2004

APPLICANT COPY

CALGAR'	Y HEALTH	REGION
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BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	_	Lma	<u> </u>	s.17(1), 17(4)(g)(i)
FOR THE	MONTH OF _	San	2001	
	(Plaz	EXPENS se attach orig		ô ENTERED
Date	Description		GST	Amount
	27. Dets	Poleplanical In DVD innet		2 \$ 130.00
Jan.	Internet	<u> </u>		V 50.00
TOTAL EX	(PENSES:		1	/\$ 180.00
Financial of	code: 01-7111030		nt Name:	
R	pployee Number:		Shirle thorizer Phone Number	er (in full):

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

943-1120

The C.G.H. Medical Staff
Association

Presents its'

18th Annual Dinner Dance, Award Night

Saturday, 2004 February 7
Crystal Ballroom
The Palliser Hotel

Reception: 5:45 pm Seating: 6:40 pm

Dinner: 7:00 pm

Awards and Dance to Follow

Formal Dress: Semi-Formal

Cost: \$70.00 per couple for members allocating their dues to the RCC

Cost: \$130.00 per couple



TICKET Nº 0056

The C.G.H. Medical Staff

Association

Presents its'

18th Annual Dinner Dance, Award Night

Saturday, 2004 February 7 Crystal Ballroom The Palliser Hotel

Reception: 5:45 pm Seating: 6:40 pm

Dinner: 7:00 pm

Awards and Dance to Follow

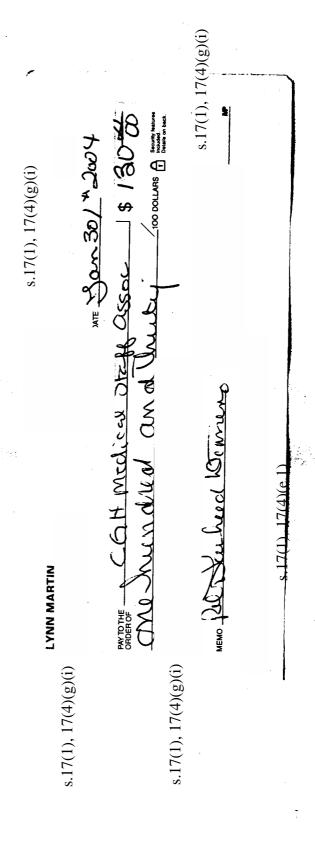
Formal Dress: Semi-Formal

Cost: \$70.00 per couple for members allocating their dues to the PLC

Cost: \$130.00 per couple for members allocating their dues to other sites



TICKEY Nº 0056

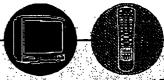




ALWAYS ON

APPLICANT CO





PS MARTIN



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

Customer Service Centre (403) 716-6000

M-F 7:30am-10pm S-S 7:30am-10pm

Visit us at shaw.ca

Repair Service (403) 716-6060 24 hours/7 days Internet Technical Support (403) 750-6990

PAGE 1 OF 2

24 hours/7 days

Customer Name: Account Number:

> Service Address: Service Period:

01-Feb-04 to 29-Feb-04

Invoice Date: January 09, 2004

Your Entertainment Services

By bundling your services, you have saved \$9.22 on this invoke. Previous Balance Payment Received - Thank You

2-Jan-04

83.83 -85.00

Outstanding Balance
Payments you have made after lavoice date will appear on your next invoice

Entertainment Bundle Full Cable Bundle

Total Current Charges

79.95

Current Entertainment Charges GST (Registration 873690457RT)

5.60 **85.5**5

79.95

Please Pay Amount Due by 01-Feb-04

\$84.38

Service calls are always included with your monthly price.

Thank you for keeping your account current.

Watch the Super Bowl the way it was meant to be seen - in full HDTV on Shaw Digital. All you need is a Shaw High-Definition Digital Terminal and an HD-ready TV. To learn more call 1-888-472-2222 or visit shaw to day.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle will be adjusted to \$80.95. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw ca.

Visit startshaw.ca News.

Entertainment. Information.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$84.38

By 01-Feb-04

Amount Enclosed

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

11150

PS MARTIN

17/9 775(C) SHAW CABLE PO BOX 2468 STN MAIN CALGARY, ALBERTA

T2P 4Y2

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

000008438 5

1:00706 - 9001

1

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BOARD EXPENSE FORM

NAME:	Lynn Martin	_
FOR THE MONTH OF:	February 2004	s.17(1), 17(4)(g)(i)
	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	Q94	
ACCOMMODATION:	1581 269-44	62312000
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe	e): ENT	ERED MAR 2 3 2004
	<u> </u>	and the second s
	<u> </u>	
MILEAGE: 256		62210000
TOTAL EXPENSES:	<u>\$ 366.72</u>	

Candul



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

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

Arrival 03/14/04 Departure 03/16/04 Payment Method VA

03/14/04 03/16/04 hod VA Room Cashier Page Starwood Pref.#

Airline Partner Folio No.

** INFORMATION **

The Westin Edmonton, 03/15/04

Date	Description	Room	Charges	Credits
03/14	Room Charge	0811	105.00	·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
03/14	Room Tax 5%	V	5.25	
03/14	Room GST 7%		7.35	
03/14	Parking GST 7%		1.12	
03/14	Outside Self Park		16.00	
03/15	Room Charge			
03/15	Room Tax 5%		105.00	
03/15	Room GST 7%		5.25	
03/15	Parking GST 7%		7.35	
03/15	Outside Self Park		1.12	
03/13	Outside Sell Park		16.00	

Total

Balance

269.44

269.44 \$

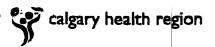
0811

1

Room GST 14.70 F&B GST 0.00 Other GST 2.24 Total GST 16.94

GST Vendor

R101577591



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 cashler office where available.

EMPLOYEE NAME (PRINT)			CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
LYNN 1	MARTI	\mathcal{N}				
DEPARTMENT		SITE		PHONE #	·	DATE
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for m	RATE ileage)	AMOUNT
Febli	Joerda Se	Hine HA	ARIONCI	62		
Feb 18 1	4B. Da	lte Co	incil.	49		
Febra F	eles recitos	عير نءرو	Schere	83		
F-06 24	Bond		6	62		
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<u>-</u>				-		
			<u>, -</u>			

						A	UT	H)RI	TION & CODING		
	FINA	NCIAL CO	DE							GL Description		Amount
Org	Functional Centre	a			Acı	coun	nt				The first factor feat an arrive free power	assaultiensurasities
			6	2 2	41	c	ם נ	ı C	0 0	Mileage/Parking		s
Emp	oloyee Signature		-					Ti	Date			
										TOTAL PAYABLE TO	EMPLOYEE	\$
Expe	enditure Officer Authoriz	cation	<u>.</u> /	(-	Auth	zer's Employee Number	Authorizer	Phone Number

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

ynn Martin

Date	Description	Amount	GST	Total
en.	Sha	50.00		50.00
				30.00
 -			7	
JIAL E	XPENSES:		~	\$ 50.00
nancial penditure Of	code: 01-71110300003- fficer Authorization:			
_ K	andry	Print Name:	2110	00
horizer's En	nployee Number:	Authorizer Phone	Number (in full):	recvi
		1 0112	-1123	•









Customer Service Centre

(403) 716-6000 M-F 7:30am-10pm S-\$ 7:30am-10pm

Repair Service (403) 716-6060 24 hours/7 days Internet Technical Support

PAGE 1 OF 2

(403) 750-6990 24 hours/7 days Customer Name: PS MARTIN

Account Number Service Address:

> Service Period: 01-Apr-04 to 30-Apr-04

Invoice Date: March 09, 2004

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this invoice. Previous Balance Payment Received - Thank You **Outstanding Balance**

27-Feb-04

169.93 -75.00

Payments you have made after invoice date will appear on your next invoice

Entertainment Bundle Full Cable Bundle

Current Entertainment Charges

GST (Registration 873690457RT)

80.95 5.67

Total Current Charges

86.62

Service calls are always included with your monthly price.

Please Pay Amount Due by 01-Apr-04

\$181.55

Thank you for keeping your account current.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle has been adjusted to \$80.95. Shaw is committed to providing you with the best programming. and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

Visit start.shaw.ca News.

Entertainment. Information.

403-568-0763

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	Lynn	nain	
FOR THE MON	T H OF	may	-2004

EXPENSES (Please attach original receipts.)

Date	Description	Amount	GST	Total
Mari	Cable			7 50.00
Jung	Cable		-	7 50.00 7 50.00
7000				
				W 111N 1 0 2004
			ENIERE	D JUN I 8 2004

TOTAL EXPENSES:	\$ (00:00
Financial code: 01-71110300003-6221000	1
Expenditure Officer Authorization:	Print Name: Shir ley Landry
Authorizer's Employee Number:	Authorizer Phone Number (in full):
	943-1122

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



\$ 100.00

PAGE 1 OF 2







Customer Service Centre

services, you have

saved \$7.95 on this invoice.

Eliminate junk email before it arrives on

your computer with

Shaw Email Filter.

(403) 716-6000

M-F-7:30am-10pm S-\$ 7:30am-10pm Repair Service

(403) 716-6060 24 hours/7 days Internet Technical Support

(403) 750-6990 24 hours/7 days

PS MARTIN Customer Name:

Account Number:

Service Address:

01-Jul-04 to 31-Jul-04 Service Period: June 09, 2004 Invoice Date:

232.86

150.00

82.86

\$169.48

50.00

July 01, 2004 Due Date:

Visit us at shaw ca

Your Entertainment Services

26-May-04

Previous Balance By bundling your

Payment Received - Thank You Outstanding Balance

Payments you have made after invoice date will appear on your next invoice

Entertainment Bundle Full Cable Bundle **Current Entertainment Charges**

GST (Registration 873690457RT)

BO:95 5.67 86.62

Total Current Charges

Total Amount Due (Please pay by due date shown)

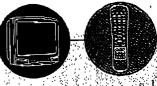
Thank you for keeping your account current

Shaw High-Speed Xtreme-I is now available. Experience new speeds with your internet service. Visit shaw ca or call us today for more details.

With Shaw, quick and responsive customer service is available 24/7/365.

PAGE 3 OF 3







Customer Service Centre (403) 716-6000

M-F 7:30am-10pm 5-5 7:30am-10pm

Repair Service (403) 716-6060 24 hours/7 days

Internet Technical Support (403) 750-6990 24 hours/7 days

PS MARTIN Customer Name: Account Number

Service Address: Service Period:

May 09, 2004 Invoice Date:

01-Jun-04 to 30-Jun-04

June 01, 2004 Due Date:

Visit us at shaw.ca

Total Current Charges

Your Entertainment Services **Entertainment Bundle** 80.95 30-Jun-04 to Full Cable Bundle 80.95 Late Payment Charges 1.17 Late Payment Charge 1.17 82.12 Current Entertainment Charges 5.67 GST (Registration 873690457RT) 87.79

> Shaw Email Filter is now available, providing Shaw Internet customers four options to manage unwanted junk email or spam. Visit manage shaw ca for more details.

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:	Lynn Marlin
FOR THE MON	TH OF: 2004
	1
	EXPENSES
	01-71110300002
AIRFARE:	\$
CAR RENTAL:	\$
ACCOMMODA	
MEALS:	2 <u>\$ 18.18</u> 6950000
PARKING:	62210000
TAXIS:	\$
OTHER (please	describe): ENTERED JUN 1 8 2004
	ENTERED CON 1 0 2001
	<u> </u>
	Q \$
MILEAGE: 8	14 km at .38¢/km \$ 332.12 62210000
TOTAL EXPEN	216 20
F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\mathcal{O}

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: June 23, 2003

Bandry

Total: Entry Time25/03/2004 09:28 Exit Time: 20/03/2004 00:00 C.C. No.: c.c. exp.;

Thank You Come Again

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

Montana's Sumridge 100 2555 32nd St NE CALGARY ALBERTA, TIY 736 PHONE#: (403)735-9270 GST# 892297896 RTD111

	85	552
AMANDA M	Table	26
Wed 04/28/04 8:25 PH	Guests	2
1 RINGER ALE	2.19	W
1 COKE	2.19	
1 AYCE REEF RIRS	15.77	
2 ≭LOADED	0.00	
1 AYCE SIDE RIBS	19.99	
3 TEXAS BOLD	0.00	
1 AYCE BEEF REFIL	0.00	
2 AYCE SIDE REFIL	0.00	
	SubTotal	46.36
	TAVO	7 07

TAX2

Please pay this amount Total343-18

Tip----Total..

NEH!!!

ALL YOU CAN EAT BEEF RIBS EVERY TUESDAY

DON'T HISS OUT!!

PLEASE PAY YOUR SERVER

CRHA Calgary Regional Meeth Authority

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-Malled 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 (P		. 0 1-		CRHA E-MAIL ADDRESS		EMPLOYEE	NOWBER
LUr	าก	Martin	•				
DEPARTMENT	<u> </u>		SITE		PHONE #		DATE
DATE OF TRAVE	L	-	DETAILS		# OF KM (far m	RATE ileage)	AMOUNT
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থ		Cielmel	\wedge	a presentation	42		A WASHLEY
	k	an music		Southout	62		
5			lit four		47		
(0		Qualit	y Care		62		
1		Colonel	Belche		42		
l@		nuses (Dente tol	72		
11		Special 18	necting	Board	62		
		A Beren mal	· Januar		42		
	2	aBox mal	0 -	s atlantico	49		
	4	EWS K	12 mur	nce	72		
	13	Tolker	Fortier	<u>C</u>	47		
	<u> </u>	1	rection,		62		
	19	Confliance	Magnin	Muddinal	42		
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		•	4. ***				
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				AUTI	10RL	ZATION & CO	DING		
		FINAN	CIAL CODE		_		GL Description	77.7	Amount (Including GST)
Org	Fund	ctional Centre		Account		İ			
			6	2 2 1 0 0	0 0		Mileage/Parking		\$
Emp	loyee Signat	II O			Date	9			
/	W	tell	1				TOTAL PAYABLE TO E	MPLOYEE	s
Expe	enditure Offic	er Authoriza	ation		Auth	orizer's Employ	ree Number	Authorizer	Phone Number
		trai	du	1					

90073 R(2001/D1)

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	:	_ L Mo	din.	_	
FOR T	HE MON	тн оғ	·Octob	per 200	s.17(1), 17(4)(g)(i)
		EXF (Please attach	PENSES original re	eceipts.)	,
Date	Des	cription	Amount	GST	Total
NOONS	Con	Jeronce Reg.	40.00		
	S	aulablo	50 W		40.00 50.00
TOTAL	EXPEN:	SES:		7	90.00
Financia	al code:	01-71110300003-622100	001		
	Employee N	du	Print Name: Authorizer Phone	Number (In full):	indry
				3-112	1
s.	.17(1), 17	(4)(g)(i)			3 2004 RB

