

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	#OF HOURS	AMOUNT CLAIMED	KMS
an Got	SPCP					35.7
ap. 7	municip al.					35.7
						0
. 19	Moherel bryan Desires					35.7
19	Muching Grand Breaking Non. Keath Canil					0/8.8
Au	Mon. Kealt Consid					9.00
" 21	Part. Lonn.					340
122	Pre. P.C. Long. hinging					36.7 8.0
27 28	SGI+ Odn - with lings andile France	t				8-0 56.7
28 29	Hotlene lands					36.4 36.7
30	SPOP					38-7
I certify that this o	claim is for Authority business.	TO.	Non-R	esponsive	<i>(</i>	363.1
NAME (print):	MARKET PLAN	ode: 201 900	00 711030000 DTAL EXP	00 6850000	\$	TOTAL KMS transfer to back
SIGNATURE:	Mary Dean 17(1)		201 9000 711	4800	137.98	
DATE:	May (4/04	, 17(4)(g,	O(i) TOTAL	. CLAIM	\$	
Reviewed by:	Seels Athenson			WINDS AND	Non-Responsive Date: Complete Complete	404
Authorized By:		- M:	5 13 64/2	7.98-	Date:	
revised: March 2004		· .	DIMAN	1 policy		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
apr. 6		\$

TOTAL KMS (from front) 363.1 X 38¢ /37.98 TOTAL EXPENSES \$ /37.98 (transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting)		TAKI END TIME TIME		AMOUNT GLAIMED	KMS
Meg 6 REALH (San	togland				34. S
Mag Com. A. Can	e ile				34.00
2					
" " Phys. Vicen					
1 A A A	f				35.7
May 14 At 4					35.7
My 26 KOACH (Dance	y(not)				34.00
Drank					34.00
May 27 REARH (Pelis	e cents				35.0
	g Edr. (8-

I certify that this claim is for Authority business.			Responsive		246.4
		TOTAL HON 201 9000 71103000		\$	TOTAL KMS transfer to back
NAME (print): MILLEGALET PE		TOTAL EX	(from reverse)	\$ 93.63°	<i>V</i>
SIGNATURE: 1 14 14 14	s.17(1), 17	f(4)(g)(i)		\$	
DATE:		MANAGEMENT AND ADMINISTRATION OF THE PROPERTY	200	, Non-Responsive	
Reviewed by:	49.	HON HE TE	the state of the s	Date: 1000-1000	
Authorized By: revised: March 2004	3	2 4 ,		Date:	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 3464 X 38¢

93.63 \$ 93.63

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km



revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	#OF HOURS		JUNT JMED	KMS
gene i	Genrice And turn.						8.0
July 1	AP& P						35.7
Durin	Omn sunt Brick						() () () () () () () () () ()
gerai	Briefitz appeal						35.7
June 23	Glerrose and aled.						34,0
Jur-	SGH Han.						
JUL 28	Warne Com Copyed						
frusq	SGH harf wewend						8,0 34,0
gras 30	surregal libers.						3473
certify that this	claim is for Authority business.	TOI	Non-Res	•	\$		3o27
NAME (print):		ode: 201 900	0 711030000 TAL EXP	0 6850000	\$		transfer to back
SIGNATURE:	June 1 Africa 5.17(1), 17(4	Code: 2	201 9000 711		Mb.	43	600
DATE:	21/(1), 1/(2)	+)(g)(1)	TOTAL	CLAIM	\$ 	* /	AR.
Reviewed by:	,/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	110			/Non-Res Date:	sponsive	
Authorized By	year M. Talounk	5		6.93	Date:	73/0	14
evised: March 2004	The second secon	Jane J	son and an instantional temps of			1	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
		\$

TOTAL KMS (from front) 307.7 X 38

116.93 \$ 116.93

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km

6

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BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMEA CLAIN		KMS
ply 16	cite						8.0
Jely 21	RAH						34.
glyaz	UAH.						35.7
Alyza	PHAA - Kealthe Rate	7					100.
lugust							
avg 5	Public Info sersion	%					8.
aug 11	Prev. Rown						37.0
aug 18	Breefing teleury.						٥
nh	MLA BBQ.						63Kn
	signed to					···········	
	- signed to -				•		
	DO -						
I certify that this	claim is for Authority business.	то	Non-Re	sponsive	\$		283-
NAME (print):	MARGAROT PLAN	Code: 201 90		00 6850000	\$. 4	transfer to back
SIGNATURE:	numb Dlam				108.	5/	
DATE:	aug 25/04	YMAI	ΤΩΤΛΙ	CI VIVI	\$		
Reviewed by:	Cerla Shive	= HON	J	- 1	Non-Resp	ponsive	STOU
Authorized By:		- 7 M (3	5/10	8.57)	pate:	7	
		ongi	100 60	ame.			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 285.7 x 38¢

108,57

TOTAL EXPENSES

\$ 108, 5/

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

8

MILEAGE



revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	~ ~~~~~~~~	MOUNT AIMED	KMS
Jely 16	ClfC						8.0
Jely 21	RAH						34
glyaz	UAH						35.7
alaza	PHAA - Health Beter	<u>"</u>					100.
august							and the second s
ang 5	Public Info sursion rep	i					8.
ang 11	Prev. Lawre						37.0
							٥
2 - E 1	MLA BBG		and the second s	23 Mars 22 or and compared the Compared Section (Section 1995) of all	and the state of t		6347
			:				
						,	
	· ·						
I certify that this	claim is for Authority business.		Non-Re	sponsive		***************************************	285.7
		TO ' Code: 201 900	TAL HON 00 71103000		\$		TOTAL KMS transfer to back
NAME (print):	MARGARET PLAN			(from reverse)	\$	8. 57	(I)
SIGNATURE:	mund Henry	Code:	201 9000 71			i i	
DATE:	acy 25/04		TOTAI	L CLAIM			
Reviewed by:	Carla Spine				Non-R	esponsive U.s. I	157/14
Authorized By	Guen M. Holowin				Date:	and 30/0	4
routeed: March 2004		9			p. Marie Constitution of the Constitution of t	0 /	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
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		\$
	State State State Control of the State Sta	
. 4		
	The state of the s	

TOTAL KMS (from front) 285.7

TOTAL EXPENSES

(transfer to front)

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\$318 for over eight hours in any day

MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	(specify meeting)	TIME	TIME	# UF HOURS	CLAIMED	KMS
As a broken	+ 212, 12		ŀ	ł	k	3/7
	and it Terme					3577
My/az	leafe of a source					the second second second
120,21.23	56C4 Den 1					
42107	CHC RECESSION TO SERVICE OF THE					. 8
1 // // 55	A line Ayflill Dongs					36,4
12 gr 504	Aleman ha Parkety Corn					
27129	Graduate Specifical Right James					100/5
Lentag	usit lui hereit					37
I certify that this	claim is for Authority business.		Non-l	Responsiv	2	J(50, 80 ZJ33,8
			TAL HON 00 71103000		\$	TOTAL KMS transfer to back
NAME (print):	MARGARAT PLAW	•	OTAL EXI	PENSES	\$ 112,60	
SIGNATURE:	In A F/SAT(1), 17(4)(g)(i)	Code:	201 9000 71	from reverse) 110300000	a property and a second	
DATE:	6 6 28/04		TOTAL	CLAIM	\$	
		works — All			Non-Responsive	
Reviewed by:	Fill Anyon	- Ho	- 1:-		Date: / / /	<u> </u>
Authorized By:_	1 1 m/4	1916 E	5 118 049	1.60	Date:	***************************************
revised: March 2004	Closes to the		014/0	33		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED	en in Herr
	Dutay	\$ 7.50	
Dept 28 Aux 24	Palicy	6.00	
		/3.5D	
	TOTAL KMS (from front)	驾生生 99	10

TOTAL EXPENSES

\$ 45-3+ 10.6

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

\$318 for over eight hours in any day

MILEAGE

38¢ km

CAPITAL HEALTH BOARD MEMBER

			political designation of the second	U.Y. O. I	JANGARAN Water of E
DATE	EXPE			01.7 F 119687 F GST A 11988	
Dept 28	Parking	÷	\$		
Jug 139	Palicy -	THANK YOU FOR PARKING MACDONALD ESTATES GST INCLUDED		NAME (1955) Nacober Refe	2 AM 18 TANZ47919 09/29/04 08:55 Gut
		045EP28 09:10 001 001 045EP28 06:58 01 7 2:12 #066198		Total Tok Total Fee \$ CASM PAID \$ Cash Teydor \$	0.79 1.30 3.00 10.70 4.00
		= 01027198 RATE 1 \$7.50 - TOTAL \$7.50 CASH \$7.50			
		- FOR MONTHLY PARKING PHONE 4201976		.	
					a de la companya de l
				350	

TOTAL KMS (from front)

260 8 225 8

X 386

雪雪多约。

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2004

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38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT GLAIMED	KMS
Octor	CHC appreciation		: :	35. 7
Och 6	Sauce			34
048	2,000			35 7
Q.112	My Gines			35.7
Set 12	SCH Ednesja mtg			3
6443	Rena Canady			
32405	Jacc 11/2 /			35. 7
Och 20	Planing Way			131.5
(12/31	Many Day			1373
4.4.22	56 CH		-	Ŝ
Get 25	Stande 400 Cenn		,	\$
Oct. 4	SCHELLE PHEN NO		:	
I certify that this	claim is for Authority business.	Non-Responsive TOTAL HONORARIA	\$	5/58
NAME (print):	MARCHART PLAN	rde: 201 9000 7110300000 6850000 TOTAL EXPENSES	\$	TOTAL KMS transfer to back
SIGNATURE:		(from reverse) Code: 201 9000 71110300000	196.00	
DATE:	3.17(1), 17(4)(TOTAL CLAIM	\$	
Reviewed by:	Sulastrus	HON =	Non-Responsive/ Date:	
Authorized By:		MIS 196.00-	Date:	
revised: March 2004		MIS 196.00- 14 0424 Nov 4/04		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

000000000000000000000000000000000000000	DATE	EXPENSE ITEM	AMOUNT CLAIMED
			\$
1			
-			

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					的交流		S. 10. 7	77.50			1.00	1000	2000	11.0	100	200	4 5.5				81.7						2 14 17 2			
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	and Sa						1,12	3.475	200	1.3.5	2	.,	P .		. 41	-	14		, ,	1.00		P	1.	8.0	200	1.	4.7	395.447	30000	400
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		716	P15-50	4.5	5.87		. y 🕾	48.79	8 W		190	100		116	13.75			90007						18.00			3000			
	. 73,73	433		1001.	1.27	113.4		1300	30.00	6.6			£		ت ــ ــ ۲	4.	Ż	ant.		16.00										
	500 S. N.					. 11	10.15				4.00%			~~		70	777	2177	1	The Tree	Section 1	1. 600 - 1					400	elle et et est	C 14 10 10 10	

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Med. 1	fudit Birmer					35.7
MAN S	AP-P					35.7
/WY 6	CHC unsuttation					32.0
Max	CHC remettation Audit - Finance					35.7
/wd 24	fort pall					0
/hy30	Bank mity					340
						- - - -
			· · · · · · · · · · · · · · · · · · ·			
I certify that this	claim is for Authority business.	5 - s ₂ 5	Non-Res	ponsive		173.1
			TAL HON- 00 71103000	-	\$	TOTAL KMS transfer to back
NAME (print):	MARCHARET PLAN			from reverse)	\$ 65.78	
SIGNATURE:	13 11 17(1), 17(1)		201 9000 71 TOTAL	110300000 _ CLAIM		a@ /
DATE:	free 13/04		1017	_ OLMIIII	Ψ	pro-
Reviewed by:	File Atomsk	- Ho			Non-Responsive Date:	
Authorized By:	(-(2)		5 66. 042	78 7	Date:	
roviced: March 2004	The same recovery of the same recovery	16)6	1/194		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 173.1 X 38¢

65.78

TOTAL EXPENSES

\$ 65.78

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY

DATE	(specify meeting)	TIME	TIME	HOURS	GLAIMED	KMS
1600 1/04	It mile school Black					\$7.
Lec 2/	Sturgeon Jam					5
Nice 6	CHC					\$
We 14	Conherence Beneal					34.7
hee 15	and a					85 7
decae	Delevery.					
The state of the s						
				-		
	If actual chambe	7	Corn	50	the army.	
	a 7 9 M. ailed Bus & Le	int 1	Lings			
I certify that this	claim is for Authority business.	THE PARTY OF THE P	Non-Res ₁	onsive		118.4
	c		FAL HONG		\$	TOTAL KMS transfer to back
NAME (print):	MARCHARET PLAN	T	OTAL EXF		\$ /// 63 -	
CICNIATI IDE.	A RP.	Code:	ر) 201 9000 711	rom reverse) 10300000	44.60	
DATE:	Jen 5/05 s.17(1),	17(4)(g)	(i)TOTAL	. CLAIM	\$	
Reviewed by:	Elan Ahurah	HOA		2.120.1100.00	Non Responsive Date: Description:	S
Authorized By:		ME		.99		
revised: March 2004			muce	-47/0	9	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		· · · · · · · · · · · · · · · · · · ·
		: 12

TOTAL KMS (from front)	X 38¢	 6528	44.9
	음료에 살아 그는 사람이 아니다.		
τ	TAL EXPENSES	\$ 44.9	9
		 	and the second of the second o

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
Commence plants of the method of the self-of-the commence	stalled try country		The state of the s	
Jan 10	W. Sahlratt etal	-		39.7
gas 11	Phy. Gin	-		35.7
Jan 12	Muij adving	-		34.0
Jen 13	budit , france	-		35.7
au 14	Spap			36.7
	has bleasing with +	-		78.0
Jen 19	Jones & Mounde	_		40.0
gen al	andix Finance	-		38.7
gen 24	Com. H. Couril	-		8.
Qu. 26	CH Offer Sue Since	<u>.</u>		36.4
Janes-	achadin M. for.	_		540
V				
	muth o famen / De	there	1	S
	L suty Calgary, claim is for Authority business.	Non-Responsiv		440.90
, colding that the		TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS
NAME (print):	MARGARET ALAN	TOTAL EXPENSES (from reverse)	\$	
SIGNATURE:	12 11 4 9 an	Code: 201 9000 71110300000	-2 167.	54
DATE:	s.17(1	1), 17(4)(g)(i) total claim	\$	
	2.72.71A1.01	160 1	Non-Responsive	<u> </u>
Reviewed by:	ece HINA	_ HON	Date:	7/40
Authorized By:		$\frac{1}{20}$ 0503	Ďáte:	¥
revised: March 2004		F25-769		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
.`		

TOTAL KMS (from front)	X 38¢	
TOTAL EXPE	VSES	\$
(transfer to	front)	
RATION - effective March 1, 2004		
NI		the resident resident that it was before the second

REMUNERATION - effective March 1, 2004

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MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #C		KMS
31/ 3/0	Chay Spety Sym			46.9
9043	People's Progress			3/./
9.2h4	spec. Sp P	-		35.7
2169	CI+C Rund honers G	 2		93.00
32614	Bruting at Brig Mung Kenthe	•		27.00
				-6
Jeh 15	Wean Bell's lunch + u NA debriefing			79.
3x417	UNA	_		35.7
alhar	Stral Pean	_		35.7
90L23	RP P	_		35:7
3 Kh24	sturgen 12 stn.			8
I certify that this	claim is for Authority business.	Non-Respons TOTAL HONORAR	IA \$	426.8 TOTAL KMS
NAME (print):	MARGACET AZAIN	TOTAL EXPENSE (from reve	ES \$ 160.18	transfer to bačk
SIGNATURE:	rugul aklam	Code: 201 9000 711103000		
DATE:	Murech 9/05 s.1	7(1), 17(4)(g)(i)		
Reviewed by	Jula Jhurik	- HON	Non-Responsive Date:	
Authorized By:		22 MIS (162.15)	3) Date:	TO CONTINUE PROPERTY AND IN
revised: March 2004		YYUSU	af ·	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
		\$

