

# Payment Requisition

Accounting Services 1100 Harley Court 10045-111 St. Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION (Check one only) ☐ Vendor ☐ Patient ☐ Employee (EE number_							
Invoice Date		Invoice Number		Section 17(1)			
Vendor Number (or	S.i.N.)	Vendor Name Dr-C	3 Predy	· · · · · · · · · · · · · · · · · · ·			
Address			City	300-12			
Province/State		Postal Code	Country				
II PAYMENT DE	TAILS	and the second second second second					
Reason for payment	CMPA Insuran	icl'	P0#				
Is this a contract payment?   Yes (Attach copy of contract if not previously forwarded)  No							
If this is a contract pa	ayment, what is the contract date	?	Number				
Have goods / service	ces been received?	, When?		lo			
Are original attachme	ents to be mailed with cheque? (	Note 2) Yes No					
III EXPENSE COD	DES (IN ORACLE FINANCIAL S	YSTEM FORMAT) (Department	ts must provide 3	omplete Coding)			
Bal Unit Location e.g. 201 e.g. 9000	Functional Centre e.g. 71135050004	Account Expense e.g. 69500000 Sub-Total	GST if applicable	Total Payment			
201 0007	71550300036	66020000\$16800	<b>シ</b> \$	\$ 1680.00			
		Capital Health	\$	\$			
		RECEIVED S	\$	\$ '			
		MAR 2 1 2005 \$	\$	\$			
		\$	\$	\$			
		ACCOUNTS \$	\$	\$			
	B <sub>restance</sub>	S .	\$	\$			
☐ Canadian ☐	U.S.	TOTAL \$ /680	\$	\$ 1680			
IV AUTHORIZATIO	N						
I confirm that the ab	ove items have not been previo	ously paid and the expenses related	only to Capital H	ealth business.			
Requisitioned by (Pri	int name) Luvera Se	bulsky		+413-7946			
(Signature) Lebulsky Date Jeb 28/05							
Approved by (Print name) Mchele Lahey Phone # 407-1671  (Signature) Muhule Why Date Man 2/05							
Approved by (Print name) Phone #							
(Sig	gnature)		U Date				
AUTHORIZATIONS S	HOULD BE IN ACCORDANCE	WITH SIGNING AUTHORITY POLICY	NUMBER FINAN	CE 4.1			
<ol> <li>All cheques and attac</li> <li>Fully completed paym</li> </ol>	its will be made electronically based on hments will be mailed out by Accounting rent requisitions received in Accounting authorized payment requisitions will be	g Services. Cheques will NOT be pulled and re Services by MONDAY, 4:00 p.m. will be proce	sturned to department ssed that week.	s for mailing.			

THE CANADIAN

L'Association

MEDICAL

CANADIENNE

PROTECTIVE

ASSOCIATION

DE PROTECTION

MÉDICALE

Member number:

DR GERALD PREDY 300-10216 124 ST NW EDMONTON AB T5N 4A3 Section 17(1)

Non Responsive

Membership fee in a mutual defence organization that provides malpractice protection and advice for its members.

Paid in	For year	\$ Amount
2004	2005	1,680.00
]		

Effective 2002, Quebec fees include 9% QST.

Mailing Address: P.O. Box 8225, Station T, Ottawa, ON K1G 3H7 Street Address: 875 Carling Ave., Ottawa, ON K1S 5P1

Telephone: (613) 725-2000, 1-800-267-6522

Facsimile: (613) 725-1300

Web Site: www.cmpa-acpm.ca

Adresse postale: C.P.8225, Succursale T, Ottawa ON K1G 3H7

Adresse civique: 875, av. Carling, Ottawa, ON K1S 5P1

Téléphone: (613) 725-2000, 1-800-267-6522

Télécopieur : (613), 725-1300 Site Web: www.cmpa-acpm.ca



# APPLICANT COPY Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

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(Please Print or Type)	) ·		Section 17(1)	e e	
Name	REDY		Employee Number		L ´
Position	(A A 1 A		Oracle Cost Centre		
Department / Will	· Maul M		Bus. Phone		
Period from 1-2 2/	05 to		Health hit	eracy	Meeting
Expenses Paid (Please attach receip organization. Complete details on the		unts paid t	oy Capital Health or reimbursed	/ reimbursa	ble by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals	1.1 de		12.00		
Registration Fees	Capital Health		ئ. ج		
Transportation (including parking)	HEO.		22425	./	Property of Property and the State of S
Other	MAR 2 1 2005				
Mileage	ACCOUNTS	1	1680		
TOTAL	PAYABLE		\$ 252-05		\$ 100
Less Cash Advance					and the state of the state of
NET			\$ 253.05		Arter et ar an Arter
The information on this form is collect process your claim.	ted under section 4 of the	Regional	Health Authorities (Ministerial) I	Regulation a	and will be used to
I hereby certify that the expenses list or on my behalf from Capital Health o		n Capital I	Health business and have not be	een previou	sly claimed by me
Employee Signature			Date	06,	16/05
Approved by			_		
Print Name <u>M. Chele A</u>	akey		Title SUV.P.S	Senter	Services_
Signature ////////////////////////////////////	Whey		Date Filis,	108	
Print Name			Title	-	
Signature			Date		
NOTE: 201-000	7 - 715503	0003	6:62412000 =	253	02 D
GST amounts included in the expe			counts Payable.		4 %
Please ensure that the expense cla	im is properly authorized	l. 			1)"/

- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

**EXPENSE CLAIM DETAILS** APPLICANT COPY Date **Particulars** Accommodation \$ Meal \$ Registration \$ **Transportation \$** Other \$ Mileage km cb2/01 11 1200 ٧ 11 60 48 H ---

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

TOTALS TO FRONT OF FORM

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

#### 2. Travel

4.

Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel
in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
receipts in accordance with Capital Health Policy.

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48

\$0.35

- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Total km

@

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

Unit No.: Amount: G.S.T. No. "It is our pleasure to serve you. Please call again." 777-2222 777-1111

Date: 02/01/08 Driver: Amount: Unit No.: G.S.T. No. "It is our pleasure to serve you. Please call again." **ቻ7-111**1

777-2222

# 

0000001009 Phone. (780)890-8439

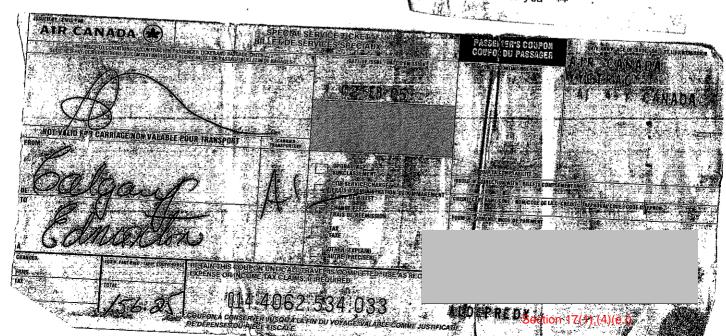
Fax (780)890-8329

Receipt ne. 0146/0727/00803 02.02.05

015100 pay parking ticket 02.05 09:43 - 02.02.05 19:36 gth of stay: 0 Dy. 9 Hr. 53 Min. 8,00 \$

total amount accepted total 20,00 \$ change 12,00 \$ Tax 7,00 % 0,52 \$

Thank you for your patronage! Please Come Again! Open 24 hours \*\* \*\* Thank you \*\*





# (MTAPPLICANT COPY **Travel Expense Claim Form**

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)	va			•••		
Name	(LEDY		Employ	ee Number _		
PositionMGM			Oracle	Cost Centre		s.17(1)
Department Public Half	n Division		Bus. Pr	ione	13 7	6W
Period from April 11200	_	13,200		on Dublic	Hent	h-Montal
Expenses Paid (Please attach recei organization. Complete details on the	pts). Do not include amone other side of the form	ounts paid b	y Capital Health o	reimbursed /	reimbursa	ble by another
	Non-Canadian Currency	Rate	Canadian \$ (inc	luding GST)	✓ if GST included	DO NOT USE
Accommodation	The second secon		RYS	4.15	iX	
Meals	Capital Head		L	14,00	7	
Registration Fees				W		
Transportation (including parking)	MAY 0 9 7		25	1.16	c.	
Other		ITS				
Mileage	PAYAB	E	9	1.35	12/	
TOTAL		P. Marian	\$ 74	0.66		\$ 0.00000000000000000000000000000000000
Less Cash Advance						
NET			\$ 74	10-66		
The information on this form is collect process your claim.	,				_	
I hereby certify that the expenses list or on my behalf from Capital Health	ted above were incurred or other organization.	on Capital I	lealth business an	d have not be	en previou	sly claimed by me
Employee Signature			Date	<u>/</u> ±	nd	1005
Approved by						
Print Name Michelle La	hey ,		Title	Senior	VP, Ha	ath Series
Signature Mulul	lokey		Date	· · · · · · · · · · · · · · · · · · ·	·	
Print Name	<u> </u>		Title	· · · · · · · · · · · · · · · · · · ·		·
Signature			Date			
NOTE: 201.0007	-715503000	36.6	2414000	- 74c	266 C	ð
<ul> <li>GST amounts included in the expe</li> <li>Please ensure that the expense of</li> <li>For all employees on the payroll s</li> </ul>	laim is properly authorize	ed.		69 <b>§</b> 47 e bank accou	્યુડ. ટય nt.	- M

- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAMPETAILS

1	r	-^APP	<b>LICANT</b>	COPY	1	,	
Date	Particulars Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Aprilli	1/12 2 hum	424.15					
Jan 11	513 (when			192.14 W	206.37	/	
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,	- 2 render			19.41 W	20-79		
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·	Total km						
	@				<u></u>	•••	\$0.35
	TO FRONT OF FORM	424.15	44.00		25116	,	21.35
		100 113	_77.00 }	- 1	X51-10		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

#### **EXPENSE LIMITS**

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Meal Allowances

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Breakfast

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Lunch

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Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

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  in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
  receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
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#### 4. Hosting Expenses

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0000001009 Phone, (780)890-8439 (780)890-8329 S S Car park

Receipt no. 0181/0727/0080\* 13.04.05

045100 pay parking tickel 24,00 \$ 11,04,05.06:40 - 13.04,05.20.20 Length of stay: 2 Dy. 13 Hr. 40 Mir

accepted total Tax : 300 %

Thank you for you. Latrondge: Please Come Again! \*\* open 24 hours \*\* \*\* Thank you \*\*

COPY SOLUTION SOLUTION

(514) 633 (413) 4-PETRO-CANAUA ALKOPORI DE LURVAL Quebec H43 109 DERVAL

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Regular

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# APPLICANT COPYED

GERAIN PREDY

RATE RULES AND QUALIFICATIONS s.17(1)RENTAL LOCATION PENTAL DATE MONTREAL-P.E. TRUDEAU AIRPORT F75 ROMEO VACHON SUITE 17-1 TA INTERNET POINT OF SALE DAILS 11-4PR-2005 PENTAL TIME RATIONAL CAN BENTAL TONTREAL NIR P-512880-1 OC 804 INI 00:12 PM 514 486 9030 RETURN LOCATION METICA LURITAMA MONTREAL-P.E. TRUDEAU AIRPORT 975 ROMEO VACHOM SUITE CI-1 RETURN DATE 13-APR-2005 RETURN TIME VEHICLE IMPORMATION MATTURAL CAR RENTAL FCAR Full Size E/4 Door Ca FCAR Full Size E/4 Door Ca RESERVED MONTREAL WIR A-SIEGBO-1 OF HAY THE 04:00 PM TRIVE 514 636 9030 CHARGED FEAR Fall Size 2/4 Door Ca CHEVROLET MAKE MATICE MAL TEN COLOR WHITE **ODOMETER 17344** F082402 575 VEHICLE # 5F226181 R4142 CHARGES UKIT PRILE/UNIT CURRENT CHARGE PAYMENTS RENTER'S RESPONSIBILITY
\* TIME & DISTANCE
\* TIME & DISTANCE VISA 2017 - Auth & WEEK. 384.30 6.00 (All Charges are Estimate Only - Subject ) Fay 54.90 ± 18.30 to change if vehicle not returned to the 109.80 \* TIME & DISTANCE Mour 0.00 location on date and time specified, or \* LMLIMITED MILES/KM-TIME & 9.00 23.75 2.25 11/1/19 if fuel tear is not full at return and 0.00 47,96 fuel service option was not corchased) REFUELING SERVICE CHARGE Litre \* VEHICLE LIG FEE/AIR TAL RECOVERY

\* COMCESSION RECOUP FEE 11,73 PCT a
CA PRINCL SLS TX QUESEC 7,302
CA SDE & SVES TX 7x 7,00x

19.65 

204.37

INITIAL

ESTIMATED CHARGES

I ACCEPT OPTIONAL LOSS DAMAGE WAIVER AT 623.

I DECLINE PERSONAL ACCIDENT INSURANCE (PAI) WITH PERSONAL EFFECTS COVERAGE (PEC). I DECLINE PEACE OF HIM.

> CARE 1 OF 2

# LE WESTIN RESORT TREMBLANT, QUÉBEC

1 ch. Kandahar, Mont-Tremblant (Québec) J0T 1Z0

Nom & adresse/Name & Address

Predy, Dr. Jerry
American Express
suite 850 10050 Jasper av
enue

Edmonton, ALBERTA T5J 3R8

Réservation	Unité / Unit	กิงก็อ/Guest
1RP9X8	W2420	1QI4JA
Tarii / Rate 4	Pers	Dépôl / Deposii
179.00	2	424.15
Carte de crédit / Gredit	Card	<b>E</b> .(0.
; ;	*	
Arrivée / Arrival		Dépari / Départure
04/11/05	÷	04/13/05
Enregistrement de taxe	s / Tax Registratio	n -
T.P.S. / G.S.T. T.V.Q. / P.S.T.		130 401 953 101 104 742 100 01

S.17(1), 17(4)(e.1)	DATE		DESCRIPTION			FRAIS/CHARGES	PAIEMENTS/ PAYMENTS
04/11/05 ROOMTX Chambre/Room (taxable) 1 179.00 04/11/05 TVQ TVQ / PST 1 14.80 04/11/05 TPS TPS / GST 1 12.91 04/11/05 REDEVA AVT/TRA 3% 1 5.37 04/12/05 ROOMTX Chambre/Room (taxable) 1 179.00 04/12/05 TVQ TVQ / PST 1 14.80 04/12/05 TPS TPS / GST 1 12.91 04/12/05 REDEVA AVT/TRA 3% 1 5.37 04/13/05 PVISA RT 1 5.37 04/13/05 WVALET Valet - Westin s.17(1), 17(4)(e.l)- 6 10.00 04/11/05 TVQ TVQ / PST 6 0.82 04/11/05 TPS TPS / GST 6 0.71 04/11/05 REDEV2 AVT/TRA 2% 6 0.20 04/12/05 WVALET Valet - Westin 6 10.00 04/12/05 TVQ TVQ / PST 6 0.82 04/12/05 WVALET Valet - Westin 6 0.82 04/12/05 TPS TPS / GST 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.20 04/12/05 TPS TPS / GST 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.82 04/12/05 TPS TPS / GST 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.20 04/13/05 WVALET Valet - Westin RT 6 -20.00 04/13/05 REDEV2 AVT/TRA 2% RT 6 -0.40 04/13/05 TPS TPS / GST RT 6 -0.40	02/20/05	DIITCA		s.17(1)	, 17(4	)(e.1)	706 00
04/11/05 TVQ TVQ / PST 1 14.80 04/11/05 TPS TPS / GST 1 12.91 04/11/05 REDEVA AVT/TRA 3% 1 5.37 04/12/05 ROOMTX Chambre/Room (taxable) 1 179.00 04/12/05 TVQ TVQ / PST 1 14.80 04/12/05 TPS TPS / GST 1 12.91 04/12/05 REDEVA AVT/TRA 3% 1 5.37 04/13/05 REDEVA AVT/TRA 3% 1 5.37 04/13/05 PVISA RT 1 5.37 04/11/05 WVALET Valet - Westin s.17(1), 17(4)(e.l)- 6 10.00 04/11/05 TVQ TVQ / PST 6 0.82 04/11/05 TPS TPS / GST 6 0.71 04/11/05 REDEV2 AVT/TRA 2% 6 0.20 04/12/05 WVALET Valet - Westin 6 10.00 04/12/05 TVQ TVQ / PST 6 0.82 04/12/05 TVQ TVQ / PST 6 0.82 04/12/05 TYQ TVQ / PST 6 0.82 04/12/05 TPS TPS / GST 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.82 04/12/05 TPS TPS / GST 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.20 04/13/05 WVALET Valet - Westin RT 6 -20.00 04/13/05 REDEV2 AVT/TRA 2% RT 6 -0.40 04/13/05 TPS TPS / GST RT 6 -0.40			Chambres (Dean (baselele)	F3	1		106.03
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04/12/05 TVQ TVQ / PST 1 14.80 04/12/05 TPS TPS / GST 1 12.91 04/12/05 REDEVA AVT/TRA 3% 1 5.37 04/13/05 PVISA RT 1 318.12  04/11/05 WVALET Valet - Westin s.17(1), 17(4)(e.l)- 6 10.00 04/11/05 TVQ TVQ / PST 6 0.82 04/11/05 TPS TPS / GST 6 0.71 04/11/05 REDEV2 AVT/TRA 2% 6 0.20 04/12/05 WVALET Valet - Westin 6 10.00 04/12/05 TVQ TVQ / PST 6 0.82 04/12/05 TVQ TVQ / PST 6 0.82 04/12/05 TVQ TVQ / PST 6 0.82 04/12/05 TPS TPS / GST 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.71 04/12/05 REDEV2 AVT/TRA 2% 6 0.20 04/13/05 REDEV2 AVT/TRA 2% 6 0.20 04/13/05 REDEV2 AVT/TRA 2% RT 6 -20.00 04/13/05 TPS TPS / GST RT 6 -0.40 04/13/05 TPS TPS / GST RT 6 -1.43	1		•				
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04/12/05       TVQ       TVQ       PST        6       0.82         04/12/05       TPS       TPS       / GST        6       0.71         04/12/05       REDEV2       AVT/TRA       2%        6       0.20         04/13/05       WVALET       Valet       -       0.00       0         04/13/05       REDEV2       AVT/TRA       2%       RT       6       -0.40         04/13/05       TPS       TPS       GST       RT       6       -1.43			· · · · · · · · · · · · · · · · · · ·				İ
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Je m'engage personnellement à payer les frais encourus soit en partie ou en entier, à défaut de paiement complet par la compagnie, par l'association ou son représentant désigné.