16

100205 R(2001/08) DISTRIBUTION: WHITE - To Payee CA	FIRMOIAL CODE Functional Centre A A A A A A A A A A A A A	the Kind Forty Dallars	Received From:	Pγ `	calgary health region
DISTRIBUTION: WHITE - To Payee CANARY - To Accounting PINK - Retained in Books	Account Signed	ST REG. R124072513	Patient Acct/ID No.	Date Nov. 12/04	OFFICIAL RECEIPT FINANCE 147977 Please retain this Receipt for your records

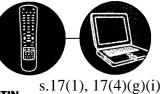


ALWAYS ON

APPLICANT C









Customer Service Centre (403) 716-6000

Repair Service (403) 716-6060

Internet Technical Support (403) 750-6990

PAGE 3 OF 3

Customer Name: Account Number:

PS MARTIN

M-F 7:30am-10pm S-S 7:30am-10pm

Visit us at shaw.ca

24 Hours/7 Days 24 Hours/7 Days

Service Address: Service Period: Invoice Date:

01-Oct-04 to 31-Oct-04 September 09, 2004

Due Date:

October 01, 2004

Your Entertainment Services

Total Current Charges				87.77
SST (Registration 873690457RT)				5.67
Current Entertainment Charges				82.10
ate Payment Charges ate Payment Charge			1.15	1.15
Entertainment Bundle Full Cable Bundle	01-Oct-04 t	o 31-Oct-04	80.95	80,98 30.0

BOARD EXPENSE FORM

NAME:	Lynn Mar.	tin_
OR THE MONTH OF:	Octobe	2004 s.17(1), 17(4)(g)
	EXPENSES	
		01-71110300002
IRFARE:	\$	
AR RENTAL:	\$	
CCOMMODATION:	\$	
EALS:	a \$5	
ARKING:	1232.00	62210000
AXIS:	\$	
THER (please describe):		
	\$	
	\$	
	(\$	· 中心 · · · · · · · · · · · · · · · · · ·
LEAGE: 224 km	at 38¢ /km \$ \$5.17	62210000
TAL EXPENSES:	\$ 117.12	

Randry



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)

Mat	<u></u>	CRHA E-MAIL AD	DRESS	EMPLOYEE I	NUMBER
DEPARTMENT	SITE		PHONE #		DATE
DATE OF TRAVEL /EXPENSE	С	DETAILS	# OF KM	RATE nileage)	AMOUNT
20	Health Cours	I aboregial	112	meage)	
21	Slenmore Inn	orbienes	29		
27	Resign 3 Conference	Summery	47		
28	Long termate	a O	89		
29_	Armine Sui	iport	62.		
		•			
	Spots Parking CALGARY PLACE	- ~ ial	Parkina		
		T in a local to the company of the c	318064		
		lerm Par 	rkina rkina tkt face —— i,		
		— Jota.	\$13.00 \$13.00		
	Total: 19.00 T		\$ 13.00		
	Entry Time12/11/2004 08:10 Exit Time:12/11/2004 13:29	H.T. (7%)	\$12.15 0.85		
		All amounts Deliv. Damerk THANK YOU POR PAPKING IMPARK	e eift Date		
	A:20 00 R:1.00 Come Again	—			
·		_			

	AUTHORIZATION & C	CODING	
FINANCIAL CODE		GL Description	Amount
Org Functional Centre	Account		(Including GST)
6 2 2	2 1 0 0 0 0	Mileage/Parking	\$
Employee Signature	Date		
5		TOTAL PAYABLE TO EMPL	OYEE \$
Expenditure Officer Authorization	Authorizer's Empl	loyee Number Aut	thorizer Phone Number

BOARD EXPENSE FORM

NAM	E:	- Lynn	Martin	
FOR	THE MC	NTH OF: Sept	. 2004	s.17(1), 17(4)(g)(i)
		EXP	PENSES	
				01-71110300002
AIRF	ARE:		\$	
CAR	RENTAL	•	\$	
ACC	MMODA	ATION:	\$	
MEAL	S:		\$	
PARK	ING:		\$	
TAXIS	:		\$	
OTHE	R (pleas	e describe):		
-			\$	
			\$	
			\$	
MILEA Attach Lo	GE: 2	©7 pense Claim form) km at .38¢ /km	\$ 101.46	<u>62210000</u>
ΓΟΤΑΙ	EXPEN	SES:	\$ 101.46	

Hardry



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 UN	MAR E	100 00						
-	A MINORING CITY	461 2	100.00	can be	raimhuraad	f			
_				OG., DC	reminual sea	Irom site	Cashier	Office where	
							ousi nei	office where	avallable

EMPLOYEE NAME (PRINT)	CRUA F MAII ARREST			
L & Mary	<u>In</u>	CRHA E-MAIL ADDRESS		EMPLOYEE	NUMBER
DEPARTMENT	SITE	<u> </u>	PHONE #	L	DATE
DATE OF TRAVEL /EXPENSE	DETAILS		# OF KM	RATE	AMOUNT
Seed 1	Hoallynia	ABoriegnal		ileage)	AMOUNT
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30 pt 14	Down Physical action	mt \	42		
S. OZ MA	Recipied Almania	h	42		
5000	Di Ad Tital	Nealth anal	42.		
Sent	The Level I	CAAL	62		
	and low room	e Helch	8+		
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				AUT	HORI	ZATION & CODING		
		FINA	NCIAL C	ODE		GL Description		Amount
Org	Fur	nctional Centr	e	Account		The second secon		(Including GST)
				6 2 2 1 0 0	00	Mileage/Parking		\$
⊏mpi	oyee Signa	ture			Date			
Even	- dia Oss					TOTAL PAYABLE TO EN	APLOYEE	\$
⊏xpe	nditure Offic	er Authori	zation W		Auth	orizer's Employee Number	Authorizer	Phone Number

BOARD EXPENSE FORM

	Mount hyn	'n
NAME: FOR THE MONTH O	F.	s.17(1), 17(4)(g)(i)
POR ITIE MICHTING	EXPENSES	FEB (1.205)
	CALGARY EXHIBITION & STAMPEDE	<u>)1-71110300002</u>
AIRFARE:		
CAR RENTAL: 6	MAXIMUM 24 hrs PARKING GOOD FOR ONE ENTRY ONLY	
ACCOMMODATIC:	GOOD FOR JULY	
	PLEASE ON DASH DISPLAY ON DASH DISPLAS POSTED	
PARKING:	G.S.T. INCLUDED #R118892457	_ 6931000U
TAXIS:	\$	
OTHER (please des	cribe):	
<u> </u>	<u> </u>	_
P	28000 \$ 1800	5 to
MILEAGE: 64 4-	km at .38¢ /km (\$_ 344.73_	62210000
TOTAL EXPENSES	. lle 251.72	~
IUIAL EAFENSES		

4 Peloste

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: June 23, 2003

			APPLICANT	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
calgary health regi	ion	_ACHFMC _PLCRGH	Southport Other	LOCA	AL TRAVEL E MILEAGE &	XPENSE CLAIM PARKING
NSTRUCTIONS:			10.1	4 NI-455N	danaa'a will ba F	
Calgary Healt ORIGINAL R	th Regio	n E-Mail address (IS MUST BE ATTA	our payroll bank accour OR mailed to your hom ACHED FOR PARKING Elmbursed from site	e address if a val S WHERE POSS	id E-Mail addres IBLE.	s does not exist.
		100.00 Call De le	entibulsed it offi site			
EMPLOYEE NAME	'1	w		! '	EMPLOYEË NUMBI	EK
DEPARTMENT			PHONE NUMBER		DATE	
DATE OF TRAVEL	1		DETAILS	l	for mileage)	AMOUNT
5an)1	آخ کم	11 Senioce	Janney	L-	14	
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AUTHORIZATION			AUTHORIZER EMPLO	YEE NUMBER	AUTHORIZER PH	IONE NUMBER
	(-	<u>C</u>				

1073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

1362.

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAM	E:	Lynn	Partin	
FOR	THE MO	NTH OF: March	2005	
		EXPENS	ES GNTFREE IME	S
			01-71110300002	
AIRF	ARE:	\$		
CAR	RENTAL	:		
ACC	DMMODA	ATION: 231-71	248.64 62212000)
MEAL	LS:	2843	31.24 6221200	\bigcirc
PARK	(ING:	\$		
TAXIS	S :	\$		
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		\$		
	· · · · · · · · · · · · · · · · · · ·	 \$		
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MILEA (Attach L		km at .38¢ /km \$ xpense Claim form)		
TOTA	L EXPEI	NSES: \$	279.88	
			$a_i < a_i$,

265.96

ch. Weleste



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

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

Arrival 03/13/05 Departure 03/15/05 Payment Method CA

Room Cashier Page **0910** 38 1

Starwood Pref.# Airline Partner

Folio No.

** INFORMATION **

The Westin Edmonton, 03/15/05

Date	Description		Room	Charges	Credits
03/13	Room Charge		0910	111.00	
03/13	Room Tax 5%			5.55	
03/13	Room GST 7%			7.77	
03/13	Debit Card ->auth #006138	XX/XX		, , , ,	400.00
03/13	Debit Card	,			122.96
	->auth #158822	XX/XX			122.90
03/14 03/14	Room Charge Room Tax 5%	•		111.00	
03/14 03/15	Room GST 7% Debit Card			5.55 7.77 ~	
	->auth #005436	XX/XX			-274.32
		Total		248.64	248.64
		Balance			0.00

 Room
 GST
 15.54

 F&B
 GST
 0.00

 Other
 GST
 0.00

 Total
 GST
 15.54

GST Vendor

R101577591

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	AME: Lypo Martin						
FOR TH	HE MONTH OF	Apr	06 1	DS_			
•	(Plea	EXP ase attach	ENSES original re	eceipts.)	s.17(1), 17(4)(g)(i)	
Date	Description		Amount	GST	Total		
April D	s Cable		107.77	574	113.51		
					05 11	2005	
				5600	V 3		
TOTAL				0) 17 (1		
IOIAL	EXPENSES:			K	\$ 113.51		
Financia Expenditure	ol code: 01-7111030 Officer Authorization:	00003-622100	O1 Print Name:			 -	
(Employee Number:	0	Lo	e Number (in full):	ste		
			9	43-112			
	s.17(1), 17(4)(g)(i)						

X:Board/Honoraria/Supplementary Expenses Claim Form





31-Mar-05



Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number: Service Address:

PS MARTIN

Visit us at SHAW.CA

Service Period: Invoice Date: Due Date:

01-May-05 to 31-May-05 April 09, 2005 s.17(1), 17(4)(g)(i)May 01, 2005

Previous Charges

Balance Carried forward from Previous Statement

175.82

PAGE 1 OF 2

By bundling your services, you have saved \$7.95 on this bill.

with Shaw Secure. Anti-Virus, Firewall, Parental Control,

Spam Control, Anti-Spyware

and Pop-up Blocker now included.

Payment Received - Thank You

-150.00

Outstanding Balance Payments you have made after invoice date will appear on your next invoice Due Now 25.82

Current Charges

Entertainment Bundle

Full Cable & High-Speed Bundle

81.95

GST (Registration 873690457RT)

5.74

Total Current Charges Protect your computer

Due by 01-May-05

87.69

Total Amount Due

\$113.51

Visit SHAW.CA for more information on the New & Improved Shaw High Speed Internet service.

Thank you for keeping your account current.

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME	NAME: Lynn Marlin									
FOR T	or the month of $\frac{s.17(1), 17(4)(g)(i)}{0.5}$									
	EXPENSES (Please attach original receipts.)									
Date		Description		Amount	GST	Total				
Way	05	Cable			·	50.00				
						·	_			
							_			
TOTAL	_EX	(PENSES:			7	\$ 50.00	-			
Finanç Expenditu	ial c	ode: 01-7111030	00003-622100	01 Print Name:			■			
	2	Octobro ployee Number:			ou De l one Number (in fu	Coste	-			
					943-1	99				

X:Board/Honoraria/Supplementary Expenses Claim Form

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

SHAVV)







Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm TV Technical Support (403) 716-6060 24/7/365 Internet & Phone Technical Support (403) 750-6990 24/7/365 Customer Name: Account Number: Service Address: Service Period:

Due Date:

Service Period: 01-Jun-05 to 30-Jun-05 Invoice Date: May 09, 2005 s 176

May 09, 2005 June 01, 2005

113.51

-113.51

PS MARTIN

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

Visit us at SHAW.CA

PAGE 1 OF 2
Previous Charges

Balance Carried forward from Previous Statement

Payment Received - Thank You

Outstanding Balance

29-Apr-05

0.00

#

By bundling your services, you have saved \$7.95 on this bill.

Current Charges
Entertainment Bundle
Full Cable & High-Speed Bundle

GST (Registration 873690457RT)

81.95

5.74

Due by 01-Jun-05

50 w

Broadband
is a better, faster
and more reliable
way to bring
endless possibilities
into your home.
Visit SHAW.CA
for details.

Total Amount Due

Total Current Charges

\$87,69

87.69

Thank you for keeping your account current,

Shaw Digital Phone is now available in the cities of Edmonton and Calgary. Includes 6 calling features, E911, and unlimited long distance in Canada and the continental US. Visit SHAW.CA for details.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$87.69

By 01-Jun-05

Amount Enclosed

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

50/11 PS MARTIN 42510

775 (X)

SHAW CABLE PO BOX 2468 STN MAIN CALGARY, ALBERTA T2P 4Y2

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

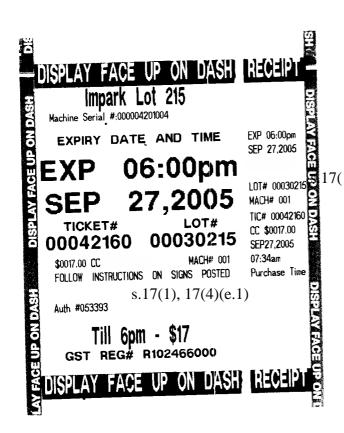
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96

BOARD EXPENSE FORM

NAME:	Lyon Martin	
FOR THE MONTH OF:	Sept 2005	s.17(1), 17(4)(g)(i)
÷ :	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	.0 \$	
PARKING:	\$ \$ 66.25	62310000
TAXIS:	\$	
OTHER (please describe):	:	
	D \$ENTERE	D OCT 1 7 2005
	\$	
	<u> </u>	
MILEAGE: A kn (Attach Local Travel Expense Claim form	m at .40.5¢ /km \$ 393.66	62210000
TOTAL EXPENSES:	\$ 459.91	
		4. Oclaste
X:\BOARD\Honoraria\Honoraria Forms.DO	DC Revised: March 2005	



DETACH THIS PORTION FOR VALIDATION



		APPLICANT (COPY		
calgary health region	ACHFMC PLCRGH	Southport Other	LOC		EXPENSE CLAIM & PARKING
 ORIGINAL REC 	Directly Deposited to yo Region E-Mail address O EIPTS MUST BE ATTA er \$ 100.00 can be re	OR mailed to your ho ACHED FOR PARKII	me address if a v NG WHERE POS	alid E-Mail addre	ess does not exist.
EMPLOYEE NAME (P				EMPLOYEE NUM	
DEPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE		DETAILS	# (OF KM RATE (for mileage)	AMOUNT
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EMPLOYEE SIGNATURE				PAYABLE TO	
4 01	este			EMPLOYEE	
AUTHORIZATION	s.17(1), 17(4)(AUTHORIZER EMPLO (i)	YEE NUMBER	AUTHORIZER PI	HONE NUMBER
00073					

X:Board/Honoraria/Local Travel Expense Claim

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

1,00 2027000009;23 PM

APPLICANT COPY

DETACH RECEIPT FROM TICKET

TIME ISSUED DATE ISSUED

CREDIT CARD NUMBER

PRECISE PARKLINK"

NON TRANSFERABLE 5234255

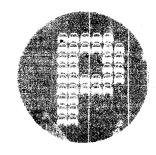
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME



RECEIPT

DETACH RECEIPT FROM TICKET



Display this licket on dashboard, this side up.

