ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

197169,

			F	OR I	101	ITH	1 OF: FE	March 201	<u>o</u>		
NAME:	Tony France	eschini		_							
ADDRES			· · · · · · · · · · · · · · · · · · ·				: 4 \ / \ / \		· · · · · · · · ·		
TOWN:			S.	17(1),	170	$\frac{(4)(g)(i)}{}$	<u> </u>			
POSTAL C	ODE		· · · · · · · · · · · · · · · · · · ·	PH	ON	E#:	·	Non-Responsive			
DATE	(include purpose of trip, n	SCRIPTION mode of travel, starting point, details expenditure)	PRIVATE CAR (KM)	_	<u> </u>		ALS	LODGING (ROOM)	PARKING		OTHER (ITEMIZE
il e	1	»	(IXIVI)	В	L	D	AMOUNT				-
			Non-Res	spor	ısi	- /е				_	1
		_									
03/25/10	Public Board Me	eeting-Lethbridge			-	-		115.44			
					+	+				+	
								NTERE) WAY	2 5 2010	
				<u> </u>	<u> </u>	<u> </u>	В	C 115.44	D		
	KILOMETRES C	CLAIM	Descrir	ntin	n			Codina	<u> </u>	Non-l	Responsi
RATE	KM	AMOUNT									
50.5¢			BOARD TF (A+ B+ C+ D)	RAV	EL			1103000.622	0000	115.44	
			OTHER (F)				,			·	
TOTAL A	OTAL AMOUNT							Non-Resp	onsive		
APF EAIMANT SIGI	ARUNALE MATURE	APPROV.	AL SIGNATURE		<u> </u>	<u> </u>	-		meals	breakfast funch dinner	
ATE SUBMITE	t plagae automit to	DAITE APE	V 1	<u> </u>			/ Colgony	A.D.	Lodging		

Date 03/25/10 LETHBRIDGE LODGE HOTEL Time 12:09 Acct# P36226-10 320 SCENIC DRIVE Page 1 LETHBRIDGE, ALBERTA T1J 4B4 Room# 146 PHONE: 403-328-1123 Rate Code 1-800-661-1232 Group ABHS Room Type DNQQ Room Rate FRANCESCHINI TONY Arrive MAR 24 10 17:38 Depart MAR 25 10 07:23 JY ALBERTA HEALTH SERVICES . ALBERTA HEALTH SERVICES CALGARY 10101 SOUTHPORT ROAD SW AB Х CALGARY Payment VI XXXX XXXX XXXX T2W 3N9 Date | Description | Reference | Room | Charges | Credits MAR 25 TRANSFER DEBIT AMT TRANSFER
Transfer From Acct P36226-30, Item 7 .001 115.44 PAIDROOM T subtotal: Balance Due: | .00| I agree that my liability for this bill is not waived. G.S.T. #878714963 -----Authorized Signature : ____

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

197164

NAME:	Tony Fran	ceschini		ſ	-UR	IVIC)N I	H OF:	April 20	110		
ADDRE:												
TOWN:				s.17(1	1),	17(4)(g)(i)				
POSTAL CO	ODE:				PH	ION	E#	:			Non-Respo	onsive
DATE	(include purpose of trip	ESCRIPTION p, mode of travel, starting point,	details	PRIVATE CAR			MEALS		LODGING (ROOM)	PARKIN		OT (ITE
ļ	•	of expenditure)		(KM)	В	L	D	AMOUNT	1			(11)
			Non-	Respons	ve		_					
04/29/10	Public Board M	eeting-Grande Pra	irie				_	·	108.99			
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			········		1		В		C 108.99	D		
	KILOMETRES (CLAIM		Descript	tior	- <u>-</u> -	Ī		Coding		Non-Res	ponsi
RATE	KM	AMOUNT									Allion	
50.5¢		A		OARD TRA	A \ /F	-1						
				B+ C+ D)	-\ V E	-L	4	9011.711	1103000.622	20000	108.99	
			то	HER (F)								
TAL AM	IOUNT		1			,~		N	Non-Respo	onsive	==	
AA		17 V	7		1	_						
MANT SIGNAT	Mace &	APPRO	VAL S	IGNATURE	<u> </u>					meals	breakfast	
Hari	9/10		Cu	18t	1,	D					dinner	
SUBMITTED	/	DATE	APPRO	V 3 /	Ĺ					Lodging ;	per night	



HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE

9805 - 100th Street

Grande Prairie, AB Tev 6X3

Tel:780.513.5555 Fax:780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website:www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 302208 Description: standard folio

Page: 1

Mail To: Anthony Franceschini

Res.#: 262726

Arrive: 28/04/2010 06:33pm Depart: 29/04/2010 12:29am

Room: TWNN 120

s.17(1), 17(4)(g)(i)

Group: Alberta Health Services

Guest: Anthony Franceschini

Bill To: Franceschini

Date	Description	Voucher	Amount
28/04/2010 28/04/2010	Provincial Tourism Lavar	GP -120 GP -120 GP -120 GP -120 THANK YOU	99.00 .99 5.00 4.00 -108.99
Bill To: F	ranceschini	Balance:	.00

Bill To: Franceschini

Total GST

GST Registration # R-121767065

5.00



Name: Tony Franceschini

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

(For Board Office Use Only) A/P Vendor ID#:

