### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>19/03/2011</td>
<td>25184556</td>
<td>BUDGET-RENT-A-CAR, AVIS RENT A CAR</td>
<td>264.16</td>
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<td>264.16</td>
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<td>CAD</td>
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<td>25227369</td>
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<td></td>
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<tr>
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</tr>
<tr>
<td>25/03/2011</td>
<td>25241730</td>
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<td>46.95</td>
<td>CAD</td>
<td>46.95</td>
<td>.00</td>
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<td></td>
</tr>
<tr>
<td>28/03/2011</td>
<td>25251326</td>
<td>AIR CAN 0142193749616, AIR CANADA</td>
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<td>28/03/2011</td>
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<td>28/03/2011</td>
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<td>CAD</td>
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<td>29/03/2011</td>
<td>25260632</td>
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<td>31/03/2011</td>
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<td>05/04/2011</td>
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<tr>
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<td>10.50</td>
<td>CAD</td>
<td>10.50</td>
<td>.00</td>
<td>Parking</td>
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<td>10/04/2011</td>
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<td>UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS</td>
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<td>CAD</td>
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<td>.00</td>
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<td>11/04/2011</td>
<td>25367172</td>
<td>INTEGRAL AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED</td>
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<td>CAD</td>
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<td>SANDMAN HOTELS #1-42, SANDMAN INN</td>
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<td>CAD</td>
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<td>25372163</td>
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<td>205.00</td>
<td>CAD</td>
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<td>.00</td>
<td></td>
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</table>

**Other Personal Purchases**

I have identified the following transactions as non-business related, personal purchases. I have attached a personal cheque for the total amount owed which represents payment in full to AHS. I understand that the P-Card is not to be used again for personal transactions.

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
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</thead>
<tbody>
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<td></td>
<td>5.70</td>
<td>USD</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2.85</td>
<td>USD</td>
<td>2.85</td>
<td>.00</td>
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Proprietary and Confidential
<table>
<thead>
<tr>
<th>Date</th>
<th>Transaction ID</th>
<th>Description</th>
<th>Amount</th>
<th>Currency</th>
<th>Charge</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>21/03/2011</td>
<td>252019595</td>
<td>ROYAL COLLEGE PHYS SUR, ORGANIZATIONS, CHARITABLE AND</td>
<td>750.00</td>
<td>CAD</td>
<td>0.00</td>
<td>RCPSC ANNUAL DUES</td>
</tr>
<tr>
<td>21/03/2011</td>
<td>252019596</td>
<td>EDMONTON CHAMBER OF CO, ASSOCIATIONS CIVIC, SOCIAL, AND</td>
<td>121.60</td>
<td>CAD</td>
<td>5.80</td>
<td>MAYOR'S LUNCHEON</td>
</tr>
</tbody>
</table>
Cardholder Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance with AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Joyce L. Murray
Name of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

April 28, 2011
Date of Signature

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance with AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

Eagle, Chris
Name of Cardholder

President & CEO
Cardholder Position/Title

April 28, 2011
Date of Signature

Approver Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance with AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Lynn Redford
Name of Approver Designate

Vice President, Community Engagement
Approver Designate Position/Title

May 10, 2011
Date of Signature

Approver
By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Hughes
Chair, AHS Board

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Dispute letters

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

Reference #:
Reviewed by:
Date:

UN DATE: 04/28/2011
Proprietary and Confidential
Powered by BMO Spend & Payment Solutions
Electronic Refund Receipt / Reçu de remboursement électronique

We are pleased to confirm a refund has been processed to your credit card.

Nous sommes heureux de confirmer qu’un remboursement a été porté à votre carte de crédit.

Please print this refund receipt for your reference.
Veuillez imprimer ce reçu pour vos dossiers.

Refund Information / Détails du remboursement

<table>
<thead>
<tr>
<th>Passenger Name:</th>
<th>Christopher Eagle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nom du passager:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ticket(s) Refunded:</th>
<th>0142192380158</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billet(s) remboursé(s):</td>
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</table>

<table>
<thead>
<tr>
<th>Credit card refunded:</th>
<th>CC-CAXXXXXXXXXXXX9747</th>
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<tbody>
<tr>
<td>Carte de crédit remboursée:</td>
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</table>

<table>
<thead>
<tr>
<th>Date of refund:</th>
<th>15 March 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date du remboursement:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount refunded / Montant du remboursement</th>
</tr>
</thead>
</table>

| Amount eligible for refund: | 0.00 |
| Montant à rembourser: |

| Taxes and Airport Fees eligible for refund: | |
| Montant à rembourser: |

| Canada Security Charge / Canada - Droit pour la sécurité (CA) | 7.13 |
| Canada Airport Improvement Fee / Canada - Frais d’améliorations aéroportuaires (SQ) | 22.00 |

Total Amount Refunded to credit card in Canadian dollars:
Montant total remboursé sur la carte de crédit en dollars canadiens: 29.13
Chris Eagle

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

Room Number: 705
Daily Rate: 145.00
Room Type: OBKL
No. of Guests: 2 / 0

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
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<tbody>
<tr>
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<td>19-Mar-11</td>
<td>XXXXXXXXXXXXXX1001</td>
<td>BAR1</td>
<td>FIT</td>
<td>20090112729</td>
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<table>
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<tr>
<th>DATE</th>
<th>ROOM NO.</th>
<th>DESCRIPTION</th>
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<th>AMOUNT</th>
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<tbody>
<tr>
<td>17-Mar-11</td>
<td>705</td>
<td>PARKING</td>
<td>PARKING PAID BY GUEST</td>
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<tr>
<td>17-Mar-11</td>
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<td>ROOM CHARGE</td>
<td>#705</td>
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<td>17-Mar-11</td>
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<td>GST</td>
<td>GST</td>
<td>$8.50</td>
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<td>DESTINATION MARKETING FEE</td>
<td>DESTINATION MARKETING FEE</td>
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<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
<td>$6.80</td>
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<tr>
<td>17-Mar-11</td>
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<td>$7.00</td>
</tr>
<tr>
<td>17-Mar-11</td>
<td>705</td>
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<tr>
<td>17-Mar-11</td>
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<tr>
<td>19-Mar-11</td>
<td>705</td>
<td>MASTERCARD</td>
<td>MASTERCARD</td>
<td>($201.15)</td>
</tr>
</tbody>
</table>

CLAIMING ONE NIGHT

CREDIT DUE: ($0.00)

TERM: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL

GST R4/108102864
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount / Montant</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.S.T./T.P.A.</td>
<td>120.00</td>
</tr>
<tr>
<td>H.S.T./V.H.</td>
<td>15.00</td>
</tr>
<tr>
<td>P.S.T./V.P.</td>
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</tr>
<tr>
<td>Q.S.T./V.Q.</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>135.00</td>
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</table>
### THOMSONS
**REGIONAL CANADIAN CUISINE**
112 STEPHEN AVENUE S.E.
113 ARNEL

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>16/1 1980</td>
<td>GST 2</td>
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<tr>
<td>MAR25’11 11:21AM</td>
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</tr>
<tr>
<td>SAN PELL SM</td>
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<td>4.00</td>
</tr>
<tr>
<td>GRIL CHIC SAND</td>
<td>1</td>
<td>15.00</td>
</tr>
<tr>
<td>L-Full Cobb</td>
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<td>17.00</td>
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<tr>
<td><strong>Subtotal</strong></td>
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<tr>
<td><strong>GST</strong></td>
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<td><strong>PAYMENT DUE</strong></td>
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<td>$40.95</td>
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<td><strong>Gratuity</strong></td>
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<tr>
<td><strong>Total</strong></td>
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<td>46.95</td>
</tr>
</tbody>
</table>

**Hyatt Room #:**

**Name:**

**Signature:**

GST#859734659RT0002

E-MAIL: ana.montano@hyatt.com

---

Meeting with Pati Grier
Your booking is confirmed. Please print/reprint this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: LGHQF5

Electronic Ticketing confirmed. This is your official Itinerary/receipt.

Main Contact: Mr Christopher Eagle
christ.eagle@albertahealthservices.ca
Mobile: 1500-00-00-00

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

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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</thead>
<tbody>
<tr>
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<td>Edmonton, Edmonton Int'l (YEG) Thu 31-Mar-2011 09:00</td>
<td>Calgary (YYC) Thu 31-Mar-2011 09:49</td>
<td>0</td>
<td>0h:49</td>
<td>DH3</td>
<td>Tango</td>
<td>Plus V</td>
</tr>
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<td>AC8158*</td>
<td>Calgary (YYC) Thu 31-Mar-2011 19:30</td>
<td>Edmonton, Edmonton Int'l (YEG) Thu 31-Mar-2011 20:21</td>
<td>0</td>
<td>0h:51</td>
<td>DH3</td>
<td>Tango</td>
<td>Plus V</td>
</tr>
</tbody>
</table>

*Operated by Jazz

Passenger Information

1: Mr Christopher Eagle: Adult (15+), Ticket Number: 0142193740516
Air Canada - Aeroplan: XXXX-XXXX-XXXX-9747
Credit Card: AC8137 5C, AC8195 4C
Meal Preference: None
Special Needs: None

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

Purchase Summary

S. Fare Summary
Passenger Type          Adult
Departing Flight - Tango Plus: 214.00
Returning Flight - Tango Plus: 214.00
Surcharge: 54.00
Taxes, Fees and Charges:
Canada Airport Improvement Fee: 45.00
Air Travellers Security Charge (ATISC): 14.25
Canada Goods and Services Tax (GST/HST #1009-23389 IT0001): 25.56
Total airfare and taxes before options (per passenger): $368.81
Number of passengers: 1
Total: $368.81
RBC Travel Insurance (declined): 0.00
Grand Total - Canadian dollars: $368.81
Grand Total: 1 adult
Total including travel options, taxes, and fees and charges: $368.81 CAD

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus
Returning Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

• Changes:
  o Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference.
  o Changes can be made up to 2 hours prior to departure.
  o Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day Flights only.
<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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</thead>
<tbody>
<tr>
<td>AC8359*</td>
<td>Edmonton, Edmonton Int. (YEG) Wed 13-Apr 2011</td>
<td>Grande Prairie (YQJ) Wed 13-Apr 2011</td>
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<td>3hr 09</td>
<td>DH3</td>
<td>Tango Plus</td>
<td>S</td>
</tr>
</tbody>
</table>

$239.53 CAD

s.17(1), 17(4)(g)(i)
Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: L45W6M

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Dr Christopher Eagle
chris.eagle@albertahealthservices.ca
Mobile:

Flight Itinerary

Flight From To Stops Duration Aircraft Fare Type Meal

AC8478* Grande Prairie (YQU) Calgary (YYC) 0 1hr32 DH3 Tango Plus T

Thu 14-Apr 2011 13:00 15:22

*Operated by Jazz

Passenger Information

1: Dr Christopher Eagle: Adult (16+), Ticket Number: 0142193762072
Air Canada - Aeroplan:
Credit Card: XXXX-XXXX-XXXX-9747
Seat Selection: AC8478 SD

Purchase Summary

Fare Summary

Passenger Type Adult

Departing Flight - Tango Plus 229.00
Surcharges 18.00

Taxes, Fees and Charges
Canada Airport Improvement Fee 16.00
Air Travellers Security Charge (ATSC) 7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) 13.31
Total airfare and taxes before options (per passenger) 283.63
Number of passengers 1
Total 283.63
Grand Total - Canadian dollars 283.63

Grand Total including travel options, taxes, fees and charges 283.63 CAD

Fare Rules

Departing Flight Grande Prairie (YQU) To Calgary (YYC) - Tango Plus

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference.
  - Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of unused

s.17(1), 17(4)(g)(i)
Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: L5AQLI

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact: Dr. Christopher Eagles eagles@afairerthealthservices.ca

Mobile: 673-98

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

Flight Itinerary

Flight: AC8312
From: Calgary (YYC)
To: Edmonton, Edmonton Int'l (YEG)
Date: Fri 15 Apr 2011
Time: 08:21

Flight Summary
0 Stops
0hr 51min
DH3
Tango Plus

*Operated by Jazz

Passenger Information

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

I: Dr. Christopher Eagles : Adult (16+), Ticket Number: 0142193762477
Air Canada - Aeroplan:
Credit Card: XXXX-XXXX-XXXX-9747
Seat Selection: AC8312 3C

Meal Preference: None
Special Needs: None

Purchase Summary

Fare Summary

Passenger Type
Departing Flight - Tango Plus: Adult $174.00
Surcharge: 12.00

Taxes, Fees and Charges
Canada Airport Improvement Fee: 25.00
Air Travellers Security Charge (ATSC): 7.12
Canada Goods and Services Tax (GST/HST #1009-2287 RT0001): 10.91
Total amount and taxes before options (per passenger): 239.03
Number of passengers: 1
Total: 239.03

Grand Total - Canadian dollars: $239.03

Grand Total: 1 adult

Total including travel options, taxes, fees and charges: $239.03 CAD

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference.
  - Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.

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

Server: Carlos  
Table 40/1  
Guests: 2  
Reprint #: 1

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voss Sparkling</td>
<td>9.00</td>
</tr>
<tr>
<td>Croque Monsieur</td>
<td>16.00</td>
</tr>
<tr>
<td>Coffee Tea (2 @3.50)</td>
<td>7.00</td>
</tr>
<tr>
<td>Mac Cheese</td>
<td>16.00</td>
</tr>
</tbody>
</table>

Subtotal: 48.00  
GST Exclusive Tax: 2.40  
Total: 50.40

**Balance Due**: $50.40

**Gratuities**: 9.00  
**Total**: 59.40

**Signature**: __________________________

**Room #:** __________________________

**Print Name**: __________________________

THANK YOU
Please Come Again Soon
GST #R897343794

Meeting with Ken Gardner
From: Air Canada [confirmation@aircanada.ca]  
Sent: Tuesday, March 29, 2011 12:08 PM  
To: Chris Eagle  
Subject: Air Canada - 14-Apr: Grande Prairie - Calgary (booking ref: L4SW6M) - booking modified

******** PLEASE DO NOT REPLY TO THIS E-MAIL ********

Confirmation

Your seat selection is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: L4SW6M

Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:  
Dr Christopher Eagle  
chris.eagle@albertahealthservices.ca  
Mobile: s.17(1), 17(4)(g)(i)

Customer Care

Air Canada  
1-888-247-2262

Flight Arrivals and Departures  
1-888-422-7533

Online Services

Manage my booking online (view/change my booking; select seats*).
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC8478*</td>
<td>Grande Prairie (YQU)</td>
<td>Calgary (YYC)</td>
<td>0</td>
<td>1 hr 32</td>
<td>DH3</td>
<td>Tango Plus T</td>
</tr>
<tr>
<td>Thu 14-Apr 2011 13:50</td>
<td>Thu 14-Apr 2011 15:22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Operated by Jazz

Passenger Information

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

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142193762072

Air Canada - Aeroplan: xxxx-xxxx-xxxx-9747

Credit Card: xxxx-xxxx-xxxx-9747

Seat Selection: AC8478 1C (Preferred) Paid

Meal Preference: Regular

Special Needs: None

Review additional charges

<table>
<thead>
<tr>
<th>Flight 1: Advance Seat Selection (Preferred) (1 x 14.00)</th>
<th>14.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)</td>
<td>0.70</td>
</tr>
</tbody>
</table>

Grand Total - Canadian dollars $14.70
Non-Responsive

Thank you for your order. You will receive a confirmation email shortly.

If you ordered a Soundview Subscription, an Online Collection, or Individual Online Summaries, they are now available in your Online Library.

Go To Your Online Library

Order #257819

<table>
<thead>
<tr>
<th>Shipping To</th>
<th>Shipping Via</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Eagle</td>
<td>USPS Ground</td>
<td>Gift Message: None</td>
</tr>
<tr>
<td>Calgary Health Region</td>
<td></td>
<td>Special Instructions: None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Options</th>
<th>Price</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soundview Premium Online Edition</td>
<td>N/A</td>
<td>$199.00</td>
<td>1</td>
<td>$199.00</td>
</tr>
<tr>
<td>Free Gift</td>
<td>N/A</td>
<td>$0.00</td>
<td>1</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Payment Method

Credit Card (Mastercard) ****9747

Order Totals

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal</td>
<td>$199.00</td>
</tr>
<tr>
<td>Shipping</td>
<td>$0.00</td>
</tr>
<tr>
<td>Tax</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$199.00</td>
</tr>
</tbody>
</table>
From: Lorinda Prociuk  
Sent: Monday, March 28, 2011 10:11 AM  
To: Joyce Murray  
Subject: FW: Soundview Confirmation for Order #257819

-----Original Message-----
From: Chris Eagle  
Sent: Sunday, March 27, 2011 2:04 PM  
To: Lorinda Prociuk  
Subject: FW: Soundview Confirmation for Order #257819

cc receipt

From: service@summary.com [service@summary.com]  
Sent: March 27, 2011 1:22 PM  
To: Chris Eagle  
Subject: Soundview Confirmation for Order #257819

Shipments & Items

1.  
Shipment #1

Shipping To:  
Chris EagleCalgary Health Region

Shipping Via:  
USPS Ground

<table>
<thead>
<tr>
<th>Items</th>
<th>Product Price</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soundview Premium Online Edition</td>
<td>$199.00</td>
<td>1</td>
<td>$199.00</td>
</tr>
<tr>
<td>Free Gift</td>
<td>$0.00</td>
<td>1</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Totals

Subtotal: $199.00
Shipping: $0.00
Tax: $0.00
Total: $199.00

View Details for Order
#257819<https://www.summary.com/account/orders/?customerOrder_ID=c1fd8c64-e4f8-470a-a671-1692b9b7db46>

© 2011 Concentrated Knowledge Corporation. All rights reserved.
LUX STEAKHOUSE & BAR
10150-101 STREET
EDMONTON, AB
T5J 4GB
(780) 424-0400
GST# 815344742

102 RACHEL

Mar 30 2011 12:25PM

Table 25/1 Card # 76602 Guest 2

1 SOFT DRINKS $3.00
1 CAFE LATTE $4.00
1 VIRGIN CESAR $3.50
1 CAFE LATE $4.00
1 CLUBHOUSE $15.00
1 FRIES $4.00
1 SALMON WRAP $16.00
1 GREENS $3.50

Total $59.78

Food $39.00
Liquor $6.50
GST $2.28

Amount Due: $47.78

LUX on the rare side...
RAW BAR
A Fresh Selection of
Oysters and Sashimi
Sip, Savour, Save
Half Price Wine
On 35 Bottle Selections
Every Saturday All Night
Join us in our lounge
www.centuryhospitality.com

LUX STEAKHOUSE & BAR
10150-101 STREET
EDMONTON, AB
T5J 4GB
(780) 424-0400

Mar 30 2011 01:12 pm
Trans# 66002

TRANSACTION RECORD

Card Number: ************9747
Card Entry: 591
Account: MASTERCARD
Trans Type: PRE-AUTHORIZATION

Amount: $47.78
Tip $0.00

Total $47.78

Auth #: 151226
Sequence #: 001001848
Merchant ID: 22105742
Employee: MILLER
Employee #: 102
Terminal #: M12210574204
Date: 11/03/30
Time: 13:12:18

APPROVED - THANK YOU

SIGNATURE
CARDHOLDER WILL PAY TO THE
ISSUER OF THE CHARGE CARD
PRESENTED HERE WITH THE
AMOUNT STATED HERE ON IN
ACCORDANCE WITH THE ISSUER’S
AGREEMENT WITH THE
CARDHOLDER
s.17(1), 17(4)(c.1)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT / MONTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST/TPS.</td>
<td>240</td>
</tr>
<tr>
<td>HST/TXH.</td>
<td></td>
</tr>
<tr>
<td>PST/TVR.</td>
<td></td>
</tr>
<tr>
<td>QST/TQG.</td>
<td>30</td>
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<tr>
<td>POURBOIRE</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5240.00</strong></td>
</tr>
</tbody>
</table>

Chris Eagle
AB Health Services

06/14

Georgie - 49c

70+60+60+70

Client No. 5236080

Customer Copy - Copy Du Client
Your order of April 4, 2011 (Order ID 105-3227058-9370627)

<table>
<thead>
<tr>
<th>Qty</th>
<th>Item</th>
<th>Item Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Many Unhappy Returns: One Man’s Quest To Turn Around The Most Unpopular Organization In America (Leadership for the Common Good) Rossetti, Charles O. --- Hardcover (**) P-3-124B25 **) 1591394414 1591394414</td>
<td>$26.68</td>
<td>$26.68</td>
</tr>
</tbody>
</table>

Subtotal $26.68  
Shipping & Handling $8.98  
Order Total $35.66  
Paid via credit/debit $36.99  
Balance due $0.00

This shipment completes your order.

Have feedback on how we packaged your order? Tell us at www.amazon.com/packaging.
Thanks for your order, Jennifer Hamstra!

Want to manage your order online?
If you need to check the status of your order or make changes, please visit our home page at Amazon.com and click on Your Account at the top of any page.

**Purchasing Information:**

**E-mail Address:**  jennifer.hamstra@albertahealthservices.ca

**Billing Address:**
Jennifer Hamstra  
Alberta Health Services  
10180 101 Street NW Suite 700  
Edmonton, Alberta T5J 3S4  
Canada

**Shipping Address:**
Jennifer Hamstra  
Alberta Health Services  
10180 101 Street NW Suite 700  
Edmonton, Alberta T5J 3S4  
Canada

**Order Grand Total:** $36.99

Get the Amazon.com Rewards Visa Card and earn 3% rewards on your Amazon.com orders.

**Order Summary:**

Shipping Details: (order will arrive in 1 shipment)

**Order #:** 105-3227058-9370627

**Shipping Method:** Standard International Shipping

**Shipping Preference:** Group my items into as few shipments as possible

Subtotal of Items: $26.68
Shipping & Handling: $8.98
Import Fees Deposit: $1.33

**Total for this Order:** $36.99

**Delivery estimate:** April 15, 2011 - April 27, 2011

**Shipping estimate for these items:** April 5, 2011

1 "Many Unhappy Returns: One Man's Quest To Turn Around The Most Unpopular Organization In America (Leadership for the Common Good)"
Charles O. Rossoitti; Hardcover; $26.68

Sold by: Amazon Export Sales, Inc.
UNION BANK 1N-N-REST
10053 JASPER AVENUE
EDMONTON AB T5J 1S5
780-423-3600

TERM ID: 001

MASTERCARD ID: 4

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

SALE

XXXXX5355XX9747
ENTRY METHOD: SWIPE
04/05/11 08:12:35
INV #: 000001
APR CODE: 101235
BATCH #: 00524
REF #: 001

AMOUNT $24.15
TIP  
TOTAL $30.15

CASHIER/COP
LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

08/04/11

EXPIRATION TIME

09:29 AM

DATE ISSUED

08/04/11

TIME ISSUED

06:29 AM

AMOUNT PAID

$10.50

CREDIT CARD NUMBER

764400000

06:29 AM

1182360

1182360

NON TRANSFERABLE

Alberta Health Services

Alberta Health Services

RECEIPT
UNION BANK INN-REST
10053 JASPER AVENUE
EDMONTON AB T5J1S5
780-423-3500

SALE

04/10/11
19:42:53
000004
000004

$115.24
20.00
135.24

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

Serv: Mic
Tab: /1
Guest: . 2
04/10/2011
7:40 PM
10047

Soft Drink
Caesar Salad
Pacific Sablefish (2 @39.00)
Coffee Tea (2 @3.50)
House Salad

Subtotal
GST Exclusive Tax
Total

109.75
5.49
115.24

Balance Due
$115.24

GRATUITY: 20.00
TOTAL: 135.24

SIGNATURE: Diner: Donn Mc

PRINT NAME: THANK YOU
Please Come Again Soon
GST #R897343794
From: office@integraair.com
Sent: Tuesday, April 12, 2011 12:42 PM
To: Joyce Murray
Subject: INTEGRA AIR ITIN. For EAGLE, CHRIS
Importance: High

***ITINERARY***

INTEGRA AIR
152 KENYON DRIVE
LETHBRIDGE ALBERTA, T1K 7N3

MASTERCARD
Locator Number: 577703
Date Booked: 4/11/2011
Booked by: Murriah
Contact:

Welcome Aboard: EAGLE, CHRIS

<table>
<thead>
<tr>
<th>Bound</th>
<th>Date</th>
<th>Flt</th>
<th>Departure Time</th>
<th>Arrive</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out</td>
<td>27Apr11</td>
<td>819</td>
<td>Edmonton Flt Ctr 08:20 am</td>
<td>Lethbridge 09:35 am</td>
<td>CONirmed</td>
</tr>
</tbody>
</table>

FARE BASIS: Value

FARE: 224.00
Nav Canada: 12.00
Landing Fees: 0.00
Change Fee: 0.00
Security Fee: 7.12
Change Insurance: 0.00
AIF: 20.00
Fuel Surcharge: 0.00
SUBTOTAL: 263.12

--------

GST: 13.16
--------

TOTAL: 276.28

OB STOPS: 0  OB CONNECTIONS: 0  IB STOPS: 0

*************************************************************************************************************************************************
* * Your (Outbound) flight will be departing from: Edmonton Flt Ctr * *
* * On: 04/27/2011 08:20 am * *
* *
* * Check in time is 45 minutes before departure time * *
* * Passengers arriving 15 minutes prior to scheduled departure time will be denied boarding. * *
*************************************************************************************************************************************************

The Edmonton Flight Centre is not at the main airport. Directions found below.
Mail To: Chris Eagle

Group: Alberta Health Services Board
Guest: Chris Eagle

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Voucher</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/04/2011</td>
<td>Room Revenue</td>
<td>GP -418</td>
<td>99.00</td>
</tr>
<tr>
<td>13/04/2011</td>
<td>Destination Marketing Fee</td>
<td>GP -418</td>
<td>.99</td>
</tr>
<tr>
<td>13/04/2011</td>
<td>GST</td>
<td>GP -418</td>
<td>5.00</td>
</tr>
<tr>
<td>13/04/2011</td>
<td>Provincial Tourism Levy</td>
<td>GP -418</td>
<td>4.00</td>
</tr>
<tr>
<td>14/04/2011</td>
<td>Mastercard</td>
<td></td>
<td>-108.99</td>
</tr>
</tbody>
</table>

Bill To: Eagle

Total GST
GST Registration #: R-121767065

Balance: .00

SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel: 780.513.5555
Fax: 780.513.5131
Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website: www.sandmanhotels.com
PROPERTY: 01-042 Invoice #: 320225 Description: standard folio

Res.#: 278931
Arrive: 13/04/2011 06:22pm
Depart: 14/04/2011 12:29am
Room: JCSN 418

Pre-AUTH Completion
TOTAL
$108.99

Card Details:
- Card Type: Mastercard
- Date: 2011/04/14
- Time: 06:21:11
- Receipt Number: 50615642-001-073-001-0

Pre-AUTH Completion
Total
$108.99

Approved
AUTH#: 202242 01-027
Thank you
EAGLE, CHRIS DR

X

EDMONTON, AB T1K1L6 CA

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
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</thead>
<tbody>
<tr>
<td>14-Apr-11</td>
<td>15-Apr-11</td>
<td>XXXXXXXXXXXXX9747</td>
<td>AHS</td>
<td>COR</td>
<td>20090113513</td>
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<table>
<thead>
<tr>
<th>DATE</th>
<th>ROOM NO.</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>14-Apr-11</td>
<td>709</td>
<td>ROOM CHARGE</td>
<td>#709 EAGLE, CHRIS DR</td>
<td>$154.00</td>
</tr>
<tr>
<td>14-Apr-11</td>
<td>709</td>
<td>GST</td>
<td>GST</td>
<td>$7.70</td>
</tr>
<tr>
<td>14-Apr-11</td>
<td>709</td>
<td>DESTINATION MARKETING FEE</td>
<td>DESTINATION MARKETING FEE</td>
<td>$4.76</td>
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<tr>
<td>14-Apr-11</td>
<td>709</td>
<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
<td>$6.16</td>
</tr>
<tr>
<td>15-Apr-11</td>
<td>709</td>
<td>MASTERCARD</td>
<td>MASTERCARD</td>
<td>($172.62)</td>
</tr>
</tbody>
</table>

CREDIT DUE: ($0.00)

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864
s.17(1), 17(4)(g)(i)
From: Chris Eagle
Sent: Monday, March 21, 2011 3:06 PM
To: Lorinda Prociuk
Subject: FW: RCPSC Annual Dues Payment On-line

CC Receipt

-----Original Message-----
From: On Line Annual Dues Payment [mailto:dues@rcpsc.edu]
Sent: Monday, March 21, 2011 3:06 PM
To: Chris Eagle; Financial Services; IMIT
Subject: RCPSC Annual Dues Payment On-line

This message is confirmation that Christopher John Eagle has paid the RCPSC website.

Here's the information submitted:

Christopher John Eagle
RCPS Number: 302248
Email Address: chris.eagle@albertahealthservices.ca

Annual Dues Payment amount: 750.00

Total Amount of Transaction: 750.00
Paid by: MC
Authorization Reference #: 5096259
Authorization Result: 170532 $750.00

[Handwritten Note]
CLAIM through Educator Alliance Membership
CHAMBER OF COMMERCE
600-9990 JASPER AVENUE
EDMONTON AB T5J 1P7
MNR # 4040752142
TERM # 40421421
E:001

AUTH#:105222
TRANS#:0000862

CARD ***************9747
CRE T/MASTER CARD
DATE 2011/03/21
TIME 07:51:28
RE CPT 40421421-001-0862

PURCHASE
AMOUNT $121.80

DESCRIPTION
Mayor's 2011 State of the City Address Luncheon
Member Ticket
Mayor's 2011 State of the City Address Luncheon
Member Ticket
GST - Events/Services

TRANSACTION
APPROVED - 0000

THANK YOU
CUSTOMER COPY

POWERED BY MCNE

COM

Rate Amount
$58.00 $58.00
$58.00 $58.00
$5.80 $5.80

Invoice: $121.80
Payment: $121.80
Balance: $0.00

GST REGISTRATION NO. 107282196 RT

Date: 03/21/2011
Invoice #: 226882
Due: 03/21/2011

Amount Due: $0.00
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
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Best Copy Possible
## Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
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<td>CAD</td>
<td>210.00</td>
<td>10.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>
# Cardholder Statement Report

## Signatures

**Cardholder Designate (If Applicable)**

By signing this statement:
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

**Name of Cardholder Designate**: [Signature]

**Cardholder Designate Position/Title**: [Signature]

**Date of Signature**: [Signature]

## Cardholder

By signing this statement:
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

**Name of Cardholder**: [Signature]

**Cardholder Position/Title**: [Signature]

**Date of Signature**: [Signature]

## Approver Designate (If Applicable)

By signing this statement:
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

**Name of Approver Designate**: [Signature]

**Approver Designate Position/Title**: [Signature]

**Date of Signature**: [Signature]

## Approver

By signing this statement:
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

**Name of Approver**: [Signature]

**Approver Position/Title**: [Signature]

**Date of Signature**: [Signature]

## Submit approved statement with attachments to Accounts Payable:

Addreses:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

**Accounts Payable only:**

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Reviewed by</th>
<th>Date</th>
</tr>
</thead>
</table>

**UN DATE**: 05/25/2011

**Proprietary and Confidential**

**Powered by BMO Spend & Payment Solutions**

**PAGE NO: 2**
s.17(1), 17(4)(e.1)

Best Copy Possible
# Statement for the Month of March 2011

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<th>Date</th>
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<th>Name</th>
<th>Destination</th>
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<tr>
<td>1</td>
<td>04</td>
<td>22:23</td>
<td>Dr.Eagle</td>
<td>EIA to Residence</td>
<td>74.75</td>
</tr>
<tr>
<td>2</td>
<td>07</td>
<td>08:15</td>
<td>Dr.Eagle</td>
<td>Manulife to Misercordia</td>
<td>50.00</td>
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<tr>
<td>3</td>
<td>07</td>
<td>10:00</td>
<td>Dr.Eagle</td>
<td>Misercordia to RAH</td>
<td>50.00</td>
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<tr>
<td>4</td>
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<td>12:15</td>
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<td>RAH to Manulife</td>
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*All prices are inclusive of GST*

| | TOTAL | $798.60 |
## STATEMENT FOR THE MONTH OF APRIL 2011

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<td>13:15</td>
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<td>06:30</td>
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</tr>
<tr>
<td>4</td>
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<td>08:21</td>
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<td>EIA to Residence &amp; Residence to Manulife</td>
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<td>66.70</td>
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</tbody>
</table>

*All prices are inclusive of GST*

| TOTAL | $336.20 |
ABBOT FLOWERS & GIFTS
10044-108 STREET
EDMONTON AB

CARD **********9747
CARD TYPE: MASTERCARD
DATE: 2011/04/28
TIME: 17:26:38
RECEIPT NUMBER:
M30705186-001-094-018-0

PURCHASE TOTAL

$210.00

APPROVED
AUTH#: 192638 01-027
THANK YOU

Flowers - Five Arrangements

Staff Appreciation
Your booking is confirmed. Please print/rein this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: N3AB65

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Ms Lorinda Procluk
Joyce.murray@albertahealthservices.ca
Work: 1-780-342-2020
Mobile: s.17(1), 17(4)(g)(i)

Flight Itinerary

Flight
AC8158
From
Calgary (YYC)
Wed 04-May 2011
19:50

To
Edmonton, Edmonton Int’l (YEG)
Wed 04-May 2011
20:20

Steps
Duration
Aircraft
Fare Type
Meal

0
0hr50
DH3
Tango Plus
W

*Operated by Jazz

Passenger Information

1: Ms Lorinda Procluk : Adult (16+), Ticket Number: 0142194834397

Frequent Flyer Pgm : None

Meal Preference : None

Credit Card : xxxxxxxxxx-9747

Special Needs : None

Purchase Summary

Fare Summary

Passenger Type
Adult

Departing Flight - Tango Plus 199.00

Surcharges 12.00

Taxes, Fees and Charges

Canada Airport Improvement Fee 26.00

Air Travellers Security Charge (ATSC) 7.12

Canada Goods and Services Tax (GST/HST #11009-2287 RT0001) 12.16

Total airfare and taxes before options (per passenger) 255.28

Number of passengers 1

Total 255.28

Grand Total - Canadian dollars $255.28

Grand Total 1 adult

Total including travel options, taxes, fees and charges $255.28 CAD

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference.
  - Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are non-refundable and non-transferable.
Your booking is confirmed. Please print/retain this page for your financial records (for
taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air
Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: M8LZNR

Electronic Ticketing confirmed. This is your official Itinerary/receipt.