Lot 41-2

ie :2005

Time

PRECISE PARKLINK"

2,00 20270000 10:08 PM

NON TRANSFERABLE 5234261

PÄRKLINK"

EXP 06:00am

SEP 27,2005

S.17 LOT# 000302

SEP26,2005

Purchase Time

05:34pm

MACH# 00. TIC# 00042125

RECEIPT

Fee \$6.00 Ticket No.: 11850

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

i.25 20270000 10:47 PM

DETACH RECEIPT FROM TICKET

DATE ISSUED AMOUNT PAID TIME ISSUED

CKEDIT CARD NUMBER

141-2 GST#119457869

\$6.00 12-09-05 11:59p

EXP 06:00pm

SEP 28,2005

MACH# 001

TIC# 00042327

CC \$0017.00

SEP28,2005

Purchase Time

09:08am

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

included

PRECISE PARKLINK"

FACE UP ON DASH RECEIVE

Impark Lot 215

Machine Serial #:000004201004

EXPIRY DATE AND TIME

06:00am

TICKET# 00042125

LOT# 00030215

MACH# 001 \$0016.00 CC #

FOLLOW INSTRUCTIONS ON SIGNS POSTED s.17(1), 17(4)(e.1)

Auth #055900

Till 6 am \$16 GST REG# R102466000

.17**(5**), 17(4)(e.1)

FACE UP ON DASH RECEIPT

Impark Lot 215

Machine Serial #:000004201004

E0740/E

EXPIRY DATE AND TIME

06:00pm

28,2005

TICKET#

00042327

LOT# 00030215 MACH# 001

\$0017.00 CC # FOLLOW INSTRUCTIONS ON SIGNS POSTED s.17(1), 17(4)(e.1)

Auth #050189

Till 6pm - \$17 GST REG# R102466000

ON

REC

LYNN MARTIN CHR NE

PAGE 03/05

APPLICANT COPY

CALGARY	HEALTH	REGION

BOARD EXPENSE FORM

NAME: YOUN	ratin_
FOR THE MONTH OF:	900 2005 s.17(1), 17(4)(e.1)
EXP	ENSES
	<u>01-71110300002</u>
AIRFARE:	\$
CAR RENTAL:	\$
ACCOMMODATION:	\$
MEALS:	06\$
PARKING:	\$ 67.43 600000
TAXIS:	\$
OTHER (please describe):	*ENTERED DID 1 1 205
	\$
MILEAGE:km at .43¢ /km (Attach Local Travel Expense Claim form)	\$
TOTAL EXPENSES:	<u>\$_275.98</u>
VAPO ADDIVI	223.55 4 Deloute 52.43

calgary he	alth region	ACH FM PLC RG		outhport		LOC			EXPENSE CLAIM PARKING
INSTRUCTI	ONS:								
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EMPLOYEE	NAME (Pri	nt)					EMPLOY	EE NUMB	ED
	M	Ollin					LIMITEOT	CC NOMB	EN
DEPARTME	NT		PHONE NU	MBER			DATE		
DATE OF T						# C	FKM	RATE	
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AUTHORIZAT	ION		AUTHOR	IZER EMPLO	YEE NUMBER	R	AUTHOR	NZER PHO	ONE NUMBER
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00073		DISTRIBU	TION:	WHITE-	ACCOUNTS	S PAY	ABLF	- 10	

-	S) Sheraton	OFFICIAL RECEIPT	l
	Sheraton Suites Calgary	DATE: Dec. 105	
	Received from	Martin	
	the sum of		
	in payment of	L. L. KIDO	•
	\$ 28.89	valet parking	
	Method of Paym d Cash □ Cheque	ent DOCALD	
:	☐ Debit Card ☐ Credit Card, Type	CA Hotel Authorization	
	• • •		
			_ .
	Sheraton Suites Calgary	OFFICIAL RECEIPT	
,		DATE: 4/3/65	
	eceived from	MARTIN	
th	e sum of	111	
in	payment of	Vale	TMPPD TALL ID ADJUSTATE
\$	\$ 23.54	Boarded Alberta	IMPERIAL PARKING PHONE 289-72:75
M	ethod of Paymer		9 PHONE 289-7275
	Cash Cheque	17	E MEEKOIN EHKKEK
	Debit Card	É	Stater: L97 143
u	redit Card, Type	- S.17(1),	Trans (
	=	Hotel Authorization	Time: 5:31P NOU 17 Frice: \$5.17(1), 17(4)(e.1)
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			:

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	Sheraton Suites Calgary EAU CLAIRE		DATE: Decilo	55		
F	Received from	Martin_				
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		EXP 02:3 NOV 27.2 f MACH# 1: IIC# 00	-	Car Car	me: 5.131P NOU' s.17(1),17(4 ice: \$ 7.00	17 4)(e.1)
	DISPÍRY FACE UP ON DASI	EXPIRY DATE AND TIME EXPIRY DATE AND TIME EXP 02:33pm NOV 27,2005 TICKET# LOT#	\$00005443 00030007 \$0006.00 CC # MACH# 002 FOLLOW INSTRUCTIONS ON SIGNS POSTED S.17(1), 17(4)(e.1) 4 hours \$8 GST REG# R102466000	F-SOLD	Cd: Chires: Ch	PLACE THIS SIDE U

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME	- <u>Ma</u>	Airi, Lu	100		
FOR T	HE MONTH OF	, 10 . 0.90	s.	17(1), 17(4)(g)(i)	
	E	XPENSES ch original re	EN eceipts.)	Grand Many	Î EM
Date	Description	Amount	GST	Total	
Dec 0	5 Shaw Cable	83.95	5.88	89.19	
· · · · · · · · · · · · · · · · · · ·					
FOTAL	EXPENSES:		R_{\bullet}	89.19	
inancia xpenditure	I code: 01-71110300003-622	10001 Print Name:			
	Employee Number:	Authorizer Phone	DECOS:	18	
-	s.17(1), 17(4)(g)(i)	9	43-112	2	
::Board/Ho	noraria/Supplementary Expenses Claim Form	ı			

SHAVV)

Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

Visit us at SHAW.CA

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone Technical Support (403) 750-6990 24/7/365





Customer Name: Account Number: Service Address: Service Period: Invoice Date:

Due Date:

01-Jan-06 to 31-Jan-06 December 09, 2005 January 01, 2006 $s.17(1),\ 17(4)(g)(i)$

By bundling your services, you have saved \$7.95 on this bill. **Previous Charges**Balance Carried forward from Previous Statement
Payment Received - Thank You

8-Dec-05

89.36 -90.00

Outstanding Balance
Payments you have made after invoice date will appear on your next invoice

APPLICA

-0.64

Current Charges Entertainment Bundte

full Cable & High-Speed Bundle

83.95

PAGE 1 OF 2

GST (Registration 873690457RT)

5.88

Total Current Charges

Due by 01-Jan-06

89.83

Introducing Shaw Photo Share - a new photo sharing feature included with High-Speed Internet. Visit SHAW.CA for details.

Total Amount Due

\$89.19

Thank you for keeping your account current.

Shaw wishes you and your family a safe and happy holiday season.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$89.19**

By 01-Jan-06

Amount Enclosed

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

10/5 PS MARTIN 14478

626(E)

SHAW CABLE

PO BOX 2468 STN MAIN CALGARY, ALBERTA T2P 4Y2

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

000008919 1

1:00706-9001

96

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	•	Mady	Lyni	7
FOR TH	E MONTH OF	Jan		s.17(1), 17(4)(g)
	(Please a	EXPENSES attach original	receipts.)	
Date	Description	Amount	GST	Total
Janloc	Shaw Inter	net 8395	5.88	89.83
		ENTE	FED FED '	290 6 :
				-
.			P	
DIAL EX	(PENSES:			89.83
nancial c	ode: 01-71110300003-	52210001		
enditure Off	icer Authorization:	Print Name:	~ .	
horizer's Em	ployee Number:	Authorizer Phon	e Number (in full):	oste
			743-11	22
	s.17(1), 17(4)(g)(i)			06
Oatd/Honon	uria/Supplementary Expenses Claim	Form		\mathcal{F}_{-}

SHAW)







Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm TV Technical Support (403) 716-6060 24/7/365 Internet & Phone Technical Support (403) 750-6990 24/7/365 Customer Name: Account Number: Service Address: PS MARTIN

PAGE 1 OF 2

Due Now

Visit us at SHAW.CA

/7/365 24/7/365

Service Period: Invoice Date: Due Date:

01-Feb-06 to 28-Feb-06 January 09, 2006 $17(1),\ 17(4)(g)(i)$ February 01, 2006

4.19

By bundling your services, you have saved \$7.95 on this bill.

Previous Charges
Balance Carried forward from Previous Statement
Payment Received - Thank You

Payments you have made after invoice date will appear on your next invoice

3-Jan-06

لع ' ' 89.19 -85.00

Current Charges

Outstanding Balance

Entertainment Bundle Full Cable & High-Speed Bundle

GST (Registration 873690457RT)

Thank you for keeping your account current.

83,95

5.88

Shaw
High Speed Internet
is the fastest.
To subscribe, visit
SHAW.CA

Total Current Charges

Due by 01-Feb-06

89.83

Total Amount Due

\$94.02

View your monthly Shaw bill online save time and paper with Shaw E-bill. Visit SHAW.CA for details.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$94.02

By 01-Feb-06

Amount Enclosed

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

7/5 PS MARTIN 17962

626(V)

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

SHAW CABLE PO BOX 2468 STN MAIN CALGARY, ALBERTA T2P 4Y2

000009402 3

100706m9001

7 G

BOARD EXPENSE FORM

NAME:	- Ly	on Martin	
FOR THE MONT	TH OF:	2006 April	
	EXF	PENSES	
			01-71110300002
AIRFARE:		\$	
CAR RENTAL:		\$	
ACCOMMODATI	ON:	257.76	20061669
MEALS:		\$	
PARKING: \$1.3		\$ R 14,00	69919000
TAXIS: \$5		\$	<u> </u>
OTHER (please o	describe):	SS	2 4 2006
MILEAGE: Attach Local Travel Exper	km at .43¢ /km	\$ \$	
TOTAL EXPENSI	ES :	\$_271.76_	
(:\BOARD\Honoraria\Honora	aria Forms.DOC Revised: Februa	14.0	d Deleste

THE WESTIN EDMONTON

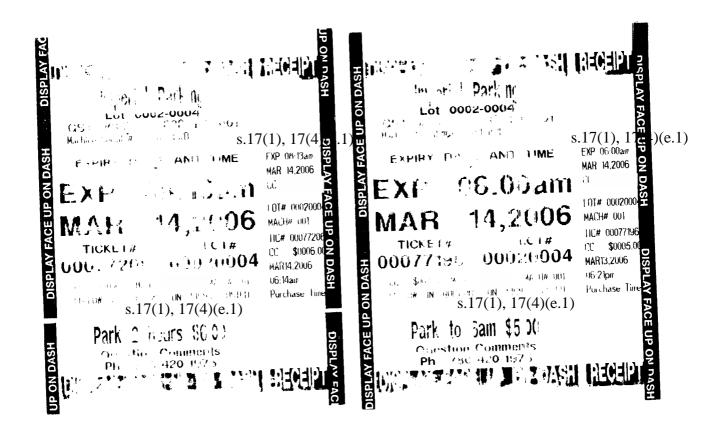
10135 100TH STREFT, EDMONTON, ALBERTA T5J 0N7, CANADA TEI: (780) 426-3636 FAX: (780) 428-1454

	n Martin Health Region		ROOM RATE NO. PERS. FOLIO PAGE	704 115.00 1 57331	EX-A	T A G E V N E T		
	.17(1), 17(4)(g)(i	i)	ARRIVE DEPART PAYMENT	12-MAR-06 14-MAR-06 CA		C H A T R O G		204
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otal	357.76-							
hank you fo	r choosing Sta ** contin	rwood Houed on	otels. W	e look fort	ward to	welcoming	you back	soon!
	i							

Ms. Lynn Martin FOLIO 57331 12-MAR-06 THE WESTIN

SIGNATURE

Name Martin Lynn Date March. 1	2.0k	·
G/L Account No. Westin Hotel	11	
DESCRIPTION	115.	∞
Room and tax	50	00
Deposit per night	30,	,
Cash returnd, \$100.00 G.S.T.	7.12	76
on check out	1 CC	
Received Payment: Approved for Payment 76 By By By By	ni C	haha
Ву		⊕

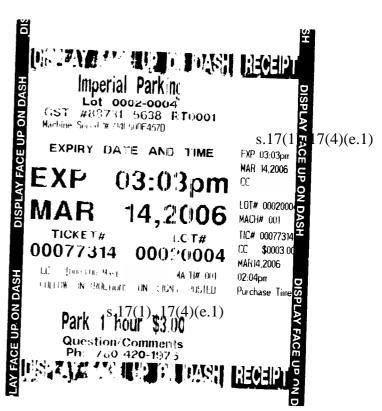


THE WESTIN EDMONTON

10135 100TH STREET, FDMONTON, ALBERTA 15J 0N7, CANADA TEL: (780) 426-3636 FAX: (780) 428-1454

G Ms. Lynn Martin U Calgary Health Region E S	ROOM RATE NO. PERS. FOLIO PAGE	704 115.00 1 57331	EX-A	T A G A E V N T L
s.17(1), 17(4)(g)(i) GRAUTH DATE REFERENCE	ARRIVE DEPART PAYMENT	12-MAR-06 14-MAR-06 CA	15:48	C H A T R O G E

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



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

As a Starwood Preferred Guest, you could have earned 782 Starpoints for this visit. Please provide your member number or enroll today.