208	1124

Phone #:	s.17(1), 1	7(4)(٤	g)(i)	Travel F	eriod	Month:	September	/October 20 Non-Re
DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)		. 1	VIE	ALS	ACCOM- MODATION	TION CAR FUEL,	NSPORTA- I (FLIGHT, RENTAL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
23/09/10	A & F Committee	В	L	D	AMOUNT		R 2	22.50 🗸		
		ľ	on	-R	esponsiv					
15/10/10	Public Board Meeting - Lethbridge	-			R	211.48 _✔		· - · ·		
		No	n-R	Res	ponsive				CEIV	
						-		NU Fir	7 1 5 201 1 ANC	
									AL KMS	
<u> </u>						APPLICA	BLE N	IILEAGE		50.5¢
	SUB-TOTAL				Α	B	C	2.50	0.00	0.00

<u> </u>		<u></u>	TOT	AL KMS		
		APPLICABL	E MILEAGE	RATE@	50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applica	ble) 0.00	211.48 Y	22.50 /	0.00	0.00	
FOR AC	COUNTS PAYAE	LE EXPENSE (CODING			
Description		Coding			Amount	
MEAL (A)	01.71	110300002.4500	00000		0.00	
TRAVEL EXPENSE (B+C+E)	01.71	110300002.62 3	12000	<u> </u>	233.98 2	
OTHER (D)	91.71	110300002.4109	90000			
GRAND TOTAL					233.98 🗸	/
	- 1/ 11	-+-			breakfast	\$9.20
Wermunden'	1 to		~	meals	lunch	\$11.60
CLAIMANT SIGNATURE	APPROVAL SIG	NAT URE			dinner	\$20.75
	10/	\int_{0}^{1}		Lodging	per night	\$20.15
DATE SUBMITTED For payment please submit to the AHSB Office: 10	DATE APPROVE		ry, AB.	Per dien	n 24-hour	\$7.35

The Coast Lethbridge Hotel & Conference Centre

Invoice

real people.

526 Mayor Magrath Drive South Lethbridge, AB T1J 3M2 Tel: (403) 327-5701 Fax: (403) 327-5075

Franceschini, Tony

Receipt

Invoice date Our reference GST Number

10/15/2010

CLH-FC11652 /A

GST # 848475554RP0001

Guest	France	schini, Tony		Arrival 1	10/13/2010	Depa	rture 10/15/20	11 Room 205
Date	Descrip	tion	Ref.		·			
10/13/2010	Room C	harge				Quantity	Unit Price	Total (CAD)
10/13/2010						1	95.00	95.00
10/13/2010	Levy Ta					1	5.04	5.04
10/13/2010						1	3.80	3.80
10/14/2010	Room C	•				1	1.90	1.90
10/14/2010	GST Tax	•				1	95.00	95.00
10/14/2010	Levy Tax	ces				1	5.04	5.04
10/14/2010	Marketin					1	3.80	3.80
				4		1	1.90	1.90
10/15/2010	VS	Auth: 078668			τ	otal invoi	ce	211.48
	••	Autii. 070000						-211,48
S	3.17(1), 1	7(4)(e.1)			T	otal Paid		-211.48
					Te	otal Due		0.00

Total GST

10.08

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

Thank You For Parking At Commerce Place Parkade

Terminal#:1 Cashier#:5
09/23/2010 8:31 AM
09/23/2010 1:02 PM - 04:32
56481141 / #370837
RATE : \$ 22.50
TOTAL : \$ 22.50
Cash : \$ 22.50

GST #897727657RT Have a Nice Day

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

208115

Name:	Tony Franceschini		_			_	(<u>For Bo</u>	oard Office Use O	<u>Jnly)</u> A/P V	endor ID#:	
Phone #:	s.17(1), 1	17(4	<u>+)(</u> {	g)(i	i)		Travel I	Period Month:	May to Au	ugust 2010 Non-Resp	onsive.
DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)			ME	EALS		ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
10/06/10	A & F Committee	В	L	. D	AMOUNT	<u>r</u>		25.00			
23/06/10	A & F Committee			-		+		R 25.00			
		I)	loi	I-R	Responsi		•				
29/06/10	Public Board Meeting - Calgary				201	.10	215.73				
		N	on	Re	esponsiv	- 1	.1		ECE,	VED	
25/08/10 シレ	Public Board Meeting – Medicine Hat	+	 	+	12		2 ⁽⁾ 128.31			2010	
	<u> </u>		_					тот	AL KMS		
				_		AI	PPLICAB	BLE MILEAGE R	RATE@	50.5¢	
(carry forw	SUB-TOTAL vard to continuation sheet, where applic	cable	э) —		A	3	344.04	50.00 🗸	D	E	
	FOR A	(CC(oui	NTS	S PAYAE	<u>ILE F</u>	EXPENSE	CODING		Arenis de mario Persona Artorio Mendeles de Care	
Description		1		_	AFR.		Coding			Amount	
MEAL (A)		- 1 N	2	17	01.711	1103 ⁽	00002.450			0.00	MAS
RAVEL EXP	'ENSE (B+C+E)	M Dell			01.711	<u>1103</u> (00002 623	62212000	1	394.04 ~	3800
OTHER (D)	ENTER				01.711	<u>1103</u> (00002.410)90000		0.00	70
RAND TOTA	AL		_		/	#				394.04	/
API	Francelen			≠, ≠,	#				meals	breakfast lunch	\$9.20 \$11.60
Alog	GNATURE U	(Ar	Pk	Ov.	AL SIGN	υτ ά \ Λ	RE /		Lodging p	dinner per night	\$20.75 \$20.15
ATE SUBMIT					PROYED		U .		Per diem :	24 hour	\$7.35
or payment p	please submit to the AHSB Office: 10	0101	Sc	outi	hport Ro	ad S	W, Calga	₂ry, AB.	F & G G G G G G G G G G G G G G G G G G	24-110ui	Φ1.00

