Fee 6.00 CASH PAID 6.00-Cash Tender 6.00 Change Live 0.00 THANK YOU WE AFFREDIATE YOUR BUSINESS COME AGAIN

TELUS® Your TELUS Statement
Nov 07, 2007

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

BRENT SKINNER

Your account number
Your TELUS Account ID

Section 17(1)



Here's what you owe this month: \$28.45

Amount of your last bill	\$24.83 • Thank you for keeping
Payment we processed on Oct 24 - Thank You	-24.83 your account up to da
Amount overdue from your last bill	100
1 Residence Line Touchtone from Nov 07 to Dec 06	23.34
Additional Charges and Credits (see details below)	3.52
GST (Registration 812758878) at 6%	1.59
Total new charges	28.45
Total amount due by Nov 28	\$28.45
Additional Charges and Credits	3.5
E9-1-1 Municipal Call Answer Fee Nov 06	\$.44
E9-1-1 Provincial Network Fee Nov 06	.13
LD Network Access Charge Nov 07	2.95
Total additional charges and credits	\$3.52

Tear off here

IL PORTICO RESTAURANT **T5J1J2** / 10012 107 ST EDMONTON 932117227310 PRE AUTH PURCHASE 444 *** Section 17(1),(4)(e.i) 12:43:34 Acct # Card Type AM Exp Date SKINNER Name: BRENT H Operator 001 1 Trace # 310003 FS2261622701 Inv. # 7710 RRN 001130003 Auth # 46 \$33.92 P. Auth Purchase Tip Total Customer copy

EDMONTON. ALGERTA G.S.T.# RL26507554 16 CHRISTIN CHK 788 *4. TBL 25/1 NOV14107 12:07PM 1 LUNCH SPEC 21.00 1 SOUP BOWL 6.00 1 XOFFEE 2.50 i AUECAFF COFFEE SUBTOTAL 32.00G.S.T. 1.92 TOTAL DUE PLEASE PAY SERVER

IL PORTICO

IL PORTICO EDMONTON: FLBERTA G.S.T.# R128303554

TBL 1/1 CHK 382 DEC03'07 12:01PM 1 *DECRFF CUFFEE 8

16 CHRISTIN

1 *TEH 2.50
1 CHICKEN SAND 13.00
1 PASTA SPEC 18.00

SUBTOTAL 36.00
0.5.T. 2.16
TOTAL DUE 38.16

PLEAST PAY SERVER

IL PORTICO RESTAURANT

Trace # 490001 Operator 552 FS2261622701

Inv. # 8608

Auth # 37 RRN 001148001

 P. Auth Purchase
 \$38.16

 Tip
 5 %

 Total
 42.11

Customer copy

Cool gifts. Expert advice.

CONTRACT ID: 10304 1097H ST.NW X8FY 18 EX

033-071205-037941 780-498-5505 05/12/2007 14:53

CAPITAL HEALTH 780-735-0839

03336526041207

AMOUNT

-1 STILETTO EXEC SYSTEM 961/10081740-A2L4

169.95 **9** 169.95

1 CANON A570IS 845/10085795-A2L4

179.99

@ 179.99

WARNING - REMOVE YOUR DATA - I acknowledge that it is my responsibility to remove all data from returned products. FUTURE SHOP takes no responsibility for information left on returned products.

IMPORTANT PASSWORD PROTECTION: We may require your computer passwords to service your computer. We recommend that you change your password when the servicing is complete. You are responsible for ensuring the security of your computer. You acknowledge that Future Shop is not responsible for any loss, theft, misuse or other unauthorized use of your computer, data or passwords.