Main Contact:
Ms Sandra Owen
Sandra.owen@albertahealthservices.ca
Mobile:

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

Flight Itinerary

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<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
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<th>Aircraft</th>
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<td>Calgary (YYC)</td>
<td>0</td>
<td>0hr51</td>
<td>CH3</td>
<td>Tango N</td>
<td>None</td>
</tr>
</tbody>
</table>

*Operated by Jazz

Passenger Information

1: Ms Sandra Owen: Adult (16+), Ticket Number: 0142194950613

Frequent Flier Pgm: None
Credit Card: xxxxxx-xxxxx-xxxxx-5747
Seat Selection: None

Purchase Summary

<table>
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<th>Adult</th>
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<th>Taxes, Fees and Charges</th>
<th>Total</th>
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<th>Grand Total - Canadian dollars</th>
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<td>Canada Airport Improvement Fee</td>
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<tr>
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<td>Air Travellers Security Charge (ATSC)</td>
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<td>$202.78</td>
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Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango

- Changes:
  - Prior to day of departure: Change fee per direction, per passenger, is $75 CAD plus applicable
taxes and any additional fare difference.
  - Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes are subject to availability and are permitted only for same-day
flights at a fee of $150 CAD/USD per direction, per passenger, except for passengers travelling on
a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for
whom the flat fee is $75 CAD/USD. Same-day flights only.
  - Same-day standby is not permitted.
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are non-refundable and non-transferable.
Executive Committee
Meeting
CO CO DI RESTAURANT LTD
11454 JASPER AVE
EDMONTON, AB T5K0M1
780-425-1717

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

MasterCard ID:

SALE

05/3/2011 11:38AM 01
00000#5106 CLERK01

CO CO DI RESTAURANT
11454 - JASPER AVE
EDMONTON ALBERTA
PHONE 780-425-1717
GST # 864839337

Meals

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<tr>
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<th>Amount</th>
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<tbody>
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<td>&quot;X Fallsush 2x8.95&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;X Tabouli 2X8.55&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;Gr Steak&quot;</td>
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Beverages

Thank You!

Total: $75.39

659418

Guest Receipt

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<th>Guests</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
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</tr>
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</table>

Total: 659418

Credit Card No.

ALBERTA HEALTH SERVICES
Chris Eagle
10101 Southport Rd SW
Calgary, AB T2W3N2
CA

Group: AHS Provincial Senior Leadership Meeting

<table>
<thead>
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<th>Date</th>
<th>Description</th>
<th>Additional Information</th>
<th>Charges</th>
<th>Credits</th>
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<td>DMF</td>
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<td>4.32</td>
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</tr>
<tr>
<td>05-04-11</td>
<td>Room GST</td>
<td></td>
<td>7.42</td>
<td></td>
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<tr>
<td>05-04-11</td>
<td>Tourism Levy</td>
<td></td>
<td>5.93</td>
<td></td>
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<td>Mastercard</td>
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GST Summary
Registration No: 895126332
Room  7.42
F&B  0.00
Other  0.70
Total  8.12

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<tr>
<td>Balance Due</td>
<td>0.00 CDN</td>
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</tr>
</tbody>
</table>

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 of or the full amount of these charges.

I have accepted delivery of the Globe and Mail. If refused, a $1.00 (Mon-Fri) and $2.00 (Sat) credit will be applied to my account.

Guest Signature: ___________________________
Executive Suite
FUNKY PICKLE PIZZA CO
17104 90TH AVE
EDMONTON AB T5T 4C8
BANK # 008925
TERM # 0008011434266999
AUTH# 134545
SEQ# 001
TRANS# 0005723

CARD **********9747
CREDIT/MASTER CARD
DATE 2011/05/10
TIME 11:45:34
RECEP 75931102-249-5723

PURCHASE AMOUNT $74.70
TIP 12.00
TOTAL $86.70

10  74.70
11  11.50
12  21

DATE 20
ACC. FWD.

M. Durnan

14 th Floor
north tower
10030 107 st

PRICE PAPER & PRODUCE PRODUCTS
TO REORDER PHONE 448-1040 OR FAX 474-3002
********** DUPLICATE RECEIPT **********

Sobeys Westlock
9640-100 Street
780.349.3544
GST # 67167 3737

Served by: Linda

4 @ 1/2 $50.00
Gift Basket $50

3017 $200.00 GD
SUBTOTAL $200.00
5% GST $10.00

TOTAL $210.00

Master Card TENDER $210.00
Cash CHANGE $0.00

NUMBER OF ITEMS: 4

Points you would have earned today with your Club Sobeys card: 200

********** DUPLICATE RECEIPT **********

Sobeys Westlock
9640-100 Street
780.349.3544
GST # 67167 3737

CLIENT ID 9803
TERMINAL ID 030
** PURCHASE
CARD MasterCard
NO. **************9747
DATE 05/17/2011
AUTH # 202430

** $ 210.00

SUBTOTAL $200.00
5% GST $10.00

TOTAL $210.00

Master Card TENDER $210.00
Cash CHANGE $0.00

NUMBER OF ITEMS: 4

Points you would have earned today with your Club Sobeys card: 200

Thank you for shopping at Sobeys
(780) 349-3544
New store hours are 8:00 am to 9:00 pm
7 days a week

Thank you
North Zone Emergency Operations Centre
### Instruction:
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<table>
<thead>
<tr>
<th>Cardholder's Name</th>
<th>Cardholder's Position/Title</th>
<th>Billing Reporting Period:</th>
<th>Total Statement Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGLE, CHRIS</td>
<td>PRESIDENT &amp; CEO</td>
<td>20/06/2011</td>
<td>$1,726.40</td>
</tr>
<tr>
<td>Cardholder's Dept</td>
<td>Cardholder's Site/Location</td>
<td>Last 6 digits of the P-Card #:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X0888888888189747</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardholder’s e-mail address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA">CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</a></td>
<td></td>
</tr>
</tbody>
</table>

### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
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<tbody>
<tr>
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<td>TIMewise EVENT MANagem, BUSineSS SERVICES NOT ELSEWHERE CLASSIFIED</td>
<td>75.00</td>
<td>CAD</td>
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<td>3.57</td>
<td>.00</td>
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<tr>
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<td>257718329</td>
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<td>106.95</td>
<td>CAD</td>
<td>106.95</td>
<td>5.30</td>
<td>.00</td>
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<tr>
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<td>257898000</td>
<td>U Of C - Bistro RestaurAnts</td>
<td>15.63</td>
<td>CAD</td>
<td>15.63</td>
<td>.74</td>
<td>.00</td>
<td></td>
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<td>05/06/2011</td>
<td>258051834</td>
<td>University Of CalgArY, COLleGes, Universities, Professional</td>
<td>526.17</td>
<td>CAD</td>
<td>526.17</td>
<td>22.40</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>12/06/2911</td>
<td>258631418</td>
<td>University Of CalgArY, COLleGes, Universities, Professional</td>
<td>424.17</td>
<td>CAD</td>
<td>424.17</td>
<td>17.85</td>
<td>.00</td>
<td></td>
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<tr>
<td>15/05/2011</td>
<td>258907833</td>
<td>TIMewise EVENT MANagem, BUSineSS SERVICES NOT ELSEWHERE CLASSIFIED</td>
<td>-75.00</td>
<td>CAD</td>
<td>-75.00</td>
<td>-3.51</td>
<td>.00</td>
<td></td>
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<tr>
<td>17/06/2011</td>
<td>259205249</td>
<td>YeLLow Cab, Limousines And TaxicAbS</td>
<td>386.70</td>
<td>CAD</td>
<td>386.70</td>
<td>18.41</td>
<td>.00</td>
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<td>16/06/2011</td>
<td>259205247</td>
<td>University Of CalgArY, COLleGes, Universities, Professional</td>
<td>266.78</td>
<td>CAD</td>
<td>266.78</td>
<td>11.90</td>
<td>.00</td>
<td></td>
</tr>
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</table>
Cardholder Designate (If Applicable)

By signing this statement:
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide, and Training. I have allocated the transaction(s) to the proper cost centre.

Signed: [Signature of Cardholder Designate]

Cardholder

By signing this statement:
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf.

EAGLE, CHRIS
Name of Cardholder

Signed: [Signature of Cardholder]

Approver Designate (If Applicable)

By signing this statement:
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide, and Training on behalf of an authorized approver.

Signed: [Signature of Approver Designate]

Approval

By signing this statement:
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Signed: [Signature of Approver]

Submit approved statement with attachments to Accounts Payable:

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

Accounts Payable only:

Reviewed by: [Signature]
Date: 7-21-11

UN DATE: 06/22/2011
Proprietary and Confidential
Powered by BMO Speeg & Payment Solutions PAGE NO: 2
## Section 3: Invoice Processing

<table>
<thead>
<tr>
<th>Grid</th>
<th>P-Card Quality &amp; Compliance Non Compliant Form</th>
<th>Number: AP 3.507</th>
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</thead>
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<tr>
<td></td>
<td>Approved</td>
<td>YYYYY MM DD</td>
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<tr>
<td></td>
<td>Last Update</td>
<td>May 25, 2011</td>
</tr>
<tr>
<td></td>
<td>Next Review</td>
<td>YYYYY MM DD</td>
</tr>
</tbody>
</table>

### OBJECTIVE:
- To ensure any Non-Compliant issues on P-Card statements are documented and followed through. (only fill in the applicable non-compliant fields)

#### Cardholder Name:
EAGLE, CHRIS

#### Statement Date:
June 20th, 2011

#### Review completed by:
(AP P-Card Clerk)
Wayne King

#### Date completed:
27-Jul-11

#### Record Reference #:
11Jun0013

### Compliance Check Points:

<table>
<thead>
<tr>
<th>Compliance Check Points</th>
<th>Compliant (Yes/No)</th>
<th>Reason (please indicate)</th>
<th>Follow-up Req’d (Yes/No)</th>
<th>Follow up Referred to</th>
<th>Follow Up Initiation Date:</th>
</tr>
</thead>
</table>

| Appropriate Approval Signatures: | | | |
|----------------------------------| | | |
| Card Holder Approval             | Yes | | P-Card Administrator |
| Designated Approver (Can only be for VP/ED/DSVP) | Yes | | P-Card Administrator |
| Statement Approval (Approver listed on statement + hardcopy approval signature) | Yes | | P-Card Administrator |
| Personal Expenses Waiver (ensure completion if applicable) | N/A | | P-Card Administrator |

| Submission Requirements: | | |
|--------------------------| | |
| Cardholder statement and backup submitted within deadline | N/A | | P-Card Administrator |

| Receipts: | | |
|-----------| | |
| All Receipts attached (including order form, vendor invoice, shipping docs) | Yes | | Approver |
| Receipt includes Alcohol (needs to be reimbursed) | No | | Approver |
| Returned Item Receipts | Yes | | Approver |
| Missing Receipts have documentation | Yes | | Approver |
| Receipts match charges on statement | Yes | | Approver |
| Meal Allowances within Travel Policy | N/A | | Approver |
| Out Of Province Travel (approval form attached) | N/A | | Approver |
| Out Of Country Travel (approval form attached) | N/A | | Approver |

| Personal Expenses: | | |
|-------------------| | |
| Payment attached | N/A | | P-Card Administrator |

| Disputing a P-Card Charge: | | |
|---------------------------| | |
| Letter from Cardholder attached | N/A | | P-Card Administrator |
If you have any questions please call 780-444-3773.

General Options

Name: Chris Eagle
Occupation/Job Title: President & CEO
Address: 14th Floor North Tower, SSP
10030 - 107 Street NW
Edmonton, AB T5J 3N4

Number of People Registered: 1
Confirmation Number: HKN9BBPQ43 (needed to modify your registration)
Event Title: Care About Cancer 2011
Location: Shaw Conference Centre
9797 Jasper Avenue NW
Edmonton, AB T5J 2W8
Date: 06/16/2011
Time: 8:00 Add to my calendar

Current Registration Details

Registration Items
Chris Eagle Dr. Field's Retirement Dinner (June 16)

Optional Items
Chris Eagle Please indicate the number of tickets that you would like to purchase.
Dr. Field's Tribute Dinner Fee CAD $75.00 x 1 = CAD $75.00

Order Summaries

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Amt Ordered</th>
<th>Amt Paid</th>
<th>Amt Due</th>
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<tr>
<td>05/24/2011</td>
<td>online</td>
<td>CAD $75.00</td>
<td>CAD $75.00</td>
<td>CAD $0.00</td>
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Payment Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Reference #</th>
<th>Amt Paid</th>
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<tbody>
<tr>
<td>05/24/2011</td>
<td>MasterCard</td>
<td>9747</td>
<td>CAD $75.00</td>
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</table>
U OF C - BISTRO
2500 UNIV. ST. DR. NW RM 110
CALGARY AB T2N1N4
403-220-6290

TERM ID: 002

MASTERCARD ID: s.17(1), 17(4)(e.1)

SALE

XX6787879787477
MASTERCARD ENTRY METHOD: SWIPE
06/02/11 07:49:09
INV #: 000006 APPR CODE: 094911
BATCH #: 000127
REF #: 006

AMOUNT $13.13

TIP

TOTAL $13.13

CARDHOLDER COPY
## Hotel Alma

**Room Number:** 701  
**Daily Rate:** $154.00  
**Room Type:** OBKL  
**No. of Guests:** 1 / 0

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
<th>TOTAL DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Jun-11</td>
<td>04-Jun-11</td>
<td>XXXXXXXXXXXXX9747</td>
<td>AHS</td>
<td>COR</td>
<td>20090115328</td>
<td>$0.00</td>
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<th>DESCRIPTION</th>
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<th>AMOUNT</th>
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<tbody>
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<td>701</td>
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<td>PARKING CHARGE</td>
<td>$8.00</td>
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<td>01-Jun-11</td>
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<td>#423A EAGLE, CHRIS</td>
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<td>#701 EAGLE, CHRIS</td>
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<td>02-Jun-11</td>
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<td>GST</td>
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<td>701</td>
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<td>MASTERCARD</td>
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</tr>
</tbody>
</table>

---

*Siksika Nation Signing Ceremony  
AMA Board Retreat*
### HOTEL ALMA

168 UNIVERSITY GATE NW  
CALGARY, ALBERTA, CANADA T2N 1N4  
1.877.498.3203  T 403.220.3203  F 403.284.4164  
W HOTELALMA.CA

EAGLE, CHRIS  

14TH FLOOR NORTH TOWER  
EDMONTON, AB T5J 3E4 CA

Room Number: 640  
Daily Rate: 119.00  
Room Type: SQNA  
No. of Guests: 1 / 0

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>08-Jun-11</td>
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<table>
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<td>MASTERCARD</td>
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</tr>
</tbody>
</table>

**AHS Board Meeting**

**Province Wide Health Advisory Council Meeting**

**CREDIT DUE:**  ($0.00)

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
GST #108102864
From: Timewise Event Management [cancercare@timewiseevents.com]
Sent: Wednesday, June 15, 2011 1:30 PM
To: Joyce Murray
Subject: Refund Confirmation/Receipt for Care About Cancer 2011

Your refund for the Care About Cancer 2011 event has been successfully processed. Please save this email for your records.

Event Title: Care About Cancer 2011
Registration Confirmation Number: HKN6J8BPQ43

Transaction Information:

<table>
<thead>
<tr>
<th>Item</th>
<th>Transaction Information</th>
<th>Quantity</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>CAD 75.00</td>
<td>1</td>
<td>CAD 75.00</td>
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</table>

Transaction Total CAD75.00

If you have any questions about this transaction or email, please contact Timewise Event Management directly at cancercare@timewiseevents.com.

To view the details of this event, go to: Click here for event summary
## Statement for the Month of May 2011

<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>DESTINATION</th>
<th>AMOUNT</th>
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</thead>
<tbody>
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<td>1</td>
<td>04</td>
<td>20:20</td>
<td>Lorinda Prociuk</td>
<td>EIA to AHS</td>
<td>66.70</td>
</tr>
<tr>
<td>2</td>
<td>09</td>
<td>09:30</td>
<td>Dr. Eagle &amp; Isaac Dyne</td>
<td>AHS to RAH</td>
<td>50.00</td>
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<tr>
<td>3</td>
<td>09</td>
<td>11:15</td>
<td>Dr. Eagle</td>
<td>RAH to AHS</td>
<td>50.00</td>
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<tr>
<td>4</td>
<td>09</td>
<td>14:00</td>
<td>Dr. Eagle</td>
<td>AHS to UofA</td>
<td>50.00</td>
</tr>
<tr>
<td>5</td>
<td>09</td>
<td>14:45</td>
<td>Dr. Eagle</td>
<td>UofA to AHS</td>
<td>50.00</td>
</tr>
<tr>
<td>6</td>
<td>09</td>
<td>3hrs</td>
<td>Waiting Charges</td>
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<td>120.00</td>
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*All prices are inclusive of GST*

<table>
<thead>
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</table>

54
EAGLE, CHRIS
14TH FLOOR NORTH TOWER
EDMONTON, AB T5J 3E4 CA

Room Number: 638
Daily Rate: 119.00
Room Type: SQN
No. of Guests: 1 / 0

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-Jun-11</td>
<td>17-Jun-11</td>
<td>XXXXXXXXXXXXX9747</td>
<td>AHS</td>
<td>COR</td>
<td>20090116677</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>ROOM NO.</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-Jun-11</td>
<td>638</td>
<td>ROOM CHARGE</td>
<td>#638 EAGLE, CHRIS</td>
<td>$119.00</td>
</tr>
<tr>
<td>15-Jun-11</td>
<td>638</td>
<td>GST</td>
<td></td>
<td>$5.95</td>
</tr>
<tr>
<td>15-Jun-11</td>
<td>638</td>
<td>DESTINATION MARKETING FEE</td>
<td>DESTINATION MARKETING FEE</td>
<td>$3.68</td>
</tr>
<tr>
<td>15-Jun-11</td>
<td>638</td>
<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
<td>$4.76</td>
</tr>
<tr>
<td>16-Jun-11</td>
<td>638</td>
<td>ROOM CHARGE</td>
<td>#638 EAGLE, CHRIS</td>
<td>$119.00</td>
</tr>
<tr>
<td>16-Jun-11</td>
<td>638</td>
<td>GST</td>
<td></td>
<td>$5.95</td>
</tr>
<tr>
<td>16-Jun-11</td>
<td>638</td>
<td>DESTINATION MARKETING FEE</td>
<td>DESTINATION MARKETING FEE</td>
<td>$3.68</td>
</tr>
<tr>
<td>16-Jun-11</td>
<td>638</td>
<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
<td>$4.76</td>
</tr>
<tr>
<td>17-Jun-11</td>
<td>638</td>
<td>MASTERCARD</td>
<td>MASTERCARD</td>
<td></td>
</tr>
</tbody>
</table>

Term of Due and Payable Upon Presentation: I agree that my liability for this bill is not waived and agree to be held personally liable in the event the indicated person or third party fails to pay for any part of or the full amount of charges.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
GST #108102664

Signature

Total Due: $0.00
Travel & Employee Expense Claim Form

Out-of-Provience Travel: ☐ Prior Approval Date (related to Out-of-Provience only): s.17(1), 17(4)(g)(i) Prior Approved by (related to Out-of-Provience only):

Name: Chris Eagle Employee #: Union Name:
Position (Title): CEO Department: Location: Corporate Office 14th Fl.
Business Phone #: 780-762-2003 Travel Period From: Seventh Street N.W.

What former entity payroll system is the employee being paid from? (please ✓ one from below)
☐ AADAC ✓ Calgary Health ☐ East Central
☐ Alberta Cancer Board ☐ Capital Health ☐ Northern Lights
☐ Alberta Mental Health Board ☐ Chinook ☐ Palliser Health
☐ Aspen ☐ David Thompson ☐ Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

### Summary of Travel & Employee Expenses

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution (if applicable)</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corp/BU/Org (if applicable)</td>
<td>Location (if applicable)</td>
<td>Functional Centre/Primary</td>
<td>Expense/Secondary Account</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>64620000</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>62620000</td>
</tr>
</tbody>
</table>

Total GST
Subtotal
Less Cash Advance (if applicable)
Total

MAY 5, 2011

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: MAY 12, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): [Signature] Title: [Title] Phone #: [Phone #]
Date: [Date]

Ken Hughes
Chair
Alberta Health Services Board
Phone: 403-943-1120

In compliance with Alberta Health Services Policies (i.e. Travel expense in receipt of original receipts or a copy as certified by the approver.

See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
## EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/4/11</td>
<td>Telus Mobility</td>
<td>7.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>157.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/4/11</td>
<td>ATLAS CANADA</td>
<td>124.89</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1437.70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total KM**

<table>
<thead>
<tr>
<th>Applicable Mileage rate @</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals 129.74</td>
</tr>
</tbody>
</table>

Note: Record the total amount for each expense categories from above to the summary table on page 1.

## EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meal Expenses and Allowances**
   - Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
     - a) Breakfast = B $10
     - b) Lunch = L $12
     - c) Dinner = D $21
   - 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 meeting.

2. **Accommodation Expense and Allowances**
   - Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**
   - Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**
   - Travel advance may be requested provided travel expenses are likely to exceed $500.
At TELUS, we're committed to helping communities in need at home and around the world. To support you in connecting with friends and family in Japan after the recent devastation, any mobile calls (including roaming) made to Japan between March 11 - April 30 will not be billed. If you placed any calls during this time, these charges have been waived.

Turn your paper bill into a healthy habitat
Switch to paperless billing and we'll donate $2 to the nation's leading land conservation organization, the Nature Conservancy of Canada (NCC). Plus, you'll get a chance to win $1,000 in our weekly contest, and we'll also match the amount and donate it to help further support the NCC. Contest ends September 26, 2010. No purchase necessary. Please visit telusmobility.com/gopaperless to register and for complete contest rules. Maximum total donation to the NCC is up to $650,000.

Go paper free and save a tree
TELUS e.Bill is convenient, reduces clutter and best of all - it saves trees. With e.Bill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text notifications. To view your e.Bill visit telusmobility.com/ebill

---

**MOBILITY BILL SUMMARY**

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$ 24.30</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$ 3.75</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$ 27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$ 2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>7.85</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$ 7.85</td>
</tr>
<tr>
<td><strong>Total Current Charges</strong></td>
<td>$ 164.90</td>
</tr>
</tbody>
</table>

**YOUR LAST BILL**

| Amount of Last Bill 16-Mar-11 | $ 154.82 |
| Payments | $ -154.82 |
| Payment Reversals | $ 0.00 |
| **Total Previous Charges Brought Forward** | $ 0.00 |

Payment received after 13-Apr-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing '611' from your handset or see reverse for local and toll free numbers.

**Total Amount Due** $ 164.90

---

**Mobility Client Number** s.17(1), 17(4)(g)(i)

**Bill Date** 16-Apr-11

**Total Amount if received by 11-May-11** $ 164.90

Additional fees apply for late payments

**Amount of Payment** $ 164.90

Please make cheques payable to TELUS
Please do not staple
## Account Detail

**CHRIS J. EAGLE**

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

### Current Charges - Detail

**Contract Term : 3 yr**

**Monthly Service Plans Apr 17 to May 16**

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 100.00</strong></td>
</tr>
</tbody>
</table>

**Additional Local Airtime**

*Free Airtime includes bonus minutes, birthday calling, evenings & weekends, free incoming, 611 and In Network Calling*

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>642:00</td>
<td>118:00</td>
<td>524:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>443:00</td>
<td>0:00</td>
<td>200:00</td>
<td>243:00</td>
<td>24.30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 24.30</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data and Other Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>Event</th>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>9</td>
<td>Msg</td>
<td></td>
<td>1.35</td>
</tr>
<tr>
<td>Data Usage</td>
<td>121.491 MB</td>
<td></td>
<td></td>
<td>0.00</td>
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<tr>
<td>Text Messaging - Received</td>
<td>16</td>
<td>Msg</td>
<td></td>
<td>2.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 3.75</strong></td>
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**Value Added Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Apr 17 to May 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Apr 17 to May 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Apr 17 to May 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Apr 17 to May 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 27.00</strong></td>
</tr>
</tbody>
</table>

**Other Charges and Credits**

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 7.86</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges** **$ 164.90**
PAY TO THE ORDER OF

Cattas Van Lines

$2559.59

CANADIAN IMPERIAL BANK OF COMMERCE
NORTH HILL STATION
2015 - 16TH AVE. N.W
CALGARY, ALBERTA T2M 0M3

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

ALLS AGREED TO
PAY MVI EXPENSES
BEYOND THOSE COVERED
BY UNICOR OF A
F4
FEE REIMBURSED
$2559.59

s.17(1), 17(4)(e.1)
ATTN: s.17(1), 17(4)(g)(i)

BOOCKER CODE: 8816
ATLAS VAN LINES

<table>
<thead>
<tr>
<th>DESCRIPTION OF SERVICES</th>
<th>CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSPORTATION - SHIPMENT WEIGHED 14,850 LBS - TOTAL $12,660.00</td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY RESPONSIBLE FOR 10,000 LBS. INVOICED $10,100.42</td>
<td>2,437.70</td>
</tr>
<tr>
<td>SHIPPER RESPONSIBLE FOR OVERAGE OF 4,850 LBS</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL: 2,437.70

GST 5% 121.89

BALANCE DUE: 2,559.59

NO PAYMENT LESS THAN THE FULL AMOUNT OF THIS INVOICE SHALL BE CONSIDERED PAYMENT IN FULL PAYABLE UPON RECEIPT

GST NO. R100329356
QST NO. 1012616739

SUPPORT DOCUMENTS ATTACHED (IF REQUIRED)
Travel & Employee Expense Claim Form

Out-of-Province Travel: ☐

Prior Approval Date (related to Out-of-Province only):

Prior Approved by (related to Out-of-Province only):

Name: Chris Eagle

Employee #: CHG55

Union Name:

Position (Title): Acting CEO

Department:

Location: Marriett Place CCM

Business Phone #: To Travel Period From:

What former entity payroll system is the employee being paid from? (please ✔ one from below)

☐ AADAC ☐ Alberta Cancer Board ☐ Alberta Mental Health Board ☐ Aspen

☒ Calgary Health ☐ Capital Health ☐ Chinook ☐ David Thompson

☐ East Central ☐ Northern Lights ☐ Palliser Health ☐ Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses
(by Expense Account)

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<thead>
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<td>Expense/Secondary Account</td>
</tr>
<tr>
<td>49011</td>
<td>711101000</td>
<td></td>
<td>6402000</td>
</tr>
<tr>
<td>49011</td>
<td>711101020</td>
<td></td>
<td>6402000</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>711101058</td>
<td>64020000</td>
</tr>
</tbody>
</table>

Total GST

Subtotal

Less Cash Advance (if applicable)

Total

$279.65

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: March 1, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Krista Hughes Title: Chair, AHSSB Phone #: 403.943.1028

Date: March 18, 2011

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
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<tr>
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<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/01/11</td>
<td>Telus - Mobile Charging</td>
<td>6.86</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>137.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16/02/11</td>
<td>Telus - Mobile Charging</td>
<td>6.46</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>129.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total KM

<table>
<thead>
<tr>
<th>Total KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.32</td>
</tr>
</tbody>
</table>

### Applicable Mileage rate @

<table>
<thead>
<tr>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.32</td>
</tr>
</tbody>
</table>

### Note:

Record the total amount for each expense categories from above to the summary table on page 1.

\[ \text{Note: Total amount: } 279.65 \]

## EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meal Expenses and Allowances**

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   c) Dinner = D $21

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   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**

   Travel advance may be requested provided travel expenses are likely to exceed $500.
# Mobility Bill Summary

<table>
<thead>
<tr>
<th>Current Charges</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$7.10</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$1.10</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td>6.86</td>
</tr>
<tr>
<td><strong>Total Taxes</strong></td>
<td><strong>$6.86</strong></td>
</tr>
<tr>
<td><strong>Total Current Charges</strong></td>
<td><strong>$144.06</strong></td>
</tr>
</tbody>
</table>

## Your Last Bill

- **Amount of Last Bill**: 16-Dec-10  
  **$157.03**
- **Payments**:  
  **$157.03**
- **Payment Reversals**:  
  **$0.00**
- **Total Previous Charges Brought Forward**:  
  **$0.00**

Payment received after 13-Jan-11 may not be reflected on this invoice.

For inquiries please call Client Care by dialing *611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due**: **$144.06**

----

**Payable online or through most financial institutions**

**Mobility Client Number**: 39968

**Bill Date**: 16-Jan-11

**Total Amount if received by 11-Feb-11**: **$144.06**

Additional fees apply for late payments

**Amount of Payment**

Please make cheques payable to TELUS  
Please do not staple

---

**Non-Responsive**
## Account Detail

### Current Charges - Detail

**Contract Term:** 3 yr

### Monthly Service Plans Jan 17 to Feb 16

**Service Plan Name**

- iPhone 100 - Double mins

**Total**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>396:00</td>
<td>49:00</td>
<td>347:00</td>
<td>0:00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Total Additional Local Airtime**

- Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, 911 and in-network Calling

### Long Distance Charges

**Service**

<table>
<thead>
<tr>
<th>Domestic Phone</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>271:00</td>
<td>0:00</td>
<td>200:00</td>
<td>71:00</td>
<td>7.10</td>
</tr>
</tbody>
</table>

### Data and Other Services

**Service**

- Text Messaging - Sent
- Text Messaging (International)
- Data Usage
- Text Messaging - Received

### Value Added Services

**Service**

- 200 mins Cdn LD @ 10¢ (Jan 17 to Feb 16)
- 3 GB Included data (Jan 17 to Feb 16)
- Feature Bundle - Small (Jan 17 to Feb 16)
- Visual Voicemail for iPhone (Jan 17 to Feb 16)

### Other Charges and Credits

**Charges and Credits**

- Summary Paper Bill Fee

**Total**

- **Taxes**
- **CST**

**Total Current Charges**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Current Charges**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>144.06</td>
</tr>
</tbody>
</table>

---

**Note:**

- The total charges are calculated based on the provided details and service plans.
- The breakdown includes various aspects such as local and long-distance charges, data usage, and additional services.
- The table format helps in easily identifying and analyzing the charges.

---

**Client:**

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

---

**Date:**

- **16-Jan-11**

**Provider:**

- **TELUS**
Did you know TELUS has enhanced 911 services available nationwide? For more information on this service, including the availability, limitations and characteristics of wireless 911 service and handsets, please visit telusmobility.com/911.

Go paper free and save a tree
TELUS eBill is convenient, reduces clutter and best of all - it saves trees. With eBill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text notifications. To view your eBill visit telusmobility.com/ebill

CLTENT N°:

MOBILITY BILL SUMMARY

CURRENT CHARGES

Contract Term : 3 yr

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$0.15</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>6.46</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$6.46</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$135.61</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Last Bill 16-Jan-11</td>
<td>$144.06</td>
</tr>
<tr>
<td>Payments</td>
<td>-$144.08</td>
</tr>
<tr>
<td>Payment Reversals</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Previous Charges Brought Forward</td>
<td>-$0.02</td>
</tr>
<tr>
<td>Payment received after 13-Feb-11 may not be reflected on this invoice.</td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Due $135.59

For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.

Payable online or through most financial institutions

Mobility Client Number | Bill Date | Total Amount if received by 11-Mar-11 |
-----------------------|-----------|--------------------------------------|
|                       | 16-Feb-11 | $135.59                              |

Additional fees apply for late payments

Amount of Payment

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>135.59</td>
</tr>
</tbody>
</table>

Please make cheques payable to TELUS Please do not staple

s.17(1), 17(4)(g)(i)
### Monthly Service Plans Feb 17 to Mar 16

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$100.00</strong></td>
</tr>
</tbody>
</table>

#### Additional Local Airtime

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th><em>Free</em> Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th><strong>Total</strong> Airtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>348:00</td>
<td>53:00</td>
<td>295:00</td>
<td>0:00</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, *911 and In Network Calling.

#### Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>184:00</td>
<td>0:00</td>
<td>184:00</td>
<td>0:00</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>Event Type</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Usage</td>
<td>106,877 MB</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>1</td>
<td>Msg</td>
<td>0.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$0.15</strong></td>
</tr>
</tbody>
</table>

#### Value Added Services

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Feb 17 to Mar 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB Included data (Feb 17 to Mar 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Feb 17 to Mar 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Feb 17 to Mar 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

#### Other Charges and Credits

<table>
<thead>
<tr>
<th>Service and Credits</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>6.46</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6.46</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges:** **$135.61**

---

**Note:** The document includes detailed billing information for services provided by TELUS, including charges for local and long-distance calls, data usage, text messages, and other value-added services. The total charges for the period are summarized at the bottom of the page.
# Alberta Health Services

## Travel & Employee Expense Claim Form

<table>
<thead>
<tr>
<th>Out-of-Provence Travel:</th>
<th>Prior Approval Date (related to Out-of-Provence only):</th>
<th>Prior Approved by (related to Out-of-Provence only):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S.17(1), 17(4)(g)(i)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Employee #:</th>
<th>Union Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Eagle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position (Title):</th>
<th>Department:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>President &amp; CEO</td>
<td></td>
<td>14th Floor, Seventh Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone #:</th>
<th>Travel Period From: to</th>
</tr>
</thead>
<tbody>
<tr>
<td>780.342.2203</td>
<td>685A</td>
</tr>
</tbody>
</table>

**What former entity payroll system is the employee being paid from? (please ☑ one from below)**

- [ ] AADAC
- ☑ Calgary Health
- [ ] East Central
- [ ] Alberta Cancer Board
- [ ] Capital Health
- [ ] Northern Lights
- [ ] Alberta Mental Health Board
- [ ] Chinook
- [ ] Palliser Health
- [ ] Aspen
- [ ] David Thompson
- [ ] Peace Country

**Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed/reimbursable by another organization. Complete details on page 2 of the form.**

## Summary of Travel & Employee Expenses

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corp/BUI/Org (if applicable)</td>
<td>Location (if applicable)</td>
<td>Functional Centre/Primary</td>
<td>Expense/Secondary Account</td>
</tr>
<tr>
<td>101</td>
<td>09.23</td>
<td>7110101058</td>
<td>6402000</td>
</tr>
<tr>
<td>101</td>
<td>09.23</td>
<td>7110101058</td>
<td>6230200</td>
</tr>
</tbody>
</table>

**Alberta Health Services Accounts Payable**

**Total GST**

**Subtotal**

**RECEIVED**

**Total Cash Advance (if applicable)**

**Total**

\$463.86

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Signature:**

**Date:** June 6, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

**Signature:**

**Date:**

**Approved By (please print):**

Ken Hughes

**Title:** Chair, AHSS Board

**Phone #**

**Signature:**

**Date:** June 10, 2011

**Signature:**

**Date:**

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
### EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/5/11</td>
<td>Tesla Mobility</td>
<td>7.61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4/6/11</td>
<td>Edz/Calgary/Commonwealth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Edmonton #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Siksa Signing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Senior Leaders Meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- AMT Board Retreat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>304.00</td>
<td>152.75</td>
</tr>
</tbody>
</table>

**Total KM**

**Applicable Mileage rate @**

**Totals** 7.61 304.00 152.75

Note: Record the total amount for each expense categories from above to the summary table on page 1.

### EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meal Expenses and Allowances**
   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply when no receipt is available.
   a) Breakfast = B $10
   b) Lunch = L $12
   c) Dinner = D $21

   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 meeting.

2. **Accommodation Expense and Allowances**
   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**
   - Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
Go paper free and save a tree
TELUSS e.Bill is convenient, reduces clutter and
best of all - it saves trees. With e.Bill you get up
to 18 months of historical bills, call filtering and
reporting, secure 24/7 access, email and text
notifications. To view your e.Bill visit
telusmobility.com/ebill.

MOBILITY BILL SUMMARY

CURRENT CHARGES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$18.40</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$2.85</td>
</tr>
<tr>
<td>Voice Services</td>
<td>$2.00</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>7.61</td>
</tr>
<tr>
<td>Total Taxes</td>
<td></td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$159.86</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

Amount of Last Bill 16-Apr-11  $164.90
Payments                  $164.90
Payment Reversals          $0.00
Total Previous Charges Brought Forward $0.00
Payment received after 13-May-11 may not be reflected on this invoice.

For inquiries please call Client Care by dialing "111 from
your handset or see reverse for local and toll-free numbers.

Total Amount Due $159.86

Payable online or through most financial institutions

Mobility Client Number 18355
Bill Date 16-May-11
Total Amount if received by 13-Jun-11 $159.86

Additional fees apply for late payments

Amount of Payment $159.86

Please make cheques payable to TELUS
Please do not staple

s.17(1), 17(4)(g)(i)
# Account Detail

## Current Charges - Detail

**Monthly Service Plans May 17 to Jun 16**

**Service Plan Name**  
iPhone 100 - Double mins  
**Total** 100.00  
**Total** $100.00

### Additional Local Airtime

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>506:00</td>
<td>85:00</td>
<td>421:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

### Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>384:00</td>
<td>0:00</td>
<td>200:00</td>
<td>184:00</td>
<td>18.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 18.40</td>
</tr>
</tbody>
</table>

### Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>7</td>
<td>Msg</td>
<td>1.05</td>
</tr>
<tr>
<td>Data Usage</td>
<td>168.529</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>12</td>
<td>Msg</td>
<td>1.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$ 2.85</td>
</tr>
</tbody>
</table>

### Voice Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>411</td>
<td>1</td>
<td>DIR</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$ 2.00</td>
</tr>
</tbody>
</table>

### Value Added Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (May 17 to Jun 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (May 17 to Jun 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (May 17 to Jun 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (May 17 to Jun 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 27.00</td>
</tr>
</tbody>
</table>

### Other Charges and Credits

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 2.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 7.61</td>
</tr>
</tbody>
</table>

**Total Current Charges** $159.88
# Travel & Employee Expense Claim Form

<table>
<thead>
<tr>
<th>Out-of-Province Travel:</th>
<th>☐</th>
<th>Prior Approval Date (related to Out-of-Prov. only):</th>
<th>☐</th>
<th>Prior Approved by (related to Out-of-Prov. only):</th>
<th>☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Chris Eagle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee #:</td>
<td>Canada Model Employee</td>
</tr>
<tr>
<td>Phone #:</td>
<td>780-342-2003</td>
</tr>
<tr>
<td>Travel Period From:</td>
<td>to</td>
</tr>
</tbody>
</table>

What former entity payroll system is the employee being paid from? (please check one from below)

- [ ] AADAC
- [ ] Calgary Health
- [ ] East Central
- [ ] Alberta Cancer Board
- [ ] Capital Health
- [ ] Northern Lights
- [ ] Alberta Mental Health Board
- [ ] Chinook
- [ ] Palliser Health
- [ ] Aspen
- [ ] David Thompson
- [ ] Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed by another organization. Complete details on page 2 of the form.

### Summary of Travel & Employee Expenses

#### (by Expense Account)

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution</th>
<th>Location (if applicable)</th>
<th>Functional Control/Primary</th>
<th>Expense/Secondary Account</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>49011</td>
<td>711</td>
<td>01000</td>
<td>6402000</td>
<td>154.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49011</td>
<td>711</td>
<td>01000</td>
<td>4109000</td>
<td>25.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>711</td>
<td>0101000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total GST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal</td>
</tr>
<tr>
<td>Less Cash Advance (if applicable)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

8180.32

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: April 04, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): [Signature] Ken Hughes

Chair, Alberta Health Services Board
Phone: 403-943-1120

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
## EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/03/11</td>
<td>Telus Mobility Charge</td>
<td>7.37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>147.45</td>
<td></td>
</tr>
<tr>
<td>12/03/11</td>
<td>Office Supplies</td>
<td>1.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.29</td>
<td></td>
</tr>
</tbody>
</table>

### EXPENSE LIMITS – (Summary Information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meal Expenses and Allowances**
   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
   a) Breakfast = B $10
   b) Lunch = L $12
   c) Dinner = D $21

   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 meeting.

2. **Accommodation Expense and Allowances**
   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**
   - Use of personal automobile - Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, airplane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
Go paper free and save a tree.
TELUS e.Bill is convenient, reduces clutter and
best of all - it saves trees. With e.Bill you get up
to 18 months of historical bills, call filtering and
reporting, secure 24/7 access, email and text
notifications. To view your e.Bill visit
telusmobility.com/eBill

MOBILITY BILL SUMMARY

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$16.80</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$1.65</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>7.37</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$7.37</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$154.82</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

- Amount of Last Bill 16-Feb-11: $135.59
- Payments: $135.59
- Payment Reversals: $0.00
- Total Previous Charges Brought Forward: $0.00

Payment received after 13-Mar-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing *611 from
your handset or see revenue for local and toll-free numbers.

Total Amount Due: $154.82

Payable online or through most financial institutions

Mobility Client Number | Bill Date | Total Amount if received by 11-Apr-11 |
------------------------|----------|--------------------------------------|
 s.17(1), 17(4)(g)(i) | 16-Mar-11 | $154.82 |

Additional fees apply for late payments

Please make cheques payable to TELUS
Please do not staple

s.17(1), 17(4)(g)(i)
# Account Detail

**Current Charges - Detail**

**CHRIS J. EAGLE**

**Contract Term:** 3 yr

## Monthly Service Plans Mar 17 to Apr 16

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$100.00</strong></td>
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</tbody>
</table>

## Additional Local Airtime

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th><em>Free</em> Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>639:00</td>
<td>107:00</td>
<td>532:00</td>
<td>0:00</td>
<td><strong>0.00</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>366:00</td>
<td>0:00</td>
<td>200:00</td>
<td>166:00</td>
<td><strong>16.60</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$16.60</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>6</td>
<td>Msg</td>
<td>0.90</td>
</tr>
<tr>
<td>Data Usage</td>
<td>90,83</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>5</td>
<td>Msg</td>
<td>0.75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1.65</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

## Value Added Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Mar 17 to Apr 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Mar 17 to Apr 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Mar 17 to Apr 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Mar 17 to Apr 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

## Other Charges and Credits

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
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</tbody>
</table>

## Taxes

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.37</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7.37</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges:** **$154.82**
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEADS .7 H PENTEL MDS 1G</td>
<td>1</td>
<td>1.50</td>
</tr>
<tr>
<td>LEADS .7 H PENTEL MDS 1G</td>
<td>1</td>
<td>1.50</td>
</tr>
<tr>
<td>PENCIL MECH .7 ELI MDS 1G</td>
<td>1</td>
<td>6.59</td>
</tr>
<tr>
<td>PAD PAPER ENGINEER MDS 1G</td>
<td>1</td>
<td>4.90</td>
</tr>
<tr>
<td>PAD PAPER ENGINEER MDS 1G</td>
<td>1</td>
<td>4.90</td>
</tr>
<tr>
<td>PAD PAPER ENGINEER MDS 1G</td>
<td>1</td>
<td>4.90</td>
</tr>
</tbody>
</table>

**SUBTOTAL** 24.29

**GT108102831RT1001** 1.21

**TOTAL** 25.50

Cash **50.00**

Change **24.50**

All textbooks sales final, thank you

3/12/11 3:43 PM
Travel & Employee Expense Claim Form

Out-of-Province Travel: ☐

Prior Approval Date (related to Out-of-Province only):

Name: Chris English

Employee #: 11300 000

Position (Title): President

Department:

Union Name:

Business Phone #: 780.713.2223

Travel Period From: to

What former entity payroll system is the employee being paid from? (please ✔ one from below)

☐ AADAC

☐ Alberta Cancer Board

☐ Alberta Mental Health Board

☐ Aspen

☐ Calgary Health

☐ Capital Health

☐ Chinook

☐ David Thompson

☐ East Central

☐ Northern Lights

☐ Palliser Health

☐ Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)

Finance Code / Accounting Distribution (if applicable)

<table>
<thead>
<tr>
<th>Corp/BL/ORG (if applicable)</th>
<th>Location (if applicable)</th>
<th>Functional Centre/Primary</th>
<th>Expense/Secondary Account</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>62400000</td>
<td></td>
<td></td>
<td>15.50</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>62400000</td>
<td></td>
<td></td>
<td>224.96</td>
</tr>
</tbody>
</table>

Total GST

JUN 07 2011

Subtotal

RECEIVED

Less Cash Advance (if applicable)

Total

240.46

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature]

Date: May 26, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Ken Hughes

Title: Chair, Arts Board

Phone #

Signature: [Signature]

Date: Jun 1/2011

Note: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
## Expense Claim Details

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/04/11</td>
<td>Parking AHSS/MHS Meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27/04/11</td>
<td>Attending CHRI Opening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/11</td>
<td>Section Coaches Calgary</td>
<td>592</td>
<td>384</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>234.96</td>
</tr>
</tbody>
</table>

### Total KM

- **Applicable Mileage rate @**
  - Totals: 150
  - 234.96

### Expense Limits

1. **Meal Expenses and Allowances**

   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

   - a) Breakfast = B $10
   - b) Lunch = L $12
   - c) Dinner = D $21

   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 meeting.

2. **Accommodation Expense and Allowances**

   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**

   - Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**

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

Impaxx Lot #1022
Tellus Place Rensselaer
Get 208721 6/30 7100066

04-26-2011 DUE #1

1 Hour $5.00
Evening $3.00
Cash $8.00

ITEM 7
DCL 07-19-2011

Joint AHU/AHS Executive Committee Meeting
Best Copy Possible

CITY OF EDMONTON
LIBRARY TRANSACTION
CST NO 101606010 Year 2021

Route 5304
05/02/11 08:44 AM I 22 40 Trend "249"
05/02/11 08:44 In 05/02/11 08:48 Out
Amount 15.2798

Regular Rate $ 7.14
Total Tax 4 0.36
Total Fee $ 7.50
CASH PAID $ 7.50
Cash Tender $ 10.00
Change Due $ 2.50

THANK YOU
COME AGAIN

[Handwritten: Receipt]

Parking CK Hu, Heart Centre opening
Dr. Chris Eagle, President and CEO
Expenses submitted during the period of July 1 - September 30, 2011

1) Travel expenses
Includes local and out of province/country travel expenses. Other travel includes items such as
taxi, parking mileage, car rental and other expenses related to travel.

2) Professional Development
Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. May include meetings with government
officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

4) Other
Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and
other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report.

<table>
<thead>
<tr>
<th>Statement Date</th>
<th>Transaction Date</th>
<th>Location/ Destination</th>
<th>Purpose</th>
<th>Airfare</th>
<th>Meals</th>
<th>Accommodation</th>
<th>Other Travel</th>
<th>Professional Development</th>
<th>Hosting and Hospitality</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-Aug</td>
<td>31-May</td>
<td>Edmonton AB</td>
<td>Membership - Royal Glenora</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8068.56</td>
</tr>
<tr>
<td>8-Aug</td>
<td>June 8-11</td>
<td>Calgary AB</td>
<td>June AHS Board Meeting</td>
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<td>48.45</td>
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<td>257.34</td>
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<td>31-Aug</td>
<td>16-Jun</td>
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<td>Monthly cellular charges-June</td>
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<td>161.20</td>
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<tr>
<td>8-Aug</td>
<td>June 15-17</td>
<td>Calgary AB</td>
<td>Calgary operational business meetings</td>
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<td>14.50</td>
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<td>250.80</td>
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<tr>
<td>20-Jul</td>
<td>20-Jun</td>
<td>Edmonton AB</td>
<td>Lunch with external organization (2 people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>46.00</td>
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<tr>
<td>20-Jul</td>
<td>June 21-22</td>
<td>Calgary AB</td>
<td>Calgary operational business meetings</td>
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<td>239.40</td>
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<tr>
<td>20-Aug</td>
<td>30-Jun</td>
<td>Edmonton AB</td>
<td>Travel to various meetings</td>
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<td></td>
<td></td>
<td>150.00</td>
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<tr>
<td>20-Aug</td>
<td>28-Jul</td>
<td>Edmonton AB</td>
<td>Lunch with AHS Board member (2 people)</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>46.00</td>
</tr>
<tr>
<td>31-Aug</td>
<td>29-Jul</td>
<td></td>
<td>Site Tour Wetaskiwin, Leduc, Ponoka</td>
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<td></td>
<td></td>
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<tr>
<td>31-Aug</td>
<td>3-Aug</td>
<td>Edmonton AB</td>
<td>Lunch with external educator (JoFA) (2 people)</td>
<td></td>
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<td></td>
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<td>44.10</td>
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<td>Statement Date</td>
<td>Transaction Date</td>
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<td>Purpose</td>
<td>Airfare</td>
<td>Meals</td>
<td>Accommodation</td>
<td>Other Travel</td>
<td>Professional Development</td>
<td>Hosting and Hospitality</td>
<td>Other</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
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<td>---------</td>
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<td>-----------------------</td>
<td>-------</td>
</tr>
<tr>
<td>20-Aug</td>
<td>10-Aug</td>
<td>Edmonton AB</td>
<td>Lunch with external organization (2 people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>31-Aug</td>
<td>11-Aug</td>
<td></td>
<td>Monthly cellular charges-Jul</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>146.33</td>
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</tr>
<tr>
<td>20-Aug</td>
<td>13-Aug</td>
<td></td>
<td>Office supplies</td>
<td></td>
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<td></td>
<td>111.99</td>
</tr>
<tr>
<td>20-Aug</td>
<td>Aug 16-18</td>
<td>Calgary AB</td>
<td>Calgary operational meetings; Site Tour Strathmore, High River, Okotoks</td>
<td></td>
<td></td>
<td></td>
<td>259.42</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20-Aug</td>
<td>17-Aug</td>
<td></td>
<td>Dinner Meeting (J Davis) (2 people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55.57</td>
<td></td>
</tr>
<tr>
<td>20-Sep</td>
<td>19-Aug</td>
<td>Edmonton AB</td>
<td>Dinner with Potential Employee (10 people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>663.51</td>
<td></td>
</tr>
<tr>
<td>20-Sep</td>
<td>Aug 19-21</td>
<td>Edmonton AB</td>
<td>Edmonton operational meetings</td>
<td></td>
<td></td>
<td></td>
<td>683.40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Sep</td>
<td>23-Aug</td>
<td></td>
<td>AHS Subscription-Harvard Business Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>141.14</td>
<td></td>
</tr>
<tr>
<td>20-Sep</td>
<td>2-Sep</td>
<td>Edmonton AB</td>
<td>Dinner with Potential Employee (4 people)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>351.85</td>
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<tr>
<td>20-Sep</td>
<td>9-Sep</td>
<td>Calgary AB</td>
<td>Various Meetings</td>
<td></td>
<td></td>
<td></td>
<td>71.46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Sep</td>
<td>Sept 14-15</td>
<td>Medicine Hat AB</td>
<td>September AHS Board Meeting</td>
<td>1169.94</td>
<td></td>
<td>153.93</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Jul-Sep</td>
<td></td>
<td>Various local parking expenses to attend meetings/sessions</td>
<td></td>
<td></td>
<td></td>
<td>32.00</td>
<td></td>
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<td></td>
<td></td>
<td>1169.94</td>
<td>62.95</td>
<td>553.97</td>
<td>1770.70</td>
<td></td>
<td>1286.74</td>
<td>9639.32</td>
</tr>
</tbody>
</table>

14399.94
**Instruction:**
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver’s signatures required where indicated below

<table>
<thead>
<tr>
<th>Cardholder’s Name</th>
<th>Cardholder’s Position/Title</th>
<th>Billing Reporting Period:</th>
<th>Total Statement Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGLE, CHRIS</td>
<td>PRESIDENT &amp; CEO</td>
<td>20/09/2011</td>
<td>$3,250.25</td>
</tr>
<tr>
<td><a href="mailto:CHRISEAGLE@ALBERTAHEAULTHSERVICES.CA">CHRISEAGLE@ALBERTAHEAULTHSERVICES.CA</a></td>
<td>SEVENTH STREET PLAZA</td>
<td>Cardholder’s Site/Location</td>
<td>Last 6 digits of the P-Card #: XXXXXXXXX189747</td>
</tr>
</tbody>
</table>

### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/09/2011</td>
<td>263674334</td>
<td>CHARACTERS FINE DINING, EATING PLACES, RESTAURANTS</td>
<td>686.51</td>
<td>CAD</td>
<td>31.83</td>
<td>0.00</td>
<td>Media Event Calgary</td>
<td></td>
</tr>
<tr>
<td>23/08/2011</td>
<td>264037192</td>
<td>MARTIN VAN WAGNER, DIRECT MARKETING CONTINUITY</td>
<td>36.45</td>
<td>USD</td>
<td>141.14</td>
<td>0.00</td>
<td>Harvard Business Review Subscription Fee</td>
<td></td>
</tr>
<tr>
<td>25/08/2011</td>
<td>264398500</td>
<td>AIR CAN 014218854257, AIR CANADA</td>
<td>1,169.96</td>
<td>CAD</td>
<td>0.00</td>
<td>0.00</td>
<td>AHS Board Meeting</td>
<td></td>
</tr>
<tr>
<td>01/09/2011</td>
<td>264026786</td>
<td>CHECKER CABS LTD, LIMOUSINES AND TAXICABS</td>
<td>38.83</td>
<td>CAD</td>
<td>1.61</td>
<td>Media Event Calgary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/09/2011</td>
<td>264026767</td>
<td>BLACKTOP TAXI COMPANY, LIMOUSINES AND TAXICABS</td>
<td>32.66</td>
<td>CAD</td>
<td>1.56</td>
<td>Media Event Calgary</td>
<td></td>
<td></td>
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<tr>
<td>02/09/2011</td>
<td>265001543</td>
<td>HARDWARE GRILL, EATING PLACES, RESTAURANTS</td>
<td>361.83</td>
<td>CAD</td>
<td>14.83</td>
<td>Dinner - S. Gould</td>
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<tr>
<td>08/09/2011</td>
<td>265632677</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
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<td>CAD</td>
<td>32.54</td>
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<tr>
<td>14/09/2011</td>
<td>265890637</td>
<td>MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS</td>
<td>153.93</td>
<td>CAD</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alberta Health Services Accounts Payable**

**OCT 25 2011**

**RECEIVED**
Alberta Health Services

P-Card details Online®
Cardholder Statement Report

Signatures:

Cardholder Designate (if Applicable)

By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate: 

Cardholder Designate Position/Title: 

Date of Signature: 

Cardholder

By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

Name of Cardholder: 

Cardholder Position/Title: 

Date of Signature: 

Approver Designate (If Applicable)

By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of an authorized approver.

Name of Approver Designate: 

Approver Designate Position/Title: 

Date of Signature: 

Approver

By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Name of Approver: 

Approver Position/Title: 

Date of Signature: 

Submit approved statement with attachments to Accounts Payable:

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Dispute letter

Address:
Albreta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:
Reference #: 
Reviewed by: 
Date: 

RUN DATE: 09/23/2011

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 2
CHARACTERS REST
10257 - 105 Street
EDMONTON, AB.
T5J 1E3
(780) 421-4100
GST# 89206-4429

104 SARAH N

---

Tbl 104/1  Chk 1887  Gst 10
Aug19’11 07:43PM
---

3 FRIES 0.00
2 GRAVLAX DINNER @ 13.00  26.00
5 MIXED GREENS @ 8.00  40.00
2 CARROT GINGER @ 7.00  14.00
2 SCALLOP / BOAR @ 15.00  32.00
1 VEAL LOIN  42.00
1 BEEF TENDERLOIN  38.00
3 SEA BASS @ 42.00  126.00
1 TUNA LOIN  39.00
1 DUCK BREAST  38.00
2 LAMB RACK @ 40.00  80.00
1 BABY OCTOPUS  12.00
2 BREAD PUDDING @ 9.00  18.00
1 CHOCOLATE TACO  10.00
1 SORBET SAMPLER  7.00
2 TEA @ 2.75  5.50
1 P.GRIND 500 m.  6.50
1 CAPPUCCINO  5.00
2 ESPRESSO @ 3.25  6.50
18% Gratuity 97.83

Subtotal 543.50
Service Chrg  97.83
GST  27.18
10:12PM Amount 668.51

WELCOME TO CHARACTERS!
& HAVE A GREAT DAY!!
Subject: HARVARD BUSINESS REVIEW Magazine Renewal Confirmation

From: subsvc@HBR.customersvc.com

Date: Tuesday, August 23, 2011 2:04 pm

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

Dear Chris Eagle,

Thank you for your HARVARD BUSINESS REVIEW renewal order.

We have received your renewal order for 15 issues of HARVARD BUSINESS REVIEW on 08/23/11. Your subscription has been extended, and your current service period will continue through the 02/01/13 issue.

For your records we've included a detailed summary of your order.

Mailing/Account Summary

Ship to: CHRIS EAGLE

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

Account Number: (Please keep this for future reference.)

Billing Summary

Item: HARVARD BUSINESS REVIEW
Issues: 15
Total Amount: $132.38
Status: To be billed
(Plus sales tax in AB, when applicable.)

You can easily track your subscription details online 24 hours a day with your account number , at the HARVARD BUSINESS REVIEW Customer Service site: www.hbr.org/subscriberservices . Thank you for renewing!

HARVARD BUSINESS REVIEW CUSTOMER SERVICE

Please note:
This e-mail message was sent from a notification-only address that cannot accept in-coming e-mail. Please visit us at www.hbr.org/subscriberservices for questions about your account.

EMAIL OPT-OUTS
For more information on how to opt-out of marketing communications from us and our partners, copy and paste this link into your browser: http://harvardbusiness.org/privacy-policy

PRIVACY POLICY:
Please read our Privacy Policy. Copy and paste this link into your browser: http://hbr.harvardbusiness.org/privacy-policy

FOR FURTHER COMMUNICATION, PLEASE CONTACT:
HARVARD BUSINESS REVIEW CUSTOMER SERVICE
ATTENTION: CONSUMER AFFAIRS
3000 University Center Dr.
Tampa, FL 33612-6408

WESDFREN
Your booking is confirmed. Please print/reten this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: [NKA75A]  
Customer Care
Air Canada  
1-888-247-2267
Flight Arrivals and Departures  
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:  
Mr. Christopher Eagle
Home:  
Work: 1-780-3423211

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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</thead>
<tbody>
<tr>
<td>AC813^3</td>
<td>Edmonton, Edmonton Int'l (YEG) Wed 14-Sep 2011 08:00</td>
<td>Calgary (YYC) Wed 14-Sep 2011 08:51</td>
<td>0</td>
<td>0hr51</td>
<td>DHC3</td>
<td>Tango Plus 5</td>
<td></td>
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<tr>
<td>AC7244</td>
<td>Calgary (YYC) Wed 14-Sep 2011 09:45</td>
<td>Medicine Hat (YKH) Wed 14-Sep 2011 10:37</td>
<td>0</td>
<td>0hr52</td>
<td>86H</td>
<td>Tango Plus 5</td>
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<td>AC7244</td>
<td>Medicine Hat (YKH) Thu 15-Sep 2011 15:55</td>
<td>Calgary (YYC) Thu 15-Sep 2011 16:55</td>
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<td>1hr00</td>
<td>86H</td>
<td>Tango Plus E</td>
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<td>ACZ94</td>
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<td>Edmonton, Edmonton Int'l (YEG) Thu 15-Sep 2011 18:19</td>
<td>0</td>
<td>0hr43</td>
<td>800</td>
<td>Tango Plus T</td>
<td></td>
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Operated by:  
1 Air Canada Express - Jazz  
2 Central Mountain Air

Passenger Information

Air Canada - Aeroplan: 
Flight:  
Flight Number:  
Seat Selection: 
Meal Preference: 
Regular
Special Needs: None

Purchase Summary

Fare Summary
Passenger Type:  
Adult: 174.00
Flight 1 - Airfare (Tango Plus): 273.00
Flight 2 - Airfare (Tango Plus): 431.00
Flight 3 - Airfare (Tango Plus): 154.00
Total: 1169.96

Surcharges: 46.80

Taxes, Fees and Charges
Canada Airports Improvement Fee: 20.00
Canadian Goods and Services Tax (GST/HST #10099-2287 RT0001): 55.71
Air Travellers Security Charge (ATSC): 14.25
Total: 1169.96

Total excluding travel options, taxes, fees and charges: 1169.96

1 adult

Total including travel options, taxes, fees and charges: 1169.96 CAD
= TRANSACTION RECEIPT =

Checker/Yellow Cabs  
316 Meridian Road SE  
Calgary, AB T2A 1X2  
403-899-9999

ACCT: CREDIT CARD  
CARD # 9747  
CARD TYPE: MC  
DATE/TIME:  
11/09/01 13:22:24  
AUTH#: 152249

VEH/DRV: 0462 / 4083  
GST#: 885309617  
TXN ID: 5804267

FARE: $ 32.19  
FLAT: $000.00  
EXTRAS: $000.00  
GST: $ 1.61

FA+FL+EX+TAX: $ 33.80  
TIP: $ 5.00  
DISCOUNT: $000.00  
TOTAL: $ 38.80

SIGNATURE: 

Black Top Taxi Company  
(403) 735-6222  
Car # 177  
Badge # 1892

Sale

ID: 885309617  
11/09/01 13:22:24  
Batch #: 152249  
MASTER  
9747  
SWIPE

Record #: 000003  
Amount: $ 28.40  
Tip: $ 4.26  
Total: $ 32.66

Approve: APPROVED  
173967

I agree to pay above total
amount according to card issuer
agreement (merchant agreement
if credit voucher)

Customer Copy  
Thank you!

MEDIA ANNOUNCEMENT - 5 YEAR ACTION PLAN

Calgary
Best Copy Possible

HARDWARE GRILL
9698 JASPER AVENUE
EDMONTON AB

CARD 9747
CARD TYPE MASTERCARD
DATE 2011/09/02
TIME 1837 20:46:40
RECEIPT NUMBER F30713126001-001-017-0

PRE-AUTHORIZATION AMOUNT $311.85

TIP $50

TOTAL $361.85

CHIP CARD SWIPE
APPROVED
AUTH# 224540 01-027
THANK YOU

CARDHOLDER COPY

HARDWARE GRILL
9698 JASPER AVENUE
EDMONTON AB

GST # 165642990
Hardware Grill is pleased to accept
VISA & MASTERCARD

Stephen Gould - Premier's Candidate
# STATEMENT FOR THE MONTH OF AUGUST 2011

<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>DESTINATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19</td>
<td>07:35</td>
<td>Mr.Power</td>
<td>Airport to Hotel Macdonald</td>
<td>$66.70</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>09:30-12:00</td>
<td>Mr.Power</td>
<td>Intown Services</td>
<td>$150.00</td>
</tr>
<tr>
<td>3</td>
<td>19</td>
<td>15:00-22:00</td>
<td>Mr.Power</td>
<td>Intown Services</td>
<td>$350.00</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>18:00</td>
<td>Mrs &amp; Mr.Power</td>
<td>West Edmonton Mall to Hotel Macdonald</td>
<td>$50.00</td>
</tr>
<tr>
<td>5</td>
<td>21</td>
<td>09:30</td>
<td>Mrs &amp; Mr.Power</td>
<td>Hotel Macdonald to Airport</td>
<td>$66.70</td>
</tr>
</tbody>
</table>

*All prices are inclusive of GST*

| TOTAL  | $683.40 |
Chris Eagle
14th Floor 7th St Plaza 10030
107th St edmonton, ab
Ab Health Services
T5J 3E4

Page # 1
Res. # 488935
Checked in Wed Sep 14/11 - 6:02 pm
Checked out Thu Sep 15/11 - 7:02 am
Nights 1
Room Rate 139.00
Room 273

Group: Ab Health Services

Date Description Reference
Sep14 GOVERNMENT RATE
Sep14 GST
Sep14 Room Tax
Sep14 Destination Marketing Fee
Sep15 PAID BY MASTERCARD - Thank you

Charges Credits
139.00 153.93
6.95 153.93
5.32 153.93
2.66 153.93

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:
GST 6.95
Room Tax 5.32

Pre-Auth Compl
XXXX00000000000000747
MASTERCARD 07-01-07
Entry Method: Manual
Inv #: 8000000 Appr Code: 105940
Approved Batch#: 000107
Original Pre-Auth Amount: $ 255.00
Total: $ 153.93
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
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<tbody>
<tr>
<td>25/07/2011</td>
<td>262000702</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
<td>150.00</td>
<td>CAD</td>
<td>150.00</td>
<td>7.14</td>
<td>.00</td>
<td>June Transportation</td>
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<tr>
<td>28/07/2011</td>
<td>262246261</td>
<td>MILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td>48.00</td>
<td>CAD</td>
<td>48.00</td>
<td>2.00</td>
<td>.00</td>
<td>Lunch - Dr. Collins-Natalik</td>
</tr>
<tr>
<td>10/08/2011</td>
<td>263105193</td>
<td>GLENORA BISTRO, EATING PLACES, RESTAURANTS</td>
<td>56.71</td>
<td>CAD</td>
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<td>.00</td>
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<tr>
<td>13/08/2011</td>
<td>263355575</td>
<td>FUTURE SHOP #10, ELECTRONICS SALES</td>
<td>133.98</td>
<td>CAD</td>
<td>133.98</td>
<td>5.60</td>
<td>.00</td>
<td>Pad Case</td>
</tr>
<tr>
<td>17/08/2011</td>
<td>263617456</td>
<td>REDWATER RUSTIC GRILLE, EATING PLACES, RESTAURANTS</td>
<td>55.57</td>
<td>CAD</td>
<td>55.57</td>
<td>2.22</td>
<td>.00</td>
<td>Dinner Meeting - J Davis</td>
</tr>
<tr>
<td>18/08/2011</td>
<td>263755588</td>
<td>HAMPTONS INN &amp; SUITES, LODGING HOTELS, MOTELS, RESORTS</td>
<td>259.42</td>
<td>CAD</td>
<td>259.42</td>
<td>12.35</td>
<td>.00</td>
<td>Accommodations - Hampton Inn, Calgary</td>
</tr>
<tr>
<td>18/08/2011</td>
<td>263755589</td>
<td>SAIT, COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS</td>
<td>7.99</td>
<td>CAD</td>
<td>7.99</td>
<td>.35</td>
<td>.00</td>
<td>.00 Parking at SAIT</td>
</tr>
</tbody>
</table>
Alberta Health Services

Cardholder Statement Report

Signatures

Cardholder Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Joyce Murray
Name of Cardholder Designate

Exec. Assistant
Cardholder Designate Position/Title

Aug. 27/11
Date of Signature

Signature of Cardholder Designate

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS
Name of Cardholder

President & CEO
Cardholder Position/Title

Jan 29 2011
Date of Signature

Signature of Cardholder

Approver Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patti Grier
Name of Approver Designate

VP, Chief of Staff, AHS Board
Approver Designate Position/Title

Sep 01/11
Date of Signature

Signature of Approver Designate

Approver
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Hughes
Name of Approver

Chic. AHS Board
Approver Position/Title

Sep 7/11
Date of Signature

Signature of Approver

Submit approved statement with attachments to Accounts Payable:

Attachment:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Accounts Payable only:

Reference #: Reviewed by: Date: Sep 7 2011

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

Proprietary and Confidential
Powered by BMO Sp®ed & Payment Solutions
PAGE NO: 2
# Statement for the Month of June 2011

<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>Destination</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30</td>
<td>08:30</td>
<td>Dr. Eagle &amp; 3 ppl</td>
<td>SSP to Glenrose</td>
<td>$50.00</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
<td>12:00</td>
<td>Dr. Eagle</td>
<td>Glenrose to Cross Cancer</td>
<td>$50.00</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>14:45</td>
<td>Dr. Eagle</td>
<td>Cross Cancer to SSP</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

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

All prices are inclusive of GST

<p>| TOTAL | $150.00 |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICED TEA</td>
<td>1</td>
<td>4.00</td>
</tr>
<tr>
<td>COFFEE @ 4.00</td>
<td>2</td>
<td>8.00</td>
</tr>
<tr>
<td>RISOTTO</td>
<td>1</td>
<td>15.00</td>
</tr>
<tr>
<td>CHICKPEA SALAD</td>
<td>1</td>
<td>13.00</td>
</tr>
</tbody>
</table>

**Subtotal:** 40.00

**40.00 GST Percent:** 2.00

**Amount Due:** $42.00

**TRANSACTION RECORD**

**Tran. #:** 26949

**Check #:** 1917
**Employee #:** 111
**Employee Name:** SUSAN T
**Workstation #:** 1

**Card:** MasterCard
**Pre-Auth Purchase:** xxxxxxxxxxxxx3747 S

**Amount:** $42.00

**Tip:** $6.00

**Total:** $48.00

WILDFLOWER RESTAURANT
10009 107th Street
Edmonton, AB
T5J 1J1
780-990-1938

Customer Copy
GORMLEY LIZETTE

GLENORA BISTRO
10139 124TH STREET

EDMONTON, AB T5N 1V5

(780) 462-3501

Sale

TRN#: 0608347643 Ship

AMOUNT: $ 56.71
TIP: $ 8.00

TOTAL: CAD$ 64.71

APPROVED 14/2012

NO SIGNATURE REQUIRED.

12:44:11 12:32:11
Thank you for shopping at
Future Shop Saanich
exciting stuff
3450 Uptown Boulevard, Saanich
250-419-7670

Keep your receipt

1082-5579-2277-2375.
064 0537 08/13/11 16:24 U6PU

SALES

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>920</td>
<td>003407</td>
</tr>
</tbody>
</table>

Subtotal: 99.99
HST BC: 12.00

Total: 111.99

Action Record Sale
xxxxxxx97917 C MASTERCARD
111.99
0010 064 C
00000001001305
50 001/00
2011 16:24:25
A0000000041010
MasterCard

# R135664738

In your way - Order online and get shipping or in-store pick up. Visit futureshop.ca for details.
*Some conditions apply.