the westin calgary 320 4th avenue s.w. calgary, ab T2P2S6 phone 403.266.1611 fax 403.233.7471 www.westin.com/calgary

guest travel agent/charge to 1018 room Mr. Tony Franceschini 195.00 rate 1 no. pers. 555731 folio page 28-JUN-10 18:27 arrive s.17(1), 17(4)(g)(i)29-JUN-10 depart AHF28M payment

	e de la la comp	48.5	and the state of t	grádeszeredits
28-JUN-10	RT1018		Room Charge	195.00
28-JUN-10	RT1018		Good And Services Tax	9.85
28-JUN-10	RT1018		Destination Marketing Fee	1.95
28-JUN-10	RT1018		Tourism Levy	7.88
29-JUN-10	71018	0	18666135223 01:01:00 06:03	1.00
29-JUN-10	71018	0	Tax - GST Other	0.05
29-JUN-10	VI		Visa	215.73-
				•

Balance Due 0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax 1	Food & Bev	Parking	Telephone	Other	Total	Payment
28-JUN-10	214.68	0.00	0.00	0.00	0.00	214.68	0.00
29-JUN-10	0.00	0.00	0.00	1.05	0.00	1.05	215.73-
Total	214.68	0.00	0.00	1.05	0.00	215.73	215.73-

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

the westin calgary 320 4th avenue s.w. calgary, ab T2P2S6 phone 403.266.1611 fax 403.233.7471 www.westin.com/calgary

guest

travel agent/charge to

1018 room Mr. Tony Franceschini 195.00 rate no. pers. 555731 fólio page s.17(1), 17(4)(g)(i)

28-JUN-10 18:27

arrive

AHF28M

depart

29-JUN-10

payment

GST Summary

Room 9.85 Food & Beverage 0.00 Telephone 0.00 Other Revenue 0.05 Total 9.90

Vendor Number 861336493RT0004

Lagree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest you have earned at least 588 Starpoints for this visit

s.17(1), 17(4)(g)(i)

Mr. Tony Franceschini FOLIO 555731 28-JUN-10





```
Thank You For Parking At Commerce Place Parkade

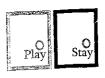
Terminal #:1 Cashier #:5
06/10/10 08:45
06/10/10 13:31 - 04:46
47409937 / #354008
RATE : $ 25.00
TOTAL : $ 25.00
Cash : $ 25.00

GST #897727657RT
Have a Nice Day
```

Thank You For Parking At Commerce Place Parkade

Terminal#:1 Cashier#:5
06/23/10 08:41
06/23/10 14:27 - 05:47
48532907 / #356320
RATE : \$ 25.00
TOTAL : \$ 25.00
Cash : \$ 25.00
GST #897727657RT
Have a Nice Day

APPLICANT COPY HEALTH SPA & INDOOR WATERSLIDE PARK



Sony Franceschini 0101 South Port Road SW Calgary, AB AB Health Services Γ2W 3N2

Page # 433003 Res. # Wed Aug 25/10 - 6:03 pm Checked in Thu Aug 26/10 - 7:10 am Checked out 1 **Nights** 99.00 **Room Rate** 237 Room

Group: AB Health Services

Group: AB Health Services	T) Compage	•	Charges	Credits
Date Description 4ug25 Fountain's Lounge Charge 4ug25 GST 4ug25 GOVERNMENT RATE 4ug25 GST	Reference Chit# 9174 Chit# 9174		17.83 0.89 99.00 4.95 3.76	
Aug25 Room Tax Aug25 Destination Marketing Fee			1.88	128.31
4ug26 PAID BY VISA - Thank you		0.00	128.31	128.31

Thank you for staying with us. Please come again! Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary: \overline{GST}

Room Tax

5.84 3.76

ALBERTAPALAPSERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

8 8		, i		FOR MON	TH	OF:		Decem	ber 2009			
NAME:	Tony Fran	ceschini										
ADDRESS	<u> </u>											
TOWN:			-	s.17(Non-Resp	onsive						
POSTAL C	ODE _				РН							
DATE	(include purpose of trip	ESCRIPTION o, mode of travel, starting point of expenditure)	, details	PRIVATE CAR (KM)	В	L	ME.	ALS AMOUNT	LODGING (ROOM)	PARKING		OTHER (ITEMIZE)
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		-	No	-Respon	siv	e 			•			
12/17/09	Audit & Financ	e Committee								20.00		
	Non-	Responsive										ŀ
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		<u> </u>	-									
								В	C	20.00		
	KILOMETRES	CLAIM		Descri	otio	n			Coding			Kesponsiv unt
RATE	KM	AMOUNT								r		
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	er- C Brown ignorate			OTHER (F)							=	
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AL C CAIMANT SIGN	Melle	Mis &	(C)	. SIGNATURE		/ -			7.00 Teles T	meals	breakfast lunch	
Dec DATE SUBMITT	20/09		E APPI	~14	1	1	0	Alfali w - h		Ladging p	dinner per night	
	t please submit t tention: Lynn R	o the AHSB Office:	1010	1 Southpo	rt R	oac	d SV	V, Calgary	, AB.	Per diem	24-hour	