<<<<Customer Copy>>>>>>

Thank you for shopping at FUTURE SHOP

Item Total G/S Tax Prov Tax INVOICE

10.04 0.60 0.00 10.64

TRANSACTION RECORD PURCHASE CASH 20.00 CHANGE= 9.36

GST Reg.# R135664738

SALES QTY: 1 RETURN QTY: 1

CONTRACT ID: 10304 109TH ST NW A2L4 11 SA FUTURE SHOP, 033

033-071204-036526 780-498-5505 04/12/2007 12:17

GN7/10081740 A2L4 # 169.95 1 GARMIN NUVI 250 CLAM 269.99 298/10087525-A2L4 # 269.99 1 SONY DVPFX815 DVD 245 99

Extended holiday policy

To better serve you, gift returns and exchanges will be accepted until January 8th, 2008. Original receipt is required for full refund. 61f. Receipt returns are for store credit only. To ensure quality service, returns will not be processed on December 26 and 27.

www.futureshop.ca Learn More

<<<<Customer Copy>>>>>>

Thank you for shopping at FUTURE SHOP Item Total 819.92 G/S Tax 49.20 Prov Tax 0.00

Prov Tax 0.00 INVOICE 12

TRANSACTION RECORD PURCHASE AX swiped 1208 18

GST Reg.# R135664738

>> FUTURE SH

270



Travel & Employee Expense Claim Form

(in Canadian Dollars) Section 17(1)

Name: H	. Brent S	kinner	Employee Number	ber Union Name:				
Position:	Chief P	lanning Officer, Ca	pital Health	Department: F	acilities Planni	ing & Construc	tion	
Business	Phone:	735-0431	Period From: Dec	cember 11, 200	7 to February	29, 2008] 6°10
Attachment Expenses F another org	i Paid (pleas janization	se attach receipts). D . Complete details oi	o not include amount the other side of the	ts paid by Capita form	al Health or reim	bursed / reimbu	rsable by 186	16 - 1.67 5 ⁶ 6
Bal Unit e.g. 201	Location e.g. 9000	Functional Centro e.g. 71135050044	e Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included	
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Less Cash	Advance					´ —		
Total				MAR 1	9 2008	633.65		
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Employee S	Signature	: LTSI	w		Date: Mo	m 10/08		
Approved I	ву: S.	Weatheri.	// Title: R	esident	- < CGO	Phone #		
(Signature)			_			Date		
Approved E	34.	Weark	Title:			Phone # /7	"Mar	
(Signature)	1	-				Date		
Note:	1							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

EXPENSE CLAIM DETAILS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
De11/07	Mome Fox RE-TOL				690	28.45	
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D2 C 18	opper 18 pm /Resum						6
S / / / / / / / / / / / / / / / / / / /	OFFICE / AIT / RESUM						8
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graphy gymain y Malaide Black (na haife Signan a Agus aid Barra Antaine Bha			*(or alternate	e rate as outlined	l in Section 2 - Tra	vel below) @	\$0.43*
OTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	**************************************
							TO THE CONTRACTOR OF THE CONTR

EXPENSE LIMITS

161

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements
 on a regular and continuing basis as approved by an authorized manager,
 - Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- · If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely topex \$500.

Recommended Coding

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related

Catering - 69600000

			, , , , , , , , , , , , , , , , , , , ,				
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
m 22	OFFICE PART / ROTUN						8
227	OKENO/VOM/RETURN						6
more	somo / Gan / OFFICE				12.80 W	,	30
<u> </u>	openie I van Tresum		_, , ,				(c)
Dr 28	STAMONO / O KAL			56.18			15
~ 1	LUNCH BUDGEN HORAN		65-18	ન . ૦૦			
mas	OPFIL /UAN /OFFICE						6
~ 1	1			43.05			6
m 20	Luna - S. IBADA		50.05	7.00			
~1	OFFICE/USU/RETERN						6
m31	~ "						6
X 11	OKAL/STMANENA/NEAN						_30
FOSI	OFFICE MERCA 124/OFFICE						4
~1	OFFICE/CONS MEETING						<u> </u>
FOST	OKNELAN JOKENE						8
fest	OFFICE / USU percon						6
.4.==-						Total km	
			Rate	e as outlined i	n Section 2 – Trave	el below @	
Totals							

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10,00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.) Dinner

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

Use of personal automobile - From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).

Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.

Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.