TOTAL KMS (from front) 426.8 X 38¢		1621	18	
	-			
TOTAL EXPENSES	\$	162.	18	1,4

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN \$165 for up to and including four hours in any day \$280 for over four hours and up to and including eight hours in any day \$447 for over eight hours in any day MEMBER \$122 for up to and including four hours in any day

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

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MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	(specify meeting)	TIME	TIME	# UF HOURS	AMOUNI CLAIMED	KMS
Muz	CH + Sturgen Hopson					79, A
Mu 13	ABA - forf					Z. 8
Mast	Corf.	-				26.5
Mars	Conf.					36.8
Meric	QP.P	_				35". 7
Mu 23	pp.p andje sunne psporsd. mulhege]				45.7
Musy	SGA GAN					E a
Marge	CIK					€.
Mian 9	PHEN OPEN CLAUSE					
I certify that this	claim is for Authority business.	TO	Non-Re	esponsive ORARIA	\$	29(-)
5145 APP 7		Code: 201 900	00 71103000	00 6850000		transfer to back
NAME (print):	WARGARET PLAN		OTAL EXF (1201 9000 71	from reverse)	\$ 142.7	7
SIGNATURE:	My Reen s.17(1), 17	(4)(g)(19	•			e de la companya de l
DATE:	agr. 5/05		IOTAL	_ CLAIM		
Reviewed by	Cela Thurs	HON	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Non-Responsive	5/05
Authorized By:		Mi Con	145	Annual	Date:	
Tourisade Narrah 2004		24		3		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 13	Parking	\$ 2.00 14.00
	e e	12.00
Mar 5 Mar 23	7	6.00
		34.00

TOTAL KMS (from front) 386.2 X 38¢	<u> 108. 77 </u>
TOTAL EXPENSES	\$ 3430
(transfer to front)	142.77

REMUNERATION - effective March 1, 2004

CHAIRMAN	•
\$165 for up to and including four hours i	n any day
\$280 for over four hours and up to and ir	ncluding eight hours in any day
\$447 for over eight hours in any day	•
MEMBER	
\$122 for up to and including four hours i	n any day
\$203 for over four hours and up to and in	ncluding eight hours in any day
\$318 for over eight hours in any day	
MILEAGE	25
38# km	20

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON
6ST # R119326270 RT0001

CITY OF EIMONTON
LIBRARY PARKADE
68T # 119326270 RT0001

Rcpt# 59864 03/23/05 13:42		i ∩ ∧#	ΕΛ	Tuniti	70EOE
03/23/05 12:02					
Regular Rate		5.61	ar VU	TTSAC	LHIL
		0.39			
Total Fee	¢.	6.00			
ቦሪዩሁ ያልቸሽ	ę	6.00-			
Cash Tender	* j	0.00			
Change Due	\$	4.00			
THANK YOU					
WE APPRECIATE	YOUR	BUSIN	:88		
COME AGAIN			•		

Rrpt# 93645 03/14/05 21:45 L# 2 A# 35 Txn#326378 03/14/05 07:49 In 03/14/05 21:45 Out Tkt# 476173 Regular Rate \$ 15.08 0.92đ. Total Tax \$ 14.00 Total Fee \$ 14.00- / CASH PAID 20.00 Cash Tender \$ 6.00 Change Due THANK YOU COME AGAIN

Best Copy Possible

CITY OF EDWONTON LIBRARY PARKADE GST # 119326270 RT0001 56. 1 1000/435 Lister 1400/45 25. 1 1257/27 140001

Rcpt# 93707			
03/15/05 11:4	9 L#	2 4# 39	Txn#326520
03/15/05 07:4	2 In	03/15/05	11:49 Out
Tkt# 476359			
Regular Rate	\$ 1	<u>1.21</u>	
Total Tax	•	0.79	
Total Fee	\$ 1	2.00	
CASH PAID			/
Cash Tender	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00	
Change Due	*	0.00	
	THAK	YOU	
ļ		AGAIN	

A. 1924 | C. |

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13. 13.00 | 24.19 | A8 | 1.87 |

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24. 13.00 | 4 | 2.00 |

24. 13.00 | 4 | 2.00 |

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BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA Non-Responsive ACTIVITY START END #OF AMOUNT DATE (specify meeting) TIME TIME HOURS CLAIMED KMS Q Muris admiroy Bd 34.00 35.7 8 3≤.7 340 35.7 8614 Hu 8 35.0 Non-Responsive ત્ર6્∂.9 I certify that this claim is for Capital Health business. **TOTAL HONORARIA** TOTAL KMS Code: 201 9000 7110300000 6850000 transfer to back NAME (print): MARGAR 67 TOTAL EXPENSES 111.47 Code: 201 9000 71110300000 s.17(1), 17(4)(g)(i) **TOTAL CLAIM** DATE: HON Reviewed by 0510 27 ay 19, 2005 **Authorized By:** Date: evised: April 2005

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
apr 6	Parking	\$ 5.00

TOTAL KMS (from front) 262-9 X

X 40.5¢

106.47 \$ 111.47

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km

OTTY OF EDMONTON LIBRARY PANNADE GST # 19326270 RTOCOL

Ropt# 96209 04/06/05 21:31 L# 2 A# 37 Txr#335117: 04/06/05 17:04 In 04/06/05 21:31 Dxt Tkt# 482100 4,67 0.33 5.00 Regular Rate \$ Total Tax 4 Total Fee 4 5.00-5.00 CASH PAID 4 Cash Tender \$ 0.00 ġ, Charge Due THANK YOU COME AGAIN



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS		MOUNT CLAIMED	KMS
							.0
46	Muris adway Bd						34.00
6	Long Servictions						35.7

april 9	CH Carrel Kealth Fair	i					- 8
an 15	Buty Briefry						35.7
" 19	Stakehalglusession	,					340
Cysn. 260	. Strat Rean						35.7
71 11.	Klein / Swith Road						
am 28	8611 Hu						8
apr. 30	CHC Linel						35.0
I certify that this	claim is for Capital Health business.		Non-R	esponsive			262.9
		TO de: 201 900	TAL HON 0 711030000		\$	<u>.</u>	TOTAL KMS transfer to back
NAME (print):	MUTRGAROT PGAIN		OTAL EX 01 9000 71	from reverse)	\$ ///	.47	$\bigcirc O$
SIGNATURE_	mynt et can.	2000		L CLAIM	s		Som
DATE:	May 16/05	• .			D.	•	
Reviewed by	Sula Alwed)	-			Date _	ey 17/	15
Authorized By:		<u>.</u> .			Date:	<u>' ' T</u>	
revised: April 2005		30					·

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
apr 6	Parking	\$ <i>5,</i> 00
		V 10 10 10 10 10 10 10 10 10 10 10 10 10

TOTAL KMS (from front) 262-9 X4

106.4

TOTAL EXPENSES

\$ 111.47

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END # 01 TIME TIME HOUR		KMS
/	MAZANROWERY LEDICAL.			
m4 2/05	ALTA HEART INSTITUTE			320.9
MAY3	HEALTH SIMPOSIUM			
ma4	.		•	
MAY 5	for the state of t			320.9
MAY 12	CH EVAC. T.F		,	35.7
MA7 13	AUDIT & FINANCE			35.7
y a se	DIPCOMATIC GROUP			36.7
may 16	STRAT. PCAN			35.7
MAY 18	SPP			35.7
mA4 24	MENTAL HEALTH ROACH			34.0
mmy 25	BOARD			65.0
m Ay 26	SGH FDN			8.0
may 30	CHC			8.0
mag 31	CEO & BD EVAL T.F.			7-5
	CLO DO GUACO TVI.			35.7
MAY9	PHEN CONFERENCE IN			212
	RON DUER			362
I certify that this c	laim is for Capital Health business.	Non-Respons	ive	1368.7
•	· · · · · · · · · · · · · · · · · · ·	TOTAL HONORARIA		TOTAL KMS
NIABAT (muim4)	1	de: 201 9000 7110300000 6850000		transfer to back
NAME (PINI): 9	MAKBARET PLAIN	TOTAL EXPENSES (from reverse		
SIGNATURE:	my Rollans 17(1), 17(Code: 201 9000 71110300000	92.71	(P) .
DATE:	31/05	TOTAL CLAIM	\$	
DATE	May 3 (10)			7
Povious d by	Colox / Line /	Han	Non Responsive	1/80
Reviewed by:	The state of the s	HON	Date: // /	400
Authorized By:	Modelen	_ MIS 1,292.71	Date: proe 3	65
evised: April 2005		33 0512	0/	
		33 0512 Jun 9/09	23	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 5	WESTIN HOTEL	s 738.39
		, t

TOTAL KMS (from front)

X 40.5¢

554.32

TOTAL EXPENSES

(transfer to front)

1292.71

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km



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

MS Margarett Plain

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

Arrival 05/02/05 Departure 05/05/05 Payment Method VA Invoice 426319

GST Vendor

R861336493

 Room
 0402

 Cashier
 59

 Page
 1

Starwood Preferred Guest #
Airline Partner #

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

The Westin Calgary, 05/05/05

Date	Text			Room	Charges	Credits
05/02	Room C	harge		0402	189.00	
05/02		m Levy 4%			7.56	
05/02	Room G	ST 78			13.23	
05/02	Park-V	alet Weekday			20.00	
05/03	Room C	harge			189.00	
05/03	Touris	m Levy 4%			7.56	
05/03	Room G	ST 7%			13.23	
05/03	Terrac	e Restaurant 02 : CHECK #1144			20.19	
05/03	ON Din	ing Room 02 : CHECK #5907			22.83	
05/03		alet Weekday			23.00	
05/04	Room C	-			189.00	
05/04		m Levy 4%			7.56	
05/04	Room G				13.23	
05/04	Park-V	alet Weekdav			23.00	
05/05	Visa		XX/XX			738.39
oture method:keyed s.17(1), 17(4)(e.1)		Total		738.39	738.39	
			Balance			0.00
Room	GST	39.69				
F&B	GST	2.56				
Othe	r GST	4.32				
Tota	l GST	46.57				

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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END # OF	AMOUNT	KMS	
SUNE 1/05	MUNICIPAL ADVISORY Com	.	•	34.0	
JUNE 3	SPEC. SPEP	-	•	35.7	
JUNE 8	CARELTIAS ANNUAL MITE		-	340	
JUNE9	REACH AWARDS		·	32.00	
JUNE13	COMMUNITY H.C.		•	15.	Ž
JUNE 15	SPLP			35.7	
JUNE 20	SPOP PHYSICIAN LIAKON			35.7	
JUNE 21	JT. Mig With Uol Bolses	·	_	33.¢	
JUNE 23 JUNE 24	CIT STATE PICNIC ARTS IN HEALTH CONF	-		36.00	
JUNE 25				36.00	
SUNE 28	AUDIT · FINANCE			35.7	
JUNE 29	PHOTO'S . Bd MEETING			35.7	
1 certify that this o	claim is for Capital Health business.	Non-Responsiv TOTAL HONORARIA de: 201 9000 7110300000 6850000	\$	484.5 TOTAL KMS	
NAME (print):	MARCOPRET PLAN	TOTAL EXPENSES (from reverse)	\$ 244.70	transfer to back	
SIGNATURE:	8.17(1), 1	Code: 201 9000 71110300000 $7(4)(g)(i)$ TOTAL CLAIM	\$	Since 2	
DATE:	2/ 100		Nøn\Responsive	4	
Reviewed by: Authorized By:	gelast from d	- HON MIS 244.70-	Date: My 6	405	
evised: April 2005		36 July 12/05			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
m/ 22 24	PURKING IMC CLUB	\$ 5.00
7 1 5 9 2 1	PARKING IMC CLUB PARKING	7.50
	PARE, WY	1
JUN 6-23		/Q.60 /
JUNE 24		12.00
JUNE OS		12.00
		43.5

 TOTAL KMS (from front)
 484.5
 X 40.5¢
 196.2

 TOTAL EXPENSES
 \$244.7

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

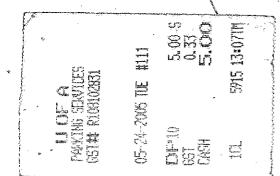
\$209 for over four hours and up to and including eight hours in any day

\$328 for over eight hours in any day

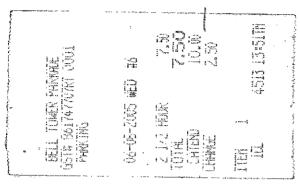
MILEAGE

40.5¢ km

37



Best Copy Possible



PARKING RECEIPT

Date: 25/05, 2005

Amount Paid: LLHR 12 (GST included), by cash for parking at Bell Tower Parkade GST# 861747707RT0001

OAILT MAX

Issuer's Signature: W.



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

DATE	ACTIVITY (specify meeting)		START	END	#OF	AMOUNT	KMS
July 6/05	Briefing &	my unit					34.00
July 13	sumsta Mensta Spoplisherey	ing	i.				35.7
		ż			,		
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4							
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		:					
,							
certify that this cl	aim is for Capital Health bus	siness.	· · · · · · · · · · · · · · · · · · ·		-Responsi	ve	69.7
		Cod		711030000		\$ 	TOTAL KMS transfer to back
IAME (print): w		and		OTAL EXP (fi)1 9000 711	rom reverse)	\$ 28. 2 <u>3</u>	3
GIGNATURE:	· •	s.17(1),			-	\$	
PATE:	Jug. 3/05						
Reviewed by:	Been for h She	wed	HON			Non-Responsi Date: ÛU.9 . ≟	
uthorized By:	V	7	MIS	28.2	- E	Date:	
vised: April 2005			39	21 6 . 9/0°	5		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
	·	

 TOTAL KMS (from front)
 69.7
 X 40.5¢
 28.23

 TOTAL EXPENSES
 \$ 28.23

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	#OF HOURS	AMOUNT CLAIMED	KMS
		_				0
augao	Com. H. Council					8
aug 30	Keart Institute tour					35.7
			*/ 1.			
						,
			~ .			
		P. C. Lander				
certify that this cla	aim is for Capital Health business.			esponsive		43.7
LATE ATT ANNUAL CORP		le: 201 9000	7110300000	0 6850000	\$	TOTAL KMS transfer to back
NAME (print): M	Albaret Plan S.17(1), 17(4)	Code 20	TAL EXP (fr 11 9000 7111	om reverse)	17.70	
PATE:	Sept 8/05	(S/(1)	TOTAL	CLAIM		1000
Reviewed by:	Perla Shoved	Hon		r	Non-Responsive	05
uthorized By:			5 M.T	70 -	Date:	
vised: April 2005		41	2p+ 14	105		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		;
		**

TOTAL KMS (from front) 43.7 X 40.5¢	17.70
TOTAL EXPENSES	\$
(transfer to front)	

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

	ACTIVITY	START END #OF	AMOUNT	
DATE	(specify meeting)	TIME TIME HOURS	G CLAIMED	KMS
Sept 1/6	RAH Similatinante		_	34. or
Dent 8	Strak Plan T.F			35.7
Sepr9	alta Centennia Chris			39.2
Sept 12	Down & op. Took Ser Slog			69.9
Sept 14	Sp.P			35.7
to a	HEALTH WOIGHT WISE RUN			70.0
Sept 20	SAFETY ANNES + UNA Pres		_	35.7
Sept 21	and Finance			35.7
Sept 22	56H Gdm			8
Sept 25	U of A President instadet			35.00
Sept 26	hoTA Pres. Suprysosium			35,00
	CI+C - St. alling			8.
Sept 27	CH- Resource Fain			24.0
Degt 28	Boord, Mental. H. Briefing			35.7
New 129	Sr. Frem St. accent			8,
140.1	Contact Herech.			509.6
I certify that this o	laim is for Capital Health business.	Non-Respons	ive	470.4
	Co	TOTAL HONORARIA de: 201 9000 7110300000 6850000		TOTAL KMS ransfer to back
NAME (print):	n MICGARET PLAIN	TOTAL EXPENSES	\$	<u> </u>
SIGNATURE:	n NERlan	(from reverse) Code: 201 9000 71110300000	2,2.39	An)
DATE:	Sept 29/05 s.17(1)	, $17(4)(g)(i)$ TOTAL CLAIM	\$,
_	and the state of t		Non-Responsive /	<u> </u>
Reviewed by:	Jewn Mary	_HON (115 retro).	Date: (127 3 / 6	
Authorized By:		- MIS 212.39-	Date:	 .
revised: April 2005		0521		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
	milage	
Sesta	milage parking parking	2.00
Sept 9 Sept 25	push-	4.00
:		
		6.00

MISSING PARKING PT. RECEPT.