ALBERTA MEANITH CHERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

		F	OR MONT	НС)F:_		Novem	ber 2009				
NAME:	Tony Francesc	hini										
ADDRESS:			s.17	7(1), 1	7(4)(g)(i)				<u>`-</u>	
TOWN:						- л.	<u> </u>			Non-Responsive		
POSTAL CO)DI IO								<u> </u>		OTUER	
DATE	(include purpose of trip, mod	RIPTION e of travel, starting point, details enditure)	PRIVATE CAR (KM)	В	L	νE/	ALS	LODGING (ROOM)	PARKING	HONOR- ARIUM	OTHER (ITEMIZE)	
-		Non-R	esponsive							I		
11/19/09	Audit & Finance C		1						20.00	<u>:</u>		
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	Non-Re	esponsive								-		
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				<u> </u>					20.00		<u></u>	
					•			Coding		Non-	Responsiv ount	
	KILOMETRES C	i	Desc	ript	HOI			County				
RATE	KM	AMOUNT								47		
50.5¢		A .	BOARD (A+ B+ C+ D	TR/	AVE	EL	49011.7	711103000.6	32140	20.00		
		JAN 2 8 2000	OTHER	(F)								
TOTAL	AMOUNT	INANCE	1	·		-{		Non-Re	esponsive			
		1/	//	П		T				breakfast		
A	Maur	eller &	VAL SIGNATU	J.R.F	†	1		-	mea	ls lunch		
CLAIMANTS	GIGNATURE 20/09	- AF-PR	d-	4	<u> </u>	[10		Lod	ging per night		
DATE SUBM	TITED /	·	PPROVED		1	,						
For paym	ent please submit to	the AHSB Office: 10	101 South	poi	rt R	oad	SW, Calg	ary, AB.	Per	diem 24-hour		
T2W 3N2,	Attention: Patti Gri	er	15	,								

ALBERTALHEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

				FOR MON	ТН	OF	:	Febr	uary 2009		,	
NAME: _	Tony Franc	eschini										
ADDRESS	; <u> </u>									.*********	,	
TOWN:				s.17(1)	, 17	7(4))(g)	(i)				
POSTAL C	ODE:				PH	ION	IE#				· No	n-Responsiv
DATE		SCRIPTION mode of travel, starting point,	, details	PRIVATE CAR (KM)		MEALS			LODGING (ROOM)	PARKI	NG	OTHER (ITEMIZE)
	•	f expenditure)			В	L	D	AMOUNT	,			
				Non-F	esj	por	siv	e				
2/24/09	Board Meeting	Camrose							108.90		_	1
	1			Non Bo	one	no	710		<u> </u>			
				Non-Re	spc)IIS.	ive					
2/25/09	Personal Car – return trip	Edmonton/Camro	se	193								
				Non-Re	esp	ons	ive					
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	KILOMETRES			Descri	OLIO	n	- 1		Codina		i Am	ount l
RATE	KM	AMOUNT										
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				-					Non-Res	ponsive		
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			10		l	/	0	3		1 odei	dinner ng per night	
ATE SUBMITT	ſED	DAT	E APPR	ROVED			***************************************	* ,		Loagi	ng per nignt	
or paymen	it please submit to	the AHSB Office:	10101	1 Southpo	rt R	oar	ı sv	V. Calgary	. AB	Per di	em 24-hour	
	2W 3N2, Attention: Patti Grier											
			11/10		No.	•				— <u>L</u> Hor	noraria over.	

APPLICANT COPY ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

				FOR MO	NTH	OF	:	Febr	uary 2009			
NAME:	Tony Franc	eschini										
ADDRESS:	_			-								
TOWN:				s.17(1)	, 17	7(4)(g	g)(i)				
POSTAL CO	ODE:	****			PF	ON	IE 1	# ;		Non-Responsiv		
DATE	(include purpose of trip,	SCRIPTION mode of travel, starting f expenditure)) point, details	PRIVATE MEALS B L D AMOUNT				7	LODGING (ROOM)	PARKING		OTHER (ITEMIZE)
				Non-		┥	+				nige.	
2/24/09	Board Meeting	Camrose			 				108.90			
 				Non-I	es	p01	ısi	ve			_	
2/25/09	Personal Car – return trip	Edmonton/Ca	mrose	193							···	
				Non-R	esp	on	siv	e	·		***	
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	KILOMETRES (CLAIM		Descrip	- '-		Ť				<u>I</u> Non-	Responsi
RATE	КМ	AMOUN	Т	Descri	DLIO	<u>[]</u>			Coding		Amo	unt '
50.5¢	193	A 97.47	B	OARD TF (+ B+ C+ D)	RAV	EL.	-	49011.71	1103000.6220	0000	206.37	
· · · · · · · · · · · · · · · · · · ·		-	О	OTHER (F) Non-Responsiv						ncivo		
TOTAL AN	MOUNT		<u> </u>						voii-Respo	lisive		
							_				Journe	
APF CLAMANT SON	Alle Color	den		. 3						aneeds	breakfast lunch	
2 A.	0 . 0	,	APPROVAL	SIGNATURE							dinner	
DATE SUBMITE	uco7		DATE APPR	OVED						Lodging p	er night	
For payment p	olease submit to ention: Patti Grie	the AHSB Offic			t Ro	ad .	SW	/, Calgary,	AB.	Per diem :	24-hour	

orsemen innapplicant copy

Alberta Health Services

Highway 13 West, Camrose Phone 672-9171 Toll Free 1-877-477-9171 www.norsemeninn.com