1. Monthly travel in excess of 340 kilometers; or

- 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
- 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

273

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Recommended Coding

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 -- Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
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Fell 8	OFFICION / NOTION						6
FINI	STAMENO / OKERE						15
~1	office/vay/regim						6
FOSIL	/1						6
FR515	1						6
FOD 14	W 11						6
F0018	Ugy/RAY/OKKILO						10
w 11	oque/Day/reson						6
F0321	W 4						6
~ 11	~ 4						6
Fe322	11 4						S
F328	STRANKONO/OFFICE						15
~ 1	STREAKEND/OFFICE OFFICE/ROA/RETURN			4	73.00		6
Fer 26	ormuluar marun						6
						Total km	
			Raf	te as outlined in	Section 2 - Trave	el below @	
Totals							

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Dinner

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

Travel 2.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Ädvance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

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2 of 2

BELLCANT COP

Recommended Coding

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
F126	orno I man				8.00		a
Fer 27	OFFICE / SNOW OFFICE / UP / RETURN LINCI: FOUR / PRETURN						6
i.	OFFICE /UA/RETURN			£	5.00		6
Fesas	Lines: Four / Piper / found		100.20	88.20			
~	offer juga / ROTUM			12.00			6
							<u> </u>
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		· · · · · · · · · · · · · · · · · · ·				Total km	431
			Rate	as outlined in	n Section 2 – Trav	el below @	,43
Totals			262,45		18.80	167.07	185-33

EXPENSE LIMITS

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or

organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile -- From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager,
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

TELUS Your TELUS Statement
Dec 07, 2007

Questions? For customer service or bill inquiries. please refer to page 2 for contact information.

Page 1 of 2



Your account number Your TELUS Account ID



Section 17(1)

Here's what you owe this month: \$28.45

Amount of your last bill	\$28.45
Payment we processed on Dec 03 - Thank You	-28.45
Amount overdue from your last bill	.00.
1 Residence Line Touchtone from Dec 07 to Jan 06	23.34
Additional Charges and Credits (see details below)	3.52
GST (Registration 812758878) at 6%	1.59
Total new charges	28.45
Total amount due by Dec 29	\$28.45

Season's Greetings from TELUS.

Additional Charges and Credits E9-1-1 Municipal Call Answer Fee Dec 06

E9-1-1 Provincial Network Fee Dec 06 LD Network Access Charge Dec 07 2.95 Total additional charges and credits

\$3.52

News from TELUS

Special offer on High Speed Internet service

Receive a \$50 Future Shop gift card when you sign up online for TELUS High Speed Internet on a service term. Offer expires December 31, 2007. Some conditions apply. For details visit telus.com/giftcard

Tear off here

DOAN'S VIETNAMESE NOODLE HOUSE 10130 107TH ST. EDMONTON AB CARD CARD TYPE AMEX DATE 2008/01/04 TIME 6605 12:46:40 RECEIPT NUMBER S30705746-001-170-012-0 PRE-AUTHORIZATION AMOUNT \$41.06 TIP

6.00

47.06

APPROVED

TOTAL-CAD

AUTH# 87 00-025
THANK YOU

CARDHOLDER COPY

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information,

TELUS Your TELUS Statement

BRENT SKINNER

Your account number Your TELUS Account II

your account up to date. Thank you for keeping

Section 17(1)

Here's what you owe this month: \$28.17

\$28.45	-28.45 .00	
Amount of your last bill \$28.45	Payment we processed on Dec 31 - Thank You Amount overdue from your last bill	

	Additional Charges and Credits (see details below)	GST (Registration 812758878) at 5%	Total new charges	
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. 1	E9-1-1 Municipal Call Answer Fee Jan 06	er in	LD Network Access Charge Jan 07	3/8



News from TELUS

Thank you for choosing TELUS as your communications provider.