R CUSTOMER SERVICE 4-PART-KEY IS:
0010 064 0537 081311

TELL US HOW WE'RE DOING!
KEEP OUR SURVEY IN THE NEXT 30 DAYS AND ENTER FOR A CHANCE TO WIN A $500 FUTURE SHOP GIFT CARD.
Go to: www.futureshopcares.ca & enter the following codes:

Group A: 103640
Group B: 1537
Group C: 008113PUU600

98
Duplicate

Name: Jessica Date: 08/17/2011
Table: 35 - 1 Time: 12:55
Client: 2

Redwater Rustic Grille Stadium Plaza
1935 Uxbridge Dr. NW
Calgary, Alberta
Tel: 403-220-0222
Check #: 132624

----------

Item | Description | Price
----------
Pop | 2.95
Spolumbo's Pizza | 14.00
Coffee | 2.95
Cranberry & Soda | 2.95
Southwest Salad | 12.00
Add Chicken | 5.00
Cappuccino | 4.50

SUB-TOTAL: 44.35
GST: 2.22

TOTAL: 46.57

Thank you for dining with us!

Follow us on Twitter!
@RedwaterStadium

Redwater Rustic Grille Stadium Plaza
1935 Uxbridge Dr. NW
Calgary, Alberta

sterCard
pay Method: PreAuth
Card Number: xxxxxxxxxxxxxxx9747
time Date: 08/17/2011 01:00:18 PM
Reference #: 66110227 00100199390 S
check #: 132624
Server Name: Jessica
Table #: 35
approval #: 150018

SUBTOTAL: $46.57
TIP: $6.52
TOTAL: $53.09

01 Approved - Thank You 027

* Customer Copy *
**Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.**

**STAY IN TOUCH WITH US IN BETWEEN STAYS! FOLLOW US ON TWITTER (@HAMPTONFYI) AND LIKE US ON FACEBOOK (FACEBOOK.COM/HAMPTON)**

**Please enter your 16 digit card number here.**

For reservations call 1.800.HAMPTON or visit us online at [hampton.com](http://hampton.com)

<table>
<thead>
<tr>
<th>date</th>
<th>reference</th>
<th>item</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/16/2011</td>
<td>820232</td>
<td>GUEST ROOM</td>
<td>$119.00</td>
</tr>
<tr>
<td>8/16/2011</td>
<td>820232</td>
<td>ROOM TAX</td>
<td>$4.76</td>
</tr>
<tr>
<td>8/16/2011</td>
<td>820232</td>
<td>GST 129123600 RT 0004</td>
<td>$5.95</td>
</tr>
<tr>
<td>8/17/2011</td>
<td>820405</td>
<td>GUEST ROOM</td>
<td>$119.00</td>
</tr>
<tr>
<td>8/17/2011</td>
<td>820405</td>
<td>ROOM TAX</td>
<td>$4.76</td>
</tr>
<tr>
<td>8/17/2011</td>
<td>820405</td>
<td>GST 129123600 RT 0004</td>
<td>$5.95</td>
</tr>
<tr>
<td>8/18/2011</td>
<td>820473</td>
<td>MC '9747</td>
<td>($259.42)</td>
</tr>
</tbody>
</table>

**TOTAL**

- $259.42
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/06/2011</td>
<td>250228559</td>
<td>WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td>$45.00</td>
<td>CAD</td>
<td>45.00</td>
<td>1.90</td>
<td></td>
<td>Lunch 5. Weatherill</td>
</tr>
<tr>
<td>23/06/2011</td>
<td>20922621</td>
<td>UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL</td>
<td>$172.82</td>
<td>CAD</td>
<td>172.62</td>
<td>7.70</td>
<td></td>
<td>Calgary Meetings</td>
</tr>
</tbody>
</table>
### Signatures

**Cardholder Designate (If Applicable)**

By signing this statement,
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

**Name of Cardholder Designate**

**Signature of Cardholder Designate**

**Cardholder**

By signing this statement,
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

**EAGLE, CHRIS**

**Name of Cardholder**

**Signature of Cardholder**

**Appraiser Designate (If Applicable)**

By signing this statement,
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a designated approver.

**Name of Appraiser Designate**

**Signature of Appraiser Designate**

**Approver**

By signing this statement,
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Appraiser Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

**Name of Approver**

**Signature of Approver**

### Submit approved statement with attachments to Accounts Payable

**Attach:**
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

**Address:**

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

**Accounts Payable only:**

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Reviewed by</th>
<th>Date</th>
</tr>
</thead>
</table>

RUN DATE: 07/25/2011

Proprietary Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 2
WILDFLOWER RESTAURANT
10009 107th Street
Edmonton, AB
T5J 1J1
780-990-1938

** TRANSACTION RECEIPT **

Tran. #: 10294

Check #: 537
Employee #: 111
Employee Name: SUSAN T
Workstation #: 1

MasterCard
Pre-Auth Purchase
xxxxxxxxxxxxx9747 S

Amount $39.90
Tip $6.00

TOTAL $45.90

APPROVED: 150216
90-001 150216
S000110001/WILDFCO1
079001001004
2011/06/20 13:02:15

Customer Copy

Meeting with Sheila Wester III
# Hotel Alma

**EAGLE, CHRIS**

14TH FLOOR NORTH TOWER  
EDMONTON, AB T5J 3E4 CA

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
<th>ROOM NO.</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-Jun-11</td>
<td>22-Jun-11</td>
<td>XXXXXXXXXXXXXXX9747</td>
<td>AHS</td>
<td>COR</td>
<td>20090116722</td>
<td></td>
<td></td>
<td>#707 EAGLE, CHRIS</td>
<td>$154.00</td>
</tr>
<tr>
<td>21-Jun-11</td>
<td>707</td>
<td>ROOM CHARGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ROOM CHARGE</td>
<td>$154.00</td>
</tr>
<tr>
<td>21-Jun-11</td>
<td>707</td>
<td>GST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GST</td>
<td>$7.70</td>
</tr>
<tr>
<td>21-Jun-11</td>
<td>707</td>
<td>DESTINATION MARKETING FEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DESTINATION MARKETING FEE</td>
<td>$4.76</td>
</tr>
<tr>
<td>21-Jun-11</td>
<td>707</td>
<td>ALBERTA TOURISM LEVY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ALBERTA TOURISM LEVY</td>
<td>$6.16</td>
</tr>
<tr>
<td>22-Jun-11</td>
<td>707</td>
<td>MASTERCARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MASTERCARD</td>
<td>($172.62)</td>
</tr>
</tbody>
</table>

**Room Number:** 707  
**Daily Rate:** 154.00  
**Room Type:** OBKL  
**No. of Guests:** 1 / 0

---

1. Meeting with OR Nurse Clinician Group FMC  
2. Clinical Management Team  
3. Majid Nershi

---

**TERMS DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY ANY OR PART OF, OR THE FULL AMOUNT OF, CHARGES.**

The Destination Marketing Fee is subject to 5% GST and 4% ATL.

**GST R108102964**

**CREDIT DUE:** ($0.00)
# Travel & Employee Expense Claim Form

## Out-of-Province Travel: □

**Prior Approval Date (related to Out-of-Province only):**

**Prior Approved by (related to Out-of-Province only):**

### Name: Chris Eagle  
**Employee #:**  
**Union Name:**  
**Position (Title):** President & CEO  
**Department:**  
**Location:**  
**Business Phone #:**  
**Travel Period From:**  
**to:**

**What former entity payroll system is the employee being paid from? (please ✓ one from below)**

- [ ] AADAC  
- [ ] Calgary Health  
- [ ] East Central  
- [ ] Alberta Cancer Board  
- [ ] Capital Health  
- [ ] Northern Lights  
- [ ] Alberta Mental Health Board  
- [ ] Chinook  
- [ ] Palliser Health  
- [ ] Aspen  
- [ ] David Thompson  
- [ ] Peace Country

**Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed/reimbursable by another organization. Complete details on page 2 of the form.**

## Summary of Travel & Employee Expenses

(by Expense Account)

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution (if applicable)</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corp/BU/Org (if applicable) Location (if applicable)</td>
<td>Expense/Secondary Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101 092.3 7110101058</td>
<td>64020000</td>
<td>146.35</td>
<td></td>
</tr>
<tr>
<td>101 092.3 7110101058</td>
<td>67608800</td>
<td>44.10</td>
<td></td>
</tr>
<tr>
<td>101 092.3 7110101058</td>
<td>62300200</td>
<td>86.07</td>
<td></td>
</tr>
</tbody>
</table>

**Total GST**  
**Accounts Payable**  
**Subtotal**  
**AUG 3 1 2011**  
**Less Cash Advance (if applicable)**  
**RECEIVED**  
**Total**  
**276.52**

---

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Employee Signature:**  
**Date:** Aug 15, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

**Approved By (please print):**  
**Title:** Vice Chair Board  
**Phone #**

**Signature:**  
**Date:** 08/17/11

**Approved By (please print):**  
**Title:**  
**Phone #**

**Signature:**  
**Date:**

---

**NOTE:**  
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/9/11</td>
<td>Telsus Mobility</td>
<td>762</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>138.73</td>
<td></td>
</tr>
<tr>
<td>3/9/11</td>
<td>Lunch - Fugly Club</td>
<td>2.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42.00</td>
<td></td>
</tr>
<tr>
<td>29/11/11</td>
<td>Tour, 42 - 38 4226.50KM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>86.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total KM

Applicable Mileage rate @

| Totals | 9.72   | 86.00  | 106.73 |

Note: Record the total amount for each expense categories from above to the summary table on page 1

EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. Meal Expenses and Allowances
   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
   a) Breakfast = B $10
   b) Lunch = L $12
   c) Dinner = D $21
   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 meeting.

2. Accommodation Expense and Allowances
   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. Travel
   • Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   • Vehicle owners are responsible for any losses that may arise.
   • Business car insurance is reimbursable up to $500 per year with receipts.
   • Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   • Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. Advance
   Travel advance may be requested provided travel expenses are likely to exceed $500.
Mileage – Dr. Chris Eagle
July 29, 2011

Tour

Edmonton/Leduc Community Hospital
Leduc/Wetaskiwin Hospital and Care Centre
Wetaskiwin/Ponoka – Centennial Centre for Mental Health & Brain Injury
Ponoka/Edmonton

226.5 km x .38¢ = $86.07
Staying connected when traveling just got easier

At TELUS, we’ve reduced our data and voice international rates by up to 60% until September 30. Plus, you’ll no longer need an international pass or passport. For more information visit www.telusmobility.com/intl

This bill may be arriving to you late

As a result of the Canada Post work disruption, this TELUS paper bill may be arriving to you later than usual. If you have already paid it through your online account, please simply store this for your records.

To avoid any future mail disruptions, sign up for e.Bill. You’ll be able to easily view and pay your bills from the convenience of your computer or phone then print them for your records. To sign up, log into your online account at telusmobility.com/youraccount then select “Billing”.

Go paper free and save a tree
TELUS e.Bill is convenient, reduces clutter and best of all - it saves trees. With e.Bill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text notifications. To view your e.Bill visit telusmobility.com/ebill.

MOBILITY BILL SUMMARY

CURRENT CHARGES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$22.70</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$0.75</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td>$7.62</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$7.62</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$160.07</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Last Bill 16-Jun-11</td>
<td>$161.28</td>
</tr>
<tr>
<td>Payments</td>
<td>-$175.00</td>
</tr>
<tr>
<td>Payment Reversals</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Previous Charges Brought Forward</td>
<td>-$13.72</td>
</tr>
</tbody>
</table>

Payment received after 13-Jul-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing 611 from your handset or see reverse for local and toll-free numbers.

Total Amount Due $146.35

Payable online or through most financial institutions

Mobility Client Number  Bill Date           Total Amount if received by 11-Aug-11
s.17(1), 17(4)(g)(i)    16-Jul-11          $146.35

Additional fees apply for late payments

Amount of Payment

Please make cheques payable to TELUS
Please do not staple

s.17(1), 17(4)(g)(i)
# ACCOUNT DETAIL

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 100.00</strong></td>
</tr>
</tbody>
</table>

## Additional Local Airtime

<table>
<thead>
<tr>
<th>Phone (minutes)</th>
<th>Total Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>653:00</td>
<td>135:00</td>
<td>518:00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 0.00</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>427:00</td>
<td>0:00</td>
<td>200:00</td>
<td>227:00</td>
<td><strong>$ 22.70</strong></td>
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</tbody>
</table>

## Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>3</td>
<td>Msg</td>
<td>0.45</td>
</tr>
<tr>
<td>Data Usage</td>
<td>103.941</td>
<td>MB</td>
<td>0.00</td>
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<tr>
<td>Text Messaging - Received</td>
<td>2</td>
<td>Msg</td>
<td>0.30</td>
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<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$ 0.75</strong></td>
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</table>

## Value Added Services

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Jul 17 to Aug 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB Included data (Jul 17 to Aug 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Jul 17 to Aug 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Jul 17 to Aug 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 27.00</strong></td>
</tr>
</tbody>
</table>

## Other Charges and Credits

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.62</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 7.62</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges** | **$ 160.07**
<table>
<thead>
<tr>
<th>QUAN</th>
<th>ITEM</th>
<th>CODE</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Lunch</td>
<td>4</td>
<td>21</td>
<td>42.00</td>
</tr>
</tbody>
</table>

Lunch is Stephen Duckett
Please reimburse

SUBTOTAL
G.S.T. 2.40
TOTAL 44.10
# Alberta Health Services

## Travel & Employee Expense Claim Form

### Out-of-Provinve Travel: □

### Prior Approval Date (related to Out-of-Province only): S.17(1), 17(4)(g)(i)

### Prior Approved by (related to Out-of-Province only):

<table>
<thead>
<tr>
<th>Name: Chris Eagle</th>
<th>Employee #:</th>
<th>Union Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position (Title): Director HEO</td>
<td>Department:</td>
<td>Location: 14th Floor, Section A330</td>
</tr>
<tr>
<td>Business Phone #: 780-348-2023</td>
<td>Travel Period From:</td>
<td>to</td>
</tr>
</tbody>
</table>

What former entity payroll system is the employee being paid from? (please √ one from below)

- □ AADAC
- □ Alberta Cancer Board
- □ Alberta Mental Health Board
- □ Aspen
- □ Calgary Health
- □ Capital Health
- □ Chinook
- □ David Thompson
- □ East Central
- □ Palliser Health
- □ Peace Country
- □ Northern Lights

Expenses Paid (please attach original receipts. Do not include amounts paid by Alberta Health Services or reimbursed/imbursable by another organization. Complete details on page 2 of the form.)

## Summary of Travel & Employee Expenses (by Expense Account)

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution</th>
<th>Location</th>
<th>Functional Centre/Primary</th>
<th>Expense/Secondary Account</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>101/0923/1158</td>
<td></td>
<td></td>
<td>5240000</td>
<td>75.00</td>
<td>69.75</td>
<td>239.40</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>960000</td>
<td>161.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1230000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6402000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total GST: 488.63

Subtotal: 239.40

Less Cash Advance (if applicable): 239.40

Total: 488.63

I hereby certify that the expenses listed above are in accordance with applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: July 26, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Ken Hughes Title: Chair, AHS Board Phone #: Date: July 29, 2011

Signature: [Signature] Date: 111

**NOTE:** Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/6/11</td>
<td>MEC, LHS Board Meeting</td>
<td></td>
<td></td>
<td></td>
<td>19.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/6/11</td>
<td>MEC, LHS Board Meeting</td>
<td></td>
<td></td>
<td></td>
<td>27.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15/6/11</td>
<td>Lunch - Calgary Meeting</td>
<td></td>
<td></td>
<td></td>
<td>14.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-23/6/11</td>
<td>Calgary, Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.381 x 620km</td>
</tr>
<tr>
<td>24/6/11</td>
<td>Business (Talus Blood)</td>
<td></td>
<td></td>
<td></td>
<td>25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16/6/11</td>
<td>Tests</td>
<td>7.68</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>153.60</td>
</tr>
</tbody>
</table>

Total KM

Applicable Mileage rate @

Total: 763 km

62.95 0.75 0.75 153.60 239.40

Note: Record the total amount for each expense category from above to the summary table on page 1

EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meals Expenses and Allowances**

   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

   a) Breakfast = B $10
   b) Lunch = L $12
   c) Dinner = D $21

   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 meeting.

2. **Accommodation Expense and Allowances**

   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**

   - Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**

   Travel advance may be requested provided travel expenses are likely to exceed $500.
**3rd Reimbursement**

IMPARK LOT #101
TELU5 PLAZA PARKARE
GST #887915630 RN0006

06-24-2011 FRI H1

<table>
<thead>
<tr>
<th>5 HOUR</th>
<th>25.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>250.00</td>
</tr>
<tr>
<td>CASHED</td>
<td>25.00</td>
</tr>
<tr>
<td>CHANGE</td>
<td>0.00</td>
</tr>
</tbody>
</table>

ITEM  1

| 1CL  | 1540 13:48PM |

*Triannual Master Agreement Meeting*
MOXIE'S CLASSIC GRILL
MARKET MALL
O223 Table 31 #Party 1
189*TIM P SvrCh: 13 18:44 06/09/11
DINING ROOM

[Redacted]

SUBTOTAL: 40.25
GST: 2.01
TOTAL: 42.26

GREAT DRINK SPECIALS EVERY DAY OF THE WEEK
Moxie's gift cards available

AHS Board Meeting
U OF C - BISTRO
2500 UNIVERSITY DR NW RM110
CALGARY AB T2N1N4
403-220-6250

TERM ID: 002

SALE

XXXXXHHXHXXHXXGB33
VISA
06/15/11
20
000001
PPR CCL: 38
BATCH #: 000153
REF #: 021

AMOUNT $33.60
TIP 5.00
TOTAL 38.60

Rimbau 38.50
Mileage – Dr. Chris Eagle
June 21-22, 2011
Calgary Meetings

1. OR Nurse Clinician Group (Foothills Medical Centre)
2. FMC Clinical Management Team Meeting
3. Mayor Nenshi

630 km x .38¢ = $239.40
Important TELUS rate changes

411 Directory Assistance
Starting August 10, 2011, the TELUS 411 Directory Assistance rate will increase from $2.25/looking to $2.50/looking. TELUS 411 Directory Assistance gives you quick and easy access to published phone numbers and addresses within Canada and the U.S.

Pay per use text message rate
As of August 10, the pay per use rate for sending and receiving text messages within Canada will increase from $0.15/message to $0.20/message. This new rate also applies to text messages that are sent from Canada to the U.S.

Don’t currently have a text messaging package? Add one to your account today and text for less. Visit telusmobility.com/textmessaging or call us at 1-866-558-2273 to learn how you can save with our text packages.

Access your account online
Managing your account online is as easy as it is simple! With a TELUS online account, you have secure 24-hour access to your information, bills and account activity in real-time. You can also update your rate plan and features and switch to paperless billing. To register or login to your online account, visit telusmobility.com/youraccount.

Every customer helps us give where we live.
Over $211 million given to help our neighbors across Canada.
Find out how at telus.com/community

### MOBILITY BILL SUMMARY

<table>
<thead>
<tr>
<th>Contract Term: 3 yr</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Charges</td>
<td></td>
</tr>
<tr>
<td>IPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$24.30</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$0.30</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$0.00</td>
</tr>
<tr>
<td>Taxes</td>
<td>$2.00</td>
</tr>
<tr>
<td>GST/HST</td>
<td>7.68</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$7.68</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$161.28</td>
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### YOUR LAST BILL

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Last Bill 16-May-11</td>
</tr>
<tr>
<td>Payments</td>
</tr>
<tr>
<td>Payment Reversals</td>
</tr>
<tr>
<td>Total Previous Charges Brought Forward</td>
</tr>
</tbody>
</table>

Payment received after 13-Jun-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.

Total Amount Due $161.28

---

**PTLPS01A E S** 17217 205(V)

Amount of Payment

Please make cheques payable to TELUS
Please do not staple

s.17(1), 17(4)(g)(i)
# Account Detail

**Chris J. Eagle**

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

**Current Charges - Detail**

**Contract Term:** 3 yr

### Monthly Service Plans Jun 17 to Jul 16

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 100.00</strong></td>
</tr>
</tbody>
</table>

### Additional Local Airtime

- **Free Airtime** includes bonus minutes, birthday calling, evenings & weekends, free roaming, "911 and to Network Calling"

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>824:00</td>
<td>115:00</td>
<td>709:00</td>
<td>0:00</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>443:00</td>
<td>0:00</td>
<td>200:00</td>
<td>243:00</td>
<td><strong>24.30</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 24.30</strong></td>
<td></td>
<td></td>
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</table>

### Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>1</td>
<td>Msg</td>
<td>0.15</td>
</tr>
<tr>
<td>Data Usage</td>
<td>140.633</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>1</td>
<td>Msg</td>
<td>0.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$ 0.30</strong></td>
</tr>
</tbody>
</table>

### Value Added Services

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Jun 17 to Jul 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 G8 included data (Jun 17 to Jul 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Jun 17 to Jul 16)</td>
<td>7.00</td>
</tr>
<tr>
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<td>Free</td>
</tr>
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</tr>
</tbody>
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### Other Charges and Credits

<table>
<thead>
<tr>
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<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2.00</strong></td>
</tr>
</tbody>
</table>

### Taxes

<table>
<thead>
<tr>
<th><strong>Taxes</strong></th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 7.68</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges** **$ 161.28**
Travel & Employee Expense Claim Form

Out-of-ProVINce Travel: [ ]
Prior Approval Date (related to Out-of-ProVINce only): s.17(1), 17(4)(g)(i)
Prior Approved by (related to Out-of-ProVINce only):

Name: Chris Evans
Employee #: [ ]
Position (Title): President & CEO
Department: [ ]
Location: 14th Floor 7th Street NE

Business Phone #: 780-362-2003
Travel Period From: [ ]

What former entity payroll system is the employee being paid from? (please ✔ one from below)

AADAC ☐
Alberta Cancer Board ☐
Alberta Mental Health Board ☐
Aspen ☐
Calgary Health ☐
Capital Health ☐
Chinook ☐
David Thompson ☐
East Central ☐
Northern Lights ☐
Palliser Health ☐
Peace Country ☐

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses
(by Expense Account)

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution (if applicable)</th>
<th>Location (if applicable)</th>
<th>Functional Centre/Primary</th>
<th>Expense/Secondary Account</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 0983 71110101058 623 0200</td>
<td></td>
<td></td>
<td></td>
<td>50844</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total GST</td>
<td></td>
<td></td>
<td></td>
<td>50844</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Cash Advance (if applicable)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50844</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [ ]
Date: June 31, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Karen Hughes
Title: Chair, Arts Board
Phone #
Signature:
Date: June 24, 2011

Approved By (please print): [ ]
Title: [ ]
Phone #
Signature:
Date:

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-11/6/11</td>
<td>Edmonton - Calgary Return + Travel IN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>257.64</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calgary 678 km @ .38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-17/6/11</td>
<td>Edmonton - Calgary Return + Travel IN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calgary 600 km @ .38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total KM

Applicable Mileage rate @

| Totals     |                      | 508.44 |

Note: Record the total amount for each expense categories from above to the summary table on page 1

EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. Meal Expenses and Allowances
   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
   a) Breakfast = D $10
   b) Lunch = L $12
   c) Dinner = D $21

   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 meeting.

2. Accommodation Expense and Allowances
   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. Travel
   • Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   • Vehicle owners are responsible for any losses that may arise.
   • Business car insurance is reimbursable up to $500 per year with receipts.
   • Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   • Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. Advance
   Travel advance may be requested provided travel expenses are likely to exceed $500.
**Alberta Health Services**

**Travel & Employee Expense Claim Form**

<table>
<thead>
<tr>
<th>Out-of-Province Travel:</th>
<th>Prior Approval Date (related to Out-of-Province only):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prior Approved by (related to Out-of-Province only):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name: A. FABLE</th>
<th>Employee #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position (Title): CEO</td>
<td>Department: EXECUTIVE</td>
</tr>
<tr>
<td></td>
<td>Location: 1432 COMERON</td>
</tr>
<tr>
<td>Business Phone #:</td>
<td>Travel Period From: to</td>
</tr>
</tbody>
</table>

What former entity payroll system is the employee being paid from? (please ✓ one from below)

- [ ] AADAC
- [ ] Calgary Health
- [ ] East Central
- [ ] Alberta Cancer Board
- [ ] Capital Health
- [ ] Northern Lights
- [ ] Alberta Mental Health Board
- [ ] Chinook
- [ ] Palliser Health
- [ ] Aspen
- [ ] David Thompson
- [ ] Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

### Summary of Travel & Employee Expenses

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution (if applicable)</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corp/BU/Org (if applicable)</td>
<td>Location (if applicable)</td>
<td>Functional Centre/Primary</td>
<td>Expense/Secondary Account</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>711010158</td>
<td>66021000</td>
</tr>
</tbody>
</table>

Total GST
Subtotal
Less Cash Advance (if applicable)
Total

8,968.56

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: QJN Date: July 25, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Ken Hughes Title: Chair, AHS Board Phone #
Signature: KJ

Approved By (please print): Title: Phone #
Signature: Date:

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
## EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/5/11</td>
<td>Membership Fee&lt;br&gt;Royal Glenora Club&lt;br&gt;&lt;br&gt;(Peter Employment Contract)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,968.56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total KM

<table>
<thead>
<tr>
<th>Applicable Mileage rate @</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
</tr>
</tbody>
</table>

Note: Record the total amount for each expense categories from above to the summary table on page 1

## EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meal Expenses and Allowances**
   
   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
   
   a) Breakfast = B $10
   b) Lunch = L $12
   c) Dinner = D $21

   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 meeting.

2. **Accommodation Expense and Allowances**
   
   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**
   
   - Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**
   
   Travel advance may be requested provided travel expenses are likely to exceed $500.
Dr. Chris Eagle

May 31/11

AMOUNT ENCLOSED: $

<table>
<thead>
<tr>
<th>DATE</th>
<th>REFERENCE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
<th>SERVICE CHARGE</th>
<th>G.S.T.</th>
<th>TOTAL CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 10/11</td>
<td>March</td>
<td>Transfer Balance</td>
<td>-8,604.57</td>
<td>0.00</td>
<td>0.00</td>
<td>-8,604.57</td>
</tr>
<tr>
<td>May 10/11</td>
<td>000003</td>
<td>Debit May Active Dues</td>
<td>305.00</td>
<td>0.00</td>
<td>15.25</td>
<td>320.25</td>
</tr>
<tr>
<td>May 10/11</td>
<td>000004</td>
<td>Debit May Capital Levy</td>
<td>41.66</td>
<td>0.00</td>
<td>2.08</td>
<td>43.74</td>
</tr>
</tbody>
</table>

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

$8,968.56

- s.17(1), 17(4)(g)(i)
# Alberta Health Services

## TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

**PLEASE DO NOT USE ENTER KEY TO NAVIGATE THIS FORM. USE TAB, ARROW KEYS OR MOUSE**

### SECTION A - Employee Details (for AMS Staff Only)
- **Employee # (old):** Name: Chris Eagle
- **Position (Title):** President & CEO
- **Location:** 7th Street Plaza
- **Dept:** Corporate
- **Out-of-Provincial Travel:**
- **Business Phone #:** 780.342.2003
- **Travel Period from:** 27/08/11 to 13/09/11

**What former entity payroll system is the employee currently being paid from?** (Please check one from below)

- [ ] AADAC
- [ ] Calgary Health
- [ ] Capital Health
- [ ] Chinook
- [ ] East Central
- [ ] Northern Lights
- [ ] Paliser Health
- [ ] Peace Country
- [ ] Peace Country
- [ ] Peace Country
- [ ] Peace Country
- [ ] Peace Country

### SECTION B - Finance Coding & Total Claim

**Finance Code / Accounting Distribution**
- **Expense Object Code (EOC):** Secondary code not required in this section
- **Oakden:**
- **Accounts Payable:**
- **OCT 27, 2011**

<table>
<thead>
<tr>
<th>Balance Unit (4 char)</th>
<th>Location (4 char)</th>
<th>Functional Centre (FC) (11 char)</th>
<th>PB</th>
<th>Travel $</th>
<th>PG</th>
<th>Other $</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>2A</td>
<td>$339.90</td>
<td>3</td>
<td></td>
<td>$339.90</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2B</td>
<td>$146.32</td>
<td>3</td>
<td></td>
<td>$146.32</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2C</td>
<td>$114.35</td>
<td>3</td>
<td></td>
<td>$114.35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Claim should include a minimum of 2 pages + receipts**
- **TOTAL CLAIM:** $1,551.27

**IMPORTANT NOTE**
- **Applicable to all Sections A to F**
- **If this form is not filled in correctly, legibly and completely, the form will be returned.**
- **In order to facilitate processing of this claim, please review the following notes:**
  - Email approvals, physical signature stamp or similar device are not acceptable
  - Employees # refers to the number indicated on employee's pay stub
  - Out-of-Provincial Travel - the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable

### SECTION F - Authorization

**Claim Prepared by (PRINT ONLY):** Joyce C. Murray  
**Phone #** 780.342.2011

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Employee Signature:**

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy # CF-03, CF-04) and approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

**Approved By (PRINT ONLY):** Ken Hughes  
**DOFA level:**  
**Position #:** 000000001  
**Phone #** 943-1449

**Signature:**

**Approved By (PRINT ONLY):** Chair, AHS Board  
**DOFA level:**  
**Position #:**  
**Phone #:**

**Signature:**

**Date:**

**NOTE:** Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies.

---

1 of 3
## SECTION C  Travel & Education Expenses

Ensure separate lines are used for claim items that differ in province of expense. Enter total $ amount on slip, **DO NOT** separate GST. Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Travel/Education</th>
<th>Prov of Exp (in AB, BC, etc)</th>
<th>Hotel $</th>
<th>Meals $ (Type B, L, D or A for All)</th>
<th>Taxi $</th>
<th>Transportation $</th>
<th>Course Reg / Material $</th>
<th>Mileage (km)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/09/11</td>
<td>Mileage Edmonton/Calgary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leduc/Edmonton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Various Meetings - Sept. 27-29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/10/11</td>
<td>AMA/CMA Membership Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1146.32</td>
</tr>
<tr>
<td></td>
<td>(Per Employment Contract)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TRAVEL EXPENSE LIMITS
- (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)

**Meal Expenses & Allowances**
- Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.
  - a) Breakfast → $10
  - b) Lunch → $12
  - c) Dinner → $21

### Subtotals

<table>
<thead>
<tr>
<th>Mileage $s</th>
<th>Total Kms</th>
<th>Enter $0.505 OR rate per Union Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1146.32</td>
<td>870.00</td>
<td>0.380</td>
</tr>
</tbody>
</table>

### Travel $s Subtotal

Enter on page 1 TOTAL TRAVEL $s: 1476.92

Please enter above total for each page 2 separately onto page 1, Section B

- 2 of 3 -
### EXPENSE CLAIM DETAILS

**SECTION D** | Other Expenses
---|---
**NOTE:** If expenses are for travel or education (courses etc) go to **SECTION C**

All “OTHER” expenses listed below **MUST** have a secondary/expense code indicated!

- If no “Other” expenses are being claimed, this page does not have to be submitted.
- Gas receipts & business insurance are claimed here in **Section D** – Other Expenses.

**Subtotal “Other Expenses” for each functional centre separately**

and enter each subtotal on page 1

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Expense</th>
<th>Functional Centre (le: 101.0767.713550000007)</th>
<th>Secondary/Expense Code (le: 4100000)</th>
<th>If GST is included on IT slip/receipt, enter total amount into column A, if not included enter amount into column B</th>
<th>TOTAL Other $s</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/9/11</td>
<td>Telus Mobility</td>
<td>101.3923.71110101058</td>
<td>64020000</td>
<td>5.85</td>
<td>114.35</td>
</tr>
</tbody>
</table>

### SECTION E | Foreign Currency

**ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $’s.**

All expenses will be paid in CDN $’s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Expense</th>
<th>Functional Centre (le: 101.0767.713550000007)</th>
<th>Secondary/Expense Code (le: 4100000)</th>
<th>Foreign Currency</th>
<th>For AP use ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Converted $s**

**Expenses Paid (Retain a copy for your records)**

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

**- 3 of 3 -**
MOBILITY BILL SUMMARY

CURRENT CHARGES

<table>
<thead>
<tr>
<th>Service</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$4.00</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>$6.65</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$6.65</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$139.65</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

Amount of Last Bill 16-Aug-11  $-25.30
Payments                          $0.00
Payment Reversals                  $0.00
Total Previous Charges Brought Forward  $-25.30

Total Amount Due  $114.35

For inquiries please call Client Care by Dialing *691 from your handset or see reverse for local and toll-free numbers.

Payable online or through most financial institutions

Mobility Client Number | Bill Date | Total Amount if received by 11-Oct-11 |
-----------------------|-----------|---------------------------------------|
 s.17(1), 17(4)(g)(i) | 16-Sep-11 | $114.35                               |
ACCOUNT DETAIL

CHRIS J. EAGLE
s.17(1), 17(4)(g)(i)

Current Charges - Detail
Contract Term: 3 yr

Monthly Service Plans Sep 17 to Oct 16

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$100.00</strong></td>
</tr>
</tbody>
</table>

Additional Local Airtime

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th><em>Free</em> Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>269.00</td>
<td>55.00</td>
<td>214.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>188:00</td>
<td>0:00</td>
<td>188:00</td>
<td>0:00</td>
<td>0:00</td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>6</td>
<td>Msg</td>
<td>1.20</td>
</tr>
<tr>
<td>Data Usage</td>
<td>123,752</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>14</td>
<td>Msg</td>
<td>2.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$4.00</strong></td>
</tr>
</tbody>
</table>

Value Added Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Can LD @ 10c (Sep 17 to Oct 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Sep 17 to Oct 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Sep 17 to Oct 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Sep 17 to Oct 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

Other Charges and Credits

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
</tr>
</tbody>
</table>

Taxes

<table>
<thead>
<tr>
<th>GST</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6.65</strong></td>
</tr>
</tbody>
</table>

Total Current Charges: **$139.65**
Payment Confirmation

Thank you, your was paid successfully. Please refer to your payment transaction details below.