Ms. Lynn Martin

FOLIO 57331 12-MAR-06

THE WESTIN

SIGNATURE

CALGARY HEALTH REGION

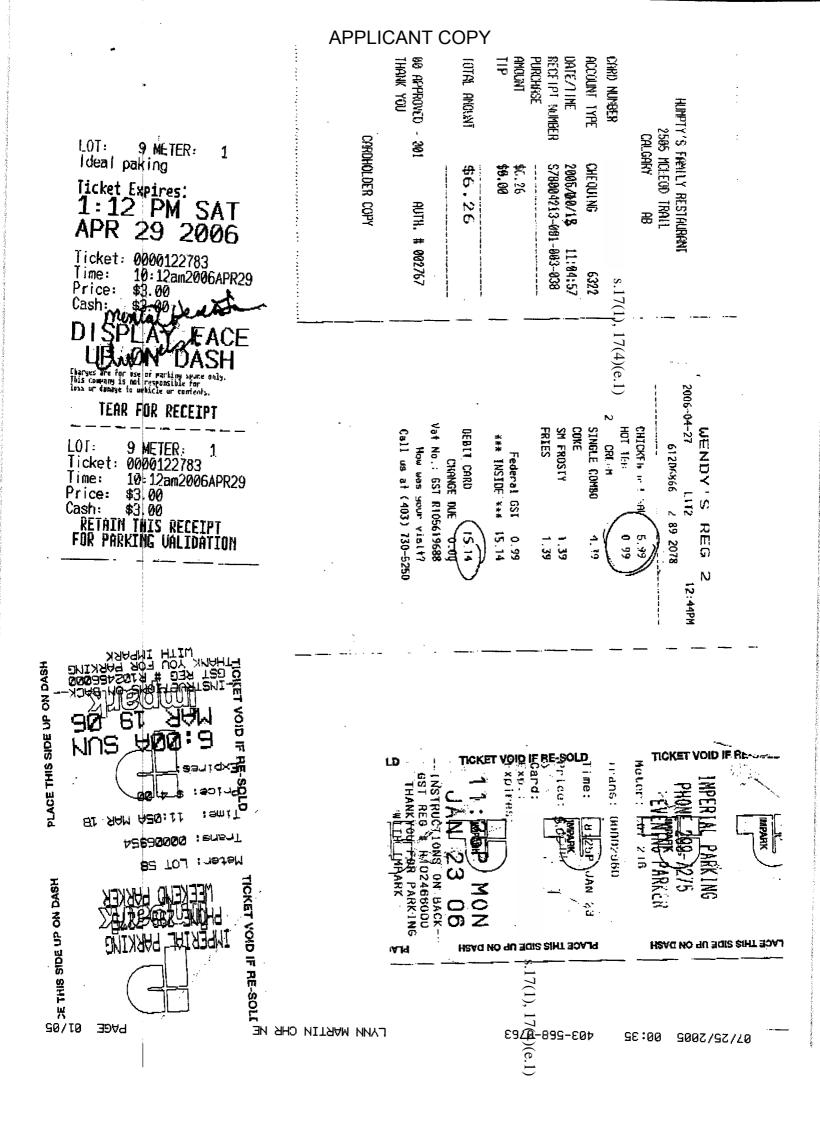
BOARD EXPENSE FORM

NAME:	Marin	hynn	_
FOR THE MONTH OF:	HPRIL	12006_	s.17(1), 17(4)(g)(i)
	EXPE	NSES ENTER	ED MAY 18 2006
			01-71110300002
AIRFARE:		\$	
CAR RENTAL:		\$	
ACCOMMODATION:	15110	\$	
MEALS:		\$ 21.40	69310000
PARKING:	R	<u>\$ 12.00</u>	(3210000
TAXIS:		\$	
OTHER (please descrit	oe):		
		\$	
		\$	
a	0	\$	
MILEAGE: # CANTACH Expense Clair	95 km at .43¢ /km form)	\$ 169.85	(391000)
TOTAL EXPENSES:	`	\$ 203.25	- 196.99 6.24

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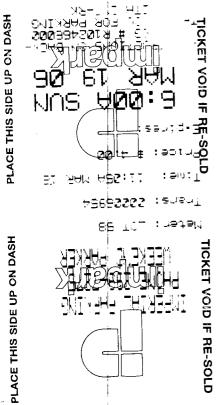
Revised: October 2005

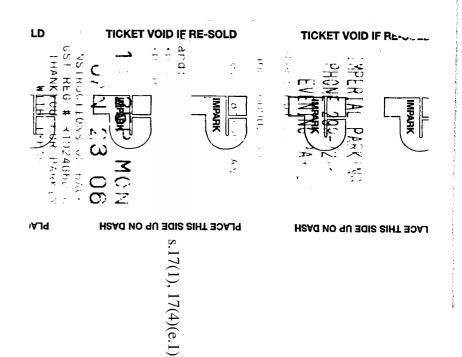


calgary health region	ACH FMC Southport	LOCAL TRAVEL EX	(PENSE CLAIM ARKING
Calgary Health F	Directly Deposited to your payroll bank account. Negion E-Mail address OR mailed to your home at EIPTS MUST BE ATTACHED FOR PARKING Wer § 100.00 can be reimbursed from site ca	odress if a valid E-Mail address MERE POSSIBLE.	does not exist.
EMPLOYEE NAME (P	matin	EMPLOYEE NUMBER	R
DEPARTMENT	PHONE NUMBER	DATE	
DATE OF TRAVEL	DETAILS	# OF KM RATE (for mileage)	AMOUNT
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14	range Blan meeting ?	71 K	
18	Tarletire)	
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20	libin thealt	47	
25	Rochiview Education + Board med	ey 87	
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	TONAL STIRE ACCOUNT	GL DESCRIPTION	AMOUNT (including GST)
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EMPLOYEE SIGNAT	URE	TOTAL PAYABLE TO	
AUTHORIZATION	AUTHORIZER EMPLOYE	EMPLOYEE	AND MINISTER
4.10	s.17(1), 17(4)(g)(i)	E NUMBER AUTHORIZER PH	
00073	DISTRIBUTION: WHITE-AC	CCOLINTS PAYABLE	

X:Board/Honoraria/Local Travel Expense Claim







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BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

				IVIAIVI L	.XI LINGL	CLAIM FORM
NAM	E:		140	n Ma	rtin	
1 1 1 1			•			.17(1), 17(4)(g)(i)
FOR	THE N	MONTH OF	\overline{M}	24 20	06	
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		(Please		ENSES original re	eceipts.)	
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TOTA	AL EXF	PENSES:			R	<u>\$ 89.83</u>
Finan Expendi	cial co	ode: 01-711103000 er Authorization:	03-6221000	Print Name:		
	9	Ososto		Print Name:	ou Del	Diste
Authoriz	er's Empl	oyee Number:		Authorizer Phon	e Number (in full):	
		(1) 17(4)()(2)		ر ا	13-112	2
X:Board		(1), 17(4)(g)(i) ia/Supplementary Expenses (Claim Form			B-

51

SHAW







Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

TV Technical Support (403) 716-6060 24/7/365

internet & Phone **Technical Sunnort** (403) 750-6990 24/7/365

Customer Name: Account Number:

Service Address:

Service Period: Invoice Date:

PS MARTIN

01-Jun-06 to 30-Jun-06 s.17(1), 17(4)(g)(i) May 09, 2006

Due Date:

June 01, 2006 PAGE 1 OF 2

Visit us at SRAW.CA

By bundling your services, you have saved \$7.95 on this bill.

Previous Charges

Balance Carried forward from Previous Statement Payment Received - Thank You

28-Apr-06

113.51 -113.51

0.00

Current Charges

Entertainment Bundle

Total Amount Due

Outstanding Balance

Full Cable & High-Speed Bundle

83.95

5.88

GST (Registration 873690457RT) **Total Current Charges**

Due by 01-Jun-06

89.83

\$89.83

Shaw Digital Phone Now available for an introductory rate of \$29.95/month for the first 3 months. Call us for details.

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

Take control of your TV! Pause, rewind and play live television with Shaw's High Definition Personal Video Recorder.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$89.83

By 01-Jun-06

Amount Enclosed

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

5/ 12 | Ps Martin

17754

626(B)

SHAW CABLE PO BOX 2468 STN MAIN CALGARY, ALBERTA T2P 4Y2

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

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403 568 0763 >> CHR-CEO/Board

96

2006-06-13 08:46 00187

P 3/4

SHAW

Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

Visit us at SHAW.CA

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

APPLICAN

INTERNET

PS MARTIN

Account Number: Service Address:

Customer Name:

Service Period: Invoice Date:

Due Date:

01-Jun-06 to 30-Jun-06

May 09, 2006

PAGE 1 OF 2

June 01, 2006 s.17(1), 17(4)(g)(i)

0.00

Previous Charges

Balance Carried forward from Previous Statement

113.51

By bundling your services, you have saved \$7.95 on this bill.

Payment Received - Thank You **Outstanding Balance**

28-Apr-06

-113.51

Current Charges

Entertainment Bundle Full Cable & High-Speed Bundle

83.95

GST (Registration 873690457RT) **Total Current Charges**

5.88

Due by 01-Jun-06

89.83

Shaw Digital Phone Now available for an introductory rate of \$29.95/month for the first 3 months. Call us for details.

Total Amount Due

\$89.83

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

Take control of your TV!

Pause, rewind and play live television with Shaw's High **Definition Personal** Video Recorder.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$89.83**

By 01-Jun-06

Amount Enclosed

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

5/ 12 PS MARTIN

17754

626(B)

SHAW CABLE

PO BOX 2468 STN MAIN CALGARY, ALBERTA

T2P 4Y2

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

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96

BOARD EXPENSE FORM

NAME:		Sym ma	ت
FOR THE	MONTH OF:		s.17(1), 17(4)(g)(i)
		EXPENSES	ENTERED JUL 1 4 2006
AIRFARE: CAR RENT	AL:	\$ \$	01-71110300002
ACCOMMC MEALS:	DATION:	\$ \$ \$	
PARKING: TAXIS:		\$ \$	
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	PLC	RGH	Other			MIL	EAGE &	RAPENSE CLAII RARKING
INSTRUCTIONS:	5 5				Ц			
Calgary Health	e Directly Depos	sited to your p	oayroll bank ac	count. Notifica	ation o	f depos	it will be f	E-Mailed to your
 ORIGINAL RE 	CEIPTS MUST	RE ATTACH	IED COD DAD	nome address	Sirav	and F-M	⁄lail addre	ess does not exist
 Amounts und 	der \$ 100.00 c	an be reim	bursed from	KING WHERE	E POS	SIBLE.		
EMPLOYEE NAME (Drint)		94.004.110/11	Site Casillei	OTTIC	e wne	re availa	ble.
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DEPARTMENT	nn Mar		NE NUMBER					
		FNO	NE NUMBEK			DATE		
DATE OF TRAVEL/	T				 _			
EXPENSE		DET	AILS			of KM	RATE	AMOUNT
	 					(for milea	ige)	AMOUNT
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X:Board/Honoraria/Local Travel Expense Claim

DISTRIBUTION:

00073

WHITE-ACCOUNTS PAYABLE

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Martin											
FOR THE MONTH OF			s.17(1), 17(4)(g)(i) Tuly / August 2006								
,	EXPENSES (Please attach original receipts.)										
Date	Des	cription		Amount	GST	Total					
July			Cable			173.90					
Aug											
<u>3</u>											
ТОТА	L EXPE	NSES:	ENTERI	ED SEP 15	2006 R	\$ 173.90					
Finan	cial code	: 01-7111	0300003-62210	001							
Expendit	ure Officer A	uthorization:		Print Name:	on DeCo						
Authorize	er's Employe	e Number:			one Number (in full)	:					
	_	_			113-110)					

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

X:Board/Honoraria/Supplementary Expenses Claim Form

Sales & Customer Service TV Technical Support M-F 7:30am-10pm (403) 716-6060 S-S 7:30am-10pm

24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

INTERNET

Customer Name:

Account Number:

Service: Address:

Service Period:

Invoice Date:

Due Date:

PS MARTIN

01-Sep-06 to 30-Sep-06 August 09, 2006 September 01, 2006

Visit us at SHAW.CA

By bundling your

services, you have

(403) 716-6000

Previous Charges

Balance Carried forward from Previous Statement Payment Received - Thank You

2-Aug-06

178.65 -150.00

PAGE 1 OF 2

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice

Due Now 28.65

saved \$6.95 on this bill. **Current Charges**

Entertainment Bundle Full Cable & High-Speed Bundle

86.95

GST (Registration 873690457RT) Total Current Charges

Total Amount Due

5.22 Due by 01-Sep-06

92.17

\$120.82

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

July 4 Mug

Interested in getting involved with community TV? Contact your local Shaw TV office.

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dicling (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

Moving?

Let Shaw make your upcoming move a little easier. Call us today and keep connected.