Visit our web site

For news on TELUS products and services, visit our web site at www.telus.com

Tear off here

# 47 "Y 3 Th 84 4554 00074 1 008 29003 0047 01/17/08 07:30	82, 966 82, 96 4, 15 \$87, 11	Purchase 082902 66060853 19:30:13
STAPLES Businers Front Store # 4, 4122 Calgary Edmonton, AB TE 64, 780-433-4554 Sale 00074 1	PEN, BALL EXPERT II 097783498247 ubtotal 6ST 5.00% Total	Visa Swiped Authorization Number 0010016640 29003 74 01/17/08 01/027 APPROVED - THANK YOU

Section 17(1),(4)(e.i)

INTERESTED IN EXPLORING A CAREER WITH US? VISIT WWW.GREATCAREERSAJSTAPLES.CA

GST No. 126152586

279

DETACH RECEIPT FROM TICKET SUED TIME ISSUED AMOUNT PAID CARITAS HEALTH GROUP RECEIPT CARITAS IIII HEALTH GROUP NON TRANSFERABLE 1713340 CARITAS IIII HEALTH GROUP CREDIT CARD NUMBER CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
CARIAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS. LEAVE ON DASH - THIS SIDE UP EXPIRATION DATE

EXPIRATION AMOUNT PAID

IL PORTICO RESTAURANT 10012 107 ST T5J1J2 EDMONTON ÀΒ 22616227 PRE AUTH PURCHASE * * * † 01-28-2008 13:32:26 Acct # Exp Date Card Type VI Name: BRENT SKINNER Section 17(1),(4)(e.i) Trace # 920020 Operator 001 FS2261622701 Inv. # 10980 Auth # 046438 RRN 001191018 P. Auth Purchase \$56.18 9.10 Tip 64.18 Total

Customer copy

IL PORTICO
EDMONTON: PLBERTA
G.S.T.% R128500554

BURCKIE	
781. 16/1 . CHK 803 JPN/28'08 12:20P	657 0 M
1 TOMATO JC 1 *POP 1 *COFFEE 1 PORTICO BURGER 1 CHICKEN SAND 1 PASTA SPEC	2.50 2.50 2.50 2.50 16.00 13.00 17.00
SUBTOTAL G.S.T. TOTAL DUE FLEASE PAYSE	50.50 2.68 .18

IL PORTICO
EDMONTON, PLBERTO
G.S.T.# R128503554

	age GST Û
TBL 2271 CHK JAN20'08	
1 XTEA	2,50
1 XCOFFEE	2,50
1 CHICKEN SAND	, 13,00
1 LUNCH SPEC	, 23,00
SUBTOTAL	41,00
G.S.T.	2,05
TOTAL DUE	43.05

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TELUS® Your TELUS Statement	TELUS Communications Company	ions Company
, COOO		Page
Questions? For customer service or bill inquiries, please refer to page 2 for contact information.		1 0 2
BRENTSKINNER		
Your account number Your TELUS Account ID		
Here's what you owe this month: \$33.21		Α
Amount of your last bill	\$28.17 Thank volu for keeping	
Payment we processed on Jan 29 - Thank You	-28.17 your account up to date	up to date.
Amount overdue from your last bill	00	ЗA
1 Residence Line Touchtone from Feb 07 to Mar 06	23.34	NT
Additional Charges and Credits (see details below)		CC
Long Distance Charges (see details below) GST (Registration 812758878) af 5%	4.80 1.56)P:Y
Total new charges	33.21	
Total amount due by Feb 27	\$33,2T	
. Additional Charges and Credits		3.51
E9-1-1 Municipal Call Answer Fee Feb 06	4. e	
E9-1-1 Provincial Network Fee Feb 06	7	
LD Network Access Charge Feb 07	2.95	
Total additional charges and credits	83.51	

Pagé 2 of 2

You TELUS® Feb

Your TELUS Statement Feb 07, 2008 BRENT SKINNER

s.17(1)

Sales & Service: Internet 1-877-310-4NET Other products 310-2255 If calling from outside Alberta, call Toll-free: 1-800-400-2598 Manage your account @telus.com/customercare

(continued from previous page)

Date and time of call Place you called	Place you called	Length of call Number you called (minutes)	Length of call (minutes)	Cost of 1 call before savings (\$)	Cost of Discount for I before time of day ings (\$) (\$)	Amount you pay
Direct dialled calls from (780) 988-5344	80) 988-5344					
Tue Jan 29 04:48 pm TORONTO ON	TORONTO ON		-	.48	148	.48
Thu Jan 31 10:38 am TORONTO ON	TORONTO ON		က	<u>1</u> .	3 1.44	1,44
Thu Jan 31 10:43 am TORONTO ON	TORONTO ON		9	2.88		2.88
Total Regular Long Distance	ance			\$4.80		\$4.80

News from TELUS

Provincial 911 Network Rate Decrease

As of January 1, the rates for 9-T-1 network service has changed from \$0.13 to \$0.12 per phone number a month.

