	BOARD EX	PENSE FORM	<u>,</u>	s.17(1), 17(4)(g)(i)
NAME:	No	can Lu	lmoc	
FOR THE MO	NTH OF:	nuary	200	94
	EXP	ENSES	EN	TERED FEB 1 3 2004
				01-71110300002
AIRFARE:		\$		
CAR RENTAL		\$	····	
ACCOMMODA	TION:	\$	<u></u> -	
MEALS:		\$		
PARKING:		\$		
TAXIS:		\$		
OTHER (pleas	e describe):			
		\$		
		\$	<del></del>	
	/35 km at .38¢ /km	\$\$ \$_51.30		<u>62210000</u>
TOTAL EXPEN	NSES:	<u>\$ 51,30</u>		

Barany B



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 50.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)		CDUA 5 MAIL ADDOCA			
Lorgon	1 1 2 2 2	CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
DEPARTMENT	Silmour				
DEPARIMENT	SITE		PHONE #	L	
1			FROME #		DATE
DATE OF TRAVEL					
/EXPENSE	DETAILS		# OF KM	RATE	
4.7			(for mi	leage)	AMOUNT
Jan +	Southport		25		
0 12	H. Forgutt		70		
20			10		
	Saugeon		25		
23	Rockyview		40		
29.	Southout		25		
/			<u> </u>		
	1				
		·			
	,				
			135		
			100		
			130		

					2510(4.450	eli <b>N</b> G		
	FINANC	IAL COE	ÞΕ					
Org	Functional Centre		Account				44	(Including GST)
			6 2 1 0 0	00		Mileage/Parking		
Emplo	yee Signature	(A	1	Date				Φ
	love )	Tel.	mour			TOTAL PAYABLE TO E	MPLOYEE	\$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer	Phone Number			
				L				

# BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

**EXPENSES** 

NAME:

FOR THE MONTH OF

	(Please at	tach original i	receipts.)		
Date	Description	Amount	GST	Total	
De 16/03	Acial Research & MDSC 659.02 B	Book #8	P.		2_
Jan 14/04	MDSC 659,02 B	ook	R	3/. 3	0
					<u> </u>
			0 2004		
		ENTERED /	PR 1 3 2004		
OTAL EV	'DENOTO		$\mathcal{O}$		_
OTAL EX	PENSES:		10.4	101.9	9
inancial c	ode: 01-71110300003-62	240004			
xpenditure Offic	per Authorization:	Print Name:			
Authorizer's Emp	oloyee Number:	Authorizer Phon	e Number (in full):	ndry	
		942	5-1122	,	
s.	17(1), 17(4)(g)(i)		- 1100		<del></del>

#### **Best Copy Possible**

CHEVEROUS BE DELIVED BUILDING	ir Skock	<sup>1</sup> si i i.	かり <del>項</del> 能。 <u>よ</u> し、	
TO Godff 1999	Part of			
L820070 CHITAL PESEARUR ME DES 1 SUBTORIO EST ENTORIOZBAA FOLAL	and Mills Hospital With			
s.17(1 ACTHUR CODODS ACCUUNI HUMBER VISA UAKU FE-UNG SITHIN 14 DRYS WITH				

12/14/00 1. 1

# NAME: FOR THE MONTH OF: BOARD EXPENSE FORM s.17(1), 17(4)(g)(i) More Gilmour Mor Of

#### **EXPENSES**

		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$ 128.67	62212000 249.19
MEALS:	\$ 238.83	<u>6950000</u>
PARKING:	\$ 59,42	<u>62210000</u> 1525
TAXIS:	\$	
OTHER (please describe):	ENTL	RED APR 1 9 2004
	<b></b>	
	<u> </u>	
	<b></b>	
MILEAGE: 605 km at .38	¢/km \$ 229, 96	See below
TOTAL EXPENSES:	\$ 456.82	

245 km@.38 = 93.10 -> 62210000 360 km@.38 = 136.80 -> 62212000



#### WESTIN HOTELS & RESORTS

10135 100th Street \* Edmonton, AB CAN T5J 0N7 \* Ph (780)426-3636 Fax (780)428-1454

Ms. Loreen Gilmour

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

Arrival 03/13/04 Departure 03/15/04 Payment Method VA Room 1816 Cashier 51 Page 1

Starwood Pref.#
Airline Partner
Folio No. 298502

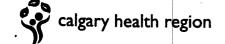
Guest Account

The Westin Edmonton, 03/15/04

Date	Description	Room	Charges	Credits
03/13	Room Charge	1816	105.00	
03/13	Room Tax 5%		5.25	
03/13	Room GST 7%		7.35	<del></del>
03/14	Room Charge		105.00 7	128,6
03/14	Room Tax 5%		5.25	1281
03/14	Room GST 7%		7.35	ι
03/14	Tel-Long Distance	17(1) 17(4)( )()	11.07 )	
	-># <b>1</b> 816 :	s.17(1), 17(4)(g)(i)		
03/14	Pradera Cafe		$(15.98)_{2}$	no le
	->#1816 : CHECK #	3124	\\/	Car
03/14	Service Express		22.85	
	->#1816 : CHECK #	3266		005.10
03/15	Visa	s.17(1), 1'	7(4)(e.1)	285.10
Capture	method:swiped	Total	285.10	285.10
	i i	Balance		0.00

Room GST 14.70
F&B GST 2.26
Other GST 0.72
Total GST 17.68

GST Vendor R101577591



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	V	EMPLOYEE N	UMBER
Loreen	Gilmour			
DEPARTMENT	SITE	PHONE #		DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for m	RATE ileage)	AMOUNT
Man 2	Southport	25	622	10000
Mar 14	Edmonton	360		12000
18	Southport	25	l	210000
72	11	(/		1
23	//	11		
26 1	Etroleum Club	55		
29 1	Toothills	65		
april !	Southport	25		
/				
			, , , , , , , , , , , , , , , , , , ,	
		605		

			AUTH	IORI	ZATION & CODING		
	FINAN	CIAL COD	ÞΕ		GL Description	7,000	Amount (Including GST)
Org	Functional Centre		Account				tincidand as i
			6 2 2 1 0 0	0 0	Mileage/Parking		\$
Emp	oloyee Signature			Date			
					TOTAL PAYABLE TO	EMPLOYEE	\$
Ехр	enditure Officer Authoriza	ation <b>J</b> VV	ĺ	Auth	orizer's Employee Number	Authorizer	Phone Number

7(1), 17(4)(e.1)

Convention Centre 727 - 1 Street SE 2AN-T2G 2G9 Calsary: AB 1ax Code ÇA ÇST #119457869
Tamp POF Cashier 0 13/11/03 21:43
Receift 075294
Short-term Parkins Short-term Pa
Flayment \$7.75 VISA \$5/06
Het total \$7.24 (ST (7%) 0.51 S

CALGARY AIRFORT Terminal Farkade GST No. R122556194

RECEIFT H4
ENTRY DATE/TIME:
03/12/04 15:48:29
EXIT DATE/TIME:
03/15/04 18:00:58
FAID: \$ 55.00
LENGTH OF STAY:

3 02:12

METHOD OF PAYMENT: CREDIT CARD

201 AUTH. CODE 097910 REF. 56

THANK YOU FOR YOUR VISIT

Charge \$ 36,67

#### THIS IS YOUR DECEIPT

Thank you for your patronage

Tel. (403) 537-7000 www.calgaryparking.com



# PLACE THIS SIDE UP ON DASH

RECEIPT OR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION

ONE PALLISER SOLIARE, SUITE 140

125-9th AVE. SE. CALGARY, ALTA. 299-PARK

PRECYCLEABLE

THIS FEE INCLUDES G.S.T. RECEIRED TO WALIDATION
VISIT OUR WEBSITE AT WWW.impark.com

10 1

# **CALGARY HEALTH REGION**

# BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	Love	en A	· lmour	
FOR THE MO	ONTH OF	il 1	04.	s.17(1), 17(4)(g)(i
Date De	(Please attach	PENSES original i	receipts.)	
Date De	scription	Amount	GST	Total
Spil 04 VE	C - Health Research Methods			\$647.
			ENTERI	D MAY 1 7 2004
TOTAL EXPE	NSES:		Z	<u>\$647.</u>
Financial code: Expenditure Officer Au	01-71110300003-6221000			
Authorizer's Employee	ndril	1	e Number (in full):	ndry
s.17(1),	17(4)(g)(i)	1 743	5-1199	PB



InfoNet for Students -

# SIS - Payment Results

InfoNet Main Menu SIGN OFF

Student Services Menu

#### === YOUR TRANSACTION RECORD ===

The University of Calgary Financial Services - Fees Office 2500 University Dr. NW

Calgary, Alberta, Canada, T2N 1N4

Tel: (403) 220-5706

https://www.ucalgary.ca/infonet

This is your official receipt. Please print this receipt for your records.

Student ID:

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

Description:

**Tuition Payment/Deposit** 

Taxes:

N/A

Shipping Charges:

N/A

Type:

**PURCHASE** 

Account:

**VISA** 

Amount:

\$647.00 CDN

Date/Time:

14/01/04 13:44:32

Reference #:

0019790460 66006296

Auth No.:

039806

Transaction ID:

0287172 041999

00 APPROVED - THANK YOU 027

No refund of tuition and general fees will be made

after the change of registration deadlines given in the Academic Schedule.

Winter 2004 Fees Statement

**Total Assessment:** 

647.00

Amount Paid:

647.00

Balance due:

\$ 0.00

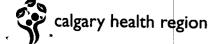
Back to Top of Page Generated by zsis.wpay.pagFeeReport Generated on Wed Jan 14 13:44:59 MST 2004 Mail comments and questions to reginfo@ucalgary.ca Jan-april '04

# **BOARD EXPENSE FORM**

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

NAME:	Josep (	Bilmour
FOR THE MO	NTH OF: ipril 104	
	EXPENSES	ENTERED MAY 1 7 2004
		01-71110300002
AIRFARE:	\$	
CAR RENTAL	\$	
ACCOMMODA	TIONI	
MEALS:	•	
PARKING:	\$	
TAXIS:	•	
OTHER (please	e describe):	
	\$	
	<b></b> \$	
	\$	
MILEAGE:(Attach Local Travel Ex	pense Claim form) km at .38¢ /km \\$ 28.	50 62210000
TOTAL EXPEN	SES: \$ 28.	50

Boundary



# APPLICANT COPY LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE N	IUMBER
love	en Gilmour				· • · · · · · · · · · · · · · · · · · ·
DEPARTMENT	SITE	1	110115 #	<del></del>	T =
	I SIVE	*	HONE #		DATE
DATE OF TRACE					
DATE OF TRAVEL /EXPENSE	DETAILS		OF KM	RATE	AMOUNT
			(for mile	eage)	AMOUNT
april 1	Southport		25		
/ 20	11/	6	25		
april 30	11		25		
			75		
			<u></u>		,

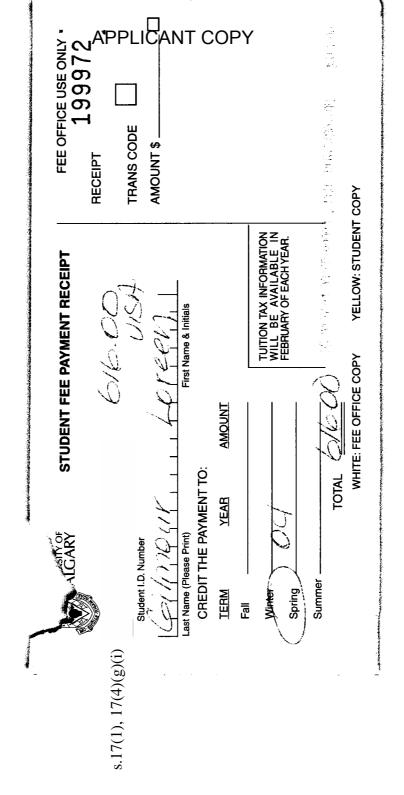
	AL AL					٨U	JT	THORIZATION & CODING																		
FINANCIAL CODE						I	I	I					GL Description		***		Amount (Including GST)									
Org	1	Functional Centre Account				_	_									Thickening Co.,										
		$\perp$	$\perp$	<u></u> _'	<u>'</u>	<u></u> _'		$\perp$	6	2	12	2/1	1	0 !	<u></u> c	٥	0					Mileage/Parking			\$	ı
Emp	loyee	; Si	gna	ature	е												Γ	Date								
	·						 <u></u>	 									<u>.                                    </u>					TOTAL PAYABLE TO	) E	MPLOYEE	\$	
Expenditure Officer Authorization				Δ	Authorizer's Employee Number Authorizer			Pho	one Number																	

# BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:		Dores	n All	nou		
FOR THE	MONTH OF	ma	4 200	4	s.17(1), 17(4)(g)(i)	
	(1	EXF Please attach	PENSES original re	eceipts. <sub>,</sub>	ENTERED JUN	1 6 2004
Date	Description	1	Amount	GST	Total	7
May 64	Upf C-	Medical Research	616		616,-	
TOTAL EX		*amount	lef4		\$ <u>553.00</u> *	•
Financial or	odo: 01 714	in Suppl	ementari	HCCO	ent.	
Expenditure Office  Authorizer's Emp	er Authorization:	10300003-6221000	Print Name:  Authorizer Phone	r (eų Number (in full)	landnj	
			94	-3-116	23	

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

RB



# **BOARD EXPENSE FORM** s.17(1), 17(4)(g)(i)NAME: FOR THE MONTH OF: ENTERED JUN 1 6 2004 **EXPENSES** <u>01-71110300002</u> AIRFARE: CAR RENTAL: ACCOMMODATION: MEALS: PARKING: - meter TAXIS: OTHER (please describe):

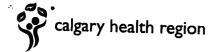
MILEAGE: 235 km at .38¢ /km (Attach Local Travel Expense Claim form)

\$ 93.04

Bandry RB

62210000

**TOTAL EXPENSES:** 



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

•	Amounts under \$	100.00 can t	be reimbursed	from cita	cochie-	~ £5: ~ ~		
_	ADLOWEE MANAGE		- contibutoca	II OIII SILE	Casiner	onice	wnere :	available.

EMPLOYEE NAME (PRINT	)	CRHA E-MAIL ADDRESS		<del></del>	
		STITIA LINIAIL ADDRESS		EMPLOYEE	NUMBER
DEPARTMENT	een Gilmour				
DEFANTIVIENT	een Gilmour SITE		PHONE #	<del></del>	DATE
DATE OF TRAVEL			// OF 1622		
/EXPENSE	DETAILS		# OF KM	RATE ileage)	AMOUNT
May 6	do the		(1011)	neage)	
// //	Hourport		<5		
	11 8am.		25		
	" 4:30px		7<		
111	11110	n	2)		
<del></del>	NWC - downtown		58		
1+	Southport		フラ		
19	11				
700			25.		
<u> </u>	11	İ	25		
27	11				
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		7	122		
			228	1	

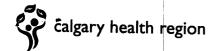
		AUT	HORL	ZATION & CODING		
	FINANCIAL CO	DE		GL Description		Amount
Org	Functional Centre	Account				(Including GST)
		6 2 2 1 0 0	0 0	Mileage/Parking		\$
Emp	loyee Signature		Date	Pate		<u> </u>
-				TOTAL PAYABLE TO E	MPLOYEE	\$
Expe	enditure Officer Authorization	Q 11/	Auth	orizer's Employee Number	Phone Number	

## **BOARD EXPENSE FORM**

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

NAME:	Love Gilr	now
FOR THE MOI	- //	4
	EXPENSES	ENTERED JUL 1 6 2004
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODA	TION: \$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please	describe):	
	\$	
	\$	
MILEAGE:(Attach Local Travel Exp	ense Claim form) km at .38¢ /km \$ 60.	(63510000)
TOTAL EXPENS	•	80

Bandry RB



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard
   E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

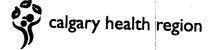
•	Amounts un	ider \$	100.00	can t	эe	reimbursed	from	site	cashier	office	whore	ovoiloble
_					_			00	Cusinci	OHICE	AALICIE	avallable.