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

FOR THE MONTH OF:

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

EXPENSES

			01-71110300002
AIRFARE:		\$	
CAR RENTA	NL:	\$	
ACCOMMO	DATION:	\$	
MEALS:		\$	
PARKING:		\$	
TAXIS:		\$	
OTHER (ple	ase describe): 👌	,	
	· · · · · · · · · · · · · · · · · · ·	\$ \$	
MILEAGE: (Attach Local Trave	390 km at .43¢ /km	\$	62210000
TOTAL EXP	ENSES;	<u>\$ 163.40</u>	
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Revised: October 2005

2006-08-22 11:34 00427

403 216 5426 >> CHR-CEO/Board

P 2/4

-2006 11:00am Fr	rom-CALGARY MACALL		403-216-5426	T-565 P.O	04/004 F-737
calgary health region		APPLICANT CO	PY		VDENCE OF ALL
calgary health region	ACH FM	C Southport	LOC	AL TRAVEL E	XPENSE CLAII
	PLC RG	iH Other	<u> </u>	MILEAGE & I	ARKING
Calgary Health Re	egion E-Mail addres:	your payroll bank accoust OR mailed to your hone TACHED FOR PARKIN reimbursed from sit	G WHERE FOS	SIBLE. e where availab	ile.
MPLOYEE NAME (Pri	nt)			EMPLOYEE NUMBE	iR
EPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVEL!			# (OF KM RATE	44611117
EXPENSE		DETAILS		(for mileage)	AMOUNT
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00073	DISTR	IBUTION: WHITI	E-ACCOUNTS P.	AYABLE	

X:Board/Honoraria/Local Travel Expense Claim

2006-08-22 11:34 00427

403 216 5426 >> CHR-CEO/Board

P 4/4

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:	Lym Malin	
FOR THE M	\mathcal{O}	s.17(1), 17(4)(g)(i)
	EXPENSES	ENTERED OCT 13 236
AIRFARE:		01-71110300002
CAR RENTA	\$ L: \$	
ACCOMMOD	PATION: \$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (plea	se describe):	
Flowers	For Lunchem \$_ 27.51	6950000
MILEAGE:	Expense Claim form)	62210000
TOTAL LAPE	1 \$ 1 (1.0¢	9 Deloste

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Revised: October 2005

006-10-11 11:31 00596

403 216 5426 >> CHR-CEO/Board

P 2/6

NSTRUCTIONS: 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 on the control of the co	STRUCTIONS: PIC Reh Southport Other MILEAGE & PARKING STRUCTIONS: 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. Amounts under \$ 100.00 can be reimbursed from PARKING WHERE FOSSIBLE. Amounts under \$ 100.00 can be reimbursed from site cashier of frice where available. MIPLOYEE NAME PARKING MIPLOYEE NAME PARKING PHONE NUMBER DETAILS PHONE NUMBER DETAILS PHONE NUMBER DATE AMOUNT AND PROPER NUMBER DATE AMOUNT AND PROPER NUMBER DATE AMOUNT DATE AMOUNT AND PROPER NUMBER DETAILS PROPER NUMBER DATE AMOUNT DATE AMOUNT AND PROPER NUMBER DO Aborusing Hardla Council 14 2 AD Aborusing Hardla Council 14 2 AD Aborusing Hardla Council 14 2 AD Aborusing Hardla Council 14 2 AD ABORUSING HARDLA COUNT GENERAL STREET ON AMOUNT Including GST) PLOYEE SIGNATURE HORIZATION AUTHORIZER PHONE NUMBER	0-2006 11:00am	From-CALGARY MACAL		LICANT (403-216-542 COPY	26	T-581	P.003/006 F-858
Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your payroll bank account. Notification of deposit will be E-Mailed to your home address if a valid E-Mail address does not exist call and the provided the policy of the payroll bank account. Notification of deposit will be E-Mailed to your home address if a valid E-Mail address does not exist call and the provided E-Mailed to your home address if a valid E-Mail address does not exist and the payroll and the payro	PROMETER STRUCTIONS: 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 FOSSIBLE. Amounts under \$ 100.00 can be relimbursed from site cashier office where available. MILOYEE NAME VIII) EMPLOYEE NAME VIII) EMPLOYEE NAME VIII) EMPLOYEE NAME VIII EMPLOYEE NAME VIII PHONE NUMBER PHONE NUMBER DETAILS PHONE NUMBER DETAILS PHONE NUMBER AMOUNT A B Education Band PARTICLE AND TEA TO THE VIII AND THE AMOUNT A B Education Band A	· ·	— ~ — —	-	-	1	LOCAL T	RAVEL EAGE	EXPENSE CLA
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X:Board/Honoraria/Local Travel Expense Claim

006-10-11 11:31 00596

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P 3/6

CALGARY CO-OP FOREST LAWN

G.S.T.# 100730894 PHONE # 403-299-4473

MEMBERSHIP #

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

\$3.99 G \$9.99 G \$3.99 G \$3.99 G

s.17(1), 17(4)(e.1) Debit # Checuing 9011 10/04/2006 15:40:14 E6053234 Ref:0010014830 Auth:008479 S 00 Approved - Thank You QC1

BALANCE DUE

\$27.51

DEBIT CARD [8]

\$27.51 s.17(1), 17(4)(e.1)

Auth Code 008479 CHANGE

\$0.00

TAX-CODE GST BX

C0114

TAXABLE-VAL TAX-VALUE \$25.95 \$1.56 G

#9011 15:40:14 500005 R003

40CT2006

NOW HIRING - ALL DEPARTMENTS

GET YOUR APPLICATIONS AT CUSTOMER SERVICE OR VISIT now-hiring.ca

2006-10-11 11:31 00596

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P 4/6

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:		Lynn Martin							
FOR THE	MC	NTH OF	Q&	ober à	2005				
		(PI	EXP ease attach	PENSES original re	eceipts.)				
Date	D€	scription		Amount	GST	Total			
Oct		Shaw	Cable		7	86.95			
NOV OL	P	Anter 1	Cartridges	34.94	2.10 F	37.04			
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!			PAITCO	RED NOV 17	2006				
			ENIC	760 10					
TOTAL EX	(PE	NSES:				\$ _123.99_			
Financial o	cod	e: 01-7111(0300003-622100	001	-				
Expenditure Off	ficer /	Authorization:		Print Name:	Delos	ste			
Authorizer's Em	ploy	ee Number:			e Number (in full):				
				٩'	43-112	-2			

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

X:Board/Honoraria/Supplementary Expenses Claim Form







Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number: Service Address: Service Period: Invoice Date:

01-0ct-06 to 31-0ct-06 September 09, 2006 October 01, 2006 s.17(1), 17(4)(g)(i)

0.57

Visit us at SHAW.CA

Due Date:

Current Charge Details

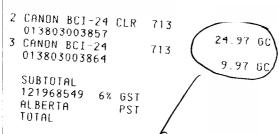
Entertainment Bundle Full Cable & High-Speed Bundle 01-0ct-06 31-0ct-06 86.95 86.95 Other Charges Late Payment Charge 0.57

> Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

NO REFUNDS PAST 90 DAYS:30 DAYS\HOME ELECTRONICS, SOME EXCEPTIONS APPLY ZELLERS STORE 109 5115 17TH AVE S E T2AOV8 CALGARY AB

SALE

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



PURCHASE

courges S@1

MURCHHSE AUTHOR: 754146 SEQ: 001001702 MERCH #:20194738

TID H20194738013

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

REGULAR MEMBER / 55

TO OBTAIN YOUR POINT BALANCE PLEASE UPDATE YOUR ADDRESS AT THE CUSTOMER SERVICE DESK, THANK YOU!

An Hbc Credit Card would earn the following bonus points: 2050

TRAN ID:

TRN# TRM# OPER# STR# WALL 1344 46 1358862 109 11/09/06

THANK YOU FOR SHOPPING AT ZELLIE

BOARD EXPENSE FORM

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

NAME:	10	arl		Lyn	n
FOR THE	MONTH OF:	<u>) </u>	c 200	6	ECEIVED
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TAXIS:			\$		3,000
OTHER (pl	ease describe):		·		
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Revised: October 2005

2007-01-13 19:30 00930

403 568 0763 >> CHR-CEO/Board

P 2/5

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calgary health region	ACH	FMC	Southport		LO	CAL T	RAVEL	EXPENSE CL
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2007-01-13 19:30 00930

403 568 0763 >> CHR-CEO/Board

P 3/5

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	martin	Lypn	
FOR THE MONTH OF	Dec	2006	s.17(1), 17(4)(g)(i
		2006	RECEIVED

EXPENSES (Please attach original receipts.)

Date	Description			
Date	Description	Amount	GST	Total
Nov	Shaw Catte	86.95	5.22	92.17
Dec	Show Cable	86.95	5.ZZ Y	96.34
				10.51
		ENT	RED JAN	1 9 2007

TOTA	L EXPE	SES:
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L\$_188.51

Financial code: 01-71110300003-6221000)1
Expenditure Officer Authorization:	Print Name:
Authorizer's Employee Number:	Lou Deloste
Linkinger Humber:	Authorizer Phone Number (in full):
	943-1122

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

X:Board/Honoraria/Supplementary Expenses Claim Form

RB

2007-01-13 19:30 00930

403 568 0763 >> CHR-CEO/Board

P 1/5

SHAVV PHONE Sales & Customer Service TV Technical internet & Phone (403) 716-6000 Customer Name: Support PS MARTIN Technical Support M-F 7:30am-10pm (403) 716-6060 Account Number: s.17(1), 17(4)(g)(i)(403) 750 6990 S-S 7:30am-10pm Service Address: 24/7/365 24/7/365 Service Period: u1-Jan-07 to 31-Jan-07 Visit us at SHAW.CA Invoice Date: December 09, 2006 Due Date: January 01, 2007 Previous Charges PAGE 1 OF 2 Balarice Carried forward from Previous Statement Payment Received - Thank You By bundling your 249.17 Payment Received - Thank You 15-Nov-06 -120.00 services, you have 8-Dec-06 **Dutstanding Balance** -125.00saved \$6.95 Payments you have made after invoice date will appear on your next invoice on this bill. Due Now 4.17 **Current Charges** Entertainment Bundle Full Cable & High-Speed Bundle

> Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw ca or call

Create special holiday greetings this season with Shaw Photo Share. Visit SHAW.CA today.

Total Amount Due

Thank you for keeping your account current.

GST (Registration 873690457RT)

Total Current Charges

Shaw wishes you and your family a safe and happy holiday season

\$96.34 X2

Advanced Parking Lot 9

20.00 Entry Time:8/10/2008 07:01 Exit Time: 19/10/2008 10:03 C.C. No.1 C.C. exp.:

Thank You s.17(1), 17(4)(e.1)Come Again

00030

86.95

5.22

NOI -

92.17

Due by 01-Jan-07





Sales & Customer Service (403) 716-6000 M-F-7:30am-10pm S-S 7:30am-10pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number:

Service Period:

Invoice Date:

Due Date:

PS MARTIN Service Address:

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

Visit us at SHAW.CA

Previous Charges

Outstanding Balance

Balance Carried forward from Previous Statement Payment Received - Thank You Payment Received - Thank You

15-Nov-06 8-Dec-06

249.17 -120.00 -125.00

Due Now

01-Jan-07 to 31-Jan-07

December 09, 2006

January 01, 2007 PAGE 1 OF 2

4.17

By bundling your services, you have saved \$6.95 on this bill.

Payments you have made after invoice date will appear on your next invoice **Current Charges** Entertainment Bundle

GST (Registration 873690457RT)

Full Cable & High-Speed Bundle

Total Current Charges

86.95

5.22 Due by 01-Jan-07

92.17

20.00 Total: Entry Time19/10/2006 07:01 Exit Time: 19/10/2006 10:03 C.C. No.: C.C. exp.:

Advanced Parking

Lot 9

Thank You S.17(1), 17(4)(e.1) Come Again

Total Amount Due

\$96.34

NO3 -

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

Visit SHAW.CA today.

Create special

holiday greetings this season with

Shaw Photo Share.

Shaw wishes you and your family a safe and happy holiday season.

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:		Lym r	latin	<u>/</u>		
FOR TH	E MONTH OF	Januar	07	s.17(1), 17(4)(g)(i)		
	(Please att	EXPENSES ach original	NTERED eccipts.)	FEB 1 4 2007		
Date	Description	Amount	GST	Total		
Jan 07	Show Cable	86.95	5.22	92.17		
TOTAL EX	KPENSES:		R	9217		
Financial of	code: 01-71110300003-622	10001				
<u> </u>	Print Name:					
S EM	Authorizer S Employee Number: Authorizer Phone Number (in full):					
s.17	7(1), 17(4)(g)(i)		10-112-	2		

X:B

Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

TV Technical **Support** (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365



Customer Name: PS MARTIN Account Number:

Service Address: Service Period: 01-Feb-07 to 28-Feb-07 January 09, 2007 Invoice Date: Due Date: February 01, 2007

PAGE 1 OF 2

96.34

86.95

5.22

Due Now

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

Visit us at SHAW.CA

By bundling your services, you have saved \$6.95

on this bill.

Get faster downloads with Shaw High-Speed Internet, it's the fastest. Call today for details.

View your monthly Shaw bill online - save time and paper with Shaw eBill. Visit SHAW.CA for details.

Previous Charges

Balance Carried forward from Previous Statement **Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice

Current Charges Entertainment Bundle

Full Cable & High-Speed Bundle

GST (Registration 873690457RT)

Total Current Charges

Due by 01-Feb-07

92.17

96.34

Total Amount Due

\$188.51

Thank you for keeping your account current.

LYNN MARTIN CHR NE APPLICANT COPY

PAGE 03/06

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:	Martin Lynn	
FOR THE MONTH OF:	Jeb 07	s.17(1), 17(4)(g)(i)
	EXPENSES	
AIREARE:	· \$	<u>01-71110300002</u>
CAR RENTAL:	321.18\$	
ACCOMMODATION:	1 \$ 333.30	62212000
MEALS:	\$11.17	62210000
PARKING: TAXIS:	\$ \$	
OTHER (please describe):	·	ED MAR 1 6 2007
	\$	
MILEAGE: 317 km at .43¢ (Attach Local Travel Expense Claim form)	\$ - R\$ /km \$_136.31	62210000
TOTAL EXPENSES:	\$ <u>480.78</u>	
X:\BOARD\Honoraria\Honoraria Forms.DOC Rev	#\$7.49 #457.49 iscd: Outober 2005	4. Deloste

007-03-13 23:50 01178

403 568 0763 >> CHR-CEO/Board

P 3/6

LYNN MARTIN CHR NE

		A	PPLICAI	NT COPY	N CHR NE		PAGE 04/
calgary health region	ACH .	FMC	Southport		LOCAL TI	RAVEL	EXPENSE CLAI
INSTRUCTIONS:			Other		MIL	EAGE 8	PARKING
Payment will be Di Calgary Health Re	irectly Deposit	ed to your p	avroll bank s	ecount Blatifia	ontina ar i		
Calgary Health Receil ORIGINAL RECEIL Amounts under	DTC MHCT B	F 3			o ii a valio E-M	iai addro	ee dooo nataa taa
EMPLOYEE NAME (Print	3		ursea mor	ii site cashle	r office whei	re availa	ble.
	4				EMPLO	YEE NUME	BER
DEPARTMENT		PHON	E NUMBER		DATE		
DATE OF TRAVEL/ EXPENSE		DETA			# OF KM	RATE	
	·	DETA	AILS .		(for milea		AMOUNT
2 F	4 Calc	ong f	Boxund	Consulfal	51		***
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RG FUNCTIONAL	CENTRE	A STATE OF THE PARTY OF THE PAR	OUNT	A.	ESCRIPTION		
		Name of the last	<u> </u>	MILEAGE/F			AMOUNT (Including GST)
PLOYEE SIGNATURE				 			
- TONALONE				I TO	AL PAYABLE		
				.0	EMPLOY	EE	
THORIZATION		AUTHO	ORIZER EMPLO	İ	EMPLO)	/EE	
THORIZATION	e s.17(1), 1	АUTHO 17(4)(g)(i)	ORIZER EMPLO	DYEE NUMBER	AUTHORIZ	/EE	NUMBER

X:Board/Honoraria/Local Travel Expense Claim

007-03-13 23:50 01178

403 568 0763 >> CHR-CEO/Board

LYNN MARTIN CHR NE

PAGE 05/06

the westin edmonton 10135 100th street edmonton, alberta T5J 0N7 canada phone 780, 426, 3636 fax 780, 428, 1454 westin.com/edmorkon

guest

Lynn Martin 945 room 150.00 rate 10101 Southport Road S.w. no. pers. Calgary, AB T2W 3N2 133450 falia EX-A Canada page 11-MAR-07 arrive 15:59 13-MAR-07 HHC10A depart

travel agent/charge to

2.50	payment VI	<u> </u>	
11-MAR-07 RT945 11-MAR-07 RT945	Room Charge	945	
11-MAR-07 RT945 11-MAR-07 RT945	GST DMF	150.00 9.09	
12-MAR-07 RT945 12-MAR-07 RT945	Tourism Levy Room Charge	1.50 6.06	
12-MAR-07 RT945 12-MAR-07 RT945	GST DMF	. 150.00 9.09	
13-MAR-07 VI	Tourism Levy Visa	1.50 6.06	
	Total Charges	333.30-	
	Total Credits Balance Due	333.30 333.30-	
For your		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 **

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

signature____

Lynn Martin FOLIO 133450 11-MAR-07

007-03-13 23:50 01178

403 568 0763 >> CHR-CEO/Board

P 5/6

APPLICANT COPY

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

guest travel agent/charge to 945 room Lynn Martin 150.00 rate 7 no. pers. 10101 Southport Road S.w. 133450 EX-A folio Calgary, AB T2W 3N2 page Canada 11-MAR-07 15:59 arrive 13-MAR-07 depart HHC10A VI payment adir

0.00		1 . 7	945
11-MAR-07	RT945	description Room Charge	charges/credits
11-MAR-07	RT945	GST	150.00
11-MAR-07	RT945	DMF	9.09
11-MAR-07	RT945	Tourism Levy	1.50
12-MAR-07	RT945	Room Charge	6.06
12-MAR-07	RT945	GST	150.00
12-MAR-07	RT945	DMF	9.09
12-MAR-07	RT945	Tourism Levy	1.50
13-MAR-07	VI	Visa	6.06
			333.30-
		Total Charges	333.30
		Total Credits	333.30-
		Balance Due	0.00
			3.33

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 **

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

signature

Lynn Martin FOLIO 133450 11-MAR-07

WESTIN®
HOTELS & RESORTS

APPLICANT COPY

Best Copy Possible

take ant Under # 1014

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Programa Minima

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	martin Ly	<u>~</u>
FOR THE MONTH OF	Feb 07	s.17(1), 17(4)(g)(i)

EXPENSES (Please attach original receipts.)