<table>
<thead>
<tr>
<th>Member #</th>
<th>129</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
<td>CHRISTOPHER J. EAGLE</td>
</tr>
<tr>
<td>Order #</td>
<td>mhp1747967301</td>
</tr>
<tr>
<td>Card Type</td>
<td>V</td>
</tr>
<tr>
<td>Card #</td>
<td>***6893</td>
</tr>
<tr>
<td>Card Expiry</td>
<td>1012</td>
</tr>
<tr>
<td>Auth. Date</td>
<td>2011-10-01</td>
</tr>
<tr>
<td>Auth. #</td>
<td>027</td>
</tr>
</tbody>
</table>

AMA/CMA Membership

Fees (inc GST: $34.11)

$1,146.32

TOTAL PAYMENT

$1,146.32

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

Alberta Medical Association
12230 106 Ave
Edmonton AB T5N 3Z4
T 780.482.2626
TF 1.800.272.9680
F 780.482.5445
www.albertadocs.org

YOUR MEMBER CARD/RECEIPT WILL BE ISSUED AFTER OCT 1, 2011
AND PLEASE RETAIN THE LETTER FOR TAX PURPOSES.
# Alberta Health Services

## Travel & Employee Expense Claim Form

<table>
<thead>
<tr>
<th>Out-of-Provincial Travel:</th>
<th>Prior Approval Date (related to Out-of-Province only):</th>
<th>Prior Approved by (related to Out-of-Province only):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Employee #:</th>
<th>Union Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Eagle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position (Title):</th>
<th>Department:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>President CEO</td>
<td>17(1), 17(4)(g)(i)</td>
<td>14th Floor SSI, Edmonton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone #:</th>
<th>Travel Period From: to</th>
</tr>
</thead>
<tbody>
<tr>
<td>780-342-203</td>
<td></td>
</tr>
</tbody>
</table>

What former entity payroll system is the employee being paid from? (please check one from below)

- [ ] AADAC
- [ ] Calgary Health
- [x] East Central
- [ ] Alberta Cancer Board
- [ ] Capital Health
- [ ] Northern Lights
- [ ] Alberta Mental Health Board
- [ ] Chinook
- [ ] Palliser Health
- [ ] Aspen
- [ ] David Thompson
- [ ] Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed/reimbursable by another organization. Complete details on page 2 of the form.

## Summary of Travel & Employee Expenses

### Finance Code / Accounting Distribution (if applicable)

<table>
<thead>
<tr>
<th>Corp/BU/Org (if applicable)</th>
<th>Location (if applicable)</th>
<th>Functional Centre/Primary</th>
<th>Expense/Secondary Account</th>
<th>Non-Canadian Currency</th>
<th>Exchange Rate</th>
<th>Canadian $</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0923</td>
<td>7110101058</td>
<td>62300.0000</td>
<td>69600000</td>
<td>11.00</td>
<td>129.50</td>
</tr>
<tr>
<td>Alberta Health Services</td>
<td>Accounts Payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEP 26 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total GST: RECEIVED 7.03

Subtotal: 504.73

Less Cash Advance (if applicable): 0.00

Total: 504.73

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature]

Date: Sept 16, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Ken Hughes
Title: Chair, AHS Board
Phone #: [Phone]

Signature: [Signature]

Date: Sept 22, 2011

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.
### EXPENSE CLAIM DETAILS

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Particulars (Describe Purpose of Trip &amp; Location)</th>
<th>GST $</th>
<th>Accommodation $</th>
<th>Meal Type B, L or D</th>
<th>Meals $</th>
<th>Course Registration &amp; Material $</th>
<th>Transportation $</th>
<th>Other $</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/08/11</td>
<td>Calgary Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18/08/11</td>
<td>Second Cup</td>
<td>0.55</td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16/08/11</td>
<td>Telus Mobility</td>
<td>6.48</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total KM

Applicable Mileage rate @

<table>
<thead>
<tr>
<th>Totals</th>
<th>Mileage km</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.03</td>
<td>11.00</td>
</tr>
<tr>
<td></td>
<td>129.50</td>
</tr>
</tbody>
</table>

Note: Record the total amount for each expense categories from above to the summary table on page 1.

### EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. **Meal Expenses and Allowances**
   Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
   - a) Breakfast = B $10
   - b) Lunch = L $12
   - c) Dinner = D $21
   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 meeting.

2. **Accommodation Expense and Allowances**
   Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is $20 per night.

3. **Travel**
   - Use of personal automobile – Reimbursement at the general rate of $0.505 per km for approved travel in a fiscal year.
   - Vehicle owners are responsible for any losses that may arise.
   - Business car insurance is reimbursable up to $500 per year with receipts.
   - Includes all forms of transportation costs, including taxis, airplane and buses for travel related to AHS.
   - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
Second Cup

Calgary T2G 1M9
2025 16th Avenue NW

(403)262-8778
DUPLICATE RECEIPT

9393 1 1 13319

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>LG Latte</td>
<td>4.3</td>
</tr>
<tr>
<td>LG Latte</td>
<td>4.3</td>
</tr>
<tr>
<td>LG Coffee</td>
<td>2.3</td>
</tr>
<tr>
<td>GST</td>
<td>.5</td>
</tr>
<tr>
<td>IN CAFE</td>
<td>11.5</td>
</tr>
<tr>
<td>Total $20</td>
<td>20.0</td>
</tr>
<tr>
<td>Change</td>
<td>8.4</td>
</tr>
</tbody>
</table>

GST NUMBER: 862045770RT0001
2011-08-18    6:58 A
Mileage – Dr. Chris Eagle
August 16-18, 2011
Calgary Meetings

1. OR Nurse Clinician Group, Dr. Norm Campbell, Don Johnson
2. Jack Davis
3. Irene Lewis, SAIT
4. Chen Fong
5. Meeting with Physicians & Staff – Strathmore
6. Meeting with Physicians and Staff – High River
7. Meeting with Physicians and Staff – Black Diamond

940 km @ .38¢ = $357.20
**MOBILITY BILL SUMMARY**

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Term: 3 yr</td>
<td></td>
</tr>
<tr>
<td>IPhone 100 - Double mins</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$ 0.50</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$ 27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$ 2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>6.48</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$ 6.48</td>
</tr>
<tr>
<td><strong>Total Current Charges</strong></td>
<td><strong>$ 135.98</strong></td>
</tr>
</tbody>
</table>

**YOUR LAST BILL**

Amount of Last Bill 16-Jul-11  
Payments                       
Payment Reversals              
Total Previous Charges Brought Forward  
Payment received after 13-Aug-11 may not be reflected on this invoice.

**Total Amount Due** $ -25.30

---

**Mobility Client Number**  
Bill Date  
Total Amount if received by 12-Sep-11

<table>
<thead>
<tr>
<th>Mobility Client Number</th>
<th>Bill Date</th>
<th>Total Amount if received by 12-Sep-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.17(1), 17(4)(g)(i)</td>
<td>16-Aug-11</td>
<td>$ -25.30</td>
</tr>
</tbody>
</table>

Additional fees apply for late payments

---

**Amount of Payment**  
Please make cheques payable to TELUS  
Please do not staple
## Account Detail

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Additional Local Airtime**

<table>
<thead>
<tr>
<th>Total Airtime</th>
<th>289.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Airtime</td>
<td>24.00</td>
</tr>
<tr>
<td>Included Airtime</td>
<td>265.00</td>
</tr>
<tr>
<td>Chargeable Airtime</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Total LD Minutes</th>
<th>174:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free LD Minutes</td>
<td>0:00</td>
</tr>
<tr>
<td>Included LD Minutes</td>
<td>174:00</td>
</tr>
<tr>
<td>Chargeable LD Minutes</td>
<td>0:00</td>
</tr>
<tr>
<td>Total</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Data and Other Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>1</td>
<td>Msg</td>
<td>0.15</td>
</tr>
<tr>
<td>Data Usage</td>
<td>108.82</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>2</td>
<td>Msg</td>
<td>0.35</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$0.50</td>
</tr>
</tbody>
</table>

**Value Added Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Aug 17 to Sep 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Aug 17 to Sep 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Aug 17 to Sep 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Aug 17 to Sep 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Total</td>
<td>$27.00</td>
</tr>
</tbody>
</table>

**Other Charges and Credits**

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td>Total</td>
<td>$2.00</td>
</tr>
</tbody>
</table>

**Taxes**

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST 6.48</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Total Current Charges $135.98
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/09/2011</td>
<td>286215739</td>
<td>AIR CAN 014219733750, AIR CANADA</td>
<td>$510.92</td>
<td>CAD</td>
<td>510.92</td>
<td>.00</td>
<td>.00 MA Meeting Calgary</td>
</tr>
<tr>
<td>27/08/2011</td>
<td>266228556</td>
<td>WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td></td>
<td>CAD</td>
<td>45.85</td>
<td>1.83</td>
<td>Lunch Meeting Dr. D. Mason</td>
</tr>
<tr>
<td>26/08/2011</td>
<td>286758280</td>
<td>AIR CAN 014219899404, AIR CANADA</td>
<td></td>
<td>CAD</td>
<td>810.31</td>
<td>.06</td>
<td>.06 Board Meeting Fort McMurray</td>
</tr>
<tr>
<td>27/08/2011</td>
<td>266821803</td>
<td>COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS</td>
<td></td>
<td>CAD</td>
<td>140.66</td>
<td>5.87</td>
<td>Transportation - ANA Meeting</td>
</tr>
<tr>
<td>24/09/2011</td>
<td>266625339</td>
<td>RED WATER RUSTIC GRILL, EATING PLACES, RESTAURANTS</td>
<td></td>
<td>CAD</td>
<td>156.52</td>
<td>5.25</td>
<td>Dinner - Staff Meeting</td>
</tr>
<tr>
<td>23/09/2011</td>
<td>267086065</td>
<td>WESTJET, WestJet Airlines</td>
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<td>CAD</td>
<td>7.32</td>
<td>.00</td>
<td>.00 CCHL Meeting Victoria</td>
</tr>
<tr>
<td>28/09/2011</td>
<td>287066057</td>
<td>WESTJET, WestJet Airlines</td>
<td></td>
<td>CAD</td>
<td>7.32</td>
<td>.00</td>
<td>.00 CCHL Meeting Victoria</td>
</tr>
<tr>
<td>23/09/2011</td>
<td>267099558</td>
<td>WESTJET, WestJet Airlines</td>
<td></td>
<td>CAD</td>
<td>492.32</td>
<td>.06</td>
<td>.06 Speaker - CCHL Meeting</td>
</tr>
<tr>
<td>30/09/2011</td>
<td>287098558</td>
<td>UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL</td>
<td>$353.34</td>
<td>CAD</td>
<td>353.34</td>
<td>16.85</td>
<td>Hotel - Senior Leaders Meeting</td>
</tr>
<tr>
<td>03/10/2011</td>
<td>287486075</td>
<td>UNION BANK INN-RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td></td>
<td>CAD</td>
<td>151.74</td>
<td>7.22</td>
<td>.00 Hotel Charged in Error</td>
</tr>
<tr>
<td>03/10/2011</td>
<td>287486576</td>
<td>UNION BANK INN-RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td></td>
<td>CAD</td>
<td>-151.72</td>
<td>7.22</td>
<td>.00 Refund</td>
</tr>
<tr>
<td>03/10/2011</td>
<td>287486577</td>
<td>UNION BANK INN-RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td></td>
<td>CAD</td>
<td>218.58</td>
<td>8.88</td>
<td>Dinner - David Levine &amp; Jay Ramotar</td>
</tr>
<tr>
<td>05/10/2011</td>
<td>287277666</td>
<td>Seats Health 0309 10, AUTOMOBILE PARKING LOTS AND GARAGES</td>
<td></td>
<td>CAD</td>
<td>12.24</td>
<td>.56</td>
<td>Parking Misericordia Hospital Taxi</td>
</tr>
<tr>
<td>07/10/2011</td>
<td>287373549</td>
<td>LONDON DRUGS 14, DRUG STORES, PHARMACIES</td>
<td></td>
<td>CAD</td>
<td>33.52</td>
<td>3.65</td>
<td>Headset</td>
</tr>
<tr>
<td>07/10/2011</td>
<td>287922227</td>
<td>AIR CAN 01421960370878, AIR CANADA</td>
<td>$4,969.91</td>
<td>CAD</td>
<td>4,969.91</td>
<td>.00</td>
<td>.00 CCHL Board Meeting (Reimbursed by CHI)</td>
</tr>
<tr>
<td>13/10/2011</td>
<td>266092607</td>
<td>CHATEAU NOVA PORT MCMUR, LODGING HOTELS, MOTELS, RESORTS</td>
<td>$258.54</td>
<td>CAD</td>
<td>258.54</td>
<td>7.35</td>
<td>.00 Board Meeting - Dinner Oct. 12/11</td>
</tr>
<tr>
<td>13/10/2011</td>
<td>286472568</td>
<td>STOLLERY CHILD HOSP FD, CHARITABLE AND</td>
<td></td>
<td>CAD</td>
<td>700.06</td>
<td>.00</td>
<td>.00 Hotel - Stollery Children's Hospital Foundation Gala</td>
</tr>
<tr>
<td>14/10/2011</td>
<td>286533982</td>
<td>CHATEAU NOVA PORT MCMUR, LODGING HOTELS, MOTELS, RESORTS</td>
<td>$412.02</td>
<td>CAD</td>
<td>412.02</td>
<td>18.69</td>
<td>.00 Hotel - Board Meeting</td>
</tr>
<tr>
<td>18/10/2011</td>
<td>286572587</td>
<td>FUTURE SHOP #10, ELECTRONICS SALES</td>
<td></td>
<td>CAD</td>
<td>114.77</td>
<td>5.74</td>
<td></td>
</tr>
</tbody>
</table>

### Transactions without Receipts or Supporting Documentation

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10/2011</td>
<td>286235708</td>
<td>CIE HOSPITAL FOUNDATION, ORGANIZATIONS, CHARITABLE AND</td>
<td>$150.00</td>
<td>CAD</td>
<td>150.00</td>
<td>.00</td>
<td>Water for receipt</td>
</tr>
</tbody>
</table>

---

RUN DATE: 10/26/2011

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 1

136
Alberta Health Services

P-Card

Cardholder Statement Report

Signatures

Cardholder Designee (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Joyce Miller
Name of Cardholder Designee

EXECUTIVE ASSISTANT
Cardholder Designee Position/Title

October 26, 2011
Date of Signature

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designee has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS
Name of Cardholder

PRESIDENT & CEO
Cardholder Position/Title

Date of Signature

Appraiser Designee (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of an authorized approver.

Patti Grier
Name of Appraiser Designee

V.P., CHIEF OF STAFF, AHS BOARD
Approver Designee Position/Title

Date of Signature

Approver
By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Appraiser Designee has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Hughes
Name of Approver

CHAIR, AHS BOARD
Approver Position/Title

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10630-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: Reviewed by: Date: NOV 30

RUN DATE: 10/26/2011
Proprietary and Confidential
Powered by BMO Spend & Payment Solutions PAGE NO: 2

137
Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.

Need a hotel in Calgary? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.

Need ground transportation, sightseeing or attractions?

Need a car in Calgary? Great rates and additional Aeroplan Miles.

Booking Information

Booking Reference: PLMIQR

Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:
Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile: s.17(1), 17(4)(g)(i)
Home: Work: 1-780-3422029

Online Services
Manage my booking online (view/change my booking; select seats*).
Request an upgrade
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC8139†</td>
<td>Edmonton, Edmonton Int’l (YEG) Sat 24-Sep 2011 10:00</td>
<td>Calgary (YYC) Sat 24-Sep 2011 10:51</td>
<td>0</td>
<td>0hr 51</td>
<td>DH3</td>
<td>Tango</td>
<td>Plus W</td>
</tr>
<tr>
<td>AC284</td>
<td>Calgary (YYC) Sat 24-Sep 2011 17:30</td>
<td>Edmonton, Edmonton Int’l (YEG) Sat 24-Sep 2011 18:19</td>
<td>0</td>
<td>0hr 49</td>
<td>FS0</td>
<td>Tango</td>
<td>Plus W</td>
</tr>
</tbody>
</table>

Operated by:
† Air Canada Express - Jazz
Passenger Information

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142199733750
Air Canada - Aeroplan: s.17(1), 17(4)(g)(i) Meal Preference: None
Credit Card: xxxx-xxxx-xxxx-9747 Special Needs: None
Seat Selection: AC8139 8C, AC284 22D

Purchase Summary

<table>
<thead>
<tr>
<th>Fare Summary</th>
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<tbody>
<tr>
<td>Passenger Type</td>
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<td>Departing Flight - Tango Plus</td>
<td>204.00</td>
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<tr>
<td>Return Flight - Tango Plus</td>
<td>204.00</td>
</tr>
<tr>
<td>Surcharges</td>
<td>24.00</td>
</tr>
<tr>
<td>Taxes, Fees and Charges</td>
<td></td>
</tr>
<tr>
<td>Canada Airport Improvement Fee</td>
<td>45.00</td>
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<td>Canada Goods and Services Tax</td>
<td>24.56</td>
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<td>(GST/HST #10009-2287 RT0001)</td>
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<tr>
<td>Air Travellers Security Charge</td>
<td>14.25</td>
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<tr>
<td>(ATSC)</td>
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<td>Total airfare and taxes before</td>
<td>515.81</td>
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<tr>
<td>options (per passenger)</td>
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<td>Number of passengers</td>
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<tr>
<td>Total</td>
<td>515.81</td>
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<td>RBC Travel Insurance (declined)</td>
<td>0.00</td>
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<tr>
<td>Grand Total - Canadian dollars</td>
<td>$515.81</td>
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</table>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $515.81 (Airfare - per ticket)

Ticket number(s): 0142199733750

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus
Return Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - Customers who no-show their flight will forfeit the fare paid.

- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.

Please read important information and notices regarding Air Canada's general conditions of carriage.
WILDFLOWER RESTAURANT
10009 107th Street
Edmonton, AB
T5J 1J1
780-990-1938

** TRANSACTION RECORD **

Tran. #: 10663

Check #: 1942
Employee #: 111
Employee Name: SUSAN T
Workstation #: 1

MasterCard
Pre-Auth Purchase
xxxxxxxxxxxx9747 S

Amount $56.85
Tip $7.50

TOTAL $64.35

APPROVED 150143
00-001 150143
S001T0001/WILDFCO1
268001001002
2011/09/21 13:01:43

Customer Copy

Lunch Dr. David Mador
From: Air Canada [confirmation@aircanada.ca]
Sent: Monday, September 26, 2011 1:26 PM
To: Joyce Murray
Subject: Air Canada - 12-Oct: Edmonton - Fort Mcmurray (booking ref: PZHV6Z) - seat selected

****** PLEASE DO NOT REPLY TO THIS E-MAIL ******

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.

Need a hotel in Fort Mcmurray? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.

Need a car in Fort Mcmurray? Great rates and additional Aeroplan Miles.

Booking Information

Booking Reference: PZHV6Z

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile: s.17(1), 17(4)(g)(i)
Home: 1-760-3422029
Work: 1-760-3422029

Online Services

Manage my booking online (view/change my booking; select seats*).
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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<td>0</td>
<td>1hr10</td>
<td>DH3</td>
<td>Tango</td>
<td>Plus Q</td>
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Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142199994204
Purchase Summary

Fare Summary

<table>
<thead>
<tr>
<th>Passenger Type</th>
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<tr>
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<td>Return Flight - Tango Plus</td>
<td>269.00</td>
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<tr>
<td>Surcharge</td>
<td>24.00</td>
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<td><strong>Total</strong></td>
<td><strong>610.31</strong></td>
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Taxes, Fees and Charges

<table>
<thead>
<tr>
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<td>Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)</td>
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<td>Air Travellers Security Charge (ATSC)</td>
<td>14.25</td>
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<tr>
<td><strong>Total airfare and taxes before options (per passenger)</strong></td>
<td><strong>610.31</strong></td>
</tr>
<tr>
<td><strong>Number of passengers</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>610.31</strong></td>
</tr>
<tr>
<td>RBC Travel Insurance (declined)</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Grand Total - Canadian dollars</strong></td>
<td><strong>$610.31</strong></td>
</tr>
</tbody>
</table>

The following charges (tax inclusive) will appear on your credit card statement:

- Air Canada: $610.31 (Airfare - per ticket)
- **Ticket number(s): 0142199994204**

Fare Rules

**Departing Flight** Edmonton (YEG) To Fort Mcmurray (YMM) - Tango Plus

**Return Flight** Fort Mcmurray (YMM) To Edmonton (YEG) - Tango Plus

- **Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
  - **Airport same-day changes** (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
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  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**
  - Tickets are **non-refundable** and **non-transferable**.
  - **Cancellations** can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
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Please read Important Information and notices regarding Air Canada's general conditions of carriage.

**Important Information**

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262
s.17(1), 17(4)(e.1)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT / MONTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>125.00</td>
</tr>
</tbody>
</table>

TOTAL S CON CAN 145.00

AMA Representative Forum, Calgary
REDWATER RUSTIC GRILLE
9223 Macleod Tr. South
Calgary, Alberta

MasterCard
Type: PreAuth
Card Number: xxxxxxxxxxxxxx9747
Date: 09/28/2011 07:49:06 PM
Reference #: 66126691 0010014180 S
Check #: 223621
Server Name: S-Katrina
Table: 241
Approval #: 214806

Sub Total: $136.50
Tip: $ 20.00
Total: $ 156.50

01 Approved - Thank You 027

* Customer Copy *

REDWATER RUSTIC GRILLE
9223 Macleod Tr. South
Calgary, Alberta
Tel: 403-253-4266
Check #: 223621

Duplicate

Server: S-Katrina  Date: 09/28/2011
Table: 241 -1  Time: 19:45
Client: 3

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
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<tbody>
<tr>
<td>Half Romaine Hearts</td>
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<td>21.00</td>
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<tr>
<td>Halibut</td>
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<td>99.00</td>
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<tr>
<td>Cappucino</td>
<td>1</td>
<td>5.00</td>
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<td>Decaf Coffee</td>
<td>2</td>
<td>5.00</td>
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Sub-Total: 130.00
GST: 6.50

TOTAL: 136.50

Please call for
Reservations 253.4266
GST#815364947RT0001
## Overview

<table>
<thead>
<tr>
<th>Date</th>
<th>Departure Destination</th>
<th>Arrival Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>Edmonton Intl AB, CANADA</td>
<td>Victoria BC, CANADA</td>
</tr>
<tr>
<td>Monday</td>
<td>Victoria BC, CANADA</td>
<td>Edmonton Intl AB, CANADA</td>
</tr>
</tbody>
</table>

### Airline Details

- **Supplied Flight**: WESTJET
- **Flight Numbers**:
  - WS 0373
  - WS 0192

### Flight Details

#### Wednesday, Nov 10
- **Departure Time**: 4:45pm
- **Arrival Time**: 5:26pm
- **Aircraft**: BOEING 737-600
- **Status**: Confirmed
- **Seats**: 11D / PREMIUM / On Request
- **Duration**: 01hr 41min

#### Monday, Nov 14
- **Departure Time**: 7:30pm
- **Arrival Time**: 9:59pm
- **Aircraft**: BOEING 737-700
- **Status**: Confirmed
- **Duration**: 01hr 26min

### Notes

- **Your fee has been processed.**
- **Seat fee of $7.15 charged in each direction.**

---

**Where do you want to go?**

- Maps
- Directions

---

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https://www.virtuallythere.com/new/itineraryChron.html;isessionid=7941F791616BF3F8 10/14/2011
eTicket Receipt

Prepared For
EAGLE/CHRIS MR

WESTJET RESERVATION CODE: JWJ
TICKET ISSUE DATE: 29Sep2011
TICKET NUMBER: B82175417623
ISSUING AIRLINE: WESTJET
ISSUING AGENT: WestJetSSW

Itinerary Details

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<tr>
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<th>DEPARTURE</th>
<th>ARRIVAL</th>
<th>OTHER NOTES</th>
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<td>VICTORIA BC, CANADA</td>
<td>Seat Number: 10D PREMIUM (SWIVED) Booking Status: CONFIRMED Net Valid Before: 10 NOV Net Valid After: 10 NOV</td>
</tr>
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Payment/Fare Details

Form of Payment: CREDIT CARD - MASTERCARD : XXXXXXXXXXXX 8747

Endorsement / Restrictions: NONREF - FEE FOR CH/CD/LX

Fare Calculation Line: YEA WS YJJ189.00,6RO1 WS YE1160.00,8RP1 CAD368.00END

Fare: CAD 388.00

Taxes / Fees / Charges:
- CAD 14.28 CA (AIR TRANSPORTATION TAX)
- CAD 22.91 XG (GOODS AND SERVICES TAX GST)
- CAD 67.20 XT (COMBINED TAXES)

Total Fare: CAD 492.36

Additional Fees not Included in Fare:
- CAD 0.00 - YEG YYJ - (PREMIUM SEAT FEE)
- CAD 0.00 (0.50 KG) - YYJ YEG - IK XXXXXXXXXXXX 3747 (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:
Thank you for choosing WestJet

QST # 12028755670001 GST # 886612935

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 60 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.

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SUCHOWERSKY, OKSANA  
14TH FLOOR NORTH TOWER  
EDMONTON, AB T5J 3E4 CA  

Room Number: 705  
Daily Rate: 154.00  
Room Type: OBKL  
No. of Guests: 1 / 0  

<table>
<thead>
<tr>
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<th>CREDIT CARD</th>
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<th>CATEGORY</th>
<th>ACCOUNT</th>
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<tr>
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</tbody>
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TOTAL DUE: $0.00

The Destination Marketing Fee is subject to 5% GST and 4% HST.
Charged in error to C. Edgel's MasterCard
Refund processed.
UNION BANK INN-REST
10053 JASPER AVENUE
EDMONTON AB T5J1S5
780-423-3600

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

Server: Kat
Table 10/1
Guests: 3
Reprint #: 1

10/03/2011
9:11 PM
10020

SCR Tenderloin 7 oz 47.00
Coffee Tea (2 @ $3.50) 7.00
Espresso 4.00
Glass Pinot Gris 11.00
Beet Salad (2 @ $12.00) 24.00
Four Whistle Duck Breast 39.00
Soft Drink 3.50
Mahi Mahi 41.00

Subtotal 177.00
GST Exclusive Tax 8.85
Total 185.85

Balance Due $185.85

DINNER DAVID LEVINE & JOY RAMOTAR
03/10/11 18:37
$ 12.25

03/10/11 15:07
$ 12.25

Tour Minneapola Hospital
SAMSUNG HEADSET 23.99
CUSTOMER NUMBER 49001000001
TAX 3.60 BAL 33.59
VF Mastercard 33.59
XXXXXXXXX9747
AUTH: 163806
CHANGE .00
(L)ST .00
(H)ST 3.60
10/07/11 13:38 0014 14 0252 47095
(L)ST = LOWER HST TAX RATE
LONDON DRUGS LIMITED HST #R163778972

CREDIT CARD TRANSACTION RECORD

LONDON DRUGS #14
127-3995 QUADRA ST.
VICTORIA, BC
V8X 1W8

CASH REG.: 014 EMPLOYEE: 17096

NO.: XXXXXXXXXXX9747

AMOUNT $33.59

Mastercard PURCHASE

10/07/11 13:38:06 AUTH: 163806
REFERENCE: 66173038 0013391340 C

APL: MasterCard.
APN:
AID: 00000000041010.
TVR: 080000

• APPROVED - THANK YOU 027

IMPORTANT:
Retain this copy for your records.

0014 014 47095 0252
Your booking is confirmed. Please print and retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: NAQBMA

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mr Christopher Eagle
joyce.murray@albertawhiteservices.ca
Home: Mobile:
Work: 1-780-342-2009

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

Flight Itinerary

Flight From To Stops Duration Aircraft Fare Type Meal
AC126 Edmonton, Edmonton Int'l (YEG) Toronto, Pearson Int'l (YYZ) Wed 23-Nov 2011 0 3hr35 320 Executive Class Flexible C M
Wed 23-Nov 2011 16:35 - Terminal 1

AC127 Toronto, Pearson Int'l (YYZ) Edmonton, Edmonton Int'l (YEG) Fri 23-Nov 2011 0 4hr02 319 Executive Class Flexible C M
Fri 23-Nov 2011 17:00 - Terminal 1

M: Meal (Non Specific)

Passenger Information

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

1: Mr Christopher Eagle: Adult (18+), Ticket Number: G142100370976

Air Canada - Aeroplan: None

Credit Card: XXXX-XXXX-XXXX-9747

Seat Selection: AC126 2D, AC127 2D

Purchase Summary

Fare Summary

Passenger Type Adult

Departing Flight - Executive Class Flexible 3313.00

Return Flight - Executive Class Flexible 2312.00

Surcharges 46.00

Taxes, Fees and Charges

Canada Airport Improvement Fee 45.00

Canada Goods and Services Tax (GST/HST 15009-2487 RT0001) 235.31

Canada Harmonized Sales Tax (GST/HST 15009-2487 RT0001) 3.26

Air Travellers Security Charge (ATSC) 14.25

Total airfare and taxes before options (per passenger) 4969.81

Number of passengers 1

Total 4969.81

RSC Travel Insurance (declined) 0.00

Grand Total - Canadian dollars 4969.81 CAD

Grand Total 1 adult

Total including travel options, taxes, fees and charges 4969.81 CAD

Fare Rules

Departing Flight Edmonton (YEG) To Toronto (YYZ) - Executive Class Flexible

Return Flight Toronto (YYZ) To Edmonton (YEG) - Executive Class Flexible

Changes:

- Changes are permitted and a change fee does not apply.
# CHATEAU NOVA

3, COMP 9, RR 4
Leduc, AB
T8J 2S5
(780) 22 5682

Patrick

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
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<tr>
<td>Side Caesar</td>
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<td>New York</td>
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<td>Turkey Burger</td>
<td>30.00</td>
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<table>
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CHATEAU NOVA
8500 130 AIRPORT RD
EDMONTON, AB T5G 4V6
780-730-0462
93014965767

TERM ID: F2961936
 TRANSACTION: 261
DATE: 12-Oct-11

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Oct 13, 2011

Chris Eagle  
Alberta Health Services  
10030 - 107 Street  
Edmonton, AB T5J 3E4  
780-342-2021  
susan.best@albertahealthservices.ca

---

RECEIPT

Thank you for supporting the 2011 Snowflake Gala! Attached you will find an official tax receipt for the charitable portion of your ticket purchase. Please print this receipt for year end purposes as a paper receipt will not be issued. Should you have any questions or concerns or if you did not complete all attendee information, please contact Maria Pigarowa at (780) 431-4616 or marie.pigarowa@stollerykids.com.

Registration ID: 8007323  
Topic: 15th Annual Snowflake Gala  
Date: Dec 12 2011 6:00PM - 11:00PM  
Location: Shaw Conference Centre, 9797 Jasper Avenue, Edmonton, Alberta

Payment Information:  
Receipt No.: 20168253  
Confirmation Code: 174137  
Payment Method: creditcard

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<tr>
<td>Total GST</td>
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<tr>
<td>Total Amount</td>
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<td></td>
<td>$ 700.00</td>
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</table>
Regards,

STOLLEY CHILDREN'S HOSPITAL FOUNDATION

© Copyright Stollery Children's Hospital Foundation 2010
1502 College Plaza, 8215 - 112 Street, Edmonton, AB T6G 2C8
Phone: 780.433.5437 • Fax: 780.431.1076 • E-mail:
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<tr>
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**CHATEAU NOVA**

**NOVA HOTELS**

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P: 780-791-6682 F: 780-743-0560
Toll Free 1-866-924-6682
Arrive 10/12/11 Depart 10/14/11

**EAGLE CHRIS**

ALBERTA HEALTH SERVICES
Room # 1301 Invoice # 20778

**ALBERTA HEALTH SERVICES**

Room # 1301 Invoice # 20778

**DESCRIPTION**

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**Total:** CAD$ 412.02

**APPROVED 165819**

14-Oct-11 06:28:33

**CUSTOMER COPY**

**SIGNATURE**

X

"Where Comfort and Service are at their best!"

**Reservations:** 1-866-401-6682

www.novahotels.ca

**Nova Hotels Locations**

Alberta – Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray
Saskatchewan – Kindersley
NWT & Nunavut – Inuvik, Iqaluit
CC Receipts

Thank you for shopping at
Future Shop Saanich
exciting stuff
3450 Uptown Boulevard, Saanich
250-419-7670

Keep your receipt

Val #: 1355-5273-3688-5179
0010 005 8928 10/18/11 15:05 E1XY

SALES

10143631 DX-C114196 29.99
DYNEX 10FT USB 2 A/B
Associate #: E1XY

10068757 103267 5.99
HAWK PAPER 500 SHEET
Associate #: E1XY

10158920 HL-1865 59.99
SAMSUNG ML-1865
Associate #: E1XY

10091594 BC EFH PRIN 6.50
BC EFH PRINTERS
Associate #: E1XY

SUBTOTAL 106.49
HST BC 12.40
**********
TOTAL 118.89

Transaction Record SALE
xxxxxxxxxxxx9747 C MASTERCARD 114.77
Approved 180540
TERM: 0010 005 C
SEQ NO: 001001001994
ACI/ISO 001/00
10/18/2011 15:05:39
AID: 0000000041010
APN: MasterCard
Thank You

Payment Overview

Class/Event:

Festival of Trees Gala
November 17, 2011
Dr. Chris Eagle [1 x C $150.00]

Primary Registrant:
Dr. Chris Eagle
Payment Type:
CC
Payment Date:
October 11, 2011
Amount Paid/Owed:
C $150.00
Payment Status:
Completed
Registration ID:
4ebc1acd640bc6.92566216

© 2011 QEII Hospital Foundation. All Rights Reserved.
Festival of Trees Gala
November 17, 2011 6:00 pm

Dr. Chris Eagle (ID: 4e6c1aad640bc6.92566216) s.17(1), 17(4)(g)(i)

C $150.00
### Statement of Transactions

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<td>Meeting with Andre Picard</td>
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### Transactions without Receipts or supporting documentation

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<th>Transaction Date</th>
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<td>0%</td>
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P-Card
details Online®
Cardholder Statement Report

Signatures

Cardholder Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Jocey C. Murray
Name of Cardholder Designate

Signature of Cardholder Designate

ExecutivAssistant
Cardholder Designate/Position/Title

Nov 25, 2011
Date of Signature

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

Eagle, Chris
Name of Cardholder

Signature of Cardholder

President & CEO
Cardholder Position/Title

Nov 29, 2011
Date of Signature

Approver Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of an authorized approver.