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.

Pour réserver votre prochaine expérience Tremblant! 1-877-TREMBLANT To reserve your next Tremblant experience, call 1-877-873-6252

•			
		11. 11.	
Signature:		Date:	
Julianic.		Date:	
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LE WESTIN RESORT
TREMBLANT, QUÉBEC

1 ch. Kandahar, Mont-Tremblant (Québec) J0T 1Z0

Predy, Dr. Jerry American Express

suite 850 10050 Jasper av

ALBERTA

T5J 3R8

Nom & adresse / Name & Address

Edmonton,

enue

APPLICANT COPY

1RP9X8 W2420 1QI4JA
Tarif/Rate G Pers. Depot/Deposit

Unite / Unit

Invite / Guest

179.00 2 424.15

Carte de crédit / Credit Card Exp.

Arrivée / Arrival Départ / Departure

04/11/05 04/13/05

Enregistrement de taxes / Tax Registration

DP.S. / G.S. I.

T.P.S. / G.S.T. 130 401 953 T.V.Q. / P.S.T. 101 104 742 100 01

DATE		DESCRIPTION				FRAIS/CHARGES	
			St	ıb-Total	==== \$	424.15	424.15
Thanks	s, see y	ou again	soon!	Starwood	==== d Prefer	red Guest #	

GST Total : PST Total :

25.81 29.60

Je m'engage personnellement à payer les frais encourus soit en partie ou en entier, à défaut de paiement complet par la compagnie, par l'association ou son représentant désigné.

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.

Pour réserver votre prochaine expérience Tremblant ! 1-877-TREMBLANT To reserve your next Tremblant experience, call 1-877-873-6252

Signature:	Date:		
10 Company of the 12 control of the control	originary and the companies of the contract of	the state of the s	2



#### **Travel Expense Claim Form**

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)	4				
Name	PREDY		Employee Number		s.17(1)
Position	SOM		Oracle Cost Centre		
Department	What Healt		Bus. Phone	f13 7	600
Period from May 27	to	727	Bus. Phone  Western C  OSfices of	tres U.	edical th
Expenses Paid (Please attach receip organization. Complete details on the	no). Do not molude ami	Julito haid f	y Capital Health or reimbursed	/ reimbursa	ble by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation	To the state of th	- 1664	319.20		299.60 19.80
Meals	Capital He		43.00		
Registration Fees	Capital He				
Transportation (including parking)	JUN 2 C	5002	53.75		
Other	AGGQ!	INTÊ			
Mileage	ACCO	BLE	21.70		
TOTAL			\$ 447.65		\$ 140,000,000,000
Less Cash Advance				-	428.05W
NET			\$ 44765		in.bon
The information on this form is collec process your claim.	ted under section 4 of th	e Regional	Health Authorities (Ministerial) I	Regulation	and will be used to
I hereby certify that the expenses list or on my behalf from Capital Health o	ed above were incurred or other organization.	on Capital			•
Employee Signature			Date///	3 30	105
Approved by				)	
Print NameMiche	se pakey		Title		
Signature / Mulull	- Whey		Date	· · · · · · · · · · · · · · · · · · ·	
Print Name			Title		
Signature		······	Date		
NOTE: $Q01-007$	- 7/5503w	36.6	2914000 - 44	7.65	
<ul><li>GST amounts included in the expe</li><li>Please ensure that the expense class</li></ul>			counts Payable.		S

- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.



ROOM / CHAMBRE 0 831
CASHIER / CAISSIER(E) 3 6
1
PAGE 1
CUSTOMER(S) / CLIENT(S) 1

350 St. Mary Ave., Winnipeg, Manitoba R3C 3J2 Tel.: (204) 942-0551 • Fax: (204) 943-4627 ARRIVAL / ARRIVÉE
DEPARTURE / DÉPART

05/25/05
05/27/05

Mr Gerry Dr Predy

CANADA

Invoice# , Delta Winnipeg, 05/27/05

DATE	DE	SCRIPTION	CHARGES FRAIS	CREDITS CREDITS
05/25 05/25 05/26 05/26	Room Charge GST Room PST Room Room Charge GST Room PST Room VISA  s.17(1), 17(4)(e.1)	xx/xx ##	140.00 9.80 9.80 140.00 9.80 9.80 319.20	319.20 319.20
GST Room GST F & B GST Other Total GST GST Vendor	(7.0%) 19.60 (7.0%) 0.00 (7.0%) 0.00 (7.0%) 19.60 139445290 RT0020			

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)



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	CAR THUOMA AND HAD	Tha UNICIT
(1)71. <i>s</i>	0T	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	MOHI AT 19 MOHI	agabil AXILTD
	DATE 36 101 JOH	; ; ; ;

Thanks again! ....and do call us ... UNICITY TAXILTD 925-3131 DATE FF FF CAR STA AMOUNT -

Car park 0000001009 Phone. (780)890-6439 Fax. (780)890-8329

Receipt no. 0008/5/82/5/50 27:05.05

015:100 pay parking 25:05:05 15:05 Linux



#### **Travel Expense Claim Form**

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)						
Name Dr. Herry Predy				Employee Number		s.17(1)
Position Medical Officer of Health				Oracle Cost Centre	<u> 201000</u>	<u>17155030603</u>
Department Public Hout	A Division			Bus. PhoneL	H3.76	200
Period from 8 Supt 200	•	ot av	05_	CPHA AN	udl (	- Mere 110 - Ottani
Expenses Paid (Please attach receip organization. Complete details on the		unts paid b	y Capital I	Health or reimbursed	reimbursa	ble by another
	Non-Canadian Currency	Rate	Canadia	an \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation				617.55	1	590.64 26.91
Meals	Capital Health	المتنازع		11400		ω
Registration Fees	DECENT.	and the same of th				
Transportation (including parking)	- a n 2004			9500	1	$\omega$
Other	SEP 3 0 2009	· · · · · · · · · · · · · · · · · · ·				
Mileage	ACCOUNT			J7 36		1.
TOTAL	ACCOUNTS PAYABLE		\$			\$
Less Cash Advance						
NET			\$	85391		
The information on this form is collect process your claim.	ted under section 4 of the	e Regional	Health Au	thorities (Ministerial)	Regulation	and will be used to
I hereby certify that the expenses liste or on my behalf from Capital Health o	ed above were incurred or other organization.	on Capital I	Health bus	siness and have not b	een previou	ısly claimed by me
Employee Signature		~··		Date	26/3	<u> </u>
Approved by						
Print Name Michell La	ney,		****	Title Schior	4, 9	eath services
Signature////	Lukey			Date		74.
Print Name				Title		
Signature			******	Date		<del></del>
NOTE: 201.0007 -	115503000	36 (	6241	#200 · 8	539	
<ul> <li>GST amounts included in the expense.</li> </ul>			counts Pa	yable.		$\sim$ $\sim$
Please ensure that the expense cla			anaike J to		4	V) "
<ul> <li>For all employees on the payroll sy</li> <li>For physicians, contracted employ</li> </ul>						nailed through the

- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating OfficeFor Vice President.

#### **EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Soft 18	221/0x Hold	617.55	<i>A</i>			april 1	
Send	19 Taxi	. 1			33.00		
SAF	18 internet		10.00				
Carl	18 Dunk		0				
Send	19 Broket		400				
Sout	16 Denv		17.00		-		
- 6-VE	à lunh		io				
J. A.	20 Denv		()50				
(on	21 Broken		8 (1)				
J. 1	Len		10.00				
	Dur		1700			,	
-4/At	U Host Day	7/	. ,		3000		
- Shy	or later				30.200 32.00		
" 1"							
Sent	18 fullbayer						36
Sent	21 Refer to are	!					36
			`				
	Total km						72
	@					,	\$0.38
TOTALS T	O FRONT OF FORM	6/715-	114.00		95.00		2736

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

#### 2. Travel

- Use of personal automobile ~ From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
  in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
  receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.



The Westin Ottawa ■ 11 Colonel By Drive, Ottawa, Ontario K1N 9H4 ■ Tel:(613) 560 7000 ■ Fax: (613) 234 5396

Dr. Jerry Predy

c/o Suite 300 10216 124th St

Edmonton, AB T5J 3R8

CANADA

Arrival/Arrivée: 09/18/05

Departure/Départ: 09/21/05

Airline Partner : AC

s.17(1)

Page: 1

Agent: 65

Room/Chambre: 1809

F O L I O 525023 The Westin Ottawa, 09/21/05 12:01

Date	Description		Charges	Credits
09/18	Room	1809	179.00	
09/18	G.S.T Room 7%		12.53	
09/18	P.S.T Room 5%		8.95	
09/18	DMF fee 2.8%		5.02	
09/18	GST on DMF 7%		0.35	
09/19	Room		179.00	
09/19	G.S.T Room 7%		12.53	
09/19	P.S.T Room 5%		8.95	
09/19	DMF fee 2.8%		5.02	
09/19	GST on DMF 7%		0.35	
09/20	Room		179.00	
09/20	G.S.T Room 7%		12.53	
09/20	P.S.T Room 5%		8.95	
09/20	DMF fee 2.8%		5.02	
09/20	GST on DMF 7%		0.35	
09/21	Visa	XX/XX		617.55
	s.17(1), 17(4)(e.1)	Total:	617.55	617.55

617.55 617.55

Balance Due:

0.00 \$

Capture Method: Swiped

We are pleased to inform you that your Air Canada Aeroplan Program miles have been awarded.

If you are an SPG member and your points are not shown, they will be posted to your SPG account and will show on your next SPG statement.

Thank You For Choosing The Westin Ottawa

Rooms GST:

38.64



The Westin Ottawa ■ 11 Colonel By Drive, Ottawa, Ontario K1N 9H4 ■ Tel: (613) 560 7000 ■ Fax: (613) 234 5396

Dr. Jerry Predy

c/o Suite 300 10216 124th St

Edmonton, AB T5J 3R8

CANADA

Arrival/Arrivée: 09/18/05 Departure/Départ: 09/21/05

Airline Partner : AC

s.17(1)

Page: 2

Agent: 65

Room/Chambre: 1809

FOLIO525023 The Westin Ottawa, 09/21/05 12:01

Date	Description	 Charges	Credits
	<u>-</u>	 	i

F&B GST:

ST: 0.00

Other GST: Total GST: ï.00 38.64

GST # : 861336493RT0002

EDMONTON AIRPORTS PLICANT COPY

\*\*\*《下酒草冬

海南山東京東京

Car park | Pelason Find Phone, (780)890-8439 Fax (786) 390-8329

Receipt no Them, who They to 71 ft. 15

015100 pay port 1 / (1 me) 18.09.05 06 ts 2/119 1.18 55 Length of stay 13:12:11 18

Total areunt

accepted in ai TeX / / / %

3. 11. \$ 2,003

'Thank you lin your ratromage! Please Come Again! 44 Open 24 hours \*\* \*\* Thank You #

RECEIRT / REÇU Amount/Monta From/De Thank you 1 Merci

G.S.T. Included in meter fare

EILTE EINE RECEIPT FOR CAS FARE

From То Cab No.



(Please Print or Type)

# Travel Expense Claim Form (In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

s.17(1)

				Employee Number  Oracle Cost Centre 201007 7/5563666  Bus. Phone4/3 - 76 0 0										
								Period from Sept 23/	05 to <u>Sep</u>	123	105	Specialty Vand	Socie	ty Meetings
								Expenses Paid (Please attach receip organization. Complete details on the	ots). Do not include am	ounts paid b				
	Non-Canadian Currency	Rate	Canad	lian \$ (including GST)	✓ if GST included	DO NOT USE								
Accommodation	and the second s	i salam												
Meals	Capital He			1750										
Registration Fees	HEC.													
Transportation (including parking)	SEP 3 0	2005	A A STATE OF THE S	82-00										
Other			A Vicenza		Approx									
Mileage	ACCOU PAYAR	NE.	September 1	27.36										
TOTAL		The state of the s	\$			\$								
Less Cash Advance														
NET			\$	12/ 2/										
The information on this form is collect process your claim.	ted under section 4 of t	he Regional	Health A	authorities (Ministerial)	Regulation	and will be used to								
I hereby certify that the expenses list or on my behalf from Capital Health of Employee Signature		I on Capital	Health bu	usiness and have not b	-	sly claimed by me								
Approved by	•													
Print Name Michele	Lakey			Title										
Signature Mulule	Cether	· · · · · · · · · · · · · · · · · · ·		Date										
Print Name				Title		· · · · · · · · · · · · · · · · · · ·								
Signature	3 - 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10			Date										
Signature	715503000	36.1	5241	1000 = 12	6.36	$\mathcal{D}_{\kappa}$								
GST amounts included in the expense.						(h)								
Please ensure that the expense classification is a second of the se						<b>V</b>								
For all employees on the payroll s  For all employees on the payroll s	•		-	•		nailed through the								
<ul> <li>For physicians, contracted employ internal mail system.</li> </ul>	rees and those not paid	HROUGH THE	payron s	system, expense chequ	es will de n	raned through the								

- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

#### **EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Sept 23	Parl				36 00 0 34.00 1 12.00	ACCRECATE AND ADDRESS OF THE ADDRESS	
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	Total km						7-2.
-	· · · · · · · · · · · · · · · · · · ·						\$0.38
TOTALOTA	@ = = = = = = = = = = = = = = = = = = =		£		(10)		
TOTALS TO	O FRONT OF FORM		13,600		9200		27.36

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

#### 2. Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
  in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
  receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CASH RECEIPT GST#R103934949 Ferry Service / 24-Hour Airport Service



# NORTH SHORE TAXI

AND

# Cadillac Cabs

604-987-71	171 - 604-922	-2222 -	604-986-	1111
Date: Just	23 20 5	\$	36-	خد
From:	dreston Be	yshu	GS.T. INCLUE	ED
To:	Auga 1	·/		*************
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ASK FOR CADIL TOURS, O	LAC CABS, WHEELC PR OUR 24-HOUR EXP	HAIR VANS, S PRESS COURI	TATION WAGO ER SERVICE	NS.
	o North or West Vand			旭

Thank-you for riding NORTH SHORE TAXI and Cadillac Cabs

CASH RECEIPT
WHITE ROCK SOUTH
SURREY TAXI LTD.

UNIT #3 - 17921 - 55TH AVENUE SURREY, .B.C. V3S 6C4

536-7666 534-5311 G.S.T. # R105671622

Day 02=00=01

Date 25 OUT
Fare \$ 34-00 G.S.T. Included
FROM YOR
TO CUEST (ACBAY
DRIVER CAB # C/O
"YOUR COMMUNITY CONNECTION"

# **EUMONTON AIRPORTS**

GST# R128599776

\*\*\*\*\*

\*\*\*\*\*\*

Car park 0000001009 Phone. (780)890-8439

Fax. (780)890-8329

Receipt no. 0277/0766/00806 23.09.05

015100 pay parking ticket 12,00 \$ 23.09.05 09:58 - 23.08.05 21:39 Length of stay: 0 Dy. 11 Hr. 41 Min.

total amount 12,00

accepted total 12,00 \$ Tax 7,00 % 0,79 \$

Thank you for your patronage!
Please Come Again!
\*\* Open 24 hours \*\*
\*\* Thank you \*\*



### **Travel Expense Claim Form**

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)			•		
Name Dr. Gerry Pr	edy	Employee Number	_ Employee Number		
Position Medical Office	erof Health		Oracle Cost Centre	201000°	1 705030003
Department Public Hat	th Division		Bus. Phone <u>413</u>	-7600	
Period from October 17 7		<b>1</b> 20	OS THE THE	A A	Ment NCC meety
Expenses Paid (Please attach rece organization. Complete details on to			oy Capital Health or reimbursed	reimbursat	ole by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals	المنافقة الم	· · ·	17.00		
Registration Fees	Capi Mineral	التحداد المتنهي	_		
Transportation (including parking)		) little factories (	36°°		
Other	NOV 2 1 2005				,
Mileage		استداد که وزور	24.32		
TOTAL	ACCOUNT.		\$ 7732		\$
Less Cash Advance	A STATE OF THE PROPERTY OF THE				
NET			\$ 77.32 W	,	
The information on this form is colle process your claim.	cted under section 4 of th	e Regiona	I Health Authorities (Ministerial)	Regulation a	and will be used to
I hereby certify that the expenses lis or on my behalf from Capital Health		on Capital	Health business and have not be	een previou	sly claimed by me
Employee Signature	0		Date _ & TA	1-8/85	\$
Approved by			_	•	,
Print Name Michael	ghry		Title MICV V	Pitto	1th Sornus
Signature	they		Date <i>Nov</i>	2/05	<u> </u>
Print Name			Title		
Signature			Date		
NOTE: 201 · 0007 ·			02414000 = 77.3	3 a (	ð
<ul> <li>Please ensure that the expense of</li> </ul>		-	оботь газарь.		

- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

#### **EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
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	Total km						64
	@						\$0.38
TOTALO	TO FRONT OF FORM		1700		3600	·	24.32

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

#### . Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
  in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
  receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

EDYON FIRST SESSON 
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**Car park** 00000010/6 Feme. (780)890-8439 Fax. (780)890-8329

Receipt no. 0324/7/mmy same 1930.05

Some Some 2 27 ... 015100 pay park by 100 etc. 77,10,05 05,52 - 7,10,05 Length of Stay: 1 by

accepted to the change

20.00 \$ 4.00 \$ 1.05 \$

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

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Car No. 2	3 5	RECE			annugative sellings have seller servey and improved to the server are advisorable
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То:			108		
Date:			<u>-</u>		
Signature:		Amou	ınt \$	20-	د د
			A	K.	



