

# BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Pg 172

Non-Responsive

HONORARIA

			Action and the second second	MANIA			
DATE	ACTIVITY (specify meeti		START	END	# OF	AMCUNI	KMS
Jan 5	aception-to	HiMeade					
Jours )							222
		AM PAGE TO THE PAG					
		A CAN YOUR TOWNS TO SHARE THE STATE OF THE S					
		e en					
# KWP Programmer in the representation to the form of the control							
					Please (1995)		
							F6(6) (2007) (2008)
I certify that this	claim is for Authority bus	iness.		Non-Re	esponsive	e e e e e e e e e e e e e e e e e e e	222
	NEME 11	~ (O) W Co	<b>TOT</b> ode: 201 900	AL HONO		\$	TOTAL KMS
NAME (print):	PIERE CLE			TAL EXP	ENSES	\$ 1777719 E	transfer to back
SIGNATURE:	Mull		Code: 2	01 9000 711	om reverse) 10300000	W+2-2	
DATE:	March 15, 20	≈05 s.17(1), 1	17(4)(g)(i	) TOTAL	CLAIM	\$	
Reviewed by:	Tala 3	line	- но	<b>.</b> I		Non-Responsiv Date:	
Authorized By:			., HI	л 5 (Б4 ppo	19.19)	Date:	
evised: March 2004			1	PPO	506		

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
July 5	sinface Calgony - Ed Monton	s 272 14
Jan 5	taxi Esm. cirpert -> Uf A family (lub	55° /
Jan 5	taxi faculty Club -> Esm signit	55 º /
Jan 5	Vince Edm. diegoet	1500/
Jan 5	airfare Edmonton -7. Calgary	18469
IMS	Parking (algany dirport	1500
Jan 11	Parking Elm dufort	1200
Hay 12	UND Nectiving Mulity Emander	
Zan .		
		OU 36 /

TOTAL KMS (from front)

X 38¢

94 22 s 643 19

**TOTAL EXPENSES** 

(transfer to front)

## REMUNERATION - effective March 1, 2004

## CHAIRMAN

\$165 for up to and including four hours in any day

\$280 for over four hours and up to and including eight hours in any day

\$447 for over eight hours in any day

#### MEMBER

\$122 for up to and including four hours in any day

\$203 for over four hours and up to and including eight hours in any day

\$318 for over eight hours in any day

MILEAGE

2

38¢ km

# **Best Copy Possible**

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

TACAR SALAR TIRES

(1982) 海洋海绵等。 (1984) 《北京·西山、野台山山

THERWAY HANGER IN 1997 (1864) THE GARAGE THE STATE OF THE

CALGARY AIRPORT Terminal Parkade GST No. R122556194

RECEIPT H1
EMTRY DATE/TIME:
01/05/05 15:02:28
EXIT DATE/TIME:
01/05/05 22:34:31
PAID: \$ 15.00
LENGTH OF STAY:
0 07:32
METHOD OF PAYMENT:
CREDIT CARD

AUTH. CDDE 011673 REF. 39

THANK YOU FOR YOUR VISIT

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

# EDMONTON AIRPORTS

147 9.5

25 大方·黄疸 安斯

ŭ <u>3</u>

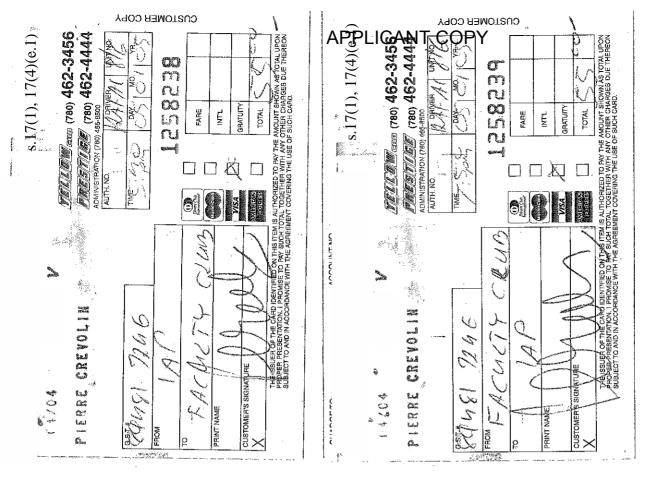
Caria,

Rbit, 1

Other property Length at the stage of the st

total and in

Thank you for your balloomage.
Please Come Again.
\*\* Open 24 hours \*\*
\*\* Thank you \*\*





# RECEIPT/RECU

BEP:	OLIN/PIERRE M EDMONTON		Seq 2 DJJ8ER 08:50PH
rr:	Calgary		09:35PM
	FARE/TARIF:	140.00	
	FUEL/INS/HAV/ASS/CAR	12.00	
	AIF/RAEDMONTON *	15.00	
	GST/HST/TPS/TVH (866112535)	12.08	
	SECURITY/SECURITE	5.61	
	TOTAL:	184.69	Seat/Place



-	REC	EIPT/REC	:U	
05	JANOS FLT/VOL 2	240	GATE/PRI 045	* *03:30PM
CREV	OLIN/PIERRE M		-Set 120	DJJ8ER
BEP:	CALGARY		• •	04:00914
ARR:	EDMONTON			04:45PM
	FARE/TARIF:	180.00		
	FUEL/INS/NAV/ASS/CAR	12.00		
	AIF/RACALGARY	10.00		
# 100 <sup>200</sup> James	GST/HST/TPS/TVH (866112535)	14.53		
	SECURITY/SECURITE	5.61	13	
				· · · · · · · · · · · · · · · · · · ·
	TOTAL:	222.14	Seat	/Place

THANKS FOR CHOOSING WESTJET! MERCI DE VOYAGER AVEC WESTJET!

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 13	Harding (NO recent)	s 2 30
Mar 14	Parking	1402
Mar 15	Parking &	1200
Man 21	Parding (no receipt)	902
Man 23	Parking	200

TOTAL	KMS	(from	front)		X 40.5
		4.5	4	*¿=	

## **TOTAL EXPENSES**

(transfer to front)

\$ 3900

## REMUNERATION - effective March 1, 2005

#### CHAIRMAN

\$170 for up to and including four hours in any day

\$288 for over four hours and up to and including eight hours in any day

\$460 for over eight hours in any day

#### MEMBER

\$126 for up to and including four hours in any day

\$209 for over four hours and up to and including eight hours in any day

\$328 for over eight hours in any day

#### MILEAGE

40.5¢ km

ล

CITY OF EMANTON LIBRARY PARKADE 68T # 119326270 RT0001

Roptil 93643 Txr#326367 03/14/05 08:32 In 03/14/05 21:29 Out Tkt# 093343 13.08 Regular Rate 0.92 Total Tax 14.00 Total Fee 14.00-CASH PAID 20.00 Cash Tender 6.00 Change Due ¢, THANK YOU COME AGAIN

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107/IN STREET
EDMONTON, ALBERTA 420-1976
READ CONDITIONS CAREFULLY
Vehicles not displaying Value-Ticket on
dash will be towed or charged at owner's
expense.
Vehicles and contents left at owner's
risk e Maximum Daily Rate dharged on
lost tickets. Vehicles parked over 24
hours will be subject to towing and storage
fees unless attendant is notified. We
reserve the privilege of moving replication of lot. • Ticket is nontransferable. • No in and out privileges.

# PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION



CITY OF EDWONTON LIBRARY PARKADE GST # 119326270 RT0001

Ropt# 93706 03/15/05 11:49 LM 2 AM 39 TXMM326519 03/15/05 07:50 In 03/15/05 11:49 Out Tkt# 093714 Regular Rate \$ 11,21 0.79 Total Tax Ŷ Total Fee 12.00 CASH PAID ż 12.00-20.00 \$ Cash Tender Change Due 虚 8.00THANK YOU COME AGAIN



# Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non Responsive

Non-Responsive

HONORARIA

ACTIVITY DATE (specify meeting)	START TIME	END TIME	# OF HOUR		AMOUNT CLAIMED	KMS
		_				
certify that this claim is for Capital Health business.	<b>-</b>		sponsive			
NAME (print): 1. (REVOLIN) Co	ode: 201 9000	TAL HONO 711030000 DTAL EXI	0 6850000	\$		TOTAL KMS transfer to back
SIGNATURE: // S.17(1), 17(4)(g	0245.00		rom reverse)	\$	3300	·
DATE: May 26, 2005	ند.	TOTAL	CLAIM	\$		
Reviewed by Reviewed by	HON	<del> </del>		( )	sponsive	1/25
Authorized By:	_M15	33.	<i>0</i> 0	Date:_	live 6	700
evised: April 2005	8 05	512- N8/0		<u> </u>		<del></del>
	000	- 01		_		

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May ##	august Parking	s 2400/
May 1)	larking (Show conficutor)	900
U		-
		NO RECEIPT
		none
a .		

TOTAL KMS (from I	ront) X 40.5¢		
	TOTAL EXPENSES	\$ 3300	
	(transfer to front)	:	

## REMUNERATION - effective March 1, 2005

#### CHAIRMAN

\$170 for up to and including four hours in any day

\$288 for over four hours and up to and including eight hours in any day

\$460 for over eight hours in any day

#### MEMBER

\$126 for up to and including four hours in any day

\$209 for over four hours and up to and including eight hours in any day

\$328 for over eight hours in any day

#### MILEAGE

40.5¢ km

a





## Transaction details (continued)

**Aerogold VISA** 

**Account number** 

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

Card numbe

continued)

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

date

date

Description

Amount (\$)

Non-Responsive

MAY11 MAY12 EDMONTON REGIONAL AIRPORTEDMONTON

Description

24.00°C

Card number Trans Post date date s.17(1), 17(4)(e.1)

Amount (\$)

\*0X462\*

Non-Responsive

Summary

Non-Responsive

Restaurants · Airlines - Merchandise ·

Hotels -Car rental -Cash advances

Other purchases -



# Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

		on-Responsive	e ·		HONO	RARIA			-	
DATE		IVITY cify meeting)			START TIME	END TIME	# OF HOURS	AMOU CLAIN		KMS
^										NWO.
									-	
									-	
									-	
									÷	
*	<del> </del>				<u> </u>	. 76	laan - 1	page.		
e e e e e e e e e e e e e e e e e e e	e e e e e e e e e e e e e e e e e e e			*	- 4,4 - 4,		<u> -</u>			7
						· · · · · · · · · · · · · · · · · · ·				<u> </u>
			<u> </u>							
						· 				
	<del> </del>	***************************************						· · · · · · · · · · · · · · · · · · ·		
				<u></u>	<u> </u>			_		
certify that this o	laim is for Car	oital Health busi	ness.		~~~		esponsive			
	0		15	Cor	1 O I de: 201 9000	711030000		\$		TOTAL KMS transfer to back
AME (print):	1 lerre	Crevo	in			TAL EXP	om reverse)	3		
IGNATURE:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Code: 20	01 9000 711	<u> </u>			
ATE:	June	. 29/03	<u> </u>	s.17(	1), 17(4)(	<b>TOTAL</b> g)(i)	CLAIM			400
ewed by:	Parla	Shew			-		-	Non-Re	sponsive	7/15
uthorized By:	Luca	m.c	talo	سدد		ди 15 3	a≖ r	Date:	1 ,5	Toe
vised: April 2005						D 3 051		0	7	703
					11 _	Tio	14/0	5	•	4

## CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 29	bev lahvalaci hund	\$ 3500/
<i>T</i>	her lahwalde lunch ne: Confor fronteet learly the	
-		

TOTAL	KMS	(from front)	<u> </u>	₹ 40.5¢	<u> </u>	
٠		, a TO	TAL EXPENS	ES	\$	

(transfer to front)

#### **REMUNERATION - effective March 1, 2005**

## CHAIRMAN

\$170 for up to and including four hours in any day

\$288 for over four hours and up to and including eight hours in any day

\$460 for over eight hours in any day

#### MEMBER

\$126 for up to and including four hours in any day

\$209 for over four hours and up to and including eight hours in any day

\$328 for over eight hours in any day

## MILEAGE

40.5¢ km

And.

#### Joeys

Mediterranean Grill Edmonton 11228 Jasper Avenue Tel: 780-420-1996 GST#R893495762

#### 72 Kath72

Tb1 11/2 Chk 36 Jun29'05 1	
1 GL DANCING SBL 1 POP 1 DIVA SALAD 1 CAESAR REG Add Roti Chic	7.00 2.25 12.99 7.48
Subtotal Tax GST 12:23 Total	간 2.08 <b>31.</b> ६이

Don't miss our upcoming Patio Launch Party-Tuesday June 28!!!





WE ARE EAGER TO HEAR FROM YOU feedback@joeysrestaurants.c.

Thomksl

Joeys

Mediterranean Grill
Edmonton

11228 Jasper Avenue Tel: 780-420-1996

GST#R893495762 Date: Jun29'05 12:25PM

Card Type: Amex

Acct #: Exp Date:

Auth Code: 32A962

Check: 3655 s. 17(1), 17(4)(e.1)

Table: 11/2 Server: 72 Kath72 Ref Number: 001120069506 PIERRE CREVOLIN

Subtotal:

Total:

31.80

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



# Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive	HONOF	RARIA			
DATE (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
					1,4110
					<del>                                     </del>
Sof 27 Calgary Diterrent appeal board					
30127 Calgary Distersient aspeal bound					66
					Sa Marke es
	1				
	page spins of the				
	<u> </u>	Non-R	ı esponsive		1.0
certify that this claim is for Capital Health business.	New Alexandronic Devices and Artificial Control (1987)	AL HON	ORARIA	\$	TOTAL KMS
JAME (print): SIEGLE CREVOUR	Code: 201 900	0 71103000 <b>)TAL EX</b> I		e ne	transfer to back
1/1/11/11		CAN PERSON FROM STANDED IN	from reverse)	437 -	
SIGNATURE: 1 MMM DATE: 0.42, 2005 s.17(1), 1			_ CLAIM	¢	
DATE: 007, 2005	7 X 1/X8/X+/	1714	L CLAIM		
20.211.5h		# . ¥	<u> </u>	Non-Responsive	7:-
Reviewed by State of the State	170/	<b>V</b> Address	Tanan salah sa	Date: //// -	HS.
uthorized By: 10 July	La Wi	547	37.04	Date: 1/2-2-1	<u> </u>
evised: September 2005	14 /	U52	3	/	a North State
	*	· · · · · · · · · · · · · · · · · ·	The Comment		

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
5ut27	anjan Calgory	\$ 30 <sup>8</sup> / <sub>80</sub> /
1	Car Renful Calgary	73 <sup>50</sup> /
11	Airpare Calgary  Car Newful Calgary  Limich Culgary	12 00 /
	Parking Edm airfort	1200
		77 /

TOTAL KMS (from front)  $-\cancel{b}\cancel{b}$  X 40.5

26<sup>12</sup>/s 437<sup>04</sup>/

REMUNERATION - effective August 1, 2005

#### CHAIRMAN

\$176 for up to and including four hours in any day

\$300 for over four hours and up to and including eight hours in any day

\$478 for over eight hours in any day

#### MEMBER

\$131 for up to and including four hours in any day

\$217 for over four hours and up to and including eight hours in any day

\$340 for over eight hours in any day

MILEAGE

40.5¢ km

15

**TOTAL EXPENSES** 

(transfer to front)



# Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please print this itinerary / receipt for your reference.