	_				
Date	1	scription	Amount	GST	Total
Feb o		Shaw Cable			
	-		 		92.66
				ENTER	-
					ED MAR 1 6 200
	 				
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7-					
1, 200			 		
	1				

TOTAL EXPENSES:	\$ 92.6b
Financial code: 01-71110300003-6221000 Expenditure Officer Authorization: L Closte Authorizer's Employee Number:	Print Name: Lea De Coste Authorizer Phone Number (in full):
s.17(1), 17(4)(g)(i) X:Board/Honoraria/Supplementary Expenses Claim Form	943-1122 PP

2007-03-13 23:50 01178

403 568 0763 >> CHR-CEO/Board

P 6/6

Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

INTERNET Customer Name: Account Number: Service Address:

Invoice Date:

Due Date:

PS MARTIN Service Period:

01-Apr-07 to 30-Apr-07 March 09, 2007 s.17(1), 17(4)(g)(i) April 01, 2007

Visit us at SHAW.CA

Previous Charges

Balance Carried forward from Previous Statement

Payments you have made after invoice date will appear on your next invoice

By bundling your services, you have saved \$6.95 on this bill.

Outstanding Balance

155.68

PAGE 1 OF 3

Due Now 155,68

Current Charges (Details on following pages)

86.95

Entertainment Bundle Other Charges

1.27

GST (Registration 873690457RT) **Total Current Charges**

5.22

Due by 01-Apr-07

93.44

Share your thoughts on our products and services. Complete our online survey on SHAW.CA

Total Amount Due

Your account is overdue.

If payment has been made, thank you and please disregard the following message.

Outstanding Balance

\$155.68

Due Now

Current Charges

\$93.44

Due by 01-Apr-07

To avoid any interruption in services and late fees, please pay immediately. If immediate payment is not received a \$20.00 processing fee may be applied to your account.

Payment can be made over the telephone or in person at your local Shaw Cable office or our 24 hour quick deposit mailbox where available.

Did You Know Shaw has over 8500 employees working for you? Visit

peoplepowered.ca to learn more!

		CALGARY HEALTH REGION	
		BOARD EXPENSE FORM	4.2117
NAM	E:	L martin	
FOR	THE MC	NTH OF:	07
		EXPENSES ENTERED	pr 1 2 2001 s.17(1), 17(4)(
			01-71110300002
AIRF	ARE:	\$	_
CAR	RENTAL	\$	
	DMMODA	ecipts plus 1 lunch 969 showence 410.75" \$_ 51.44	62210000
PARI	KING:	Rs_ 3.50	62210000
TAXI	S:	\$	_
		e describe):	
Ink	cetiu	Compose Printer \$ 10-57	
sh	iw	\$ <u>92.17-</u> \$	
MILE. Attach I	AGE: ocal Travel E	538 km at .43¢ /km R\$ _ 331.34	62210000
ΓΟΤΑ	L EXPE	SES: \$ <u>386.38</u>	-
		241.02 45.24	4. Deloste

	APPLICANT C	OPY		
calgary health regio	ACH FMC Southport PLC RGH Other	LOC	CAL TRAVEL MILEAGE 8	EXPENSE CLAIM
INSTRUCTIONS:				
 ORIGINAL RE 	e Directly Deposited to your payroll bank accou Region E-Mail address OR mailed to your hon CEIPTS MUST BE ATTACHED FOR PARKIN der \$ 100.00 can be reimbursed from sit	ne address if a v G WHERE POS	alid E-Mail addre	ess does not exist.
EMPLOYEE NAME (EMPLOYEE NUMI	
DEPARTMENT	PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# (OF KM RATE (for mileage)	AMOUNT
154	Q+A Soutput		52	
2	Father Lacomba		36	
17	Aborginal meeting Board evaluation + Agenda		42 <u> </u>	
16	Fortgood Distion Avenues	2 Hing	36	
19	wellness task tace.	Ę	52	
31	Abo. Council	<u></u>	+ 7	
27	Board - Sumporish		13 2.	
29	PIL "		2	
CODING & AUTH	ORIZATION	15	38	
-	FINANCIAL CODE			
	TIONAL CENTRE ACCOUNT	GL DESC	RIPTION	AMOUNT (Including GST)
EMPLOYEE SIGNATI	6 2 2 1 0 0 0 0			, , , , ,
EMPLOTEE SIGNAL	JKE	TOTAL	PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOY $s.17(1), 17(4)(g)(i)$	EE NUMBER	AUTHORIZER PH	IONE NUMBER
00073	blosto		943	-1122
	DISTRIBUTION: WHITE-A	ACCOUNTS PA	YABLE	

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY



CALERRY PARKING AUTHORITY

Display this receipt on dashboard this side up

\$tart--Date-Date Expire Lime 2007----

PDM ID: Lot 1: 1

Fee: \$ 3.50

*** 1459 Issued: 24 1 2007 08:58 Receipt # 1196

G\$T #: 1,9457869

0156

Server: MELISSA P 03/08/07 20:38, Swiped Terminal: 2

Rec: 66

BÜSTÜN PIZZA FALCONRIDGE 5455 FA SBRIDGE DRIVE NE CALGARY, ALBERTA (403)285-8585 'LRCHANT #: 07380017

insaction Record

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rect is ment Purchase one real om Chairma

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

APPROVED 784116

00-001 784116 BP014302/6P143D01 592001001026 2007/03/06 20:39:11

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0048

Server: MANDY B (#88) 03/29/07 11:03, Swiped T: 51 Term: 3

Duplicate Copy

Transaction Record

Tran #: 12190 Direct Payment Purchase From Chequing

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

Amount: \$13.02 Tip: \$2.00 Total: \$15.02

APPROVED 383746 00-001 383746 SMS80053/SMS800D3 120001001010 2007/03/29-10:59:28

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

	_			1	. 0	1.	
NAM	E:			- Ly	m Mer	tin	
FOR	THE	МС	NTH OF		narch à	2007	s.17(1), 17(4)(g)(i)
						-	1 to 2 1 1 1 1 2 1 1 2 1 2 2 2 2 2 2 2 2 2
		!			REMSES 2 20		1.31107
			(Plea	ase attach	original re	eceipts.)	- (
Date		De	scription		Amount	GST	Total
Mar	ch	<	Shaw C	365	86.95	5.22	R 92.17
اکادر	h26	_IJ	nk Refi	11	9.97	.60 /	10.57
		İ					
TOT	L E	(PE	NSES:				\$ 102.74
Finan	cial c	ode	e: 01-711103 authorization:	300003-62210			
	L	٤.	Clost	<u>.</u>	Print Name:	n De C	aste
Authoriz	er's Em	ploye	e Number:		Authorizer Phon	e Number (in full):	
		;				743-112	2
			17(4)(g)(i)				
X:Board	l/Honor	raria/S	Supplementary Expe	enses Claim Form			

SHAVV)

Sales & Customer Service (403) 716-6000 M F 7:30am-10pm S-S 7:30am-10pm

Visit us at SHAW.CA

By bundling your

services, you have

saved \$6.95 on this bill.

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone Technical Support (403) 750-6990 24/7/365 (NT RNE

Customer Name: Account Number: Service Address: Service Period: Invoice Date: **Due Date:**

U17Mar-U7 to 31-Mar-U7 February 09, 2007 March 01, 2007 s.17(1), 17(4)(g)(i)

Previous ChargesBalance Carried forward from Previous Statement
Payment Received - Thank You

1-Feb-07

188.51 -125.00 Due Now

PAGE 1 OF 2

PS MARTIN

Outstanding Balance
Payments you have made after invoice date will appear on your next invoice.

Payments you have made after invoice date will appear on your next invoice

Current Charges Entertainment Bundle

Full Cable & High-Speed Bundle

86.95

5.22

GST (Registration 873690457RT) **Total Current Charges**

Due by 01-Mar-07

92.17

63.51

Total Amount Due

Thank you for keeping your account current.

Introducing
Shaw Digital Phone Lite,
a phone plan for light
long distance users.
Visit SHAW.CA
for more details.

Did you know you get Photo Share 2.0, Web Mail, Email Filter and more with your Shaw Internet? Visit SHAW.CA to learn more.

APPLICANT COPY

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

9.97 1 60 CI : INKER 001380300386

> SUBTOTAL GST 6% TOTAL VISA TEND

ACCOUNT # S.17(1), 17(4)(e.1)
APERUVAL #067798
IRANS ID -0087086093603165
CALIDATION -XHBB
FRYNINT SERVICE - E
CHANGE DUE
CHANGE DUE
USI/HST 13/466199 RT 0901
IST 1016551356 TQ 0001 0.00

CUSTOMER COPY

BOARD EXPENSE FORM

NAME: FOR THE MONTH OF: A	na Martin /- pril 07	LOSZ Z. D. AGN
EXI	PENSES	
AIRFARE:	\$	01-71110300002
CAR RENTAL:	\$	
ACCOMMODATION:	\$ 311.08	62212000
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):		
	\$	
	\$	
	\$	
MILEAGE: km at .43¢ /km (Attach Local Travel Expense Claim form)	\$	
TOTAL EXPENSES:	<u>\$ 311.08</u>	
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Febr		Closte

BOARD EXPENSE FORM

NAME:	in martin	
FOR THE MONTH OF:	on'l 07	
EXP	PENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$ 311.08	62212000
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	Notes and the second se
OTHER (please describe):	s ENTERED AF	PR 3 0 2007.
	\$	
	\$	
MILEAGE: km at .43¢ /km (Attach Local Travel Expense Claim form)	\$	
TOTAL EXPENSES:	\$ 311.08	
X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: Febr		. Octosto Reloc

87

403-568-0763

LYNN MARTIN CHR NE APPLICANT COPY

PAGE 02/03

the westin edmonton 10135 100th street comonton, alberta 75J 0N7 canada phone 780, 426, 3636 (ax 780, 428, 1454 westin.com/edmonton

quest

travel agent/charge to

Ms. Lynn Martin Calgary Health Region	room rate no. pers. folio	1114 140.00 1 148933	EX-A
	page	1	
s.17(1), 17(4)(g)(i)	arrivo	16-APR-07	18:33
	depart	18-APR-07	
CAB14B	navmont	TTT	

1114 payment

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16-APR-07 16-APR-07 16-APR-07 16-APR-07 17-APR-07 17-APR-07 17-APR-07 17-APR-07	RT1114 RT1114 RT1114 RT1114 RT1114 RT1114 RT1114 RT1114	Room Charge GST DMF Tourism Levy Room Charge GST DMF Tourism Levy Visa	140.00 8.48 1.40 5.66 140.00 8.48 1.40 5.66
		Total Charges Total Credits Balance Due	311.08 311.08- 0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 belance 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 persona	By liable for the payment of this acc	-Albert Char
corporation or other third	party billed fails to pay part or all o	these charges

signature ___

Ms. Lynn Martin FOLIO 148933

16-APR-07

2007-04-26 10:14 01331

403 568 0763 >> CHR-CEO/Board

P 2/3

1. 1.

01/14/2000 23:19 403-568-0763

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

LYNN MARTIN CHR NE APPLICANT COPY

the westin edmonton 10135 100th street edmonton, alberta 15J 0N7 canada phone 780.426.3636 fax 780.428.1454 westin.com/edmontan

guest

travel agent/charge to

1114 room Ms. Lynn Martin 140.00 rate Calgary Health Region no. pers.

folio

148933

EX-A

page

arrivo

16-APR-07 18:33

depart

18-APR-07

CAB14B

VI payment

date	, reference		caser olion		ì	onardes/credits	
		****			<u>'</u> .		
EXPENSE REP	ORT SUMMARY						
Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
16-APR-07	140.00	8.48	5.66	0.00	0.00	1.40	155.54
17-APR-07	140.00	8.48	5.66	0.00	0.00	1.40	155.54
Total	280.00	16.96	11.32	0.00	0.00	2.80	311.08
Dațe	Payment						
16-APR-07	0.00						
17-APR-07	0.00						
Total	0.00						

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

GST Summary:

GST Room Revenue: 16.96 GST Food and Beverage: 0.00 GST Telephone Revenue: 0.00 GST Other: 0.00 16.96

861336493RT0005

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 could have earned 560 Starpoints for this visit. Please provide your member number or enroll today. Ms. Lynn Martin

FOLIO 148933 16-APR-07

WESTIN"

2007-04-26 10:14 01331 403 568 0763 >> CHR-CEO/Board

P 3/3

LYNN MARTIN CHR NE **APPLICANT COPY**

PAGE 06/06

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	hypo martin
FOR THE MONTH OF	April 2007

EXPENSES (Please attach original receipts.) TERED MAY 2 2 2007

B		Sirigirial	receipts:)	ICHED MAY S
Date	Description	Amount	GST	
May	1 Shi Cili			Total
	Show Cable	86.95	520	00
	1		1000	92.17
		+		
			j	
		T		

_	0.5	
\$	9217	

Financial code: 01-71110300003-6221000	
Authorizer's Employee Number:	Print Name: Lea De Coste Authorizer Phone Number (in full):
s.17(1), 17(4)(g)(i)	943-1122

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

X:Board/Honoraria/Supplementary Expenses Claim Form

2007-05-14 09:46 01402

403 568 0763 >> CHR-CEO/Board

P 6/6







TV Technical **Support** (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number:

Service Address:

Service Period: Invoice Date:

Due Date:

01-Jun-07 to 30-Jun-07 May 09, 2007

PS MARTIN

June 01, 2007 s.17(1), 17(4)(g)(i)

-8.71

Visit us at SHAW.CA

By bundling your

services, you have saved \$6.95 on this bill.