## **Travel Expense Claim Form**

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

	(To be used for	r all Region	al and Out of Regional Travel)		
(Please Print or Type)				S	5.17(1)
Name G. PA	Les) Y		Employee Number		
Position Mo A	1		Oracle Cost Centre	 Vist 6007	
Department		/	Bus. Phone		
Period from Ul Ban Public Expenses Paid (Please attach receip	to Och	V6 Tetwart	Martina WOUN	Ha	1. Bal
Expenses Paid (Please attach receip organization. Complete details on the	ts). Do not include amo	ounts paid b	y Capital Health or reimbursed	/ reimbursa	able by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			361.84		331,70 30.14
Meals			2700		\.\)
Registration Fees	The confidence of the confiden	Constitution of the second		/	
Transportation (including parking)	Carl And Edition		114.00 -		W
Other	REVE	الماندولين والمانية والمانية والمانية والمانية والمانية والمانية والمانية والمانية والمانية والمانية والمانية			
Mileage	10200		24.32		W
TOTAL			\$ 52716		\$.
Less Cash Advance	ACCOUNT	AL DESIGNATION OF THE PARTY OF	770		
NET	The state of the s		\$ 527.16		
The information on this form is collect process your claim.	ed under section 4 of th	ne Regional	Health Authorities (Ministerial)	Regulation	and will be used to
I hereby certify that the expenses liste	ed above were incurred	on Capital	Health business and have not b	een previo	usly claimed by me
or on my behalf from Capital Health o ا/	r outer organization.	are.	Date	120	116-
Employee Signature	1)	TEM-Wand	Date	(0-10	<u> </u>
Approved by					
Print Name Michele h.	ahey		Title <u>Sr. UP- 1</u>	Lealt	h Services
Signature / / / / / / / / / / / / / / / / / / /	Maly		Date	Nov 2	108
Print Name			Title		
Signature			Date		· · · · · · · · · · · · · · · · · · ·
NOTE: 201.0007	. 7155030	0003	6.6241400	ピュ	527.16
<ul> <li>GST amounts included in the expe</li> </ul>		ulated by Ad	counts Payable.		2
Please ensure that the expense classification is a second to			manifest to annuly the t	4	77
<ul> <li>For all employees on the payroll sy</li> </ul>	•				

- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

CH-0313 May 2005

#### **EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
OUZYA	Lund Dimer Taxi						<i>3</i> 2
	Lunch		1000				
	Dimer		1700				
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191476	Milene Parley			*******	3000	- Commence of the Commence of	
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	1 11X	361.84			27.00		
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	T_4-11					,	/ (/
	Total km		.				69
	@						\$0.38
TOTALS	TO FRONT OF FORM	361.84	27.00		114.00		24.32

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

#### 2. Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
  in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
  receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

# EDMONTON AIRPORTS

\*\*\*\*

0000001009 Phone: (780)890-6439 Car park Fax. (780)890-8329

Receipt no. 0641 - 577647 -5.10.05

015100 pay parking here! 24.10.05 06:42 - 20 10 Pb 1 - 44 Length of Stay - (6) 12 Hr. 2 Mar.

accepted tylos

change Tax

Thank you for your cultisasset Please Jume Agains \*\* Open 24 librars \*\* \*\* Thank You \*\*

# **CASINO TAXI**

We Appreciate Your Business 429-6666 • 425-6666

Date
Charge to
From
То
Extras. No. of pass only
Total Fare # 30.00
Signed

CAR NUMBER:..

Email: skylinktaxi@hfx.eastlink.ca

**FELEPHONE: 902-430-8091** 

Corporate Accounts Welcome

24 Hour Airport Service and Tours Only Call Between 6:00a.m. and 10:00p.m. for 24 hour Pickup One Hour Notice is Required For Same Day Pickups Visa, Amex and L • Accepted

HST# 860889799RT0001

Page 1

Mr. Gerry Predy Edmonton, AB CANADA

S T A T E M E N T The Westin Nova Scotian, Halifax, 10/25/05

Room Number:

0410

Δď

s.17(1)

Arrival Date: Departure Date: 10/24/05

10/26/05

DATE	TEXT	ROOM	CHARGES	CREDITS
10/24 10/24 10/24 10/25 10/25 10/25	Room  HST Tax - Room  HRM Mktg Levy 1.5%  Room  HST Tax - Room  HRM Mktg Levy 1.5%	0410	155.00 23.60 2.32 155.00 23.60 2.32	

Total

361.84

Balance

361.84 \$

HST Tax

#89999 4933 RT0001

Cardholder agrees to pay Issuer such total in accordance with Issuer's agreement with Cardholder. I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person company or association fails to pay for any part or the full amount of these charges and I shall be responsible for any loss or damage to the premises or its contents.

Signature

\*

\*Billing Inquiries? Contact us 902-421-1000\*

\* Email us at guestservices@westin.ns.ca \*

\*\*\*\*\*\*\*\*\*\*\*\*\*



## **Travel Expense Claim Form**

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)							
Name Dr Herry Pri	dy	Employee Number	Employee Number _ s.17				
Position Medical Office				Oracle Cost Centre <u>201 (100) 1 7/5503 0003</u>			
Department Public Heal	HA DIVISION			Bus. Phone4	3-760	00	
Period from November 4,21		r420	05				
Expenses Paid (Please attach receip organization. Complete details on the			y Capital	Health or reimbursed /	reimbursa	ble by another	
	Non-Canadian Currency	Rate	Canad	ian \$ (including GST)	✓ if GST included	DO NOT USE	
Accommodation							
Meals	The state of the s						
Registration Fees	- COMETY	The second					
Transportation (including parking)	1 REV		,	9200			
Other	1 S VIII 1	End 199	P. Marine				
Mileage		Marin San	1	27-76			
TOTAL	1 ASATA		\$	11 9.36		\$	
Less Cash Advance	and the same of th			ويستناهس			
NET	DO.	***	\$	119,36			
The information on this form is collect process your claim.	cted under section 4 of the	ne Regional	Health A	uthorities (Ministerial) i	Regulation	and will be used to	
I hereby certify that the expenses list or on my behalf from Capital Health		on Capital I	Health bu	siness and have not be	een previo	usly claimed by me	
Employee Signature				Date NOVM	2er 7	,2005	
Approved by	<i>γ</i> –						
Print Name Michele	Laney			Title Sent	M, AV	cath Service	
Signature //////////////////////	arry			Date	N	OV 0.9 2005	
Print Name Title							
Signature Date							
NOTE: 201.0007.	715503000	36.68	2412	000 - 119	.36	D	
GST amounts included in the expense claims will be calculated by Accounts Payable.							
Please ensure that the expense of the expense	· · · ·				11 4~ · ~	)O M	
<ul><li>For all employees on the payroll s</li><li>For physicians, contracted employees</li></ul>					II IL.		
internal mail system.	, 555 and allood flot paid	oogii iilo	payion o	Jasain, arpanaa anaqu	55 mil 66 l	ugn and	

- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

#### **EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$  38.00  46.00  8.00	Other \$	Mileage km
MUY	1641				38.00		
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						M.C.	
	Total km						72
	@						\$0.38
TOTALS	TO FRONT OF FORM				G7		27-36
IVIALS	IO I NORT OF FORM				92.50		NT 30

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

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- Use of personal automobile -- From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
  in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
  receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

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#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

の事業 1001/10 Amount. GS.T. No.:-Chauffeur: Unit No.:

TOWNSACTION PLOT DE

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The Checker Strup 33th Meridian And Si 15th Meridian And AZ 443 Sub 9953

ACCT TYPE TREETS CARD

DATE (18) DATE (18) AND BURK (ALTON MERCHRY (19)

CSTAF 89061 P. P. MOONE

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0050100 pery 1.c.: 04,111,05-116 ~

Length of stay.

OCCEPTED A

## Open of the con-

\*\* TREEK 700.3 4\*



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

s.17(1)

Name:	Dr. Ge	rry Dredy	Employee Number	Union Name:			
Position	: \$ VD -	Public Health &	not lo	epartment: Pur	dic Heat	th Division	
		43.7600	Period From:		13,20		
		se attach receipts). Do not Complete details on the		oaid by Capital He	•		able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	7/55030003	62410000			14700	4
					e de la constitución de la const	***	
				- Capital	Health		
				MAR ?	1 2006		
				ACC	JUNTS		
Less Ca	sh Advance			PAY	ABLE		
Total						147.00	Q.
		is form is collected under ss your claim.	section 4 of the Re	egional Health Au	thorities (M	inisterial) Regulati	on and
I hereby claimed	certify that t by me or on	the expenses listed above my behalf from Capital Ho	were incurred on ( ealth or other organ	Capital Health bus nization.	siness and h	nave not been pre	viously
Employe	e Signature	: 4		Date	: M	16/06	
Approve	d By: Mich	rely Lahey	Title: Executi	re VP & (00	:	Phone #	
(Signature)	# 9i	while When	/		meruus	Date Mari	0/06
Approve		J	Title:	97, 7		Phone #	<u>»</u> ,
(Signature)						Date	
NOTE:		***************************************		· · · · · · · · · · · · · · · · · · ·			
appro	ver. The ap	ust be properly authorized prover must initial individung documents to indicate	ial items that are no	ot supported by o	riginal invo	ices or do not hav	e all the

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

#### APPLICANT COPY EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Mar 3	TAXI			:	53.20		
	7.8×1 70×1 70×1				53.00 40.00		
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		1					
		>					
	Total km	*					
	@				147.00		\$0.38 (except where collective agreement specifies otherwise)

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

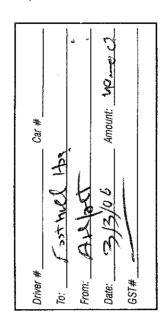
Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

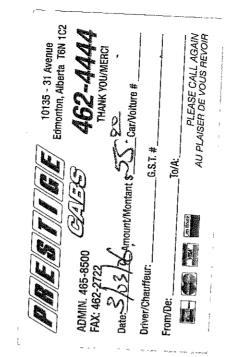
#### 2. Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.





ADMIN: 465-8500 CAB CAB Date: 2 3 Amount/Montant \$ 50	10135-31 Avenue Edmonton, AB T6N 1C2 462-3456 THANK YOU/MERCL Car/Voiture # 2-0
	GST#



Name: Position:

# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

**Employee Number:** 

s.17(1)

Department:

**Union Name:** 

Busines	s Phone:	413 7600	ı	Period From:	to					
Expenses another o	Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form									
Bal Unit e.g. 201	Location e.g. 9000	Functional Cer e.g. 711350500		Account e.g. 69500001	Non-Canadi Currency		Canadian \$ (including GST)	✓ if GST included		
201	0007	715503000	9 <i>36</i>	6960000			6/6.61			
J.										
					7					
			C	pital Health						
		. A second secon	13		A STATE OF THE STA					
		The second secon	3	UN 0 1 2006	2					
Less Cash Advance ACCOUNTS										
Total				PAYAUL			616.61			
		is form is collected ss your claim.	under	section 4 of the Re	gional Health	n Authorities (Mi	inisterial) Regulati	on and		
		the expenses listed my behalf from Ca				n business and h	nave not been prev	viously		
Employe	e Signature	:				Date: Mu	15/06	,		
Approve	d Byc a	<i>E</i> V			1.0	/,	0			
(Print name	) ////C	hele hoher		Title: Exec	VP+ COV	- Health Dervices	Phone # 407-	-1671		
(Signature)	Crowly	ma For	m. h	her - Mall	uleluk	my wear	Phone #407- Date Many	17/06.		
Approve (Print name				Title:			Phone #			
(Signature)						<b>V</b>	Date			
NOTE:				and much be supp			4 = 5%			

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

### EAPENSE ANT GORIES

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 8/06	DINNER FOR School of Public Health Perula and Dr John FRANK CIHR		616-6(				
,	School of Public						
	Healh Paruly						
	and Dr John						
	FRANK CIHR						
	DIRETTOR (10 people)						
	(10 people)						
						_	
			<u> </u>				
				-			
i							
							·
							· · ·
			<u> </u>			Total km	
		*(or	alternate rate	e as outlined in	Section 2 - Trave		\$0.43*
Totals		(0.	616.61		1 Section 2 - Trav		¥4.1V

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

Dinne

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

MADISON'S BRILL 10053-Jasper Ave Edmonton, Alberta 780-401-2222

Saile Will de de de de de	
	05/08/2006
Table 10/1	8:26 PM
Guests: 10	10053
Reprint #: 1	
Concannon Petit Syrah (	3 03 96,00
Traditional (2 @5.50)	11,00
Blackened Salmon Greens	14.00
Jaesar Salad	10.00
Madisons Greens (2 010.	001 20.00
Smokey Butter fish	12.00
Caesar Salad	10,00
Artichoke Stuffed Tomat	
Open Food (6 \$32.00)	192.00
Sundried Tom Smkd - Stmo	
Balsamic Chicken	26.00
Lemon chicken Salad	13.00
Roast Pineapple Salmon	29.00
• •	2,50
Soft Drink	
Choc Frang Molton Dake	16.00
Cappacino (4 @4.00)	
Coffee Tea (2 02.50)	5,00
Sub Total	501,50
GST Exclusive Tax	35,11
Total	536.61

Talance D / \$

UITY

B/0 \$ 80.0

WK YOU e Aqain Soon 997343794





### **Travel & Employee Expense Claim Form**

	(In Canadian Do	ollars)
Vancour	<b>√</b>	s.17(1)

Name:	G .	VR314	Employee Number	7:	Union Nar	ne:	
Position	: Mo	W '	ם	epartment:	PM	Divisial	
Busines	s Phone:	4137600	Period From: May	29to My 2	9106		:
Expenses	s Paid (pleas organization	se attach receipts). Do no . Complete details on the	t include amounts ր other side of the fo	oaid by Capital He	ealth or reim	ibursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	71550300036	02414000			450.53	<u> </u>
				Cap	tal Health		
		609.63 w	ACCRU	EU DE(	C. C. V		
		40.90 n	1 IUN 11 6 2	ine V w	M 0 8 500	Ô	
					MILOS	5	
		· inter-	wan wasand kutu waa ay kata wata wasan wa	A	PAYABL		
Less Ca	sh Advance						
Total					(T)	650.53	۲.
		nis form is collected under ss your claim.	section 4 of the Re	egional Health Au	thorities (M	inisterial) Regulati	on and
i hereby claimed	certify that by me or on	the expenses listed above my behalf from Capital H	were incurred on ( ealth or other organ	Capital Health bus nization.	siness and l	nave not been prev	riously
Employe	e Signature			Date	ə: /	May 311	06
Approve	d By:	while when	Title: Exac	UPr Coo t	Herch	Phone # 407 -	-1671
(Signature)			1	-	Ew.	Date	
Approve			Title:			Phone #	
(Signature)						Date	

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> FI., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

### APPLISEANT, GORYS

Date	Particulars	Accomm.\$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 28	Mos				35.00		
May 28	Land		1000	)			
	Dim	-	1700 (	52200			
May 7th	Branfiel		1 10- 1	1			
. 50	- Duny		1700		1 77 (90		
My 29	MAXI				733.00		
1	14 x (	117462			162.00		
Mys	Potes	478.53	437.63				
			40.90				
			11.184				
						Total km	
		*(or a		e as outlined i	n Section 2 - Trav	rel below) @	\$0.43*
Totals		478-53	23.య		120.00	<u> </u>	

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



900 WEST GEORGIA STREET VANCOUVER, BC V6C 2W6 T 604 684 3131 F 604 662 1929 G.S.T. Registration # 86707 3611 RT0002 Room Folio # 105**7** 176181

Cashier #

130

Page #

1 of 1

**Gerry Predy** 

Arrival

05-28-06

Departure

05-29-06

CA

Date	Description	Additional Information	Charges	Credits
05-28-06 05-28-06 05-28-06	Room Charge Room Tax Room GST	s.17(1), 17(4)(e.1)	409.00 40.90 28.63	
05-29-06	Visa	XX/XX		478.53
	* * * * * * * * * * * * * * * * * * * *	Total	478.53	478.53
		Balance Due	0.00	

#### **GST Summary**

Room	28.63
F&B	0.00
Other	0.00
Total	28.63

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 r©servations visitez notre web au
www.fairmont.com ou t©lĀ©phoner au HĀ'tels Fairmont de:
‰tats-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waited and I agree to be held 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. Overdue belance subject to a surcharge at the rate of 1.5% per month after one month. (18.0%) per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$5.0 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels: )

Je me porte personnellement responsable du ră glement total de cette note au cas ou la compagnie, l'association ou son repră@sentrant dit@signt@ en refuserat le paiement. Les comptee en souffrance son sujets à un inid@ră de 1,5% par mois spră su m mois. (18,0% par annă@e) Jai acceptă le îlivaison du joumal The Globe and Mail. Si javais refusă@, j'aurais pu obtenir un crăēdili ă mon compte de 0,50% par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hă tels participants.)