Patti Grier
Name of Approver Designate

Signature of Approver Designate

VP of Staff, AHS Board
Approver Designate Position/Title

Dec 3, 2011
Date of Signature

Approver
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Hughes
Name of Approver

Signature of Approver

AHS Board Chair
Approver Position/Title

Dec 6, 2011
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 9E4

Accounts Payable only:

Reference #: Reviewed by: Date:

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 2

RUN DATE: 11/24/2011

161
Signatures

Cardholder Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

[Signature]
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

[Signature]
Name of Cardholder

[Signature]
Signature of Cardholder

Appraiser Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

[Signature]
Name of Appraiser Designate

[Signature]
Signature of Appraiser Designate

Appraiser
By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Appraiser Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

[Signature]
Name of Appraiser

[Signature]
Signature of Appraiser

Submit approved statement with attachments to Accounts Payable:

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
  - Copies of pre-approvals for travel
  - Personal cheque payable to “Alberta Health Services”
  - Return, refund and/or credit receipts
  - Disputes letter

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:
Reference #: [Redacted]
Reviewed by: [Redacted]
Date: [Redacted]
MONK OFFICE #24
101-4430 WEST SAANICH RD
VICTORIA, BC V8Z 5G6
Store Phone: 250.471.8863

Date: 11/14/15

Order No.: 40101030-000
Invoice No.: 24377882

Person: TIBETHA B

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<td>0112BK</td>
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<td>1305207EA</td>
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Total: 18.36

HST: 2.21
Subtotal: 20.57
TAIL MASTERCARD: 20.57

Total Paid: 20.57

Thanks for shopping at
MONK OFFICE SUPPLY LTD.

www.monk.ca
ST# 10374 9313
WIN A $200 GIFT CERTIFICATE!
Go to www.monk.ca/retailsurvey
to complete a brief customer survey and
to enter to win.

30-DAY MERCHANDISE RETURN POLICY

MONK OFFICE ROYAL OAK
101-4430 WEST SAANICH RD
VICTORIA, BC V8Z 5G9
MONK OFFICE
(250) 475-8863

TERM: #257802
BATCH: 155
SHIFT: 841

Sale
INVR: 0000000318
Cash: 01/01-00
Tax: 15960101010

Total: CAD$ 37
Approved 171551

Oct 11
14:15:51

Customer Copy
# eTicket Receipt

## Prepared For

EAGLE/CHRISTOPHER MR

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<td>24Oct2011</td>
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<tr>
<td>TICKET NUMBER</td>
<td>8332176973674</td>
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<tr>
<td>ISSUING AIRLINE</td>
<td>WESTJET</td>
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<tr>
<td>ISSUING AGENT</td>
<td>WestJet/SSW</td>
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## Itinerary Details

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<th>ARRIVAL</th>
<th>OTHER NOTES</th>
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<td>GRANDE PRAIRIE AB, CANADA</td>
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<td></td>
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<td>Time 1:35pm</td>
<td>Time 2:34pm</td>
<td>Baggage Allowance 1PC</td>
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<tr>
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<td>GRANDE PRAIRIE AB, CANADA</td>
<td>EDMONTON INTL AB, CANADA</td>
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<td></td>
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<td>Time 4:09pm</td>
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## Payment/Fare Details

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<td>Endorsement / Restrictions</td>
<td>NONREF - FEE FOR CHG/CXL</td>
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<td>Taxes / Fees / Charges</td>
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<td>CAD 14.11 XG (GOODS AND SERVICES TAX GST)</td>
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https://www.virtuallythere.com/new/eticket.html

11/24/2011
WILDFLOWER RESTAURANT
10009 107th Street
Edmonton, AB
T5J 1J1
780-990-1938

** TRANSACTION RECORD **

Tran. #: 28616

Check #: 1714
Employee #: 105
Employee Name: ERIN S
Workstation #: 1

MasterCard
Pre-Auth Purchase

Amount $47.25

Tip $8.06

TOTAL $55.31

APPROVED 145048
00-001 145048
S00010001/WILDFCO1
342001001005
2011/10/28 12:50:48

Customer Copy

FAY ORR
Mental Health Patient Advocate
Parking - Alberta Rehab Conference
Fairmont Hotels & Resorts
Fairmont Hotel Macdonald
The Harvest Room
10065-100 Street
Edmonton, Alberta T5J0N6
(780) 424 5181

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<td>ACCT #: XXXXXXXX9747</td>
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<tr>
<td>EXP DATE: XX/XX</td>
<td>AUTH CODE: 092345</td>
<td>CHRI. EAGLE</td>
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SUBTOTAL: 42.00

GRATUITY: 10.00

TOTAL: 48.00

SIGNATURE: 

---

FAIRMONT HOTEL MACDONALD
GST# 846543619

Food 40.00
40.00 GST 2.00
Total Due $42.00

---

MEETING - Andre Picard
Four Points By Sheraton Calgary Airport
2875 Sunridge Way NE
Calgary, AB t1y7k7
Canada
Tel: 403-648-3180 Fax: 403-648-3179

Christopher Eagle

Page Number: 1
Guest Number: 77158
Folio ID: EX-A
No. Of Guest: 1
Room Number: 329
Room Rate: 99.00

Email: CHRIS.EAGLE@ALBERTAHEALTH SERVICES.CA
Club Account: SPG - ABHEAL - Alberta Health Servic

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

Tax ID: 829610872 RT0001
Four Points Calgary 05-NOV-11 02:08 KLESTER

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** Total Charges 111.15
** Total Credits -111.15
*** Balance 0.00

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

Continued on the next page
**EAGLE, CHRIS**

14TH FLOOR NORTH TOWER  
EDMONTON, AB T5J 3E4 CA

**Room Number:**
- **Daily Rate:** 154.00
- **Room Type:** OBLK
- **No. of Guests:** 1 / 0

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**CREDIT DUE:** ($0.00)

**TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.**

The Destination Marketing Fee is subject to 5% GST and 4% ATL

GST R108102864

170
eTicket Receipt

Prepared For
EAGLE/CHRISTOPHER MR

WESTJET RESERVATION CODE
GEEKMW

TICKET ISSUE DATE
08Nov2011

TICKET NUMBER
8382177293557

ISSUING AIRLINE
WESTJET

ISSUING AGENT
WestJet/CJF

Itinerary Details

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Payment/Fare Details
Form of Payment

CREDIT CARD - MASTERCARD: XXXXXXXXXXXX 9747

ENDORSEMENT / RESTRICTIONS

Fare Calculation Line

YEA WS YQU99.00PARO1 WS YYY234.00QBR
CAD333.00END

EXchanged Ticket

FARE

CAD 333.00

TAXES / FEES / CHARGES

CAD 14.25 CA (AIR TRANSPORTATION TAX)

CAD 20.66 XG (GOODS AND SERVICES TAX GST)

CAD 66.00 XT (COMBINED TAXES)

Total Fare

CAD 433.91

TOTAL ADDITIONAL COLLECTION

CAD 190.05

ADDITIONAL FEES NOT INCLUDED IN FARE

CAD 0.00 - YQU YYY - (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

GST # 1202807956TQ001

- We look forward to welcoming you on board your upcoming WestJet flight. If you’re travelling with one of our airlines partners as part of your WestJet booking, you’ll want to familiarize yourself with the other airline’s policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in
eTicket Receipt

Prepared For
EAGLE/CHRIS MR

WESTJET RESERVATION CODE
GSLGDU

TICKET ISSUE DATE
08Nov2011

TICKET NUMBER
8382177294112

ISSUING AIRLINE
WESTJET

ISSUING AGENT
WestJet/GJF

Itinerary Details

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Payment/Fare Details

Form of Payment
CREDIT CARD - MASTERCARD : XXXXXXXXXX 9747

Endorsement / Restrictions
NONREF - FEE FOR CHG/CXL

Fare Calculation Line
YYC WS YEA154.00QAR CAD154.00END

Fare
CAD 154.00
Taxes / Fees / Charges

- CAD 7.12 CA (AIR TRANSPORTATION TAX)
- CAD 9.91 XG (GOODS AND SERVICES TAX GST)
- CAD 37.00 XT (COMBINED TAXES)
  - CAD 206.03
  - CAD 3.00 (0.15 XG) - YYC YEG - IK XXXXXXXXXX9747 (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001  GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please click here.
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our contact us page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

Important Legal Notices

Get Adobe Reader®
Payment Receipt

Receipt ID
3518-4115-8959-0239

Total
$199.00 CAD

We’ll send a confirmation email to chris.eagle@albertahealthservices.ca. This transaction will appear on your statement as PayPal *PURENORTHSE.

Paid to
Pure North S’energy Foundation
kara.lipschak@purenorth.ca
4039845078

Shipped to
Chris Eagle
14th Floor Seventh Street Plaza
10030 - 107 Street
Edmonton Alberta T5J 3E4
Canada

Your shopping cart

<table>
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ROYAL JUBILEE HOSPITAL
VICTORIA BC

Computer Number: 
Id: 25 

Transaction Number: 
11/14/2011 0
11/14/2011 1

Ticket #64771

Dispenser #3
Lu
Art
VarRat

Parking Fee:
$ 4

Total Fee:
$ 4

Card A

Thank you

CHK PRESENTATION NOV. 14/11 VICTORIA
Parking Charges
EAGLE, CHRIS

ARR 3PM
ALBERTA HEALTH SERVICES
10030 107 ST
EDMONTON AB T5J 3E4

Payment MC XXXXXXXXXXXX9747 Exp: 06/14

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G.S.T. subtotal: 4.80
TOURIS subtotal: 3.84
Balance Due: .00

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.
Privacy Policy: you may opt-out of having certain personal information collected.
G.S.T. #865650352 Direct Bill Signature:

---

RED DEER LODGE
4311 - 49TH AVENUE
RED DEER, AB T4N 5Y7
403-346-8841

TERMS: 30/15/0

FOR SALE

EXECUTIVE STRATEGIC PLANNING SESSION
Nov. 15 - 16, 2011
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CIIHI Reimbursement

**TOTAL**

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**Canadian Institute for Health Information**

**TD CANADA TRUST**

55 King Street West
Toronto, ON M5K 1A2
604-10202

**CHEQUE NO.** 104074

**DATE** 20120117

**Y yyyyMdd**

**FIVE THOUSAND THIRTY SIX DOLLARS AND 81 CENTS**

**TO THE ORDER OF**

Alberta Health Services

10030 - 107 St NW,
14th floor North Tower
Edmonton, AB T5J 3E4

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

**L. Ogilvie**

**Panure (payee)**

---

**L. Ogilvie**

**Panure (payee)**
### Statement of Transactions

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#### Date: 10/26/2011

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Proprietary and Confidential
Powered by B&O Spend & Payment Solutions

PAGE NO: 1
Receipt to G001, 9000. 0 - 0.1135099 - Legacy
101 000. 0 - 0.1135500 - R12

71115 —
71120 —
71125 —
71135 —
71140 —
71155 —
65 —
** ALBERTA HEALTH SERVICES **
CORPORATE OFFICE - CAPITAL HEALTH AUTHORITY

30-JAN-12      SUNDRY CASH      PAGE 1

RECEIPT NO 0440969
REFUNDED/RECEIVED FROM CIHI

<table>
<thead>
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<th>PARTICULARS</th>
<th>MIS CODE</th>
<th>SITE CODE</th>
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<td></td>
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TOTAL AMOUNT __________ 5,086.81

CODES
A - AMERICAN EXPRESS  F - FOREIGN CURRENCY  P - PREAUTHORIZED WITHDRAWAL
C - CASH              I - INTERAC            T - TRANSFER
D - DIRECT DEPOSIT    K - CHEQUE             V - VISA
E - EXCHANGE          M - MASTERCARD         W - WRITE OFF
### Statement of Transactions

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P-Card
details Online®
Cardholder Statement Report

Alberta Health Services
Accounts Payable
JAN 18 2012
RECEIVED

Signatures

Cardholder Designate (If Applicable)

By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance with AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

[Signature]
Name of Cardholder Designate

[Signature]
Name of Cardholder Designate

Cardholder Designate Position/Title
Date of Signature

Cardholder

By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS
Name of Cardholder

[Signature]
Name of Cardholder

PRESIDENT & CEO
Cardholder Position/Title

December 21, 2011
Date of Signature

Approver Designate (If Applicable)

By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance with AHS Corporate Policies, Program User Guide and Training on behalf of an authorized approver.

PATTI GRIEB
Name of Approver Designate

[Signature]
Name of Approver Designate

VP, Chief of Staff, Corp Sec., Board
Approver Designate Position/Title

Date of Signature

Approver

By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance with AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Catherine Keenan
Name of Approver

[Signature]
Name of Approver

Board Chair
Approver Position/Title

Jan 06, 2012
Date of Signature

Submit approved statement with attachments to Accounts Payable:

- Original itemized receipt(s)
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Dispute letter

Accounts Payable only:

Reference #: 183
Reviewed by: [Signature]
Date: Jan 18, 2012

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

RUN DATE: 12/22/2011

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions
# Hotel Bill

**Hotel:** Hotel Alma  
**Address:** 169 University Gate NW, Calgary, Alberta, Canada T2N 1N4  
**Phone:** 403.220.3203, Fax 403.284.4184  
**Website:** whotelalma.ca

**Guest Information:**  
**Name:** Eagle, Dr. Chris  
**Room Number:** 707  
**Daily Rate:** $154.00  
**Room Type:** OBKL  
**No. of Guests:** 1 / 0

**Arrival & Departure Dates:**  
- **Arrival:** 16-Nov-11  
- **Departure:** 20-Nov-11

**Credit Card:** Xxxxxxxxxxxxx9747

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**Signature:**

**Total Due:** $0.00

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The Destination Marketing Fee is subject to 5% GST and 4% ATL

*GST Registration#: #108102864*
Feeling Better  i Living Longer Symposium  
Calgary, Nov. 18 , '19/11  
Parking Fees
AAroport Limousine
NorthYork, ON M3H 2S5
416-225-1555

Date: 11/23/11 17:39
Trx: 1336718
Card: MC 9747
Aprv: 174250
Fare: 60.00
Tip: 7.00
Total: 67.00
Veh: 0047/4722

Thank You for Using
Our Service

C/H1 Board Meeting
s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO.

YELLOW CAB (780) 462-3456
PRESTIGE CABS (780) 462-4444
ADMINISTRATION (780) 462-8500

G.S.T. # 85660-1729

TRANSPORTATION FOR
TO
MONTH OF

PRINT NAME

CUSTOMER'S SIGNATURE

X DR. CHRIS EAGLE

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES SUBJECT TO ANY AGREEMENT COVERING THE USE OF SUCH CARD.
<table>
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<th>NAME</th>
<th>DESTINATION</th>
<th>AMOUNT</th>
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<td>Dr. Eagle</td>
<td>Telus to AHS to Airport</td>
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<tr>
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*All prices are inclusive of GST*

| TOTAL | $241.45 |
## STATEMENT FOR THE MONTH OF SEPTEMBER 2011

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<td>Mrs &amp; Mr.Gould</td>
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<td>Mr.Gould</td>
<td>Westin to SSP</td>
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<td>5</td>
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<td>18:15</td>
<td>Dr.Eagle</td>
<td>Residence to Airport</td>
<td>$74.75</td>
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<td>6</td>
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<td>8</td>
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*All prices are inclusive of GST*

|             | TOTAL | $517.65 |
Amazon.com.ca, Inc.  
c/o ACFSI  
6363 Millcreek Drive  
Mississauga, ON L5N 1L8  
Canada

Billing Address/Adresse de correspondance:  
Jennifer Hamstra  
Alberta Health Services  
10180 101 Street NW Suite 700  
Edmonton, Alberta T5J 3S4  
Canada

Shipping Address/Adresse d’expédition:  
Jennifer Hamstra  
Alberta Health Services  
10180 101 Street NW Suite 700  
Edmonton, Alberta T5J 3S4  
Canada

Invoice for/Bon de livraison pour  
Your order of/Votre commande du: December 5, 2011  
Order ID/N° commande: 701-0653504-8638630

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<th>Description/Description</th>
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<td>Hardcover</td>
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Shipping and Handling/Frais de port: CDN$ 7.48  
GST/HST/TPS/TVH: CDN$ 1.05  
PST/TVP: CDN$ 0.00  
Order Total/Montant total: CDN$ 22.06  
Paid via/Payé par Mastercard: CDN$ 22.06  
Balance Due/Montant dû: CDN$ 0.00

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our home page.

Thanks for shopping at Amazon.ca, and please come again!

Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
GST Registration Number/N° enregistrement TPS 85730 5932 RT0001
TIME: 3:13 PM DEC 14
TO PAY BY PHONE CALL 403-298-7275
PRICE: $ 8.28
GST INCLUDED
CARD: ***********9747

6:00 AM THU
DEC 15 2011
Sheraton Suites Calgary
Alberta, Canada
G.S.T. # 846543619RT0002

CHECK: 4453
TABLE: 62/1
SERVER: 127 KATIE
DATE: DEC14’11 5:26PM
CARD TYPE: MASTERCARD
ACCT #: XXXXXXXXXXXX9747
EXP DATE: XX/XX
AUTH CODE: 192647
CHRIEAN

SUBTOTAL: 34.65

GRATUITY 6.00

TOTAL 40.65

SIGNATURE

PLEASE RETURN A SIGNED COPY TO YOUR SERVER

Barclay's

Sheraton Suites Calgary
GST #846543619RT0002

62/1 CHK 4453 GST 2
DEC14’11 5:13PM

1  *SM COFFEE 4.25
1  SOFT DRINKS 3.75
1  CALAMARI 13.00
1  HUMMUS 12.00

FOOD 29.25
MINERAL 3.75
GST 1.85

Total Due $34.65

GRATUITY __________________________
TOTAL __________________________

ROOM # __________________________
PRINT NAME ______________________
SIGNATURE _______________________
NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER
**EAGLE, DR CHRIS**

**14TH FLOOR NORTH TOWER**
**EDMONTON, AB T5J 3E4 CA**

**Room Number:** 711  
**Daily Rate:** 154.00  
**Room Type:** OBKL  
**No. of Guests:** 1 / 0

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<tr>
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<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
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<tbody>
<tr>
<td>14-Dec-11</td>
<td>15-Dec-11</td>
<td>XXXXXXXXXX9747</td>
<td>AHS</td>
<td>COR</td>
<td>20090121809</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>ROOM NO.</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-Dec-11</td>
<td>711</td>
<td>PARKING</td>
<td>PARKING CHARGE</td>
<td>$8.00</td>
</tr>
<tr>
<td>14-Dec-11</td>
<td>711</td>
<td>ROOM CHARGE</td>
<td>#711 EAGLE, DR CHRIS</td>
<td>$154.00</td>
</tr>
<tr>
<td>14-Dec-11</td>
<td>711</td>
<td>GST</td>
<td>GST</td>
<td>$7.70</td>
</tr>
<tr>
<td>14-Dec-11</td>
<td>711</td>
<td>DESTINATION MARKETING FEE</td>
<td>DESTINATION MARKETING FEE</td>
<td>$4.76</td>
</tr>
<tr>
<td>14-Dec-11</td>
<td>711</td>
<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
<td>$6.16</td>
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<tr>
<td>15-Dec-11</td>
<td>711</td>
<td>MASTERCARD</td>
<td>MASTERCARD</td>
<td>($180.62)</td>
</tr>
</tbody>
</table>

**SIGNATURE**

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R####08102864

CREDIT DUE: ($0.00)
C Receipt
Breakfast Co

UNION BANK INN-REST
10053 JASPER AVENUE
EDMONTON AB T5J 1S5
780-423-3600

MERCHANT ID: 970151200248
OF ID: B

SALE

000000000000009747

MASTER/CARD ENTRY METHOD: CHIP
12/11/11 06:01:06
INV #: 000002 APPR CODE: 100108
BATCH #: 000005 REF #: 002

AMOUNT $29.40
TIP $4.41

TOTAL $33.81

PIN VERIFIED BY CARD ISSUER
CARDHOLDERS AGREED TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUERS AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION
CARDHOLDERS COPY

APPROVED

APPLICATION LABEL: MasterCard
AID: 4000000000001010
TUR: 00 00 00 80 00
TS1: 88 00 $96 000000
Dr. Chris Eagle, President and CEO  
Expenses submitted during the period of October 1 - December 31, 2011

1) Travel expenses  
Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development  
Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses  
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

4) Other  
Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report.

<table>
<thead>
<tr>
<th>Statement Date</th>
<th>Transaction Date</th>
<th>Location/Destination</th>
<th>Purpose</th>
<th>Airfare</th>
<th>Meals</th>
<th>Accommodation</th>
<th>Other Travel</th>
<th>Professional Development</th>
<th>Hosting and Hospitality</th>
<th>Other</th>
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<tbody>
<tr>
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<td>135.90</td>
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<td>5-Oct</td>
<td>Aug 16-18</td>
<td>Calgary AB</td>
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<td>11.55</td>
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<td>357.20</td>
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<td>Travel to various meetings</td>
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<td></td>
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<td>126.70</td>
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<td></td>
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<td></td>
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<td>3-Sep</td>
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<td>96.70</td>
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<tr>
<td>20-Dec</td>
<td>Sept 14-15</td>
<td>Medicine Hat, AB</td>
<td>September AHS Board Meeting</td>
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<td></td>
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<td>124.75</td>
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<td></td>
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<tr>
<td>4-Nov</td>
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<td>114.35</td>
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<td>19-Sep</td>
<td>Edmonton AB</td>
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<td>45.85</td>
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<tr>
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<td>24-Sep</td>
<td>Calgary AB</td>
<td>Calgary - Guest speaker at AMA Representative Forum</td>
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<td></td>
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<tr>
<td>20-Dec</td>
<td>24-Sep</td>
<td>Calgary AB</td>
<td>Calgary - Guest speaker at AMA Representative Forum</td>
<td></td>
<td></td>
<td></td>
<td>149.50</td>
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195
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Location</th>
<th>Expenses</th>
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<tbody>
<tr>
<td>20-Oct</td>
<td>Sept 26-29 Calgary AB Calgary operational meetings</td>
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<td>353.64 140.00</td>
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<tr>
<td>4-Nov</td>
<td>Sept 26-29 Calgary AB Calgary operational meetings</td>
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<td>330.00</td>
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<td>20-Oct</td>
<td>20-Sep Calgary AB Dinner with Staff (3 people)</td>
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<tr>
<td>4-Nov</td>
<td>1-Oct AMA/CMA Membership Fee</td>
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<td>1149.32</td>
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<tr>
<td>20-Oct</td>
<td>3-Oct Office supplies</td>
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<td>33.59</td>
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<tr>
<td>20-Oct</td>
<td>3-Oct Edmonton AB Lunch with government official (3 people)</td>
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<td>215.85</td>
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<tr>
<td>6-Oct</td>
<td>Edmonton AB Edmonton operational meetings</td>
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<td>76.70</td>
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<tr>
<td>20-Oct</td>
<td>Oct 13-14 Fort McMurray AB October AHS Board meeting dinner with Board Members (5 People)</td>
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<td>610.31 412.02 178.59</td>
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<tr>
<td></td>
<td>Oct 13-14 Fort McMurray AB October AHS Board meeting</td>
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<td>164.75</td>
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<tr>
<td>20-Oct</td>
<td>13-Oct Edmonton AB Tickets for 2 Foundation event</td>
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<td>700.00</td>
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<td>20-Oct</td>
<td>18-Oct Office supplies</td>
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<td>114.77</td>
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<tr>
<td>20-Oct</td>
<td>18-Oct Office supplies</td>
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<td>20-Nov</td>
<td>24-Oct Airfare Cancelled - Credit Applied</td>
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<td>28-Oct Edmonton AB Lunch with public agency official (2 people)</td>
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<td>4-Nov</td>
<td>Edmonton AB Lunch with private organization (2 people)</td>
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<td>Nov 4-5 Calgary AB Travel to Calgary for operational meetings</td>
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<td>7-Nov Calgary AB Travel expense</td>
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<td>20-Nov</td>
<td>8-Nov Airfare Cancelled - Credit Applied</td>
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<td>20-Oct</td>
<td>Nov 10-14 Victoria BC CCHL Meeting Guest Speaker</td>
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<tr>
<td>20-Nov</td>
<td>15-Nov Red Deer AB It was an operational meeting, then continue on to Calgary to attend Operational meetings and conference</td>
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<td>105.80</td>
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<td>20-Oct</td>
<td>17-Nov Two tickets for Foundation event</td>
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<tr>
<td>20-Nov</td>
<td>Nov 16-15 Calgary AB Feeling Better and Living Longer Symposium</td>
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<td>208.03 198.00</td>
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<tr>
<td>20-Dec</td>
<td>Nov 16-15 Calgary AB Feeling Better and Living Longer Symposium</td>
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<td>651.25</td>
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<tr>
<td>Date</td>
<td>Event Description</td>
<td>Amount</td>
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<td>-------</td>
<td>----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>20-Dec</td>
<td>Nov 22-25 Toronto ON CHI Board Meeting</td>
<td>4308.8</td>
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<tr>
<td>20-Dec</td>
<td>5-Dec Educational materials-Books</td>
<td>67.00</td>
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<tr>
<td>16-Dec</td>
<td>Edmonton AB Breakfast with government official (2 people)</td>
<td>22.06</td>
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<tr>
<td>20-Dec</td>
<td>Calgary AB Travel to Calgary operational meetings and lunch with Board Chair</td>
<td>33.81</td>
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<tr>
<td>20-Dec</td>
<td>Dec 14-15 Calgary AB Various local parking expenses to attend meetings/sessions</td>
<td>82.38</td>
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</table>

** Totals: 7398.81 51.20 1982.34 1736.28 199.00 733.82 2437.84 **
### Alberta Health Services

#### Cardholder Statement Report

**Instruction:**
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<table>
<thead>
<tr>
<th>Cardholder Name</th>
<th>Cardholder's Position/Title</th>
<th>Billing Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGLE, CHRIS</td>
<td>PRESIDENT &amp; CEO</td>
<td>20/01/2012</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardholder's Dept</th>
<th>Cardholder's Site/Location</th>
<th>Total Statement Amount</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>SEVENTH STREET PLAZA</td>
<td>$1,190.22</td>
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<table>
<thead>
<tr>
<th>Cardholder's e-mail address</th>
<th>Last 6 digits of the P-Card #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA">CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</a></td>
<td>XXXXXXXX189747</td>
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</tbody>
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#### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>23/12/2011</td>
<td>274175313</td>
<td>ALLEGRO ITALIAN KITCH, EATING PLACES, RESTAURANTS</td>
<td>√ 291.12</td>
<td>CAD</td>
<td>291.12</td>
<td>9.65</td>
<td></td>
<td>Staff Christmas Lunch</td>
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<tr>
<td>28/12/2011</td>
<td>274481529</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
<td>√ 290.95</td>
<td>CAD</td>
<td>290.95</td>
<td>13.88</td>
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</tr>
<tr>
<td>09/01/2012</td>
<td>275063184</td>
<td>WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS</td>
<td>√ 46.95</td>
<td>CAD</td>
<td>46.95</td>
<td>1.98</td>
<td></td>
<td>Lunch - Sheila Weatherill</td>
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<tr>
<td>13/01/2012</td>
<td>275404963</td>
<td>Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES</td>
<td>√ 544.23</td>
<td>CAD</td>
<td>544.23</td>
<td>.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19/01/2012</td>
<td>275963997</td>
<td>RICKY'S ALL DAY GRILL, EATING PLACES, RESTAURANTS</td>
<td>√ 16.97</td>
<td>CAD</td>
<td>16.97</td>
<td>.70</td>
<td></td>
<td>Breakfast - Guy Smith AUPE</td>
</tr>
</tbody>
</table>

Alberta Health Services
Accounts Payable

FEB 07 2012
RECEIVED
P-Card details Online®
Cardholder Statement Report

Signatures

Cardholder Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Jane L. Murphy
Name of Cardholder Designate

Excellence Assis
Cardholder Designate Position/Title

Jan 8th, 2011
Date of Signature

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS
Name of Cardholder

PRESIDENT & CEO
Cardholder Position/Title

Jan 30, 2011
Date of Signature

Approver Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of an authorized approver.

Patti Grier
Name of Approver Designate

V.P. Chief of Staff, Corp Secretary
Approver Designate Position/Title

Jan 30, 2011
Date of Signature

Approver
By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

CATHY ROOZEN
Name of Approver

INTERIM CHAIR
Approver Position/Title

Feb 02, 2012
Date of Signature

Submit approved statement with attachments to Accounts Payable

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Reference #:
Reviewed by: [Signature]
Date: Feb 21, 2012

RUN DATE: 01/26/2012
Powered by BMO Spend & Payment Solutions
PAGE NO: 2

199
XMAS LUNCH

ALLEGRO ITALIAN KITCHEN
10011-109TH STREET
EDMONTON AB

CARD  **************
CARD TYPE  MASTER CARD
DATE  2011/12/23
TIME  13:43:45
RECEIPT NUMBER C06103813-001-225-017-0

---------
PURCHASE

AMOUNT $253.15
TIP $37.97
TOTAL $291.12
---------

MasterCard
A00000000410101
3DDBEBEAFB19365A
0000009999
EDGE21CF41FCA6E

APPROVED -027

12/23/2011 12:12PM

1. NESTRONE DI VERDUR 17.90
2. ZITTI CON POLLO 33.90
2. TAGG BOLOGNESE 38.00
1. FETT VENEZIA 22.00
1. Cardinale 19.00
2. INSALATA DI MARE 40.00
2. DOUBLE ESPRESSO 6.50
1. TEA 3.25
2. CAPPUCINO 8.50
COFFEE 3.90
Auto-Gratuity 50.55

Subtotal 192.95
G.S.T. 9.65
Service Chrg 50.55

Total Due $253.15

***Please Pay Server***
# Statement for the Month of November 2011

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<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>Destination</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
<td>14:45</td>
<td>Dr. Eagle &amp; Dr. Oksana</td>
<td>Residence to Airport</td>
<td>$74.75</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>10:45</td>
<td>Dr. Eagle</td>
<td>Airport to Residence</td>
<td>$74.75</td>
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<tr>
<td>3</td>
<td>23</td>
<td>09:00</td>
<td>Dr. Eagle</td>
<td>AHS to Airport</td>
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<td>4</td>
<td>25</td>
<td>15:00</td>
<td>Dr. Eagle</td>
<td>Airport to Residence</td>
<td>$74.75</td>
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*All prices are inclusive of GST*

| TOTAL | $290.95 |
** TRANSACTION RECORD **

Tran. #: 710

Check #: 1094
Employee #: 103
Employee Name: ALLISON
Workstation #: 1

MasterCard
Pre-Auth Purchase
xxxxxxx9747 S

Amount $40.95

Tip $6.00

TOTAL $46.95

103 ALLISON

Tbl 33/1 Chk 1094 Gst 31
Jan09'12 12:10PM

<table>
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<th>Description</th>
<th>Price</th>
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<tr>
<td>SIDE JUICE</td>
<td>1.00</td>
</tr>
<tr>
<td>TEA</td>
<td>5.00</td>
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<tr>
<td>MIXED VEG SALAD @ 15.00</td>
<td>30.00</td>
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Subtotal 39.00
39.00 GST Percent 1.95
Amount Due 40.95

Customer Copy

Sheila Weatherill
Amazon.com.ca, Inc.
c/o ACFSI
6363 Millcreek Drive
Mississauga, ON L5N 1L8
Canada

Billing Address/Adresse de correspondance:
Joyce Murray
10030 107 Street NW
14th Floor North Tower
Edmonton, Alberta T5J 3E4
Canada

Shipping Address/Adresse d’expédition:
Joyce Murray
10030 107 Street NW
14th Floor North Tower
Edmonton, Alberta T5J 3E4
Canada

Invoice for/Bon de livraison pour

Your order of/Votre commande du: January 10, 2012
Order ID/N° commande: 701-3170600-8809016

<table>
<thead>
<tr>
<th>Quantity/Quantité</th>
<th>Item/Article</th>
<th>Description/Description</th>
<th>Our Price/Notre prix</th>
<th>Total/Total</th>
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<tbody>
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<td>9</td>
<td>Governance as Leadership: Reframing the Work of Nonprofit Boards (** C-5 : C-6 **)</td>
<td>Hardcover</td>
<td>CDN$ 57.59</td>
<td>CDN$ 518.31</td>
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<td>CDN$ 518.31</td>
<td>CDN$ 0.00</td>
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<td>PST/TVP</td>
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<td>CDN$ 544.23</td>
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<tr>
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<td>Paid via/Payé par Mastercard</td>
<td>CDN$ 544.23</td>
<td>CDN$ 0.00</td>
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<tr>
<td></td>
<td></td>
<td>Balance Due/Montant dû</td>
<td>CDN$ 0.00</td>
<td>CDN$ 0.00</td>
</tr>
</tbody>
</table>

We’ve sent this portion of your order separately at no extra charge to give you the speediest service possible. The other items in your order are shipping separately, and your total shipping charges for this order will not exceed the amount we originally promised.

You can always check the status of your orders from the “Your Account” link on our home page.

Thanks for shopping at Amazon.ca, and please come again!

Nous avons envoyé cette partie de votre commande séparément, sans frais supplémentaires, afin de vous donner le service le plus rapide qui soit. Les autres articles seront expédiés séparément, et les frais de port pour cette commande ne dépasseront pas le montant promis à l’origine.

Vous pouvez à tout moment consulter l’état de votre commande grâce au lien “Votre compte” sur notre page d’accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210
GST Registration Number/N° enregistrement TPS 85730 5932 RT0001
RICKY'S ALL DAY GRILL
10449 109TH ST T5J 1M7
EDMONTON AB
22995643

01-19-2012 08:21:36
Acct # ???????????747 C
Exp Date "/" Card Type MC
Name: CHRIS EAGLE
AG0660041010 MasterCard

Trace # 169936 Operator 555
FB22996343D1
Inv. # 476
Auth # 102137 RRN 001247995

CHECK # 922     DATE 01/19/12
TABLE # 25      TIME 7:36

-- RICKY'S : ERNIE 555 --

<table>
<thead>
<tr>
<th>ITEMS ORDERED</th>
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</tr>
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<tbody>
<tr>
<td>1 EGG MUFF N HASH</td>
<td>5.99</td>
</tr>
<tr>
<td>1 TOAST</td>
<td>2.49</td>
</tr>
<tr>
<td>2 COFFEE</td>
<td>5.58</td>
</tr>
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</table>

SUBTOTAL 14.06
GST 0.70
TOTAL 14.76

# OF GUESTS 2

RICKY'S ALL DAY GRILL
PHONE 421 - 7546
PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

G.S.T. #899060974
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
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<th>Trans Amount</th>
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<td>CAD</td>
<td>270.00</td>
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<td>44.60</td>
<td>1.80</td>
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<td>Lunch - Ruby Brown</td>
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Cardholder Designate (if Applicable)
By signing this statement:
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

**Jane L. Murray**
Name of Cardholder Designate

**Examiner-Assistant**
Cardholder Designate Position/Title

Feb. 23, 2012
Date of Signature

Cardholder
By signing this statement:
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

**Eagle, Chris**
Name of Cardholder

**President & CEO**
Cardholder Position/Title

Feb. 23, 2012
Date of Signature

Approver Designate (if Applicable)
By signing this statement:
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

**Patti Grier**
Name of Approver Designate

**VP, Chief of Staff & Corporate Secretary**
Approver Designate Position/Title

Feb. 24, 2012
Date of Signature

Approver
By signing this statement:
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

**Catherine Bosea**
Name of Approver

**Interim Chair, AHS Board**
Approver Position/Title

[Signature]
Date of Signature

Submit approved statement with attachments to Accounts Payable:

- Attach: Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- Address:
  - Alberta Health Services
  - Accounts Payable
  - 7th Street Plaza
  - 10th Floor, North Tower, 10030-107 Street
  - Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: Reviewed by: [Signature] Date: [Signature]

RUN DATE: 02/22/2012
Powered by BMO Spend & Payment Solutions
Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.