TOTAL KMS (from front)

509.6 410.4 X 40.5

t90.5 206.39

TOTAL EXPENSES

\$ 2/2.39

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

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

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

APPLICANT COPY APPLICANT COPY AND EXPENSE OF ANY	
Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive HONORARIA	· · · · · · · · · · · · · · · · · · ·
ACTIVITY START END # OF AMOUNT DATE (specify meeting) TIME TIME HOURS CLAIMED	KMS
OH 2/05 acceptation	38.7
Och los Cheanon Brank Ret.	62.
Oct 7/05 acred. depring	357.7
Oct. 12 Spec. Spel	38.7
Och 13 Strat Rean	35.7
ON 15 CHC Consultation	<u>36.</u>
Oct 17 meder every	34. 34.
Oct 19 SPEP + Dr. Jack Munay	36. 35.7
Oct 20 thalifay 5- Calgary +	31.1
Och 22 setum from Belef 45 Och 25 Phy Chisan	_ -
Oct 25 Phy Chican	326.0
I certify that this claim is for Capital Health business.	
TOTAL HONORARIA \$ Code: 201 9000 7110300000 6850000	TOTAL KMS transfer to back
NAME (print): MAKGARET PLAIN TOTAL EXPENSES \$ \$30.00 (from reverse) Code: 201 9000 71110300000	9 <u>e</u>
SIGNATURE:	
Non-Responsive	71 / A 1 989
MIS 830.64	703
Additionized By:	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMQUNT CLAIMED
ach 17/0	- Parking RAH	\$ 525 ⁻
ac/20.	- Parking RAA 22 hreston Hatel	381.06
	sorking !	/
·		
·		
		386.31

TOTAL KMS (from front) 1091.) X 40.59

444.

TOTAL EXPENSES

\$ 428:27 830.6°

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

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

\$478 for over eight hours in any day

MEMBER

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

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

\$340 for over eight hours in any day

MILEAGE

40.5¢ km

THE WESTIN

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

Ms. Margarett Plain

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

Arrival 10/20/05 Departure 10/22/05 Payment Method VA Invoice 459825 Room Cashier Page

1004 29

Starwood Preferred Guest #
Airline Partner #

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

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1004	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	,
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Valet Weekday		23.00	
10/21	Room Charge	•	153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%	•	10.82	
10/21	Dest. Marketing Fee 1%	•	1.53	0 7
10/21		s.17(1), 17(4)(g)(i)	1.53 (22.33)	delake.
		5.17(1), 17(4)(g)(1)		
10/21	Park-Valet Weekend		15.00	
10/22	Visa	XX/XX	•	403.39
ture met	chod:swiped s.17(1), 17(4)(e.1	l) Total	403.39	403.39
			*************************	:
	;	Balance		0.00
	:			T. 22.3
Room		•	•	,
F&B	GST 1.33		,	201 0
	er GST 2.49	-	-	381.06
	al GST 25.46			
GST	Vendor R861336493	•		

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

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



Healthier People in Healthier Communities

Executive Office

1J2 Walter C. Mackenzie Health Sciences Centre 8440 – 112 Street

8440 - 112 Street Edmonton, Alberta Canada T6G 2B7

Office: (780) 407-1000 Fax: (780) 407-7161

Memo to:

October 11, 2005

Margaret Plain

Re: Halifax 5 Confirmation

This is to confirm your registration and accommodation for the Halifax 5 Conference which will be held in Calgary on Oct 20 – 22.

Hotel:

The Westin

Address:

320 4th Ave. Calgary, AB

Confirmation:

936635521

Arrival Date:

October 20

The conference begins at 5:00 p.m. on Thursday, October 20. Your conference materials will be available for pick-up during the following hours at the registration desk:

Thursday, October 20, 2005, 5:00 p.m. to 8:00 p.m. Friday, October 21, 2005, 7:00 a.m.

Leila Shwed

Reila

Executive Director

Phone: 407-6841 Fax: 407-3313

E-mail: <u>lshwed@cha.ab.ca</u>

CREDIT CARD NUMBER



Capital Health

RECEIPT 641603



Paid Amount

642.00 Fee

Welcome to Halifax 5: The Canadian Healthcare Safety Symposium. Your registration information is listed below.

Plain, Margaret

Halifax 5: Advancing the Culture of Safety

Event



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
artz/os	acceptation			35.7
	Sheann Brant Ret.			62.
	acred. debriefing			35.7
	Spec Spep			35.7
	Strat Rean			35.7
	CHC Consultation			35.
act 17	medea swent			34;
2 118	RAH rentiration hear of			34. 35.
0019	Mental Learn In			35.7 31.1
1: 21 Rel 22	Halifart Tollaryt			326.0
0el = 3 0cl = 5	Plus Chisian			3 2 6.0 35.5
I certify that this	claim is for Capital Health business.	Non-Responsiv TOTAL HONORARIA	1	1097.1 TOTAL KMS
NAME (print):		ode: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$ 830,64	transfer to pack
SIGNATURE:	myn & Rean	Code: 201 9000 71110300000		
DATE:	MN1/05	TOTAL CLAIM	5	
Reviewed by	Cela Shined		Non Responsive Date: 200 6	4/05
Authorized By:	Know Mr Flower		Date: 10-1-11	
revised: September 20	05	50		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 17/0	- Parking RAA	s 5.25
Delao	- Parking RAA 22 hreston Hatel	381.06
	porking /	
		386.31
		33

TOTAL KMS (from front) 1097.) X 40.5¢

40.5¢ 44.3

TOTAL EXPENSES

(transfer to front)

\$ 438.27 851

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

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

\$478 for over eight hours in any day

MEMBER

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

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

\$340 for over eight hours in any day

MILEAGE

40.5¢ km

THE WESTIN

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

Ms. Margarett Plain

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

Arrival 10/20/05 Departure 10/22/05 Payment Method VA Invoice 459825 Room Cashier Page 1004 29

Starwood Preferred Guest #
Airline Partner #

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

The Westin Calgary, 10/22/05

Date	Text		Ro	om	Charges	Credits
10/20	Room (Charge	10	04	153.00	
10/20	Touris	sm Levy 4%	•		6.18	
10/20	Room C	ST 7%			10.82	,
10/20	Dest.	Marketing Fee 1%			1.53	
10/20	Park-V	/alet Weekday			23.00	
10/21	Room C	Charge			153.00	
10/21	Touris	m Levy 4%			6.18	
10/21	Room G		,		10.82	•
10/21	Dest.	Marketing Fee 1%		`.		· 0 A
10/21		_	s.17(1), 17(4)(g	(i)	1.53 (22.33) <i>0</i>	telele.
10/21	Park-V	alet Weekend	,		15.00	
10/22	Visa		xx/xx			403.39
ture met	hod:swip	oed s.17(1), 17(4)(e.1)	Total	1	403.39	403.39
	•	:	Balance			0.00
Room	n GST	21.64	_		· . · · · · · · · · · · · · · · · · · ·	722.3
F&B	GST	1.33	•			
	er GST	2.49	_		•	381.06
	il GST	25.46			-	· · · · - · ·
	Vendor	R861336493				

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

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



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Office: (780) 407-1000 Fax: (780) 407-7161

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October 11, 2005

Margaret Plain

Re:

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Hotel:

The Westin

Address:

320 4th Ave. Calgary, AB

Confirmation:

936635521

Arrival Date:

October 20

The conference begins at 5:00 p.m. on Thursday, October 20. Your conference materials will be available for pick-up during the following hours at the registration desk:

> Thursday, October 20, 2005, 5:00 p.m. to 8:00 p.m. Friday, October 21, 2005, 7:00 a.m.

Leila Shwed

Reila

Executive Director

Phone: 407-6841 Fax: 407-3313

E-mail: Ishwed@cha.ab.ca

Plain, Margaret

Welcome to Halifax 5: The Canadian Healthcare Safety Symposium. Your registration information is listed below.

Event

Halifax 5: Advancing the Culture of Safety

Fee

642.00

Paid Amount

642.00

CREDIT CARD NUMBER DETACH RECEIPT FROM TICKET SUED TIME ISSUED AMOUNT PAID

Capital Health

RECEIPT SAISON

Amount Due:

\$0.00



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

	Non-Responsive	HONORARIA		
DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOUR		226
	Alz impala in in			KMS
<u> N // // 68</u>	RECEPTION - OR. SHOW USE			35:7
NOV 9/05	DPENING - ISIPH #35 CONTRE			16.0
NOV/14	BLAIR SANGR			0
	SHORWOOD AX CHAMBORDE			35.7 68.2
NOV. 16 NOV. 18	CONF. CALL			
				35.7
nov. ai	HALIFAX 5 DEBRIGAING			0
NOV-23	AUDIT & FINANCE			35. 7
	RUNNING RM. SPIERT AF			68.0
NO/ 28.	RETROAT			
				23.6
NOVIA	RETREAT & BO MTS.			<u> 27.</u>
New. 10	As. Drewn - Jack Hakety			
	ST. MARET MLA!			4
certify that this o	laim is for Capital Health business.	Non-Responsite TOTAL HONORARIA		349:6
AME (origi): (a)	CHARGET PLANT	ode: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
		TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	1399	
IGNATURE:	s.17(1),	17(4)(g)(i) TOTAL CLAIM		, we
ATE:	1. 17(1),	IOIAL GLARVI		
eviewed by:	ala Shwell	HON	Non-Responsive	
uthorized By:		MS 141.59-	Date Suc. //	
rised: September 200	5	55 0525 Dec 13/05	Date:	
		- 		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED

TOTAL KMS (from front) 346.6 X 40.5¢

\$ 184.47 141.59

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

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

\$478 for over eight hours in any day

MEMBER

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

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

\$340 for over eight hours in any day

MILEAGE 40.5¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

210000000000000000000000000000000000000	HUNURARIA								
DATE	ACTIVITY (specify meeting)	START END	# OF HOURS	AMOUNT CLAIMED	KMS				
	HBA Robery								
Wecifos	Forum				326.30				
Wec 2/05	· ·				326.08A				
Nec 7/05	KAH sunning event				34.04				
10ex 9/05					<u>35.7</u>				
plecia	snowflake Bola				370				
Wec/3	notional Form on				35. 7				
B. 4	Mation of Journ								
					35.7				
Wee 15	RAH Staff Tunnstant				34.0				
Wes 19	avaluation TF				357				

I certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000	4	SSG. Q TOTAL KMS transfer to back
NAME (print): harchare Plan) SIGNATURE: Many & Plans	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$ 544.65	Ton P
SIGNATURE: Jung 1 Fleurs: 17 DATE: 40 19/05	7(1), 17(4)(g)(i) TOTAL CLAIM	\$	PORC
Reviewed by: Leula Anus A	HON	Non-Responsive	9/05
Authorized By: The Tal	ecun 15 54465-	Date: <u> </u>	9/25
revised: September 2005	57 0526 Deca1/05		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

EXPENSE ITEM	AMOUNT CLAIMED
	s 180.23
	e de la companya de l
	180, 23

TOTAL KMS (from front) <u>699.</u> 8 X 40.5¢

364.42

TOTAL EXPENSES

S 480-03

(transfer to front)

544.65

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

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

\$478 for over eight hours in any day

MEMBER

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

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

\$340 for over eight hours in any day

MILEAGE 40.5¢ km





255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

GMs Marga U E S T	ret Plain	ROOM RATE NO. PERS. FOLIO PAGE ARRIVE DEPART	237 1 495190 1 01-DEC-05 02-DEC-05	A 11:42	TRAVEL CHARG
1130HB	s.17(1), 17(4)(g)(i)	PAYMENT	AX	11:22	G E

DATE .	REFER	RENCE	DESCRIPTION	CHARGES • CREDITS
01-DEC-05	RT237		Room Charge	135.00
01-DEC-05	RT237		DMF	1.35
01-DEC-05	RT237		Alberta Tourism Levy (4%)	5.45
01-DEC-05	RT237		GST (7%)	9.54
01-DEC-05	RT237	•	Valet Pkg	28.89
02-DEC-05		•	American Express	180.23-
	For Aut	horization	Purposes Only	
		s.17(1)), 17(4)(e.1)	•
	Auth Date	Code	Áuthorized	
	01-DEC-05	19	182.25	

0.00-

EXPENSE REPORT SUMMARY

Date	Room & Tax F	ood & Bev	Telephone	Other	Total	Pavment
01-DEC-05	149.99	0.00	0.00	30.24	180.23	0.00
02-DEC-05	0.00	0.00	0.00	0.00	0.00	180.23-
Total	149.99	0.00	0.00	30.24	180.23	180 23-

We have a Service Promise and would appreciate any feedback you may have. Please send to Ross Meredith at rmeredith@sheratonsuites.com.

** continued on the next page **

Total-Due

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.

For Reservations

Call 1-888-784-8370

Ms Margaret Plain FOLIO 495190 01-DEC-05

ROOM

DEPART 02-DEC-05 AGENT JJB

The Sheraton Suites Calgary Eau Claire is OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST

DATE REFERENCE DESCRIPTION CHARGES • CREDITS



255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

G Ms Margaret Plain U E	ROOM RATE NO. PERS. FOLIO	237 1 495190 2	А	T A A A A B E E T T
S T	PAGE ARRIVE DEPART	01-DEC-05 02-DEC-05	11:42	H A T R O G
s.17(1), 17(4)(g)(i)	PAYMENT	AX	11:22	Ē

GST Summary

GST Room Revenue 9.54
GST Food and Beverage 0.00
GST Telephone 0.00
GST Other Revenue 1.89
Total GST 11.43

139445290 RT0021

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

For Reservations Call 1-888-784-8370

We are pleased to confirm your Air Canada Aeroplan Program miles will be awarded for this visit. Thank you for your stay with us.