DELTA SUNSHINE TAXI (1972) LTD. TSAWWASSEN TAXI LTD. 594-5444 • 594-1111 • 943-1111	VANICOUVER B.C., CANADA  RECEIVED FROM  FROM  CAB NO.  AIRPORT SERVICE • 2  AT A PAYPHONE? CALL:  TTY LINE (hearing im.)
Date: 1-868-235-0555  Date: SS-0555  From: SS-0555  To: SS-0555  Prom: SS-0555  To:	

10135-31 Avenue Edmonton, AB T6N 1C2  ADMIN: 465-8500 CAB AMOUNT/Montant \$ 5 2 - 00 Car/Voiture \$ 2 15
Driver/Chauffeur: GST#GST#
From/De:To/A:
Wisterard Carlo



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars) s.17(1)

Name:	De G	a Predu	Employee Number	:	Union Na	ne:	,		
Position	NPP	uldicteath r	/ [ i]	_ epartment: <i>[</i> -	Public	Health			
Busines	s Phone:	413-7946	Period From: ฟ้อนา	3/000 Nov3	106				
	Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form								
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadiar Currency	n Rate	Canadian \$ (including GST)	✓ if GST included		
201	0007	7/550300036	62412000			213.42			
	,		Capi	al Health					
						-			
			NOV	2 3 2006	E CONTRACTOR OF THE CONTRACTOR				
Less Cas	sh Advance		ACC	CUNTS					
Total				YADLE	(A)	255.42			
		nis form is collected under s ss your claim.	section 4 of the Re	gional Health /	Authorities (M		on and		
		the expenses listed above von my behalf from Capital Hea			ousiness and	have not been prev	/iously		
Employe	e Signature			Da	ate: NOV	16,06			
Approve		chele Lahey	Title: Sxec V	P & COO	-tleath	Phone # 407	-1671		
(Signature)	1/1.	While Cahers			Seevice	Date Nove	0/06		
Approve			Title:			Phone #			
(Signature)						Date			
appro	ver. The ap	ust be properly authorized a prover must initial individua ing documents to indicate a	al items that are no	ot supported by	y original invo	pices or do not hav	e all the		

- approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

### EAPERSEGANT GEORIS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
NOUZ	00-Travel						594
•	to Calgary						
	- Community						,,
	Medicine Re	Sidency					·
	Exams						
	_						
······							
	·						
	-						
		, , , , , , , , , , , , , , , , , , ,					
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					i	M	
	-						
	Marine Marine				-	· · · · · · · · · · · · · · · · · · ·	
					Ÿ		-
							(7)
						Total km	594
		*(or a	alternate ra	te as outlined in	n Section 2 - Trav	el below) @	\$0.43*
Totals		<u> </u>					255.42

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Lunch Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



Travel & Employee Expense Claim Form

(In Canadian Dollars)

ollars) s.17(1)		NOV 17 2006	C. C. C. C. C. C. C. C. C. C. C. C. C. C
	Union Na	COUTIVE VICE PRESIDENTS	

Phone #

Date

Name: DR G. PRON	Employee Num	ber:	Union Nature: UNICE PRESU
Position: VP Public Health	IMOH	Department:	Public Pashir
Business Phone: 413-7946	Period From:	to	
		•	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	715503000 36	66010000			1260 N	
		·					
			,	-			
					and the same of th		
			with the second second	Capital Health			
		,	No.	CEIVE	· · · · · · · · · · · · · · · · · · ·		
Less Cas	sh Advance			MON 5 3 500	6		
Total			المستماران والمترادات	AOCOUNT	9 (N)	1260.W	·

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and ill be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.									
Employee Signature:	Date: NOU 10'06								
Approved By: Alichele Laheu Title: Exec VP &	coo Health Phone # 407-1671								
(Signature)	SCRUCE Date N/01/20/06								

NOTE:

Approved By

(Print name) (Signature)

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.

Title:

- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

### EXPERISONAL GEORY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
NOVID/O	ocallege of,					License	
	Physicians &					Cel	
	Surgeons				,	1260.00	
	licence kene	wal_				17 60700	
						3	
	• •					,	·
	,		*				
			•				
					***		
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					· · · · · · · · · · · · · · · · · · ·		- k & - t
						10/24	-
1				<u> </u>		1260.0	
						Total km	
Takala		*(or a	iiternate ra	te as outlined in	Section 2 – Trav		\$0.43*
Totals						1262-04	

### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individual

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Trave

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance



# 2007 Licence Renewal



## CONFIRMATION & PAYMENT OPTIONS

Thank you for using our online Registration Information Form!

Your registration information and payment have been successfully submit

Details of your credit card transaction will follow this message. This recei confirms that your Registration Information Form has been received by the If you provided a valid e-mail address on the payment page, you will rece e-mail containing these details.

Please contact the Registration Department of the CPSA if you have any q or concerns about your online registration experience. Contact us at 1-800-320-8624 (toll free), at 780-423-4764 (Edmonton local), or contac e-mail at annualbilling@cpsa.ab.ca.

### Receipt:

Payment Authorization Results					
Shopping cart status:	PAID				
Credit card:	Gerald N. Predy /	s.17(1), 17(4)(e			
Amount:	1,260.00				
Transaction time:	10-Nov-2006 07:23:04				
Reference:	018337 / 090955 / 4285-4-0	):660780520011570040:027:01			

Shopping Cart Details									
Item	Quantity	Price	Taxes	Total	Ship?				
2007 Licencing Fee	1 @ 1,260.00	1,260.00	0.00	1,260.00	N				
	Totals:	1,260.00	0.00	1,260.00					

To view a printable/saveable version of your Registration Information Fo complete with all of the information you have entered online, please click

Please print this page as a confirmation of your transaction.

Click here to return to the CPSA web site.



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars) S.17(1)

Name:	Dr.G.	Predu	Employee Number		Union Nam	ne:	
osition		e Health Matt	D	epartment: Par	blic H	ca/h	
	s Phone:		Period From: Od-10	6 to Oct 18)	100	· · · · · · · · · · · · · · · · · · ·	
penses	Paid (pleas	e attach receipts). Do not	include amounts p	oald by Capital He	alth or rein	bursed / reimbure	sable by
other o al Unit g. 201	rganization. Location e.g. 9000	Complete details on the Functional Centre e.g. 71135050044	Account e.g. 69500001	rm Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	8007	715503000 36	62414000		-	551.70	10
<u> (0 1 )</u>	000 1	110000000					
					A. i	·cultin	
			1		6		
				pital Health	1 0	131200	
	<u> </u>			CENEV			
ess Ca	sh Advance	•		KOV 0 1 2006			
otal				KOV		551.70	
il be us hereby	ed to proce	nis form is collected under ss your claim.  the expenses listed above my behalf from Capital H	e were incurred on	Capital Health bu	isiness and		
Approve	d Bye o	have reviewed the expens		ch mileage is beir			7-1671
(Print nam (Signature		Willele Willer				Date	·
Approv	ed By:		Title:			Phone #	
(Print nan						Date	

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



33 Gerrard Street West Toronto, Ontario M5G 1Z4 Telephone: (416) 595-1975 Fax: (416) 581-8934

Billing Direct: 1-800-268-9070

Jerry Predy

CA

Arrival Departure Room No.

10/16/06 10/18/06

Folio No. Cashier

0707 340367 27

Page No.

1 of 1

Group Code

**GLBUPH** 

Date	Description			N. J.	Debit	Credit
	<u> </u>		d <sub>1</sub>	. B		<u> </u>
10/16/06	Room Charge				139.00	
10/16/06	Room GST				8.34	
10/16/06	Room PST				6.95	
10/16/06	DMF				3.93	
10/16/06	Room DMF GST				0.24	
10/17/06	Room Charge				139.00	
10/17/06	Room GST				8.34	
10/17/06	Room PST				6.95	
10/17/06	DMF	•			3.93	
10/17/06	Room DMF GST				0.24	
10/18/06	Visa		s.17(1), 17(4	4)(e.1)		316.92
GST Sum	ımary:	The state of the s		Balance		0.00
Room	16.68					
F&B	0.00					
Other	0.48					
Total	17.16					
G.S.T. Re	gistration #887925881	-				
			Gue	est Signati	ıre	····

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit credit to card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

# forupala

### FAPERIS ECA NITI GEORIYS

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

]			J		·		
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct 16	fruit to angest		·		· _		<i>3</i> 8
ath	Tapi			ŕ	16500	₩.	•
OU 18	Tari				16000		
19-118	notel.	316.92					7
DU 18	Augan Party	·			J 38-70	i.J	
01/1	from fin and						38
04/6	Dimer		19.20				
put 17	Dinner		19-0				
			ta and				
		7, 9° - 8					
			-16				
							٠,
		-				Total km	76
			Rat	e as outlined i	n Section 2 - Trav	el below @	,43
Totals		316-92	38.40		163:70		3268

#### **EXPENSE LIMITS**

STATE OF 303.16 213.76~

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

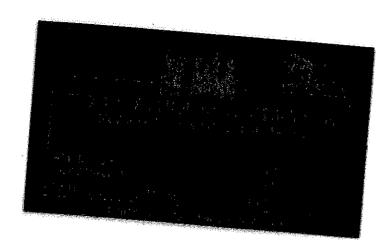
\$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



Donna
The black one is
actually a receipt.
The amount is in
the bottom right.
Rand corner
\$60.00



179 For 1000 Phone 1790 1890-8439 · 1711/80 929

4/4/(115/00002 18.10.00

Orbitou pay parking ticket 16.10.06 08:30 - 18.10.06 16:48 Length of Stay: 2 Dy 8 Hr. 18 Min.

> total amount 50,00 \$ accepted total 11,30 \$ changa 2,19 \$ 6.00 % G.S.T.

Thank you for your patronage! Please Come Agam! \*\* Open 24 hours \*\* \*\* Thank you \*\*



### Travel & Employee Expense Claim Form

(In Canadian Dollars) <sub>S.17(1)</sub>

MAR () 1 2007

					T.		~
Name:	<u>(3</u>	PRENY	Employee Numbe	<u>r:</u>	Union Nan		PRESIDENT
Position	;	*	Ε	Department:	Perter	Maria	
Busines	s Phone:	4137604	Period From:		to		
Expenses another o	Paid (pleas	se attach receipts). Do no Complete details on the	t include amounts pother side of the fo	paid by Capital He orm	alth or reim	bursed / reimburs	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	7/5503 00036	66020000			126000	
				Can all	TBANN		
		P	CAUED	FECE	VED	4445 VIII - VIII	
		£.,	: 25 1104	LAN 1	3 2007		
			AR 0 9 2007		•		
				ACCO PAYA	BLE		
Less Cas	sh Advance						
Total						12600	
vill be use	ed to proces	nis form is collected under es your claim.	······································			nisterial) Regulati	
		the expenses listed above my behalf from Capital H			siness and h	nave not been pre	viously
Employe	e Signature	: H		Date	: 197	10 2810	L
		1-0					

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Mchele Lahey	Title: Exec VP+ COO Health Services	Phone #
(Signature) Muhele (A)	her	Date WAP 0 1 2007
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### EXPERS CAMP DE CARY

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
3 / 10	7		<del>.</del> .			nedgraty	
1						Magand	
<u> </u>						1260/200	
			·	-			
						Total km	
		<del></del>	Ra	e as outlined in	n Section 2 – Trav		
Totals					. Continue files	(262)~	

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of
  approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
  otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



THE CANADIAN MEDICAL

ASSOCIATION

L'Association CANADIENNE **PROTECTIVE** 

DE PROTECTION MÉDICALE

**INVOICE 2007** 

DR GERALD PREDY 300-10216 124 ST NW **EDMONTON AB T5N 4A3**  DATE: Nov. 1, 2006 **MEMBER NUMBER:** 

s.17(1)

### YOUR MEMBERSHIP FEES FOR THE PERIOD 01/01/2007 TO 12/31/2007.

Based on the protection information on the accompanying Membership Update.

 REFERENCE	DATE	FEES	1	TAX .	•	TOTAL
0010394044	Jan-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Feb-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Mar-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Apr-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	May-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Jun-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Jul-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Aug-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Sep-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Oct-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Nov-2007	\$ 105.00	\$	0.00	\$	105.00
0010394044	Dec-2007	\$ 105.00	\$	0.00	\$	105.00
		\$ 1,260.00	\$	0.00	\$	1,260.00

**TOTAL 2007 FEE:** 

\$ 1,260.00

YOUR PAYMENT METHOD IS: Annual Direct Debit.

Unless your banking information has changed, you do not need to send a remittance stub or void cheque. Please see reverse for instructions and other payment methods.



THE CANADIAN

L'Association

MEDICAL

CANADIENNE

PROTECTIVE ASSOCIATION DE PROTECTION

MÉDICALE

DR GERALD PREDY 300-10216 124 ST NW **EDMONTON AB T5N 4A3** 

For Office Use Only:

**MEMBER NUMBER:** 

s.17(1) **TOTAL FEE:** \$ 1,260.00

0010394044

DD 1DD

DIRECT DEBIT PLAN

∕Jan 31, 2007 CMPA / ACPM AP 1,260.00

Non-Responsive

**▼** Date

Description

Debit

Credit

Top

About This Statement - Feb 28, 2007

**Customize Account Activity** 

Download

to: Spreadsheet (.CSV)

All transactions to the close of the previous BUSINESS day will be downloade Information about supported versions of software for downloads.

P

Privacy Policy | Internet Security | Legal | TD Group Financial Services site - Copyright €

(Server ID: 47x: 11



### **Travel & Employee Expense Claim Form**

(In Canadian Dollars) S.17(1)

Name:	$Dr \cdot G$	Pres	di I	Employee N	umber			Union Nam	ne:	
			alth, MOH	· · · · · · · · · · · · · · · · · · ·		epartment:	Pul	blic He	ealth	
Busines	s Phone:	4/3.	7946 1	Period From					+ 19,200	7
		se attach r	eceipts). Do not in the o	include amo	ounts p	aid by Capit				
Bal Unit e.g. 201	Location e.g. 9000		tional Centre 71135050044	Accou e.g. 6950		Non-Canad Currency		Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	7155	0300036	61530	030					
						CAP	ITA	HEALTH		
						P.	LV			
						SE	FZ	7 2007		
			RECEI	VED		EXECUT	TIVE V	CE PRESIDENT		
			OCT 0 4			a 000	- M; ::	A CENTICES		
Less Ca	sh Advance		,							
Total			ACCOUI PAYAB						\$ 15.00	
	nation on the		collected under s aim.	section 4 of	the Re	gional Healtl	h Aut	horities (Mi	ë	on and
			ses listed above of from Capital He				1 bus	iness and h	ave not been prev	/iously
Employe	e Signature	· <u>·</u>	X			ann a	Date	: -	Musik	2
		•	wed the expense	s and rate a	t whicl	h mileage is l	being	claimed.	Y ( ""	
Approve	d By:	hele.	Lahois	Title: Kx	ec.vP	+ COO He	ath	Serve	Phone #	
(Signature)	10	. A		,					Date Lout 6	18/2007
Approve	d By:	uh	Se/ pok	Title:					Phone #	
(Signature)				1					Date	<u> </u>
NOTE:										
			perly authorized a st initial individua							

- required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

1 of 2

### EXPERSE GAINITHE QPS

#### **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Sept 16	Registration fee for pre-conference Bession at CIHA					75.00	
	for pre-conference						
	Bession at CPHA						
							· · · · · · · · · · · · · · · · · · ·
			<del></del>				
						Total km	· · · · · · · · · · · · · · · · · · ·
			Ra	te as outlined i	n Section 2 – Trav	el below @	
Totals	,						

### **EXPENSE LIMITS**

#### **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner

\$15,00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
- 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
- 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



Canadian Public Health Association Association canadienne de santé publique

## RECEIPT

Suite 400 1565 Carling Avenue Ottawa, ON K1Z 8R1

Fax: 613-725-9826

Date	Receipt No.
09-25-2007	A006952

**Total Applied** 

Unapplied Balance

75.00

0.00

Payer:

Gerry N Predy #300 10216 - 124 Street

Edmonton, AB, T5N 4A3 Canada

Inv No.	Description	Total Fees	Tax	Applied Amount
A0007380	Registration for Dr Gerry Predy for: CPHA 2007 Annual Conference and Public Health Geomatics Conference - NSSCM Pre-conference Session	75.00	0.00	75.00
		Total Fees	w/Tax	75.00
v	isa:	Tota	al Paid	75.00

Thank you for your payment received on 09-25-2007.

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

_	oital He	ealth Trave	l & Employe (In Canadia	e Expense Clar Dollars) s.17(1)	aim For	MCAPITAL HEARECEIVE	LTHE
Name:	Grev	ny Prein	Employee Numb	er:	Union Na	SE;	7
Position	1: M	m		Department:	blike	EXCUTIVE VICE PRES	DENT /
Busines	s Phone:	4137600	Period From: \$\int \{	ent 15	to 🤇	\$ 900 HEALTH SERVI	0.7
Expenses another o	s Paid (pleas organization	se attach receipts). Do no . Complete details on the	t include amounts	s paid by Capital He	ealth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201		Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian	Rate	Canadian \$ (including GST)	√ if GST included
201	0007	71550300060	6451104	9		1206.14	D.
		Capital Healt	102314				
		RECEIVI	ED A	CHUED		···	
		OCT 0 4 200	)/ OC	T 0 1 2007			
		ACCOUNT		1166.496			
		PAYABLE		39.650			
Less Ca	sh Advance						
Total						1206-14	
vill be us  I hereby	ed to proces certify that	is form is collected under ss your claim. the expenses listed above my behalf from Capital H	were incurred or	n Capital Health bus			
Employe	e Signature	:	K	Date	: Ser	12/107	
hereby c	ertify that I	have reviewed the expens	es and rate at whi	ich mileage is being	g claimed.		
Approve (Print name		Mulule W	Little:			Phone #	:
(Signature)						Date SEP 2	2007
Approve	d By:		Title:			Phone #	

#### NOTE:

(Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.