#### **Main Contact Information**

**Booking reference: NHYKPV** 

Name:

Mr Jeanpierre Crevolin

E-mail

PIERRECREVOLIN@CANADA.COM

Form of payment:

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

**Electronic Ticketing confirmed.** This is your official itinerary/receipt. **Customer Care** 

**Air Canada Reservations** 

1-888-247-2262

Air Canada Flight Information

1-888-422-7533

On the web

www.aircanada.com

Alert me of flight changes

Flight notification

#### Flight Itinerary

Flight	From	То	Aircraft	Booking class	Status
AC6141	Edmonton International (YEG)	Calgary (YYC)	DH3	T	Confirmed
Operated by:	Tue 27-Sept 2005	Tue 27-Sept 2005			
Air Canada Jazz	11:00	11:54			
AC8150	Calgary (YYC)	Edmonton International (YEG)	DH3	R	C
Operated by:	Tue 27-Sept 2005	Tue 27-Sept 2005	כווט	K	Confirmed
Air Canada Jazz	16:30	17:24			

## **Passenger Information**

Passenger

Mr Jeanpierre Crevolin

Air Canada Aeropian

Ticket number:

014 2129 523838

Program number:

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

## **Fare Summary**

Frequent Flyer Pgm:

Name:



Passenger: 1 Ticket number 014 2129 523838

Date of issue

Fare Amount in Canadian dollars:

(including Navcan and surcharges)

**Taxes & Fees** 

Canada Security Charge (CA)
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)
Canada Airport Improvement Fee (SQ)
Total Fare in Canadian dollars:

. oca. . a. c iii canaai

**Options** 

Call Centre fee in Canadian dollars
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

Ticket particularities: AC ONLY/NON-REF/CHGE FEE NON-REFUNDABLE 26-Sept 2005 248.00

> 9.35 19.76 25.00 302.11

10.00 0.70

\$312.81

#### **Fare Rules**

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a Non-Refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip
  cancellation or medical emergency. We recommend the purchase of travel insurance.

Please read important information regarding the general conditions of carriage.

#### What else can we help you with?

#### Looking for Travel Insurance?

Protect yourself or your family against unforeseen circumstances. <u>Get travel insurance now!</u> or call 1-866-530-6021 for Canadian residents and 1-800-835-7566 for U.S. residents.

#### · Rent a car

Need a car during your trip? Find out how you can earn Aeroplan Miles while you drive by visiting our online partner Destina.ca.

#### Find a Hotel

Check here for all accomodations, from budget-priced to luxury, by visiting our online partner <u>Destina.ca</u>.

## **Important Information**

- Web check-in
- Express Check-in
- Baggage Information

All passengers 16 years of age and older are required to present government issued photo-id (ie:passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this itinerary/receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Please review this Itinerary/Receipt and should you have any questions, call us within 24 hours of receipt of this itinerary/receipt. In addition, for flight arrival/departure information or to make changes to your reservation, please call 1-888-247-2262 or consult your local telephone directory.

	//recur 1/2 RH 300.unment 700047474 CAR# 7 8 2 3 3 4 Car Group C RED FONT GRAM 4DR AB F80274	40 mt m 20.00 22 HR @ 235.00 22 PX @ 49.00	8 8 8	i.
	CREVOLIN. PIERRE		_	
	s.17(1), 17(4)(g)(i)	MIN 10Y/M /C	11	49,00
	AND& III	TIME & MILEAGE		40°.00
	Fred Travel# = CA/	**12.99% FEE	ii -	6. UN
		#ULF-AZC TAX		[\_ 
		Subtotal		56.69
	Dut CALGARY INT'L APO 27SEP05/1158	FST/TVF000%	<b>!!</b>	် ် ်
		0.917769 7	#	Al S
	es-0ut 16027 M11		# *	<b>왕</b> 승
	40 Fuel In 8	A		10 TO TO TO
	80 TO >	AMOUNT DUE CV CAD		
.18		***	ALE CONDITIONING	ANZIZ
8			*1.17 PER DA	N >-
	s.17(1), 17(4)(e.1)	-		T C
	The amount that appears in "Amount Due All charges are subject to audit and cl For local inquiries call 403-221 1700.	"Amount Due" has been billed to your VISA audit and change if any errors are found. 3-221 1700. Thank you for renting from Av	our VISA Card # found. # from Avis.	OPY
	tendro e deservo e e e exceptión en describe e describe e de restribue en los de la constitución de la const	17(1),		e e
		, I D E: C	2 C	
Best Copy Possible	STONDAL METAMOTIC	Cct 7(4 ate xp D ard 2293	JOEY 2120 CALGA	-
		# )(e. Pate Type 5536 : 00	CRO YRY	
1		2 500 )1		
Mymas ways	Ĺ	05/ VI I	1111	
The free to	5549-0581000 Total 50049-06800 Augustes	∕09/ 9SON e N Su Ti		
White years	\$769-065 Page 18-14	/27 	RA	
14000		] ; ] ()	T2	
Clerner con	Paraliti o	Time Auth Trai 10014	M3Y	
Pol Mosts		e 1 # 1 Co		
shill the son	01510	ode	لسدا	
Lette " 10	Z	01/ 01	2:	
In factions		56 1476 784	2 935	
	/		553	



# **BOARD MEMBER HONORARIA AND EXPENSE CLAIM**

Non-Responsive

ACTIVITY

HONORARIA

START END #OF

AMOUNT

DATE (Specify meeting) INE TIME HOURS	I CLAIMED	KMS
l certify that this claim is for Capital Health business.  Non-Responsiv	•	
TOTAL HONOPARIA	_	TOTAL KMS
NAME (print): 1. (REVOLIN Code: 201 9000 7110300000 6850000 TOTAL EXPENSES		ransfer to back
// / / (from reverse)	\$ 43 90	$\hat{\omega}$
SIGNATURE: Code: 201 9000 71110300000	The state of the s	
DATE: Man 30, 200G.17(1), 17(4)(g)(i) TOTAL CLAIM	\$	
Reviewed by: Stubby A L. Stubby HON	Non-Responsive ite:	
M= 6	Date:	
revised: September 2005 19 06 07		
HP114106		

## **CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM**

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 12	Parling	\$ 200
Mar 13	Parling	1400/
Mas 14	Paraing	1200/
Mar 23	Parling	15 00/

TOTAL KMS (from front)	\ X 40.5¢	
		75 M 3
	TOTAL EXPENSES	s 4300/
	IOTAL EXPENSES	<u> </u>
	(transfer to front)	
	(transfer to front)	

## REMUNERATION - effective August 1, 2005

# CHAIRMAN

\$176 for up to and including four hours in any day

\$300 for over four hours and up to and including eight hours in any day

\$478 for over eight hours in any day

#### MEMBER

\$131 for up to and including four hours in any day

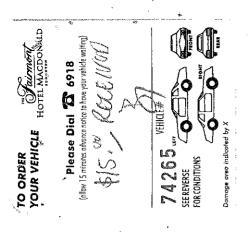
\$217 for over four hours and up to and including eight hours in any day

\$340 for over eight hours in any day

#### MILEAGE

40.5¢ km

20



| Company | Comp CITY OF EMONTEN

Total Tax Total Fee CASH PATD Cash Tenter Chanse Dise

GR.

1 All 56 TXTH 79872 05/12/06 20:51 Dat はは金銭 03/12/06. 20:51 L# 03/12/06 18:41 In TKT# 277554

Rept# 11466

Regular Rate Total Tax Total Fee CASH PATD Cash Tender Change Due

PARKARE 

55T # 119328270 RT0001

10118 15888

Total Tex Total Fee CASH PATD Cash Tender Chanse Due

5

03/14/06 15:42 L# 2 M# 38 TXM115610 03/14/06 07:15 In 03/14/06 15:42 Out TKH 277966

Regular Rate

Rept 3481

BOT WILLSANGER REMOUL

CITY OF EDWANTON

21



Authorized By:\_

revised: April 3, 2006

HONORARIA	MAY 1 2 2005
START END # OF TIME TIME HOURS	Z.
	Lessings . Assures
	bØ
	<del>,</del>
	·
	<del></del>
	÷
	<u></u>
Non-Responsive	
Code: 201 9000 7110300000 6850000	transfer to
(from reverse) Code: 201 9000 71110300000	600
TOTAL CLAIM \$	DW
17(4)(g)(i) —	•
	Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000  Code: 201 9000 71110300000