Ms Margaret Plain

FOLIO 495190

01-DEC-05

ROOM 237 DEPART 02-DEC-05

-

AGENT JJB

The Sheraton Suites Calgary Eau Claire is OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY	START END # OF	AMOUNT	
	(specify meeting)	I TIME I TIME I HOUR	SI CIAMET	KMS
Jan 04	KAREN'A returne			34.0
				35.7
	Phys hours	<u> </u>		7 477
				35.7
	mury advisory			34.0
12411	Meik - delining			34.0
1442	Buch LTC	U		200
				35.7
				244,80
certify that this cl	aim is for Capital Health business.	Non-Responsiv	e	74
		TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS
NAME (print):	ALGARET ALAN	TOTAL EXPENSES	s	transfer to back
SIGNATURE:	4 1 40	(from reverse) Code: 201 9000 71110300000	99.19	
DATE:	s.1'	7(1), 17(4)(g)(i) TOTAL CLAIM	S	
	En 12/06			
Reviewed by:	cela Alwad	HON	Non Responsive	177-
Authorized By:			Date / /	446
evised: September 2005		MIS 99.14- 0602 61 Jan 19106	Daté:	
Spenio Z000		- Jan 19100		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	Z44.80	

TOTAL KMS (from front) X 40.5¢ 99, 14

TOTAL EXPENSES \$

(transfer to front)

62

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

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

\$478 for over eight hours in any day

MEMBER

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

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

\$340 for over eight hours in any day

MILEAGE 40.5¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	(specify meeting)	START END # OF TIME TIME HOURS		KMS
	I C. Sula			Paragraphic States
	Copetal law grays			25.7
20415	Premaylere long			969
344				36.8
	Balm Pop No			35.7
	CHC will words			
Jehrs	SPP CH Briefry & Plan			35.7
921,23	SGH The			
Jeazy	SP. P. + allawir (Im) Freh Hahrty's oppure			25 7
I certify that this o	claim is for Capital Health business.	Non-Responsive		
		TOTAL HONORARIA ode: 201 9000 7110300000 6850000		TOTAL KMS transfer to back
NAME (print): <u>*</u>	MARGARET PLAN	TOTAL EXPENSES (from reverse)	\$ 132056	
SIGNATURE:	13/1 1 1/10/2019 8.17(1), 170	Code: 201 9000 71110300000 (4)(g)(i) TOTAL CLAIM		
DATE:	Jehn 8/06	19 ME CEAN		
Reviewed by:	Keyla Shuell	HON	Non-Responsive Date: Much c	如7
Authorized By:	'4	MIS 132.56- - 0606 63 March8/06	Date:	
evised: September 200		63 March 8/06		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
		\$

 TOTAL KMS (from front) 327/3 X 40.5¢

 TOTAL EXPENSES
 \$ 132.56

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

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

\$478 for over eight hours in any day

MEMBER

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

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

\$340 for over eight hours in any day

MILEAGE

40.5¢ km

april acol

APPLICANT COPY



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

-		HUNUF	MINM			
DATE	ACTIVITY (specify meeting)	START TIME	END # OF TIME HOURS	.co.b/s_n.vh.covi.covi.covi.covi.covi.covi.covi.covi	KMS	
			The state of the s	etakunan <mark>d</mark> amuhatara sa sa sa manan sa manan sa		
gn.4/06	564 Jan - Com Blan.				8	
	0 0 0					
agra 11	Purp Lineson	•			35.7	
19 P	Aurrenzal adris.	:			34.00	
90.12	WAH Long Sommer has Blace				40.00	-
apr. 18	manning light				٠	
After to	Mc Mullen Gallery				35.7	-
an 19	Apre P				35.7	
Cap. 24	Santugland Hetel				31.1	
Qn. 24	REACH SCH					
	wendy the Commence				36.4	
Qn. 25	RAH Lais Male Edu				34.00	
ap 26	and to throne				35.7	
. « " "	CHC intermena				<u> 36.00</u>	
÷	HAPE Monin Recog.				35.7	
	Acres Ance				***************************************	
ggn.27	SCH Etic.	: :			8	
					4.	
Eyr. 4.	Dron Ruste Dairne		<u> </u>		36.4	10 mg/4
I certify that this	claim is for Capital Health business.		Non-Responsiv	/ e	442.4	
	·		AL HONORARIA 0 7110300000 6850000	\$	TOTAL KMS	ł
NAME (print): /	11426,4205 PGAW		TAL EXPENSES	\$	transfer to back	
, , <u> </u>			(from reverse) 201 9000 71110300000	and the same of th	X .	
SIGNATURE:	S.17(1), 1					
DATE:	8.1/(1), 1	/(4)(g)(1)	TOTAL CLAIM	\$		
	A Company of the Comp				J	
Reviewed by:	Parla Abrian	110	U	Non-Responsive	701	:
		MIS	5 202,03			
Authorized By:		ξ "	erre	Date:	The Col	
revised: May 1, 2006		65 /	10016/06	+83.76 m	武江下	
	***Milescopy occurrence ***			36	35,991	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
an 26	paking	6.00 1
		. :
		12.00

 TOTAL KMS (from front)
 442 + x 43¢
 190.23 /

 TOTAL EXPENSES
 \$202.23

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

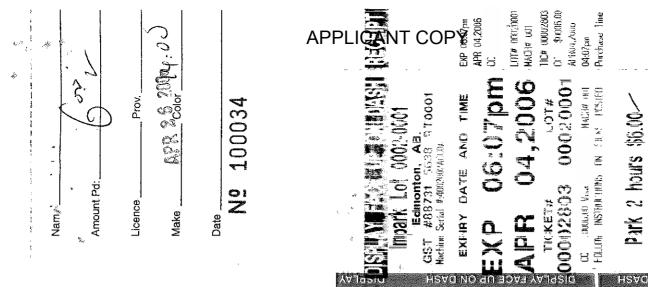
\$224 for over four hours and up to and including eight hours in any day

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

ഒ



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

4		Payment for KM2 form Oct/05-	Payment for KM2 from		KM2s Paid @ \$0.405/	Should be Paid @ \$0.43	Balance
Employee #	Name	Mar/06	Apr/06 Non-Resp	.Total	KM2	/KM2	Owed
			Non-Resp	onsive			
62265]	Plain, M.	1,269.44	87.40	1,356.84	3,350.22	1,440.60	83.76

Non-Responsive



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health Non Pagnongiya

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Marth	Systy Conf. Gmalk				36.8
May 4/06	and long Serv				36.8
My 6	CHC Consultation				34 5
May 12	APVP				35.7
May 15	CH Rop Heateh Jarmin Hatel				35.0
May 16	Mally's Retirement				36.4
May 23	Fed MP's				35. 7
Man 24	Press longs worker child				
Maho5	Mita Iris Rusma REACH				25.7 38.0 340
	SGA FON				
May 29 May 31	Sherri Cooper-twesten ander Denner				368
Mag 19/6	seem from				
PHEN FOR					36.8
I certify that this o	claim is for Capital Health business.	Non-R TOTAL HONO ode: 201 9000 7110300000		\$	483.4 TOTAL KMS transfer to back
NAME (print): <u>//</u>	MACGARET PLAIN	TOTAL EXPI	ENSES (257.361	
SIGNATURĘ:	nymt Estern	Code: 201 9000 7111 17(4)(g)(i) TOTAL	0300000		₩.
DATE: 🟒	may 31/06 8.17(1),	TATAKKU FOTAL	CLAIM [
Reviewed by:	Eela Shined	_ _tton		Non-Responsive	$\overline{\mathcal{U}_{\mathcal{U}}}$
Authorized By:		- MS 25 - 0612 69June 5/0	7.3G f)	
evised: May 1, 2006		رد اعاب 5/2 عمالة 69	1 6		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 3	Parking	\$ 12.00 /
" +		14.00
5		4.00
19		12.00
3,		7;50 /
		= 49.5W

TOTAL KMS (from front) 483.4 X 43¢

36.67 2

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km 70

三 一 357,36

TICKET# 00002578

00020083

(1)C# 00002576 (1) \$0004.00 (1)AY15,2006

C \$0004.00 FULLUN INSTRUCTIONS ON

MACH# 002 N SIGNS POSTED

erover Avrialsia

CITY OF LIBRARY PARKADE GST # 119524270 RT0001

Ropt# 46690 05/31/06 09:32 L# 2 A# 28 Txn#150528 05/31/06 07:18 In 05/31/06 09:32 Out Tkt# 599126 Regular Rate 7.01 Total Tax 0.49 Total Fee 7.50 -CASH PAID 查安 7.50-Cash Tender 10.00 Change Due ė 2.50 THANK YOU COME AGAIN

> CITY OF EMONTON LIBRARY PARKADE 6ST # 119326270 RT0001

RCPt# 45300 05/19/06 17:21 L# 2 A# 6 Txn#1458 05/19/06 08:25 In 05/19/06 17:21 Out Tkt# 595285 Regular Rate \$ Total Tax 4 0.79 Total Fee 12.00 -CASH PAID 12.00-Cash Tender đ 12.00 Change Due Ż. 0.00 THANK YOU COME AGAIN

gerepere ¥89





Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting)		START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	// Committee
						8
June 8 REACH. PERIO	Snepring					33.00
T CHC apprecis	CLUB THE ELETICER					3 9 00
	-, -					
price 10 Sile Blussey	Al. Fronce					45.7K.
June 15 Garitas AS11	7					The said
Jan 16 Heart Bland	202					1000
Juis SCH Jan						500 8.0
gue 22 bond Mity						2 3
	-	:				
I certify that this claim is for Capital Health bu	siness.		Non-Re	esponsive		
		TOT , de: 201 9000	AL HONO 711030000		\$	TOTAL KMS transfer to back
NAME (print): 10 1426 ACET 13	<u>Airl</u>		TAL EXF (1 01 9000 711	rom reverse)	s 160.5	
SIGNATURE: My 1 /2 /4	s.17(1),	17(4)(g)(i			\$	The state of the s
DATE:						ma-Austrian
Reviewed by:) American	- HO,			Non-Respon	1881
Authorized By:	<u> </u>	A COMMENT	5 14	-0,56- -4	Date: //	yer.
revised: May 1, 2006	All of the Control of	72		•		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	[통장 - 1986 - 1987 - 1985 - 1987 - 1985 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 -	準 성상한 경우의 실진 교육 본 교육 그는 경우는 그 사람이 모든 그를 받는다.

TOTAL KMS (from front)	3734	X 43¢	160.	56
7	TOTAL EXPE	ENSES	\$	
	(transfer to	n front)		

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40:5¢ km 4350

ર્ટા •**્રા** Capital

APPLICANT COPY

Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	(specify meeting)	START	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 17	finch proble that	The state of the s				OUR STATEMENT CONTROL OF THE STATEMENT CONTROL
	Health Care huntery your					35.7
						, which is the constitution of the constitutio
leiz 30	andir Finance					35.7
Sept 8	Spp					\$57
Dept 22	Aslien Inch Fores					35.7 34.
Depl 23	CHC sprenkthen					
Ag/25						8
Ac p. 1.26	ABACIES Openy) Special Sp. p					35.7
Dept 27	Done Mily. Dribute to Primertien					45.7
Digh 28	mou signing Selt alm	· ·				35.7
	i i i i i i i i i i i i i i i i i i i					
certify that this o	claim is for Capital Health business.	<u></u>	Non-F	Responsiv	¢	335.9
ociting trice trito	·	TOT ode: 201 900	FAL HONG 0 711030000		\$	TOTAL KMS transfer to back
NAME (print):	MURGARET PLAIN		TAL EXF	PENSES	\$./
SIGNATURE:	Name 1 & Jane	Code: 2	01 201 9000 71°	from reverse) 110300000	144.44	
DATE:	Stept 28/06 s.17(1), 17	(4)(g)(i)	TOTAL	. CLAIM	\$	
		A			Non-Responsive	
Reviewed by:	Tello Tilling	-1000	THUT	3	Date:	746
Authorized By:) (411.30 JULY	- /	Date:	<u> </u>
evised: May 1, 2006		74	ENE	206	19	
		***************************************	AD			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		<u> </u>
12.2		
•	TOTAL KMS (from front) 3359 X 43¢	144.44V
	TOTAL EXPENSES	\$ 1141 (1H

TOTAL EXPENSES

\$ 144.44

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km





Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

	Non-Responsive	HONORARIA			
DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
bed.		ж. Б ол (19 км) ж.		MA Medical become mention in the property of the contract of t	
	Palicy Just Force				35.7
- Briefin	and ICARE Dynpes.				45.7
10	Phys. Liver				35.7
	Policy Spike Free				35.7
g com	ROACH arrendo				36.4
18	spap mental Health Bonguis				35.7 34.0
19	Halifax 6				50.00
<i>30</i>	* l *s				
31	e p Be				500
26	Strigeon Hosp. Gar.				S
27	20,0				35.7
					E
l nawlifi, that this	plains in fau Camital I I auth husings				1434.60

		Ť				ĺ
27	LP P				-	35.7
certify that this	claim is for Capital Health business.			IORARIA	\$	434.69 TOTAL KMS
NAME (print):	navesarety Pulin		TAL EX	PENSES (from reverse)	\$ 768 72V	transfer to back
SIGNATURE:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7(4)(g)(i)		L CLAIM	\$	W
DATE:	Qel 31/06	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Reviewed by	Selw Hugh	tor misc	7687	3)//	Non-Responsive Date:	466
Authorized By:		1			Date:	·
evised: May 1, 2006	,	76			,	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
bel 4	Darking	\$ 10.00
al/19,20	Darking - aujort	24.60
eN ai	Hetel	526.04 V1
och 21	dichet elinige- coughton lasher plight	21.20
	earlier plight	
· · · · · · · · · · · · · · · · · · ·		
		781.84 /
	434.6℃ TOTAL KMS (from front) <u>402.6</u> X 43¢	166.58

TOTAL EXPENSES

<u>\$ 75 4.90</u>

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40,5¢ km

APPLICANT SOPAIRPORTS

Car park (660) 100 ...

- 50-8439 - 1-350-8329

Best Copy Possible

Receipt no casa ony

. 10.08

19.10.00 (a) full high 14.80 \$ 19.10.00 (b) for a 2 for a 30 a 31 Min.

told miles

301

- Charry 1 24,60 \$ ← 4 × 1.39 €

Thora yar for year potronage!

- etc & Code Again!

** report 4 fours **

** Thorax you **

U OF A
PARXING SERVICES
GST# RIORIO2851

10-04-2006 WED 413

DP06 10.00 5 6ST 0.57 CASH **10.0**0

ITEM 1

1646 (9:591)

WESTJET Payment Receipt

PLAIN/MARGARET MS

MM8WAG

Date

: 210CT06

Received

: CA

\$21,20 CA

Remarks

: STANDBY

Agent

: 6063

GST #

: 866112535

UNIVERSITY OF ALBERTA PARKING SERVICES

DAILY PARKING PERMIT

PLACE ON DASH THIS SIDE UP

Valid only in and on:

385648



Help prevent crime. Remove all valuables. Lock your ca
•• See reverse for Limitation of Liability ••



385648

DAILY PARKING PERMIT - RECEIP1
CUSTOMER RECEIPT: \$ 10.00

Come back soon

Sheraton Vancouver Wall Centre Hotel 1088 Burrard Street Vancouver, British Columbia V6Z 2R9 Canada T 604 331 1000 sheratonvancouver.com

CUEST TRAVEL AGENT/CHARGE TO

2102 Room Margaret Plain 215.00 Rate Buksa Associates No pers

244264 EX-A Folio

Page

19-OCT-06 16:33 Arrive

21-OCT-06 Depart VI

SNATI2

SNATI2		Payment VI	
DATE	REFERENCE	DESCRIPTION	DESIT CHEDIT
19-OCT-06	RT2102	Room Charge	215.00
19-OCT-06	RT2102	Room Tax	21.50
19-OCT-06	RT2102	Room GST	12.90
20-OCT-06	RT2102	Room Charge	215.00
20-OCT-06	RT2102	Room Tax	21,50
20-OCT-06	RT2102	Room GST	12.90
20-OCT-06	8990	Room Service	27.24
21-OCT-06	VI	Visa	526.04-
		Total Charges	526.04
		Total Credits	526.04-
		Balance Due	0.00

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

Thank you for choosing Sheraton Vancouver Wall Centre! We look forward to welcoming you back soon!