EMPLOYEE NAME (PRINT)		RHA E-MAIL ADDRESS	1	
	20 (1)	MILA E-MAIL ADDRESS	EMPLOYE	NUMBER
bore	en Gilmour			
DEPARTMENT	SITE	PHO	ONE #	DATE
DATE OF TRAVEL				
/EXPENSE	DETAILS	# 0	OF KM RATE (for mileage)	AMOUNT
June 3	1-71			
1000	fourtport		25	
8	1(		5	
/6	family Center	6	0	
17 3	Southport		25	
29	11		25	
·			-  -	
			$O \perp$	

					AUT	HOI	RL	ZATION & CODING		
	FINANCIAL CODE							GL Description		Amount
Org	Functional Centre			Α	ccount					(Including GST)
			6 2	2	1 0 0	0 0	0	Mileage/Parking		\$
Emp	loyee Signature					Da	ite		-	
								TOTAL PAYABLE TO	EMPLOYEE	\$
Expe	Expenditure Officer Authorization					Authorizer's Employee Number Authorizer Phone Number				
				-		<del>-</del>	_			

BOARD	EXPENSE FORM	s 17(1) 17(4)(a)(i)
NAME:	en Jilmon	s.17(1), 17(4)(g)(i)
FOR THE MONTH OF:	July 104	
E	XPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	\$ENTERED	AUG 1 0 2004
	\$	
MILEAGE: 70 km at .38¢ /km (Attach Local Travel Expense Claim form)	<del></del>	<u> 62210000</u>
TOTAL EXPENSES:	<u>\$ 34.20</u>	

Bandry RB

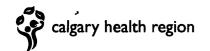


- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

,	Amounts under	\$ 100 nn	can he	coimbuses	£			
_		2200.00	Call De	remoursed	from site	casnier	Office where	available

EMPLOYEE NAME (PRINT)	can be reimbursed from site cashier of				
EMPLOYEE NAME (PRINT)	Hilmour	CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
DEPARTMENT	SITE	-	PHONE #	<u> </u>	DATE
DATE					
DATE OF TRAVEL /EXPENSE	DETAILS		# OF KM	RATE	
1/4.1. 9	C 11 +			ileage)	AMOUNT
July 3	Southport		25		
13	Southport		25		
1.5	SE, Campus		15		
16	Southport		25		
			رم		
			90		
			_/		

	AUTHORIZ	ATION & CODING		
FINANCIAL CODE		GL Description		Amount
Org Functional Centre 6 2 Employee Signature	Account 2 2 1 0 0 0 0 Date	Mileage/Parking		(Including GST)
Expanditure Office Aut		TOTAL PAYABLE TO	O EMPLOYEE	\$
Expenditure Officer Authorization	Autho	orizer's Employee Number	Authorizer	Phone Number



#### CHEQUE REQUISITION

	established Purchasing policies				payments to be made outside t
	Date Sept 8/04 R	equested By (Print)	rey la	ndru	
	board Office		Site SP7	7	Phone No. (in full) 943-1/22
_	MAKE CHEQUE PAYABLE TO ⇒	oreen	Gilmou	V E	mplovee/Supplier #
INFORMATION	MAILING ADDRESS (for forwarding of canada Post:	heque)			s.17(1), 17(4)(g)(i)
INFO	City	^ 0	Province		Postal Code
CHEQUE	Site:	oard 0-			
	Purpose of Request Payment  ☐ Enclose attached documents (original)	of porti	LJ Calya	THE HE THE THE THE THE THE THE THE THE T	
	FINANCIAL CODE ORG   FUNCTIONAL CENTRE	1 ACC	SOUNT 3000	AMOUNT 800.00	GL DESCRIPTION
CODING	TRECEIVED :				204
ZATION &	SEP - 9 2004		ENTERE	<b>D</b> SEP 1 0 20	JU#
S					GST \$
AUTHOR	тот	AL AMOUNT OF	CHEQUE Z	\$ 800.00	CDN US Other
AU	Authorizor's Employee Number	Autho	orizer Phone # (in fu		4
ONLY	s.17(1), 17(4)(g)(i) Invoice #		Comments	12	TT
	Supplier #  Recurring Payment:				, ,
S PAYABLE	Start Date End Date				
ACCOUNTS	# of Payments  Cycle				T
AC	Accounts Payable Authorization	21			Date



InfoNet for Students —

SIS - Registration

**SIGN OFF** InfoNet Main Menu

Student Services Menu

Loreen

Gilmou

To add, change or drop a course, enter its course name & number or catalogue number and click the "Add/Change/Drop" button:

(e.g.:	CPSC201	or 2342)
--------	---------	----------

Add/Change/Drop

Select Course from Master Timetable

ľ	FALI FULL			1	VINTI FULL			•
Course	Lec	Lab	Tut	Course	Lec	Lab	Tut	
						s.1	7(1),	17(4)(g)(i)
MDSC 679	01							
Total Assessm	ent:		_	Total Assessm	ent:			
Balance Owi	ng:			Balance Owin	ng:		_	

Back to <u>Top of Page</u>
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Generated on Wed Sep 08 07:47:41 MDT 2004
Mail comments and questions to <u>reginfo@ucalgary.ca</u>

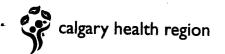
Health Economics + Health Policy

## **BOARD EXPENSE FORM**

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

NAME:	Loreen Gilmour	
FOR THE MOI	· /	<del>-</del>
	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODA <sup>-</sup>	TION: \$	
MEALS:	<b>\$</b>	
PARKING:	SENTERED SEP 1	5-2004
TAXIS:	\$	
OTHER (please	describe):	
	\$	
	<u> </u>	
	O \$	
MILEAGE: Z	20 km at .38¢ /km \\$ \&3.60	62210000
TOTAL EXPENS	ses: \$ <u>83.60</u>	

Bandry



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

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Employee Signature			Date			
T				TOTAL PAYABLE TO EMP	PLOYEE	\$
Expenditure Officer Authoriz	ation	1	Auth	orizer's Employee Number A	uthorizer I	Phone Number

# **BOARD EXPENSE FORM**

NAME:	Loreen Gilmour	
FOR THE MO	ONTH OF:	s.17(1), 17(4)(g)(i)
	EXPENSES	
AIRFARE:	\$	01-71110300002
CAR RENTAL		
ACCOMMODA	* <del></del>	
MEALS:	Ф.	
PARKING:	\$ \$	
TAXIS:	\$ \$	
OTHER (please	e describe):	
	**************************************	2004
	\$	
MILEAGE: 150 (Attach Local Travel Exp	ense Claim form)	2210000

Eandry B



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100 00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRIN	T)	nier office where available.			
DEPARTMENT	Gilmour	CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
DATE OF TRAVEL	SITE		PHONE #		DATE
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AUTHORIZATION & CODING  FINANCIAL CODE  Org Functional Centre Account    6 2 2 1 0 0 0 0   Mileage/Parking   Semployee Signature   Date   Date
Employee Signature  Mileage/Parking
Expenditure Officer Authorization  Authorizatio Frank   State

# **BOARD EXPENSE FORM**

NAME:	Loreen Gilma	our ,
FOR THE MONTH OF:	_	
	EXPENSES	
AIRFARE:		01-71110300002
	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe	e):	
	<b></b> \$	
	<b>\$</b>	
	\$	
MILEAGE: 160 (Attach Local Travel Expense Claim fo	km at .38¢ /km \$ 60,80	62210000
TOTAL EXPENSES:	\$ 60.80	<del></del>

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- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)		onice where available.			
1 1		CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
L Wreer	1 (Dilmonic				
DEPARTMENT					
	SITE	· · · · · · · · · · · · · · · · · · ·	PHONE #	<del></del>	DATE
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DATE OF TRAVEL			]		
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Employee Signature	D	Date			
Evponditure Office A. II			TOTAL PAYABLE TO E	MPLOYEE	\$
Expenditure Officer Authorization		authorizer's Employ	ee Number	Authorizer Phone Number	
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## **BOARD EXPENSE FORM**

NAME:	loree	n Gilmour	
FOR THE MO	NTH OF: NOW.	2004	s.17(1), 17(4)(g)(i)
	EXPENS	SES ENTERED	PIDEC 4 5 2609
AIRFARE:	\$	<u>01-7</u>	1110300002
CAR RENTAL	\$		
ACCOMMODA	TION: \$_		
MEALS:			
PARKING: $\leq$	E Hospital Meeting - may 18	14.00 62	210000
TAXIS:	Meeting - may 18		
OTHER (please	e describe):		· · · · · · · · · · · · · · · · · · ·
	\$		
MILEAGE: 2 (Attach Local Travel Ex	70 km at .38¢ /km \$	102.60 va	3 (0000
TOTAL EXPEN		116.60	

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- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	To volindarded from site cashler				
1		CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
Loree	en Gilmour				•
DEPARTMENT	SITE	L	T		
1	1 3.72		PHONE #		DATE
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DATE OF TRAVEL /EXPENSE			# OF KM	DATE	
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	AUTHORIZ	ATION & CODING	
FINANCIAL CODE		GL Description	Amount
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Expenditure Officer Authorization	Autho	orizer's Employee Number Authoriz	er Phone Number

## **BOARD EXPENSE FORM**

NAME:	een Almour	
FOR THE MONTH OF:		s.17(1), 17(4)(g)(i)
E	KPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	.\$	
PARKING: EXY Meeting	\$ 10	62210000
TAXIS:	\$	
OTHER (please describe):		
	\$	
	\$	
	<b>\$</b>	
MILEAGE: 135 km at .38¢ /km Attach Local Travel Expense Claim form)	(\$5/, 30	62310000
TOTAL EXPENSES:	Rs 61. 30	
i l		

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- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
DEPARTMENT	SITE	PHONE #	1	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM	RATE ileage)	AMOUNT
lec. Z	Fin 8-12	25		
:	SE Hospital	25		
Dec. 17 1	+y-Luara	60		
Dec. 20	Board Meeting	25		
	J			
	Convention Centre  CAN-T2C 2G9 Calgary, AB  Tax Code CA GST #119457869			
	CT 2 (103) Cashier 72 17/12/04 13:48			
	Receipt 056898			
	Short-term Parking Short-term Parking tkt Short-term parking tkt Convention Center 17/12/04 11:28 - 17/12/04 13:48 Period 0d02h20, (GST) \$10.00			
	Gross total \$10.00			
	Payment Cash \$10.00			
	Net total \$9.35 GST (7%) 0.65			
	All amounts in CAD. Deliv. Date=Receipt Date			
		120		
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			+ AUT	HORIZ	ZATION & CO	DING		
	FINAN	ICIAL COI				GL Description		Amount
Org	Functional Centre		Account		A STANDARD WAY CONTRACT THE SECURE	·····································		(Including GST)
			6 2 2 1 0 0	0 0		Mileage/Parking		\$
Emp	loyee Signature		:	Date				
Evn	anditura Office A. II.					TOTAL PAYABLE TO E	MPLOYEE	\$
Expe	enditure Officer Authoriz	ation		Auth	orizer's Employ	ee Number	Authorizer	Phone Number
	i i							

BOARD EXPENSE FORM

NAME:	Roregn Lilm	or
FOR THE MONTH OF:	Jan '05.	s.17(1), 17(4)(g)(i)
	EXPENSES ENT	Lean - 103 - 2815
		01-71110300002
AIRFARE:	\$	-
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	« \$	
PARKING: Jan 11-80	0 Jan 28= 4/8 5/8 00	62210000
TAXIS:	\$	
OTHER (please describe)	):	
	<b></b> \$	
	<u> </u>	
	\$ <u></u>	1
MILEAGE: 275 kl (Attach Local Travel Expense Claim for	m at .38¢ /km / \$	_ 62210000
TOTAL EXPENSES:	R\$ 122.50	

4 Octoste Rs

## Calcar Regional Marith Authority

# LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING

#### **APPLICANT COPY**

 Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.

ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

•	Amounts under	\$ 100.00	can	be	reimbursed	from s	site	cashier	office	where a	available.

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
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DATE OF TRAVEL /EXPENSE	DETAILS		# <b>OF KM</b> (for m	RATE iileage)	AMOUNT	
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Jun 13	Southport		25			
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	Southport		25			
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27	m. Delthport		25			
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Employee Signature								Date					
											TOTAL PAYABLE TO I	MPLOYEE	\$
Expenditure Officer Authorization									Authorizer's Employee Number Authoriz		Authorizer	Phone Number	
4 Octobre													

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M:Dougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code 1A GST #119457869
CT 1 (82) Cashier 56
28/01/05 10:00

Receipt 023558
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 RECEIPT ONLY!
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PAY DATE/TIME:
11/01/05 13:34
PARK-DUR.: HRS:MIN
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 *ORIGINAL TICKET *
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 6ST No. RT12201449
 *******
 THANK YOU FOR YOUR
      VISIT!
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# **BOARD EXPENSE FORM**

NAME:		DIEEN Gilm	DOUT
FOR THE MC	NTH OF:	February	2005 s.17(1), 17(4)(g)(i
		EXPENSES	<b>F</b> MITTON 1996 19 296
AIRFARE: CAR RENTAL ACCOMMODA MEALS: PARKING: TAXIS: OTHER (please	ATION:	\$ \$ \$ \$ \$	<u>01-71110300002</u>
MILEAGE: 2 (Attach Local Travel Ex TOTAL EXPEN	•	\$\$ \$ - R \$ /km \$	62210000

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_		A	PPLICANT	COPY			
calgary health region	ACHPLC	_ FMC _ RGH	Southport		LOCA	AL TRAVEL MILEAGE	EXPENSE CLAI
NSTRUCTIONS:						WILEAGE	& PARKING
Payment will be D	Directly Deposite	d to vour p	avroll bank acco	nunt Notificati	on of a	toposit will be	E 84-31 1 c
							E-Mailed to your ess does not exist.
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Amounts unde	r \$ 100.00 can	be reimi	oursed from s	ite cashier c	ffice	where avail	able.
EMPLOYEE NAME (Pri	nt)			<del></del>	TE	MPLOYEE NUN	IDED
Dree	a Gilm	vour			-	LOILL NON	IDER
DEPARTMENT		PHO	NE NUMBER		D	ATE	
DATE OF TRAVEL/		l					
EXPENSE		DET	AILS		# OF		
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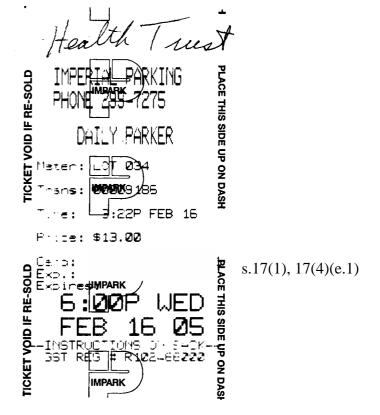
DISTRIBUTION:

#### **APPLICANT COPY**

University of Calgary Art Parkade GST R108102864

Rcpt# 4165 02/01/05 12:42 L# 3 A# 38 Txn# 46414 02/01/05 08:22 In 02/01/05 12:42 Out Tkt# 174204 CASH PAID \$ 5.00-Thank you for your business Parking and Traffic Services 220-6771/ 220-6772

Public Health Seminar VojC.



## BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME	:	Loreer	Gilm	<u>au</u>	
FOR T	HE MONTH OF	ADri	1 2005		(1), 17(4)(g)(i)
		•			
	(Ple	EXPE ase attach o	ENSES original re	eceipts.)	
Date	Description		Amount	GST	Total
April.	Winter 20	Program	1,588.00		1,200.00
			Cmaximus		· ·
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					2 1 2 2005
			EN	TERED A	PR 1 3 2005
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		1			
TOTA	L EXPENSES:			Z	\$ 1,200.00
	cial code: 01-71110	300003-622100	01		
Expendi	ture Officer Authorization:		Print Name:	a De	Coste
Authoriz	er's Employee Number:			ne Number (in full):	
				143-11	22
	s.17(1), 17(4)(g)(i)				
X:Boare	d/Honoraria/Supplementary E	xpenses Claim Form			

22:30

#### The University of Calgary

#### WINTER 2005 Academic Program

FACULTY: GRADUATE STUDIES
MSC IN COMMUNITY HEALTH SCIENCES
SECOND DEPARTMENT: (NONE)
COHORT: (NONE)
Year of Program: 1 - Part-Time

#### WINTER 2005 Fee Assessment Detail

Assessment Amount

1,588.00

1,588.00

Total Assessment: 1,588.00

Amount Paid: 1,588.00

Balance due: \$ 0.00

Fee Deadline: 05/01/21

WARNING: Check fee payment deadlines to avoid forfeiting registration deposit, late payment penalties, etc. Fee payment deadlines are found <a href="here">here</a>.