Thank you for choosing TELUS as your communications provider.

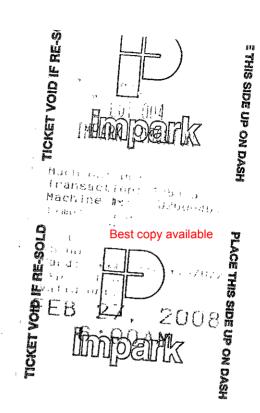
Cineplex Night Out package bonus

service term. Now is the perfect time to get the EasyPC plan and surf, chat and e-mail from just about anywhere in your home with the new Dell notebook and free wireless gateway. But hurry, offer expires March 31, 2008. Receive a Cineplex Night Out package when you sign up online for TELUS High Speed Internet services on a Visit telus com/easype for more details.

TELUS can help with your move

Moving? Don't wait. Get a free connection when you sign up for a TELUS bundle. For details, visit telus.com/move or call 310-2255 and say "move"





UCF 6 PARETH SERVICES CETH RIOSIONES

02-27-2000 WED \$4

5.00 S 0.24 5.160

7727 13:74TM

84.00 t 4.20 88,20

Subtotal
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Amount Due

109 JOE AM

Gst Feb29'08 11:53AM Ch 1419

9,00 28.00 14.00 18.00 3 COFFEE @ 5.00 2 CLUB SANDWICH @ 14.00 1 VOSS SPARKLING CHICKEN PANINI PRIMAVERA

Card Entry : SWIPED Account : AMERICAN EXPRESS

PRE-AUTHORIZATION Frans Type :

12.00 \$88,20 Amount

Total

: 28 : 0010014240 : 08/02/25 : 12:47:22 66117654 Sequence # [ermina] # Employee 4 Employee Auth # Date

APPROVED - THANK YOU 00/025

Cardholder Signature

CARDHOLDER WILL PAY THE ISSUER OF THE CHARGE CARD PRESENTED HERE WITH THE AMOUNT STATED HERE ON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WIHT THE CARDHOLDER

Section 17(1),(4)(e.i)

Card Number:

TRANSACTION RECORD

EDMONTON, ALBERTA

12:45 pm

Feb 29 2008 Trans#1419

10090-107 STREET WILDFLOWER GRIÚL



Travel & Employee Expense Claim Form

(in Canadian Dollars)

Name: H. Brent Skinner	Employee Numbe	r:	Union Name:	
Position: Chief Planning Officer, Ca	apital Health	Department: Facilities Planning & Construction		
Business Phone: 735-0431	Period From: March 1 to March 31, 2008			

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included
201	9000	71110500005	62410000	staff travel		107.09	1/
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Γotal						345.64	

19-000

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital H claimed by me or on my behalf from Capital Health or other organization.	lealth business and hav	e not been previously
Employee Signature: LA Lham	Date: Camil	12/08
Approved By: (Print name) Nick Zouravlioff Title: 1.P. Facility	he's Planning and	Phone # 735-1365.
(Signature)	J - 3	Date
Approved By: Title:		Phone #
(Signature)		Date

Note:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

EXPENSE CHAIN PET AILS

Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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***********************						Total km	163
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EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

	3 2	26 00 36 00 87 06	\$61.00 \$3.05 \$64.05
Copper Pot Restaurant. Capital Plane Tot, 9707 110 Street Edmonton AB TSK 2L9 780-452-7800	Server, Karen nvoice: 102344 Mai :	Popiced Tea Beef Dip Sandwich Grilled Bison Eurger Smoked Salmon Sala Organic Greens State	Subtotal GST
	Servei	C) *** ** * * * * *	