** 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

Margaret Plain

FOLIO 244264 19-OCT-06



GUEST

DATE

APPLICANT COPY

Come back soon

Sheraton Vancouver Wall Centre Hotel 1088 Burrard Street Vancouver, British Columbia V6Z 2R9 Canada T 604 331 1000 sheraton vancouver com

TRAVEL AGENT/CHARGE TO

Margaret Plain Buksa Associates Room 2102 Rate 215.00

No. pers 1 Folio 244264

EX-A

Page 2

Arrive

Payment

19-OCT-06 16:33

Depart 21-OCT-06

SNATI2

REPERENCE

DESCRIPTION

DEBIT CRECIT

GST Summary for your stay:

Room Revenue GST 25.80
Food & Beverage GST 1.19
Phone/Fax/Copy Services GST 0.00
Other Revenue GST 0.00
Total GST for your stay: 26.99

Sheraton Vancouver Wall Centre GST Vendor # 105576383 RT0001

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

Signature

As a Starwood Preferred Guest you have earned approx 738 Starpoints for this visit

Margaret Plain

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

FOLIO 244264

19-OCT-06

dy participer, consultez westjet.com. résidents du Canada âgès de 18 ans ou plus. Une question réglementaire est exigée. Les chances de gagner dépendent du nombre de participations admissibles reçues. La valeur de l'ensemble des prix est d'environ 11 1050 S. Pour obtenir plus de détaits sur le règlement du concours et la manière d'y participer, consultex westjet.com. Aucun achat n'est obligatoire. Le concours se termine le 31 juillet 2006 et est ouvert aux

igt avant le départ pour permettre l'exécution des formatités de depart. et d'arriver à l'aéroport à l'heure fixée par le transporteur ou, si aucune heure n'a été fixée, assez matière de voyages, de présenter tous les documents de sortie, d'entrée ou autres qui sont exigés, 1. Les passagers sont tenus de se conformer à toutes les prescriptions gouvernementales en

places par le transporteur). encore, conformément à la loi lcela comprend un retus découlant de ja SURRESERVATION des tout bien ou tout bagage, conformément aux dispositions parinentes de ses tarits, réglements ou tout bagage, 10. LE TRANSPORTEUR SE RÉSERVE LE DROIT DE REFUSER DE TRANSPORTER toute personne,

une disposition quelconque des modalités stipulées par la présente.

Aucun agent, préposé ou représentant du transporteur n'est autorisé à modifier ou à supprimer 'sabuepundsauno sarunod annersundsa:

substitutions avec d surres transporteurs ou d autres avions. Le transporteur n assume aucune soit donné au passager. Le transporteur se réserve le droit, sans préavis, de laire des indicateurs peuvent faire l'objet de modifications de la part du transporteur sans qu'un préavis ne Tous les horaires, ce qui comprand les heures de départ, les arrêts, les destinations et les

7. Les bagages enregisfrés seront remis au porteur du bulletin de bagages.

comme moyen de transport par le transporteur et ses agents, préposés et représentants. ionde exclusion ou milit de responsabilité du transporteur et de septification de respectable de l'adaption de la company sur la company de la

Un transporteur qui émet un bitlet pour le transport à effectuer sur les lignes d'un autre ransporteur n'agit qu'à titre de représentant de ce dernier.

conjeutado ajnas

présentes est effectué par plusieurs transporteurs, il sera tout de même considére comme une Linvite sont celles qui paraissent sur le billet ou l'indicateur. Si le transport à exécuter en vertu des tourupi hredebati du transporteur, l'advesse du transporteur est celle de l'aéroport de départier de côté mon du transporteur le abédés une la bilder. Les accales convolues de l'inideraire de l'inide con relies un insperier de l'inide un l'inide au l' Le nom du transporteur aérien peut être abrégé, sur le billet, le nom intégral ligurant dans le tarif

ne peut pas dépasser 20 kg. amencaines de vols nobrées) peuvent faire enregistrer deux valises chacun dont le poids cumulé enregistren deux valleses chacun dont le poids unitaire ne peut pas dépasser 32 kg. Les passagers qui voyagent entre le Canada et des destinations de vois notisée linctuant les destinations

3. Les passagers qui voyagent au Canada ou entre le Canada et les États-Unis peuvent faire de la date à laquelle le passager a reçu les bagages. Dans tous les cas, incluant la pente des adages, la plainte doit être déposée dans les XV jours de la date à laquelle le transport a pris fin. ab rango des als and desdre des reserves de constant des dommages et, su plus tard, dans les sept jours de supporteur als sept jours desdre de ou fout article semblable placés dans les bagages enregistrés ou non enregistrés. Weblack in hach soit bestude de destinés ou bront en responsabilité pour les donnranges résultant d'un détaut inhérent, de qualité ou d'un vice du bagage. Les articles mous signaler route perte ou donnrage de cabine. Veuillez nous signaler route perte ou domnrage dans les mous articles present des articles de cabines. Veuilles nous signaler route perte ou domnrage dans libeure qui suit voire arrivée. Dans le cas de bagages endomnages, une plante doit lêtre déposée par écrit sans détait avantée. Dans le capital des domnrages et su til les fant des de ces east inture he autres de du transporteur après le constant des domnrages et su til les fant des des ces niver he autres de la veuil des des ces suiters de photos, le materet video ou electronique, l'argentene, les valeurs négociables, les documents d'affaires et de voyage, les échantillons, les peintures, les antiquités, les fourures, les manuscrits per incident pour les vols internationaux Weschet n'assume aucune responsabilité pour les articles fragiles, les atricles de valeur, les dennées périssables, l'argent, les bijoux, les appareils articles fragiles, les articles de valeur, les dennées périssables, l'argent, les bijoux, les appareils et par incident pour les vols intérieurs et à 1000 doits de tirage spéciaux (STG) par personne et La responsabilité de WestJet pour destruction, perte ou avane est limitée à 250 \sharp par personne

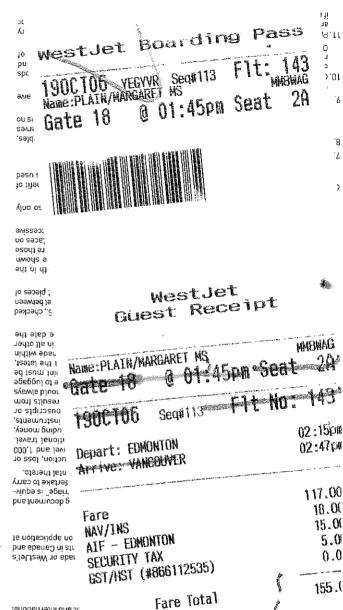
document de transport ou de tout autre service accessoire à cet égard. qui fransportent ou se chargent de transporter le passager et ses bagages en vertu du présent joints font partie intégrante; le terme « transporteur » désigne tous les transporteurs aériens Au sens du présent contrat, le terme « billet » désigne le présent document de passage, le décournent d'ambarquement et le bullletin de bagages, dont les présentes conditions et les avus initie font acrite infactants le text.

TRANSPORT DES PASSAGERS, DES BIENS ET DES BAGAGES

erre obtenus aux pureaux de Westuet sur demande. les voyages effectués entre le Canada et l'étranger. Des exemplaires de ces documents peuvent Vous pouvez également consulter le Domassor Tariff de WestJet pour les trajets effectués entre deux points au Canada ou le International Charter Tariff ou le Trandomenter Tariff de WestJet pour woo jeljsem www.zejjsk no

Pour plus de renseignements, appelez sans frais au 1877 956-6982 Super Centre des Ventes WestJet

Jenotramatri se internativi progene i una transporti internativi se internativi and International Tariffs treglement concernant les tarifs pour vols intérieurs et énoncées ci-dessous. Toutérois y veuilles noter que toutes conventions internationales applicables es oppitiquent à titre de loir que toutes les conditions pénétales de Domestro. generales, y compirs les provisions qui limitent notre responsabilité légale envers vous. Certaines conditions générales se trouvent sur votre itinéraire et dans les conditions ntérieurs] publié par Westlet. Ces documents contiennent d'importantes conditions sont énoncées dans le Domestic Taritt trèglement concernant les tarits pour vols conditions generales sous lesquelles WestJet offre du transport uniquement au Canada vols transfortatiers au sprés de l'Office des transports du Canada Les conditions sobrandes de castific appliquent pation front internationales applicables. Les partiers de castific appliquent partier de la condition de aériens, y compris WestJet, et de leurs passagers à bord d'un vol international. WestJet et de galement déposé un International Charter Tariti (règlement concernant les tarifs pour o degalement deposé un International de fun Transchorder Tariti (règlement concernant les tarifs pour le notis les tarifs pour les notis pour les Plusieurs conventions internationales régissent les droits et obligations des transporteurs

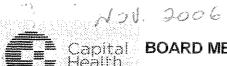


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jevogewajui puebij ame all terms w. However, please bne armat asadt to , enoitionos bas em mestic Tariff which nder which WestJet apply subject to any I with the Canadian e by air. Westlet has jations of air carriers,

Bee Tag#'s: 08:38427092

Enjoy 24 channels of live seathack T provided by Bell ExpressVu, on most of WestJet's Next-Generation 737-700 aircraft.



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME		# OF HOURS	AMOUNT CLAIMED		KMS
	LEDUC HOSP. FUNCTION						
NOVI	+ BRIEFING					+	78.4
NOV.6	RAH PUNCTION						34
	GLOBAL LEADERGITIP						27. 39.2
NOV.14	CHC + SCH FON. FORUM.	7					8
NOU. 15	MISERACORDIA FUNDÁNG						47.5
Nov.16	CH + JOINT BOS MTG.	<i>§</i>				and the	4.
₩ ₀ V. Qo	HOSP ANNTS STATHEONA 4 LEDGE						80.0
NOV. 22	ACIDIT'S FINANCE						35.7
NOV 23	BOARD	,					357
Nov. 27	CHC MTG	***					S.
NOU. 28	CHC+SCHFAN-FORUM						8
NOV. 30	SCHERN - FORUM GREETINGS					The state of the s	8
certify that this	claim is for Capital Health business.			Responsi	e		
corny that this t	•		TAL HONG		\$	TO	16.5 DTALKMS
NAME (print): <i>[</i> _1	MARKARET PLAIN		OTAL EXP		\$ /	trar	nger to back
SIGNATURE:	7 2 s.17(1), 17	Code:		rom reverse)	184.10	\underline{M}_{C}	Ŵ
The second second	The state of the s	(1)(5)(1)	- OTAL	CLAIM	\$	7	Ž .
DATE:	TIA. WCC 1/06						
Reviewed by:	Cile Mued	tow!		A A A A A A A A A A A A A A A A A A A	Non-Responsiv Date:	e'	
Authorized By:		MS(CRUD		Date:		
evised: May 1, 2006		82 ²	7100) 4		035		-

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT 17)	66 PARISING (REACH and	\$ 500 /
1.7.1.		
		5.00/
	TOTAL KMS (from front) <u>↓ 16. ≤</u> X 43¢	179.10
	TOTAL EXPENSES (transfer to front)	\$184.10

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RT0001

Ropt# 5990 10/17/06 21:39 L# 3 A# 12 Txn# 73619 10/17/06 17:16 In 10/17/06 21:39 Out Tkt# 633015 4.72 Regular Rate \$ 0.28 Total Tax 5.00 Total Fee 5.00-CASH PAID 5.00 Cash Tender \$ 0.00 Change Due THANK YOU COME AGAIN

Dec 2006

APPLICANT COPY



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
DEC	Policy TF.		ľ			35.7
052 6	RETREM					
						39.2
Dez 7	SCH Fdn					4
065 &	ROLICY TR					35.7
per. II	CHC ST. ALBERT					\$.
DEZ /2	j H-t					35.7
0.50	1141					7.11
DEC. 13	REP. CH AT					34.
DEZ. 14	CITY OF ST. AUBERT					8.
DEC 20	POLICY TF					35.7
DEZ. 8	CH XMAS PARTY	·				
OEC. 19	JOHN WILLIAMS MA				· .	
I certify that this	claim is for Capital Health business.		Non-R	Responsiv	2	240.
	C		FAL HONC 0 711030000		\$	TOTAL KMS
NAME (print):	MAKBARUT PLAN		TAL EXP	ENSES	\$	transfer to back
SIGNATURE:	My Rollin	Code: 2	tr 201 9000 711	om reverse) 10300000	130. 18	
DATE:	Vic 20/06 s.17(1)	, 17(4)(g	(i)TOTAL	CLAIM	\$	
Reviewed by	Ella Ahrof 11	1/	ich =	<u>-</u>	Non-Responsiv	e///
Authorized By:			MACIS	10 (8) A	Date:	" the standing of the second
evised: May 1, 2006		85	ODE L	1		one-

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Wec 13	Med	s 6.56. N
where 12	Meal	12.00/
Wec 12	Med	8.42 N
		26.98 /
	TOTAL KMS (from front) <u>みむ</u> X 43¢	103.20

TOTAL EXPENSES

<u>5 409-76</u>

(transfer to front)

130.181

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

Best Copy Possible

4.J	apital Health Autourity agrai: Food Service
35 F	agrani: Food Service

257

Host: 11 257	ϵ	12/12/2006 12:50 PM	Host: 125. 238	12, 13/20th
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University of Alberta Hospital US-# R108161688

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1

CITY OF EMONTON LIBRARY AMERICA SST # 119324270 RTC001

Acath 71853 12/06/06 16:25 Lt 2 At 28 Tx+#254065 12/06/06 09:41 In 12/06/06 16:25 Oct Tvt# 662539 Regular Rate \$ Total Tax \$ 0.58 lotal Fee \$ 12.00 **~** 734 PA(D \$ 12.00-\$ 10.00 Casa Tender \$ 8.00 Chang Dua THAK YOU COME AGAIN

Note doesn't the match but the ternes do. Us . Jan 2007



Gapital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

The second secon		HOHOL	20 21 663 8				
DATE	ACTIVITY (specify meeting)	START	END TIME	# OF HOURS		AMOUNT CLAIMED	KMS
Dan 4	Rolling T. F.						
Jan 12	Ralicy T. F. Special Special	***************************************					35.7
		- 					35.7
pm 15	SPIP						35.7
Jun 16	Phys. Liceson						35.7
Jon 18	Stingeon CH John						8
Jan 19	news roof. Mr. muelen Bal.						35.7
Junes	so a Com H C						35. 7 8
A CONTRACTOR AND A CONT	The second secon	<u></u>	P	nak ing	ľ		*************************************
			[,	The second secon	
7	Non-Responsive			·			
And the second s							
A A	3		*****			· · · · · · · · · · · · · · · · · · ·	
	ng kangangan manangan in dinagk a				·		
	- Carrier and your control of the co		-				
certify that this c	claim is for Capita	U.		esponsi			AND S
A f A & April 2				RARIA 5850000	\$		TOTAL KWS transfer to back
NAME (print):	MARGARET PRIM			reverse)	\$		
SIGNATURE:	1 79 Som 8.17(1),	17(4)(g)(i)	71 9000 71110	Î	r		
DATE:	.3 ph. 5/07		TOTAL C	LAIM	Þ		
Reviewed by:	Roberthment	- Hon			Non- Date:	Responsive	To the second
Authorized By:		_ MIS	5(98,9	100	Date:		 -
evised: May 1, 2006		88 0	#03 eb#107	2 a)	6)	F	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		Windows 1884
-		
A contract of the contract of		