# TAL HEALTH BOARD MEMBER EXPENSE CLAIM

TATE	1.6	EXPENSE ITE			CL	IOUNT AIMED
10864	Paramy -	(MAG reception)	Co Heure O.	nnec	\$ 6	92 /
						-
			*************************************		-	
				-	· · · · · · · · · · · · · · · · · · ·	
	<del>dali sala ya anama</del> K		· · · · · · · · · · · · · · · · · · ·			
		· ·				·
						· · · · · · · · · · · · · · · · · · ·
		<u> 196 1971</u>				· · · · · · · · · · · · · · · · · · ·
			i			
		3				
	<del></del>	i	****		· · · · · · · · · · · · · · · · · · ·	
	TOTAL	KMS (from front)	X 46		· · · · · ·	1547 1

TOTAL KMS (from front)		X 46	.ē¢	1 \	17.4.1	7.3.4
т.	OTAL EXP	PENSES	<b>;</b>	\$		

(transfer to front)

# REMUNERATION - effective April 1, 2006

## CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km

23



Employe on-Responsive	Payment for KM2 form Oct/05- Mar/06	Payment for KM2 from Apr/06	Total	KM2s Paid @ \$0,405/ KM2	Should be Paid @ \$0.43 /KM2	Balance Owed
60192 Crevolin, P.	26,73	-	26.73	66.00	28.38	1.65

Non-Responsive

Capital Health	
==- Woolib	
==- Woolib	40
==- Woolib	
==- Woolib	
<b>■</b> F Health	
Heaith	
TE PICCIUI	
- 1 A T	ж.
A CONTRACTOR OF THE SECOND SEC	

revised: April 3, 2006

Capital BOARD MEMBER H	BOARD MEMBER HONORARIA AND EXPENSE CLAIM			
Non-Responsive	HONORARÍA	MAY 1 2		
ACTIVITY DATE (specify meeting)	START END #OF TIME TIME HOURS	CLAIMED	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
7				
		-		
		-		
		-		
		-		
		-		
		:	<u> </u>	
		-		
		_		
		=		
· 1		-		
I certify that this claim is for Capital Health busines	S. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back	
NAME (print): 1- GLEVOUN	TOTAL EXPENSES (from reverse)	600	I ansier to back	
SIGNATURE: / / //	Code: 201 9000 71110300000	<del>-</del>	Shir	
DATE: Chfil 30, 2006	TOTAL CLAIM	,		
A Phia	e/	Non-Responsive		
		Date:	<del></del>	
Authorized By:	<u></u>	/a.c	<u> </u>	

26

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
april 4	Parling - KMG reception/CD House Dinner	\$ 600
<u> </u>		·
<del>a y y a marya a marya</del> s	<del>and the second </del>	
		\$
		· * * * *

TOTAL KMS (from front) X 40.5¢	 	 	<u> </u>
TOTAL EXPENSES	\$ 		
(transfer to front)		1.	٠.,

#### **REMUNERATION - effective April 1, 2006**

# CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

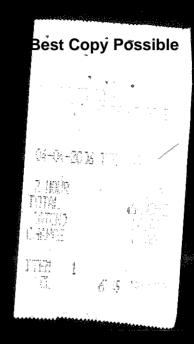
\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km 27





# Capital Health Non Poppersists

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME		# OF HOURS	AMOU! CLAIME		KMS
<i></i>	tope only incernigy	water to the second					
							= 1
							e e
**************************************							
						v	
Locatify that this als	im is for Capital Health business.	<u> </u>	Non-Resp	onsive			-
r certify triat this cia			TAL HONOF		\$		ansfer to back
NAME (print):	laur s.17(1), 1			n reverse)	\$ 40	1	
SIGNATURE:	1 bruh s.17(1), 1		201 9000 71110			<u> </u>	Mr.
DATE:	May 31, 2006		TOTAL	LAIM	\$		
in und his	Para Musi	= HON	)		Non-Res	ponsive	106
Authorized By:		ME		00/	Date:	in the state of th	- No
revised: April 3, 2006		29	612	dos			
		11	INU	11UQ	~~~~		

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXP	ENSE ITEM	AMOUN CLAIME	
May 3	Parling		\$ 12 50	/
Mayy	Parling		1250	
negy	Parling		35	<u></u>
Maril 75	Parling ( I endy	Hill Reseption)	500	/
May 3/	furling	,	799	1
		en e		
				<del></del>
		- The second of	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	 	
		and the state of t		<del>. · ·</del>
· · · · · · · · · · · · · · · · · · ·				

TOTAL KMS (from front)	X 40.5¢	· · · · · · · · · · · · · · · · · · ·	
TOTAL	L EXPENSES	\$ 400	
		 	. 4

(transfer to front)

REMU	NER	IOITA	١.	<ul> <li>effective</li> </ul>	April '	1, 2006

40.5¢ km

CHAIRMAN	
181 for up to and including four hours in any day	
\$309 for over four hours and up to and including eight hours in any d	ay
6492 for over eight hours in any day	
MEMBER	
135 for up to and including four hours in any day	
\$224 for over four hours and up to and including eight hours in any d	av
\$350 for over eight hours in any day	,
MILEAGE	

## **Best Copy Possible**

er Light of the state of the st مراه المنظمة ا المنظمة المنظمة

الكافيين المحدد بيان المراج المراج المراج المراج المحاج المحدد المراج ا

# **APPLICANT COPY**

	が、
株式などが 1/20 の 14/44 「まとかが、1000年1127 終われた。)は5 年 - 第20878 14/44 集工 1/20 17 年 - 第1127 1/20 17 年 - 第1127 1/20 17 年 - 第1127 1/20 17 年 - 第1127 1/20 17 年 - 第10 1/20 17 第20 1/20 17 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	AND SECOND TO THE CONTROL OF THE CON

CITY OF EMOTOR LIBRARY PARKATE
LST # 115328270 RT0001 TT C AMATEC

Ropts 46686 05/31/06 09:30 05/31/06 07:1	i and the same of the	4150523 G Out
Tkt# 315991 Regular Rate	\$ 7.01	
nesulo nota Total Tax	\$ 0.49	
Total Fee	\$ 7.50 <del>-</del> 7.50 -	
CASH PAID Cash Tender	\$ 10.00	
Charge Que	\$ 2.50 THYK YO	
	COME AGAIN	

4" 11 4 1 E4. SERVE ROLL \$ 4,51 Toral Tax \$ fatal Fee CASH MID (ech Torder \$ 20.00 \$ 15.00 Jyn De THAN YOU COME MAIN



# BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

H	NC		P	Δ	Q	Δ	
<b>1</b> 2 5 5.	. <i>I</i> I VE	B. J	6.5	_	# Y		

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	#OF HOURS	AMOUNT CLAIMED	KMS
Juil 1	Health Forum Vilhaluse					97
16		<del></del>				
						NEGET WEST
						WHOLE IS A SHARE THE SHARE
						Activities
I certify that this	claim is for Capital Health business.			esponsive		97
	1 (SE 100 cal	<b>TO</b> Code: 201 90	TAL HON 00 71103000		\$	TOTAL KMS transfer to back
NAME (print):	1- GEVOLIN		OTAL EXI 0 201 9000 71	(from reverse)	\$ 457/	
SIGNATURE:	s.17(1)	, 17(4)(g)(i	)	L CLAIM	\$	L
DATE:	July 25, 2006		, , , ,	an ar har to the		
viewed by:	Marinia & Durd			<u> </u>	Non-Responsive	
Authorized By:		M	general house, in the	5712	Date:	******************************
revised: May 1, 2006		32	0616 Aug.	0 4106		

## CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM		AMOUNT CLAIMED
		Non-Re	sponsive
June 20 1	unling uf A leughin		s Y <sup>el</sup>
		USEC, JAMANINI HVITE	
	Mark School Control Co	and the second s	
	-		
		a sometime and a sometime with the source of	
		<del></del>	
		nicens.	
	TOTAL KMS (from front) 97	X 43¢	4/21