Thank You Please Come Again GST#

Customer copy

5

13

S Card Type AN SKINNER (J. 25 02 RRN 001271011 \$64.05 101 9707 110TH T5K2L4 EDMONTON AB 932021106410 THE COPPER POT RESTAUR 3 F\$2232786601 P. Auth Purchase Trp [0[4] Trace # 720010 Name: BRENT H Inv. # 5238 Auth # 23 03-05-2008 Exp Date Acct # Section 17(1),(4)(e.i)

291

	Fairmont Hotel Ma The Confederation	acdonald Lounge
Fairmont Hotels & Reserts Fairmont Hotel Macdonald	120 BARBARA	
The Confederation Lounge 10065-100 Street Edmonton, Alberta T5JON6 (780) 424 5181	20/1 CHY 55 MAR07'08 11:3	
CHECK: 5566 TABLE: 20/1 SERVER: 120 BARBARA DATE: MARO7'08 12:44PM CARD TYPE: VTSA ACCT #: EXP DATE: XX/XX Section 17(1),(4)(e.i) AUTH CODE: 020211 BRENT SKINNER SUBTOTAL: 69.30 GRATUITY / 0.00 TOTAL 79.30	1 DIET COKE 1 CLUB 1 BUFFALO BURGER 1 CRAB CORN CAKES 1 COFFEE Food Mineral 66.00 GST	3.00 3.00 19.00 19.00 16.00 3.00 57.00 9.00 3.30 9.30
S1GNATURE	GRATUITY	
	TOTAL	
DI CADE SETURAL A DECLE	ROOM #	
PLEASE RETURN A SIGNED COPY TO YOUR SERVER	PRINT NAME	are comment of the arts.
	SIGNATURE NOT A CREDIT CARD	



Mar 07, 2008

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

BRENT SKINNER

Your account number
Your TELUS Account ID



Section 17(1)

7

Here's what you owe this month: \$28.17

Amount of your last bill	\$33.21	 Thank you for keeping
Payment we processed on Feb 28 - Thank You	-33.21	your account up to date.
Amount overdue from your last bill	.00	•
1 Residence Line Touchtone from Mar 07 to Apr 06	23.34	•
Additional Charges and Credits (see details below)	3.51	:
GST (Registration 812758878) at 5%	1.32	
Total new charges	28.17	
Total amount due by Mar 29	\$28.17	
Additional Charges and Credits		3.51
E9-1-1 Municipal Call Answer Fee Mar 06		\$44
E9-1-1 Provincial Network Fee Mar 06		.i2

Cineplex Night Out package bonus

LD Network Access Charge Mar 07
Total additional charges and credits

Receive a Cineplex Night Out package when you sign up online for TELUS High Speed Enhanced Internet service on a service term. Now is the perfect time to get the EasyPC plan and surf, chat and e-mail from just about anywhere in your home with the new DELL notebook and free wireless gateway. But hurry, offer expires March 31, 2008. Visit telus.com/easypc for more details.

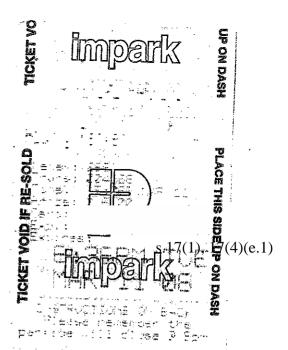
IMPARK LUT #101 TELUS PLAZA PARKADE GST #08771 5638 RT0006

03-19-2008 WED 11 03-19-2008 01CL1588 10.00 2 1/2 HOLK 10.00 CASH TTEM 1401 14:1311

TIP A PARKING SERVICES GTH MUNICENS

03-12-700 (11) 英

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ave-on-foods (9th & Jasper 100% MONEY BACK GUARANTEE receipt required please G.S.T. #R846980878 Visit www.∍aveonfoods/com