Date

1 of 2

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

#### EAPERISE CANT OF THE

#### **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals

, .`

- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
SerVITA	2 Flord CAMP						
10	n Ostewa						
Send .	L const						40les
	topi u OMara				35.00 W		
	fres wolling				35.00 W		
	tool u OHana for august						loken
	Hotel	912-74					
	Mads 4B		40.00				
	3 4		H(.00				
	5 D		125.00				-
							<u>.</u>
						Total km	80h
		/x	Rat	e as outlined in	Section 2 – Trave	l below @	.43
Totals		912-74	210.00		49-00		34.40

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.) \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following
  requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

the westin oftawa Il colonel by drive lottawa, ontario kin 9h4 icanada

phone 613.560.7000 fax 613.560.7359 westin.com/ottawa

> travel agent/charge to agent de voyage/débiter à

guesGerald Predy 1328 199.00 room/chambre 300 10216 124 St rate/tarif Edmonton, AB T5N 4A3 233470 EX-A # pers /n: pers Canada foito/dosster 15-SEP-07 pacie : GCI13G 19-SEP-07 arrive/arrivee depart/depart VI

		. payment/paiement		
15-SEP-07	RT1328	Koon	engles Salets	199; 00
15-SEP-07	RT1328	G.S.T. Room 6%		11.94
15-SEP-07	RT1328	P.S.T. Room 5%		9.95
15-SEP-07	RT1328	DMF Fee 2.83%		5.63
15-SEP-07	RT1328	GST On DMF 6%		0.34
16-SEP-07	RT1328	Room	19 W	199,00
16-SEP-07	RT1328	G.S.T. Room 6%		11.94
16-SEP-07	RT1328	P.S.T. Room 5%	( \ '	9.95
16-SEP-07	RT1328	DMF Fee 2.83%	39.650	5.63
16-SEP-07	RT1328	GST On DMF 6%	6157	0.34
17-SEP-07	RT1328	Room	79.6	199.00
17-SEP-07	RT1328	G.S.T. Room 6%	7	11.94
17-SEP-07	RT1328	P.S.T. Room 5%		9.95
17-SEP-07	RT1328	DMF Fee 2.83%		5,63
17-SEP-07	RT1328	GST On DMF 6%		0.34
17-SEP-07	in fax	Fax Revenue	•	5.00
17-SEP-07	in fax	Tax GST 6%		0.30
18-SEP-07	RT1328	Room		199.00
18-SEP-07	RT1328	G.S.T. Room 6%		11.94
18-SEP-07	. RT1328	P.S.T. Room 5%		9.95
18-SEP-07	RT1328	DMF Fee 2.83%		5.63
18-SEP-07	RT1328	GST On DMF 6%		0.34
19-SEP-07	VI	Visa	912.74~	
		Total Charges	912.74	
		Total Credits	912.74-	
		Balance Due	0.00	

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

Lagree to remain personally hable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges. d'assume l'enhere responsabilits du paientent du present compte si l'antreprice ou un autre tiers ne pale pas uce partie ou la totalité des frais-

Gerald Predy FOLIO 233470 15-SEP-07





Amount/Montant: Date: 1988.
From/De: Date: 1988.
Tools: Test #: 758 Diver/Chauffeur: 1881 #: 758 Diver/

**Employee Expense Claim Form** Capital Health EDMONTON AREA (In Canadian Dollars)

exp repat 26 Nov 2007.1007

**Union Name:** 

Position: MEDICAL DEFICE PARTIE THE Department: OFFICE OF THE M.U.H.								
Busines	s Phone: ∠	113-79 A 800 - HEALTH SE	Period From: Ja	vn 2008	to Da	c. 2008.		
Expenses	s Paid (pleas	se attach receipts). Do not i . Complete details on the of	nclude amounts p		ealth or reim	bursed / reimburs	able by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included	
201	0007	71550300036	66010000	-		1500.00		
	,							
				Carle	and the same of th			
				Capital P PECEI	ealin VI=I			
			1	NOV 1 9	2007	A CALLED TO THE CALL OF THE CA		
Less Ca	sh Advance		Verter and a second	ACCOLIA	ir.			
Total	•			PAYABL	E	1500.00		
		nis form is collected under s ss your claim.	ection 4 of the Re	egional Health Au	thorities (M	inisterial) Regulati	on and	
i hereby claimed	certify that by me or or	the expenses listed above v	vere incurred on C alth or other organ	Capital Health bus	siness and	have not been prev	/iously	
Employe	e Signature	»: JA		Qate	. NOV	7/02		
l hereby c	ertify that I	have reviewed the expenses	s and rate at whicl	h mileage is bein	g claimed.			
Approve		while Whe	Title: Exec	UPTCOD HE	e det	Phone # 407	471	
	Approved By: // White Hite: Exe UPTCOOKERE Phone # 407-611  (Signature)  Approved By: // Phone # 407-611  Service Date // 12 13/01							
Approve (Print name			Title:			Phone #		
(Signature)	·					Date	2 4 1	
NOTE:			ļ					

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### EXHERSH CANNIDE FARY

#### **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Nov1/07	2008 Licensing Fe	e.					
*	<u> </u>						
							,,,,,,,
							: .
							11.7
				,			
				1		Total km	
			Ra	te as outlined i	n Section 2 - Trave	l below @	w <sub>2</sub> 533
Totals							

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

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  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
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- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

### Predy, Gerry Dr.

From:

CPSA Registration Department [annualbilling@cpsa.ab.ca]

Sent:

Thursday, November 01, 2007 4:01 PM

To:

Predy, Gerry Dr.

Subject: CPSA 2008 Licencing Fees Confirmation

Thank you for using our online Registration Information Form!

Mederal Your registration information and payment have been successfully submitted.

Details of your credit card transaction will follow this message. This receipt confirms that your Registration Information Form has been received by the CPSA.

To view a printable/saveable version of your Registration Information Form, complete with all of the information you have entered online, please click here.

Please contact the Registration Department of the CPSA if you have any questions or concerns about your online registration experience. Contact us at 1-800-561-3899 (toll free), at 780-423-4764 (Edmonton local), or contact us via e-mail at annualbilling@cpsa.ab.ca.

Payment Authorization	on Results	
Shopping cart status:	PAID	
Credit card:	Gerald N. Predy /	s.17(1), 17(4)
Amount:	\$ 1,500.00	
Transaction time:	01-Nov-2007 16:01:28	
Reference:	021955 / 032563 / 8457-0_1:60	60780520013880120:027:01

Shopping Cart Details								
Item	Total	Ship?						
2008 Licencing Fee	1,500.00	0.00	1,500.00	N				
Totals: 1,500.00 0.00 1,500.00								

Please print this as a confirmation of your transaction.

EDMONTON AREA

### APPLICANT COPY

## Travel & Employee Expense Claim Form

(In Canadian Dollars)

					<u> </u>	MIN 9 c	2007	
Name: (	Gerry Predy		Employee Numb	<u>er:</u>	Union Na		£001	
Position	ı: VP Public	Health/Medical Officer of H	ealth	Department: P	ublic Health	EXECUTIVE VICE I		
Business Phone: 413-5070			Period From: Nov 21 to Nov			21, 2007		
		se attach receipts). Do no . Complete details on the			l Health or reir	nbursed / reimburs	able by	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadia Currency	ın Rate	Canadian \$ (including GST)	✓ if GST included	
201	0007	71550300036	61540040	\$495.	00 1.02	504.90		
				Si di Cara	RECE!	VED		
					NOV 3 n	2007		
					ACCOUR	Jre		
		,		August 1	PAYABI			
Less Cas	sh Advance	504.90	an 🗆					
Total						\$495.00	<b>u</b> 5 🗆	
		nis form is collected under ss your claim.	r section 4 of the F	Regional Health	Authorities (N	linisterial) Regulati	on and	
		the expenses listed above my behalf from Capital H			business and	have not been pre	viously	
Employe	e Signature	1502						
hereby c	ertify that I	have reviewed the expens	ses and rate at whi	ch mileage is b	eing claimed.			
Approve	d By: M	CHELE LAMEY	Title: EXEC	VPT COO!	HEALTH	Phone # 407	1-1671	
(Signature)		while Whe	us	f	ERVICES	Date NOV 2	6 2007	
Approve		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title:			Phone #		
(Signature)		,				Date		
IOTE:								

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### EXHERS H GAMATOG FARY

#### Recommended Coding

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Nov 21/07	Preventive Medicine 2008 Convention Registration Fee			\$495.00			
	,				-		
							-
							· :
							·.
						Total km	-
			Rat	e as outlined i	n Section 2 – Trave		
Totals						\$495.00	

#### **EXPENSE LIMITS**

us#

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch Dinner \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25,00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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  - 1. Monthly travel in excess of 340 kilometers: or
- 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
- 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- if union contract rate differs from \$0.43 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Predy, Gerry Dr.

From:

meetings@acpm.org

Sent:

Wednesday, November 21, 2007 12:55 PM

To:

Predy, Gerry Dr.

Subject:

Preventive Medicine 2008

Your Registration Information 

Invoice No.: 13717-100241

Person Registered: Gerald Predy

Company: Capital Health

Address:

Suite 300, 10216 - 124 Street Edmonton Alberta, T5N 4A3

Phone: 780-413-7600 Fax: 780-413-7950

Email: gerry.predy@capitalhealth.ca

Card Type: VISA

Card Holder: Gerald Predy

Card Number: \*\*\*

Card Expiration:

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

1

Billing Address:

Gerald Predy

Suite 300, 10216 - 124 Street

Edmonton AB, T5N 4A3

CD

Package & Fees:

ACPM/APTR Member \$495.00

(Total: \$495.00

1

**MEETING HOME** 

REGISTRATION

SELECTED 2008
ABSTRACTS

HOTEL/TRAVEL

**EXHIBITS** 

**SPONSORSHIP** 

SPEAKER PAGE

**PROGRAM** 

**PLANNING COMMITTEE** 

**2007 PHOTO GALLERY** 

**ABOUT ACPM** 

**ACPM HOME** 

## Registration

### **Conference Registration Process**

The American College of Preventive Medicine and the Association for Prevention Teaching and Research are committed to developing an easy and user friendly registration process for our conference attendees. For a stress free registration process, please review carefully the information outlined below.

\*\*Registration fees includes continental breakfast, lunch and coffee breaks each day of the meeting as well as conference materials including a final program and a conference CD with all presentations\*\*

Attendees can register:

- Online: If paying by credit card please fill out the online registration form below. Make sure you enter your full name, institution and mailing address as confirmation letters will be mailed. ACPM will use your information wher printing nametags as well. Click here to register online!
- By mail or fax:\_If paying by check, money order and credit card please download the PDF version of the registration form, fill it out, and mail or fax with paymen to 1307 New York Avenue, N.W., Suite 200, Washington, DC 20005. Fax: 202.466.2662.

Conference Speakers attending the full conference/One day only: Conference speakers receive \$100 discount on the ful registration rate if attending the full conference. If you are not attending the full conference only the day of your presentation please download the PDF version of the registration form and fax it to 202.466.2662. Make sure you mark the appropriate

box.

**Note:** All speakers <u>MUST</u> register in advance to receive a conference nametag and materials onsite. Conference attendees must have a nametag to have access to conference activities.

**CME and MOC credits:** Please note that CME and MOC credits are free for ACPM members. The non-member rate is \$10 per credit. Please contact Jennifer Edwards at **jedwards@acpm.org** for membership information.

PLEASE NOTE:
ACPM doesn't accept registrations over the phone.

### **Conference Fees**

Be sure to mark the appropriate registration rates as ACPM and APTR offer big discounts to its members. **Your membership** must be current to receive the member rate. To join ACPM visit http://www.acpm.org/mcat.htm. To join APTF visit http://www.aptrweb.org.

#### **Advance Conference Fees**

(Rates valid through December 1st, 2007)

#### Advance Registration Fees for ACPM/APTR Members

- Advanced Member Fee- \$495
  - Advance Resident/Student Member Fee-\$245
  - Advance One Day only Member Fee-\$175

#### **Advance Registration Fees Non-Members**

- Advance Non-Member Fee-\$620
- Advance Resident/Student Non-Member Fee \$280
- Advance One Day only Non-Member Fee \$300

#### **Regular Conference Fees**

(Rates valid from December 2<sup>nd</sup>, 2007 to February 15<sup>th</sup>, 2008)

#### Regular Registration Fees for ACPM/APTR Members

- Regular Member Fee- \$595
- Regular Resident/Student Member Fee-\$250
- Regular One Day only Member Fee-\$225

#### **Regular Registration Fees Non-Members**

- Regular Non-Member Fee- \$720
- Regular Resident/Student Member Fee-\$285
- Regular One Day only Non Member Fee-\$350

### **Onsite Registration Fees**

(Rates valid February 16-23, 2008)

- Onsite Member Fee- \$645
- Onsite Non-Member Fee \$770
- Onsite One Day only Member Fee-\$275
- Onsite One Day only Non-Member Rate \$400

**Cancellation Policy:** All cancellations are subject to a \$100 administrative fee and must be in writing. Cancellation note mus be received on or before **February 1**<sup>st</sup>, **2008**. No refunds will be given after the deadline. No exceptions will be made.

### Click here to register online!

Questions? Please contact Haydee Barno, Director, Meetings & Events at hbarno@acpm.org or call 202.466.2044 ext.103

For questions about membership please contact Jennifer Edwards, Director, Membership Services and Development at **jedwards@ACPM.org** or call 202.466.2044 ext. 104.

Name: Dr. Gerry Predy			Employee Number:		Union Name:			
Position	: Vice Presi	dent Public Health/MOH		epartment: Public	Health Divi	FEB   7 2008		
Business Phone: 413-7600			Period From: 2008		to 2009 XECUTIVE VICE PRESIDENT & COUR HEALTH SETWICES			
		se attach receipts). Do no						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included	
201	0007	71550300036	65090000		·	\$1,000.00	×	
							C	
				Capital Healt				
		**************************************						
			Temperature and the second	LEB 13 500				
Less Ca	sh Advance		The state of the s	AGGOUNT				
Total							<u>-</u>	
		nis form is collected unde ss your claim.	er section 4 of the Ro	egional Health Aut	horities (Mi	nisterial) Regulati	on and	
hereby claimed	certify that by me or or	the expenses listed above my behalf from Capital	re were incurred on Health or other orga	Capital Health bus nization.	Iness and I	nave not been pre	/iously	
	e Signature			Date	. 12el	1 / 21/21/20	, · · · ·	

#### NOTE:

(Signature)
Approved By:

(Print name)

(Signature)

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
approver. The approver must initial individual items that are not supported by original invoices or do not have all the
required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
approval.

SERVICES

Date

Date

Phone #

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# EXPERIFE CAMP DE CARR

#### **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
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- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
2008	Annual CMPA Fees					\$1,000.00	
							:
							1.74.5
							11.5
							4,000
						<u> </u>	
		I				Total km	-
			Ra	te as outlined i	n Section 2 – Trav		
Totals			- i \a	- Cas Camilled I	11 0000011 2 - 11 av	1,000.00	1.05.4005
i Otais						1,000.00	:

#### **EXPENSE LIMITS**

#### Meal Allowances

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Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than For meal expenses that exceed the above amounts, the supervisor may approve higher amounts.

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- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

DIRECT DEBIT PLAN

YOUR PAYMENT METHOD IS: Annual Direct Debit. Please do not send payment by cheque.

300-10216 124 ST NW EDMONTON AB TSN 4A3 DR GERALD PREDY

MEMBER NUMBER:

TOTAL FEE: \$ 1,284.00

s.17(1)

0010478174

(S. O. S.

DD 10D

For Office Use Only:

L'Association

THE CANADIAN

DE PROTECTION CANADIENNE

MÉDICALE

ASSOCIATION PROTECTIVE MEDICAL



# Travel & Employee Expense Claim Form

(In Canadian Dollars) s.17(1)

FFR 2 7 2000

Name: Dr. Gerry Predy	Employee Number:			Union Name:				
Position: VP Public Health/Medical Officer of Health		epartment:	Public	Health Div	E	:XECUTIVE	<del>E VICE PHESID</del> EALTH SERVIÇ	JEN I
Business Phone: 413-7600	Period From: Feb	uary <i>/9 /</i>	08	to	February	20/	108:	SE SE

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	71550300036	62310000			165.00	ď
				Capital Heat RECEIV	h Th		
			200	MAR 0 5 20	1		
Less Cas	sh Advance	•	The state of the s		ļ. <b>I</b>		
Total			227	ACCOUNT PAYABLE		16500	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expens claimed by me or on my behalf		d on Capital Health business and have not been previously organization.
Employee Signature:	/ <del>/</del> \$	Date: 126 V 108

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: /// 4	. // . ]	T "
Approved By: // // // // // // // // // // // // //	Welling	Phone #
(Signature)	<i>A</i>	Date FEB 2 8 2003
Approved By: (Print name)	YTitle:	Phone #
(Signature)		Date

# NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday**, **4:00 p.m.** will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# EXPERS # CANNIT GEORY

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Feb 19	Taxi Fare To/from Airport				110-00		
Feb 20	Taxi Fare To/Frem Airport	Cpilled 6	VP		55.00		
		Cerns	1 6/10	19 /			
	( inelle to	Vi.	and the	ricard			
	lla at						
	30)			be bone	1 1700		
	licans	1 ax	willer	Led	- Jell	<i>!</i>	
<	1 North	174	( V)				
	W SV		*		,		
	50		Or Co	661			
			0Q				
							-
					-		
						Total km	
	,		Ra	te as outlined i	n Section 2 – Trave	<del>.</del>	
Totals					145.00		

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Dimen

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2 Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

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Date 19.	Amount 4	界ケケー
	Moutant	GST Included
From/De		modeled
To/A		
To/A	$\Omega$ 1	
Driver _	Yetr_car#	107
Chauffeur	Voiture	107
425-8310	www.co-optaxi.com	425-2525
From	) t	
То		
Time		
Date		
Trip Amount		
Driver Ñame	All	
Car number		
GST	457	
Date	Amount	SST Included
From/De	0.000	
To/A	KNOW!	
To/A	Car #	
Driver	Voiture	<u> </u>
Chauffeur		A25-2525



Travel & Employee Expense Claim Form

2 2011	ONTON	TREA	(in Canadian	s.17(1)	- A	STAL HEALT	mile.
Name:	Dr. Gerry Pre	edy	Employee Number		Inion Nam	afCelved	
Position	: Vice Presi	dent Public Health/MOH	D	epartment: Publi	£		Waster -
Busines	s Phone: 41	13-7600	Period From:		to	2 445227	
Expense: another o	s Paid (pleas organization.	se attach receipts). Do no Complete details on the	t include amounts p other side of the fo	oaid by Capital He	ealth of reim	DO HEALTH SERVICE: bursed / reimbur	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
વેળ ા	0007	715503000 36	623140 or	·		41866	
					(1) 23&0		
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Less Ca	sh Advance	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Quinte	MA CO MAN	a rong		
Total					100 mage	496'66	
		nis form is collected under ss your claim.	r section 4 of the Re	gional Health Au	thorities (Mi	nisterial) Regula	tion and
		the expenses listed above my behalf from Capital H			siness and h	ave not been pre	viously
Employe	ee Signature	: //	- Carrier Street	Date	e: /h/\_	12//08	3

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: (Print name) WICHELE LAHEY Title: EXECUTIVE VP4.COO HEALTH SERVICES.	Phone #
(Signature)	Date
Approved By: (Print name) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Phone #
(Signature) //////// White White	Date May 13/08

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
  processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

1 of 2

# EARPRICANTOCAPY

#### Recommended Coding 62310000 - Staff Local Travel - Taxi - Non-Client 61530030 - Workshop Fees & Materials Related 61520020 - Academic Course Fees & Materials 62320000 - Staff Travel - UNA - Client Related 61540040 - Conference Fees & Materials

- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related
- Catering 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Inello	Victor to comme						
~ {	Burnet Ing.				a -		36
	Cet face VIC	long			60.00		
L 16(1)	the desire		40.00				
	6 one feut						
and Co	Cut face				6600/		
1/1.26	late O Eden				33.N		
7 / / / /	Ann				3		
1 de	And In By	2-					36
10.							
HI	I Caroned	273.70	/				
(0)							
		,					
						Total km	720
			Rate	as outlined i	n Section 2 – Trave	el below @	.43
Totals		273.70	4000		154.00		3096

#### **EXPENSE LIMITS**

#### **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.) \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.



Gerry Predy 300 10216-124 Street Edmonton, AB T5N 4A3 Canada

Room No.