Tony Franceschini

Lou Vecoste 403-943-1122

Invoice #:

194572

Room #:

114

Arrival Date:

02/24/2009

Departure Date:

02/25/2009

GST Number:

R121513840

DATE	DESCRIPTION REFERENCE	CHARGE	CREDIT	TOTAL
02/24/2009	Room Charge	99.00		99.0012
02/25/2009	Visa		-108.90	-9.90
,			Room Tax	3.96
			GST	4.95
			Tourism Levy	0.99
			Total	0.00

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

SIGNATURE: X_

Taxes Legend: 1 Room Tax, 2 GST, 3 Tourism Levy

NORSEMEN INN

6505-48TH AVE.

T4V3K3

CAMROSE

AB

22489823

PRE AUTH COMPLETION

32-25-2009

07:34:15

keet # Exp Date

c s.17(1), 17(4)(e.1) Card Type VI

kame:

100000000031010

Visa Credit

frace # 250007

FS2248982301

inv. # 455

luth # 025649

RRN 001025999

re-Auth Amount

\$108.90

otal

Customer copy

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

			FOR MO	NTI	IO F	F:	Mar	ch 2009			
NAME:	Tony France	eschini							<u></u>		
ADDRESS:	<u> </u>	_	17/1)	1.77	1/4>	()	<i>(</i> ')				<u></u>
TOWN:			s.17(1),	, 1/	(4)	(g)	(1)				
POSTAL CO	ODE:			_PH	ION	E#	•		Non-Re	<u>espo</u> nsive	
DATE	(include purpose of trip, r	SCRIPTION mode of travel, starting point, details expenditure)	PRIVATE CAR (KM)		ı	ME.	ALS	LODGING (ROOM)	PARKING		OTHER (ITEMIZE)
		· ·		В	L	D	AMOUNT				
			Non-Re	spc	nsi	ve					
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										-	† -
3/25/09	Personal Car – E return trip	Edmonton/Red Deer	340					107.91			
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										-	
							В	107.91	U	,	I ≓ : :
	KILOMETRES (CLAIM	Descri	ptic	on			Codina		No Amo	n-Respon
RATE	КМ	AMOUNT									
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			OTHER (F))				Non-Res	ponsive		
TOTAL A	MOUNT 5	1901-4141000	990								
ND	Treeses	//> /		1	1					breakfast	2
CLAIMANT SIG	A / / / / / / / / / / / / / / / / / / /	Lever APPROVI	AL SIGNATURE	E(\mathcal{H}	<i>></i>		-	meals	lunch	
28 K	Hard 09	2 A	المدد	3	2/	<u>_</u>	9		Lodaina	dinner per night	
DATE SUBMIT	TED	DATE AP	ROVED		1				Lodgalg		
	nt please submit to ttention: Patti Gri	o the AHSB Office: 101 er	01 Southpo		Road	d S	W, Calgar	y, AB.	Per dien	1 24-hour	

Date 03/25/09 Time 07:23 Page 1

ZHOKU

4311 49 AVE RED DEER, ALBERTA T4N 5Y7 1-800-661-1657

(403) 346-8841

Acct# P28987-00 Room# 334

Rate Code Group ABHS Room Type CNQQ Room Rate 99.00

Arrive MAR 24 09 10:36 Depart MAR 25 09

FRANCESCHINI, TONY

AB HEALTH SERVICES

s.17(1), 17(4)(e.1)

Payment V		Exp:			
Date	Description	Reference	Room	Charges	Credits
MAR 24 MAR 24 MAR 24 MAR 25	ROOM CHARGE G.S.T. TOURISM LEVY VISA ==G.S.T.=subtotal:	THANK YOU 4.95====================================		99.00 4.95 3.96	107.91
I agree t responsik Privacy F		this bill is not war party fails to pay th t of having certain p	ne charge	ree to be pe s in part of	r in full.