TOTAL KMS (from front) 230.2 X 43¢

97.93

TOTAL EXPENSES

s 98,991

(transfer to front)

REMUNERATION - effective April 1, 2006

CHARMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

Jun 2007

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

		NONO	F-61 (1)-F			
DATE	ACTIVITY (specify meeting)	START TIME		# OF HOURS	AMOUNT CLAIMED	KMS
Jan 4	Palicy T.F.					35.7
Jun 12	Proling T.F. Special 5 pm p	· · · · · · · · · · · · · · · · · · ·				35.7
	SPIP					35.7
	Phys. Lines	Tomaka Maria				35.7
.	Stingen CH Idn					\$
Jan 19	nemo corf. Me mallen Gel. Mar Strok Louriel Dr. a. Com. H. C.					35.7
Jungs	Mat Stret Conrill St. a. Com. H. C.					35; 7
5	Dr.a. Com. H.C.	100 dt 20. 33.	Let.			
					-	
<u> </u>						
"	claim is for Capital Health business.	Nor	n-Respon	sive		
rocitity that this	Sam is for Capital Frontier Business.	TO * Code: 201 900	TAL HON 00 71103000		\$	TOTAL KMS transfer to back
NAME (print):	MACGARET PELIN		OTAL EXI (201 9000 71	from reverse)	\$ 92.90	
SIGNATURE:	Eugen A. A. Leen	333,		_ CLAIM	\$	
DATE:	Jula - 3/0/				Non-Responsive	200000000000000000000000000000000000000
Reviewed by:	Kela Alman	 .			Date: 72/	<u> </u>
Authorized By:					Date:	*****
revised: May 1, 2006		90				

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

	EXPENSE ITEM	CLAIMED
		\$
18.44		
·		

TOTAL KMS (from front)	X 43¢	THE CONTRACTOR OF THE CONTRACT	94.39	
T	TOTAL EXPENSES	\$	98,99	
	(transfer to front)			

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

Q1

IL 2007

APPLICANT COPY



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END # OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
3261	PICS FACILITY TOUR			34.
Jeh 3	Blenrose Char Bola			36.
3145	meeting with Marian			35.7
3147	Rural tiromen's Conf.			90.00
Iele 8	People Drogens			3400
9249	Penjeli : Program			74.00
32610	Sturger Jan Sala Wateau Karombe			37.00
32612	AGFA - Juventines			34.8
3elig	- Meetry with Poula			38,
32h21	Specient on			35.7
200 26	med region			34.0
I certify that this o	claim is for Capital Health business.	Non-Responsiv	1 1	432
	C	TOTAL HONORARIA ode: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
NAME (print):/ĵ	THEGART PLAN	TOTAL EXPENSES	\$ 198.93 /	
SIGNATURE:	4 Glean 17	(from reverse) Code: 201 9000 71110300000		
DATE:	8.17(1), 17(Franch 2/67	4)(g)(1) TOTAL CLAIM	\$	
Reviewed by:	Kenney Marie	How	Non-Responsive	<u> </u>
Authorized By:		MIDCAI +19/	Date:	1 * /
evised: May 1, 2006	:	92706 92700011107	1	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
9/~ 10	Parker	\$ 4,00
21.10	Parken	3.50/

TOTAL KMS (from front) 445.2 x 439

191.43

TOTAL EXPENSES

(transfer to front)

\$ 7.50 /

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

ig ji

CITY OF EDWONTON LIBRARY PARKADE CST # 119326270 RTCCO1

Ropt# 5529 02/12/07 21:24 L# 2 A# 15 Txn# 17306 02/12/07 17:44 In 02/12/07 21:24 Out Tkt# 674104 Regular Rate \$ 3.30 0.20 Total Tax Total Fee 佐 3.50 3.50-5 CASH PAID Cash Tender \$ 3.50 0.00 Charge Due 4

> HEAK YOU COME AGAIN

THANK YOU FOR PARKING AT THE CROWN PLAZA IMPERIAL PARKING

07FEB10 23:20 001 002 07FEB10 19:09

/ 4:11 #186529
DAY RATE \$4.00
TOTAL \$4.00/
CASH \$5.00

\$1.00

FOR INQUERIES CALL 780 420 1976

CHANGE

Tranch APPLICANT COPY



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

₹ Hea	Non-Responsive	HONORARIA			
DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
men	SCH Joen Lation			-	<i>y</i>
mar.7	SCI+ Foundation	· · · · · · · · · · · · · · · · · · ·			
					35.7
			:		
	· ·				
		Non-R	esponsive		7/2
certify that this cia	aim is for Capital Health business.	TOTAL HONG Code: 201 9000 711030000	DRARIA	\$	TOTAL KMS transfer to back
NAME (print):	1 AREARCT PEAUL	TOTAL EXF	ENSES S	18.79	31035
SIGNATURE:	march 7/07	TOTAL	CLAIM S		
				Non-Responsive	•

revised: May 1, 2006

Authorized By:_

Date:

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPEN	SE ITEM	AMOUNT CLAIMED
			\$
		,	
		}	
			,
		N N	· .
	-		
			. · ·

TOTAL KMS (from f	front) <u>43. 7</u> X 43¢	18.79
	TOTAL EXPENSES	\$ 18.79
	(transfer to front)	

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF		
				KMS
Musch	6 Stuzeon CH 1Cd gen			8
Mras 6	bond Mily			55.7
Mry 10	ABACUS for Brighy	NOTE OF THE PROPERTY OF THE PR		
				35.7
min 12	Heatth Bonds.			36.8
MUNI3	Health Bonds			24 G
mar 14	Nearth Braslan mla			36. S
	Bucky			
Mar 16	Griefing Spin			0
MAR B Man 23	PA. Chamber health			100000
	SCH Jamestan	The State of Vision (Vision Vision III)		300000000000000000000000000000000000000
	CHE M. abert			
	Harris Maria			8
I certify that this cl	aim is for Capital Health business.	Non-Responsive		
	Co	TOTAL HONORARIA ide: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
NAME (print):	ARGARET PLAIN	TOTAL EXPENSES (from reverse)	\$ 157.4	
SIGNATURE:	Trigal Goldon (1711)	Code: 201 9000 71110300000		W.
DATE:	Cepril 10/06 s.17(1).	17(4)(g)(i TOTAL CLAIM		2007 (2008)
Reviewed by:	Kronton La & Shevel	flow -	Non-Responsive	
Authorized By:	(M	MID 157.40-	Date:	
evised: September 2005		1614 0608 97 April 24/06	actions and actions are	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Feb 14/0	2 Parking.	\$ 5.00
Del 15/06		12.00
4 16/06		12.00
ma 12		3. ∞
1, 13		H.00
1 14		2.00
	egra en Beverth	bico
4 23	Parkny	6.03
ر م 2		
		10.

 X 40.5¢
 \$7.4

 TOTAL EXPENSES
 \$ 70.0

 (transfer to front)
 \$ 7.4

 TOTAL KMS (from front) 2/5/8 X 40.5¢

REMUNERATION - effective August 1, 2005

CHAIRMAN \$176 for up to and including four hours in any day \$300 for over four hours and up to and including eight hours in any day \$478 for over eight hours in any day MEMBER \$131 for up to and including four hours in any day \$217 for over four hours and up to and including eight hours in any day \$340 for over eight hours in any day MILEAGE 98 40,5¢ km

LIBRARY PARKADE 651 # 119326270 KT0001 ALID ALID

10001N 0129250T # 189 TIMAN PANAIL

THAM YOU FOR PARKING

Ropt# 34669

In 03/13/06 18:45 Out

国人解证

TXM# 7963

02/16/06 12:52

2 A\$ 6 Txn#102773 02/15/06 12:22 Out

D.00 ### D.00 ### D.00 #### D.00

ACPT# 30727

LIBRAY PARAME 551 # 119326270 RT0001 STV F

FAGE 2/3

APPLICANT COPY

2 BOARD MEM

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	SERVICE CONTROL CONTRO	STARTS END MORS	A GOLDAN CHAIMED IN S	I KITAS
		The second secon	Control of the second s	0 O
18 10	PAYS, LUMSON			35°7
	MUNICIPAL ABUISDRY		i en de degre de	<i>3</i> 4 o
are 13				Z -55. 7
41 QUK	UNH LONG SERVICE			35.7
40017	ACGOLGRATING PRIMINGY CARG CONF			36 . 8
44M 18				36. g
			\$ # *	
400 23	RETRATT			3 56.8
APR 24	RETROAT V EN CHMATSETE			
A1012 26	Consoltium mis			35.7
ANKAT	of youriect		1.000 2.000	8
certify that this	Claim is for Capital Health business. ਂ	Non-Responsiv TOTAL HONORARIA ode: 201 9000 7110300000 8850000		295.D. TOTAL KNIB Iransier to back
NAME (print): 1/2	INCEARET BUALL	TOTAL EXPENSES (from (evolue)	\$ 34-4-81	
SIGNATUREL		Code: 201 9000 71110300000 7(4)(g)(i)		1 ₁₁
PATE:	Mrs 1/07			
Reviewed by	Gerlandhued	ton > mis(34481)	Non-Responsive Date: May 1	107
Authorized By:		0710	Date:	·
reviewd: May 1, 2006		100 May 140 T	" STATE OF THE STA	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

Fex	.
OT PARKING \$ 4	405
	2.00/
	2.00
	.50 4
	33.82 1
The second secon	a rangan a paraman da manangan addada

TOTAL KMS (from front) 295 2 X 43¢

126,94

TOTAL EXPENSES

\$ 214.05 344,8

(transfer to front)

NEMUNERATION - Madden April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40 **64 on**

CITY OF EMORICH · TENEY PARALE 661 # 119038270 KTOWL

Ropt# 15391 TXT# 49042 以2件6 04/17/07 17:22 04/17/07 (7:40 In 04/17/07 17:22 Out Tkt# 836540 11.72 Regular Rate 0.68 Ġ Intal Tax 12.0 Total Fee 12.00 MEH PATO 12.00 Cash Tender 0.00

> THE COME AGAIN

Charge Due

DESERVACIONES DE LA TRANSPORTACIONES DE LA COMPANSION DE

perial Parking780-420-1976

Lot 0002-270 CST #88731 5638 RT0001 Backine Serial # 003600141059

EXPIRY DATE AND TIME

06:00pm EXP 26,2007 APR

LOT# TICKET# 00020270 00009238

MACH# 002 \$0006.50 FOR OW INSTRUCTIONS ON SIGNS POSTED

\$6.50 for all day Pay from your cell phone. 423-1922 Location 9664. goto www.linparkWireless.com

(P 06:00pm IPR 25,2007

17# 000202 ACH# 102

C# 000092 \$0006 2H26,2007

117:47air urchase Tin

CITY OF EMPLOYEE · I TRAKY PARKATE SET # 119338270 RTOOM

RCPt# 15590 L# 2 A# 15 TXM 494X 04/18/07 12:30 04/18/07 07:52 In 04/18/07 12:30 Dr.

Tkt# 69:643 11.7 Resular fate \$ 0.68 當 Intal Tax 12.00 Total Fee 12.00-CASH FAID 12.00 當 Sach Tender 0.00 Charge hie

> THANK 捌 COME AGAIN



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

0528

Folio#

60877

Cashier#

253

Page #

1 of 1

Margaret Plain

Arrival

04-23-07

Departure

04-24-07

Fairmont President's Club

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

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

Date	Description		Additional Information		Charges	Credits
04-23-07	Room Charge	er en en en engeger anna al-re Re	anne de la companya	ra is an Massach and ann an American gaige tragger and Para	165.00	alaman kangunah, salah
04-23-07	Room - DMF	,*.			1.65	
04-23-07	Room - AB Touri	sm Levy	- 17/1\ 17/4\/- 1\	i i	6.67	
04-23-07	Room - GST		s.17(1), 17(4)(e.1)		10.00	
04-24-07	Visa	₹ **		XX/XX		183.32
			Total	- Carron para de la carron de 	183.32	183.32
	4		Balance Due		0.00	
G	ST Summary			·		
Room	·		0.00	1 1 N V		-
F&B		Ç	0.00			

F&B 0.00
Other 0.00
Total 10.00

Guest signature

Signature du client X.

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be hold personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Cverdue belance subject to a surcharge at the rate of 1.5% per month after one month. (18.0% per annum.) had I have accepted delivery of The Globe and Mail, had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette riole au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journat The Globe and Mail. SI J'avais refusé, J'aurais pu obtenir un créult à mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
mAy1	UAH ROVACH				<u> 35.7.</u>
m47+	FINANCE CALL-IN FROM REDDOK				
m44 9	CH + CARTAS				37. <u>J</u>
MA7 15	Parcy				<u> 35 7</u>
mry 16	CH LONG SERVICE + REMCH - ITHLIAN C. CENTRE				78
mA4 .17	PLANNING RETIREMENT 08				<u>35.7</u>
MV77 03	SPOP OFWANCE				35.7
man 24	(GREY) CONSORTIUM NUNS)				<u> 70,a .</u>
					35) o
may 28	CHE-STIALBERT SAFETY CONF - WESTIN				3 <u>6.8</u>
m4130	CH BOARD				4J.6
WWY 31	PLANNING RETIREMENT DO			a salamba a salamaka a da kara	35.7
certily that this	скант is for Capital meann business.	TOTAL HON		/	TOTAL KMS
NAME (print):	MARKAROT PLAN	Code: 201 9000 711030000 Noi TOTAL EXI (PENSES \$	09.98.	transfer to back
SIGNATURE:	ng 1 Glein s. 17	Code: 201 9000 711 $(1),\ 17(4)(g)(i)$ TOTAL	10300000	<u> </u>	
DATE:	Bris 1/07			- D - ·	
Reviewed by:		_ 1tan/ msc20991	Date	1000 8	
Authorized By: revised: May 1, 2006		- 0310/6	Date √ \(\sum_{\lambda} \sum_{\lambda} \)	8. <u></u>	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MA 29	PARKINS	s /2.00
MAY 29 MAY 30	PAVCKING	12.000
		24.00
	-14-4	iae no

TOTAL KMS (from front)

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

CITY OF EMENTON
LIBRARY FARKADE
68T # 119324270 RT0001

Rept# 21834 05/29/07 16:34 LW 2 AW 37 TWMW 69837 05/29/07 07:22 In 05/29/07 16:34 Out TWAW 711796 Resular Rate \$ 11.2 Total Fax \$ 0.68 Total Fax \$ 12.00 CASH FAID \$ 12.00 CASH FAID \$ 12.00

THANK THE CONF. AGAIN

NEPTE 6500 05/20/07 15:43 LW 1.08 12 05/30/07 07:31 lm 05/20.77 JT: TX:14 712:187 점요용\$88 크^수업보임을

国量

June 07

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREANon-Responsive

The DATE OF	property (Specificancelling)	START END THEOR	A CLAIMED A	ktivis	
ane 1	Palicy			35. 7	
ane 4	Eastwood			37.0	
0.005	Lo 1DxP			35. ₇	
Quele	Municip a Lw.			354	
an	Retirement Pouts	.		37.2	
aine 1	acretitation	<u>.</u>		36.7	
give !	REACH- Rtroleen Clob	<u>!</u>		32.	
gares	SGHF belf toun dinner	_			2
Jul 12	Short Be. RAN			35.7	
Jue 9	spep	<u> </u>		37.2 37.2	
Jue 25	ELLE Meeting	<u> </u>		8	
gree 26	Capital projects	} }		3 9 . 7	
Jun 27	board & SPAD			35.7	\sim
certify that this o	claim is for Capital Health business.	Non-Responsiv TOTAL HONORARIA de: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back	0
NAME (print): <u>//</u> /	AUGNARGT PLAN	TOTAL EXPENSES (from reverse)	\$ 208.12	ماند	80
SIGNATURE:	ng N Germs. 17(1),	Code: 201 9000 71110300000 17(4)(g)(i)	_ このの.41-1 s		
DATE:	June 27/07		N. D.		
Reviewed by:	ela Shund	mis(207.41)	Non-Responsive Date:		:
Authorized By:		O7445920	Date:		
Dalmoa	etended the st. Jehr	otanher y	Janana L. L.		->

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE S	PARTIES AND THE PERSONNEL WAS ARRESTED AND THE PERSONNEL WAS A	CEAMED
06/19/01	Paiking RAH	\$ 430 /
06/19/01	Parking beling	7.50
1000000000000000000000000000000000000		
		11.70
	9.49	

TOTAL KMS (from front) # 568 X43
944,80
TOTAL EXPENSES

196.42 200.09

(transfer to front)

201 41

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

and charge

The Mayio walk A08 iso.