: 335

Arrival

04/16/08

Departure

: 04/18/08

Folio No.

Conf. No.

: 168901

CAD

Cashier No.

: 31

Date	Description	i.		Charges	Credits
04/16/08	Room			119.00	<u> </u>
04/17/08	Room			119.00	
04/17/08	Provincial Hotel Tax 8%			19.04	
04/17/08	Municipal Hotel Tax 2%	s.17(1), 17(4)(e.1)		4.76	
04/17/08	Goods and Service Tax 5%	5.17(1), 17(1)(6.1)		11.90	
04/18/08	Visa		XX/XX		273.70
		•	Total Charges	273.70	
		•	Total Credits		273.70
		•	Balance		0.00

Net Amount	238.00
Provincial Hotel Tax 8%	19.04
Municipal Hotel Tax 2%	4.76
Goods and Service Tax 5%	11.90
	0.00
	0.00
Total Charges	0.00
	CAD

THANK YOU FOR YOUR PATRONAGE (250-381-2222) 5 50. S PTCKUP: DROPOFF: TOB ID: MDT 1D: BADGE#: FAPE: UATE

Bluebird Cabs Ltd. 1-800-665-7055 SERVING 384-1155 382-4235 GREATER VICTORIA SINCE 1946 DELIVERY SERVICE 24 HOUR COURIER Amount \$ Date From Car# Fare includes G.S.T. G.S.T. #

Deliv. Date=Receipt Date

Check Tax Cob Total 5%

Payment Received (XaX) \$33.00 \$33,00

3ST# R128599776

Exit #1 Ca 18/04/08

16:32

Can- Edmonton Tax CodeCA5%

Receipt 315925 Cashier

Short-term parking

18/04/08 16:32 6/04/08 11:04



# Travel & Employee Expense Claim Form

(In Canadian Dollars) S.17(1)

MAY ( 7 2007

Name: Dr. G Predy	Employee Number:	Union Name:
Position: VP Pulatic Health, MOH	Department:	EXECUTIVE VICE PRESIDENT  & COO - HEALTH SERVICES
Business Phone: 4/3.7600	Period From: <i>Apr 30, 2007</i>	to May 2, 3007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	71550300036	63414000			600.83	
·	, die	69600 = 158,47w	,				
		30.00 %	ACCRUE	Children - C		र्गाडक द	
		62414= 397.80W	E 2 m	All property of the second sec	See last Beach	S Domini de mate	
		14.56 n	110 1 4 2007	- Constitution of	MAY 14	1007	
				Separation of the second	ACCOUR	TS	
Less Cas	Less Cash Advance						
Total							

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

	enses listed above were incurred on C half from Capital Health or other organ	apital Health business and have not been previously ization.
Employee Signature:		Date: May 3,2007

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lakey Title: CREC VP+COO Health Services Phone # /6  (Signature) Date  Approved By: Title: Phone #	May 9/07
Approved Dyl	Lacend, not
(Print name)	
(Signature) Date	

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
  processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# EXPERSIFICATION OF COME.

# **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

							<b>N</b>	1
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Moshy	Mileage km	
Brille	last Dune wat		48年	_		188-47	,	
	Verroundbert	el author	S.					
	(flosted Hay	}						
	•		-					
		Ø.						-
April 30	Thank by Whompy Usban public Thenell potwals Weeky	23804	50.00	W	20.00 Chri	w	741Cm	By bo
₽	Usban public		Duna		25.00 ( party	۱ س		
My Www	Thenell power		**		, 0	/		
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	X .							
						Total km	74	
				as outlined i	n Section 2 – Trav	el below @	.43	
Totals		2-35-04	100.00		45-50	188.47	31:82	

#### **EXPENSE LIMITS**

220.48 W

#### 1. Meal Allowances

14.56 M

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2 Trave

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



ROOM / CHAMBRE

CASHIER / CAISSIER(E)

PAGE

CUSTOMER(S) / CLIENT(S)

350 St. Mary Ave., Winnipeg, Manitoba. R3C 312 Tel.: (204) 942 0551 • Fax. (204) 943-4627 ARRIVAL / ARRIVÉE
DEPARTURE / DÉPART
05/02/07

Dr Gerry Predy Suite 300 10216 124th St Edmonton, AB T5N 4A3 CANADA

DATE		DESCRIPTION		CHARGES FRAIS	CREDITS CREDITS
04/30 04/30 05/01 05/01 05/01	Room Charge GST Room PST Room Room Charge GST Room PST Room PST Room PST Room VISA  s.17(1), 17(4)(e.1)	xx/xx	*****		235.04 235.04 0.00 CAD
GST Room GST F & B GST Other Total GST GST Vendor	(6.0%) 12.48 (6.0%) 0.00 (6.0%) 0.00 (6.0%) 12.48 139445290 RT0020				

I agree that my Hability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Delta Hotels agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund.

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

X	
Guest's Signature / Signature d	u client

# R128599776

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

0000001009 Phone. (780)890-8439 Car park Fax. (180)390-8329

Receipt no. 0110/0750/00801 02.05.07

015100 pay parting ticket 25,50 a 30.04.07 11:35 - 02.05.07 16:51 Length of stay: 2 Dy. 5 Hr. 16 Min.

total arount

accepted total G.S.T. 6.00 %

25,50 € 1.44 8

Thank you for your patronage! Please Come Again! \*\* Open 24 hours \*\* \*\* Thank you \*\*

HARDWARE GRILL 9698 JASPER AVENUE  $\begin{array}{c} \text{EDMONTON} \\ \text{s.}17(1), \ 17(4)(e.1) \end{array}$ 

CARD NUMBER

CARD TYPE

VISA

0920

DATE/TIME

2007/04/16

19:37:22 508538997-001-044-002

RECEIPT NUMBER FRE-AUTHORIZATION **PMOUNT** 

\$158.47

TIP

TOTAL AMOUNT

01 APPROVED - 027

AUTH. # 016814

THANK YOU

CARDHOLDER COPY

DRIVER OT qirt Mort DATE



# Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1)

JUN 1 3 2007

Name: G PBDY	Employee Number:	Union Name: & COO - HEALTH SERVICES
Position: (\( \int \) \( \text{P} \) / \( \frac{P}{P} \)	Department:	
Business Phone:	Period From: to	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by ganization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0007	7/5503000 3/6	62414000			378.40	
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			2594375	estant.			
		The state of the s		A Service Control			
		E. Section of the sec	1 2007	· · · · · · · · · · · · · · · · · · ·			
Less Cash Advance		7 5 COM.	358.20 ~	j		, 🗖	
Total		ŀ	PAYABLE	20-70 n		37890	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Hea claimed by me or on my behalf from Capital Health or other organization.	lth business and	have not been previously
Employee Signature:	Date:	no NOT
		/
Approved By: (Print name)	· · · · · · · · · · · · · · · · · · ·	Phone #
(Signature) Mullill Ablit		Date JUN 1 4 2007
Approved By: /fittle:		Phone #
(Signature)		Date

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

# EARLE CANNIDE ARY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Mey 31	The to ceepot						38
M31	Jaso!				77.00		
mel	furt		10.00				<b></b>
me 1	Carlly					19.10	
Mul	Travel funfacyer						38
1 engl	Rober	240.12					
			<u> </u>				
	·						
		-					
						•	
				-			
Total km  *(or alternate rate as outlined in Section 2 – Travel below) @  Totals $240.10 0 770 960$						76	
		*(or a	Iternate rat	e as outlined in	n Section 2 – Trav	/el below) @	\$0.43*
Totals		24010	1000	<u>.</u>	7+00	17-10	32.68

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- · Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance



463 Belleville Street, Victoria, BC, Canada V8V 1X3 Tel: (250) 386-0450 Guest Fax: (250) 380-4473

Reservations 1-800-663-7550 Member of Preferred Hotels & Resorts Worldwide

Gerry Predy

CA

Room Arrival Date

05-31-07 06-01-07

Departure Date Folio No.

5205

0203

Conf. No.

5205

COIII. NO.

: 410167

Cashier No.

9

A/R Number

Group Code

INVOICE

Invoice No.

Company Name

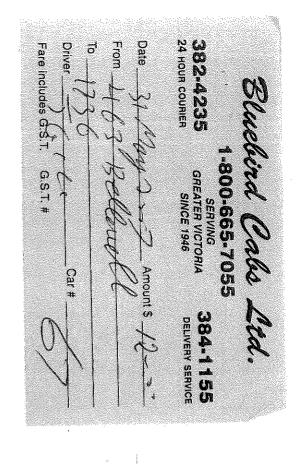
06-01-07

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	Total - 0.00	\$ 1 1 1				
GST # 1222	21 <b>2624</b>	. 4	Balance		0.00	

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have accepted delivery of the Globe and Mail. If refused, a \$.50 (Mon to Fri) and a \$1.25 (Sat) credit will be applied to my account.



TAXI Box 487 COMMITTED Victoria, BC Canada V8	TO YOUR SERVIOW 2N8	
Toll Free 1-800-	808-6881 anyw	here in North America
RECEIVED FROM	DATE 3	6500
FROM Airport	то <u>19</u> е	a Richmond Ap
CAB NO	DRIVER	
		GST INCLUDED



# IMINION AIRPORTS

Receipt no. 0185/0795/3060 01.85 07

Car park 0000001009 Phune. (780)391-8439

Fax. (760)-591,-8329

大学を見るか

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accepted total 19, 10 s a.s.T. 6.00 x 1,00 s

Thank you for your patronage!
Please Come Again!

\*\* Open 24 hours \*\*

## Hank you ##



# Travel & Employee Expense Claim Form

(In Canadian Dollars)

	····		<b>,</b>	s.17(1)		<u> </u>	
Name: I	Or. Gerry Pre	edy	Employee Numbe	r:	Union Nar	ne:	
Position	: VP Public	Health/Medical Officer of Health	ealth C	epartment: Publi	c Health Divi	sion	
Busines	s Phone: 4	13-7600	Period From:	une 9/08	o to Ju	une 9/08	***
		se attach receipts). Do no . Complete details on the			ealth or reim	bursed / reimburs	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
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will be use	ed to proces	nis form is collected under ss your claim.					
		the expenses listed above my behalf from Capital H			siness and I	nave not been pre	viously
Employe	e Signature	: / 🕽		Date	; fen	16/08	
hereby c	ertify that i	have reviewed the expens	es and rate at whic	h mileage is bein	g claimed.		
Approve	d By:	in WEATHERILL	Title:	DENT & CI	EO.	Phone #	
(Signature)			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Date	
Approve		backers	Title:			Phone #	
(Signature)	/					Date	
NOTE:							
Expen	ise claim m	ust be properly authorized	and must be supp	orted by original	receipts or	a copy as certified	a by the

- approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# EXPERSE CANTIFORN

#### **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
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(I)	Conferent						J JU
	wed Der						
		<u> </u>					
			-				
						Total km	330
			Ra	te as outlined i	n Section 2 – Trav	el below @	(V)
Totals							161.M

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.) \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way, or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

s.17(1)

e.g. 201 e.g. 9000 e.g. 71135050044 e.g. 69500001 Currency Rate (including Included GST) 0007 715503 00036 01340040.  ACCRUED	Name:	Dr. Geny Pre	eay i	Employee Number	<u> </u>	Union war	ne:	
Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by mother organization. Complete details on the other side of the form  Bal Unit Location Functional Centre e.g. 71135050044 e.g. 69500001 Currency Rate Canadian \$ / if GST (including GST)	Position	ı: VP Public	Health/Medical Officer of Hea	alth D	epartment: Publi	c Health Divi	ision	
Interest cash Advance  Total  The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and vill be used to process your claim.  Interest certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by:  Employee Signature:  Date:  Date:  Approved By: Sheila Weatherill (Frint name) (Signature)  Date:  Approved By: Chira name) (Signature)  Date:  Account e.g. 69500001  Non-Canadian Rate (Canadian \$ / if GST (Including CST)	Busines	s Phone: 4	413-7600	Period From Jun	18/09 to	Jun	e 20/08	
Ball Unit Location e.g. 9000 Functional Centre e.g. 71135050044 e.g. 69500001 Non-Canadian Currency Rate Canadian \$ / if GST micluded \$\frac{30}{30} \ \frac{3007}{300736} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{61540040}{61540040} \ \frac{615400040}{61540040040} \ \frac{615400040}{61540040040} \ \frac{615400040}{61540040040} \ \frac{615400040040}{61540040040} \ \frac{615400040040}{61540040040} \ \frac{615400040040}{61540040040040} \ \frac{615400040040040}{61540040040040040040} \ 615400040040040040040040040040040040040040	Expenses another o	s Paid (pleas organization	se attach receipts). Do not . Complete details on the o	include amounts pather side of the fo	oaid by Capital He rm	ealth or reim	) 1bursed / reimburs	able by
ACCRUED  JUL 0 2 2006  Less Cash Advance  Total  The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.  I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.  Employee Signature:  Date:  Approved By: Sheila Wealtherill  Title: President & CEO  Phone #  (Signature)  Approved By: (Gignature)  Date  Phone #  (Print name)  (Signature)  Date  Date  Date  Date  OTE:	Bal Unit e.g. 201	Location	Functional Centre	Account	Non-Canadian	Rate	(including	1
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The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and vill be used to process your claim.  I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.  Employee Signature:  Date:  Date:  Cull  Phone:  Date:  Date:  Phone:  Approved By: Sheila Weatherill  (Signature)  Approved By:  (Print name)  (Signature)  Date  Phone:  Phone:  Date  ODE:  Date	Less Ca	sh Advance	•		News		61238	
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and vill be used to process your claim.  I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.  Employee Signature:  Date:  Date:  Approved By: Sheila Weatherill  Title: President & CEO  Phone #  Approved By:  (Signature)  Approved By:  (Signature)  Date  Date  Date  Date	Total			<u></u>		i Lou	641.32	
Employee Signature:  Date:  Colored By: Sheila Weatherill  (Print name)  (Signature)  Approved By:  (Print name)  (Signature)  Date  Date  Phone #  Phone #  Object  Date  Object  Date	will be us I hereby	ed to proce	ss your claim. the expenses listed above	were incurred on	egional Health Au  Capital Health bu	thorities (M		· · · · · ·
hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.  Approved By: Sheila Weatherill Title: President & CEO Phone #  (Signature) Date  Approved By: (Print name) (Signature) Date  Oather Date  OTE:	,			alth or other orga	1	<del>-</del> A,	20/11	<u> </u>
Approved By: Sheila Weatherill Title: President & CEO Phone #  (Signature) Date  Approved By: (Print name) (Signature) Date  (Signature) Date  Oather Date  OTE:	Employe	ee Signature	»:		Dat	e: 💚	C 7 ( 00	<u> </u>
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(Print name) (Signature)  Date	(Signature)		Les oasher	-1			Date	
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	NOTE:							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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# EXPERSE CAMPIDE TARY

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- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
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XPENSE L					217.32	· · · · · · · · · · · · · · · · · · ·	-

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

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Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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#### 2 Trave

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- Includes all forms of transportation costs, including taxis and buses for local travel.
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#### Advance

# Contract 1171171

REPRY DREDY

s.17(1)

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**ROOM / CHAMBRE** 1525 CASHIER / CASSIER(E) 16 PAGE 1 CUSTOMER(S) / CLIENT(S)1

4308 Main Street, Whistler, British Columbia V0N 1B4 Tel.: (604) 905-3987 • Fax: (604) 938-6500

ARRIVAL / ARRIVÉE 06/18/08 17:25 DEPARTURE / DÉPART 06/20/08 07:55

Dr Gerry Predy Suite 300 10216 124th St Edmonton, AB T5N 4A3 Dr Gerry Predy

Delta Whistler Village Suites, 06/20/08 INVOICE NO. 239860

DATE :	DESCRI	PTION	CHARGES FRAIS	CREDITS CREDITS
06/18 06/18 06/18 06/18 06/19 06/19 06/19 06/20	Room Charge Parking GST Parking ADVANCE DEPOSIT Room Charge Parking GST Parking VISA	xx/xx	119.00 20.00 1.00 119.00 20.00 1.00	273.70 6.30
	s.17(1), 17(4)(e.1)	Total	280.00	280.00
		Balance		0.00 CAI
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	WE WOULD LOVE TO WELCOME "SSB" to receive our Excl		1	pte

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$0.75 (Mon.-Fri.) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces. J'ai accepté la livraison du Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75 \$ (lundi au vendredi) et de 1,50 \$ le samedi (Dans les hôtels participants.)

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full details and a short survey to be completed at

Deliv, Date=Receipt Date

www.petrocanada.ca/he



# Travel & Employee Expense Claim Form

EDM	ONTON	_	(In Canadian	Dollars) s.17(1)	)		
Name:	G	MEDY 1	Employee Number	-	Union Na	ne:	
Position		2	Imott D	– epartment: <i>Ru</i>	BLIÈ	HEALTH.	
	s Phone:	0 1 1 2 2 1	·	US 5	to	14	
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Total						794.75	
will be use	ed to proces	nis form is collected under s ss your claim. the expenses listed above v n my behalf from Capital Hea	were incurred on (	Capital Health bu		have not been prev	
Employe	e Signature	: / (X)		Dat	e: /fu	1.9/08	
l hereby c	•	have reviewed the expenses	s and rate at whicl	h mileage is bein	g claimed.	•	
Approve	d By:	xecutive Vice President &	Ditle:	i		Phone #	
(Signature)	C	hief Financial Officer	+ Wal			Date aug 3	21/08
Approve (Print name			Title:			Phone #	/
(Signature)		-				Date	

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# EXPERISE CANTIFICATIVE

#### **Recommended Coding** 61530030 - Workshop Fees & Materials 62310000 - Staff Local Travel - Taxi - Non-Client 61520020 - Academic Course Fees & Materials Related 61540040 - Conference Fees & Materials 62320000 - Staff Travel - UNA - Client Related 62310000 - Staff Travel - UNA - Non-Client Related

- 62300000 Meals 62320000 - Staff Local Travel - Client Related 62312000 - Staff Provincial Travel - Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client 62310000 - Staff Local Travel - Non-Client Related Related 62320000 - Staff Local Travel - Taxi - Client Related

Catering - 69600000

	T	1		Catering - 09			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Aug 5	108 Ment We C			288.75	W		
	16love,						
	Janel to Kelon	4					10000
	, , ,						
			·				
		-					
			·				
i						Total km	1012.N
			Rate	e as outlined i	n Section 2 – Trav	el below @	.50
Totals			-	288.75			506.00

#### **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way, or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel,
- Driving to and from work is not considered business travel and cannot be claimed.