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

			FOR MC	NT	но	F:	Ap	ril 2009			-100	
NAME:	Tony France	schini										
ADDRESS:	_	_										
TOWN:		_	s.17(1),	17((4)(g)(i	i)					
POSTAL CO	DDE:	_		PH	ON	E #:			· · · · · · · · · · · · · · · · · · ·		Non-R	<u>Resp</u> onsive
DATE	(include purpose of trip, n	SCRIPTION node of travel, starting point, details	PRIVATE CAR (KM)		T		ALS	LODGING (ROOM)		KING		OTHER (ITEMIZE)
		on the state of th		В	\vdash	D	AMOUNT				-	
			Non-Re	esp	ons	ive	;				_	
4/28/09	Board Meeting L	ethbridge						98.95	/	• •	-	_
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							В	98.95 🖋	/ B			F
	KILOMETRES	CLAIM	Descri	ptic	on			Coding	1		Non-	Responsiv ount
RATE	KM	AMOUNT				1						,
50.5¢		A	BOARD T (A+ B+ C+ D)	RA	VEL		49011.7	11103000.0	6220000		98.95	
			OTHER (F))				Non-R	esponsi	ive		
TOTAL A	MOUNT 519	01.414100,000				<u>-</u> -			* * ··· : **			<u></u>
		7	711		7							
CLAIMANT SIG	- <u>Mulia (s</u> Nature	au ARREDON	AL SIGNATUR	+	_			,	n	neals	breakfast lunch	
CLAIMANT SIG	nature	APPROV	AL SIGNATORI	_/Y	06	λ					dinner	
DATE/SUBMIT	ED 23/09	DATE AF	PROVED	1	<u>U</u>	1		······	L.	, gnigbo	per night	
For paymen		o the AHSB Office: 101	101 Southpo	ort F	Road	d S1	N , Calgar <u></u>	y, AB.	P	er diem	24-hour	



Sandman Hotel Lethbridge 421 Mayor Magrath Drive S. Lethbridge Alberta T1J 3L8

Accommodating good sense.

Tel:403.328.1111

www.sandmanhotels.com

PROPERTY: 01-036 Invoice #: 160750 Description: quest folio

Page: 1

Mail To: Franceschini

Res. No. : 134532

Arrive: 28/04/2009 05:07pm Depart: 29/04/2009 11:00am

s.17(1), 17(4)(g)(i)

Room: qwnn 421

Rate: 89.00

Group: Alberta Health Services

Guest: Tony Franceschini Bill To: Franceschini

Date	Description	Voucher	Amount	
28/04/200	9 Room Revenue	1th-421	89.00	
	9 Goods & Services Tax	1th-421	4.54	
28/04/2009	9 Provincial Tourism Levy	1th=421	3 , 63	
The second secon	9 Destination Marketing Fee	lth-421	178	
29/04/2009		thank you	∺98.95	
		and the commence of the control of t		
	e vi	Balance:	.00	

Bill To: Franceschini

Total Goods & Services Tax GST Registration # R-121767065 4.54

SANDMAN HOTELS #1-36 421 MAYOR MAGRATH DR LETHBRIDGE

CARD CARD TYPE

s.17(1), 17(4)(e.1)

UISA

DATE

2009/04/29

THE

0409 07:27:19

RECEIPT NUMBER

\$30704138~001~358-009-0

PRE-AUTH COMPLETION "OTAŲ~ÇAD

UTH# 094024 HANK YOU

01-027

Sandman Hotels, Inns & Suites, Limited | A Northland Company 5 West Broadway, Vancouver, British Columbia, Canada v6J 485 T 604.730.6600 F 604.730.4645 INVOICES ARE DUE AND PAYABLE WHEN PRESENTED.

CARDHOLDER COPY

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

			FOR M	ONT	OF:	M:	ay 2009			
NAME:	Tony Frances	schini								
ADDRESS:	_	_	- 17(1)	17/1	1)(-)(*:				
TOWN:		_	s.17(1),							
POSTAL C	ODE:	_		PHO	ONE #	!:		Non-R	esponsive	
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							186.01			
									Noi	n-Responsi ount
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RATE	KM	AMOUNT								
50.5¢		A	BOARD T (A+ B+ C+ D)	RAV	EL	49011.7	11103000.62	20000	186.01	
			OTHER (F))			Non-Respo	onsive		
TOTAL A	MOUNT 5/9	01.414100000								
				<u> </u>	F				1 ,	
API	Thursd	en K	(ĺ	/_		-	meals	breakfast lunch	
CLÁIMANT SÍG	NATURE 23/09	APPROV	AL SIGNATURI						dinner	
DATE SOBMIT	150 7 3/07	DATE AF	PROVED	10	5			Lodging	per night	
V	•		\ \ \		_					
For paymer	nt please submit to ttention: Patti Grie	the AHSB Office: 101	101 Southpo		oad S	W, Calgai	ry, AB.	Per dier	n 24-hour	

Pomekby II WASTSOURS Grande Prairie

May 28, 2009 8:05 am

www.pomeroygrandeprairie.com 11710-102 St

Grande Prairie, AB T8V7S7

Telephone: (780)831-2999 Fax: (780)513-1146

TONY FRANCESCHINI 10101 SOUTHPORT Calgary, AB T2W 3N2

Account #: 79877 Room Number: 220 Rate: \$170.65 Pay Method: VI

Arrival Date: Wednesday, May 27, 2009 Departure Date: Thursday, May 28, 2009

s.17(1), 17(4)(e.1)

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
5/27/2009	ROOM CHARGE	Auto Posted		220	\$170.65	
1	HOTEL TAX	Auto Posted		220	\$6.83	Ī
5/27/2009		Auto Posted		220	\$8.53	•
5/28/2009		CHECKED-OUTVI4575		220		\$186.01

G.S.T. REGISTRATION #: 858317167RT0020 HOLLOWAY LODGING L.P. DBA GRANDE PRAIRIE **POMEROY INN & SUITES**

s.17(1), 17(4)(e.1)

Tax Summary **HOTEL TAX** \$6.83 **GST TAX** \$8.53

> Balance: \$0.00

Pomeroy Inn & Suites Privacy Policy for a complete statement of our es with respect to the handling of your personal information. You can ie Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

GRANDE PRAIRIE POMERDY INN & S ... 11710-102 STREET GRANDE PRAIRIAB

or any damages that have occured in my room.