SAVE-ON-MORE SAVES YOU I

DADS COOKIES DADS COOKIES EVERYDAY CARD EVERYDAY CARD R/CHINET PLATES T/CHOC TIGER CAKE 4.89 G Sub Total 57.44

SOM Bonus pts 57

BALANCE DUE Deb<u>it</u> [S]

Section 17(1),(4)(e.i)

CUSTOMER COPY

TRANSACTION RECORD

STORE 6613 SLIP # 0066122103

TERM 06613D66 REG 66

** DIRECT PAYMENT **

CARD REF # AUTH # 048001001016 000261

RESP 001 ISO 00

DATE TIME 03/27/2008 12:21:25

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APPROVED

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03-24-2008 **VED**

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Capital Health

Travel & Employee Expense Claim Form

(in Canadian Dollars) Section 17(1)

Name: H. Brent Skinner	Employee Numb	er:	Union Name:
Position: Chief Planning Officer,	Capital Health	Department: Facil	lities Planning & Construction
Business Phone: 735-0431	Period From: A	pril 1 to April 30, 2	008

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√if GST included
201	9000	71110500005	62410000	staff travel		3/39.85	V
201	9000	71110500005	69600000	meals			
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	`		division department				
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Total		I MAILZ	2008 /	Capital Health	der where the production	168.02	
		ACCOU	NTS	And the second	r klaught.		

The information on this form is collected fields section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

2.74(\(\sigma\) 7 7	
I hereby certify that the expenses listed above were incurred on Capital Healt claimed by me or on my behalf from Capital Health or other organization.	h business and have not been previously
Employee Signature:	Date: MA-14 /08

Approved By: Wick Zaurawloff	Title: V.P. Facilities Planning !	Phone # 735-1365
(Signature)	Construction	Date May 21/08
Approved By: (Print name)	Title	Phone #
(Signature)		Date

Note:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- . GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense claim reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

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Recommended Coding

Travel - Staff - 62410000

Staff Local Travel - Taxi - 62410001

Staff Travel - UNA - 62410002

Staff Provincial Travel - 62412000 (all expenses)

Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000

Meals - 62410000

Mileage - 62410000

Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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					d in Section 2 - Tra	vel below) @	\$0.43*
TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Milliote Malanda L. property appropria

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - Monthly travel in excess of 340 kilometers; or
 - Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - Daily requirements to utilize personal vehicle in course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel,
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500. 296

ERFENSE ON LAIM (DETAILS

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			*(or alternat	e rate as outlined	l in Section 2 - Tra		
OTALS		\$0.00	\$0.00	\$0.00	\$0.00		SCHOOL CHANGE LAND ALCOHOLOGY AND
<u> </u>					7 13.000	#2B.17	126.65

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Lunch

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Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

02/04/08 09:47

AMOUNT PAID

CARITAS HEALTH GROUP CHARGES ARE FOR THE USE OF PARKING SPACE ONLY. CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

OR DAMAGE TO CAR OR CONTENTS.

, CARITAS HEALTH GROUP NON TRANSFERABLE 1879473 CARITAS HEALTH GROUP

DETACH RECEIPT FROM TICKET

DATE (SSUED.

TME ISSUED AMOUNT PAL

CREDIT CARD NUMBER

CARITAS HEALTH GROUP

HEALTH GROUP RECEIPT

1879473

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Page 1 of 2

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

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Your acc

your account up to date. Thank you for keeping

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VEH umber Account

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Your IELUS Account ID	7(1)
Here's what you owe this month: \$28.17	
Amount of your last bill \$28.	\$28.
Payment we processed on Mar 28 - Thank You	-28.

-		
	1 Residence Line Touchtone from Apr 07 to May 06	A definition of the content of the c

Amount overdue from your last bill

23.34 3.51

Additional Charges and Credits (see details below)	GST (Registration 812758878) at 5%	Total new charges	Total amount due by Apr 28
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APPLICANT COPY

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3,51



\$3.51

Moving?

Bundle up when you move. Save over 15% and get a free connection when you sign up for a TELUS home bundle. Visit telus com/move for details or call 310-2255 and say 'move'.

Visit our web site

For news on TELUS products and services, visit our web site at www.telus.com

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