# Predy, Gerry Dr.

From:

Registration Desk [registration@agendamanagers.com]

Sent:

Wednesday, June 11, 2008 3:53 AM

To:

Predy Gerry Dr.

Subject:

- Registration Order # 18977

CONFERENCE/ CONFÉRENCE: 2008 National Collaborating Centres Summer Institute -

ORDER FOR/ DEMANDE POUR:

Gerry Predy

VP Public Health & Medical Officer of Health Capital Health Suite 300 - 10216-124 Street Edmonton Alberta T5N 4A3

(780) 413-7600 (780) 413-7950

gerry.predy@capitalhealth.ca

Registration Date/ Date de l'inscription: 6/10/2008 5:56:18 PM

ORDER DETAILS/ DÉTAILS DE LA DEMANDE:

DIETARY RESTRICTIONS: unspecified

Do you wish to have your name in the directory distributed only for the Institute?: Yes

REGISTRATION DETAILS/ DÉTAILS DE L'INSCRIPTION:

1 Delegate Registration Fee @ \$275.00

1 NCCHPP - Deliberative dialogue: A different way to gather evidence @ \$0.00

1 NCCHPP - Interactive Workshop: Influencing Public Policy @ \$0.00

1 NCCID - The Weakest Link: Organizational Development for the Implementation of Evidence

@ \$0.00

SUBTOTAL: \$275.00

TAX: \$13.75 TOTAL: \$288.75

PAYMENT METHOD: Visa Auth. Code: 048839

Thank you very much for registering with Agenda Managers for the 2008 National Collaborating Centres Summer Institute. This mail has been sent by an automated attendant. Any inquiries about this order should be directed to registration@agendamanagers.com (email) or (902) 422-1886 (phone).

Merci de votre inscription auprès de Agenda Managers pour le 2008 National Collaborating Centres Summer Institute. Ce courriel vous a été envoyé par préposé automatique. Toute demande de renseignement peut être adressée à l'adresse registration@agendamanagers.com ou en téléphonant au (902) 422-1886.



Travel & Employee Expense Claim Form TAL HEALTH (In Canadian Dollars) s.17(1)

Name: (5 Pred)	Employee Num	ber:	Union Name:
Position:		Department:	CONTRACTOR OF PRESIDENT
Business Phone: 4(3 - 7600	Period From:	Sept 8748	to

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by ther organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	000 71	71550300036.	62310000			42.82	
		· — ·					
			and the state of t	Capital He	laith i		
				j			
Less Ca	sh Advance		S. S. S. S. S. S. S. S. S. S. S. S. S. S	SEP 12			
Total				ACCOU PAYAB	VIS LE	42.82	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expens claimed by me or on my behal	ses listed above we f from Capital Heal	ere incurred on Capital Ho th or other organization.	ealth business	and have not b	een previously
Employee Signature:			Date:	Sept	7/08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: OLL	-GEN PURD	Y Title: ACTING	CCO	Phone #
	Rudy			Date SEP 1 2 2008
Approved By: (Print name)		Title:		Phone #
(Signature)				Date

#### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

1 of 2

# EXAREL CANTERNEY

# **Recommended Coding**

- 61530030 Workshop Fees & Materials
- 61520020 Academic Course Fees & Materials
- 61540040 Conference Fees & Materials
- 62300000 Meals
- 62320000 Staff Local Travel Client Related
- 62310000 Staff Local Travel Non-Client Related
- 62320000 Staff Local Travel Taxi Client Related
- 62310000 Staff Local Travel Taxi Non-Client Related
- 62320000 Staff Travel UNA Client Related
- 62310000 Staff Travel UNA Non-Client Related
- 62312000 Staff Provincial Travel Non-Client Related
- 62314000 Staff Out of Province Travel Non-Client Related

Catering - 69600000

. 02020		_	•	Catering - 63	500000			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km	
SENSI	<u> </u>					myst	741/2	
_ agr (3/	AMS Clerical					11.00	7170	
	Shum Pon					1,0		
	nee							
		<u> </u>				Total km	7414	
	Rate as outlined in Section 2 – Travel below @							
		T	<u> </u>			11.00	31.82	
Totals								

# **EXPENSE LIMITS**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.

- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

# GST# R128599776

# Edmonton Airports

Can- Edmonton Tax CodeCA5%

Exit #1 Ca 05/09/08 17:14 Cashier 33 Receipt 002008

Short-term parking tkt VP - No. 023415 05/09/08 06:29 -05/09/08 17:14 -Period 0d10h46' (Tax) \$11.00

Total ----

Payment Received \$11.00

Cash \$11.00

Sub Total \$10.48 Tax 5% 0.52

Amount Paid \$20.00 Change \$9.00

Deliv. Date=Receipt Date

# McGarvey, Gillian

From:

Sebulsky, Lavera

Sent:

Tuesday, September 02, 2008 7:16 PM

To:

McGarvey, Gillian

Subject:

FW: Travel Itinerary for Dr. Predy for Calgary

Hi Jill

Dr. Predv decided to fly to Calgary on Friday. Here is his itinerary.

Joanna P approved.

----Original Message----

From: Casandra Wagner [mailto:casandra.wagner@marlintravel.ca]

Sent: Tuesday, September 02, 2008 4:20 PM

To: Sebulsky, Lavera

Subject: Travel Itinerary for Dr. Predy for Calgary

MARLIN TRAVEL - GOVERNMENT CENTRE

OWNED AND OPERATED BY 101017690 SASK, LTD.

9929 108TH ST - MAIN

**EDMONTON ALBERTA T5K 1G8** 

PHONE: (780) 425-8611

FAX: (780) 426-5759

BRANCH: N61107

GST REG NO. 885101915

PNR LOC: KMJMPQ

**DATE: 02 SEP 2008** 

AGENT: CASANDR

TO:

FOR:

CAPITAL HEALTH 10030 - 107 STREET PRFDY/GERRY DR\*0007715503000036

**EDMONTON AB** 

T5J 3E4

--ITINERARY--

FROM

TO

CARRIER

FLT/CL DATE DEP ARR ST

EDMONTON/INTL CALGARY

WESTJET

254 Y 05 SEP 08 740A 824A OK

NONSTOP

**EQUIPMENT:736** 

TRAVELLING TIME - :44

WESTJET CONFIRMATION DWCJDF

CALGARY

EDMONTON/INTL WESTJET

255 Y 05 SEP 08 420P 506P OK

**NONSTOP** 

**EQUIPMENT:736** 

TRAVELLING TIME - :46

WESTJET CONFIRMATION DWCJDF

04 MAR 09 TOUR

LOCATION-EDMONTON/INTL WEDNESDAY

# WESTJET CONFIRMATION DWCJDF COPY

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47 UNDERWRITTEN BY AXA INSURANCE CANADA 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ... 1 800 267 8891 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834 \*\*\*\*\*\*\*IMPORTANT REMINDER\*\*\*\*\*\*\*\*\*\* \*\*THE SPELLING OF THE PASSENGER S FULL NAMES\*\* \*\*MUST BE IDENTICAL AS THE ONES SHOWN ON THEIR TRAVEL DOCUMENTS\*\* \*\*PLEASE CONFIRM THE LUGGAGE ALLOWANCE FOR THIS\*\*

\*\*FILE DIRECTLY WITH THE CARRIERS INVOLVED\*\*

-----WESTJET AIRLINE RULES-----TICKET IS NON REFUNDABLE RESERVATION MAY BE CHANGED OR CANCELLED UP TO 2 HOURS PRIOR TO DEPARTURE. CANCELLATION FEE 50.00. A CHANGE FEE OF 50.00 PLUS ANY FARE DIFFERENCE WILL BE CHARGED IN EACH DIRECTION. 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM

TO PRE-SELECT YOUR SEATS AND PRINTABLE BOARDING PASS

MARLIN TRAVEL - GOVERNMENT CENTRE OWNED AND OPERATED BY 101017690 SASK. LTD.

9929 108TH ST - MAIN

**EDMONTON ALBERTA T5K 1G8** 

PHONE: (780) 425-8611

FAX: (780) 426-5759 GST REG NO. 885101915

BRANCH: N61107 PNR LOC: KMJMPQ

DATE: 02 SEP 2008

AGENT: CASANDR

TO:

FOR:

CAPITAL HEALTH 10030 - 107 STREET

**EDMONTON AB** 

T5J 3E4

PREDY/GERRY DR\*0007715503000036

--ITINERARY---

FLT/CL DATE DEP ARR ST FROM TO CARRIER

----AIR CANADA RULES----FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE. WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2EC0



Accounting Services 10<sup>th</sup> Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

# **Payment Requisition**

I P	AYEE INFOR	RMATION (Che	ck one only)	☐ Vendo	or 🗆	Patient	⊠ Em	ployee (EE r	number
Invoice	Date 1-No	v-05 (DD-MN	MM-YY)	Invoice Number					s.17(1)
Vendo	r Number (or	S.I.N.)		Payee Nar	me <i>Dr. Gei</i>	ry Predy			
Addres	s						Ci	ty	
Province	ce/State			Postal Cod	de		Co	ountry	-
II PA	YMENT DE	TAILS							
Reaso	n for paymen	t Canadian M	edical Protective	Associatio	n		P	) #	
ls this	a contract p	ayment?	☐ Yes	(Attach copy	of contract i	f not previo	ously forwarde	d) 🛭 N	o
If this is	f this is a contract payment, what is the contract date?								
Have g	oods / servi	ces been recei	ived? 🛛 Yes,	When?				□N	0
Are orio	ginal attachm	ents to be maile	ed with cheque? (/	lote 2)	☐ Ye	s [2	∐ No		
III EX	PENSE COI		LE FINANCIAL SY	STEM FO	RMAT)	(Dej	oartments mu	ıst provide C	omplete Coding)
Bal Unit e.g. 201	Location e.g. 9000		ional Centre 1135050044		count 9500001		pense b-Total	GST if applicable	Total Payment
201	0007	71550300036		660	20000	\$1,644.	00		\$1,644.00
							Capital He	alth	
							ECEN		
	-			<u></u>		yprocessissis	HAR 2 1	2006	
							0 07 7	المائستان والم	
				ļ			ACCOU! PAYAB		
						(measure or			
⊠ Can	adian [	) v.s. 📋	Other		TOTAL	\$1,644.	00		\$1,644.00
IV AU	THORIZATION	ON							
l confir	m that the a	bove items hav	ve not been previo	usly paid	and the ex	penses r	elated only	to Capital He	ealth business.
Requisi	tioned by (P	rint name) Apr	il Lindeman <del>n</del>	<b>.</b>				Phone #	¥ 413-5034
	(5	Signature)						Date 1-	-Mar-06
Approve	ed by (P	rint name) Mic	hele Lahey	1 /	A			Phone #	‡ <b>4</b> 07-1671
(Signature) / Muhull Uhly_						Date	Nr 8/06		
Approved by (Print name) Phone #								ŧ	
	(5	Signature)						Date	
AUTHO	RIZATIONS	SHOULD BE I	N ACCORDANCE	WITH SIGN	ING AUTH	ORITY P	OLICY NUM	BER FINANC	CE 4.1
<ol> <li>All c</li> <li>Fully</li> </ol>	heques and atta completed pay	achments will be m yment requisitions	electronically based on nailed out by Accounting received in Accounting payment requisitions	g Services. ( Services by	Cheques will ! MONDAY, 4:0	NOT be pull 00 p.m. will	ed and returned be processed t	to department hat week.	s for mailing.

V



THE CANADIAN

MEDICAL

L'Association

PROTECTIVE ASSOCIATION

AL CANADIENNE Ctive de protection

MÉDICALE

**INVOICE 2006** 

DR GERALD PREDY 300–10216 124 ST NW EDMONTON AB T5N 4A3 DATE: November 1, 2005

MEMBER NUMBER:

s.17(1)

#### YOUR MEMBERSHIP FEES FOR THE PERIOD 01/01/2006 to 12/31/2006.

Based on the protection information on the accompanying Membership Update.

REFERENCE	DATE		FEES	1	AX	TOTAL
0010288065	Jan-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Feb-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Mar-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Apr-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	May-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Jun-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Jul-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Aug-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Sep-2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Oct2006	\$	137.00	\$	0.00	\$ 137.00
0010288065	Nov-2006	- \$	137.00	\$	0.00	\$ 137.00
0010288065	Dec-2006	\$	137.00	\$	0.00	\$ 137.00
		\$	1,644.00	\$	0.00	\$ 1,644.00

**TOTAL 2006 FEE:** 

\$ 1,644.00

YOUR PAYMENT METHOD IS: Cheque.

Please see reverse for instructions and other payment methods.

If paving by cheque places detach and a viving contract.



View Accounts
View Cheque Details

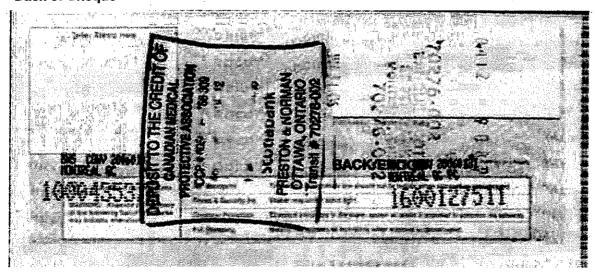
Cheque Number:0000000014 Posting Date:Jan 31, 2006 Amount:\$1,644.00
Account Number:

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

# **Front of Cheque**

manamamamamam	
DR GERALD PREDY -	5873/1014
s.17(1)	DATE SI 012006
one thousand six hunder	~ 1850catu \$ 1,644.00
one thousand sex hundel	forty four horisons a
ED Canada Trust 11704 JASPER AVENUE EDMONTON, ALBERTA TEK DAS  S.17(1)	

# **Back of Cheque**





# APPLICANT COPY Payment Requisition

Accounting Services 1100 Harley Court 10045-111 St. Edmonton, Alberta T5K 2M5

T Acaim						
PAYEE INFORMATION	(Check one only)	☐ Vendor	Patie	ent Em	ployee (E	E number
nvoice Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25/05	nvoice Number			A A	s.17(1)
/endor Number (or S.I.N.)	\	Vendor Name	X	2. Gere		Tredy
\ddress		· .		C	ity	
Province/State		Postal Code			country	
PAYMENT DETAILS			e		· · · · ·	
Reason for payment Col	lege of Physicia	ins and Su	rgeol	13 AICE AGC	0#	
s this a contract payment		Attach copy of con	tract if not	previously forward	ed)	2]-No
f this is a contract payment,	, what is the contract date?	)		1	Number	
Have goods / services bee	en received?	When?				□ No
Are original attachments to l	be mailed with cheque? (/	Vote 2) C	] Yes	☐ No	<del> </del>	
III EXPENSE CODES (IN	ORACLE FINANCIAL SY		r) 	(Departments i	nust provi	de Complete Coding)
Bal Unit Location e.g. 201 e.g. 9000	Functional Centre e.g. 71135050004	Account e.g. 695000	00	Sub-Total	applic	able
	550300036	6601000		1160.0		\$ 1/60-0
			\$		\$	\$
			\$	<u> </u>	\$	\$
			\$		\$	\$
			\$		\$	\$ \(\frac{1}{3}\)
	. * `		\$		\$	s
			\$		\$	
Canadian U.S.	Other	10	DTAL   \$	1160.00	\$	\$ 1160.00
IV AUTHORIZATION			41	olated or	niv to Car	sital Health business.
I confirm that the above it	tems have not been prev	iously paid and	tne exp	enses related of		Phone # 413-760 (
Requisitioned by (Print nar	me) Di Gatrer	<del>Ny</del>				Date 1/10 2008
(Signatu	ure)		<u> </u>			Phone # 4/17-167
Approved by (Print na	me) Michele	Lahey				Date Dec 1'C
(Signature) Wichell When						Phone #
Approved by (Print na	ime)	/				Date
(Signate			~ A117711	DITY DOLLOW		
AUTHORIZATIONS SHOL	JLD BE IN ACCORDANCE	E WITH SIGNING	- AUIH	JKITI FULICI I	TOMBER	1 1100110- 741
2) All cheques and attachmen	Il be made electronically based on the will be mailed out by Account requisitions received in Account therized payment requisitions will	iting Services. One ing Services by MOI	NDAY, 4:0	0 p.m. will be proce	turned to de	partments for mailing eek.

College of Physicians

Red Surgeons

of Alberta

2006 Fees

2006 Fees

Receipt Number:
Date Paid: 16-Nov-2005 Total Fees Paid:
Registration #: Tax Deductible Amount:

25057265

\$1,160.00 \$1,160.00

S.17(1)

DR. GERALD N. PREDY
300-10216 124 ST NW
EDMONTON AB TSN 4A3

THIS IS YOUR RECEIPT FOR INCOME TAX PURPOSES.
PLEASE NOTE A FEE WILL BE CHARGED FOR DUPLICATE RECEIPTS.