CARD TYPE

VISA

DATE TIME

CARD

2009/05/28 0.195 08:11:41

INVOICE #

RECEIPT NUMBER

220

M30704281-001-125-002-0

'RE-AUTH COMPLETION OTAL-CAD

\$186.01

JTH# 045862 IANK YOU

01~027

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

			FOR MC	NTH	1 OF	:_	Jui	ne 2009			
NAME:					_						
ADDRESS:		_	s.17(1	l), 1	7(4)(g)(i)				
TOWN:		_								NT.	- .
POSTAL CO	DDE:			PH	ONE	#:				Non-	Responsive
DATE	(include purpose of trip, mo	CRIPTION ode of travel, starting point, details (penditure)	PRIVATE CAR (KM)	В	N	/E	ALS AMOUNT	LODGING (ROOM)	PARKING	3	OTHER (ITEMIZE)
	I		Non-R	╁┪	\dashv						
6/11/09	Audit & Finance (Committee			1				25.00	,	
6/29/09	Board Meeting Ca	algary					-	230.08			!
			Non-R	espo	onsi	ive	<u> </u>			_	
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								230.08	25.00	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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RATE	KM	AMOUNT									
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			OTHER (F)	l 				Non-Re	sponsive		
OTAL A	MOUNT 519	01.41410000	<u>/</u>								
d strat	and the same of th	1. 11	(11							breakfast	. 2
AMANT SIG	MATURE	LLC APPROV	AL SIGNATUR	<u> </u>				 	meals	lunch	
1	0. 2/09	* A	()	7 09						dinner	
ATE SUBMITT	ED	DATE AP	PROVED	V I	-				Lodgin	g per night	
	t please submit to ttention: Patti Grie	the AHSB Office: 101	01 Southpo		oad	SI	N , Calgar	y, AB.	Per die	em 24-hour	

,0

Thank You For Parking At Commerce Place Parkade

Terminal#:1 Cashier#:5 06/11/09 08:32 06/11/09 15:12 - 06:41 47495593 / #335785 RATE : \$ 25.00

RATE : \$ 25.00 TOTAL : \$ 25.00 Cash : \$ 25.00

GST #897727657RT Have a Nice Day

AHS- audet France

the westin calgary 320 4th avenue s.w. calgary, alberta T2P 2S6 canada phone 403.266.1611 fax 403.233.7471 www.westin.com/calgary

guest		1657		travel agent/charge to
MR Tony Franceschini	room rate	209.00 1		
	no. pers. folio	447973 1	EX-A	
s.17(1), 17(4)(g)(i)	page arrive	29-JUN-09 30-JUN-09	17:36 08:00	
АНЈ29М	depart payment	VI		

29-JUN-09	RT1657	Room Charge	209.00
29-JUN-09	RT1657	Good And Services Tax	10.55
29-JUN-09	RT1657	Destination Marketing	Fee 2.09
29-JUN-09	RT1657	Tourism Levy	8.44
30-JUN-09	ΛΙ	Visa	230.08-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax Fo	ood & Bev	Parking	Telephone	Other	Total	Payment
29-JUN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
Total	230.08	0.00	0.00	0.00	0.00	230.08	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

I	agree to re	main b€i	sonally I	iot 9idai	the pa	ayment	of this	account if	the.
C	orporation	or other	third par	ty billed	fails to	o pay pa	art or a	all of these	charges.

signature			
		/	

MR Tony Franceschini FOLIO 447973 29-JUN-09



ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

			FOR MONT	TH C	DF:_		Septer	nber 2009			
NAME:	Tony France	schini						·		·	
ADDRESS:	_	_									<u>. </u>
TOWN:		_	s.17(1	1), 1	.7(4	1)(g)(i)	· · · · · · · · · · · · · · · · · · ·			
POSTAL CODE:				PH	ON	E#	•			Non-	-Responsive
DATE	(include purpose of trip, m	CRIPTION lode of travel, starting point, detail expenditure)	PRIVATE CAR (KM)	В	1	МE	ALS	LODGING (ROOM)	PARKING	=	OTHER (ITEMIZE)
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9/23/09	Board Meeting F	t McMurray	[184.21		_	
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RATE	KM	AMOUNT									
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	OTHER (F) Non-Resp					sponsive					
TOTAL A	MOUNT 510	701.4141000	<u> </u>	í		_					
AP	Al Ellewaren &					(-+-			meals	breakfast lunch	32
CLAĪMĀŇT SIG	MATURE	- APPROV A	AL SIGNATURE	/	K	<u> </u>		_		dinner	
DATE SUBMITT	ED 5/09	DATE AF	PROVED	1	<u>U</u>	1		· · · · · · · · · · · · · · · · · · ·	Lodging	per night	
	t please submit to ttention: Patti Grie	the AHSB Office: 101			load	I S\	<i>N</i> , Calgary	, AB.	Per diem	ı 24-hour	
1244 3N2, A	uention: Patti Grie	er	29	<u> </u>]