Need a hotel in Calgary? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.

Need ground transportation, sightseeing or attractions?

Need a car in Calgary? Great rates and additional Aeroplan Miles.

Booking Information

Booking Reference: PXYZFA

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile:
Home: 17(1), 17(4)(g)(i)
Work: 1-780-342-2029

Online Services

Manage my booking online (view/change my booking; select seats*).
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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<tbody>
<tr>
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<td>Calgary (YYC) Thu 26-Jan 2012 15:53</td>
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<td>DH3</td>
<td>Tango Plus, M</td>
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<td>Edmonton, Edmonton Int'l</td>
<td>0</td>
<td>0hr54</td>
<td>DH3</td>
<td>Tango Plus, V</td>
<td></td>
</tr>
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</table>
Operated by:
1 Air Canada Express - Jazz

**Passenger Information** s.17(1), 17(4)(g)(i)

<table>
<thead>
<tr>
<th>1: Mr Christopher Eagle</th>
<th>Adult (16+), Ticket Number: 0142103994412</th>
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<tbody>
<tr>
<td>Air Canada - Aeroplan</td>
<td>Meal Preference: None</td>
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<td>Credit Card: xxxx-xxxx-xxxx-9747</td>
<td>Special Needs: None</td>
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<td>Seat Selection: AC8149 5F, AC8150 7C</td>
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**Purchase Summary**

<table>
<thead>
<tr>
<th><strong>Fare Summary</strong></th>
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<tbody>
<tr>
<td><strong>Passenger Type</strong></td>
</tr>
<tr>
<td>Departing Flight - Tango Plus</td>
</tr>
<tr>
<td>Return Flight - Tango Plus</td>
</tr>
<tr>
<td>Surcharge</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Taxes, Fees and Charges</strong></th>
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</thead>
<tbody>
<tr>
<td>Canada Airport Improvement Fee</td>
</tr>
<tr>
<td>Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)</td>
</tr>
<tr>
<td>Air Travellers Security Charge (ATSC)</td>
</tr>
<tr>
<td><strong>Total airfare and taxes before options (per passenger)</strong></td>
</tr>
<tr>
<td>Number of passengers</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>RBC Travel Insurance (declined)</td>
</tr>
<tr>
<td><strong>Grand Total - Canadian dollars</strong></td>
</tr>
</tbody>
</table>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $830.81 (Airfare - per ticket)

Ticket number(s): 0142103994412

**Fare Rules**

**Departing Flight** Edmonton (YEG) To Calgary (YYC) - Tango Plus

**Return Flight** Calgary (YYC) To Edmonton (YEG) - Tango Plus

- **Changes:**
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger,
**HOTEL ALMA**

169 UNIVERSITY GATE NW
CALGARY, ALBERTA, CANADA T2N 1N4
1.877.498.3203 T 403.220.3203 F 403.284.4184
W HOTELALMA.CA

**EAGLE, DR CHRIS**

14TH FLOOR NORTH TOWER
EDMONTON, AB T5J 3E4 CA

**Room Number:** 716  
**Daily Rate:** 154.00  
**Room Type:** OBKB  
**No. of Guests:** 1 / 0

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
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<tbody>
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<td>27-Jan-12</td>
<td>XXXXXXXXXXXX9747</td>
<td>AHS</td>
<td>COR</td>
<td>20090121336</td>
</tr>
</tbody>
</table>

| DATE       | ROOM NO. | DESCRIPTION                | REFERENCE                                                      | AMOUNT   |
|------------|----------|----------------------------|                                                               |          |
| 26-Jan-12  | 716      | ROOM CHARGE                | #716 EAGLE, DR CHRIS                                          | $154.00  |
| 26-Jan-12  | 716      | GST                        | GST                                                            | $7.70    |
| 26-Jan-12  | 716      | DESTINATION MARKETING FEE  | DESTINATION MARKETING FEE                                      | $4.76    |
| 26-Jan-12  | 716      | ALBERTA TOURISM LEVY       | ALBERTA TOURISM LEVY                                          | $6.16    |
| 27-Jan-12  | 716      | MASTERCARD                 | MASTERCARD                                                    | ($172.62) |

**CREDIT DUE:** ($0.00)

**Terms:** DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL.

GST R#108102864
4 Trips x $60

Total: $270.00

Collins Limousine Ltd.
Hi George,

Yes, should have reconfirmed. Thanks, J.

Hi Joyce,

I have the pick up at YYC for Thursday at 3:53pm. I take it the morning trips on friday (7:15 & 9:00) are still a go?

Thanks,
George

Sent on the TELUS Mobility network with BlackBerry

Hi George,

Chris is now flying to Calgary.

Thursday, January 26, 2012 - NEW

Arriving 3:53 p.m. Pick up at Calgary International Airport AC8149 for drop off at the Hotel Alma

Friday, January 27, 2012

NO CHANGE 1:30 p.m. Pickup from 906 - 8th Avenue SW (UofC Downtown Campus) for drop off at the Calgary International Airport, departing AC8150 3:30 p.m.

Can you accommodate these changes? Thank you.

Regards, Joyce
To: Joyce Murray  
Subject: Re: REVISED SCHEDULE - Transportation for Dr. Chris Eagle - Friday, January 27th

Hi Joyce,
I have changed the pick up time to 1:30 (it was 2:30)  
Thanks,  
George  
Sent on the TELUS Mobility network with BlackBerry

From: Joyce Murray <Joyce.Murray@albertahealthservices.ca>  
Date: Mon, 23 Jan 2012 13:21:41 -0700  
To: 'collinslimo@telus.blackberry.net'<collinslimo@telus.blackberry.net>  
Cc: Susan Best<Susan.Best@albertahealthservices.ca>  
Subject: REVISED SCHEDULE - Transportation for Dr. Chris Eagle - Friday, January 27th

Hi George,

Could you pick Dr. Eagle up at **1:30 p.m.** on Friday for drop off at Hotel Alma? Location remains the same. Thank you.

Regards, Joyce  
780.342.2011

From: collinslimo@telus.blackberry.net [mailto:collinslimo@telus.blackberry.net]  
Sent: Thursday, January 19, 2012 1:30 PM  
To: Susan Best  
Subject: Re: Transportation for Dr. Chris Eagle - Friday, January 27th

Hi Susan,
I have reserved the pick ups for Dr. Eagle.  
Thanks,  
George  
Collins Limousine Ltd  
403-681-1200  
Sent on the TELUS Mobility network with BlackBerry

From: Susan Best <Susan.Best@albertahealthservices.ca>  
Date: Thu, 19 Jan 2012 13:06:57 -0700  
To: 'collinslimo@me.com'<collinslimo@me.com>  
Subject: Transportation for Dr. Chris Eagle - Friday, January 27th

Hi George,

Dr. Eagle is going to be in Calgary on **Friday, January 27th** and needs some transportation to and from his meetings he has booked that day. Could I please make the following arrangements for him:

**7:15 a.m.** - Pick up at front doors Hotel Alma, (UofC, 169 University Gate NW) going to #800, 326 – 11 Avenue SW for 8:00 a.m. appointment.

**9:00 a.m.** - Pick up from 326 – 11 Avenue SW going to 906 - 8th Avenue SW (UofC Downtown Campus) for 9:30 a.m. appointment.
2:30 p.m. - Pick up from 906 - 8th Avenue SW and take back to Hotel Alma.

Will this work ok for you that day?

Thanks a bunch!

Susan

Susan Best
Executive Assistant
Office of the President & Chief Executive Officer
Alberta Health Services
14th Floor, Seventh Street Plaza
10030 - 107 Street, North Tower
Edmonton, AB T5J 3E4
Phone: 780-342-2021 Fax: 780-342-2060
E-mail: susan.best@albertahealthservices.ca

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.
Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: MF712M
Customer Care
Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official Itinerary/receipt.
Main Contact:
Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile:
Home: 1-780-3422029

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

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
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<tbody>
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<td>Tango Plus</td>
<td>W</td>
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<tr>
<td></td>
<td>Tue 21-Feb 2012</td>
<td>Tue 21-Feb 2012</td>
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<td>17:24</td>
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</tbody>
</table>

Operated by:
1 Air Canada Express - Jazz

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

Passenger Information

1: Dr Christopher Eagle: Adult (16+), Ticket Number: 0142104453442
Air Canada - Meal Preference: None
Aeroplan :
Credit Card: xxxx-xxxx-xxxx-9747
Seat Selection: AC8152 3C
Special Needs: None

Purchase Summary

<table>
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<tr>
<th>Fare Summary</th>
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<tbody>
<tr>
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<tr>
<td>Taxes, Fees and Charges</td>
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<tr>
<td>Canada Airport Improvement Fee</td>
<td>25.00</td>
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<tr>
<td>Canada Goods and Services Tax (GST/HST #10009-22987 RT0001)</td>
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<tr>
<td>Air Travellers Security Charge (ATSC)</td>
<td>7.12</td>
<td></td>
</tr>
<tr>
<td>Total airfare and taxes before options (per passenger)</td>
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<td>Number of passengers</td>
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<td>Total</td>
<td>260.53</td>
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</tr>
<tr>
<td>RBC Travel Insurance (declined)</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Grand Total - Canadian dollars</td>
<td>$260.53</td>
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<tr>
<td>Grand Total</td>
<td>1 adult</td>
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<tr>
<td>Total including travel options, taxes, fees and charges</td>
<td>$260.53 CAD</td>
<td></td>
</tr>
</tbody>
</table>

Fare Rules

Departing Flight Calgary (YCY) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD

per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - Customers who no-show their flight will forfeit the fare paid.

- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.
- Read complete fare rules applicable to this fare.

---

**Links**

Manage my booking online: [http://www.aircanada.com/mybookings](http://www.aircanada.com/mybookings)


General conditions of carriage: [http://www.aircanada.com/conditionsocarriage](http://www.aircanada.com/conditionsocarriage)

Information and Services: [http://www.aircanada.com/travelinfo](http://www.aircanada.com/travelinfo)
THE MARC RESTAURANT
GROUP LTD.
9940 106 ST NW
EDMONTON AB

CARD **************9747
CARD TYPE MASTER CARD
DATE 2012/02/10
TIME 0073 13:00:16
RECEIPT NUMBER
CG6100654-001-108-007-0

-------------------------
PURCHASE
AMOUNT $37.80
TIP $6.80
TOTAL

$44.60

MasterCard
A00000000041010
4792498851765AA
0000008000
AC3E552EBDBA52E3

Riley Brown
APPROVED
AUTH# 150016 01-02
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS THE

9940 106 Street
Edmonton, AB
780-429-2828

www.themarc.ca
GST#807555859

106 BRANDI

Check: 1665 Guests: 2
Table: 12-1
02/10/2012 12:23PM

<p>| | | |</p>
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<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>2</td>
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<tr>
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<tr>
<td></td>
<td>Total Due</td>
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**PLEASE PAY SERVER**
Thank You
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
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<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
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<td>6.00</td>
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<td>Calgary Herald Digital</td>
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</table>
### Signatures

**Cardholder Designate (If Applicable)**

By signing this statement:
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate:  
Signature of Cardholder Designate:

**Executive Assistant**

Name: 
Date of Signature: Mar 26, 2012

---

**Cardholder**

By signing this statement:
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

Name of Cardholder:  
Signature of Cardholder:

**President & CEO**

Cardholder Position/Title:  
Date of Signature: Apr 17, 2012

---

**Approver Designate (If Applicable)**

By signing this statement:
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate:  
Signature of Approver Designate:

**Chief of Staff**

Corporate Secretary:  
Date of Signature: Mar 28, 2012

---

**Approver**

By signing this statement:
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Name of Approver:  
Signature of Approver:

**AHS Board Chair**

AHS Board Chair:  
Date of Signature:  

---

### Submit approved statement with attachments to Accounts Payable:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to “Alberta Health Services”
- Return, refund and/or credit receipts
- Dispute letter

### Accounts Payable only:

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Reviewed by</th>
<th>Date</th>
</tr>
</thead>
</table>

---

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

---

**RUN DATE:** 03/26/2012  
**Powered by BMO Spend & Payment Solutions**

---

219
PASSENGER ITINERARY FOR
CHRISTOPHER EAGLE

AIR CANADA
CALGARY
CANADA
21 FEBRUARY 12

BOOKING REFERENCE
MF712M

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRAVEL ARRANGEMENTS

AIR CANADA       AC8150       W ECONOMY       CONFIRMED
DEPART  TUE 21 FEBRUARY 12  CALGARY      1530
ARRIVE  TUE 21 FEBRUARY 12  EDMONTON INTERNATIONAL  1624

LATEST CHECK IN IS 60 MINUTES BEFORE DEPARTURE
THIS FLIGHT IS OPERATED BY JAZZ

**FREQUENT TRAVELLER**

FORM OF PAYMENT - PASSENGER 1 CA***********9747
IMPORT SAME DAY CHANGE FEE
UMBER OF FEES - 1
OTAL PER PERSON $75.00CAD - 3.75%G
AND TOTAL $78.75CAD 21FEB2012/CC

THANK YOU FOR CHOOSING AIR CANADA
EAGLE, DR CHRIS

14TH FLOOR NORTH TOWER
EDMONTON, AB T5J 3E4 CA

Room Number: 701
Daily Rate: 154.00
Room Type: OBKL
No. of Guests: 1 / 0

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
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<td>COR</td>
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<th>DESCRIPTION</th>
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<td>ROOM CHARGE</td>
<td>#701 EAGLE, DR CHRIS</td>
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<td>701</td>
<td>MASTERCARD</td>
<td>MASTERCARD</td>
<td>($172.62)</td>
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</table>

Calgary Meetings

SIGNATURE

TERMS DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% AT.

GST #108102864

CREDIT DUE: ($0.00)
RICKY'S ALL DAY GRILL
10140 109TH ST T5J1M7
EDMONTON AB  
22995843

02-22-2012 08:21:12
Acct # 9747 C
Exp Date 11/11 Card Type MC
Name: CHRIS EAGLE
A000000041610 MasterCard

Trace # 490087 Operator 654
FB299604301
Inv: # 2169
Auth # 102143 RN: 00121697

Purchase $39.72
Tip $5.96
Total $45.68

(00) APPROVED-THANK YOU
Retain this copy for your

*******************
CHECK # 5501  DATE 02/22/12
TABLE # 44  TIME 8:12

-------- RICKY'S : TRANG 654 --------

ITEMS ORDERED AMOUNT
1 VEGGIE OMELETTE 10.49
2 3 CHEESE OMELET 18.98
3 COFFEE 8.37

*******************
SUBTOTAL 37.84
GST 1.88

TOTAL 39.72

# OF GUESTS 3

RICKY'S ALL DAY GRILL
PHONE 421 - 7546
PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE
G.S.T. #89906974

Meeting with Heather Smith, UNA
Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

**Booking Information**

**Booking Reference:** PNT6NZ

Electronic Ticketing confirmed. This is your official itinerary/receipt.

**Main Contact:**
Mr Christopher Eagle  
susan.best@albertahealthservices.ca  
Work: 1-780-3422021

**Flight Itinerary**

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
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<td>DH3</td>
<td>Tango Plus, W</td>
<td>3D</td>
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</table>

Operated by: Air Canada Express - Jazz

**Passenger Information**

1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142105246385

Frequent Flyer Pgm : None  
Credit Card: xxxx-xxxx-xxxx-9747  
Seat Selection: AC8360 9C, AC8160 9C

Meal Preference: None  
Special Needs: None
Purchase Summary

Fare Summary
Passenger Type: Adult
Departing Flight - Tango Plus: $207.00
Return Flight - Tango Plus: $207.00
Surcharge: $24.00

Taxes, Fees and Charges
Canada Airport Improvement Fee: $50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001): $25.11
Air Travellers Security Charge (ATSC): $14.25
Total airfare and taxes before options (per passenger): $527.36
Number of passengers: 1
Total: $527.36
RBC Travel Insurance (declined): $0.00
Grand Total - Canadian dollars: $527.36

The following charges (tax inclusive) will appear on your credit card statement:

- Air Canada: $527.36 (Airfare - per ticket)

Ticket number(s): 0142105246385

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus

Return Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is $50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - Airport same-day changes (subject to availability) are permitted at a flat fee of $75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase.
s.17(1), 17(4)(e.1)

Collins Limo Service
Calgary Meetings
Hi Joyce,
I have cancelled only the 11:30 pick up on Tuesday February 21st. I have kept everything the same.
Thanks,
George

On 2012-02-13, at 5:14 PM, Joyce Murray wrote:

Hi George,

Dr. Eagle will NOT need you to pick him up at Southport Tower at 11:30 a.m.   Everything else remains the same.   Thank you.

Regards, Joyce

Good Day George,

Can you accommodate the following trips?

**Monday, February 20, 2012**

1. 8:30 p.m. pickup (Chris & Oksana) at the Calgary International Airport, arriving WestJet502 from Victoria at 8:21 p.m. for drop off at the Alma Hotel, 169 University Gate NW.

**Tuesday, February 21, 2012**

1. 6:30 a.m. pickup at the Alma Hotel for drop off at The Loop Breakfast House, 2015 – 33a Avenue SW

2. PICK UP NOT REQUIRED 11:30 a.m. pickup at Southport Tower (10301 Southport Lane SW) for drop off at 3330 Hospital Drive NW, Health Research Innovation Centre (HRIC) Atrium, Faculty of Medicine, University of Calgary
3. 2:00 p.m. pickup at 3330 Hospital Drive for drop off at Calgary International Airport departing AC8152 at 4:30 p.m.

Thank you.

Regards, Joyce

Joyce Murray
Executive Assistant
Office of the President & CEO
Tel: 780-342-2011
Fax: 780-342-2063

14th Floor North Tower, Seventh Street Plaza
10030 - 107 Street NW Edmonton, AB T5J 3E4

This message and any attached documents are only for the use of the intended recipient(s) are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.
WILDFLOWER RESTAURANT
10009 107th Street
Edmonton, AB
T5J 1J1
780-990-1938

** TRANSACTION RECORD **

Tran. #: 4642
Check #: 1559
Employee #: 109
Employee Name: CHRISTIN
Workstation #: 1

MasterCard
Pre-Auth Purchase
xxxxxxxxxxxxxx9747 S

Amount $42.00

Tip $ 0.00

TOTAL $42.00

109 CHRISTIN
Tbl 51/1  Chk 1559  Gst 2
Feb29'12 12:09PM

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<td>CHICKPEA SALAD</td>
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<tr>
<td>ADD PRAWNS</td>
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<tr>
<td>SIGNATURE CHILI</td>
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Subtotal 40.00
40.00 GST Percent 2.00
Amount Due 42.00

Customer Copy

Lunch

James Conway
March 9, 2012

Received from / reçu de:

Dr Chris Eagle
President and CEO
Alberta Health Services
14th Floor, SSP 10030 - 107 Street
Edmonton, AB T5J 3E4

<table>
<thead>
<tr>
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<th>Invoice / Facture</th>
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TOTAL RECEIVED / TOTAL REÇU : $506.00
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<th>Description</th>
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**Total**

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**Total** 162.00

---

Senior Leaders Meeting, Calgary

March 1, 2012
Hi Susan,
I have entered the pick ups into my calendar.
Thanks,
George
Sent on the TELUS Mobility network with BlackBerry

Hi George,

Could I please make the following transportation arrangements for Dr. Eagle & Lorinda Prociuk on Thursday, March 1st:

**8:30 a.m.** - Pick up at Calgary Airport (arriving on A/C #8360 at 8:23 a.m.) and take to Delta Hotel South

**4:30 p.m.** - Pick up at Delta Hotel South and take to airport (leaving on A/C #8160 at 6:30 p.m.)

Thanks a bunch!

Susan
-----Original Message-----
From: admin@icd.ca [mailto:admin@icd.ca]
Sent: Monday, March 05, 2012 1:02 PM
To: Chris Eagle
Subject: Institute of Corporate Directors Purchase Confirmation / Confirmation d’achat

You are registered for the following:

Attendee / Participant: Dr Chris Eagle
Attendee / Participant ID: 126696
Title / Titre: President & CEO
Company / Société/organisme: Alberta Health Services
Address / Adresse: 14th Floor, North Tower 10030 107 Street NW Edmonton, AB T5J 3E4

Phone / No de téléphone: (780) 342-2003
Email / Courriel: chris.eagle@albertahealthservices.ca

*Total Charges: / *Frais totaux: $68.25
Charged to CC / Montant imputé à la carte de crédit: XXXXXXXXXXX9747

*total charges include everything paid for in this transaction including dues, buying products, events, registering for multiple events and registering multiple people for events. *Les frais totaux correspondent à l’ensemble des frais payés à l’égard de cette transaction incluant l’achat de produits, l’inscription à une activité ou à plusieurs activités et inscription de plusieurs personnes à des activités.

=Authorization / Autorisation============================================

20120305150213CHRIS126696VDVP3EDA5E94

=Event & Functions / Activité et autres événements=================================


Function Code / Code de l’activité: EDBK120315/REG   Function Title / Titre de l’activité : ICD Edmonton Breakfast Session Function Description / Description de l’activité: Begin Date / Date de début de l’activité: 03/22/2012   Begin Time / L’activité commence à:
08:00 AM   End Date / Date à laquelle se termine l’activité: 03/22/2012   End Time / Heure à laquelle se termine l’activité: 10:00 AM Quantity Ordered / Quantité commandée: 1 Function Price / Coût de l’activité: 65.00   Function Total Price / Coût total de l’activité: 65.00
Joyce Murray

From: Air Canada [confirmation@aircanada.ca]
Sent: Wednesday, March 07, 2012 11:20 AM
To: Joyce Murray
Subject: Air Canada - 16-Apr: Edmonton - Ottawa (booking ref: NH3UPM) - seat selected

******* PLEASE DO NOT REPLY TO THIS E-MAIL *******

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.

Need a hotel in Ottawa? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.

Need ground transportation, sightseeing or attractions?

Need a car in Ottawa? Great rates and additional Aeroplan Miles.

Booking Information

Booking Reference: NH3UPM

Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:
Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile
Home:
Work: 1-780-3422029

Online Services

Manage my booking online (view/change my booking; select seats*).
Request an upgrade
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
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<tbody>
<tr>
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<td>Edmonton, Edmonton Int'l (YEG) Mon 16-Apr 2012 08:15</td>
<td>Ottawa, Ottawa Int'l (YOW) Mon 16-Apr 2012 13:59</td>
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<td>3hr:44</td>
<td>E90</td>
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Ottawa, Ottawa Int'l (YOW)  
Tue 17-Apr 2012 19:55

Edmonton, Edmonton Int' (YEG)  
Tue 17-Apr 2012 22:10

0 4hr15 $90 Tango Plus, Q

F: Food for purchase onboard All Onboard Café purchases made on board Air Canada flights are payable only with Visa, MasterCard and American Express credit cards.

Passenger Information

1: Dr Christopher Eagle - Adult (16+), Ticket Number: 0142105597244

Air Canada -  
Aeroplan: s.17(1), 17(4)(g)(i)
Credit Card: xxxxx-xxxx-xxxx-9747
Seat Selection: AC104 15D; AC143 15D

Meal Preference: None
Special Needs: None

Purchase Summary

Fare Summary
Passenger Type: Adult
Departing Flight - Tango Plus 384.00
Return Flight - Tango Plus 557.00
Surcharges 46.00

Taxes, Fees and Charges
Canada Airport Improvement Fee 45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) 51.31
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) 2.60
Air Travellers Security Charge (ATSC) 14.25

Total airfare and taxes before options (per passenger) 1100.16
Number of passengers 1
Total 1100.16
RBC Travel Insurance (declined) 0.00

Grand Total - Canadian dollars $1100.16

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $1100.16 (Airfare - per ticket)
Ticket number(s): 0142105597244

enRoute City Guide

Ottawa

Long tagged "the town that fun forgot," Canada's capital has made an art of defending itself against its reputation. While the postcard view - the Ottawa River, Parliament Hill, the politicians - tends to dominate the collective consciousness, that's only the beginning...

Read the complete guide
<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>DESTINATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21</td>
<td>17:24</td>
<td>Dr.Eagle</td>
<td>Airport to Residence</td>
<td>$74.75</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>21:55</td>
<td>Dr.Jim Conway</td>
<td>Airport to hotel Macdonald</td>
<td>$66.70</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>08:00</td>
<td>Dr.Jim Conway</td>
<td>Hotel Macdonald to SSP</td>
<td>$50.00</td>
</tr>
<tr>
<td>4</td>
<td>29</td>
<td>16:30</td>
<td>Dr.Jim Conway</td>
<td>UofA to hotel Macdonald</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

| TOTAL | $241.45 |
# Statement for the Month of January 2012

<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>DESTINATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26</td>
<td>13:30</td>
<td>Dr. Eagle</td>
<td>AHS to Airport</td>
<td>$66.70</td>
</tr>
<tr>
<td>2</td>
<td>27</td>
<td>16:24</td>
<td>Dr. Eagle</td>
<td>Airport to AHS</td>
<td>$66.70</td>
</tr>
</tbody>
</table>

**Note:**

MasterCard paid $13.40 instead of $133.40. Tobias to contact MasterCard.

Mar 2012

**Total** $133.40
Fare Summary

Passenger: 1 Ticket number 014 2105 684712

Date of issue  09-Mar 2012
Fare Amount in Canadian dollars:  2,273.00
(including navigational & other charges)
Taxes, Fees & Charges
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)  64.30
Combined Taxes *see fare calculation below (XT)  4.52

Total Fare in Canadian dollars:  1,234.82

Options
Change fee in Canadian dollars
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)
Ticket particularities:
AC ONLY

*Fare calculation:
16APR12YEA AC YOW Q23.00R809.00AC X/YTO AC YEA
Q23.00RI418.80CAXD2273.00 END RDE1.00 XT0.52RC4.00SQ PD14.25CA
51.31XG2.60RC45.00S
Canadian tax registration numbers:
XG Canada Goods and Service Tax (GST) #10009-2287
RC Canada Harmonized Sales Tax (HST) #10009-2287
XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Important Information

This is your E-ticket itinerary/receipt. Keep this document for your travel. Your flight coupons are stored in our reservation system. The Conditions of Contract and other legal notices are provided with this itinerary/receipt.

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Travel Documents

Air Canada is required by federal government regulations to check identification at the departure gate for all passengers who appear to be 18 years of age or older. The name on the identification must match the name used on the reservation or ticket. The passenger must present: one (1) piece of government-issued ID with photo or two (2) pieces of government-issued ID without photo. For air travel between Canada and the United States, all passengers including Canadian and U.S. citizens, are required to present a valid passport or other valid travel document such as a Nexus card. Nexus members are required to carry appropriate immigration and identity documents in addition to their Nexus card. In addition, passengers must present this Itinerary/receipt to immigration authorities upon request. For air travel to a foreign country, passengers must ensure that they have all necessary travel documents such as a passport or visa, as directed by embassies and consulates. All passengers are advised to view the Travel documentation page for important information on documentation required for travel.

YOU CANNOT TRAVEL IF YOU DO NOT HAVE ALL REQUIRED TRAVEL DOCUMENTS, SUCH AS PASSPORT AND VISA (if applicable).
From: Lorinda Prociuk  
Sent: Monday, March 12, 2012 9:37 AM  
To: Susan Best  
Subject: FW: Soundview Confirmation for Order #270153

-----Original Message-----
From: Chris Eagle  
Sent: Sunday, March 11, 2012 5:27 PM  
To: Lorinda Prociuk  
Subject: FW: Soundview Confirmation for Order #270153

cc receipt

From: service@summary.com [service@summary.com]  
Sent: March 11, 2012 5:24 PM  
To: Chris Eagle  
Subject: Soundview Confirmation for Order #270153


Shipments & Items

1. 
Shipment #1

Shipping To:
Chris Eagle Alberta Health Services

Shipping Via:
USPS Ground

Items
Product Price Quantity Total
Subscription Renewal - Premium Online $199.00 1 $199.00

Totals
Subtotal: $199.00
Shipping: $0.00
Tax: $0.00
Total: $199.00

View Details for Order #270153<https://www.summary.com/account/orders/?customerOrder_ID=4ff7595-cdde-4402-aff6-ab870df68040>

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Dear Chris Eagle,

Welcome and thank you for subscribing to the Calgary Herald Digital Edition. Being an online subscriber gives you access to news and events 24 hours a day, anytime - anywhere.

Your Subscription

Please take a few moments to review the following information about your subscription:

<table>
<thead>
<tr>
<th>Subscription Date:</th>
<th>16 Mar 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Name:</td>
<td>s.17(1), 17(4)(g)(i)</td>
</tr>
<tr>
<td>Billing Address:</td>
<td>14th Floor, 10030 107 St</td>
</tr>
<tr>
<td></td>
<td>Edmonton, AB Canada T5J 3E4</td>
</tr>
<tr>
<td>Item(s) purchased:</td>
<td>12 Month Term</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>06/2014</td>
</tr>
<tr>
<td>Card #:</td>
<td>..... ..... 9747</td>
</tr>
<tr>
<td>Card Type:</td>
<td>MasterCard</td>
</tr>
<tr>
<td>Amount:</td>
<td>$119.90</td>
</tr>
<tr>
<td>GST:</td>
<td>$6.00</td>
</tr>
<tr>
<td>Purchase Total:</td>
<td>$125.90</td>
</tr>
<tr>
<td>Invoice #:</td>
<td>MRBC1CZMKWD1</td>
</tr>
</tbody>
</table>

As per the terms of the offer, a charge of the purchase total has been applied to your credit card. This charge will be identified on your statement as "Digital Newspaper".

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For subscriber services please contact us at calgaryherald@reachcanada.com or toll free in Canada at 1-800-372-9219

Thank you,
Alberta Health Services

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

SECTION A - Employee Details (for AHS Staff ONLY)

- Enter Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system.
- Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system.
- If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).

Employee # (old): [Redacted]
Employee # (E-People): [Redacted]
Name: Chris Eagle
Position (Title): President & CEO
Location: 7th Street Plaza
Dept: Corporate
Out-of-Province Travel: [ ]
Union Name: [Redacted]
Business Phone #: 780.342.2003
Travel Period from: Nov/11 to Dec/11

What former entity payroll system is the employee currently being paid from? (Please select one from below)

- [ ] Alberta Cancer Board
- [ ] Capital Health
- [ ] Calgary Health
- [ ] East Central
- [ ] Northern Lights
- [ ] Palliser Health
- [ ] Chinook
- [ ] David Thompson
- [ ] Peace Country

SECTION B - Finance Coding & Total Claim –

Finance Code / Accounting Distribution → Expense Object Code (EOC) secondary code not required in this section

<table>
<thead>
<tr>
<th>Bal Unit</th>
<th>Location (char)</th>
<th>Functional Centre (FC) (11 char)</th>
<th>Functional Centre (FC) (11 char)</th>
<th>pg</th>
<th>Travel $</th>
<th>pg</th>
<th>Other $</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0523</td>
<td>71110101055</td>
<td>71110101055</td>
<td>2A</td>
<td>$250.80</td>
<td>3</td>
<td></td>
<td>$250.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2B</td>
<td></td>
<td>3</td>
<td></td>
<td>$250.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2C</td>
<td></td>
<td>3</td>
<td></td>
<td>$250.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2D</td>
<td></td>
<td>3</td>
<td>$480.69</td>
<td>$480.69</td>
</tr>
</tbody>
</table>

Converted Foreign Currency $:
Less Cash Advance if applicable

TOTAL CLAIM: $731.49

IMPORTANT NOTE → Applicable to all Sections A to F

If this form is not filled in correctly, legibly and completely, the form will be returned.
- In order to facilitate processing of this claim, please review the following notes –. Accounts Payable
- Email approvals, paper signature stamp or similar device are not acceptable
- Employee # refers to the number indicated on employee's pay stub
- Out-of-Province Travel – the approver MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable

SECTION F - Authorization

If applicable, print the name of the person (other than claimant) who prepared the claim along with phone number so if there are any questions, contact can be easily made.
Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Joyce C. Murray Phone #: 780.342.2011

I hereby certify that the expenses listed above are in accordance with applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on behalf of Alberta Health Services or other organization.

Employee Signature: [Redacted]
Date: December 19, 2011

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #3's CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Kerry Hughes DOFA level Position # Phone #
Signature: [Redacted]
Title: CHAIR
Date: [Redacted]

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies.
**EXPENSE CLAIM DETAILS**

**SECTION D** Other Expenses

NOTE: If expenses are for travel or education (courses etc) go to SECTION C

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

**Subtotal** "Other Expenses" for each functional centre separately and enter each subtotal on page 1

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Expense</th>
<th>Functional Centre (ie. 101.0767.713550000007)</th>
<th>Secondary/Expense Code (ie: 4100000)</th>
<th>If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B</th>
<th>TOTAL Other $s</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/11/11</td>
<td>Telus Mobility</td>
<td>101.0923.71110101058</td>
<td>64020000</td>
<td>7.51</td>
<td>157.71</td>
</tr>
<tr>
<td>29/11/11</td>
<td>Dinner Meeting</td>
<td>101.0923.71110101058</td>
<td>69600000</td>
<td>11.93</td>
<td>290.43</td>
</tr>
<tr>
<td>9/12/11</td>
<td>Office Supplies</td>
<td></td>
<td>41090000</td>
<td>1.55</td>
<td>32.55</td>
</tr>
</tbody>
</table>

**SECTION E** Foreign Currency

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $'S.

All expenses will be paid in CDN $'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Expense</th>
<th>Functional Centre (ie. 101.0767.713550000007)</th>
<th>Secondary/Expense Code (ie: 4100000)</th>
<th>Foreign Currency Amt ($)</th>
<th>For AP use ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exch Rate</td>
</tr>
</tbody>
</table>

**Total Converted $s**

Expenses Paid *(Retain a copy for your records)*

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

--- 3 of 3 ---

09704pos(Rev2011-10)
Mileage – Dr. Chris Eagle
December 14 – 15, 2011
Calgary Meetings

1. Report to the Community
2. Libin Cardiovascular Institute of Alberta
3. Joint Meeting with AHS/U of C
4. Ann McCaig
5. Jim Gray

660 km @ .38¢ = $250.80
Roaming text messages are $0.60/msg

The roaming text message rate to send/receive messages when you’re outside of Canada is $0.60/msg. Starting November 27, 2011 this charge will be applied to your bill under “Roaming Txt Msg”. To enjoy international passes and reduced rates, visit telusmobility.com/travel

Give where you live through Fundchange, sponsored by TELUS

Fundchange uses the latest social media tools to reshape the face of fundraising. Visit Fundchange.com to learn more.