#### **WINTER 2005 Courses**

Term	HFQ	Section	Days	Start	Minutes	Location	Conflict	Instructor	PreSess Study
2	Н	Lec01	TR	13:00	150	HSC G601		GH FICK	
2	Н	Lec01	M	13:00	170	HMRB B22		AL CASEBEER	
								GMA VAN ROSENDAAL	
	2	2 H	2 H Lec01	2 H Lec01 TR	2 H Lec01 TR 13:00	2 H Lec01 TR 13:00 150	2 H Lec01 TR 13:00 150 HSC G601  3 H Lec01 M 13:00 170 HMRB	2 H Lec01 TR 13:00 150 G601  3 H Lec01 M 13:00 170 HMRB	2 H Lec01 TR 13:00 150 HSC G601 2 H Lec01 M 13:00 170 HMRB B22 GMA VAN

Back to Top of Page
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https://dciwasp.admin.ucalgary.ca/webapp/zsis/wstu/pagTimeTable;jsessionid=0001oBoOj... 4/5/2005

<sup>\*</sup> This is an optional fee. To opt-out, complete the appropriate form (available at the Office of the Registrar Forms Page) and submit by the specified deadline date.

25/20/624

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME:	oreen Gal	mour	
FOR THE MONTH OF:	mach a	005	s.17(1), 17(4)(g)(i)
E	EXPENSES	ENTERED	APR 1 3 2005
			01-71110300002
AIRFARE:	\$		
CAR RENTAL:			
ACCOMMODATION:	•		
MEALS:	•		
PARKING:			
TAXIS:	•		
OTHER (please describe):			· · · · · · · · · · · · · · · · · · ·
	\$		
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	\$		
MILEAGE: 282 km at .38¢ /ki (Attach Local Travel Expense Claim form)	m \$107	طا.	62210000
TOTAL EXPENSES:	\$	16	
		4	Delosto
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K:\BOARD\Honoraria\Honoraria Forms.DOC Revised:	June 23, 2003		

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calgary health reg	gion ACH PLC	FMC RGH	Southport		CAL TRAVEL	EXPENSE CLA
ORIGINAL R Amounts ur	be Directly Depose th Region E-Mail ECEIPTS MUST INDER \$ 100.00 c	sited to your p	payroll bank account.  mailed to your home  ED FOR PARKING  Dursed from site of	address if a v	and E-Mail addre	E-Mailed to your
EMPLOYEE NAME	(Print)				EMPLOYEE NUMB	
DEPARTMENT		PHOI	NE NUMBER	<del>-</del>	DATE	
DATE OF TRAVEL EXPENSE	1	DET	AILS	#(	OF KM RATE (for mileage)	AMOUNT
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ODING & AUTH				<u></u> フレ	) <u> </u>	
	ilonykaanigaw			-		
		PR MATERIAL	1 0 0 0 0 MIL	GL DESCR	ī	AMOUNT (Including GST)
APLOYEE SIGNATU	JRE JRE		I O O O O IVIIL			
	- <u> </u>			IUIAL	PAYABLE TO EMPLOYEE	
THORIZATION	( <u> </u>	AUT	HORIZER EMPLOYEE N	IUMBER	AUTHORIZER PHO	NE NUMBER
073	Costo			_ 1		

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

## **BOARD EXPENSE FORM**

	L.	
NAME:	en Home	<u></u>
FOR THE MONTH OF:	pul 200	<u>5</u> .
		s.17(1), 17(4)(g)(i)
EXP	ENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	-
TAXIS:	\$	1 1 2 0 0 5
OTHER (please describe):	Metallic .	
	\$	
	\$	·
	\$	
MILEAGE: 175 km at .38¢ /km (Attach Local Travel Expense Claim form)	<u>\$ 70.87</u>	62210000
TOTAL EXPENSES:	\$ <u>70.87</u>	
		4. Delaste

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: June 23, 2003

APPLICANT COPY calgary health region **LOCAL TRAVEL EXPENSE CLAIM** FMC Southport PLC RGH **MILEAGE & PARKING** Other **INSTRUCTIONS:** Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. **EMPLOYEE NAME (Print) EMPLOYEE NUMBER** 6. Imour oreer PHONE NUMBER DATE DATE OF TRAVEL #OF KM RATE EXPENSE **DETAILS AMOUNT** (for mileage) 25 2 11 3 11 ٠, 11 ٠, , , (-1 , ( ς, **CODING & AUTHORIZATION GL DESCRIPTION** AMOUNT

**DISTRIBUTION:** 

**EMPLOYEE SIGNATURE** 

**AUTHORIZATION** 

00073

WHITE-ACCOUNTS PAYABLE

0 0 0 MILEAGE/PARKING

**TOTAL PAYABLE TO** 

**EMPLOYEE** 

**AUTHORIZER PHONE NUMBER** 

943-11

(Including GST)

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

**AUTHORIZER EMPLOYEE NUMBER** 

0

#### **BOARD EXPENSE FORM**

NAME:	DT880	Gilmour	<u>-</u>
FOR THE MONTH OF:	may	2005	s.17(1), 17(4)(g)(i)
	EXPENSI	ES	
			01-71110300002
AIRFARE:	\$		_
CAR RENTAL:	\$		
ACCOMMODATION:	\$		
MEALS:	\$		
PARKING:	\$	ENTERED	JUN 1 5 2005
TAXIS:	\$	***************************************	
OTHER (please describe):			
	\$		
	\$		
Lo C	- Q\$ <u>-</u>		
MILEAGE: 418 km at .38% (Attach Local Travel Expense Claim form)	/km \$	169.29	30001862
TOTAL EXPENSES:	\$	169.29	<del></del>
			4. Deloste
X:\BOARD\Orientatation\Package for New Members\Hono	oraria Forms.DOC	·	Revised: June 23, 2003

45

do		APPLICANT CO	)PY		
calgary health region	ACH I	FMC Southport	LO	CAL TRAVEL E MILEAGE &	EXPENSE CLA
ORIGINAL REG	CEIPTS MUST BE A ler \$ 100.00 can be	o your payroll bank accounts OR mailed to your hom TTACHED FOR PARKING Teimbursed from site	e address if a v	of deposit will be E	-Mailed to your
EMPLOYEE NAME (F	Print)			EMPLOYEE NUMBI	R
DEPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS	#	OF KM RATE (for mileage)	AMOUNT
May 2	Souther	nt	2	5	
03	) 1 Kmat	word	6		
4	7 Heal	th Symposium	6	2	<del></del>
<u>\$</u>			6	.2.	
//	Konoff	Center	5	7.	
1/2	South	ront	2	5	
19	11		$\frac{a}{a}$	5	
19	1,		2	2	
30	tr			25	
3/	١٢			25	
ODING & AUTHO	RIZATION		141	K	
			GL DESCR		AMOUNT (Including GST)
IPLOYEE SIGNATUR		6 2 2 1 0 0 0 0 M	ILEAGE/PAR		
	_		TOTAL	PAYABLE TO EMPLOYEE	
THORIZATION	0	AUTHORIZER EMPLOYE	E NUMBER	AUTHORIZER PHON	IE NUMBER

46

WHITE-ACCOUNTS PAYABLE

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

**DISTRIBUTION:** 

943-112

BOARD EXPENSE FORM

NAME:	Novee Stilmou	w-
FOR THE MONTH OF:	June 2005.	s.17(1), 17(4)(g)(i)
		· · · · · · · · · · · · · · · · · · ·
	EXPENSES	
		01-71110300002

		01-71110300002	
AIRFARE:	\$		
CAR RENTAL:	\$		
ACCOMMODATION:	\$		
MEALS: ) October 20/04 4.50 may 3/05 18.00	\$		
PARKING: 13.00 15.00	\$ 114.50		
TAXIS: May 4 105 15.00	\$		
OTHER (please describe): 14.00			
	\$		
	\$		
	\$		
MILEAGE: 371 km at .40.5¢ /km (Attach Local Travel Expense Claim form)	\$_150.26	600000	R
TOTAL EXPENSES:	\$ <u>364.76</u>	2 0 051	

h. Deloste

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: March 2005

**APPLICANT COPY** calgary health region ACH LOCAL TRAVEL EXPENSE CLAIM FMC Southport PLC RGH Other\_ **MILEAGE & PARKING INSTRUCTIONS:** Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. EMPLOYEE NAME (Print) EMPLOYEE NUMBER 2566V DEPARTMENT **PHONE NUMBER** DATE DATE OF TRAVEL # OF KM RATE **EXPENSE DETAILS AMOUNT** (for mileage) 3 371 **CODING & AUTHORIZATION** C. FINANCIAL CODE

ORG FUNCTIONAL CENTRE ACCOUNT GL DESCRIPTION AMOUNT (Including GST)

6 2 2 1 0 0 0 0 MILEAGE/PARKING

EMPLOYEE SIGNATURE

AUTHORIZATION

AUTHORIZER EMPLOYEE NUMBER

AUTHORIZER PHONE NUMBER

943-133

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

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

X:Board/Honoraria/Local Travel Expense Claim

15

July 11/05. APPLICANT COPY Parking: June 14/05 Hovernance Meeting a Mc Dougal Center The machine didn't return a receipt but I paid \$14.00 I confirm I did attend this meeting & the cool was Noree Ship

#### APPLICANT COPY



#### **BOARD EXPENSE FORM**

NAME	:		and July	1.8
		NTH OF:	July '05	~m
		EXPE	ENSES	
				01-71110300002
AIRF	ARE:		\$	
CAR	RENTAL:		\$	
ACCC	MMODA	TION:	\$	
MEAL	S:		\$ ENTERED AUG 12	2005
PARK	ING:		\$	
TAXIS	S:		\$	
OTHE	R (pleas	e describe):		
			\$	
			\$	
		.0	\$	
MILEA (Attach L	AGE: ocal Travel E	km at .40.5¢ /km xpense Claim form)	\$ 91.53	6000166
TOTA	L EXPEN	NSES:	<u>91.53</u>	
			U	L.DeCoste
X:\BOAR	D\Honoraria\H	lonoraria Forms.DOC Revised: Marc	h 2005	
		I		

•					0.05).(			
400			A	PPLICANT	COPY			- 100 . V
calgary heald	n region	ACH PLC	FMC RGH	Southport Other			TRAVEL I	EXPENSE CLAIM
INSTRUCTIO	NS:		•					- Anni
■ Payment v	will be D	irectly Deposited	to your	payroll bank acco	unt. Notificati	ion of dep	osit will be E	-Mailed to your
Laigary H	eaith Re	egion E-Mail addi	ress OR	mailed to your ho IED FOR PARKI	me address i	if a valid F	-Mail addres	ss does not exist.
- Amounts	unde	r \$ 100.00 can I	be reim	bursed from si	te cashier o	office w	E. iere availal	ble.
EMPLOYEE NA								
l l	•		lno	0.1		EMP	LOYEE NUMB	ER
DEPARTMENT			PHO	NE NUMBER		DATI	<u> </u>	
DATE OF TRA	VE. / 1						July	1 2005 L
EXPENSE			DE <sup>-</sup>	TAILS	}	# OF KM	RATE ileage)	AMOUNT
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14		South	por	<del>Y</del>		<u>25</u>		
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19	7	7 00				/5	-	
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0	5	1		/		<u>65</u>	<u>:</u>	
		South	Port			22	-	
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			·			226		
CODING & A							<u></u>	
		INANCIAL COD	E .	and the second				
ORG	UNCTIO	NAL CENTRE		ACCOUNT	GL C	DESCRIPTION	ON I	AMOUNT
<u>。                                    </u>			6 2	2 1 0 0 0 0	MILEAGE/	PARKIN	G	(Including GST)
EMPLOYEE SIG	NATURE				то		ABLE TO	
						EN	IPLOYEE	
AUTHORIZATIO		Α-	Α	UTHORIZER EMPLO	YEE NUMBER	AU1	HORIZER PHO	ONE NUMBER
4.4	Jela	oste					942	-1122
00073		DISTE	RIBUTIO		-ACCOUNTS	DAVAS		

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

X:Board/Honoraria/Local Travel Expense Claim

## **BOARD EXPENSE FORM**

NAME: Sore Almour	
FOR THE MONTH OF: Quy 64.	s.17(1), 17(4)(g)(i
EXPENSES	
	01-71110300002
AIRFARE: \$	
CAR RENTAL:	
ACCOMMODATION: \$	
MEALS: \$	
PARKING: \$	
TAXIS:	
OTHER (please describe):	
\$ \$	
\$	
MILEAGE: 115 km at .40.5¢ /km \$ 46.58 (Attach Local Travel Expense Claim form)	60010000
TOTAL	
101AL EXPENSES: \(\s\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
4.1	Octobic
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: March 2005	
Revised: March 2005	

NSTRUCTIONS:	ACH FMC PLC RGH	Southport Other	LO	CAL TR	RAVEL E EAGE &	XPENSE C
Payment will be Dire Calgary Health Region ORIGINAL RECEIP	ctly Deposited to your pay on E-Mail address OR ma IS MUST BE ATTACHED 100.00 can be reimbu	TEOD DADKING W	ioress if a	valid E-M	ail addres:	s does not exi
EMPLOYEE NAME (Print)					YEE NUMBE	
DEPARTMENT	PHONE	NUMBER		DATE		
DATE OF TRAVEL/ EXPENSE	DETAIL	s	#	OF KM (for milea	RATE ge)	AMOUN
Cug 8	Southpo	8		25		
124	11 / 2			25		
- 25	V of C			05		
	V	·				
						-
ODING & AUTHORIZA	TION		115	3		
	NANCIAL CODE					
RG FUNCTIONAL (			GL DESC			AMOUNT (Including GS
MPLOYEE SIGNATURE	to the second se	0 0 0 0 MILE	AGE/PAF			
			TOTAL	PAYABL EMPLO		
THORIZATION  L  O  C  O	AUTHO	RIZER EMPLOYEE NUI	MBER	i .	IZER PHON	
073		-		<u> </u>	943-	1199

### **BOARD EXPENSE FORM**

NAME:	Lorsen Gilmour
FOR THE MONTH OF:	Septémber 2005
	EXPENSES
	01-71110300002
AIRFARE:	\$
CAR RENTAL:	\$
ACCOMMODATION:	\$
MEALS:	<i>C</i> \$
PARKING:	R \$ 15, 62210000
TAXIS:	\$
OTHER (please describe):	ENTERED OCT 1 7 2005
	<b>\$</b>
MILEAGE: km at (Attach Local Travel Expense Claim form)	.40.5¢/km \$ 190.35 62210000
TOTAL EXPENSES:	\$ <u>205.35</u>
	4. Delaste