RECEIPT A PORTOR

NEPTH 25029
06/19/07 13:55
06/19/07 11:26
1741 718922
Regular Nate \$
104al Tax \$
104al Fee \$
048H FKID \$
0ash Terder \$
0ash Terder \$

產

CAPITAL HEALTH
ROYAL ALEXANDRA PUBLIC PARKING
RCP4# 61935
06/19/07 11:06 L# 1 A# 11 Txn#184609
06/19/07 11:06 L# 1 A# 11 Txn#184609
17k1# 859107
17k



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 16	MEETING WITH NEW					300 303 220 36 303 303 36 4 1
11 6 (1056) 6 (2)	SAP & BOHDA					35.7
	FOLICY TF					33.7
<u> </u>						4
3		36 1 % 1				
en tikonggi sakatika 144° sa diga						
I certify that this	s claim is for Capital Health business.		OTAL HO	l Cesponsive NORARIA 100 6850000	\$	TOTAL KMS transfer to back
NAME (print):_	MARGAROS PLANS	3 48 5 4 6 9	TOTAL E) 201 9000 7	(from reverse)	\$ 46.05	
SIGNATURE:_	1200 1 4 4 1 5 8 1.17 s.17			AL CLAIM	\$	
DATE:	<u> </u>				Non-Responsive	 1. 1071
Reviewed by:	Tela Annology	Tho		A	Date;	74/
Authorized By:		2 MI	2 TIC	ソ・Uフ ^{T ®} イ	Date:	8 (5)
revised: May 1, 20	06	10 445	32pt	4/07		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

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å																													. 75		100			95.5		9.0	
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Ğ,		Š.,						1			Ξ,			Ţ.,	11	ra	'n	cfe	٠,	to	fre	าก	f)			200											Ä

REMUNERATION - effective April 1, 2006

\$350 for over eight hours in any day

CHAIRMAN \$181 for up to and including four hours in any day \$309 for over four hours and up to and including eight hours in any day \$492 for over eight hours in any day MEMBER \$135 for up to and including four hours in any day \$224 for over four hours and up to and including eight hours in any day

MILEAGE

43¢ km

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREAon-Responsive

	DATE	(specify meeting)		START	END TIME	# OF HOUR!	AMC CLAI		KMS
	land r	Palicy Resp.							
		The state of the s							<i>3</i> 3.7
	<u> 440.</u> markanan	MALLOY I.F.							<u> </u>
	Light 19.	AP. Harrier							3-5-7
	Dogwood	At althur CHC	ili nekologi (i e. 1881) est						9
	102125	Knie EHR Gres Wen Das Wash	is theo.						7,4
		Say days. Returned al Logh	British						(47)/ 52
	Des 127	Knishtam							
	esperature 2000 Lapika 27	SCHELL							<u> </u>
Ī	. .	CHE Consulf							ang of the second
ľ	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (erigat g
1	Certify that this cl	aim is for Capital Health business			Non-Res	sponsive			
		oim 3 to, Capital Freath publics			TAL HONG 711030000	ORARIA	\$	\$3,450 1 65	ろんら TOTAL KMS ansfer to back
N	AME (print): <u>//</u>	IACHART E. PKAI		T	OTAL EXP	PENSES	\$ /ろさ	- 6- 6-6-6	
S	IGNATURE:	2, N. Frederic	<u> </u>	Code: 2	01 9000 711				
D	ATE:	-9x4 5/07		s.17(1)	1 01a l , 17(4)(g)		\$		
R	eviewed by:	July Shi					Non-Respo	nsive	
Αι	uthorized By:	10//	···	Hon			Date:		
ev	rised: May 1, 2006		112	ME	,	3,50- 2107	; .		
		*** Committee of the Co	112		<u></u>	, ,			** }

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

				177 8 5	
TOTAL KMS	(from front)	5/0.5 X	(43¢		
	Т0	TAL EXPENS	ES .	\$	
		(transfer to fro	nt)		

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km 113

OCT 15-31/07

Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM EDMONTON AREANOn-Responsive

		HONOR	AKIA			
DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Kenzyer	5 Pa P					
OCT 17	RUACH AWARDS				,	37.2
OCT 19	POLICY T.F.					35.7
OCT 23	SCHF + CHC LECTURE					8
<u>Ocras</u>	CONSORTIUM					36.
	STRATHEONA Com. HOSA					63 K
<u>CT26</u>						
OCT 24	SPEZ. SPLP	1			,	35.7
·						3517
OCT: 30	310ccc/ 10cc					
	·					
:		 		 		
<u> </u>						
			Non P	esponsive		
certify that thi	s claim is for Capital Health business.	مونعفد		•	ė	TOTAL KMS
·				NORARIA 000 6850000		transfer to back
VAME (print):	MARGARET PLAIN	٦	TOTAL EX	KPENSES	\$ 126.57	
a neit (b.o.y.	4 10 5	Code:	201 9000 7	(from reverse) 1110300000	56.06	
SIGNATURE:_	My Hillen		TOTA	AL CLAIM	\$	
DATE: _	Oct 31/07		tal Hea			Jan -
· · · · · · · · · · · · · · · · · · ·	s.17(1), 17(4		³ ayroll		Non-Responsive	
Reviewed by:_	3.17(1), 17(-	\$	IV 1 4 200	7	Date:	
Authorized By	W. Kustle Issued 11	anca	Chegu	e NoVISTA	Date: 09/1//09	/
revised: Oct 19, 2	Non-Responsive	3/1145	JULVI			
	a A a A a	6122 2	4 L	a Time alla	an.	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT. 18	PARKING	\$ 8.00 /
OCT. 25	IMPARK EDISONICA OF IMPARK LOT II 372 102 STREET FYNIAM 102 STREET FYNIAM CST 188731 5638 RT0006 IMPARK EDISONICA 102 STREET FYNIAM CST 188731 5638 RT0006 CASH B.OO IIII 1 CCT 18. 200 / III	

TOTAL KMS (from front) 25/3 X 44¢

110.51

TOTAL EXPENSES

<u>\$ 126.57</u>

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN \$200 for up to and including four hours in any day \$350 for over four hours and up to and including eight hours in any day \$550 for over eight hours in any day MEMBER \$150 for up to and including four hours in any day \$265 for over four hours and up to and including eight hours in any day \$390 for over eight hours in any day MILEAGE 44¢ km

Capital Health

APPLICANT COPY

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA

Non-Responsive

and the Committee of th				فتروا زاره الدرائيل فالأسام والمراجعين		
DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
	SIELMHER/MANNEL Kasi					22.
0c7-5	STELMACK/MANNER ROAST EREFTINGS OF Public Hong					34.
	PERFORMANCE T. E					35.7
OCT: 12						35.7
		X :				
			l N P			
I certify that this	claim is for Capital Health business.	TC	NON-N TAL H O N	esponsive I ORARIA	S	/ <u>クラ. 十</u> TOTAL KMS
NAME (print): <u>/</u> /		ode: 201 900 T	00 71103000 OTAL EX	00 6850000 PENSES (from reverse)	\$ 56.06 34,78	transfer to back
SIGNATURE:	Zy A Gillon	Code: :	201 9000 71			16
DATE:	O. 1 30/07		JOIA JACAH Favra		\$	an.
Reviewed by:			HOV 12 2	0.1.10 0.1.10	Non-Responsive Date:	·
Authorized By	/ Benselle	incomposition were an analysis of the second	name to t	in the second se	Date: 09/1/6	inf.
revised: May 1, 2006		116			y .	

TAL HEALTH BOARD MEN BER EXPENSE CLAIM

	EXPENSEITEM	AMOUNT CLAIMED
ATE .		\$
-+		
	TALKINS (from front) /274 X43¢	56.06 74.78
Τ0	TAL KMS (from front) 1274 X43¢ TOTAL EXPENSES	\$ 3478 56.0

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

\$181 for up to and including fourhous nany day \$309 for over four hours and up to and including eight hours in any day

\$492 for over eight hours in anyday

MEMBER

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

\$350 for over eight hours in anyday

MILEAGE

43¢ km

Mrv. 2007

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

an and a second	Non-Responsive	HONORARIA		· .	
DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
AN. 1	5017 Jan				8
Sm1.7					36. \$
Mr. 9	Segue SP.P				36.7 36.5
pw.15	CH+ BOARDS SCHF				30.
MN.21	Morgrest bollege Fireng Mill Woods CH			Ī	36. 4 68. as
MN.25	Consortium			,	36.00
UN 23	SPOP			-	35.7
Nury. 25	SCHF Fundraiser			·	6
MNQb	Board Mity.)35·7
Mrv.28	Testignal of Treas				36.8
Mod. 29	Honoring Bary Mu				35.
My 30	Finance				35.7
certify that this cl	aim is for Capital Health business.	Non-Res	_		459.4
JAME (print):	MRHARET PLAIN	de: 201 9000 7110300000 TOTAL EXPE	6850000	<u>t</u>	TOTAL KMS ransfer to back
GNATURE:	1. 1/ 900.	Code: 201 9000 71110	<u></u>	224.13,	Decy of
ATE:	Lov 30/07	17(4)(g)(i)TOTAL (CLAIM		
eviewed by:	Ceila Shued	-Hon	Da	n-Responsive	07
uthorized By:		MIS 224.1	3- Da	ate:	
vised: Oct 19, 2007		MIS 224.0	-1		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mod 7.	Parking	s 4,50
Mod 7. Mod 21 Mod 22 May 28 Mod 29		6.00
MN 22	٤,	6.50
14128		3.00
Myr 29		2.00
- maintenance of the control of the		22.00

TOTAL KMS (from front) 459. 4 X 44¢

Jag .13

TOTAL EXPENSES

(transfer to front)

s 224.13

REMUNERATION - effective October 15, 2007

CHAIRMAN

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

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

\$550 for over eight hours in any day

MEMBER

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

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

110

CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RT0001

6ST # 119526270 KIWU1

Ropt# 42825 11/07/07 22:33 L# 2 A# 28 Txm#140690 11/07/07 17:33 In 11/07/07 22:33 Out Tkt# 755419 Regular Rate \$ 4.25 0.25 Total Tax 4.50 Total Fee 4.50 CASH PAID 20.00 Cash Tender \$ Change Due 15.50

THAKK YOU COME AGAIN

CITY OF FUNDATION LIPRARY PASSADE GST # 119326270 RT0001

ROPT# 44938 11/21/07 09:15 L# 2 A# 36 Txr#147396 11/21/07 07:18 In 11/21/07 09:15 But Tkt# 75%41 Regular Rate ŝ 5.66 Total Tax \$ 0.34Total Fee Ė A.(II) CASH PAID Ť 6.00-Cash Tender \$ 6.00 Change Due 8 0,00

THANK YOU COME AGAIN

Edinonton

MN. 28/07 No. 0292

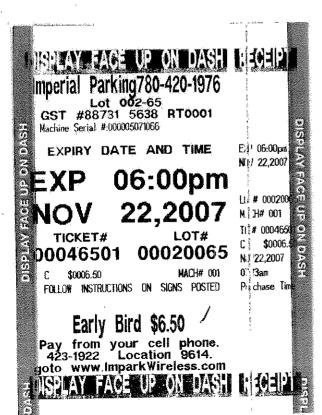
LIBRARY PARKADE

Official Receipt G.S.T. # 119326270 RT0001

Amount: \$ 3.00
Evening Parking

751 8097

Thank you for your patronage





•	2 46 222		MAND		
B Cap	Mrv 2007 Ital Health Bo	ARD MEMB	ER HONORARIA AND		VOUNT IN ANNEW KINS
EDM	NTON ARE Non-Respon	nsive	UNNORARIA		8
GANGE W	ACTIVITY AND ACTIVITY (Specify mealing)				The state of the s
	50H 3da				36.8
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fint. 1	A STATE OF THE PARTY OF THE PAR				
Mrs. 9	CHH + BONRDS	f-)			36. \$P 68. as
MOV. 15	SCHF Morgan Lolles	as Other			36.00
Jan 21	suill and Ch				
Anv 22	Consortium				35.7.
2	AP.P				<u>6</u>
Jun 23					
Carri-25	SCHF Fred Ind	<u>www</u>			36.8
noch	CHC	The state of the s			30240
Mov. 28	Testignal of I	rear			
Bon1.29	Honoring Basso	m			459 4
1- 2-	Tinanso	# · · · · · · · · · · · · · · · · · · ·		A 5	TOTAL KMS
carrify that this	claim is for Capital Health busine	ŚS;	TOTAL HONORAR TOTAL HONORAR 11030000 68500 1074L EXPENSE TOTAL EXPENSE TOTAL 11103000	as consive	and the
contry treat area		Code	TOTAL HUMO 66800 9000 711030000 66800 1201 9000 711030000 TOTAL EXPENSE TOTAL EXPENSE TOTAL EXPENSE 1100 711103000	10	- H
AME (print):	MARLAGET PE	<u>417</u>	707AL EXPENSION TOTAL CLAI	Mon Ross	nneissa
IGNATURE:	MAN FERE	Melikan	1011	Date:	2407
ATE:	/40/30/07	4		pate:	No. of the second secon
evlewed by:	Leilan Shuck	121		0E:0	DEC 04 S004 (LNE) 10
	I		6	_d Ve 0	2000 10 000

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DAJE	TOTAL DEXPENSE ITEM	CLAMED.
14017	Parking	\$ 4,50
MW 21		6.00
MM 22		6.50
		3,00
Ma/28 Mm 29		2.00
		03.00
		OCT A SECURITY OF THE PARTY OF
And the state of t		des sons d'économic sons sons la committé de la committé de la habitet de l'année de la committé de la committe de la committé de la committe de la commit
		and the second s
i s		
		<u>22.00</u>

TOTAL KMS (from front) 459, 4 x 446

202.13

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective October 16, 2007

CHAIRMAN

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

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

\$550 for over eight hours in any day

MEMBER

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

\$285 for over four hours and up to and including eight hours in any day

\$390 for over eight hours in any day

MILEAGE

44¢ km

(ILUE) 10:30 BOARD-OFFICE

DEG OF SOCA (LOE) 10:30

CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RT0001 .