Sawridge Inn and Conference Centre

530 MacKenzie Boulevard Fort McMurray, Alberta T9H 4C8 Tel: 780-791-7900 Fax: 780-743-4654

Tony Franceschini

Page Number : 1

Invoice Nbr: 132287

Alberta Health Services

Guest Number: 125148

23-SEP-09

Folio ID

: EX-A

24-SEP-09

s.17(1), 17(4)(g)(i) 1 AHI22A - Alberta Health Servic

Information Invoice

Tax ID: 10473 3720 RT0004

Sawridge Ft McMurray 24-SEP-09 01:48 BOBFRA

Date	Reference	Description	Charges	Credits
23-SEP-09	RT252	Corp. Group	169.00	
23-SEP-09	RT252	Room Gst	8.45	
23-SEP-09	RT252	Tourism Levy	6.76	
24-SEP-09	VI	Visa	-184.21	
,		** Total	184.21	-184.21
		*** Balance	0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

GST Summary	Amount CAD
GST Room Revenue	8.45
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	8.45

_Continued on the next page

Please visit our other locations:

Sawridge Inn and Conference Centre 32 Connaught Drive, Box 2080 lasper, Alberta TOE 1E0 Tel: 780-852-5111 Fax: 780-852-5942

Sawridge Inn and Conference Centre 1200 Main Street South, Box 879 Slave Lake, Alberta TOG 2A0 Tel: 780-849-4101 Fax: 780-849-3426

Sawridge Inn and Conference Centre 9510 - 100 Street Peace River, Alberta T8S 1S9 Tel: 780-624-3521 Fax: 780-624-4855

Sawridge Inn 4235 Gateway Blvd. Edmonton, Alberta T6J 5H2 Tel: 780-438-1222 Fax: 780-438-0906

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

			FOR MON	ITH (OF:		Octol	oer 2009			
IAME:	Tony Frances	chini									
DDRESS:	_	_	s.17(1)	17	7(4))(a	.\(;\				
OWN:	wn:				/(4,	<u></u>	(1)		er er was ser		
POSTAL CODE:				PHO	ONE	#:				Non-R	<u>espo</u> nsive
DATE		CRIPTION	PRIVATE		N	ΛΕΛ	ALS	LODGING (ROOM)	PARKING		OTHER (ITEMIZE)
	(include purpose of trip, mode of travel, starting point, details of expenditure)		CAR (KM)	В	L	D	AMOUNT	(ICOOM)]		(TENNEL)
			Non-R	esp	ons	siv	e			_	
10/15/09	Audit & Finance (Committee	1		1				25.00	1	
			1						£	-	<u>.</u>
			Non-R	esp	ons	1V	2				
0/27/09	Board Meeting Re	ed Deer	154								•
,			Non-R	lesp	ons	siv	e				•
0/29/09	Public Board Mee	eting Red Deer	154					205.92		-	
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			308				В	205.92	D 25.00	1	<u></u>
										- No	on-Respons
	KILOMETRES C	LAIM	Descri	otio	n			Coding	ŀ	Am	ount
RATE	KM	AMOUNT									
50.5¢	308	A 155.54	BOARD T (A+ B+ C+ D)	RA\	/EL		49011.7	11103000.62	20000	386.46	
	OTHER (F) Non-R			Non-Re	esponsive						
OTAL A	AMOUNT 519	701-4141000	90		•	_ I					
	1000	/)	/		1					breakfast	
AD.	FARINAS	dui L	(,-+						meals	lunch	
AIMANT SIG	NATURE		AL SIGNATURI	$\int_{\mathbb{R}^3}$	~	7.	./			dinner	
TE SUBMIT	25/09	DATEAS	PROVED	L	۷,	/()4		Lodging	per night	
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	nt please submit to attention: Patti Grie	the AHSB Office: 101 er	101 Southpo 3		Roac	i S	W, Calgar	y, AB.	Per dien	a 24-hour	

Date 10/29/09 Time 07:29 Page 1

RED DEER LODGE 4311 49 AVE RED DEER, ALBERTA T4N 5Y7 1-800-661-1657

(403) 346-8841

Acct# P33618-00 Room# 225

Rate Code
Group AHS
Room Type ENQP
Room Rate 99.0

Arrive OCT 27 09 20:04 Depart OCT 29 09

FRANCESCHINI, TONY

ALBERTA HEALTH SERVICES
10101 SOUTH PORT ROAD SW
CALGARY AB T2W 3N9

Payment VI

s.17(1), 17(4)(e.1) Exp:

Date	Description	Reference	Room	Charges	Credits
OCT 27 OCT 27 OCT 28 OCT 28 OCT 29	ROOM CHARGE TOURISM LEVY ROOM CHARGE TOURISM LEVY VISA			99.00 3.96 99.00 3.96	205.9
=======	==G.S.T.=subtotal	,: .00==========	======	=========	======:

TOURIS subtotal: 7.92 Balance Due: .00 | I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy:you may opt-out of having certain personal infomation collected. G.S.T. #865650352 Direct Bill Signature:

Thank You For Parking At Commerce Place Parkade

Terminal#:1 Cashier#:5 10/15/09 08:47 10/15/09 14:12 - 05:25 58382853 / #358784 RATE : \$ 25.00 TOTAL : \$ 25.00 Cash : \$ 25.00

GST #897727657RT Have a Nice Day