Get more phone for your money with Shaw's home phone service. Call us or Visit SHAW.CA for more details.

Make your old TV new again with a Shaw Digital Terminal Call us for more details!

Previous Charges

Balance Carried forward from Previous Statement

Payment Received - Thank You

27-Apr-07

191.29

PAGE 1 OF 2

-200.00

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice

Current Charges

Entertainment Bundle

Full Cable & High-Speed Bundle

86.95

GST (Registration 873690457RT)

Total Current Charges

5.22 Due by 01-Jun-07

92.17

Total Amount Due

\$83.46

Thank you for keeping your account current.

Effective July 1, 2007, the monthly rate for your services will be adjusted to \$89.95, plus taxes. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

If you are being billed a promotional rate or had a change in service since this invoice was printed, the adjusted rate quoted above may differ.

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

•	(Please atta	XPENSES och original	receipts.)	
Date	Description	Amount	GST	Total
	·			<u> </u>
	Printer Cartric	Je 34.64	2.08	36.72
		ENTER	RED JUN .	4-2007
-				
OTAL E	EXPENSES:		R	\$ 36.72
penditure (code: 01-71110300003-622	210001 Print Name:		
	Employee Number:	Authorizer Pho	one Number (in full):	Coste
			943-1	127

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:	1	MAD MISS	1 , σ	·)
FOR TH	E MONTH OF	July 20	57	
	(Please at	EXPENSES	eceipts.)	s.17(1), 17(4)(g)(i)
Date	Description	Amount	GST	Total
Mory	Shaw Cable		P	99.12
July	Show Cable Show Cable		R	95.35
		ENTERED AU	G 1 7 20 07	
TOTAL E	XPENSES:		R s	194.47
inancial	code: 01-71110300003-62	2210001		
xpenditure Of	ficer Authorization:	Print Name:	Number (in full):	ste
	:	C	143-112	2
	(1), 17(4)(g)(i) raria/Supplementary Expenses Claim F	orm		RI

NT COPY

SHAVV





Sales & Customer Service (403) 716-6000 M-F 7:30am-10pm \$-\$ 7:30am-10pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number: Service Address:

Service Period: Invoice Date: Due Date:

PS MARTIN

PAGE 1 OF 2

86.95

5.22

01-May-07 to 31-May-07 April 09, 2007 s.17(1), 17(4)(g)(i) May 01, 2007

Visit us at SHAW.CA

Previous Charges Balance Carried forward from Previous Statement Payment Received - Thank You

Outstanding Balance Payments you have made after invoice date will appear on your next invoice

2-Apr-07

249.12 -150.0ø Due No 99.12

By bundling your services, you have saved \$6.95 on this bill.

Current Charges Entertainment Bundle Full Cable & High-Speed Bundle

GST (Registration 873690457RT) **Total Current Charges**

Due by 01-May-07

92.17

Share your thoughts on our products and services. Complete our online survey on SHAW.CA

Total Amount Due

\$191.29

Thank you for keeping your account current.

Why Pay For Security? Shaw Secure is a world class security suite available at no cost to all Shaw Internet customers. A \$90 retail value. Shaw Secure updates 4 times as often as Norton & McAfee.

2007-08-10 23:58

01648

403 568 0763 >> CHR-CEO/Board

P 3/5

SHAV







Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number:

Service Address:

Service Period: Invoice Date:

01-Aug-07 to 31-Aug-07 July 09, 2007

Visit us at SHAW.CA

Due Date;

Payments you have made after invoice date will appear on your next invoice

August 01, 2007 s.17(1), 17(4)(g)(i)PAGE 1 OF 2

By bundling your services, you have saved \$8.95

Previous Charges
Balance Carried forward from Previous Statement Payment Received - Thank You

28-Jun-07

178.81 -100.00 **Due Now**

78.81

on this bill.

Current Charges Entertainment Bundle Classic Cable & High-Speed

89.95

GST (Registration 873690457RT) **Total Current Charges**

Outstanding Balance

5.40 Due by 01-Aug-07

95.35

Moving? With one call Shaw will transfer your services at no cost. Call today for more details!

Total Amount Due

\$174.16

Thank you for keeping your account current.

Make life easier with Shaw's home phone service. Call today to learn more!

2007-08-10 23:58 01648

403 568 0763 >> CHR-CEO/Board

P 2/5

CALGARY	HEAL	.TH	REG	ION
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		BOARD EXP	ENSE FORM	
NAME: FOR TH	E MONT	HOF:	ly 2007	
		EXPE	ENSES	
				01-71110300002
AIRFAR	E:		\$	
CAR RE	NTAL:		\$	
ACCOM	MODAT	ION:	\$	
MEALS:			\$	-
PARKIN	IG:		\$	
TAXIS:			\$	
OTHER	(please	describe):		
			\$	
			\$	
			\$	
MILEAG (Attach Local	SE: al Travel Exp	km at .44¢ /km	\$ 391.60	62310000
TOTAL	EXPENS	BES:	\$ 39160	
				4. Octosta

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007-08-10 23:58 01648

403 568 0763 >> CHR-CEO/Board

P 1/!

CAL	GARY HEALTH REGIO	N
ВО	ARD EXPENSE FORM	
NAME:	Markin Ly	Inh.
FOR THE MONTH OF:	July 200	
	EXPENSES	
	ERED AUG 2 0 2007	01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	•	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):	7	
	\$	
	\$	
	s	-
MILEAGE: S M km at .	44¢/km \$ 391.60	0 62210000
Attach Local Travel Expense Claim form) TOTAL EXPENSES:	R \$ 39160	

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2007-08-10 23:58 01648

403 568 0763 >> CHR-CEO/Board

P 1/5

BOARI	D EXPENSE FORM	
NAME:	lautin	
FOR THE MONTH OF:	July 2007	
	EXPENSES	
		01-71110300002
AIRFARE;	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	•	
OTHER (please describe):		
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	\$	
\sim	. \$	
MILEAGE: km at .44¢ // (Attach Local Travel Expense Claim form)	km \$ 391.60	62210000
TOTAL EXPENSES:	\$ 39160	
		4. Octosta

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07-08-10 23:58 01648

403 568 0763 >> CHR-CEO/Board

P 1/5

calgary health region	ACH	FMC Southport		EL EXPENSE CLAIM
	PLC	RGH Other	MILEAC	SE & PARKING
TRUCTIONS:				
Payment will be	Directly Deposited	i to your payroll bank accoun	L Notification of deposit will	be E-Mailed to your
ORIGINAL REC	region E-Maii add EIPTS MUST BE	ress OR mailed to your home ATTACHED FOR PARKING	S WHERE POSSIBLE.	MAIRSS AMES HAT EVIET
Amounts under	\$ 100.00 can be re	eimbursed from site cashier	office where available.	
APLOYEE NAME (P			EMPLOYEE	NUMBER
This was	, 1		EMCLOTEL	
EPARTMENT		PHONE NUMBER	DATE	1200
	Ochd.			rely 1007
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LYNN MARTIN CHR NE APPLICANT COPY

PAGE 05/05

			ALLIOAN			
calgary health region	ACH PLC	FMC RGH	Southport Other	LOC	AL TRAVEL E	XPENSE CLAIM PARKING
Calgary Health Re	Pirectly Depos	ited to your address OR	payroll bank account mailed to your hom HED FOR PARKING of from site cashier	S WHERE POS	SIBLE.	-Mailed to your s does not exist.
MPLOYEE NAME (Pri	nt)				EMPLOYEE NUMB	ER
EPARTMENT	ond	PH	ONE NUMBER		DATE_See	en/2057
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EMPLOYEE SIGNATU	IDE	6	2 2 1 0 0 0 0			
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AUTHORIZATION (e lost s	.17(1), 17(AUTHORIZER EMPL $4)(g)(i)$	OYEE NUMBER	1	HONE NUMBER
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X:Board/Honoraria/Local Travel Expense Claim

2007-08-10 23:58 01648

403 568 0763 >> CHR-CEO/Board

P 5/5

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

	morti		
FOR THE MONTH OF Paug	ust 20	700	s.17(1), 17(4)(g)(i)
EXF (Please attach	PENSES original re	eceipts.)	ENTERED SEP 1
Date Description	Amount	GST	Total
Aug 07 Shaw	91.53	5.40	96.93
TOTAL EXPENSES:		R	\$ 96.93
Financial code: 01-71110300003-622100	001		
Expenditure Officer Authorization:	Print Name:	> 1	
Authorizer's Employee Number:	Authorizer Phon	ューリタして e Number (in full):	oste
	9	43-112	a .
s.17(1), 17(4)(g)(i) X:Board/Honoraria/Supplementary Expenses Claim Form			R13

3 2007

SHAVV)





Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

TV Technical Support *(403) 716-6060 24/7/365 Internet & Phone Technical Support (403) 750-6990 24/7/365

Customer Name:
Account Number:
Service Address:
Service Period:
Invoice Date:
Due Date4

PS MARTIN

01-Sep-07 to 30-Sep-07 August 09, 2007 $_S.17(1),\ 17(4)(g)(i)$ September 01, 2007

Visit us at SHAW.CA

By bundling your services, you have saved \$8.95 on this bill. Previous Charges

174.16

Due Now

PAGE 1 OF 3

Current Charges (Details on following pages)

Balance Carried forward from Previous Statement

Payments you have made after invoice date will appear on your next invoice

Entertainment Bundle
Other Charges

89.95 1.58

GST (Registration 873690457RT)

5.40

Total Current Charges

Outstanding Balance

Due by 01-Sep-07

96.93

Sign up for Shaw eBill for your chance to win tickets to Blue Man Group live in concert! Visit SHAW.CA today to learn more!

Total Amount Due

Your account is overdue.

If payment has been made, thank you and please disregard the following message.

Outstanding Balance Current Charges

\$96.93 Due Now

Due by 01-Sep-07

To avoid any interruption in services and late fees, please pay immediately. If immediate payment is not received a \$20.00 processing fee may be applied to your account.

Payment can be made over the telephone or in person at your local Shaw Cable office or our 24 hour quick deposit mailbox where available.

Moving?

With one call Shaw will transfer your services at no cost. Call today for more details!

BOARD EXPENSE FORM

NAM		<u> </u>	artin	
FOR	THE MO	ONTH OF:	ug. 2007	
		EXP	ENSES	
				01-71110300002
AIR	ARE:		\$	
CAR	RENTA	L:	\$	
ACC	OMMOD	ATION:	\$	
MEA	LS:		\$ 13.60	62210000
PAR	KING:		\$	
TAX	IS:		\$	
ОТН	ER (plea	se describe):		
			\$ <u>`</u>	
			\$	
			\$	
	AGE: Local Travel	Expense Claim form) km at .44¢ /km	\$ 47.52	60001660
TOT	AL EXPE	NSES:	\$ 61.12	
				4. Octoste
X:\BOA	RD\Honoraria	Honoraria Forms.DOC Revised: February	ary 2006	

103

CALGARY HEALTH REGION 23627 BOARD EXPENSE FORM

NAME:	Lynn Martin	
FOR THE	MONTH OF:	2007 s.17(1), 17(4)(g)(i)
	EXPENSES	ENTERED OFF TOPP
		<u>01-71110300002</u>
AIRFARE:	\$	
CAR REN	ΓAL:	
ACCOMMO	DDATION: \$	
MEALS:	Z <u>\$ 13.</u>	60 62210000
PARKING:	\$	
TAXIS:	\$	
OTHER (pl	ease describe):	
	\$ <u>'</u>	
	<u> </u>	
	\$	
MILEAGE:	0	52 62310000
TOTAL EX	PENSES: \$	12
		4. Deloste
V.DO. 17-		

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: February 2006

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2 Coloney trouble series	·	A	PPLICANT	COPY		
Calgary health region	ACH	FMC	Southport	1.	OCAL TO AVE	
	PLC	RGH	Other		JUAL TRAVEL	EXPENSE CLAIM
INSTRUCTIONS:						& PARKING
 Payment will be D Calgary Health Re 	irectly Depos	ited to your p	avroll bank ac	Count Notification	a of donocit will to	
Calgary Health Re	egion E-Mail a	ddress OR r	nailed to your h	nome address if	i oi debosit Mili be i valid E-Mail addi	E-Mailed to your ess does not exist.
ORIGINAL RECE Amounts under	IPTS MUST E	BE ATTACH	ED FOR PARK	ING WHERE PO	DSSIBLE.	ess does not exist.
Amounts under	3 100.00 Ca	n be reimi	oursed from	site cashier of	fice where avail	lable.
EMPLOYEE NAME (Prin	nt)				EMPLOYEE NUM	IDED.
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DEPARTMENT		PHO	NE NUMBER		DATE	
DATE OF TRAVEL/						
EXPENSE		DET	All S		# OF KM RATE	
					(for mileage)	AMOUNT
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X:Board/Honoraria/Local Travel Expense Claim

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

77.86 RESTAUR NO. 824 2380 87 . 8 MALIAN A Aug 09 2007 01:20 ... Trans#4531 TRANSACTION RECORD INTERAC DIRECT PAYMENT 'ame : Card Number: s.17(1), 17(4)(e.1) Cont DEBIT int Type : SAVINGS Type Type: 13.60 Amount \$ 27.60 Tip 4.00 Total : \$ 31.60 Auth # 397247 Sequence # 001501329 Merchant ID: 2499350 Employee : Vanbocqustal Employee # 128
Terminal # MI22499.5001
Date : 07/05/09 Time : 13:30 31

OO APPROVING THE CONTRACT

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:			Lyon Martin						
FOR	FOR THE MONTH OF)F	NW. SOUT			s.17(1), 17(4)(g)(i)		
			(Please						
Date		Descripti	on		Amount	GST	Total		
Nov		Snzu	0 (261	0			50.00		
					ENTE	PED DEC 0	6 2007		
		PENSES:				2	<u>\$_50.00</u>		
Expenditu	re Office	de: 01-7: er Authorization	1110300003 n:	3-6221000	Print Name:				
		O Cosovee Number:	s.17(1)), 17(4)(g)(i	Authorizer Pho	ne Number (in full):	DSte		
Employee	Signan		<u> </u>						
X:Board/I	Honorar	ia/Supplement	ary Expenses Clai	im Form			RP,		

SHAV





Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

TV Technical **Support** (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number:

PS MARTIN

Service Address: Service Period:

01-Dec-07 to 31-Dec-07

Invoice Date:

November 09, 2007, 17(1), 17(4)(g)(i) December 01, 2007

Due Date:

PAGE 1 OF 2

289.57

Visit us at SHAW.CA

By bundling your

services, you have

saved \$8.95

on this bill.