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Revised: March 2005

NSTRUCTIONS:  Payment will be Directly Deposited to your payroll bank account. N Calgary Health Region E-Mail address OR mailed to your home ad ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WI Amounts under \$ 100.00 can be reimbursed from site case.  EMPLOYEE NAME (Print)  DEPARTMENT  DETAILS  DETAILS  DETAILS  OK ot os  July 1  20  21  23  DATE OF TRAVEL!  EXPENSE  DETAILS	ldress if a valid E-Mail addres	-Mailed to your ss does not exist. ole.
Payment will be Directly Deposited to your payroll bank account. N Calgary Health Region E-Mail address OR mailed to your home and ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WI Amounts under \$ 100.00 can be reimbursed from site case.  EMPLOYEE NAME (Print)  DEPARTMENT  DATE OF TRAVELY EXPENSE  DETAILS  April 103 11  13 11  20 11  21 11	# OF KM RATE (for mileage)	ss does not exist. DIE. ER
DEPARTMENT  DATE OF TRAVELY EXPENSE  OKOTOS  Junthport  11  13  11  20  11  21  11  22  11	#OF KM RATE (for mileage)  80 25 25 25 25	ER
DATE OF TRAVELY EXPENSE DETAILS  DETAILS  DETAILS  DETAILS  DETAILS  DETAILS  11  13  11  13  11  20  11  21  21  22  11	# OF KM RATE (for mileage)  80 25 25 25 25 25	AMOUNT
EXPENSE DETAILS  Lest 1 Okotos  Jenthport  11  13  11  14  11  20  11  21  11  22  11	(for mileage)  80 25 25 25 25 25	AMOUNT
Agst 1 Okotos  2 Southport  11  13  11  20  11  21  11  22  11	(for mileage)  80 25 25 25 25 25	AMOUNT
Jouthport  9 11  13 "  14 "  20 "  21 "  22 "	25 25 25 25 25	
Jouthport  9 11  13 "  14 "  20 "  21 "  22 "	25 25 25 25 25	
13 " 14 " 20 " 21 " 22 "	25 25 25 25 25	
13 " 14 " 20 " 21 " 22 "	25 25 25	
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36. 1/ 1.	13/	
22 Southpart	17)	·
207		
270	l r	
30 Mc Dougall Center	58	
ODING & AUTHORIZATION	470	
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PRG FUNCTIONAL CENTRE ACCOUNT	CL DECOS:	
	GL DESCRIPTION	AMOUNT (Including GST)
6 2 2 1 0 0 0 0 MILE	AGE/PARKING	
MPLOYEE SIGNATURE	TOTAL PAYABLE TO EMPLOYEE	
JTHORIZATION AUTHORIZER EMPLOYEE NU	IMBER AUTHORIZER PHO	NE NUMBER
4. Ochoste	943-	
DISTRIBUTION: WHITE-ACCO	UNTS PAYABLE	1100

#### APPLICANT COPY

Lodies Tea

## **BOARD EXPENSE FORM**

NAM	E:	<del></del>	Lore	en Gi	Imour	
FOR	THE MO	NTH OF:				s.17(1), 17(4)(g)(i)
			EXP	PENSES		
						01-71110300002
AIRF	ARE:			\$		
CAR	RENTAL:					
ACCC	MMODA	TION:		•		
MEAL	s:					
PARK	ING:					
TAXIS	<b>:</b>					
OTHE	R (pleas∈	e describe):		·		
				\$		
<del></del>				? \$		· · · · · · · · · · · · · · · · · · ·
MILEA (Attach Lo	GE: ف cal Travel Ex	CE km at .	.43⊄   4 <del>0.5</del> ¢ /km	\$ 287	7.34	(69310000
TOTAL	EXPEN	SES:		\$_287.	24	
		COE	IVED		RB	4. Delosto
X:\BOARD	\Honoraria\Hon	oraria Forms.DOC	Revised: Marc	RED NOV	1 8 2005	

calgary health region	:	Al	PPLICANT C	UPT			
)	ACH _ PLC	FMC RGH	Southport Other	LO	CAL T	RAVEL E	XPENSE CLA
NSTRUCTIONS:	<b>_</b>						
Payment will be D	irectly Deposit	ed to your	payroll bank accou	nt. Notification o	of depos	sit will be F	Mailed to your
owigary inculting	CHULL L'IVIAN AL	IUI ESS UIR	TIRILED TO VOLIT HOM	o oddroco if a .		A '1 1 1	s does not exist.
ORIGINAL RECE Amounts under		E ALIAU.	FITEUR PARKING	: WHEDE DAG	CIDI E		
		. 50 10111	barsea from sic	casinei orni	e wne	re availar	ie.
EMPLOYEE NAME (Prin					EMPLO	YEE NUMBE	R
DEPARTMENT	Gilmou	I PHO	NE NUMBER			<del></del>	
		1	HE HOMBER		DATE		
DATE OF TRAVEL/				# (	OF KM	RATE	
EXPENSE	•	DET	AILS		(for mile		AMOUNT
M- V3	1.4				<del></del>	7	
901	afound	port			<u>5</u>		
	1( /			,	l		
5	10			10		<del>                                     </del>	
	10						
	0				<u> </u>		
7	Magg (	reck		//	2		
	South	post			5		
12	1)dC	-m.1	(1)	7			
	199	fred	Chigal		<u> </u>		
	Kahoff	Cen	ler		8		
13	South	sort		2	5		
14	4			11			
17	1/1	1 11.	4 1	<del></del>	(		
7	1 00 Grell	1/00	pilal	6	<u> </u>		
18	Vilman	Club		58	3		
19	South	n - +		2			
24	11	<u> </u>			<u>.                                    </u>		
77	1 11 1		011	i	(		
- $x$ $>$ $ $ $s$	Josef 1 Li	untry	Club	5	0_		
26	Sout	hout	-	$\mathcal{Q}'$	5		
CODING & AUTHORI		/		(06)		<u> </u>	
	AND MA		100	000	_)		
ORG FUNCTION	AL CENTRE		ACCOUNT	GL DESCI	PIDTION	<del> </del>	41401111
							AMOUNT (Including GST)
HILLIA	30000	6 2 2	1 0 0 0 0 N	IILEAGE/PAR	KING		
MPLOYEE SIGNATURE		· · · · · · · · · · · · · · · · · · ·		TOTAL		BLE TO LOYEE	
UTHORIZATION			THORIZER EMPLOY	E NUMBER	AUTHO	ORIZER PHO	E NUMBER
4101-	s.17(1	), 17(4)(g					
0073					<u> </u>	943	1130
	DICT	RIBUTION		CCOUNTS PAY			

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME:	LOTERO Gilmou	
FOR THE MONTH OF:	Nov. 2005	s.17(1), 17(4)(g)(i)
	EXPENSES	
AIRFARE:		01-71110300002
CAR RENTAL:	\$ \$	
ACCOMMODATION:	\$ \$	
MEALS:	\$	
PARKING:	\$	DEC 1 6 2005
TAXIS:	\$	DE <del>O PENO</del>
OTHER (please describe):		
	<b>\$</b>	
	<b></b> \$	
MILEAGE: 369 km a (Attach Local Travel Expense Claim form)	t.40.5¢/km \$ 158.67	62210000
TOTAL EXPENSES:	\$_158.67	<del></del>
		4. Ocleste
(:\BOARD\Honoraria\Honoraria Forms.DOC	Revised: March 2005	

600		A	PPLICANT C	OPY		
calgary health region	ACH	FMC RGH	Southport	L	OCAL TRAVEL	. EXPENSE CL & PARKING
ORIGINAL RECI	EIPTS MUST I	RF ATTACI	payroll bank acco	nie address if	n of deposit will be	E-Mailed to your
EMPLOYEE NAME (Pri					EMPLOYEE NUM	
DEPARTMENT		PHO	ONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE		DE.	TAILS		# OF KM RATE (for mileage)	AMOUNT
Nov!	SE Camp	us Visio	9~		94	
3	South	port		į.	25	
17	tor (a	lgory	<u>/</u>		60	
18	Forthil	por	XI		25	
22	ir				70	
29	South	sort			25	
				<u> </u>		
				7	69	
ODING & AUTHOR	IZATION FINANCIAL CO	)DE				
1 46.19	AL CENTRE		ACCOUNT	GL DES	CRIPTION	AMOUNT
PLOYEE SIGNATURE	Control of the contro	6 2 2	1 0 0 0 0	MILEAGE/PA	RKING	(Including GST)
4 De	Costo			TOTA	L PAYABLE TO EMPLOYEE	
THORIZATION			THORIZER EMPLOY	EE NUMBER	AUTHORIZER PH	ONE NUMBER
773	5.17(1	), 17(4)(g)	(1)	<del></del>	1 947	5-11-2

X:Board/Honoraria/Local Travel Expense Claim

## **CALGARY HEALTH REGION** BOARD EXPENSE FORM Gilmour NAME: FOR THE MONTH OF: s.17(1), 17(4)(g)(i) ENTERIT AND TOTAL **EXPENSES** 01-71110300002 AIRFARE: CAR RENTAL: ACCOMMODATION: MEALS: PARKING: TAXIS: OTHER (please describe): MILEAGE: 135 km (Attach Local Travel Expense Claim form) km at .43¢ /km **TOTAL EXPENSES:**

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Revised: October 2005

o a		APPLIC/	ANT COPY		
calgary health region	ACH PLC	FMC South	port L	OCAL TRAVEL	EXPENSE CLAIM
INSTRUCTIONS:				MILEAGE 8	
<ul> <li>ORIGINAL RECI</li> </ul>	EIPTS MUST R	ited to your payroll bar iddress OR mailed to y BE ATTACHED FOR I e reimbursed from site	DADIGUESS (	a valid E-Mail addre	E-Mailed to your ss does not exist.
EMPLOYEE NAME (Pr	int)			EMPLOYEE NUME	BER
DEPARTMENT		PHONE NUMBE	R	DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS		# OF KM RATE (for mileage)	AMOUNT
Dec 7	Kanop	4 Center		60	
8	Sout	port		25	
20	- 1			25	
				25	
				35	
CODING & AUTHORI	ZATION FINANCIAL CO	DE			
ORG FUNCTION	AL CENTRE	ACCOUNT	GL DES	CRIPTION	
100 A 100 A		6 2 2 1 0 0			AMOUNT (Including GST)
MPLOYEE SIGNATURE		10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		L PAYABLE TO	
UTHORIZATION		ALITHODIZED E	MRI OVEE AND THE	EMPLOYEE	
L. Dela	Sete	ASTIONIZER EI	VICLOTEE NUMBER	ı	ı
0073	DIOTE	NOUTION:			1100
	DISTE	RIBUTION: WH	MPLOYEE NUMBER HITE-ACCOUNTS PA $(17(4)(g)(i))$	AUTHORIZER PHON 943- NYABLE	

X:Board/Honoraria/Local Travel Expense Claim

## **BOARD EXPENSE FORM**

NAME:	- Joseph Sil	
FOR THE MON	TH OF:	s.17(1), 17(4)(g)(i)
	EXPENSESENTERED	De la refe
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODAT	ION: \$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please	describe):	
	<b>\$</b>	
	<b>\$</b>	
MILEAGE: (Attach Local Travel Expen	55 km at .43¢ /km \$ 109, 65	63310000
TOTAL EXPENSE		2281000
		4. Delasta

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Revised: October 2005

600		APPLICAN	COPY		
calgary health region	ACH PLC	_ FMC Southport _ RGH Other	LC	CAL TRAVEL	EXPENSE CLAIM
INSTRUCTIONS:					
ORIGINAL RECEIP	TS MUST BE	d to your payroll bank ac dress OR mailed to your ATTACHED FOR PAR be reimbursed from	VINC MUEDE DO	valid E-Mail addr	ess does not exist.
EMPLOYEE NAME (Print)	C			EMPLOYEE NUM	
DEPARTMENT	C1. 1.	PHONE NUMBER		DATE	
DATE OF TRAVEL/					
EXPENSE		DETAILS	#	OF KM RATE	
		7		(for mileage)	AMOUNT
Jan 6	South	port		25	
0 11	7 + Ave	)			
12	Souts	hond		75	
16	11			× 5	
17	1(				
19	′(				
23	((				
25	1(			11	
3/	1,			11	
				11	
CODING & AUTHORIZA	TION		12	55	
	NANCIAL CODE				
ORG FUNCTIONAL	CENTRE	ACCOUNT			
			GL DESCI		AMOUNT (Including GST)
EMPLOYEE SIGNATURE	60-00000000000000000000000000000000000	6 2 2 1 0 0 0 0	MILEAGE/PAR	RKING	
			TOTAL	PAYABLE TO EMPLOYEE	
AUTHORIZATION	6	AUTHORIZER EMPL	OYEE NUMBER	AUTHORIZER PHO	ONE NUMBER
00073	to s.17(1)	, 17(4)(g)(i)			5-1122
55015	DISTRI	BUTION: WHITE	-ACCOUNTS PAY		<u> </u>

X:Board/Honoraria/Local Travel Expense Claim

**BOARD EXPENSE FORM** 

NAME:	Joseph	Alm	ve
FOR THE MONTH	OF:	a 06	s.17(1), 17(4)(g)(i)
	EXPENSE	ENTER	ED APR 1 2 2006
			01-71110300002
AIRFARE:	\$		
CAR RENTAL:	\$	<del></del>	
ACCOMMODATION	1: Mar 12+13 348.55	257.86	62212000
MEALS: Sun,	Yar.12 Zs_	10.20	63313000
PARKING:	\$		
TAXIS:	\$		
OTHER (please des	cribe):		
	\$		
	\$	Productive in the second secon	<del></del>
	ρ\$		
MILEAGE: /65 (Attach Local Travel Expense	km at .43¢ /km \$	70.95	62210000
TOTAL EXPENSES	\$	339.01	
	3	319.50 19.51	4.Deloste

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: October 2005

		APPLICANT C	COPY		
calgary health region		MC Southport GH Other	LOCA	AL TRAVEL E MILEAGE &	EXPENSE CLAIM PARKING
Calgary Health R ORIGINAL RECE	legion E-Mail addres EIPTS MUST BE A	o your payroll bank accounts OR mailed to your hore TTACHED FOR PARKING reimbursed from sit	ne address if a val	id E-Mail addres IBLE.	ss does not exist.
EMPLOYEE NAME (Pri				EMPLOYEE NUMB	ER
DEPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS		FKM RATE for mileage)	AMOUNT
mar 1	Southpo	nt	a	5	
3	Kanchm	an's	53	5	
6	South	201	25		
/5	11		2	5	
/6 23		-ma /	2	2	
25	Spruce	Meadous	16		
,					
			16	5	
CODING & AUTHO	ORIZATION  FINANCIAL CODE				
	IONAL CENTRE	ACCOUNT	GL DESCI	PIPTION	AMOUNT
OKO TOKO	IONAL CENTRE	6 2 2 1 0 0 0 0			(Including GST)
EMPLOYEE SIGNATU		0 2 2 1 0 0 0 0		·	
LMFLOTEE SIGNATU	NL		IOIAL	PAYABLE TO EMPLOYEE	
AUTHORIZATION	s.17(1),	AUTHORIZER EMPL	L Oyee Number	AUTHORIZER PI	HONE NUMBER
00073			ACCOUNTS DAY		)-1100
	DISTR	BUTION: WHITE	-ACCOUNTS PA	ABLE	
X:Board/Honoraria/Lo	ocal Travel Expense (	Claim			
ſ					

#### **APPLICANT COPY**

# THE WESTIN

10135 100TH STREET, EDMONTON, ALBERTA 15J 017, CANADA 1FL: (780, 426-3636 FAX: (780) 428-1454

			ROOM	604		Ţ A	
G	Loreen Gilmour		RATE	115.00		A G	
u II	Calgary Health Re	gion	NO. PERS.	1		V N F N	
	#50 Carraveau Ave		FOLIO	57341	EX-A	ĭ '	
6	St Albert, AB T8N	3T5	PAGE	1		Ċ	
T			ARRIVE	12-MAR-06	17:53	H A T	
٠			DEPART	14-MAR-06		R O G	604
	GRAUTH		PAYMENT	VI		Ë	<i>@c/</i>

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT604	Room Charge	115.00
12-MAR-06	RT604	GST	8.13
12-MAR-06	RT604	DMF	1.15
12-MAR-06	RT604	Tourism Levy	4.65
13-MAR-06	RT604	Room Charge	115.00
13-MAR-06	RT604	GST	8.13
13-MAR-06	RT604	DMF	1.15
13-MAR-06	RT604	Tourism Levy	4.65
14-MAR-06	VI	Visa	257.86-
		Total Charges	257.86
		Total Credits	257.86-
		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.

\*\* continued on the next page \*\*

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.

SIGNATURE

Loreen Gilmour FOLIO 57341

12-MAR-06

THE WESTIN

#### APPLICANT COPY

# THE WESTIN

10135 1001H STREEL FOMONTON, ALBERTA TSJ 047, CANADA FEL: :786: 426-3636 FAX: (780: 428-1454

604 ROOM G Loreen Gilmour 115.00 RATE Calgary Health Region NO. PERS. 1 #50 Carraveau Ave 57341 EX-A FOLIO St Albert, AB T8N 3T5 PAGE S 12-MAR-06 17:53 ARRIVE DEPART 14-MAR-06 GRAUTH PAYMENT VT

DATE	REFERENCE		DESCRIPTION			CHARGES • CREDITS		
EXPENSE REP	ORT SUMMARY							
Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total	
12-MAR-06	115.00	8.13	4.65	0.00	0.00	1.15	128.93	
13-MAR-06	115.00	8.13	4.65	0.00	0.00	1.15	128.93	
Total	230.00	16.26	9.30	0.00	0.00	2.30	257.86	
Date	Payment							
12-MAR-06	0.00							
13-MAR-06	0.00							
Total	0.00							

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue: 16.26
GST Food and Beverage: 0.00
GST Telephone Revenue: 0.00
GST Other: 0.00

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.