TOTAL KMS (from front) X 43¢

TOTAL EXPENSES \$ \(\frac{\pmathcal{Y}}{45}\) \(\frac{\pm

#### REMUNERATION - effective April 1, 2006

#### CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km 33

## DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME



DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831



# Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

	HONOKA	NIA		
DATE (specify meeting)		END #OF TIME HOURS	AMOUNT 6 CLAIMED	KMS
1			oenine.	NAS
	<u> </u>			
	+			MAROUSAN L
	1			AMMINECULARIA
	-			y-
<u></u>	<u> </u>			THE STATE OF THE S
	i i			
	-			
	-			41
	:			
VWI Leduc Associal Quen f	USA.			18Lm
	The state of the s	j.	Enter with	
		MANUAL TO THE PARTY OF THE PART		
				/
	No	n-Responsive		100
t certify that this claim is for Capital Health business.		HONORARIA	·	178
NAME (print): / COLEVOLIN	Code: 201 9000 71		9	TOTAL KMS transfer to back
NAME (print):	ТОТА	L EXPENSES (from reverse)	\$ 3704/	-61
SIGNATURE: Kell	Code: 201 9 s.17(1), 17(4)(g)(i)	000 71110300000		W
DATE: 100.6106	S.17(1), 17(4)(g)(1) T	OTAL CLAIM	\$	
DATE. TODO - WITCH	<u> </u>			
Coviewed by:	HON		Non-Responsive	
· · · · · · · · · · · · · · · · · · ·	) ms (3 do 34 35 has	37 CM)~	Date:	···
Authorized By:		4106.	Date:	
evised: May 1, 2006	35			
		V		

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 17	Leash awards.	3 F
All Assertion		
	TOTAL KMS (from front) 78 X 43¢	33547 37047
	TOTAL EXPENSES	s 3794 /

**TOTAL EXPENSES** (transfer to front)

## REMUNERATION - effective April 1, 2006

# CHAIRMAN \$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

## MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

MILEAGE

36 40.5¢ km

CTT & BEN'TE | BEN'TE

| No. 



# BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)		ART ME	END TIME	# OF HOURS		IOUNT AIMED	KMS
							•	
							·	
								:
							:	,
								3
								:
							•	
1 **						•		
I ¢ertify that this	claim is for Cápital Health business.	Code: 1		Non-Res <b>AL HONC</b> 711030000	sponsive PRARIA 0.6850000	\$		TOTAL KMS transfer to back
NAME (print):	1. SKE VOLN			FAL EXP		\$	500/	
SIGNATURE:	Mull s.17(1), 1	7(4)(g)(i)	Code: 20	11 9000 711				
DATE:		ı		TOTAL	CLAIM	\$	an an ann an Arthrid Cholomac ann ann an a	
hoviewed by:			HOV			Date Non-	Responsive	167
Authorized By:			MI	s(s(	$\mathcal{O})^{\vee}$	Date:	, i	
revised: May 1, 2006		38	X	NÃ5	C. James	.4/		

#### CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Pun	Karking-Swanfaul Refinancist	\$ 52 /
	TOTAL KMS (from front) X 43¢	
	TOTAL EXPENSES	\$
	(transfer to front)	

#### REMUNERATION - effective April 1, 2006

#### CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km

ITON DE RT0001	s Txn#241539 06 21:23 Out	, 1	
	L# 2 6# 6 In 12/19/06 2	, , , , , ,	~****
CITY OF LIBRARY 68T # 1199	Rept# 73779 12/18/06 21:23 12/18/06 17:07 1 Tkt# 658194	Regular Rate \$ Total Tax \$ Total Fee \$	Cash Tender ** Chanse Due ** Chanse Due ** Chanse Due **



revised: May 1, 2006

Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Health Non-Responsive

Non-Responsive

		HONOF			
DATE	ACTIVITY (specify meeting)	START TIME	END # OF TIME HOURS	AMOUNT CLAIMED	KMS
		•			
					en e
					4
certify that this (	claim is for Capital Health business.		Non-Responsi	<b>(e</b>	
	Pienre Crevolin		AL HONORARIA 7110300000 6850000	\$	TOTAL KMS transfer to back
IAME (print):	Pregre Crevolin	то	TAL EXPENSES (from reverse)	\$ 2400	<b>Y</b>
IGNATURE:	$\mathcal{M}_{\mathrm{s.17}}$	Code: 2 (1), 17(4)(g)(i)	01 9000 71110300000		
ATE:	Mar 31, 2007		TOTAL CLAIM	\$	
_viewed by:	2066	Hao		Non-Responsive	37
uthorized By:		ms	(a400)/	Date: Apr. 5/0	7
vised: May 1, 2006		409	08	1	· :
	The state of the s	$\alpha \rho$	E CORINI		

#### CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MNZ	Ludiny EEDC audeon	350 /
Merro	Rarling	450
Marry		1200

TOTAL KMS (from front) \_\_\_\_\_ X 43¢

**TOTAL EXPENSES** 

(transfer to front)

# s 24 or 1

#### REMUNERATION - effective April 1, 2006

#### CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km

Clif of Edigital Library parkade ESI # 119278270 Riggol

Rept# 12287 03/26/07 15:11 L# 2 AM 12 Tark 39263 03/26/07 10:04 In 03/26/07 15:11 3rt TK## 180838 Regular Rate \$ 11.72 s val letel 0.68 Total Fee 4 12.00 / CHE PAID Ġ 12.00-Cash Teader \$ 20.00 Chanse Due 4 8.00

> THANK YOU COME ASAIM

CANADA PLACE PARKADE OFERATED BY INFERIAL PARKING FOR THE CITY OF EDMONTON

Ropt# 51569 03/21/07 13:39 L# 1 A# 51 Txn#125804 03/21/07 11:33 In 03/21/07 13:39 Ref 7.08 Regular Rate \$ Total Tax \$ 0.42 7.50 Total Fee CASH PAID 7.50-\$ Cash Tender \$ 10.00 Chanse Due 2.50 THANK YOU WE APPRECIATE YOUR BUSINESS COME AGAIN

> CITY OF EDMEATER LIMPARY PARKAGE GBT # 119326270 RTCC)1

Ropt# 12182 03/26/07 08:25 L# 2 A# 12 Txr# 39040 03/26/07 07:02 In 03/26/07 08:25 Bt Txt4 190723 Regular Rate \$ 0.25 Total Tax \$ . Total Fee 457-CACH PAID Ġ 4.50-Cash Tender \$ 5.00 Ċ. Charge Dug 0.50

> THANK YOU COME AGAIN



# Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE (specify meeting)	TIME TIME HOU	- AMOUNT RS CLAIMED	KMS
certify that this claim is for Capital Health business.	Confin		
O CREUDIN	TOTAL HONORARIA Code: 201 9000 7110300000 685000		TOTAL KMS transfer to back
NAME (print): 1-4 EVOUN	TOTAL EXPENSES		
SIGNATURE: 1 MMC 5.17(1).	Code: 201 9000 71110300000 17(4)(g)(i)		
DATE: <u>Afril 30, 2007.</u>	TOTAL CLAIN		
Sand Fred Land	<u> </u>	Non-Responsive	Complete Comment
Authorized By:	m15(3850)	Date:	
Authorized By:	M PORO	Date:	
evised: May 1, 2006	44 may 1107		



# Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)		START	END TIME	# OF HOURS	AMOUN CLAIME	
			1				
certify that this o	claim is for Capital Health business.				esponsive		
	O MENOUS	Co	TOT ode: 201 900	AL HONO 711030000	STEED CONTROLLED IN CONTROL OF THE C	\$	TOTAL KMS transfer to bac
AME (print):	P. PEVOUN Plum			TAL EXF (f 01 9000 711	rom reverse)	\$ 385	
GNATURE:	1 / Mull-		South Control		CLAIM	\$	15m/
ATE:	Cymu 20, 2001.						
.∢iewed by:						Non Respor	
uthorized By:					0 6 5 ms	Date:	
ised: May 1, 2006			45		19 15 19 8 2 3 2 8		

#### CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

EXPENSE ITEM	AMOUNT CLAIMED
Parling-CHC Inforcious	s 16°°
Parling	s 16°° 1 12°° 1
lerving	10 %
	Arring Inding