Add SHAW'S

HOME PHONE

SERVICE and **GET**

ONE MONTH FREE! Plus installation is on us!

Previous Charges Balance Carried forward from Previous Statement

Payment Received - Thank You Payment Received - Thank You

16-Oct-07 29-0ct-07 -200.00 -100.00

Outstanding Balance

-10.43

Payments you have made after invoice date will appear on your next invoice

Current Charges Entertainment Bundle

Classic Cable & High-Speed

89.95

G\$T (Registration 873690457RT) **Total Current Charges**

5.40 Due by 01-Dec-07

95.35

Total Amount Due

\$84.92

A \$94.95 Value! **CALL NOW TO ORDER!**

> Get a DIGITAL TERMINAL

this holiday season FOR ONLY \$55!

Sign up today and get a 30 day preview Valued over \$60! **CALL NOW TO ORDER!** Thank you for keeping your account current.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$84.92

By 01-Dec-07

Amount Enclosed

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

41108

626(X)

SHAW CABLE

PO BOX 2468 STN MAIN CALGARY, ALBERTA

T2P 4Y2

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

000008492 5

1:00 706 - 9001:

96

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:	Lynn martin	
FOR THE MONTH OF:	Nov. 2007	s.17(1), 17(4)(g)(i)
	EXPENSES	
		01-71110300002
AIRFARE:	\$	
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING: (Meter)	C \$ 14.00	62210000
TAXIS:	\$	
OTHER (please describe):		DEC 0 6 2007
MILEAGE: 5 12 km at .44¢ (Attach Local Travel Expense Claim form) TOTAL EXPENSES:	\$ 238.48 \$ 252.48	(9) S10000
Employee Signature	: Aman	4. Octoste
X:\BOARD\Honoraria\Honoraria Forms.DOC Re	vised: February 2006	RM

		APPLICANT	COPV		
calgary healt	h region	ACH FMC Southport PLC RGH			EL EXPENSE CLAIM
Calgary F ORIGINA	will be [lealth R L RECI	Directly Deposited to your payroll bank according E-Mail address OR mailed to your hotel PTS MUST BE ATTACHED FOR PARKING \$ 100.00 can be reimbursed from site	me address if a v	of deposit will alid E-Mail ad SIBLE.	be E-Mailed to your ddress does not exist.
EMPLOYEE N	un	a martin		EMPLOYEE N	IUMBER
DEPARIMEN	, ,	PHONE NUMBER		DATE	
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		500,00			
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		62210000	MILEAGE/PA	RKING	(including GST)
EMPLOYEES	GNATUR	E	TOTAL	PAYABLE EMPLOY	
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X:Board/Honoraria/Local Travel Expense Claim

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

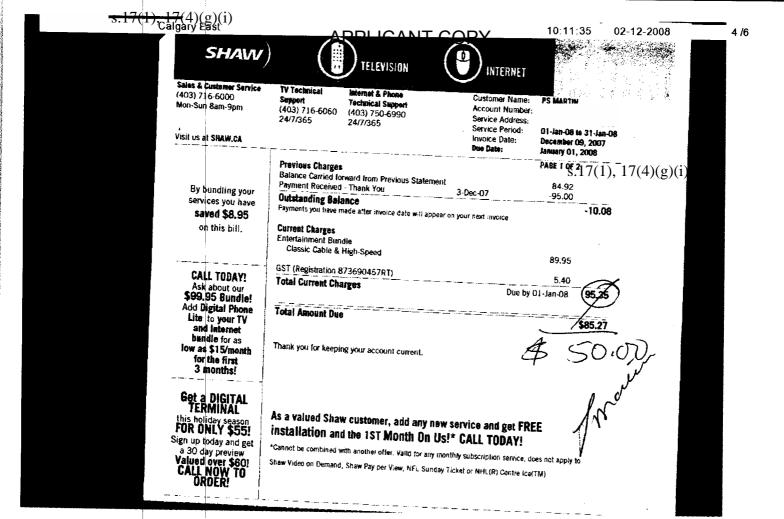
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		CALGARY				
BOAR	D MEMBE	R SUPPLE	MENTARY	EXPEN!	SE CLAIM FO	DM
NAME:	Ly	nn M	entin			/ 1 1 TATE
FOR THE	MONTH OF			.Sa	<u>m·08</u>	
	(Pi	EX lease attac	(PENSES	TERE	P FEB 19	2008
Date	Description		Amount	GST		
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TOTAL EXP		00003-622400	01	F	\$ 100.0	
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Employee Signature	o:			<u> 143-</u>	177	

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

>> CHR-CEO/Board

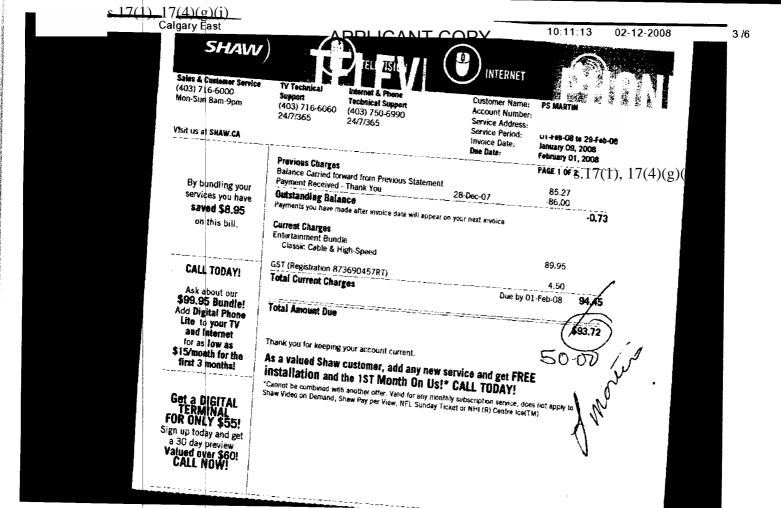
P 6/6



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>> CHR-CEO/Board

P 4/6



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2008-02-12 10:06 02

>> CHR-CEO/Board

P 3/6

Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

Visit us at SHAW.CA

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name:

INTERNET

PS MARTIN

Account Number: Service Address:

Service Period: Invoice Date:

01-Feb-08 to 29-Feb-08 January 09, 2008 February 01, 2008

Due Date:

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

By bundling your services you have

saved \$8.95 on this bill.

CALL TODAY!

Ask about our \$99.95 Bundle!

Add Digital Phone Lite to your TV and Internet

for as low as \$15/month for the

first 3 months!

Previous Charges Balance Carried forward from Previous Statement Payment Received - Thank You

28-Dec-07

85.27 -86.00

PAGE 1 OF 2

Outstanding Balance Payments you have made after invoice date will appear on your next invoice

-0.73

Current Charges

Entertainment Bundle

Classic Cable & High-Speed

89.95

GST (Registration 873690457RT)

4.50 Due by 01-Feb-08

Total Current Charges

Total Amount Due

\$93.72

Thank you for keeping your account current.

As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!* CALL TODAY!

*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL(R) Centre Ice(TM)

Get a DIGITAL TERMINAL FOR ONLY \$55! Sign up today and get

a 30 day preview
Valued over \$60!
CALL NOW!





Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name:

PS MARTIN Account Number:

Service Address:

Service Period: Invoice Date:

Due Date:

01-Jan-08 to 31-Jan-08 December 09, 2007 January 01, 2008

Visit us at SHAW.CA

Previous Charges

Balance Carried forward from Previous Statement

84.92

Payment Received - Thank You By bundling your **Outstanding Balance** services you have

3-Dec-07 -95.00

Payments you have made after invoice date will appear on your next invoice

-10.08

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

saved \$8.95 on this bill.

CALL TODAY!

Ask about our \$99.95 Bundle! Add Digital Phone

Lite to your TV and Internet bundle for as

low as \$15/month for the first 3 months!

Get a DIGITAL TERMINAL

this holiday season FOR ONLY \$55!

Sign up today and get

a 30 day preview

Valued over \$60! CALL NOW TO ORDER!

Current Charges

Entertainment Bundle

Classic Cable & High-Speed

89.95

PAGE 1 OF 2

G\$T (Registration 873690457RT)

5.40

Total Current Charges

Due by 01-Jan-08

Total Amount Due

Thank you for keeping your account current.

\$85.27

As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!* CALL TODAY!

*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to

Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL(R) Centre Ice(TM)

L. Neloste

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

TOTAL EXPENSES:

X.VBOARD\Honoraria\Honoraria Forms.DOC

Employee Signature:

>> CHR-CEO/Board

s 183.48

P 5/6

- 5 /6

s.17(1 calga(A)(g)(i)	APPLICANT COF	ογ 10	:10:38 02-12-2008
* Amounts u	ACH FMC Southport PLC RGH Other De Directly Deposited to your payroll bank account. No lith Region E-Mail address OR mailed to your home ack	LOCAL TRAVI	EL EXPENSE CLAIM E & PARKING De E-Mailed to your dress does not exist.
EMPLOYEE NAME	F(Print) Man + (N	EMPLOYEE NO	
DEPARTMENT	PHONE NUMBER	DATE	JMBER
DATE OF TRAVEL EXPENSE	·	# OF KM PAT	
Did 5	DETAILS	(for mileage)	AMOUNT
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100	PLC Delà	2	
300 1 C	A Comme	47	
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		417	
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O0073	76) 17,4)(g)(i)	0	HE NUMBER
	DISTRIBUTION: WHITE-ACCOUNT		<u> </u>

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

X:Board/Honoraria/Local Travel Expense Claim

>> CHR-CEO/Board

P 2/6

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

EXPENSES ENTERED MAY 1.4 2008 Date Description Amount GST Total Show (ablg Show) FOTAL EXPENSES: Financial code: 01-71110300003-62210001 Expenditure Officer Authorization: Show (ablg Show) Frint Name: Show (ablg Show) S	NAM	ME: Lynn Martin					
Color	FOR	THE	MONTH OF	A	pril	9008	s.17(1), 17(4)(g)(i)
FOTAL EXPENSES: Sinancial code: 01-71110300003-62210001 Expenditure Officer Authorization: Print Name: Authorizer's Employee Number: S.17(1), 17(4)(g)(i) Employee Signature:			(Plea	EXF ase attach	PENSES original	ENTER receipts.)	ED MAY 1 4 2008
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Maria			S.	17(1), 17(4)(g)(i	• •	23
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SHAV







Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number:

Service Address: Service Period:

01-Mar-08 to 31-Mar-08

PAGE 1 OF 2

Invoice Date: Due Date:

February 09, 2008 March 01, 2008 s.17(1), 17(4)(g)(i)

Visit us at SHAW.CA

Previous Charges

Balance Carried forward from Previous Statement Payment Received - Thank You

93.72

By bundling your services you have

saved \$8.95 on this bill.

CALL TODAY!

Ask about our \$99.95 Bundle!

Add Digital Phone Lite to your TV and Internet

for as low as

\$15/month for the

first 3 months!

Even LOWER LONG DISTANCE

RATES to 30 countries!

CALL India, Pakistan

Outstanding Balance

4-Feb-08 -93.00

Due Now

Payments you have made after invoice date will appear on your next invoice

0.72

Current Charges

Entertainment Bundle

Classic Cable & High-Speed

89.95

GST (Registration 873690457RT)

4.50

Total Current Charges

Due by 01-Mar-08

94.45

Total Amount Due

Thank you for keeping your account current.

\$95.17

Effective April 1, 2008, the monthly rate for your services will be adjusted to \$92.95, plus taxes. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

If you are being billed a promotional rate or had a change in service since this invoice was printed, the adjusted rate quoted above may differ.

and the Philippines from \$0.06/minute! VISIT SHAW.CA

for more info.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$95.17

By 01-Mar-08

Amount Enclosed

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

43/ 13 PS MARTIA

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626(B)

SHAW CABLE

PO BOX 2468 STN MAIN CALGARY, ALBERTA

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

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Sales & Customer Service (403) 716-6000 Mon-Sun 8am-9pm

TV Technical Support (403) 716-6060 24/7/365

Internet & Phone **Technical Support** (403) 750-6990 24/7/365

Customer Name: Account Number: Service Address: Service Period: Invoice Date: **Due Date:**

01-May-08 to 31-May-08 April 09, 2008 s.17(1), 17(4)(g)(i)

Visit us at SHAW.CA

Previous Charges Balance Carried forward from Previous Statement Payment Received - Thank You

2-Apr-08

services you have

saved \$8.95

CALL TODAY!

Ask about our \$99.95 Bundle!

Add Digital Phone Lite to your TV and **High-Speed Internet**

bundle for as low as \$15/month for the

first 3 months!

Please note that

By bundling your

Outstanding Balance Payments you have made after invoice date will appear on your next invoice

97.77 -95.00

May 01, 2008 PAGE 1 OF 2

Due Now

2.77

on this bill.

Current Charges Entertainment Bundle

Classic Cable & High-Speed

92.95

GST (Registration 873690457RT)

4.65 Due by 01-May-08

97.60

Total Current Charges

Total Amount Due

Thank you for keeping your account current.

Whether you use long distance a little or a lot, Shaw has a home phone service plan tha

right for you. Visit Shaw.ca for more details.

Shaw's Channel Line-up will be changing on April 22-24. Please visit

SHAW.CA for full details.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

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

Amount Due \$100.37

Amount Enclosed

By 01-May-08

41/ 12 PS MARTI

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626(K)

SHAW CABLE

PO BOX 2468 STN MAIN CALGARY, ALBERTA

T2P 4Y2

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CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Lynr	Mortin	
FOR THE MONTH OF:	May.	s.17(1), 17(4)(g)(i)
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CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	\$	
TAXIS:	\$	
OTHER (please describe):	\$ [{]	
	\$	
MILEAGE: Sylvense Claim form)	\$ \$160.08_	62000E
TOTAL EXPENSES:	\$ 160.0R	
Employee Signature:		L Welosto
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APPLICANT COPY

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Payment will be Directly Deposited to your payroll bank account. Nollification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR maled to your home address if a valid E-Maile 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 NUMBER DEFAULT PRONE NUMBER DEFAULT PRONE NUMBER DETAILS # OF KM RATE (for mileage) AMOUNT AMOUNT AND THE OFT TO THE PRONE NUMBER CODING & AUTHORIZATION CODING & AUTHORIZATION FINANCIAL CODE ORG FUNCTIONAL CENTRE ACCOUNT GL DESCRIPTION (including SS) 6 2 2 1 0 0 0 0 MILEAGE/PARKING EMPLOYEE SIGNATURE AUTHORIZATION S. \$7(1), 17(4 (g)(i)) AUTHORIZATE RUMBER AUTHORIZATION AUTHORIZER PHONE NUMBER	calgary health region	1 — —				
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