**Accounting Service** 10th Floor, North Tower Ch 10030-107 Edmonton, Alberta T5J 3

# **Payment Requisition**

i wy.	HOTTE THE GETTER			
PAYEE INFORMATION (Check one only)	☐ Vendor ☐ I	Patient	oyee (EE/nu	ımbei
Invoice Date Mar 15 (DD-MMM-YY) '06	Invoice Number	ceipt# 6	2455	534.17(1)
Vendor Number (or S.I.N.)	Payee Name	gerry	MRE	edy
Address MOH PUDIC HC	atth	Sity	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Province/State	Postal Code	Cou	untry	0-0
II PAYMENT DETAILS TEIN DE	ursemen	Keaista	ation	33+0
Reason for payment Twantum We	(\ <u> </u>	regence PO	<u> </u>	<u>le comonto</u>
Is this a contract payment?	(Attach copy of contract is	not previously forwarded	)N	
If this is a contract payment, what is the contract date	?	Nu	mber	
	, When? Mar/	0'00	□ N	<u> </u>
Are original attachments to be mailed with cheque?	Note 2) ☐ Yes			-
III EXPENSE CODES (IN ORACLE FINANCIAL S	YSTEM FORMAT)	(Departments mu	st provide Co	
Bal Unit Location Functional Centre e.g. 201 e.g. 9000 e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	applicable	Total Payment
m 0007 7/55030003	6 61630000	133.75		133.75
		AND THE PROPERTY OF THE PROPER		
159 - 164		Capital Health		
Capital risaliti				
MAR 2 7 2008	/	MAR Z 1 2005		
1		ABBRUNTS		
ACCOUNTS /	OF THE WHEN P	PAYABLE		1 155 45
☐ Canadian ☐ U:S: ☐ Other	TOTAL			<u> 133.75</u>
IV AUTHORIZATION				
I confirm that the above items have not been prev	riously paid and the ex	penses related only	to Capital H	ealth business.
Requisitioned by (Print name) Bernadine Paterson			Phone	# 413 - 5070
(Signature)	200		Date ✓	Mar 15 Ox
Approved by (Print name)			Phone	# 413 - 7600
(Signature) MM()	Johns -		Date	
Approved by (Print name) Michele	hahes		Phone	# 407-1671
(Signature)	for m. Lahe	4	Date	MAR 7 4 2006
AUTHORIZATIONS SHOULD BE IN ACCORDANCE	E WITH SIGNING AUT	HÒRITY POLICY NUM	BER FINAN	ICE 4.1
Notes: 1) All employee payments will be made electronically based 2) All cheques and attachments will be mailed out by Account 3) Fully completed payment requisitions received in Account Incomplete/improperly authorized payment requisition	on payroll banking information the services. Cheques will be Services by MONDAY.	on. NOT be pulled and returne 1:00 p.m. will be processed	ed to departmen	



**Receipt FOIP** 

Printed: 10-Mar-06 11:09 AM

User: balhar

City of Edmonton - Community Services

Capital Health Gerry Predy 300 10216 124 Street Edmonton, AB T5N 4A3

Receipt #: 2455534 User: balhar

Issued: Fri 10 Mar 06 11:07 am

Description
Previous Balance

Amount \$0.00

Registration:

Gerry Predy

1

#205099 : HNUT - WINTER 2006 - 001

\$125.00

Classes:

Active Living @ work!

Hours: 7:30

Days: Thu

Starts: Ends: Thu 16 Mar 06 09:00 am - 04:30 PM

Thu 16 Mar 06 09:00 am - 04:30 PM

Location: Manulife Centre - Kwantum Wellness Conference

Goods & Services Tax 21

\$8.75

Payment:

Visa Card Front Desk

(\$133.75)

Balance

\$0.00

Community Services

Community Services

The personal information collected from you is collected under the authority of S. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to administer program registrations, membership management and facility bookings for Community Services. Aggregate data will be used for program planning and evaluation. Questions about the collection of personal information should be directed to the Community Services FOIP Coordinator at 496-4999.

City of Edwonton - Community Services Recreation Facility Services Company of the particle of the Balance Forward 6.69 8.92 Registration - Predy. Gerry : #285899 : #MET - 2006 WINTER - 801 . 125.00 125.00tx ステック・アー・ファッチュイン Sublotals 125.00 691 9, 75 133, 75 Totali Visa Card Front Desk
(Account:Capital Health)
3/18/2896
11:89
#2331879 /285/18
SERVING YOU IN YOUR COMMUNITY
Community Services Info - 496-4999
www.edeonton.ca/comm\_services/
Register for Community Services Programs
and Courses online!
Visit www.edeonton.ca and click on eReg. Front Desk SST HR119326270 RT 6001

Gerald Predy CLASS Zelly 413-7946 EASTELEN POOL 11426 68 57 TOJANI EDMONTON 45 22306314 Name: Acct # s.17(1), 17(4)(e.1) Date 04/03/10 Time 11 07 55 Exp Date Auth # 045968 Lard Type VI Tran Code On 10061164001534 001828001 Invoice No. 2 1108 Subtotal Total \$133.75 ere order

Top copy-customer Bottom copy-merchant

Retain this copy for your records

I agree to pay above total amount according to card issuer agreement

Signature X



Accounting Services 10<sup>th</sup> Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION (Check one only)	☐ Vendor ☐ Patient ☐ Employee (EE number				
Invoice Date / O Aprol (DD-MMM-YY) Invoice Number					
Vendor Number (or S.I.N.)  Payee Name Dr. G. Predu/					
Address	City				
Province/State	Postal Code Country				
II PAYMENT DETAILS					
Reason for payment heim bursement	CSHA Conference Reg. PO#				
Is this a contract payment?	s (Attach copy of contract if not previously forwarded)				
If this is a contract payment, what is the contract date	e? Number				
Have goods / services been received? Yes	s, When?				
Are original attachments to be mailed with cheque?	(Note 2) Yes No				
III EXPENSE CODES (IN ORACLE FINANCIAL S	SYSTEM FORMAT) (Departments must provide Complete Coding)				
Bal Unit Location Functional Centre e.g. 201 e.g. 9000 e.g. 71135050044	Account Expense GST if Total Payment Sub-Total applicable				
201 0007 71550300036	61030000 490.00 490.00				
	- Capital Health				
us statistical and a statistic	RECEIVED				
	APR 1 8 2006				
	ACCOUNTS				
	PAYABLE				
☐ Canadian ☐ U.S. ☐ Other	TOTAL 490.00 490.00 V				
IV AUTHORIZATION					
I confirm that the above items have not been prev	viously paid and the expenses related only to Capital Health business.				
Requisitioned by (Print name) Lawera	Sebulsky Phone #413-7946				
(Signature) Laure	a Sebulsky Date 18-Feb-06 gor 14/0 6				
Approved by (Print name) Michel	le Lakey / Phone # 402/671				
(Signature) Muhul	e Chiny Date anijos				
Approved by (Print name)	Phone #				
(Signature) Date					
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1					
Notes: 1) All employee payments will be made electronically based of All cheques and attachments will be mailed out by Account Fully completed payment requisitions received in Accounting Incomplete/improperty authorized payment requisitions	ting Services. Cheques will NOT be pulled and returned to departments for mailing.  Ing Services by MONDAY, 4:00 p.m. will be processed that week.				



# Association canadienne de santé publique

# **RECEIPT**

Suite 400 1565 Carling Avenue Ottawa, ON K1Z 8R1 Fax: 613-725-9826

Date	Receipt No.
03-27-2006	A003254

Payer:

Gerry N Predy #300 10216 - 124 Street Edmonton, AB, T5N 4A3 Canada

Inv No.	Description	Total Fees	Tax	Applied Amount
A0003577	Registration for Gerry Predy for the event: CPHA 97th Annual Conference - *Full Conference Package / Forfait conférence	490.00	0.00	490.00
		Total Fees	w/Tax	490.00
V	isa:	Tota	l Paid	490.00
	s.17(1), 17(4)(e.1)	Total A	pplied	490.00
		Unapplied F	Balance	0.00

Thank you for your payment received on 03-27-2006.





Canadian Public Health Association de santé publique

Association canadienne

Suite 400, 1565 Carling Avenue Ottawa, Ontario K1Z 8R1

Tel: (613) 725-3769 Fax: (613) 725-9826

March 27, 2006

Dr. Gerry N Predy VP Public Health and Medical Officer of Health Capital Health - Edmonton #300 10216 - 124 Street Edmonton, AB T5N 4A3

Dear Dr. Predy:

We are pleased that you will be attending the CPHA 97th Annual Conference to be held at the Fairmont Hotel Vancouver in Vancouver from May 28-31, 2006.

We would like to confirm your registration information. You are registered for:

\*Full Conference Package / Forfait conférence

\$490.00

NSSCM Annual General Meeting (NSSCM members only)

\$0.00

Your payment information is as follows:

**Total Cost:** 

\$490.00

Paid:

\$490.00

A separate email will be sent to you with your receipt. Should you have any questions or concerns, please contact me either by telephone at (613) 725-3769 ext. 126 or by e-mail at grobert@cpha.ca.

We look forward to seeing you in Vancouver.

Sincerely,

Gisèle Robert

Conference Department



Accounting Services 10<sup>th</sup> Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION (Check one only)	☐ Vendor ☐ Patient ☐	Employee (EE number				
Invoice Date (DD-MMM-YY)	Invoice Number	s.17(1)				
Vendor Number (or S.I.N.)  Payee Name  Dr. G. Predy						
Address						
Province/State	Postal Code	Country				
II PAYMENT DETAILS						
Reason for payment Conference Regi	stration	PO#				
	(Attach copy of contract if not previously for	warded) 🗓 No				
If this is a contract payment, what is the contract date	9?	Number				
Have goods / services been received?	When?					
Are original attachments to be mailed with cheque?	(Note 2) Yes No					
III EXPENSE CODES (IN ORACLE FINANCIAL S	SYSTEM FORMAT) (Departme	nts must provide Complete Coding)				
Bal Unit Location Functional Centre e.g. 201 e.g. 9000 e.g. 71135050044	Account Expense e.g. 69500001 Sub-Total	GST if Total Payment applicable				
201 0007 71550300036	61030000 40.00	40.00				
	Capital Health					
	MEGELVED					
	MAY 17 2000					
	ACCOUNTS					
	PAYABLE					
Canadian U.S. Other	TOTAL 40.00	40.00				
IV AUTHORIZATION						
I confirm that the above items have not been prev	riously paid and the expenses related	only to Capital Health business.				
Requisitioned by (Print name) Lavera	Sebulsky	Phone # 4/3 - 7946				
(Signature) Laure d	Lbusky	Date 18-Feb-06- 4p. 27/06				
Approved by (Print name) Micheles Lahles Phone # 407-671						
(Signature) Muhull Uhur Date 28 Apr W						
Approved by (Print name)	Phone #					
(Signature) Date						
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						

Timewise Event Management Inc.

## Official Conference Receipt

Gerry Predy Capital Health #300 10216 - 124 Street Edmonton, AB Canada T5N 4A3

Confirmati	on Number: 3026619		Dat	t <b>e:</b> 2006.	Apr26
Registrant Gerry Predy	<b>Description</b> Delegate Registration \$40 - APHA/AHLN 2006)	Member	(Jun. 06	<b>Total</b> \$40.00	CAD
believe were die erken dat in de Dies sowie George commonwer	The second section is a second	A STATE OF THE STA	Total	\$40.00	CAD
VISA	Your credit card payment was approved. VISA Cardholder: Gerald Predy			\$40.00	cr CAD
		CAD Do	llars Owing	\$0.00	CAD

Please print and keep this conference receipt as confirmation of your online payment. To discuss your account please contact Timewise Events Management Inc. or send an email to: <a href="mailto:apha@timewiseevents.com">apha@timewiseevents.com</a>.

Alberta Public Health Association - GST Registration #XXX

Timewise Event Management Inc. 456, 17008 - 90 Avenue NW Edmonton, Alberta T5T 1L6 Canada phone: 780-444-3773

fax: 780-444-6776



Accounting Services 10<sup>th</sup> Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

I PA	YEE INFOR	MATION (Check one only)	☐ Vendor		Patient 2	Émploy	yee (EE nu	ımber
Invoice	Date	(DD-MMM-YY)	Invoice Nun	nber	•	•		s.17(1)
Vendor	Number (or	S.I.N.)	Payee Nam	e j	or-G. Preu	dy		
Address	3					City	<u></u>	
Province	e/State		Postal Code	)		Coun	ntry	
II PA	YMENT DE	TAILS						
Reason	for paymen	1 Conference Reg	1stratio	n		P0#		
	a contract p				f not previously forwa	erded)		
		payment, what is the contract da	te?			Numl	ber	
			es, When?				· □ No	
		nents to be mailed with cheque?	(Note 2)	☐ Ye	s 🗌 No			
		DES (IN ORACLE FINANCIAL		RMAT)	(Department	s must	provide Co	mplete Coding)
Bal Unit	Location e.g. 9000	Functional Centre e.g. 71135050044		ount	Expense Sub-Total		GST if applicable	Total Payment
e.g. 201		7/550300036	6103	0000	40.00			40.00
201		//33030060		yearnarest has been	20			
		·			FINE CONTRACTOR	· Supplemental Sup		
					a 4 90°C	C. Carlotte Control		
					AT BY A COMME			
				p	CCOUNTS			
				,				
[☑ Car	nadian [	U.S. Dther		TOTAL	40.00			40.00
IV AU	THORIZAT	ION	· · · · · · · · · · · · · · · · · · ·				·	-
l confir	m that the a	above items have not been pro	eviously paid :	and the ex	cpenses related o	nly to	Capital He	ealth business.
	tioned by (F		: 1 يسم				Phone #	413-7946
		(Signature) Language	Schuld	ky			Date 18	3-Feb-06 ga 27/06
Approve	ed by (	Print name) Michele	laker				Phone #	407-1671
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Signature)	To Ca	rhu	A		Date C	8Apr Ol
Approv		Print name)			/		Phone #	
, 400,04		(Signature)		<b></b>			Date	·
ALITHO		S SHOULD BE IN ACCORDANG	CE WITH SIGN	ING AUT	HORITY POLICY	NUMB	ER FINAN	CE 4.1
Notes: 1) All (	employee payr cheques and a	ments will be made electronically base ttachments will be mailed out by Accor ayment requisitions received in Accord operly authorized payment requisitions	d on payroll banki unting Services. O	ng information Cheques will MONDAY, 4	on. NOT be pulled and re :00 p.m. will be proce	turned t	o department	

Timewise Event Management Inc.

# Official Conference Receipt

Gerry Predy Capital Health #300 10216 - 124 Street Edmonton, AB Canada T5N 4A3

Confirmati	on Number: 3026619		Da	te: 2006.	Apr26
Registrant Gerry Predy	<b>Description</b> Delegate Registration \$40 - APHA/AHLN N 2006)	1ember	(Jun. 06,	<b>Total</b> \$40.00	CAD
All the state of t			Total	\$40.00	CAD
VBA	Your credit card payment was approved. VISA Cardholder: Gerald Predy			\$40.00	cr CAD
Manufacture and the second sec		7 A D Da	llore Owing	\$0.00	CAD

Please print and keep this conference receipt as confirmation of your online payment. To discuss your account please contact Timewise Events Management Inc. or send an email to: <a href="mailto:apha@timewiseevents.com">apha@timewiseevents.com</a>.

Alberta Public Health Association - GST Registration #XXX

Timewise Event Management Inc. 456, 17008 - 90 Avenue NW Edmonton, Alberta T5T 1L6 Canada phone: 780-444-3773 fax: 780-444-6776



Accounting Services 10<sup>th</sup> Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

		<u>.</u>			
I PAYEE INFORMATION (Check one only)	☐ Vendor ☐ Patient ☐	Employee			
Invoice Date May 2 (DD-MMM-YY) 0 Invoice Number 174097 s.17(1)					
Vendor Number (or S.I.N.)  Payee Name DR GERRY PRECLI					
Address P 029 124, 10216-	124st Svite3a	yohy Edylowton			
Province/State	Postal Code TOT 3 VQ	Country			
II PAYMENT DETAILS					
Reason for payment Relmbursen	nent-CHNembee	+orckets			
Is this a contract payment?	s (Attach copy of contract if not previously forwa	rded)No			
If this is a contract payment, what is the contract dat	e?	Number			
Have goods / services been received?	s, When?	<b>D</b> Ao			
Are original attachments to be mailed with cheque?	(Note 2) Yes No				
III EXPENSE CODES (IN ORACLE FINANCIAL	SYSTEM FORMAT) (Departments	must provide Complete Coding)			
Bal Unit Location Functional Centre e.g. 201 e.g. 9000 e.g. 71135050044	Account Expense e.g. 69500001 Sub-Total	GST if Total Payment			
00/ 0007 7/5503000	3661030000	35.00			
	Capital Health				
	RECEIVED				
	MAY 17 2008				
	- ACCOUNTS				
	PAYABLE				
☐ Canadian ☐ U.S. ☐ Other	TOTAL	\$ 35.00			
IV AUTHORIZATION	· ·				
I confirm that the above items have not been pre-	viously paid and the expenses related o	nly to Capital Health business.			
Requisitioned by (Print name) Bernadine Paterson	1	Phone # 413 - 5070			
(Signature)	RESON	Date Way 2'06			
Approved by (Print name) Dr. Gerry Predy	Michele Lahey	Phone # 413 - 7600 467-8884			
(Signature) Mulul Whey Date					
Approved by (Print name) Phone #					
(Signature) Date					
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1					
Notes:  1) All employee payments will be made electronically based on payroll banking information.  2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.  3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.					



# **CHAMBER OF COMMERCE**

Invoice

700 - 9990 Jasper Avenue, World Trade Centre Edmonton Edmonton, Alberta Canada T5J 1P7

Organization #: 5667

Dr. Gerry Predy Capital Health 300-10216 124 Street Edmonton, AB T5N 4A3

Date: 04/21/2006 Invoice #: 174097 Due: 05/22/2006

Description	Quantity	Rate	Amount
Capital Health Breakfast			
Member Tickets	1	32.71	32.71
GST - Events/Services	1	2.29	2.29
		Amount:	35.00
		Payments:	-35.00
EAMONTON CHAMBER OF		Balance:	0.00

EBMONTON CHAMBER OF COMMERCE

9990 JASPER AVENUE SUITE EDMONTON AB

CAÑD

CARD TYPE

VISA

DATE 2006/04/21 TIME 13:55:01

INVOICE #

174097 RCFT # M15401222-001-520

**PURCHASE** 

TOTAL

\$35.00

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

#### **GST REGISTRATION NO. 107282196 RT**

Further Information Contact Accounts Receivable at 780.426.4620

Reep this portion for your records Please return this portion with your payment

01 APPROVED 027 AUTH# 041890 THANK YOU

> Dr. Gerry Predy Capital Health 300-10216 124 Street Edmonton, AB T5N 4A3

Organization # 5667

Date: 04/21/2006 Invoice #: 174097 Due: 05/22/2006