•	· ^	T A 1	L/T	AC.	14	~ ~~	4	+						4990 374 p	v	43												ŝ
1	U	ı Aı	. KI	MO.	4111	JIH	HU	/11 <u>1.</u>				ovi Cine V	(350)))		Λ	•	*	ÿ.		750								
																							7	-1	œ.	"		
									Tſ	ìΤ	ΔI	E	ΥP	F۱	18	F٢				\$			A	Y		/		<u>.</u>
				1000					E.650	A Part			Ž		~					Ψ	(60.00)	200	1	10	S/4 (2)	N// Sep		
										11	rar	sfe		ín :	fra	nf												
1886			Winds (S)		80.00				950	10	GI.	2016				,,,,	1100	inia.	4.	CONTROL	(5) is						10000	 -34

#### REMUNERATION - effective April 1, 2006

#### CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km

CITY OF EDMONTON LIBRARY PARKADE 68T # 119326270 RT0001 CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RT0001

Ropt# 15541 04/18/07 11:29 L# 2 A# 37 Txn# 49367 04/18/07 08:07 In 04/18/07 11:29 Out Tkt# 192164 Regular Rate \$ 9.91 Total Tax Ė 0.59 10.50 Total Fee CASH PAID ġ, 10.50-20.00 Cash Tender \$ Charge Due 9.50

Rottl 15397 04/17/07 17:20 L# 2 A# 6 Txn# 49038 04/17/07 07:46 In 04/17/07 17:20 Out Tkt# 191755 Regular Rate \$ 11.32 Total Tax 虚 0.68 Intal Fee Š 12.00 / CASH PAID ÷ 12.00-Cash Tender 20.00 ě.

8.00

THANK YOU COME AGAIN THANK YOU COME AGAIN

Š

Charge Due



-		
	ac	
	ea	

# **BOARD MEMBER HONORARIA AND EXPENSE CLAIM**

Non-Responsive	HONORARIA			
ACTIVITY DATE (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
DATE (Specify meeting)				
				***************************************
				1
I certify that this claim is for Capital Health business.		esponsive		
NAME (print): 1. UE VOUN	TOTAL HONO Code: 201 9000 711030000	1095-1004-025-000-0690900000000000000000000000000000	etters være, ut sennskav rekenske verse i 1920	TOTAL KMS transfer to back
// // · · · · · · · · · · · · · · · · ·		rom reverse)	14-	
SIGNATURE:	Code: 201 9000 711			
DATE: July 4, 2007	TOTAL	CLAIN \$		
		<b>N</b>	on-Responsive	-/
viewed by: Sela Allwel	- Libra	Dal	e: Yhre s	<u> 10</u> /
Authorized By:	-MIDCHOO!	Dal	e <sup>U</sup>	
revised: May 1, 2006	48 55000			e ki ki pirake na sis Tukinin lebenara

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May3	larking (arrady lan (some awards)	s 3 de
Mayy	faraing - Vector (EASKanual My)	4501
May 9	Parking (meter) City of Edm Canch	200
Maya	Parling Carifa Goard Reception	45° 1
	1	

	Œ	<u>i</u>		Ė	1			1	ď.	3		9	6											ě.		ú	Ň				٠	(		12
Ŧ	л	Т	£.		- 1	к	0	и			н	Ħ	4	ì.	т	١.	T.	1	Н	1	ы	1.00	×.	03	44						1		•	197

TOTAL EXPENSES

\$ 14.00

(transfer to front)

#### REMUNERATION - effective April 1, 2006

#### CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

40.5¢ km

<u> </u>
Section 1

200		n in	# 	e e	in de la company
-0- 1 (1)	95 .g		स् <del>वित्र</del> ी	<del>UP</del>	<u>14</u>

### 1977

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/09/07 12:15

05/0

Richtii 18589
05/04/07 12:40 Lif 2 At 28 Think 57983
05/04/07 11:24 In 05/04/07 12:40 Dir.
Thiti 201709
Regular Reite \$ 4.25
Total Fee \$ 4.50
Cash Tender \$ 20.00
Cash Tender \$ 20.00
Cash Tender \$ 15.50

CITY OF ENRANTEM LIFARY PARKANE SST M LL932270 RT0001



#### **BOARD MEMBER HONORARIA AND EXPENSE CLAIM**

HONORARIA Non-Responsive ACTIVITY START END # OF AMOUNT TIME HOURS TIME KMS CLAIMED DATE (specify meeting) Non-Responsive I certify that this claim is for Capital Health business. TOTAL HONORARIA TOTAL KMS Code: 201 9000 7110300000 6850000 ransfer to back NAME (print): **TOTAL EXPENSES** (from reverse) Code: 201 9000-71110300000 s.17(1), 17(4)(g)(i) SIGNATURE **TOTAL CLAIM** DATE: croft heviewed by Authorized By: revised May 1, 2006

### CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

Jun 27 Millwook Community Health End Tylear Winner  Gun 28 Larling Book Greatert My	5724 Germber	tes to de
End 1 year dinner	15724 Seemberr Scare Ridd 200 Charge Cancerd ancerd mellioon CHCogn Decod	tes to de
A Comment of the second	New W. Z. amount to million CHOGU Deex	ts Les
	nelwon CHCoyn Xeox	de
	Qeex	
这一点,"我们是她们的这一点的,这就是 <b>是</b> 实现了,我没有你是有什么,这就是一种老人的结果,我们是一个好好的,这一种的一人,也没有一种的情况,这个人的人的,不是一	·2010年3日4日 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	loon
	7/5050	000
	19600	000

1	ΓΟΤΑL	KMS	(from f	ront) _		X 4	3¢		
								Z Q	4.40
Ţ				TC	TAL EX	PENSE	S:	\$ 10	1019
. 8	188 March 1882	선생 등년			(1 x L.	خاصيا	41		

#### REMUNERATION - effective April 1, 2006

# CHAIRMAN \$181 for up to and including four hours in any day \$309 for over four hours and up to and including eight hours in any day \$492 for over eight hours in any day MEMBER

\$135 for up to and including four hours in any day \$224 for over four hours and up to and including eight hours in any day \$350 for over eight hours in any day

MILEAGE 40.5¢ km

# Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM EDMONTON AREANon-Responsive HONORARIA

				IA

	DATE	ACTIV (specif	TY / meeting)		START TIME	END TIME	# OF HOURS	AMO CLAI		KMS	
		William Control of the Control of th	en e			l green far far fra en en en far fra en e	l de la companya de	ti se karanga seti tidi kanga	i la lie la commentare ple des la s		
										100	
		-(a)	tinued								
l ce	rtify that this	// .	, tal Health busin		TO	TAL HON	ORARIA	\$ \S		TOTAL KMS	
NAI	ИЕ (print):	1/200	EVOLIN	<u>)</u> °	ode: 201 900	0 711030000 OTAL EXI	00 6850000 PENSES	\$ \\ \$ \\	J	transfer to back	
SIG	NATURE:	lle	WL-	> <del>s.17</del> (1), 17		01 9000 711		<u>.</u>			
DAT	re:	Vec 19.	7007			TOTAL	CLAIM	<b>5</b>		/	
	iewed by:	Jella	-21/10			0N		Date:/// Non-Res	Sponsive	40	
Autl	norized By:					N5 18	5.00 =	Date:	Transport U.S.		
revis	ed: May 1, 2006	}		Control of	53	Dec	= 1/0	>7			

#### CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE		ISE ITEM	AMOUNT CLAIMED
Qd17	Verking CLEACH.	Awards)	\$ 42°/
Octrz	Verking CleACH.	and Summan	1050/
	CITY OF EDMINION	No.	
	LIBRARY PARKADE SET N 119326270 RT0001	Best Copy Po	ssible
	•		
Rost# 12 10/17/07		THE CANADAN BY	
10/17/07 Tid# 28%	17:47 In 10/17/07 22:28 Dut		
Rraylar F Total Tax Fotal Fer	t	07/07/22 12:0   07/07/22 12:0   07/07/22 12:0	
Cash Pail Cash Tem	4 4.50-	- <u>88</u> . / 213 - 1845 - 8095210	1 44.44.7
Chanse Du			20.55/
	THANK YOU	CHANGE	5706 3000
	COME AGAIN	853 (1A: L): - 12: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13	
		nt) X 43¢	
	•	TOTAL EXPENSES	\$ 15°°
		(transfer to front)	