SIGNATURE

As a Starwood Preferred Guest you have earned at least 782 Starpoints for this visit

Loreen Gilmour

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

FOLIO 57341

12-MAR-06

THE WESTIN

## **BOARD EXPENSE FORM**

NAME:	Lorsen Gilmour	
FOR THE MONTH OF:	FEBRUARY 2006	s.17(1), 17(4)(g)(i)
	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	2,000
OTHER (please describe):	ENTERED I	1AR 1 6 2000
MILEAGE: 185 km at Attach Local Travel Expense Claim form)	.43¢/km \$ 79.55	69212000
OTAL EXPENSES:	\$_79.55	
		4. Aloste

Revised. October 2005

APPLICANT COPY calgary health region ACH **FMC LOCAL TRAVEL EXPENSE CLAIM** Southport **PLC RGH** Other\_ **MILEAGE & PARKING** INSTRUCTIONS: Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. **EMPLOYEE NAME (Print) EMPLOYEE NUMBER** Dreen DEPARTMENT PHONE NUMBER DATE DATE OF TRAVEL # OF KM RATE **EXPENSE DETAILS AMOUNT** (for mileage) 11 (1 7 C (, 25 0 25 185 CODING & AUTHORIZATION FINANCIAL CODE ORG FUNCTIONAL CENTRE **ACCOUNT GL DESCRIPTION AMOUNT** (Including GST) 6 2 2 1 0 0 0 0 MILEAGE/PARKING **EMPLOYEE SIGNATURE TOTAL PAYABLE TO** 

X:Board/Honoraria/Local Travel Expense Claim

s.17(1), 17(4)

**DISTRIBUTION:** 

**AUTHORIZATION** 

00073

**AUTHORIZER EMPLOYEE NUMBER** 

WHITE-ACCOUNTS PAYABLE

**EMPLOYEE** 

**AUTHORIZER PHONE NUMBER** 

<b>BOARD</b>	MEMBER	SUPPLEMEN	TARY E	<b>EXPENSE</b>	CLAIM	<b>FORM</b>

NAME:		Lore	PPM	Gilmi	our.			
FOR THE	MONTH OF	Apr	1/2	206.	s.17(1), 17(4)(g)(i)			
EXPENSES (Please attach original receipts.)								
Date	Description		Amount	GST	Total			
Jan & April 30/06	Tuition	-VofC	1200.		1200 -			
				TED APR 1	2 2006			
			ENTER	TED MILL				
TOTAL EXPENSES:  Z \$ 1200.								
	code: 01-711103	00003-62210	001					
Expenditure Of	Expenditure Officer Authorization:  Print Name:							
Authorizer's En	nployee Number:		Authorizer Pho		32 32			
s.1°	7(1), 17(4)(g)(i)				02			
X-Roard/Honoraria/Sumplementary Evnances Claim Form								

Supplementary Expense.

#### The University of Calgary

WINTER 2006 Academic Program \*ADMITTED\*

**FACULTY: GRADUATE STUDIES** PHD IN COMMUNITY HEALTH SCIENCES

SECOND DEPARTMENT: (NONE) COHORT: (NONE) Year of Program: 1 - Full-Time

2006/2007 Tuition Fees are currently not available

WINTER 2006 Fee Assessment Detail - Jan 1/06 to April 30/06

Assessment

Amount

**TUITION** 

1,588.00

**Total Assessment:** 

1,588.00

**Amount Paid:** 

1,588.00

Balance due:

\$ 0.00

Fee Deadline:

January 20, 2006

WARNING: Check fee payment deadlines to avoid forfeiting registration deposit, late payment penalties, etc. Fee payment deadlines are found here.

#### **WINTER 2006 Courses**

Course Term HFQ Section Days Start Minutes Location Conflict Instructor PreSess Study

Back to Top of Page Generated by zsis.wstu.pagTimeTable Generated on Wed Apr 05 10:53:28 MDT 2006 Mail comments and questions to reginfo@ucalgary.ca

<sup>\*</sup> This is an optional fee. To opt-out, complete the appropriate form (available at the Office of the Registrar Forms Page ) and submit by the specified deadline date.

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FO
---

NAME:		Lore	2PM 1	Galn	10UT.
FOR THE	MONTH OF	Apr	1/2		a = 17(1) + 17(4)(a)(i)
		, /			ENTERED APR 1 8 2006
			PENSES		
	(Ple	ase attach	original r	eceipts.	)
Date	Description		Amount	GST	Total
Jan & Apr. 130/06	Tuition	- VofC	1200.		1200
		<i>V</i>			
				ED APR	1 2 2006
			ENTE		
				フ	1760 50
TOTAL EX	XPENSES:		si d	(12.00) p	$\frac{1200.00}{4000}$
			· ·	Varcel b	(188.00)
	code: 01-711103 ficer Authorization:	800003-62210	Print Name:		
Authorizer's En	. Octobro	7	Lou	ne Number (in fu	oste
				943-	1133
s.1	7(1), 17(4)(g)(i)				0 B

74

X:Board/Honoraria/Supplementary Expenses Claim Form

0.00 13-APR-2006

Mam Po

1280734 - Electro 20-APR-2006

**Best Copy Possible** 

<u>P</u>ayment Overview

CAD

12.00

## **BOARD EXPENSE FORM**

NAME:	X a	reen	Li.	Imou	<i>,</i>
FOR THE MO	NTH OF:	ipn	1 =	2006	s.17(1), 17(4)(g)(i)
	E	XPENS	SES		
					01-71110300002
AIRFARE:		\$_			
CAR RENTAL:		\$		FNTER	ED MAY 1 8 2006
ACCOMMODA	TION:	\$			LD HAI   6 2006
MEALS:		<i>(</i> \$_			
PARKING:		K _ \$_	21.75		62210000
TAXIS:		\$			
OTHER (please	e describe):				
		\$		<del></del>	
	~	\$			
		Q \$_		·····	
MILEAGE:(Attach Local Travel E	130 km at .43¢ /kr kpense Claim form)	\$_ \$_	55.9r	2	(22) <b>6</b> 000
TOTAL EXPEN	ISES:	(K	77.65	5	
					1. Ocloste

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: October 2005

		APPLICANT (	COPY		
calgary health region		FMC Southport	LOCA	AL TRAVEL E MILEAGE &	XPENSE CLAIM PARKING
<ul><li>Calgary Health F</li><li>ORIGINAL REC</li></ul>	Region E-Mail addre <b>EIPTS MUST BE A</b>	o your payroll bank accors ss OR mailed to your ho TTACHED FOR PARKING e reimbursed from si	unt. Notification of me address if a va NG WHERE POSS	lid E-Mail addres IBLE.	s does not exist.
EMPLOYEE NAME (P		lmour		EMPLOYEE NUMBI	ER
DEPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS		F KM RATE for mileage)	AMOUNT
april 6	Scents	port	2	5	
17	Konis (	enter	5	5	
25	sough !!	por	2	5	
	<b>.</b>				
	· · · · · · · · · · · · · · · · · · ·				
			1 -		
CODING & AUTHO	ORIZATION		1/3	0	
	FINANCIAL CODE				
ORG FUNCT	IONAL CENTRE	ACCOUNT 6 2 2 1 0 0 0 0	GL DESCI		AMOUNT (Including GST)
EMPLOYEE SIGNATU	RE		TOTAL	PAYABLE TO EMPLOYEE	
AUTHORIZATION	(oto.17(1),	AUTHORIZER EMPL	OYEE NUMBER	AUTHORIZER PH	
00073			E-ACCOUNTS PAY	443 (ABLE	-1120

X:Board/Honoraria/Local Travel Expense Claim

#### APPLICANT COPY

Centennial 620 – 9 Avenue SW Can-T2P 1L5 Calgary, AB Tax Code CA GST #119457869 Cashier 15/02/06 08:18 Receipt 099492 Feb 15/06 hort-term Parkina hort-term parkina tkt entennial Parkade 5/02/06 07:07 5/02/06 08:18 eriod 0d0ihii \$6.75 ∯apment \$6.17(1), 17(4)(e.1) Met total All amounts in CAD. Deliv. Date≃Receipt Date meeting with lavid



**Bow Valley Square** Parkade



Entrance off 5th Ave. between 1st and 2nd Street S.W.

Vehicles parked at owner's risk. Bow Valley Leaseholds Limited / Oxford Properties Group / Advanced Parking Limited is not responsible for loss or damage however caused, to vehicles and / or their contents.

NO IN AND OUT PRIVILEGES



HOTEL

Holiday Inn Downtown

Ticket expires at 6:00PM Wed 2005/12/07 Payment Details

Paid: \$8.00 VISA

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

Expiring Information Vehicles and contents left at owner's risk.

Health Trust

Machine: 2 Lot: 1

Ticket #: 16924 Wed 1:07:45PM 2005/12/07

DISPLAY FACE UP ON DASH



## **BOARD EXPENSE FORM**

NAME:	EEN Gilmour
FOR THE MONTH OF:	24 > 006 s.17(1), 17(4)(g)(i)
	1
EXP	ENSES
	01-71110300002
AIRFARE:	\$
CAR RENTAL:	\$
ACCOMMODATION:	\$
MEALS:	\$
PARKING:	\$
TAXIS:	\$
OTHER (please describe):	ENTERED JUN 1 6 2006
	\$
	\$
	\$
MILEAGE: 7 km at .43¢ /km (Attach Local Travel Expense Claim form)	\$ 32.25 6210000
TOTAL EXPENSES:	\$ <u>32.25</u>
	4. Relaste
	R R
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Octo	ber 2005

	PLC	RGH	Other		MILEAGE &	PARKING
STRUCTIONS: Payment will be	Directly Depos	sited to you	r payroll bank acco	unt. Notification o	f deposit will be E	-Mailed to your
Calgary Health	Region E-Mail	address Of	R mailed to your ho	me address if a v	alid E-Mail addres	s does not exist.
Amounts und	ler S 100.00 c	an be reii	mbursed from si	NG WHERE POS te cashier offic	SIBLE. Se where availah	ole
MPLOYEE NAME (F						
MPLOTEE NAME (F	rint)				EMPLOYEE NUMBI	ER
EPARTMENT		P	HONE NUMBER		DATE	
DATE OF TRAVEL/			PETAILS	#	OF KM RATE (for mileage)	AMOUNT
					(lor filleage)	
//	Sou	theor	<i>t</i>	2	5	
24	Sou	thant	_	2	5	
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				75	5	
ODING & AUTH	IORIZATION					
	FINANCIAL	CODE				
)RG FUNC	TIONAL CENTRE		ACCOUNT	GL DES	CRIPTION	AMOUNT (Including GST)
		6	2 2 1 0 0 0 0	MILEAGE/PA	RKING	(morading 651
MPLOYEE SIGNAT	URE		Andrew Commonwealth of the	TOTA	L PAYABLE TO	
20.22 30.77				I	EMPLOYEE	
UTHORIZATION			AUTHORIZER EMPL	OYEE NUMBER	AUTHORIZER PH	IONE NUMBER
بل		$\frac{17(1)}{1}$ , 17(	4)(g)(i)			2611-2
0073	NE CO	<u> </u>	<u> </u>		1 775	)- 1102 )- 1102
	C	ISTRIBUT	ION: WHITE	E-ACCOUNTS PA	AYABLE	

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME:	Lorgen Gilmour	
FOR THE MONTH OF:	Juno 2006	s.17(1), 17(4)(g)(i)
	EXPENSES	ERED JUL 1 4 2006
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
-	\$	
	\$	
	\$	
MILEAGE: 83 km at . (Attach Local Travel Expense Claim form)	43¢ /km \\$ 78.69	62210000
TOTAL EXPENSES:	\$ <u>78.69</u>	•
		4. De Costo
X:\BOARD\Honoraria\Honoraria Forms.DOC	Revised: October 2005	

		APPLICANT (	COPY		
calgary health re	ACHPLC	_ FMC Southport RGH Other		CAL TRAVEL MILEAGE 8	EXPENSE CLAIM
INSTRUCTIONS				WILLAGE	FARRING
<ul> <li>Payment will</li> </ul>	l be Directly Deposite	ed to your payroll bank acco	ount. Notification o	of deposit will be E	E-Mailed to your
∪aigary <del>n</del> ea	ilth Region E-Mail ad	dress OR mailed to your ho	ome address if a v	alid F-Mail addre	ss does not exist.
• Amounts u	inder \$ 100.00 can	ATTACHED FOR PARKI be reimbursed from s	NG WHERE POS	SIBLE.	blo
		SO TOTAL SECTION 15	rec casiller offic		
EMPLOYEE NAM	E (Print)			EMPLOYEE NUME	BER
DEPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVE	iu		# (	OF KM RATE	
EAFENSE		DETAILS		(for mileage)	AMOUNT
kine 6	CHR	- Southson	4 2	5	
1	7		7	5	
13	(1		2		
Tu	4 Va 11	Carta	-   -	-7	
15	Janoff	Center	-	0	
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		-			
CODING & AU	THORIZATION		178	3	
	FINANCIAL CO	DE	4		
OPC				····	
ORG FU	NCTIONAL CENTRE	ACCOUNT	GL DESC		AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PAI	RKING	
EMPLOYEE SIGN	ATURE		TOTAL	PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTORITA			
( )	Delosto s.1	AUTHORIZER EMPLOTO $7(1), 17(4)(g)(i)$	UYEE NUMBER	AUTHORIZER PH	
00073	reclision.			1 745	-1122

X:Board/Honoraria/Local Travel Expense Claim

	BOARD EXP	ENSE FORM	s.17(1), 17(4)(g)(i
NAME:	Nove	en Hilm	ou- 2006.
FOR THE MO	NTH OF:	ing/Aept 3	2006.
:	EXPE	NSES ENTER:	UCT TO DES
!			01-71110300002
AIRFARE:		\$	
CAR RENTAL	.:	\$	
ACCOMMOD	ATION:	\$	
MEALS:		\$	
PARKING:		\$	
TAXIS:		\$	
OTHER (plea	se describe):		
		\$	
		\$	
		\$	
MILEAGE: _	235 km at .43¢ /km	\$_101.05	69310000
(Attach Local Trave	ENSES:	\$_101.05	
			4. Delaste

X:\(\text{BOARD\\Honoraria\\Honoraria\\Honoraria\}}\) Revised: October 2005

<u></u>		APPLICANT (	COPY		
		FMC Southport RGH Other	LOC	CAL TRAVEL MILEAGE 8	EXPENSE CLAIM
<ul><li>Calgary Health R</li><li>ORIGINAL RECE</li></ul>	egion E-Mail addre E <b>IPTS MUST BE</b> A	to your payroll bank accords on the second mailed to your hore the second from single reimbursed from single reimb	unt. Notification of me address if a vining WHERE POS	f deposit will be l alid E-Mail addre SIBLE	E-Mailed to your ess does not exist.
EMPLOYEE NAME (Pri		PHONE NUMBER		EMPLOYEE NUMI	BER
				DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS	<u> </u>	OF KM RATE (for mileage)	AMOUNT
any	South	port	2	5	
aug	· ' ' '		6	25	
Sept 19	11		)	5	
21	/1		2	5	
22	11		2	~	
26	(1		7	· ·	
29	Pody Dt.	lub, Mc Doug	11+ 5	7	
	Na while	rue, me wing	y cester c	7 3	
	<u> </u>				
					· ·
	: 		Z	35.	
CODING & AUTHO				<del></del>	
	FINANCIAL CODE				
ORG FUNCTIO	ONAL CENTRE	ACCOUNT	GL DESC	RIPTION	AMOUNT
	· · · · · · · · · · · · · · · · · · ·	6: 2: 2: 1: 0: 0: 0: 0	MILEAGE/PAF	RKING	(Including GST)
EMPLOYEE SIGNATUR	E		TOTAL	PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLO	YEE NUMBER	AUTHORIZER PI	ONE NUMBER
4. Del	s.17(1),	17(4)(g)(i)			-1199
00073				1 1 1 1 2	-1108/4