CITY OF THENTIN LIMMY PARKADE GST # 519326270 RT0001

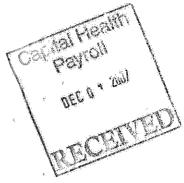
RCPT# 42825 11/07/07 22:33 LN 2 AH 28 Txrl\$140890 11/07/07 17:33 In 11/07/07 22:33 Out 7kt# 755419 Regular Rate 4.25 Total Tax Total Fee 4.50 CASH PAID 4.50-20.00 Cash Tender Change Due

15.50

THANK YOU COME - AGAIN

KCP 13 44938 11/21/07 09:15 LH 2 M IS TANKET IS WWW 09:10 in 11/21/07 09:15 Oct Tkt# 75%41 Regular Rate 5.66 0.34 Total Tax Total Fee Ş 6.00 EASH FAID Ŷ. 6.00-Cash Tender \$ 6.00 Charge Bue 8 0.00

> THANK YOU! OM-MAR



Edmonton

MN. 28/07 NO. 0292

LIBRARY PARKADE

Official Receipt G.S.T. # 118825270 FT0001

Amount: \$ 3.00 **Evening Parking**

751 8097

Thank you for your paironage

mperial Parking780-420-1976 GST #88731 5638 RT0001 Machine Serial #:000006071066 EXPIRY DATE AND TIME

06:00pm 22,2007

TICKET# LOT# 00046501 00020065

MACHA 001 \$0006.50 FOLLOW INSTRUCTIONS ON SIGNS POSTED

Early Bird \$6.50 Pay from your cell phone. 423-1822 Location 8614. joto www.imparkWireless.com ISPLAY

EXP (16:00pm) NOV 22,2007

LÚ# 000200 100 %K)# 7 9 000456 \$0006. 州/22,2007 07: 13am Pu chase Ilm

70

impark

your parking authority

072462

FACE UP ON DASH

Warning - Your Risk SEE BACK

123

Capital Health EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

23,		ONORA			AMOUNT	
DATE '	ACHVIII	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 4	Policy					35.7
	Prov. John Dea RAH Jour					38.00
1. Oer 10	Snowflake Bala					37.Q
Doe 11	11+1 National Form					36.7
Mee 12	SPap					36.7
Dec 11	CHC sralher					10.
Dec 18	Rey Meas. TIF.	ı		,		35.7
		· · · · · · · · · · · · · · · · · · ·				1.
				·		
		,	Non-Re	esponsive		228.
I certify that this	claim is for Capital Health business.		TAL HON		\$	TOTAL KMS transfer to back
NAME (print):	and all and	7	OTAL EX	PENSES (from reverse)	\$ 103.32	
SIGNATURE	Vin 1/ Rolling 17/11		201 9000 71 $g)(i)$ TOTA			The.
DATE:	Weel 8/07 - 5.17(1)	<i>,</i> ,	϶Λ·៸ϒ Ό ΤΑ	L CLAIM	<u> </u>	
Reviewed by	Reela Shevel	_HOA	J		Non-Responsiv	18/07
Authorized By:_		_ M(5 10=	3.32-	Date:	
revised: Oct 19, 200	07 / 124	4	072	6	07~	
			الملا	シワリ	$ \bigcirc$ \rightarrow	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec 10	Parking	\$ 3.00
		Ducio
		Parking.
		Recup
		Kacop +300

TOTAL KMS (from front) 229 X 44¢

100.32

TOTAL EXPENSES

\$ 103.32

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

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

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

\$550 for over eight hours in any day

MEMBER

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

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

125

Gam. 200 &PPLICANT COPY

Capital Health

BOARD MEMBER HONORAL

EDMONTON AREA

revised: Oct 19, 2007

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

N-acc	Tron-Responsive	HUNU				
DATE	ACTIVITY (specify meeting)	START TIME	END TIME	#OF HOURS	AMOUNT CLAIMED	KMS *
Jong	Dialysis Bus				•	_33
gen 17	4	_				, consideration and a
gan 19	SCH Fondation Conference Cael					8
Jamai	SCH Fondalion Conference Cael Phys. Lieison	_				35.7.
Jen 23	SP9P					135.7
Jan 24	Consolium	1				39.2
Jan 28	55.A					8
/	CHC aN FCSS.					8
				·		
	the state of the s					
	Non-Responsive					
			Non-Re	sponsive	/	
ı certity that this o	ciaim is for Capital Health business.					175.6
	c	1 C ode: 201 900	TAL HON		\$	TOTAL KMS transfer to back
NAME (print): 1	MARKARUT PLAIN		OTAL EX		\$	1 、.
	0			(from reverse)	95,261	Jeb 7/08
SIGNATURE:	mall Illam	4	·	e e		1 300 1
DATE:	Jeh. 4/08 s.17(1),	17(4)(g)(i) TOTA	L CLAIM	\$	
Reviewed by:	Cala Shines	Hon		N	on-Responsive Date: fell [08
Authorized By:		_Misc	<u>(</u> 85.	267	Date: <u>Feb. 141</u>	08
	. (/ *)	400			1	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM		· AMOUNT CLAIMED
gom 24	to Parking		\$ 8.00
		-	
4			
	CANADA PLACE PARKADE OPERATED BY IMPERIAL PARKING FOR THE CITY OF EDMONTON RCPt# 72089 O1/24/08 08:57 L# 1 A# 51 Txm#185352 O1/24/08 07:23 In O1/24/08 08:57 Out Regular Rate \$ 7.62 Total Tax \$ 0.38 Total Fee \$ 8.00 CASH PAID \$ 8.00 CASH PAID \$ 8.00 CASH PAID \$ 8.00 Change Due \$ 0.00 THANK YOU WE APPRECIATE YOUR BUSINESS COME AGAIN		
	Consertium		8.00
			77 Z6

TOTAL KMS (from front) 175.6 X 44¢

77.26

TOTAL EXPENSES

(transfer to front)

\$ \$5.26

REMUNERATION - effective October 15, 2007

CHAIRMAN

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

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

\$550 for over eight hours in any day

MEMBER

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

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

127



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END TIME TIME	#OF HOURS	AMOUNT CLAIMED	KMS
Jeh 6	Rural Geomer's Conf.		1		68.
Jeh 7	People & Pragress				46.
Jeh 8	Leoplex Progress				34.
Feb 9	SCH Thurlation Sala				37.0
9th 12	Primay Carelong.				46. 34
Jeh 13	Princey long.				36.8
3 ch 14	Primay Can Conf.				348
3 ch 19	Repel Phen Recept.				35.7
3eh 20	Milwoods CHC				35.7
Ach 26	Comprence (tuestin				36.8
3ch 27	Carperence & Board				35.7
Jeh 28	SCHF.				35.7
I certify that this	claim is for Capital Health business.	. /	sponsive		599.0
NAME (print):/	MARGAROT PLAIN	TØTAL HONO de: 201 9000 7110300000 TOTAL EXPI	6850000		TOTAL KMS transfer to back
SIGNATURE:	man & Ly lain s.17(1)/1		om reversel	328,56	
DATE:	Ich 29/08	TOTAL	CLAIM \$		1108
Reviewed by:	,	<u></u>	Date	esponsivo	1
Authorized By:	MI.	<u>x</u>	56) V 1964		
revised: Oct 19, 2007		128	+	805	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE		EXPENSE ITEM	AMOUNT CLAIMED
36h 9	Parking		\$ 4.00
/2	, n		5.00
1,3	Eq.		14.00
14	* 7	68 · 000 +	14.00
36	· Is	34 · 000 + 37 · 000 + 46 · 000 +	14.00 /
27	₹q	36 · 800 ÷	14.00
		35 • 700 + 35 • 700 +	
		70 · 000 + 36 · 800 + 35 · 700 +	
	- 1- No. 4	35 · 700 + 36 · 800 + 35 · 700 +	
		8 • 0 0 0 + 5 9 9 • 0 0 0 *	
		599.000 ×	
	e degli i School	0 · 4 4 = 263 · 560 *	66.00

TOTAL KMS (from front) <u>599.</u> x 44¢ = 263. €6

263.56 \$328,56

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

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

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

\$550 for over eight hours in any day

MEMBER

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

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

129

PERSONAL FIRM

PARTON NET # 1195726270 FM, 301

Strictle Blisch

TO 2016 1520 LE 2 OF TO TWO SEEDS

Regular Rate

13.33 Tofal Tax 2 0.67 14.00 -Indal Fee

MAH PAID 14.00 70.00 Cash Tender ĝ. \$ 12.6.00 Charge Rie

> THOM: YOU MATH

Rhotel 58/A94 02/13/08 17:33 Lt 2 AF 12 TXM 1831/5 02/13/08 07:35 In 02/1**3/08 17:3**5 Out

TKt# 786284

Regular Rate \$ Total Tax 0.47 Total Fee 14.00

CASH PAID 14.00-24.0 Cash Tender Ŷ.

6.00 Change Due

> THANK YIII MOVE AGAIN

• egy of Emailia Transfer PARKAIK 1817 # 11957/6270 RIVVI

Profit 55319 07/14/08 14:57 Lt 2 At 37 TXM1.057.97 12/4/08 07:25 In , 02/14/08 14/87 for

VIT TELEM 13.33 'easta' Ne**t** 1.67 ytal Tax 14,00 otal Fee , 5 200 14,00-184 PAID 200 1 zen Tender-1 6.00 name Nue

> THANK YOU COME AGAIN

 CITY OF EDWONTON LIMWRY PARKADE GST # 119326270 RT0001

Roptil 783 L# 3 A# 41 Txm# 10445 02/12/08 20:49 02/12/08 17:46 In 02/12/08 20:49 Out Tkt# 786032 Regular Rate \$ 4.76

0.24 Total Tax : Total Fee 5.00 CASH PAID 5.00-20.00 Cash Tender Change Due 15.00

> THANK YOU AGAIN

24

IMPERIAL PARKING PHONE 420-1976 VENING PARKER

Meter : [0] 6

rans: 00001940

7:00P FEB 09 lime:

Price: \$ 4.00 / xpires: <u>'0</u>

6:00AM FEB 10 08

INSTRUCTIONS ON BACK ST NO. 887315638RT000

788 # 11932-270 KWW.

Best Copy Possible

ROOM SIGN

Regular Gra of 12.73 4 14.00 inter Fag

14.00 14.00 14.00 FOR MAILS 145 20 Jen Kriet

Tradau.

PAY III

Capital Health EDMONTON AREA

2008 APPLICANT COPY BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIMITY (specify meeting)	START:			a AMOL		KMS
may 1/08	OFFICIAL OFFICIAL						35.7 35.7
may 1/08	M.C. FOR MICHELE FAREWELL						38
may 13/	REACH /LONG SERVICE	•					72
			-		·	очество америя— Права лан Изана— Осер	
			ı				
		<u></u>				·	
			:				
					-		
							181.40
I certify that this	claim is for Capital Health business.	TOT	Non-R	esponsive ORARIA	\$		116.4 TOTAL KMS
NAME (print):	WARGIARET PLAIN	ode: 201 9000		00 6850000		. 82-	transfer to back
	2 N SD 1-			rom reverse)	5	20	May 23 Pos
SIGNATURE:	Mun 21/08 s.17(1), 1	7(4)(g)(i)	TOTAL	. CLAIN	\$		
					Non-Réspo	onsive	<u> </u>
Reviewed by:	a vaj Truve p	-thou			Date: //	MA S	440
Authorized By: revised: April 10, 2800	fle Seacher		* 135	4.707	Date:		<u> </u>
Coloca, April 10, 4000	•	TAX					

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		5
		in the state of th
	·	
		Market States
V		
14		
Number Commission of the Commi		
	TOTAL KMS (from front) 116.4 × 44¢	5122
	TOTAL EXPENSES	\$

(transfer to front)

REMUNERATION - effective April 1, 2008

~	110	٥m	BR	REF
	HA		1476	ALD.

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

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

\$576 for over eight hours in any day

MEMBER

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

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

\$3409 for over eight hours in any day

MILEAGE

44¢ km

Capital Health BOARD ME

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREANon-Responsive

ACTIVITY START END #OF AMOUNT TIME TIME HOURS CLAIMED KMS CON FOR CALL APRIL 4 PCN OFFICE ORDING APR 15 ITBA CONF. H BA CONF. 36.8
APRIL 4 PEN OFFICE ORNING 27.0 APR. 14 HBA CONF. APR 15 ITBA CONF.
APR. 14 HBA CONF. 36.8 APR 15 ITBA CONF. 36.8
APR. 14 HBA CONF. 36.8 APR 15 ITBA CONF. 36.8
APR 15 ITBA CONF. 36.8
APR 15 ITBA CONF. 36.8
HBA CONF.
APR 16 FILIPINO REZEPTION 34.0
POLICY T. F
APR IT RELL MAIRE 8.
APR 22 CH RETROAT 25.0
APR 23 CH RETABAT / ABOUT + E
APR 23 CH RETREAT / AFRETER CONSORTIUM REACH / LONG SORVICE 35.7
32:01
APR 24 SCHFOUNDATION
APR. 28 MAZ. TOUR. 35.7
pen open-morn ville
4PR 09 FINANCE 35.7
35.7
APR 30 SPONSOR THANKS 30.0
Nau Danasia
I certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA \$ TOTAL KMS
Code: 201 9000 7110300000 6850000 transfer to back
NAME (print): MARGARET PLAIN TOTAL EXPENSES \$
Code: 201 9000 71110300000 27 4. 88 Way 15,20
SIGNATURE: Manual Villano
DATE: TOTAL CLAIM S
Reviewed by Racla Should Date: Nau HOB
Reviewed by: Jepla Jillia Date: May 7100
the state of the s

CAPITAL HEALTH BOARD WENE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
APR H	Parking	s 2.00×
o i L		17.00 1
15		14.00 X
16	t-a	\$ 2.00 X 17.00 X 14.00 X
		_
		47.50

TOTAL KMS (from front) 511.9 X 44¢

V 227.88

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2008

CHAIRMAN

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

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

\$576 for over eight hours in any day

MEMBER

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

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

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

MILEAGE

44¢ km

RECEIPT

Setting: Mira Health Mach Name: Luke 2 \$2,00 Cash

EXPIRATION DATE/TIME

Exp 12:32pm APR 04,2008 Exp 12:32p

APR94,2008

Ticket #: 00016177
FOLLOW INSTRUCTIONS ON SIGNS

T#00016177 S/M#100005 031313

TAY TAY SELLIP

\$2,00 Cash Hourly

Punchased APR04,2008 19:32a

Hourly Total Due \$2,00 / Total Paid \$2,00

GITY OF EDMINTON LIBRARY FARKADE GST N 119326270 RT0001

CITY OF EDMONTON LIBRARY PARKADE GST N 11932A270 RT0001

CITY OF EDMONTON LIBRARY PARKAGE GST # 119326270 RTOROLL

Roott 64376 04/14/08 20:31 L# 2 A# 27 TxmX210069 04/14/08 07:13 In 04/14/08 20:31 Out Tkt# 905173 16.19 Regular Rate \$ 0.81 Total Tax 3 17.00 - \ Total Fee Ť CASH PAID 17.00-Ė 20.00 Cash Tender 3.00 Change Due 8

RCPtN 64542 04/15/08 16:37 LM 2 AM 12 TX:nW210394 04/15/08 07:23 In 04/15/08 16:37 Out Tkt# 805501 Regular Rate \$ 13.33 Total Tax \$ 0.87 Φ. Total Fee 14.00 CASH PAID Ġ, 14.00-Cash Tender Ē 20.00 Change Due \$ 6.00

ROP# 64688 04/16/08 12:43 LM 2 AM 41 TXMM210478 .04/16/08 07:21 In 04/16/08 12:43 Out - * Tkt# 805657 Regular Rate \$ 13.33 Total Tax Ť 0.67 Total Fee \$ 14.00 - 1 CASH PATA Ś 14.00-Cash Temder Ż 20.00 Change Due Ē 6.00

THANK YOU COME AGAIN

THANK YOU COME ASAIN THANK YOU COYE AGAIN