#### REMUNERATION - effective April 1, 2006

#### CHAIRMAN

\$181 for up to and including four hours in any day

\$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in any day

#### MEMBER

\$135 for up to and including four hours in any day

\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

#### MILEAGE

43¢ km

# Capital Health

#### **BOARD MEMBER HONORARIA AND EXPENSE CLAIM**

	ONTON AREA Non-Responsive	HONOF START	RARIA END	#OF	AMOUNT	
DATE	(specify meeting)	TIME	TIME	HOURS	CLAIMED	KMS
De tra decorate describit a sua estada en trada en estada en el como en trada en el como en el como en el como	<ul> <li>Control of the control of the control</li></ul>	en e	***************************************	- Constitution of the Cons		
$\mathbf{O}$						
I certify that this	claim is for Capital Health business.		Non-Ro	esponsive	\$	TOTAL KMS
	P. ALEGOUN	Code: 201 900	00 71103000	00 6850000		transfer to back
NAME (print):	T DOOD.		OTAL EX 201 9000 71	(from reverse)	\$ 1500	
SIGNATURE: DATE:	Jec19, 2007		TOTA	L CLAIM	\$	Jan Jan
iewed by:					Non-Responsive	
Authorized By:_	( ) Simple of the second of th				Date:	· · · · · · · · · · · · · · · · · · ·

revised: May 1, 2006

# Capital Health

#### BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA	NSC CLAIM
FATE A LEGISLATION OF THE LEGISL	
	1993 (St. 983 Spanisher visus tain in visus Spanish
	manage managed my free growing management and a self-
	Manufacture a to the control of the
	Consideration of the Constitution of the Const
	The state of the s
	APPENDED FOR GOODER (FORMER) THE MILLION SECTION OF
	and from the section with the section wi
	The grade is also give by the grade is a second of the grade is a secon
	AND AND THE STATE OF THE COMPANY AND
	Final desiration of the second
certify that this claim is for Capital Health (1) (2) (2) (2) (2) (2) (3)	rose and for some and
Non-Responsive How - IOTAL HONORARIA \$	TOTAL ROSS
AME (print): TOTAL EXPENSES IS	Management of the state of the
GNATURE: Code: 201 8000 7110300000 (from reverse)	The or or
ATE: May 27, 7008 TAX- TOTAL CLAIM S	
(1323)	1-Responsive
thorized By: DICO	Kommongraphic compact was a participated providing of the solutions and sometimes

sed: Oct 19, 2007

56

BONESO-CEACE FOLL (BUT) 2005 10 AR

# Capital Health Board Member expense Claim

CATE V	ARTHUR DESCRIPTION OF THE PROPERTY OF THE PROP	
Mar 14	Wisch with Sheila W- Parking	\$ 600 -1
Mar 24	Parking Careto For Lunchem	1499 1 1
No. 75	Parking SIAR (1855 doesn't work agenore)	the the second
Murry	Parking (Russ not working)	1339 II
Muzz	do line	92
		and the confirmation and an activities of the confirmation of the
		and the state of the
or and and an artist of the second	A STATE OF THE PROPERTY OF THE	nde jeden der anneren er ref jeden de ferjene jedenderen er en refer inderen er en refer
		mente provincia i forma and e spojeje e un un provincia and a manerale e su e e un un un sun una spojeje e un un un un su spojeje e un
		de partie austria proprieta de la constitución de referencia de la constitución de la constitución de la const Espacia austria proprieta de la constitución de la constitución de la constitución de la constitución de la co
		And the second s

TOTAL KMS (from front) \_\_\_\_ X 44

#### TOTAL EXPENSES

(transfer to front)



### REMUNERATION - offective October 15, 2007

#### CHAIRMAN

\$200 for up to and including four hours in any day

\$350 for over four hours and up to and including eight hours in any day

\$550 for over eight hours in any day

#### MEMBER

\$150 for up to and including four hours in any day

\$265 for over four hours and up to and including eight hours in any day

\$390 for over eight hours in any day

MILEAGE

44¢ km

DO

CITY OF EDMONTON
LIBRARY PARKADE
FST # 119526270 RT0001

UNIVERSITY OF ALBERTA HOSPITAL - 116 St. LUT

THAN YOU FAIL PARKING WIT: THYTELER, PARKING MICHORALD ESTATES

0844814 13.746 001 001 0844814 11.744 01 / 1.22 8400984 ==\$1019639

MATE I MAN TREAL MAN CKEN HAN

ezi incridea banne ezotale ide aemili'a i-bunine

Root# 61301 03/24/06 14:25 L# 2 A# 41 TXN#199747 03/24/08 10:13 In 03/24/08 14:25 Out TK# 372533 Regular Kate \$ 15.33 0.67 7 Intal lax 14.00/ Ç. Total Fee 14.00-CASH PAID 20.00 Cash Terrier 6.00 Chance Die

THANK YOU

Daily Rate \$ 19.00
Total ree \$ 19.00 /
CASH PAID \$ 19.00 /
Cash Tends \$ 20.00 /
Chanse Dus \$ 1.00

THEN AGN LEE LARKING

INIVERSITY OF ALBERTA HOSPITAL - 114 St. LOT

Tkis 528797
Daily Rate (13.50)
Total Fee (13.50)
Cash Pall (13.50)
Cash Tender (120.00)
Change Dus (6.50)

THANK YOU FOR PARKING

OCTIVA TOME! OCTIVA 123845679 PT ANSO

23-27-2008 THU NO

MUC CASI 0.00/ 9.00

TEN.

7411 20:32M

Capital	Health
oulpica.	···

# BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

DATE (specify meeting)	START END TIME H	FOF AMOUNT CLAIMED	KMS
			,
	, , , , , , , , , , , , , , , , , , ,	•	
	Non-Respo	ļ.	
AME (print): PEPPLE CLEVOCIN  GNATURE: PUBLICA	Code: 201 9000 7110300000 6850	000	TOTAL KMS transfer to back
GNATURE: / LOLLUS	(from revi Code: 201 9000 711103000	erse) / /	LALPRONO
ATE: Mar 27, 2008	TOTAL CLA	IM \$	47.0
wed by:	7	Non-Responsive	
ithorized By:	· · · · · · · · · · · · · · · · · · ·	Date:	<del></del>
ised: Oct 19, 2007	50		

#### CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE			EXPEN	SE ITEM		AMOU CLAIN	
Mar 14	auch with	sheila	W-Pa	erking		\$ 600	
Mar 24	Parking - C	erita t	dn L	mchen	Ž	1400	
Mar 25	Parling 5/	A (Pas	55 does	e't work	k anymore)	1900	
Marzo	Parking (	1995 NO	two	amy)	*	1350	
Mar 27	olsi lin	· Nec		* *		99	
				* · · · · · · · · · · · · · · · · · · ·			k
		2		, , , , , , , , , , , , , , , , , , ,			
,	\$ ************************************			, A			
			*				
	÷.	÷		V ,			4
			* ***	* :			
	·	*	A Area SAN TO The Area Area Area Area Area Area Area Are				/ ¥

TOTAL KMS (from front) \_\_\_\_\_ X 44¢

#### **TOTAL EXPENSES**

(transfer to front)