X:Board/Honoraria/Local Travel Expense Claim

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

## **BOARD EXPENSE FORM**

NAME:			
•	L'alle	( 8 17/	s.17(1), 17(4)(g)(i)
FOR THE MONTH OF:		00006	
	EXPE	NSFS	
RECOVED		1020	
NOV 1 6 2006	1		01-71110300002
AIRFARE: 2006	;	<b>5</b>	
CAR RENTAL:	$\alpha'$	<u> </u>	
ACCOMMODATION:	421.88	457.80	62210000
MEALS:	;	\$	
PARKING:	R	45,20	GOODICCE
TAXIS:	:	\$	
OTHER (please describe)	):	21011	1 7 2006
		ENTERED NOV	. ,
		Ψ	
		\$	<del></del>
		\$	
MILEAGE: 463 k (Attach Local Travel Expense Claim fo		<u> 1</u> 99.0 <b>9</b>	62210000
TOTAL EXPENSES:	!	<u>702.09.</u>	
#			4. Deleste
X:\BOARD\Honoraria\Honoraria Forms.I	OOC Revised: October	2005	

7	!	Α	PPLICANT C	OPY			
Crigary health region	ACH PLC	_ FMC _ RGH	Southport	LO			XPENSE CLAII PARKING
ISTRUCTIONS: Payment will be Di Calgary Health Re ORIGINAL RECEI Amounts under	gion E-Mail add PTS MUST BE	dress OR <b>ATTAC</b> I	payroll bank accoumailed to your hor	ne address if a I <b>G WHERE PO</b> :	of deposi valid E-M SSIBI F	t will be E-l	Mailed to your s does not exist.
EMPLOYEE NAME (Print					EMPLO	YEE NUMBE	R
DEPARTMENT	1 13112	PHO	ONE NUMBER		DATE		
DATE OF TRAVEL/ EXPENSE		DE	TAILS	#	OF KM	RATE age)	AMOUNT
3	Court	Low	<i>*</i>	7	. 5		
5	(1			ر ا	5		
	Footh	lls	, / _	6	,5		
19	Petroleu	m Ch	do - McC	aig Koff 5	8		
24	Bart	fro	m Colgar		15		
	CEIGG	<del>nd</del> -	how B	ett 1º	15_		
		·	····				
				_			
CODING & AUTHOR	IZATION			<u> </u>	63		
JODING & AUTHOR	FINANCIAL CO	DE 💛			<del></del>		
DRG FUNCTION	IAL CENTRE		ACCOUNT	GL DES	CRIPTION		AMOUNT
		6 2	2 1 0 0 0 0	MILEAGE/PA	RKING		(Including GST)
MPLOYEE SIGNATURE				TOTA	L PAYAE EMP	BLE TO LOYEE	- <del></del>
NUTHORIZATION  L  D	s.170	(1), 17(4)	AUTHORIZER EMPLO	YEE NUMBER	AUTHO	ORIZER PHO	NE NUMBER
00073 K:Board/Honoraria/Loca		<b>RIBUTIO</b> e Claim	N: WHITE-	ACCOUNTS PA	AYABLE		

#### **APPLICANT COPY**



405 SPRAY AVENUE P.O. BOX 960 BANFF, ALBERTA CANADA T1L 1J4 T 403 762 2211 F 403 762 5755 G.S.T. Registration #815456876RT0001

Loreen Gilmour

CA

Room 0787 Folio# 278043 Cashier # 132

Page # 1 of 1

Group Name Exploring Health & Healing

Arrival

: 10-24-06

Departure

: 10-26-06

**Fairmont President's Club** 

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

Date	Description	Additional Information	Charges Credits
0-24-06	Package Charge	[NA Pkg. Trx]	209.00
10-24-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96/ 228.96
10-24-06	Room GST (6%)	[Add: 6%.(B)]	11.94 7
10-24-06	Self Parking	[NA Fixed Charge]	22.00
10-24-06	Package GST (6%)	[Add: 6%.(B)]	0.60 22.60
10-25-06	Castle Pantry	#0787 : CHECK #321 [321]	4.77
10-25-06	Package Charge	[NA Pkg. Trx]	209.00
10-25-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96
10-25-06	Room GST (6%)	[Add: 6%.(B)]	11.94
10-25-06	Self Parking	[NA Fixed Charge]	20.00
10-25-06	Package GST (6%)	[Add: 6%.(B)]	(22.00) $(22.60)$
10-26-06	Fairmont Store		29.85
10-26-06	Visa	s.17(1), 17(4)(6	
		xxxxx	,
		Total	537.62 537.62
	e de la companya de l	Balance Due	0.00
GS1	「Summary		
Room	23.88		
F&B Other	0.27 3.69		
Total	27.84		
iotai	21.07		

Signature du client X \_

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: De États-Unis or Canada 1 800 441 1414

Thank you for choosing to stay with Fairmont Hotels & Resorts Merci d'avoir choisi les Hôtels Fairmont

## **BOARD EXPENSE FORM**

NAME:	1/1/	mour
FOR THE MONTH OF:	/Vov/06	s.17(1), 17(4)(g)(i)
	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	<u> </u>
PARKING:	S S ENTERED US A 201	
TAXIS:	\$	
OTHER (please describe):		
	\$	····
*	<u> </u>	
	() \$	
MILEAGE: 125 km at .4 (Attach Local Travel Expense Claim form)	13¢/km \$ 53.75	60001662
TOTAL EXPENSES:	<b>\$</b> 53.75	
		L. DeCoste

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: February 2006

		<del>- APPLICANT</del>	COPY		
calgary health region	ACH F	MC Southport	LOC		VEL EXPENSE CLAIM GE & PARKING
INSTRUCTIONS:					
Calgary Health Rec	egion E-Mail addres EIPTS MUST BE A	o your payroll bank acco ss OR mailed to your ho TTACHED FOR PARKI reimbursed from site	ome address if a v ING WHERE POS	alid E-Mail SIBLE.	address does not exist.
EMPLOYEE NAME (Pri	nt) Gilmon			EMPLOYEE	NUMBER
DEPARTMENT	<u> </u>	PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS	# (	OF KM (for mileage)	RATE
71	01	0. 001/2	<del>-</del> ///	(Ioi Iiiieage)	
Nov 1	Calgary	Hay tolen	y Clar 3	20	
74	Hou	this .		25	
28				25	
20	Hout	pot	0	25	
	·				
				25	
CODING & AUTHOR					
	FINANCIAL CODE				
ORG FUNCTIO	NAL CENTRE	ACCOUNT	GL DESC	RIPTION	AMOUNT (Including GST)
SEC Annual Control		6 2 2 1 0 0 0 0	MILEAGE/PAR	RKING	
EMPLOYEE SIGNATUR	E		TOTAL	PAYABLE EMPLO	
AUTHORIZATION		AUTHORIZER EMPL	OYEE NUMBER		ZER PHONE NUMBER
4 Q	s.17(1), 1	7(4)(g)(i)	O LE HOMBEN		743-1122
00073	DISTRIE	BUTION: WHITE			

X:Board/Honoraria/Local Travel Expense Claim

## **CALGARY HEALTH REGION BOARD EXPENSE FORM**

NAM	E:	Loreen	Gila	nour	
FOR	THE MONTH OF:	Jan	uza	2007	s.17(1), 17(4)(g)(i)
	ARE: FLB 1 4 2007 RENTAL: FINANCE	EXPENS	ES		01-71110300002
AIRF	ARE: [2] 1 4 2000	\$_			
CAR	RENTAL:	\$	<del></del>		-
ACC	OMMODATION:	\$			
MEA	LS:	\$		ENTERE	D FEB 1 4 2007.
PAR	KING:	\$			
TAXI	S:	\$		<del></del>	
ОТН	ER (please describe):				
		\$			
		\$	* * *** * * * * * * * * * * * * * * * *		
(Attach	AL EXPENSES: km at .43	\$ ¢ /km \$ \$	21.5	0 50	62210000
X:\BOA	.RD\Honoraria\Honoraria Forms.DOC	Revised: October 2005		-	4. Delosto

APPLICANT COPY calgary health region ACH LOCAL TRAVEL EXPENSE CLAIM FMC Southport PLC RGH Other \_ **MILEAGE & PARKING INSTRUCTIONS:** Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. EMPLOYEE NAME (Print) EMPLOYEE NUMBER Loreen DEPARTMENT **PHONE NUMBER** DATE DATE OF TRAVEL/ # OF KM RATE EXPENSE **DETAILS AMOUNT** (for mileage) 18 50 CODING & AUTHORIZATION FINANCIAL CODE ORG **FUNCTIONAL CENTRE ACCOUNT GL DESCRIPTION AMOUNT** (Including GST) 6 2 2 1 0 0 0 0 MILEAGE/PARKING **EMPLOYEE SIGNATURE TOTAL PAYABLE TO EMPLOYEE AUTHORIZATION** AUTHORIZER EMPLOYEE NUMBER **AUTHORIZER PHONE NUMBER** <u>os</u>.17(1), 17(4)(g)(i) 943 00073 **DISTRIBUTION:** WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

## BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

FAL EXPENSES:  TAL EXPENSES:  Print Name:  J. Closte  izer's Employee Number:  Amount GST Total  460.  Health Policy, MO  ENTERED MAY 17200  ENTERED MAY 17200  Authorizer Phone Number (in full):  943-1125	EXPENS (Please attach originate Description Amount)  The Description Fees Uof C 4  Health Policy, PhD  TAL EXPENSES:	ES inal receip  Int GST	Total 460.
(Please attach original receipts.)  te Description Amount GST Total  hullo Tutton Fels Vo/C 460. 460.  Health Policy, MO  ENTERED MAY 17200  ENTERED MAY 17200  andial code: 01-71110300003-62210001  diture Officer Authorization:  L. C. Coste  Authorizer Phone Number (in full):  943-1122  s.17(1), 17(4)(g)(i)	(Please attach original te Description Amount of the Description Fees Vof C Health Policy, PhD)  TAL EXPENSES:	inal receip	Total 460.
TAL EXPENSES:  Tal Expenses:  Tal Ex	TAL EXPENSES:	unt GST	Total 460.
TAL EXPENSES:  TAL EXPENSES:  Print Name:  U. Coste  prizer's Employee Number:  Authorizer Phone Number (in full):  943-1122  S.17(1), 17(4)(g)(i)	mil 10 Tuition Fees VofC 4 Health Policy, PhD	60.	460.
ENTERED MAY 1 7 200  ENTERED MAY 1 7 200  TAL EXPENSES:  andial code: 01-71110300003-62210001  Inditure Officer Authorization:  Print Name:  L. O. Coste  Orizer's Employee Number:  Authorizer Phone Number (in full):  943-1103	TAL EXPENSES:		NTERED MAY 1 7 200
FAL EXPENSES:  Sancial code: 01-71110300003-62210001  Inditure Officer Authorization:  Print Name:  Locoste  rizer's Employee Number:  Authorizer Phone Number (in full):  943-1122		E	NTERED MAY 1 7 200
FAL EXPENSES:  Signature of the content of the cont		E	NTERED MAY 1 7 200
ancial code: 01-71110300003-62210001  Inditure Officer Authorization: Print Name:  Lancial code: 01-71110300003-62210001  Print Name: Authorizer Phone Number (in full): $Authorizer Phone Number (in full):$ Solution: Significant State of the state of			
ancial code: 01-71110300003-62210001  Iditure Officer Authorization: Print Name:  Lancial code: 01-71110300003-62210001  Print Name: Authorizer Phone Number (in full): $943-1133$ $943-1133$			
Incial code: 01-71110300003-62210001  Iditure Officer Authorization: Print Name:  Label De Coste  Incial code: 01-71110300003-62210001  Print Name: Authorizer Phone Number (in full): $Authorizer Phone Number (in full)$ : $Authorizer Phone Number (in full)$ :	incial code: 01 7111000000		2.40-
izer's Employee Number:  Print Name:  Low De Coste  Authorizer Phone Number (in full):  943-1133  s.17(1), 17(4)(g)(i)	119191 COUE. 01-71110300003-62210001		\$_760i
s.17(1), 17(4)(g)(i)	Print N	Lau Dr	eCoste
	s.17(1), 17(4)(g)(i)	943-11	22
rd/Honoraria/Supplementary Expenses Claim Form	rd/Honoraria/Supplementary Expenses Claim Form		



SIGN OFF

### **SIS - Payment Results**

(To return to the InfoNet menu, close this window)



#### == YOUR TRANSACTION RECORD ==

The University of Calgary

Financial Services - Fees Office

2500 University Dr. NW

Calgary, Alberta, Canada, T2N 1N4

Tel: (403) 220-5706

https://www.ucalgary.ca/infonet

This is your official receipt. Please print this receipt for your records.

Student ID:

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

Description:

Tuition Payment/Deposit

Taxes:

N/A

Shipping Charges:

N/A

Type:

**PURCHASE** 

Account:

**VISA** 

Amount:

\$460.00 CDN

Date/Time:

19/01/07 17:26:16

Reference #:

0010907890 66006296

Auth No.:

084825

Transaction ID:

0287172 071999

00 APPROVED - THANK YOU 027

No refund of tuition and general fees will be made

after the change of registration deadlines given in the Academic Schedule.

Winter 2007 Fees Statement

on to april 2007

**Total Assessment:** 

460.00

**Amount Paid:** 

460.00

Balance due:

\$ 0.00

Back to Top of Page Generated by zsis.wpay.pagFeeReport Generated on Fri Jan 19 17:26:19 MST 2007

https://dciwasp.admin.ucalgary.ca/webapp/zsis/wpay/pagFeeReport%3Bjsessionid=0001... 19/01/2007

## **BOARD EXPENSE FORM**

NAME:	LOTEEN	Gilmour	The state of the s
FOR THE MONTH OF:	Feb-A	pril 2007	2002 7. 0 AON
		1 -	
	EXPE	NSES	
			01-71110300002
AIRFARE:		\$	
CAR RENTAL:		\$	
ACCOMMODATION:		\$	
MEALS:		\$	
PARKING: - Feb-21	Health Twst	\$_10,	62210000
TAXIS:	:	\$	
OTHER (please describe):			
		\$	
		\$	
		\$	
MILEAGE: 347 km a (Attach Local Travel Expense Claim form)	at .43¢ /km	\$ 149,21	69910000
TOTAL EXPENSES:	:	\$_159.21	
			4. Olasto
		00	
X:\BOARD\Honoraria\Honoraria Forms.DOC	Revised: October	2005	

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME: LOTEEN	Gilmour	
FOR THE MONTH OF: Feb-F	tpril 2007	s.17(1), 17(4)(g)(i)
EXPE	ENSES ENTER	RED MAY 1 7 2007
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	£	
MEALS: PARKING: - Feb 21 Health Trust	\$_10,	62210000
TAXIS:	\$	
OTHER (please describe):		
	\$	
	\$	
	\$	
MILEAGE: 347 km at .43¢ /km (Attach Local Travel Expense Claim form)	\$ 149.21	69910000
TOTAL EXPENSES:	\$ 159.31	
	(	L. Oslasta
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Octob	er 2005	Ch

<u>APPLICANT COPY</u> calgary health region **ACH FMC LOCAL TRAVEL EXPENSE CLAIM** Southport **RGH MILEAGE & PARKING** Other INSTRUCTIONS: Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. **EMPLOYEE NAME (Print) EMPLOYEE NUMBER** Dreer PHONE NUMBER DEPARTMENT DATE DATE OF TRAVEL/ RATE # OF KM **EXPENSE DETAILS AMOUNT** (for mileage) マケ ( , 347 **CODING & AUTHORIZATION** FINANCIAL CODE **新**上出4111545515 ORG **FUNCTIONAL CENTRE** ACCOUNT **GL DESCRIPTION** AMOUNT (Including GST) 6 2 2 1 0 0 0 0 MILEAGE/PARKING **EMPLOYEE SIGNATURE TOTAL PAYABLE TO EMPLOYEE AUTHORIZATION AUTHORIZER EMPLOYEE NUMBER AUTHORIZER PHONE NUMBER** s.17(1), 17(4) (g)(i)

X:Board/Honoraria/Local Travel Expense Claim

**DISTRIBUTION:** 

00073

WHITE-ACCOUNTS PAYABLE

943-112



HOTEL/

Hotel Arts

Ticket expires at 6:37PM
Wed 2007/02/21
Payment Details
Paid: \$10.00
CASH

Information
Vehicles and contents left at owner's risk.

Machine: 2

Lot: 1 Ticket #: 31293 Wed 4:37:57PM 2007/02/21

DISPLAY FACE UP ON DASH



## **BOARD EXPENSE FORM**

NAME:	en Gilmour	
FOR THE MONTH OF:	12y 2007	
EXPI	ENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	\$	
	\$	
	\$	
MILEAGE: km at .48¢ /km (Attach Local Travel Expense Claim form)	\$ 44.	62210000
TOTAL EXPENSES:	\$ 44.	
		4. Delasto
	( ) TOOK	5
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Octob	per 2005	

# CALGARY HEALTH REGION BOARD EXPENSE FORM

EXPENSES    CAR RENTAL:
### DITER OF THE PROPERTY OF T
AIRFARE: \$
CAR RENTAL:  ACCOMMODATION:  MEALS:  PARKING:  TAXIS:  OTHER (please describe):  \$
ACCOMMODATION:  MEALS:  PARKING:  \$  ENTERED JUN 1 4 2007  TAXIS:  OTHER (please describe):  \$
MEALS: \$
PARKING:  \$ ENTERED JUN 1 4 2007  TAXIS:  OTHER (please describe):  \$
TAXI\$: \$ OTHER (please describe): \$
TAXI\$: \$ OTHER (please describe): \$
\$
MILEAGE: 190 km at .48¢/km \$ 44.
(Attach Local Travel Expense Claim form)  TOTAL EXPENSES:  \$ 44.
4. Delosto
4.DeCoste
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

APPLICANT COPY calgary health region **ACH FMC** Southport **LOCAL TRAVEL EXPENSE CLAIM** PLC **RGH MILEAGE & PARKING** Other INSTRUCTIONS: Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. **EMPLOYEE NAME (Print) EMPLOYEE NUMBER** 57885 DEPARTMENT PHONE NUMBER DATE DATE OF TRAVEL # OF KM RATE EXPENSE **DETAILS** (for mileage) **AMOUNT** 10 25 1 1 11 ٠, ١, 00. **CODING & AUTHORIZATION** FINANCIAL CODE (i) (j) (i) ORG **FUNCTIONAL CENTRE ACCOUNT GL DESCRIPTION AMOUNT** (Including GST) 6 2 2 1 0 0 0 0 MILEAGE/PARKING **EMPLOYEE SIGNATURE TOTAL PAYABLE TO EMPLOYEE AUTHORIZATION AUTHORIZER EMPLOYEE NUMBER AUTHORIZER PHONE NUMBER** s.17(1), 17 (4)(g)(i)42 00073 **DISTRIBUTION:** WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

## **BOARD EXPENSE FORM**

NAME:	of Alman	~
FOR THE MONTH OF:	ene 2007	
EXP	ENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING: - D. Tuen Speech	\$ 17.50	6000166
TAXIS:	\$	
OTHER (please describe):		
	\$	
	\$	
	\$	
MILEAGE: <u>33</u> km at .44¢ /km (Attach Local Travel Expense Claim form)	\$ 102.52	00001662
TOTAL EXPENSES:	\$ 120.02	
		4. Oslosta
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Febr	nuary 2006	

101

## **BOARD EXPENSE FORM**

NAME:	ngen Silman	
FOR THE MONTH OF:	June 2007	
	(PENSES	JUL 1 2007
<b>-/</b>	APENSES	
AIRFARE:	ENTERED JUL 1 2 2007 \$	01-71110300002
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS: PARKING: - D. Tuen Speech	R = 1750	
TAXIS:	\$	
OTHER (please describe):		
	\$ \$	
MILEAGE: 233 km at .44¢ /km (Attach Local Travel Expense Claim form)	$\wedge$	69210000
TOTAL EXPENSES:	Ps_120.02	
		4. Polosto
		KIS

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: February 2006

APPLICANT COPY calgary health region LOCAL TRAVEL EXPENSE CLAIM ACH **FMC** Southport PLC **MILEAGE & PARKING RGH** Other INSTRUCTIONS: Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist. ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier office where available. **EMPLOYEE NAME (Print) EMPLOYEE NUMBER** DEPARTMENT PHONE NUMBER DATE DATE OF TRAVEL/ # OF KM RATE EXPENSE **DETAILS AMOUNT** (for mileage) 2 17 Im 20 (91.1 14/06/0 **\$17.50** \$17.50 Payment Cash **\$17.50** \$16.51 0.99 Net Total V.A.T. (6%) All amounts in CAD. Deliv. Date=Receipt Date THANK YOU FOR PARKING IMPARK 233 **CODING & AUTHORIZATION** FINANCIAL CO Company Co. ORG **FUNCTIONAL CENTRE ACCOUNT GL DESCRIPTION AMOUNT** (Including GST) 2 2 1 0 0 0 0 MILEAGE/PARKING

ORG FUNCTIONAL CENTRE ACCOUNT GL DESCRIPTION AMOUNT (Including GST)

6 2 2 1 0 0 0 0 MILEAGE/PARKING

EMPLOYEE SIGNATURE

AUTHORIZATION

AUTHORIZER EMPLOYEE NUMBER

AUTHORIZER PHONE NUMBER

943-11

00073

**DISTRIBUTION:** 

WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

## BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAM	E:		LOTES	<u> </u>	maer	
					s.17	7(1), 17(4)(g)(i)
FOR	THE	MONTH OF		une =	>007	The second secon
			EXP	ENSES		./ 1 2007
		(Plea	ase attach		receipts.)	· State of the sta
D-4-	1					
Date		Description	11-4.6	Amount	GST	Total
May	77	Tuition	FEES			230.00
Jimo	, ,	ていた。	Free			730 00
9476		·	1.003			230.00
			8	NTERED	JUL 1 3 2007	
<b>L</b>						
TOTA	AL EX	PENSES:			7	\$ 4LD.DD
	 					160.00
Finan	cial c	ode: 01-711103	00003-622400	)O1		
Expend	ture Offic	cer Authorization:	00000-022100	Print Name:		
Authoriz	er's Emp	De Leo St ployee Number:	٠	Authorizer Pr	ou De(infull):	oste
		!				
					943-112	P V
		), 17(4)(g)(i)	<b></b>			$\mathcal{M}_{\mathcal{I}}$
X:Boare	¶/Honora	aria/Supplementary Expe	enses Claim Form			
	!	:				

<u>Help</u> s.17(1), 17(4)(g)(i)Loreen Gilmour · (9) go to ... summary activity charges due payments make a payment **Payment History** 2006/12/24 To 2007/06/24 From go Posted Payments Paid Amount Date Paid 2007/06/24 Payment Credit Card WEB - Ref # 000000052079 230.00 2007/05/02 Payment Credit Card WEB - Ref # 000000035737 230.00 s.17(1), 17(4)(g)(i) Total Posted Payments for this view First 1-4 of 4 Last Currency used is Canadian Dollars. Pending Payments You have no pending payments. Summary **Activity** Charges Due **Payments** Make a Payment go to ... .· (**3**)

https://prdrps2.ehs.ucalgary.ca/psc/saprd/EMPLOYEE/HRMS/c/SA\_LEARNER\_SERVI... 24/06/2007

## **BOARD EXPENSE FORM**

NAME: Lore	en Gilmour	
FOR THE MONTH OF:	ept 07	
	1	
EXP	PENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	\$	<u> </u>
	\$	
	\$	
MILEAGE: 343 km at .44¢ /km (Attach Local Travel Expense Claim form)	\$_150.92	62210000
TOTAL EXPENSES:	\$ <u>150.92</u>	
Novem State		L. Oslosta
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Febru	nary 2006	

## **BOARD EXPENSE FORM**

NAME:	Loreen Gilmour	<u> </u>
FOR THE MONTH OF:	Sept 07	s.17(1), 17(4)(g)(i)
	EXPENSES ENTERED	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	\$	
	\$	
MILEAGE: 343 km at .44¢ (Attach Local Travel Expense Claim form)		
TOTAL EXPENSES:	\$ 150.92	
Novem Stal		L. Olosta

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Revised: February 2006

	90		— APPLICAI	NT COPY				
	calgary health-legion	ACH PLC	FMC Southpo	ort LO	CAL TRAVEL	. EXPENSE CLAIM & PARKING		
•	ORIGINAL RECEI	PTS MUST BE	ATTACHED FOR P	account. Notification our home address if a ARKING WHERE POS om site cashier offi	valid E-Mail addr	ess does not exist.		
	EMPLOYEE NAME (Print				EMPLOYEE NUMBER			
				NE NUMBER DATE				
	DATE OF TRAVEL/ EXPENSE		DETAILS	#	OF KM RATE (for mileage)	AMOUNT		
	Sept 6	South	ront		25			
	1 1		0.2.1		25			
	77 /	of White	Club		,0			
	12 (	Vinter C	ul.		70			
	25	May any a	of County	/	5			
	28	m. Doi	igal Center		8			
,,,			7		0			
	CODING A ALITHODIS			34	13			
	CODING & AUTHORIZ	FINANCIAL CODE						
	ORG FUNCTIONA	Lag - ex	ACCOUNT	GL DESC	RIPTION	AMOUNT		
			6 2 2 1 0 0 0 0 MILEAGE/PARKING			(Including GST)		
	EMPLOYEE SIGNATURE	3/2		TOTAL	PAYABLE TO EMPLOYEE			
	AUZHORIZATION	( c 17(1)	AUTHORIZER E	MPLOYEE NUMBER	AUTHORIZER PH	IONE NUMBER		
	00073 L. De Ca	s.17(1),	1/(4)(8)(1)		947	5-1122		
		DISTRI	BUTION: WH	IITE-ACCOUNTS PA	YABLE			
	Y:Roard/Honororio/Local	Tues and France of						

X:Board/Honoraria/Local Travel Expense Claim

BO	ARD	MEMBER	<b>SUPPLEMENTARY</b>	EXPENSE CLAIM F	ORM
----	-----	--------	----------------------	-----------------	-----

NAMI	E:	Lores	s.17(1), 17(4)(g)(i)		
FOR	THE MC	NTH OF	px C	) +.	
<b>N</b> -4-		(Please attach	T	ENTER	RED OCT 19 2001
Date /	De	scription	Amount	GST	Total
legt	07. Ù	of C PhD tuiteon			280.00
OTA	L EXPE	NSES:		7	\$ <u>280.00</u>
nand	ial code	01-71110300003-622100			
	re Officer Au 's Employee	Sosta		De De	Coste
	s.17(1)	, 17(4)(g)(i)	7/	343-112	

APPLICANT COPY
Tuition - Fall 2007 SF Self Service Payments Page 1 of 1 Loreen Gilmour go to ... - (9) summary activity charges due payments | make a payment Make a Payment 4. Payment Result Your payment has been accepted. Save the information below for your reference. Confirmation Details Reference Number 000000072980 **Payment Amount** 1,906.43 **Credit Card Number Transaction Date** 2007/09/18 **Authorization Code:**  $\texttt{096497} \, \mathrm{S.17}(1), \, 17(4)(e.1) \, \textbf{Transaction Status}$ Successfully Posted **Payment Profile** Currency used is Canadian Dollars. VIEW CONFIRMED PAYMENT MAKE ANOTHER PAYMENT Summary **Activity** Charges Due **Payments** Make a Payment go to ... · (9) \$ 280.00 left tany
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https://prdrps2.ehs.ucalgary.ca/psc/saprd/EMPLOYEE/HRMS/c/SA\_LEARNER\_SERVI... 18/09/2007

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

Help

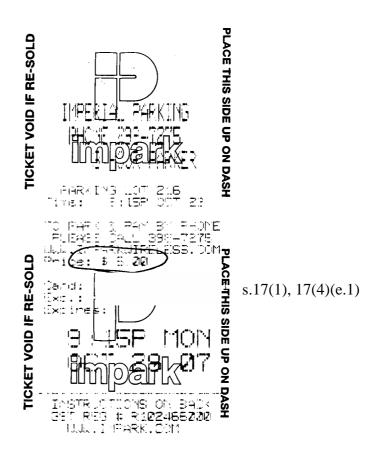
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https://prdrps2.ehs.ucalgary.ca/psc/saprd/EMPLOYEE/HRMS/c/SA\_LEARNER\_SERVI... 18/09/2007

NAME:	Loreen Q. Inio	ur
FOR THE MONTH O	0 3 12 12	s.17(1), 17(4)(g)(i)
	<b>EXPENSES</b> ENTER	RED NOV 1 5 2007
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING: - O	C829/07.R\$ 6.	00001662
TAXIS:	\$	
OTHER (please descr	ribe):	
	\$	
	<b>\$</b>	
	<b>\$</b>	
MILEAGE: 183 (Attach Local Travel Expense Cla	km at .44¢ /km \$ 80.52	62210000
TOTAL EXPENSES:	L. 21 5	
TALLACTOR OF THE PROPERTY OF T	1 <u>4 06.50</u>	<del></del>
Employee	Signature: Your 5	gil RB
C:\Documents and Settings\Loreen\Lo	ocal Settings\Temporary Internet Files OLK 87\1_Honoraria Forms.DC	OCRevised: February 2006

calgary health region		outhport LC		L EXPENSE CLA E & PARKING
Calgary Health Rec ORIGINAL RECEI	ectly Deposited to your payroll jion E-Mail address OR mailed PTS MUST BE ATTACHED FO 00 00 can be reimbursed from	bank account. Notification I to your home address if a	a valid E-Mail add DSSIBLE.	e E-Mailed to your dress does not exist.
MPLOYEE NAME (Print			EMPLOYEE NU	MBER
DEPARTMENT	PHONE NU	MBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS		# OF KM RAT	AMOUNT
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RG   FUNCTION	FINANCIAL CODE  AL CENTRE ACCOU	INT CLOSE	SCRIPTION	AMOUNT
	6 2 2 1			(Including GST)
MPLOYEE SIGNATURE	Bennyahan Perlaman Pe		AL PAYABLE TO	
THORIZATION	AUTHOR	IZER EMPLOYEE NUMBER	AUTHORIZER	PHONE NUMBER
0 000	s.17(1), 17(4)(g)(i)			3-1122

X:Board/Honoraria/Local Travel Expense Claim



NAME:	Loreen Gilmour	
FOR THE MONTH OF:	NOV/Dec 2007	s.17(1), 17(4)(g)(i)
	,	
	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	<i>[</i> \$	
PARKING: 24.50 - 7/w 22	; \$6. Nov 1 \$ 30.50	62210000
TAXIS:	\$	
OTHER (please describe):		
ENTERED JAN 1 1 2008	\$ \$	
	0 \$	
MILEAGE: 334 km at (Attach Local Travel Expense Claim form)	.44¢/km \$ 146.96	62210000
TOTAL EXPENSES:	( <u>\$ 177.46</u>	
		712
Employee Signati	ure: Novem 3 &	L RB L. Octoste
VADOADDUL	(	L. Octoste
X:\BOARD\Honoraria\Honoraria Forms.DOC	Revised: February 2006	<u> </u>

<i>d</i> <sub>a</sub>	T	APPLICANT C	OPY	·		
calgary health region	ACH FMC		LOC			EXPENSE CL
<ul> <li>ORIGINAL RECE</li> </ul>	iegion E-Mail address EIPTS MUST BE ATT	our payroll bank account OR mailed to your hom ACHED FOR PARKING Mbursed from site of	ie address if a v G WHERE POS	alid E-Ma SIBLE	ail addres	s does not exist.
EMPLOYEE NAME (Pri						
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DEPARTMENT		PHONE NUMBER		DATE	-	
DATE OF TRAVEL/ EXPENSE		DETAILS	# (	OF KM	RATE	AMOUNT
		*		(for milea	ge)	AMOUNT
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NAME:	Name of the	_
FOR THE MONTH OF:	Feb '08	s.17(1), 17(4)(g)(i)
	<b>EXPENSES</b> ENTE	RED MAR 0 7 2008
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	401948-	
CAR RENTAL:  ACCOMMODATION: Health Health	ling 104 \$ 506,19	6006166d
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	<b></b>	<u> </u>
	\$	
350 MILEAGE: 175 km at 4 (Attach Local Travel Expense Claim form)	\$	62212000
TOTAL EXPENSES:	<u>\$ 715.19</u>	
Employee Signatu	re: Kown 3 Jul	4. Releste
X:\BOARD\Honoraria\Honoraria Forms.DOC	Revised: February 2006	>