# s 61.50

#### REMUNERATION - effective October 15, 2007

#### CHAIRMAN

\$200 for up to and including four hours in any day

\$350 for over four hours and up to and including eight hours in any day

\$550 for over eight hours in any day

#### MEMBER

\$150 for up to and including four hours in any day

\$265 for over four hours and up to and including eight hours in any day

\$390 for over eight hours in any day

MILEAGE

44¢ km

ണ

PC

CITY OF EDMONTON
LIBRARY PARKADE
65T # 119326270 RT0001

UNIVERSITY OF ALTERTA HOSPITAL - 114 St. LOT

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACHUMALD ESTATES
---

08MAR14 13:06 001 001 08MAR14 11:44 01 7 1:22 4400784 =01014037 SATE 1 \$6.00 TBTAL \$6.00 CASH \$6.00

FOR MONTHLY PARKING PHONE 4201976 657 INCLUDED

03/24/08 14:25 03/24/08 10:19 In 03/24/08 14:25 Tkt# 372533 Regular Rate \$ 13.33 Total Tax \$ 0.67 Total Fee \$ 14.00 CASH FAID \$ 14.00- Cash Tender \$ 20.00 Change Due \$ 6.00	
--	--

THANK YOU COME AGAIN Ropt#251780 03/25/08 14:09 L# 1 A# 3 Txm#471613 03/25/08 07:11 In 03/25/08 14:09 Owt Tkt# 529251 Daily Rate \$ 19.00 Total Fee \$ 19.00 CASH PAID \$ 19.00-CASH Tender \$ 20.00 Chanse Due \$ 1.00

THAK YOU FOR PARKING

UNIVERSITY OF ALBERTA HOSPITAL - 114 St. LOT

RcptW252316 03/26/08 11:35 LW 1 AM 2 TxnW472202 03/26/08 07:17 In 03/26/08 11:35 Out

Tkt# 528997
Daily Rate \$ 13.50
Total Fee \$ 13.50
CASH PAID \$ 13.50
Cash Tender \$ 20.00
Chanse Due \$ 6.50

THANK YOU FOR PARKING

OSTH 1239/5479 RT 0018

03-27-2009 THU 110

COS 5:00 Mat 3:00

7611 20:32TM

Capital Health

# Ruyed 0507 BOARDAREMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting) START END	# OF AMOUNT HOURS CLAIMED KMS
	·
certify that this claim is for Capital Health business.	Non-Responsive
S.17(1), 17(4)(g)(i) <b>TOTAL HONOF</b> Code: 201 9000 7110300000 (  Non-Responsive TOTAL EXPE	6850000
(from	reverse) X 1/1
ATE: apr 25, 2008 TOTAL O	LAIM S
Non-	Responsive
rthorized By:	Date:
ised: April 10, 2008	but high s

#### CAPITAL HEALTH BARRO INDENDER OFFENSE CLAIM

DATE	EXPENSE JEM	AMOUNT CLAIMED
apr 13	HBA Conference registation, Parking	s 2° /
apr 14	46A Conference - Parking (Am)	1400 /
Mrit	HBA Conference - farting (PM)	1400/
Mr15	HOA Conference - Ferking	2200/
Afril 10	ADA Conference - Lukning	1400
april 23	Taxi to Schrick Hatel	20 00/
	·	

(transfer to front)

TOTAL	KMS	(from	front)			X 449
			T	OTAL	EXPEN	ISES

s 16°

REMUNERATION - effective April 1, 2008

#### CHAIRMAN

\$210 for up to and including four hours in any day

\$367 for over four hours and up to and including eight hours in any day

\$576 for over eight hours in any day

#### MEMBER

\$157 for up to and including four hours in any day

\$278 for over four hours and up to and including eight hours in any day

\$\$409 for over eight hours in any day

#### MILEAGE

44¢ km

CITY OF EDWONTON LIBRARY PARKADE FRT # 11937A270 FT0001

CITY OF EDWENTON LIBRARY PARKAME GST # 11932(270 RTOYOT

DIY OF THEMSE FIRMAN PARYAGE SET # 1193/40/70 PT9000

Root# 21191 L# 1 A# 28 Txn#138934 04/13/08 18:52 04/13/08 18:43 In 04/13/08 18:52 Out Tkt# 303224 Regular Rate \$ 1.90 è Intal Tax 0.10 Total Fee 2.00 CASH PAID 2.00-Ť. Cash Tender Ţ 10.00 8.00 Change Due

RCP1# 64298 04/14/08 16:46 LW 2 AM 27 Txn#209959 04/14/08 13:01 In 04/14/09 16:46 Det Tkt# 805379 Regular Rate 13.33 Total Tax É 0.67 Total Fee Ė 14.00 ---CASH PAID Ť 14.00-Cash Tender 15.00 443 Change Due 1.00

Rooth 64185 04714708 12:28 LB 2 AF 6 TXN8307719 04/14/08 08:17 In 04/14/08 12:28 Out Tkt# 383334 Regular Rate 8 13.33 Total Tax ď. 0.67 Total Fee 14.(1) ---CASH PATO 14.00~ Cash Tender 30.00 ĝ Chanse One 6.00

THANK YOU COME AGAIN

THANK YOU COME AGAIN

THAN YOU MWF AFAIN

DITY OF EDMONTON LIMARY PARKAGE GBT # 119326270 RT0001

TICKET YOLD IMPARK EDMONTON LOT 004

Rratil 64689 Tar#210679 世244 04/16/08 12:44 04/16/08 07:24 In 04/16/08 12:44 Out Tkt# 383995

Meter: 02000401 Trans: 002155 Punchase Time April 10:20AM Price: \$22.00 Card: VISA 034476

13.33 Ġ. Regular Rate 0.67 Total Tax Ŷ Total Fee 14.00 -Ċ. 14.00-Ġ CASH PAID 20.00 9 Cash Tender 4.00 Change Nue

(780) 489-7777 10135 - 31 Avenue Edmonton, Alberta T6N 1C2

GST# 100403070

s.17(1), 17(4)(e.1) 5 EXPIRATION TIME: 2

VIII THANK COME MATN

4. 88 Amount: 20 . 00

From: 15114 910 To: 4011

This is your receipt and proof of purchase

Ω

Č

UP ON DASH

PLACE

I

Ø

HSVO

**EDMONTON AREA** 

# Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY (specify meeting)	START	END.	#OF	AMOUNT:	KMS
		-			-
FNAL CLAIM					
"H's beer fun!"					
Pe					
				-	
certify that this claim is for Capital Health business.	<u> </u>	Non-Res	ponsive		
		TAL HONOR 00 71103000000 6			TOTAL KMS transfer to back
NAME (print): Prépré Gevolin  SIGNATURE: May 21, 2008			reverse)	1300/	May 23/0
SIGNATURE: 10000	Code: 2	201 9000 71110:			
DATE:	s.17(1), 1	TOTAL C $7(4)(g)(i)$		Ion Dognonsiya	
Reviewed by Sila Muse	- Jan		N Date	Ion-Responsive	72/02
suthorized By fer carbeil	- HOA	\$	Date		
vised: April 10, 2008		s - 4/3.	00//	Non-Respons	sive
		1× -	E		

# CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	ne richt in der	- AMOUNT CLAIMED
May 15 le	erhing long Source ale	Werden	s 1395
		·	
	(·	1	
	CANADA PLACE PARKADE OPERATED BY IMPERIAL PARKING		
	FOR THE CITY OF EDMONTON		
	20pt# 1603 - (6/15/08 22:26 L# 2 A# 35 Txr# 3507		
	02/15/08 15:51 In 05/15/08 22:26 Out Resular Rate # 12.38 - Potal Tax # 0.62		
	1:31 Fe2 \$ 13,00 Fe4 PaiD \$ 13.00- - (San Tender \$ 20.00		
	10219e Due \$ 7.00 TIESK YOU THE APPRECIATE YOUR BUSINESS		
	COME AGAIN		
	-		
	-		
	I U IAL EAFENS	44¢	States copylarge and development associated and attraction in the publishing resonance associated as

(transfer to front)

#### REMUNERATION - effective April 1, 2008

#### CHAIRMAN

\$210 for up to and including four hours in any day

\$367 for over four hours and up to and including eight hours in any day

\$576 for over eight hours in any day

#### NEMBER

\$157 for up to and including four hours in any day

\$278 for over four hours and up to and including eight hours in any day

\$3409 for over eight hours in any day

#### MILEAGE

44ć km