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DATE OF TRA						# OF KM	RATE	
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AUTHORIZATION	$\sim$	17	TAU	THORIZER EMPL	I OYEE NUMBER	AUTT	HORIZER PI	IONÉ NUMBER
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DISTRIBUTION:
X:Board/Honoraria/Local Travel Expense Claim

WHITE-ACCOUNTS PAYABLE

Page No. 1 The Banff Centre inspiring **creativity** 

Box 1020, Banff, Alberta, Canada T1L 1H5 Tel: 403.762.6100 • Fax: 403.762.6444

www.banffcentre.ca GST # R119214955

Room #:

8251

R3675A

1

Folio #:

Group #: CHR0802

 $\mathbf{C}\mathbf{A}$ 

Loreen Gilmour

University of Calgary

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

Time: 03:45 PM

Guest Name:

Arrive: 02/24/08

CL #:

Guests:

Clerk:

CC #:

Arrive: 02/2	24/08 Time:	03:45 PM	Depart: 02/27/08	Time: 04:01:55	Status:	FOL
Date	Description	Reference	Comment		Charges	Credits
02/24/2008 02/25/2008 02/25/2008 02/25/2008 02/26/2008 02/26/2008 02/26/2008	PACKAGE  **VISTAS GST IN  **VISTAS GST IN  PACKAGE  **VISTAS GST IN  **VISTAS GST IN  PACKAGE	CL 217778 CHR0802 CL 218449	Pkg: Exploring He RestVistas/V1Re RestVistas/V1Re Pkg: Exploring He RestVistas/V1Re RestVistas/V1Re Pkg: Exploring He	est est ealth & Healing st st	\$146.33 \$14.70 \$18.90 \$146.33 \$14.70 \$18.90 \$146.33	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

\$506.19 Folio Balance:

		I ono Balance.	\$300.1
	Package Taxes		
	Only applies if you paid for package		
Alberta Tourism Levy	\$15.30		
GST Other Tax	\$1.05		
GST Tax (Room)	\$19.14		
Tourism Improvement Fee	\$7.50		

## BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAM	E:	Lors	18 Gil	mour	
FOR	THE MONTH OF	Ar			s.17(1), 17(4)(g)(i)  RED APR 2 1 2008
		EXP ase attach			APR 2 1 2008
Date	Description		Amount	GST	Total
April 1	Bella Tic	(C+	200.00		200.00
	EXPENSES:			7	00.006
Financi Expenditure	al code: 01-71110300 Officer Authorization:	0003-6221000			
	4 10 100 +0		Print Name:	. > /	
Authorizer's	s Employee Number:	7(1), 17(4)(g)(i	Authorizer Phone	Number (in full):	3516
Employee \$	Signature:	3		775-11	33
X:Board/H	onoraria/Supplementary Expense	es Claim Form		500	RB



#### **Invoice Notice**

Calgary Health Region Attn: Lou Decoste

Mar. 25/08

One General Seat Ticket

\$200.00

**Total** 

\$200.00

Thank you for your generous support of our fundraising endeavors

CHARITABLE BUSINESS NUMBER 89383 4697 RR 0001

**CHEQUES PAYABLE TO:** 

Calgary Health Trust - BELLA

800, 11012 Macleod Trail SE

Calgary AB T2J 6A5

**CREDIT CARD PAYMENT:** 

To pay by VISA, Mastercard or American Express

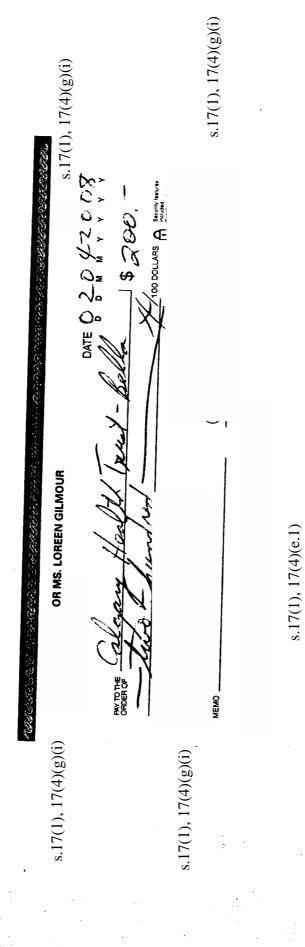
please phone (403) 943-0611 or fax (403) 943-0629

Attn: Mandy Berndsen

INQUIRIES:

Please contact Mandy Berndsen, Calgary Health Trust

(430) 943-0611 or email <a href="mailto:mberndsen@thetrust.ca">mberndsen@thetrust.ca</a>



NAME:	Loreen Silv	now
FOR THE MONTH OF:	May 28	s.17(1), 17(4)(g)(i)
	EXPENSES	ENTERED APR 2 1 200
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	<b></b> \$	
	\$	
	\$	
MILEAGE: 25 km a (Attach Local Travel Expense Claim form)	at .44¢ /km \$ 33 00	(3)10000
TOTAL EXPENSES:	\$ <u>33.00</u>	
		4
Employee Signa	ature:	4. Deles
X:\BOARD\Honoraria\Honoraria Forms.DOC	Revised: February 2006	S CB
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		APPLICANT	COPY			
calgary health region		FMC Southport	L	OCAL TF	RAVEL I	EXPENSE CLAI
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EMPLOYEE NAME (Pri	nt)	lmour	ore custilet office		YEE NUMBI	
DEPARTMENT	i	PHONE NUMBER		DATE		
DATE OF TRAVEL/ EXPENSE		DETAILS		# OF KM (for milea	RATE ge)	AMOUNT
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- A)	Calgary &	solf Country C	lub	<i>SU</i>		
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ORG FUNCTION	<del>                                     </del>	ACCOUNT		SCRIPTION		AMOUNT (Including GST)
EMPLOYEE SIGNATURE		5 2 2 1 0 0 0	0 MILEAGE/PA	ARKING AL PAYABL	ЕТО	
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(:Board/Honoraria/Local	DISTRIB	JTION: WHITI	E-ACCOUNTS PA	AYABLE		

NAME: horeen Silmou	
FOR THE MONTH OF: April 2008	s.17(1), 17(4)(g)(i)
<b>EXPENSES</b> ENTE	RED MAY 1 4 2008
	01-71110300002
AIRFARE: \$	
CAR RENTAL: 308\$49	
ACCOMMODATION: \$ 164 € 3+ \$ 156 33 \$ 30.36	6001000
MEALS: \$	159.60
PARKING: $R = 21.60$	62210000 151.
TAXIS: \$35+\$65 85.20 \$ 100.00	69212000
OTHER (please describe):	
<u> </u>	
<u> </u>	
315 MILEAGE:750 km at .44¢ /km	63312000
TOTAL EXPENSES: \$ 909.96	
	7 1
Employee Signature:	123.6 4. De Cessto 11.8
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006	-

	APPLICANT	COPV		
calgary health regio	, <u></u>	LOC	AL TRAVEL I	EXPENSE CLAIM PARKING
<ul> <li>Calgary Health</li> <li>ORIGINAL RE</li> </ul>	pe Directly Deposited to your payroll bank accome Region E-Mail address OR mailed to your heccelers MUST BE ATTACHED FOR PARK der \$ 100.00 can be reimbursed from sit	ount. Notification of ome address if a va	deposit will be E lid E-Mail addres	-Mailed to your ss does not exist.
EMPLOYEE NAME			EMPLOYEE NUMB	ER
DEPARTMENT	PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS		FKM RATE (for mileage)	AMOUNT
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7	Houthpat 11	<i>  み</i>   フ	2	
/[	11	a	5	
15	Edmonton	37	75	
22	airport + Return	16	0	
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CODING & AUTI	HORIZATION FINANCIAL CODE			
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00073	DISTRIBUTION: WHIT	E-ACCOUNTS PAY	,,	

X:Board/Honoraria/Local Travel Expense Claim

the westin edmonton 10135 100th street ledmenton, alberta T5U 0N7 canada phone 780, 426, 3636 fax 780, 428, 1454 westin.com/edmonton

603 tour. 149.00 Loreen Gilmour 1610 1 10101 Southport Road Sw est pers. 260190 EX-A Calgary, AB T2W 3N2 1 Eage 13-APR-08 16:23 Canada 30000 14-APR-08 th part

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603

da*e	reference	description	charges/credits
13-APR-08	RT603	GST	7.52
13-APR-08	RT603	DMF	1.49
13-APR-08	RT603	Tourism Levy	6.02
14-APR-08	VI	Visa	164.03-
		Balance Due	0.00

VT

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 REPO	RT SUMMARY						
Date .	Room	GST	Tour Levy	$Food\Bev$	Phone	Other	Total
13-APR-08	149.00	7.52	6.02	0.00	0.00	1.49	164.03
Total	149.00	7.52	6.02	0.00	0.00	1.49	164.03
Date	Payment						
13-APR-08	0.00						
Total	0.00						11.41.0

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon! \*\* continued on the next page \*\*

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Loreen Gilmour

FOLIO 260190 13-APR-08

HOTELS & RESORTS

the westin edmonton 10135 100th street ledmonton, alberta T5U ON7 canada chone 780,426,3636 fax 780,428,1454 gestink om/edmonton

603 Loreen Gilmour 1:0000

149.00 · Her

10101 Southport Road Sw

reference

no. pers.

Calgary, AB T2W 3N2

260190 2

EX-A

Canada

folio

13-APR-08 16:23 (NotCle)  $\mathrm{HTIVe}$ 

14-APR-08

VI

aspart

payment description

charges/credits	

ithalies agent/charge to

GST Summary:	
GST Room Revenue:	7.52
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	7.52

The Westin Edmonton GST# 861336493RT0005

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110 million are design from a studied fals to be, can be full of these changes.

As a Starwood Preferred Guest, you could have earned 298 Starpoints for this visit. Please provide your member number or enroll today. Loreen Gilmour

FOLIO 260190 13-APR-08

the westin edmonton 10135 100th street edmonton, alberta T5J ON7 canada phone 780.426.3636 fax 780.428.1454 westin.com/edmonton

603

trace agent/charge to

Loreen Gilmour

room 142.00

Provincial Govt-edmon

rate 1

no. pers. 247951

EX-A

folio page

payment

1

14-APR-08

10:43

s.1|7(1), 17(4)(g)(i)

arrive 15-APR-08

depart VT

14-APR-08 GST RT603 7.17 14-APR-08 RT603 DMF 1.42 14-APR-08 RT603 Tourism Levy 5.74 15-APR-08 Visa 156.33 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	GST	Tour Levy	Food\Bev	Phone	Other	Total
14-APR-08	142.00	7.17	5.74	0.00	0.00	1.42	156.33
Total	142.00	7.17	5.74	0.00	0.00	1.42	156.33
Date	Payment						
14 700 00	0.00						

14-APR-08 0.00 Total 0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon! \*\* continued on the next page \*\*

agree to remain personally lable for the payment of this account if the coregration or other thing party billed fails to pay part or all of these charges.

signature

Loreen Gilmour

FOLIO 247951

14-APR-08

the westin edmonton 10135 100th street edmonton, alberta T5J 0N7 canada phone 780.426.3636 fax 780.428.1454 westin.com/edmonton

this agent/charge to

142.00 Loreen Gilmour

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no. pers. 247951

603

folio 2

14-APR-08 10:43 page

arrive 15-APR-08

s.17(1), 17(4)(g)(i)depart VT HBC15A payment

description date GST Summary: 7.17 GST Room Revenue: 0.00 GST Food and Beverage: 0.00 GST Telephone Revenue: 0.00 GST Other: 7.17

The Westin Edmonton GST# 861336493RT0005

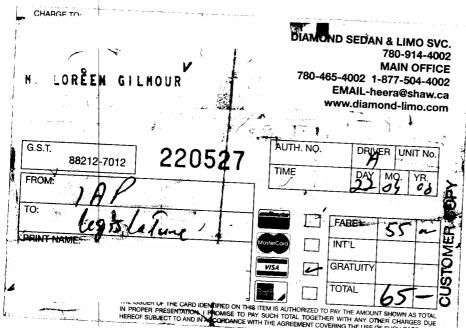
agree to remain personad, Table for the payment of this account if the

corporation or other third party billed fails to pay part or all of these charges. As a Starwood Preferred Guest, you could have earned 284 Starpoints for this visit. Please provide your member number or enroll today.

Loreen Gilmour

FOLIO 247951 14-APR-08

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



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

TR. USACITOR OCCEPT

The Mariyette Cabs The Maridian Road SE Ligary AB IZA IX2 46: 299-9999

\* 11 TYPE CREDIT CARD

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

S.1 DATE/FIME: 0%/04/22 19:42:38 AUTHORIZATION: 071863

VEH/DRV: 0430 / 6582 GST#: 846771962 EXN ID: 2893314 2893314

AMOUNT: TIP:

\$ 30.20 \$ 4.80

TOTAL:

\$ 35.00



Calgary Airport

You Parked

From:

9:48AM

Tue 2008/04/22 Until:

8:07PM Tue 2008/04/22

Payment Details Total cost: \$21.00

Paid: \$21.00

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

Expiring Information

visit our website at www.calgaryairport.com For updated info call our parking hotline 250-PARK GST R12556194RT001

Machine: 4 Lot: PARK2 Ticket #: 9145 Tue 8:07:04PM 2008/04/22

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAN	IE:	Loreen Gilm	OU T
FOR	THE MONTH OF:	moy 20	
		EXPENSES	ENTERED JUN 0 9 2008.
			01-71110300002
AIRF	ARE:	\$	<del></del>
CAR	RENTAL:	\$	
ACC	OMMODATION:	\$	
MEA	s: -april 13 -	\$ 2075 Z8_ 32.35	5 62212000
PARK	KING:	\$	
TAXIS	5:	\$	
OTHE	R (please describe):		
		<b></b>	
		<b></b> \$	
		0 \$	
MILEA (Attach L	AGE: km at .4 ocal Travel Expense Claim form)	6 K 4¢/km \$ 33.00	62210060
TOTA	L EXPENSES:	\$ <u>55.35</u>	<u> </u>
	Employee Signatur	e: Jouen 5	2. Qloate
X:\BOARI	D\:Ionoraria\Honoraria Forms.DOC	Revised: February 2006	2. Whoate 23.00 32.35

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calgary health i	region     —	ACH	FMC RGH	Southport				EXPENSE CLA
NSTRUCTIONS			nun	Other		MIL	EAGE 8	RPARKING
<ul><li>Payment wi</li></ul>	ll be Dire	ctly Depos	ited to your r	payroll bank accour	nt Notification	of donosi	ا مطاللين ا	
ORIGINAL	RECEIP	TS MUST I	RE ATTACH	mailed to your hom ED FOR PARKING Ursed from site o	e address if a	valid E-M	lail addre	ss does not exist.
EMPLOYEE NAM	1	een	Gilm	0.17		EMPLO	YEE NUME	BER
DEPARTMENT			РНО	NE NUMBER		DATE		
DATE OF TRAVE	U		<del></del>			OF KM	RATE	
EXPENSE			DET	AILS		(for milea		AMOUNT
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may 13	1	Vurse	s hun	Committe	-	. <u></u>		
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			6 2 2	1 0 0 0 0 M	ILEAGE/PAF			(Including GST)
MPLOYEE STANA	TURE		*/			PAYABL	E TO	
Noree	~ <del>`</del>	- De			1710	EMPLO		
UTHORIZATION ( )		s 170	<b>AU</b> 1), 17(4)(g)	THORIZER EMPLOYER	E NUMBER	AUTHOR	IZER PHO	NE NUMBER
$\rightarrow$	6	つくもうし	1, 1, T/(E)	(1)			, ,—	(611-

X:Board/Honoraria/Local Travel Expense Claim

WHITE-ACCOUNTS PAYABLE