Do you have a complaint regarding your telecommunications services?

If so, call us at 1-866-558-2273 or *611 from your mobile phone. If we can’t resolve your complaint, the independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you: www.ccts-crtst.ca or 1-888-221-1687.

---

TELUS

s.17(1), 17(4)(g)(i)
### Account Detail

**CHRIS J. EAGLE**

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

**Current Charges - Detail**

Contract Term: 3 yr

#### Monthly Service Plans Nov 17 to Dec 16

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 100.00</strong></td>
</tr>
</tbody>
</table>

#### Additional Local Airtime

*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, "111 and in Network Calling"

<table>
<thead>
<tr>
<th>Service (minutes)</th>
<th>Total Airtime</th>
<th>Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>541:00</td>
<td>228:00</td>
<td>313:00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 8.00</strong></td>
</tr>
</tbody>
</table>

#### Long Distance Charges

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>406:00</td>
<td>0:00</td>
<td>200:00</td>
<td>206:00</td>
<td>20.60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 20.60</strong></td>
</tr>
</tbody>
</table>

#### Data and Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>Event Type</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Messaging - Sent</td>
<td>2</td>
<td>Msg</td>
<td>0.40</td>
</tr>
<tr>
<td>Data Usage</td>
<td>439.934</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Messaging - Received</td>
<td>1</td>
<td>Msg</td>
<td>0.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$ 0.60</strong></td>
</tr>
</tbody>
</table>

#### Value Added Services

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins CDN LD @ 10¢ (Nov 17 to Dec 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Nov 17 to Dec 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Nov 17 to Dec 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Nov 17 to Dec 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 27.00</strong></td>
</tr>
</tbody>
</table>

#### Other Charges and Credits

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.51</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 7.51</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges** | **$ 157.71**
Royal Mayfair Golf Club

--------------- Chit Details ---------------

Member: 
Server: Sophia 22
Area: Dining Room
Table #: 1  Covers: 5
Chit #: 02030140

Date: Nov 25/11  Time: 8:24pm

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fab Pinot Gri Bcz G1</td>
<td>$8.00</td>
</tr>
<tr>
<td>Joel Gott Sauv Bl Bo</td>
<td>$10.75</td>
</tr>
<tr>
<td>2 Caesar</td>
<td>$10.50</td>
</tr>
<tr>
<td>2 Fountain Juice</td>
<td>$4.00</td>
</tr>
<tr>
<td>2 Lobr Onion Soup</td>
<td>$18.00</td>
</tr>
<tr>
<td>2 DR Caesar Salad</td>
<td>$16.00</td>
</tr>
<tr>
<td>2 Full Jumbo Prawns</td>
<td>$54.00</td>
</tr>
<tr>
<td>Escabeche Salmon</td>
<td>$30.00</td>
</tr>
<tr>
<td>Patato Crust Halibut</td>
<td>$30.00</td>
</tr>
<tr>
<td>2-lb. Beef Tenderloin</td>
<td>$39.00</td>
</tr>
<tr>
<td>Coffee</td>
<td>$2.00</td>
</tr>
<tr>
<td>2 Tea</td>
<td>$4.00</td>
</tr>
<tr>
<td>Fountain Pop</td>
<td>$1.75</td>
</tr>
</tbody>
</table>

Sub-Total: $238.50

---

Chit Total: $238.49

Gratuity: 40.43

Total: $290.43

---

Meeting with
Dr. Veda Yiu,
Coel Amrein
Colleen Stidmore
Dr. Kaiser

---

Signature: 

Christmas Family Buffet
December 11th. To reserve
Call 780.432.0066 ext 225
<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/09/2011</td>
<td>Ink Flts</td>
<td></td>
<td></td>
<td>$20.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td>$32.55</td>
</tr>
<tr>
<td></td>
<td>GST</td>
<td></td>
<td></td>
<td>$4.00</td>
</tr>
<tr>
<td></td>
<td>Change</td>
<td></td>
<td></td>
<td>$7.45</td>
</tr>
</tbody>
</table>

GST#: 8646364/0RT0001

7 Flavours
TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

SECTION A - Employee Details (for AHS Staff ONLY)

Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system.
Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system.
If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).

Employee # (old):
Name: CHRIS EAGLE
Position (Title): President & CEO
Location: 413-11 St. NW
Dept: Corp Payroll
Out-of-Province Travel: ☐

Union Number: 17(4)(g)(i)
Business Phone #: 780-392-2003
Travel Period from: Jan 1 to Jul 12

What former entity payroll system is the employee currently being paid from? (Please check one from below)

- AADAC
- Alberta Cancer Board
- Alberta Mental Health Board
- Aspen
- Capital Health
- Chinook
- Colmore Health
- Peace Country

SECTION B - Finance Coding & Total Claim -
Complete separate Page 2 for each Functional Centre

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution</th>
<th>Expense Object Code (EOC) secondary code not required in this section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bal Unit</td>
<td>Location</td>
</tr>
<tr>
<td>2A</td>
<td>2B</td>
</tr>
<tr>
<td>1/1</td>
<td>0/1</td>
</tr>
<tr>
<td>201</td>
<td>202</td>
</tr>
<tr>
<td>123</td>
<td>456</td>
</tr>
<tr>
<td>2A</td>
<td>123</td>
</tr>
<tr>
<td>2B</td>
<td>345</td>
</tr>
<tr>
<td>2C</td>
<td>567</td>
</tr>
<tr>
<td>2D</td>
<td>678</td>
</tr>
</tbody>
</table>

Claim should include a minimum of 2 pages + receipts

TOTAL CLAIM: 123.50

IMPORTANT NOTE: Applicable to all Sections A to F
If this form is not filled in correctly, legibly and completely, the form will be returned.
In order to facilitate processing of this claim, please review the following notes:
- Email approvals, physical signature stamp or similar device are not acceptable
- Employee # refers to the number indicated on employee's pay stub
- Out-of-Provence Travel - the approver MUST ensure all documentation and approval levels are
compliant as per the Travel Policy BEFORE submission to Accounts Payable

SECTION C - Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any
questions, contact can be easily made.
Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): John D. Murray
Phone #: 780-392-2003

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services
business and have not been previously claimed by me or any behalf from Alberta Health Services or other organization.

Employee Signature: Date:

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #’s CF-03, CF-04)
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Catherine Rozens
DOFA level
Position #
Phone #: 403-943-218

Signature: Date:

Approved By (PRINT ONLY): [Signature]
Title: Interim Chair
DOFA level
Position #
Phone #: Date:

Signature: Title:

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies 1 of 3
## SECTION C  Travel & Education Expenses

Ensure separate lines are used for claim items that differ in province of expense. Enter total $ amount on slip, **DO NOT** separate GST.
Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Travel/Education</th>
<th>Prov of Exp (e AB, BC, etc)</th>
<th>Hotel $</th>
<th>Meals $ (Type B, L, D or A for All)</th>
<th>Transportation $</th>
<th>Course Reg / Material $</th>
<th>Mileage (km)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/09/11</td>
<td>Mileage Edmonton/Calgary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250.80</td>
</tr>
</tbody>
</table>

**TRAVEL EXPENSE LIMITS** – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)

**Meal Expenses & Allowances**
Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.

- a) Breakfast → $10
- b) Lunch → $12
- c) Dinner → $21

**TOTAL TRAVEL $$**

Enter on page 1 TOTAL TRAVEL $$

250.80

Please enter above total for each page 2 separately onto page 1, Section B

---

2 of 3
### EXPENSE CLAIM DETAILS

Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) OR additional lines required for the same FC.

Label this first page with A, and each additional page continue labeling with B, C etc.

---

### SECTION C  Travel & Education Expenses

**NOTE:** If expenses do not fall into these categories, go to SECTION D

Ensure separate lines are used for claim items that differ in province of expense. Enter total $ amount on slip. **DO NOT** separate GST.

Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Travel/Education</th>
<th>Prov of Exp (ie AB, BC, etc)</th>
<th>Hotel $</th>
<th>Meals $ (Type B, L, D or A for All)</th>
<th>Taxi $</th>
<th>Transportation $</th>
<th>Course Reg / Material $</th>
<th>Mileage (km)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/11/2</td>
<td>Parking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Airfare</td>
<td>Bus</td>
<td>Parking</td>
</tr>
<tr>
<td>17/11/2</td>
<td>Parking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.50</td>
<td>5.00</td>
<td></td>
</tr>
</tbody>
</table>

TRAVEL EXPENSE LIMITS – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)

**Meal Expenses & Allowances**

Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.

- a) Breakfast → $10  
- b) Lunch → $12  
- c) Dinner → $21

Please enter above total for each page 2 separately onto page 1, Section B

- 2 of 3 -
EXPENSE CLAIM DETAILS

SECTION D | Other Expenses

NOTE: If expenses are for travel or education (courses etc) go to SECTION C

ALL “OTHER” expenses listed below MUST have a secondary/expense code indicated!

→ If no “Other” expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

Subtotal “Other Expenses” for each functional centre separately and enter each subtotal on page 1

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Expense</th>
<th>Functional Centre (ie. 101.0767.713550000007)</th>
<th>Secondary/Expense Code (ie: 4100000)</th>
<th>If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B</th>
<th>TOTAL Other $s</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/12/11</td>
<td>Telus Mobility</td>
<td>101.092.7110101055</td>
<td>64020000</td>
<td>7.03</td>
<td>14742</td>
</tr>
<tr>
<td>14/12/11</td>
<td>Telus Mobility</td>
<td>101.092.7110101055</td>
<td>64020000</td>
<td>5.95</td>
<td>134.95</td>
</tr>
<tr>
<td>12/11/12</td>
<td>Dinner - Minister Fred Harris</td>
<td></td>
<td>62600000</td>
<td>5.35</td>
<td>134.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>406.72</td>
</tr>
</tbody>
</table>

SECTION E | Foreign Currency

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $’S.

All expenses will be paid in CDN $’s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Expense</th>
<th>Functional Centre (ie. 101.0767.713550000007)</th>
<th>Secondary/Expense Code (ie: 4100000)</th>
<th>Foreign Currency Amt ($)</th>
<th>For AP use ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/12/11</td>
<td>Book - Amazon</td>
<td>101.092.7110101055</td>
<td>41090000</td>
<td>13.49 US</td>
<td></td>
</tr>
<tr>
<td>14/12/11</td>
<td>Book - Amazon</td>
<td>&quot;</td>
<td>&quot;</td>
<td>&quot;</td>
<td>12.99 US</td>
</tr>
<tr>
<td>28/12/11</td>
<td>Book - Amazon</td>
<td>&quot;</td>
<td>&quot;</td>
<td>&quot;</td>
<td>26.94 US</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53.42</td>
</tr>
</tbody>
</table>

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

09704pos(Rev2011-10)
Dinner & Fred Home

Royal Mayfair Golf Club

----- Chit Details -----

Member: s.17(1), 17(4)(g)(i)
Server: Glenn 5:
Area: Dining Room
Table#: 4  Covers: 2
Chit #: 02030639

Date: Jan 12/12  Time: 7:35pm

Mountain Juice 2.25
Mountain Juice 2.25
1 Caesar Salad 8.00
1 Caesar Salad 8.00
Potato Crust Halibut 30.00
Potato Crust Halibut 30.00
Coffee 2.00
Ia 2.00
1el Gott Chard 8oz 11.75
1el Gott Sauv Bt 8o 10.75

Sub-Total: 107.00

GST # 119322900 5.35

Chit Total: $112.35

Gratuity: $12.00

Total: $124.35

-----------------------------

Member Number:

Signature

Happy New Year!
Do you have a complaint regarding your telecommunications services?
If so, call us at 1-866-558-2273 or *611 from your mobile phone. If we can't resolve your complaint, the independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you: www.ccts-cprst.ca or 1-888-221-1887.

Updated sections on your bill
Effective November 27, we're making the roaming and international message charges on your bill even easier to understand.

Roaming text message charges were previously on your bill as a $0.20/msg domestic charge and a $0.40/msg roaming charge. As of November 27, these have been combined to appear as a single $0.60/msg charge under "Roaming text msg".

International text message charges were previously on your bill as a $0.20/msg domestic charge and a $0.15/msg international charge. As of November 27, these have been combined to appear as a single $0.35/msg charge under "CAN to Intl Text Msg".

**MOBILITY BILL SUMMARY**

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$9.40</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$2.00</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td>7.02</td>
</tr>
<tr>
<td>GST/HST</td>
<td>7.02</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$7.02</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$147.42</td>
</tr>
</tbody>
</table>

**YOUR LAST BILL**

| Amount of Last Bill 16-Nov-11 | $157.71 |
| Payments | $-157.71 |
| Payment Reversals | $0.00 |
| Total Previous Charges Brought Forward | $0.00 |

For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.

Total Amount Due $147.42

Payable online or through most financial institutions.

**MOBILITY BILL SUMMARY**

<table>
<thead>
<tr>
<th>Mobility Client Number</th>
<th>Bill Date</th>
<th>Total Amount if received by 11-Jan-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.17(1), 17(4)(g)(i)</td>
<td>16-Dec-11</td>
<td>$147.42</td>
</tr>
</tbody>
</table>

Additional fees apply for late payments.

Amount of Payment $147.42

Please make cheques payable to TELUS
Please do not staple.
## Account Detail

### Chris J. Eagle

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

### Current Charges - Detail

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$100.00</strong></td>
</tr>
</tbody>
</table>

**Monthly Service Plans Dec 17 to Jan 16**

**Additional Local Airtime**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>549:00</td>
<td>74:00</td>
<td>475:00</td>
<td>0:00</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>294:00</td>
<td>0:00</td>
<td>200:00</td>
<td>94:00</td>
<td>9.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$9.40</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data and Other Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Msg - Sent</td>
<td>2</td>
<td>Msg</td>
<td>0.40</td>
</tr>
<tr>
<td>Data Usage</td>
<td>480,269</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Msg - Received</td>
<td>8</td>
<td>Msg</td>
<td>1.60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Value Added Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn L.D @ 10¢ (Dec 17 to Jan 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Dec 17 to Jan 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Dec 17 to Jan 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Dec 17 to Jan 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

**Other Charges and Credits**

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.02</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total Current Charges**

$147.42
MOBILITY BILL SUMMARY

CURRENT CHARGES

Contract Term: 3 yr

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$-8.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>5.95</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$5.95</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$124.95</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Last Bill 16-Jan-12</td>
<td>$137.55</td>
</tr>
<tr>
<td>Payments</td>
<td>$-137.55</td>
</tr>
<tr>
<td>Payment Reversals</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Previous Charges Brought Forward</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Payment received after 13-Feb-12 may not be reflected on this invoice.

For inquiries please call Client Care by dialing *611 from your handset or see reverse for local and toll-free numbers.

Total Amount Due: $124.95

Payable online or through most financial institutions.

Mobility Client Number | Bill Date | Total Amount if received by 13-Mar-12 |
------------------------|-----------|--------------------------------------|
17436                   | 16-Feb-12  | $124.95                              |

Additional fees apply for late payments.

Amount of Payment: 124.95

Please make cheques payable to TELUS. Please do not staple.
# Account Detail

## Current Charges - Detail

**Account Details**

- **403-361-3022**
- **Chris J. Eagle**

**Contract Term:** 3 yr

### Monthly Service Plans Feb 17 to Mar 16

**Service Plan Name**

<table>
<thead>
<tr>
<th>Phone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$100.00</strong></td>
</tr>
</tbody>
</table>

**Additional Local Airtime**

<table>
<thead>
<tr>
<th>Phone (minutes)</th>
<th>Total Airtime</th>
<th>Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>277:00</td>
<td></td>
<td>42:00</td>
<td>235:00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>168:00</td>
<td>0:00</td>
<td>168:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data and Other Services**

**Service**

- **Data Usage**
  - Total Events: 520,007, Type: MB
  - Total: 0.00

**Value Added Services**

**Service**

- 200 mins CdN LD @ 10¢ (Feb 17 to Mar 16): Total 20.00
- 3 GB included data (Feb 17 to Mar 16): Free
- Feature Bundle - Small (Feb 17 to Mar 16): Free
- Visual Voicemail for iPhone (Feb 17 to Mar 16)

**Total**

- **$27.00**

**Other Charges and Credits**

**Charges and Credits**

- Network Outage: -10.00
- Summary Paper Bill Fee: 2.00

**Total**

- **$20.00**

**Taxes**

- GST: 5.95

**Total**

- **$5.95**

**Total Current Charges**

- **$124.95**
Thanks for your order, chris!

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

Order Information:
E-mail Address: 
Billing Address: Chris Eagle

Order Grand Total: $13.49

Order Summary:
Details:
Order #: D01-3659163-4885945
Subtotal of items: $13.49
Total before tax: $13.49
Sales Tax: $0.00

Total for this Order: $13.49

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

$13.49
Sold By: Amazon Digital Services, Inc.

The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.
Thanks for your order, Chris!

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

Order Information:
E-mail Address:
Billing Address: Chris Eagle

Order Grand Total: $12.99

Order Summary:
Details:
Order #: D01-9996821-0623565
Subtotal of items: $12.99
Total before tax: $12.99
Sales Tax: $0.00
Total for this Order: $12.99

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

Sold By: Hachette Book Group

The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.
Subject: Your Amazon.com Order (D01-6144431-4892303)
From: "Amazon.com" <digital-no-reply@amazon.com>
Date: Wednesday, December 28, 2011 10:10 am

amazon.com.

Thanks for your order, chris!

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

Order Information:
E-mail Address:
Billing Address: Chris Eagle

Order Grand Total: $26.94

Order Summary:
Details:
Order #: D01-6144431-4892303
Subtotal of items: $26.94
Total before tax: $26.94
Sales Tax: $0.00
Total for this Order: $26.94

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

Sold By: Amazon Digital Services, Inc.

The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.
**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM**

**SECTION A - Employee Details**

- **Employee # (old)**: [Space for entry]
- **Employee # (E-People)**: [Space for entry]
- **Name**: Chris Eagle
- **Position (Title)**: [Space for entry]
- **Location**: 711 34 Street SW
- **Dept**: [Space for entry]
- **Out-of-Province Travel**: [Check box]
- **Union Name**: 17(4)(g)(i)
- **Business Phone #**: [Space for entry]
- **Travel Period from**: Jan 1 to Feb 2012

What former entity payroll system is the employee currently being paid from? (Please select one from below)

- AADAC
- Calgary Health
- East Central
- Alberta Cancer Board
- Capital Health
- Northern Lights
- Alberta Mental Health Board
- Chinook
- Palliser Health
- Aspen
- David Thompson
- Peace Country

**SECTION B - Finance Coding & Total Claim**

<table>
<thead>
<tr>
<th>Finance Code / Accounting Distribution</th>
<th>Expense Object Code (EOC) secondary code not required in this section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bal Unit (3 char)</td>
<td>Location (4 char)</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
</tr>
<tr>
<td>2B</td>
<td>1,533.87</td>
</tr>
</tbody>
</table>

Converted Foreign Currency $s
Less Cash Advance if applicable

Total Claim $1,701.87

**IMPORTANT NOTE**

- Applicable to all Sections A to F
- If this form is not filled in correctly, legibly and completely, the form will be returned.
- In order to facilitate processing of this claim, please review the following notes:
  - Email approvals, physical signature stamp or similar device are not acceptable
  - Employee # refers to the number indicated on employee's pay stub
  - Out-of-Province Travel - the approving MUST ensure all documentation and approval levels are compliant as per the Travel Policy BEFORE submission to Accounts Payable

**SECTION F - Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions, contact can be easily made.

Employee and approval signatures are required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) [Space for entry] | Phone # [Space for entry]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] | Date: Feb 15, 2013

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) [Signature] | Title: Interim Chair, AHS Board | Phone # [Space for entry]

Signature: [Signature] | Date: [Space for entry]

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies.

08704pos(Rev2011-10)
**SECTION C  Travel & Education Expenses**

Ensure separate lines are used for claim items that differ in province of expense. Enter total $ amount on slip, **DO NOT** separate GST.

Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Travel/Education</th>
<th>Prov of Exp (ie A,B, etc)</th>
<th>Hotel $</th>
<th>Meals $ (Type B, L, D or A for All)</th>
<th>Taxi $</th>
<th>Transportation $</th>
<th>Course Reg / Material $</th>
<th>Mileage (km)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17/02/12</strong></td>
<td>WestJet Charge fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>168.00</td>
</tr>
</tbody>
</table>

**TRAVEL EXPENSE LIMITS** – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)

**Meal Expenses & Allowances**

Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.

- a) Breakfast $10  
- b) Lunch $12  
- c) Dinner $21

Enter $0.505 OR rate per Union Agreement

- Mileage $s
- Travel $'s Subtotal

Enter on page 1 TOTAL TRAVEL $s 168.00

Please enter above total for each page 2 separately onto page 1, Section B
### EXPENSE CLAIM DETAILS

**SECTION D | Other Expenses**

**NOTE:** If expenses are for travel or education (courses etc) go to SECTION C

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

- If no "Other" expenses are being claimed, this page does not have to be submitted.
- Gas receipts & business insurance are claimed here in Section D – Other Expenses.

**Subtotal “Other Expenses” for each functional centre separately and enter each subtotal on page 1**

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Expense</th>
<th>Functional Centre (ie. 101.0767.713550000007)</th>
<th>Secondary/Expense Code (ie: 4100000)</th>
<th>If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B</th>
<th>TOTAL Other $s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/12</td>
<td>AHL staff dinner</td>
<td>101.0923.71110101055</td>
<td>67600000</td>
<td>A-GST on receipt B-GST not on receipt</td>
<td>1,224.13</td>
</tr>
<tr>
<td>13/2/12</td>
<td>Xerox machine</td>
<td>101.0923.71110101055</td>
<td>41090000</td>
<td></td>
<td>125.99</td>
</tr>
<tr>
<td>16/1/12</td>
<td>Telus Mobility</td>
<td>101.0923.71110101055</td>
<td>64020000</td>
<td></td>
<td>137.55</td>
</tr>
<tr>
<td>15/3/11</td>
<td>Lunch Good Wishes</td>
<td>101.0923.71110101055</td>
<td>69600000</td>
<td></td>
<td>46.20</td>
</tr>
</tbody>
</table>

**SECTION E | Foreign Currency**

**ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $’s.**

All expenses will be paid in CDN $’s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Purpose of Expense</th>
<th>Functional Centre (ie. 101.0767.713550000007)</th>
<th>Secondary/Expense Code (ie: 4100000)</th>
<th>Foreign Currency Amt ($)</th>
<th>For AP use ONLY</th>
<th>Exch Rate</th>
<th>CDN Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Converted $s**

**Expenses Paid (Retain a copy for your records)**

Do not include amounts paid by Alberta Health Services or reimbursable by another organization.

---

09704pos(Rev2011-10)
Royal Mayfair Golf Club

Chit Details

- Member: Anthony 21
- Catering: 05014706
- Date: Feb '12, Time: 9:01pm

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Butter Squash Soup</td>
<td></td>
<td>45.00</td>
</tr>
<tr>
<td>9 CR Caesar Salad</td>
<td></td>
<td>72.00</td>
</tr>
<tr>
<td>3 Pork Tenderloin</td>
<td></td>
<td>58.00</td>
</tr>
<tr>
<td>Potato Crust Halibut</td>
<td></td>
<td>150.00</td>
</tr>
<tr>
<td>4 Full Beef Tenderloin</td>
<td></td>
<td>156.00</td>
</tr>
<tr>
<td>Half Beef Tenderloin</td>
<td></td>
<td>28.00</td>
</tr>
<tr>
<td>Half Beef Tenderloin</td>
<td></td>
<td>28.00</td>
</tr>
<tr>
<td>Open Food</td>
<td></td>
<td>20.00</td>
</tr>
</tbody>
</table>

- VAT:
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Mayfair Creme Brule</td>
<td></td>
<td>18.00</td>
</tr>
<tr>
<td>Ginger Spice Cake</td>
<td></td>
<td>10.00</td>
</tr>
<tr>
<td>Chocolate Pecan Pie</td>
<td></td>
<td>9.00</td>
</tr>
<tr>
<td>NY Style Cheesecake</td>
<td></td>
<td>9.00</td>
</tr>
<tr>
<td>Sliced Fruit Side</td>
<td></td>
<td>3.00</td>
</tr>
<tr>
<td>Sliced Fruit Side</td>
<td></td>
<td>3.00</td>
</tr>
<tr>
<td>4 Navarin Lopez Btl</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>3 Torresi's Chard Btl</td>
<td></td>
<td>76.50</td>
</tr>
</tbody>
</table>

Sub Total: 368.40

Member Charge: $1,224.13

Gratuity: 

Total: 

Best Copy Possible

s.17(1), 17(4)(g)(i)
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>VF MasterCard</td>
<td>144.88</td>
</tr>
<tr>
<td>Tax</td>
<td>6.90</td>
</tr>
<tr>
<td>Balance</td>
<td>151.78</td>
</tr>
</tbody>
</table>

**Credit Card Transaction Record**

- **Store:** LONDON DRUGS
- **Employee:** 41946
- **Transaction No.:** XXXXXXXXXXXX0069
- **Amount:** $144.88
- **Transaction Date:** 02/12/12 13:59:42
- **Authorization Code:** 082435
- **Reference:** 66172394 0014790130

**APL:** MasterCard
**APN:**
**AID:** A000000041010
**TVR:** 00000008000

01 Approved - Thank you 027

**Important:**
Retain this copy for your records.

---

s.17(1), 17(4)(g)(i)
Changes to the U.S. roaming rates

As of March 11, 2012 the pay per use rates while roaming in the U.S. are changing. The calling pay per use rate is increasing from $1.45/min to $1.50/min and the data pay per use rate is increasing from $3/MB to $5/MB.

You could save up to 82% on your U.S. travel rates with a U.S. Travel Pass. To learn more or purchase your pass today visit telusmobility.com/travel, call 1-866-556-2273 or text ‘SAVE’ to 7626 from your mobile phone.

MOBILITY BILL SUMMARY

CURRENT CHARGES

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$2.00</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>6.55</td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$6.55</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$137.55</td>
</tr>
</tbody>
</table>

YOUR LAST BILL

Amount of Last Bill 16-Dec-11  $147.42
Payments                        $-147.42
Payment Reverse side            $0.00
Total Previous Charges Brought Forward $0.00

Payment received after 13-Jan-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing "611" from your handset or see reverse for local and toll-free numbers.

Total Amount Due $137.55

Payable online or through most financial institutions

Mobility Client Number  | Bill Date  | Total Amount if received by 13-Feb-12 |
-------------------------|------------|--------------------------------------|
s.17(1), 17(4)(g)(i)    | 16-Jan-12  | $137.55                              |

Additional fees may apply for late payment.

Amount of Payment

Please make cheques payable to TELUS
Please do not staple

s.17(1), 17(4)(g)(i)
# Account Detail

**Client #:**
s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

<table>
<thead>
<tr>
<th>Service Details</th>
<th>Total Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Service Plans Jan 17 to Feb 16</td>
<td>167:00</td>
<td>24:00</td>
<td>143:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

**Additional Local Airtime**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>167:00</td>
<td>24:00</td>
<td>143:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>144:00</td>
<td>0:00</td>
<td>144:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

**Data and Other Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text MsgBox - Sent</td>
<td>5</td>
<td>Msg</td>
<td>1.00</td>
</tr>
<tr>
<td>Data Usage</td>
<td>543.893</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text MsgBox - Received</td>
<td>5</td>
<td>Msg</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$2.00</strong></td>
</tr>
</tbody>
</table>

**Value Added Services**

<table>
<thead>
<tr>
<th>Service Details</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Jan 17 to Feb 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Jan 17 to Feb 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Jan 17 to Feb 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Jan 17 to Feb 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

**Other Charges and Credits**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges and Credits</td>
<td><strong>$2.00</strong></td>
</tr>
<tr>
<td>Summary Paper Bill Fee</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxes</strong></td>
<td>6.55</td>
</tr>
<tr>
<td><strong>GST</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6.55</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges** | **$137.55**
<table>
<thead>
<tr>
<th>QUAN.</th>
<th>ITEM</th>
<th>CODE</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PPP</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>BUFFET</td>
<td>21</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>

Subtotal: $44.00
G.S.T: $2.00
Total: $46.00
TICKET ISSUE DATE

03Feb2012

s.17(1), 17(4)(g)(i)
Total Additional Collection

CAD 168.00

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

s.17(1), 17(4)(g)(i)
** ALBERTA HEALTH SERVICES **
ROYAL ALEXANDRA HOSPITALS

10-AUG-12
SUNDRY CASH

PAGE 1

RECEIPT NO 0454143
REFUNDED/RECEIVED FROM CIHI

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PARTICULARS</th>
<th>SITE CODE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>RHA5 101.0923.71110101058 TRAVEL CHQ107202 CASH RECEIPT CLEARING</td>
<td>RA K</td>
<td>388.76</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT 388.76

Non-Responsive

CODES
A - AMERICAN EXPRESS  F - FOREIGN CURRENCY  P - PREAUTHORIZED WITHDRAWAL
C - CASH  I - INTERAC  T - TRANSFER
D - DIRECT DEPOSIT  K - CHEQUE  V - VISA
E - EXCHANGE  M - MASTERCARD  W - WRITE OFF

272
<table>
<thead>
<tr>
<th>INVOICE#</th>
<th>INVOICE DATE</th>
<th>AMOUNT</th>
<th>TRANSACTION#</th>
<th>NET AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOD Mtg Reg Jun</td>
<td>12/06/21</td>
<td>388.76</td>
<td>1011905</td>
<td>388.76</td>
</tr>
</tbody>
</table>

Aug 7, 12
Cheque for $388.76 issued from CHTI for reimbursement of Dr. Eng's travel to Regina, June 20-22, 12 to attend CHTI meeting.

(Quigley travel paid in full paid)

Cost centre deposit

Total

388.76

PAY ONLY

Alberta Health Services $388.76

THREE HUNDRED EIGHTY EIGHT DOLLARS AND 76 CENTS

PAY TO THE ORDER OF

Alberta Health Services
10030 - 107 St,
14th floor North Tower
Edmonton, AB T5J 3E4

L. Ogilvie
Charter Secretary

Non-Responsive
TICKET ISSUE DATE

11 Apr 2012

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

Total Fare CAD 367.76

https://www.virtuallythere.com/new/eticketPrint.html
Additional Fees not included in Fare

CAD 10.00 (0.50 XG) - YEG YQR - CA
XXXXXXXXXXXX5369 (PREMIUM SEAT FEE)

CAD 10.00 (0.50 XG) - YQR YEG - CA
XXXXXXXXXXXX5369 (PREMIUM SEAT FEE)

s.17(1), 17(4)(g)(i)
**ALBERTA HEALTH SERVICES**
ROYAL ALEXANDRA HOSPITALS

14-AUG-12
SUNDRY CASH

RECEIPT NO 0454510  s.17(1), 17(4)(g)(i)  PROCESSED BY E06440
REFUNDED/RECEIVED FROM C EAGLE  RECEIPT DATE 14-AUG-12

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PARTICULARS</th>
<th>SITE CODE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>PREMIER DINNER TRAVEL APR 16/11 CHQ477 01P 11499 CASH RECEIPT CLEARING</td>
<td>RA K</td>
<td>617.35</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT 617.35

Non-Responsive

CODES

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>AMERICAN EXPRESS</td>
</tr>
<tr>
<td>C</td>
<td>CASH</td>
</tr>
<tr>
<td>D</td>
<td>DIRECT DEPOSIT</td>
</tr>
<tr>
<td>E</td>
<td>EXCHANGE</td>
</tr>
<tr>
<td>F</td>
<td>FOREIGN CURRENCY</td>
</tr>
<tr>
<td>I</td>
<td>INTERAC</td>
</tr>
<tr>
<td>K</td>
<td>CHEQUE</td>
</tr>
<tr>
<td>M</td>
<td>MASTERCARD</td>
</tr>
<tr>
<td>P</td>
<td>PREAUTHORIZED WITHDRAWAL</td>
</tr>
<tr>
<td>T</td>
<td>TRANSFER</td>
</tr>
<tr>
<td>V</td>
<td>VISA</td>
</tr>
<tr>
<td>W</td>
<td>WRITE OFF</td>
</tr>
</tbody>
</table>
PAY TO THE ORDER OF ALBERTA HEALTH SERVICES $ 617.35
Six Hundred and Seventeen 35/100 DOLLARS

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

Non-Responsive
s.17(1), 17(4)(g)(i)

[Handwritten text]:

"Refund for Premier Diner Travel Hold, Taxi"

[Handwritten amount]:

$239.53 CAD

s.17(1), 17(4)(g)(i)
<table>
<thead>
<tr>
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<td>15-Apr-11</td>
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s.17(1), 17(4)(g)(i)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL

GST R#108102864

CREDIT DUE: ($0.00)
** ALBERTA HEALTH SERVICES **
ROYAL ALEXANDRA HOSPITALS

10-AUG-12

SUNDARY CASH

REPRINT

RECEIPT NO 0454313 s.17(1), 17(4)(g)(i) PROCESSED BY E06440
REFUNDED/RECEIVED FROM C EAGLE RECEIPT DATE 10-AUG-12

<table>
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<td>RA</td>
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TOTAL AMOUNT  4,725.46

Non-Responsive

** CODES **

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

PAY TO THE ORDER OF
Alberta Health Services
Four thousand seven hundred twenty-five - $4,725.46 DOLLARS

MEMO

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

Non-Responsive
Reimbursements for Dr. Eagle

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TOTAL: $3,981.83

Additional Items:

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TOTAL: $548.14

Additional Items for Q2 2012 2013:

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Total $195.49

Grand Total 4725.46
Best Copy Possible

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

DATE 2011/09/02

09/02/2011
8:41 PM
10:45

$311.65

50

36

Balance Due $311.83.
s.17(1), 17(4)(g)(i)

10/03/11  21:13:57

TOTAL $215.85

Balance Du $185.85

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

Date: Nov 29/11       Time: 8:24pm

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

Total: $29043$

s.17(1), 17(4)(g)(i)
Date: Jan 12/12  Time: 7:35pm

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

Chit Total: $112.35

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

Member Charge $1,224.13

s.17(1), 17(4)(g)(i)
## Royal Mayfair Golf Club

### Chit Details

- **Server:** CHRIS 15  
- **Area:** Dining Room  
- **Table #:** 1  
- **Covers:** 3  
- **Chit #:** 02031289  
- **Date:** Mar 12/12  
- **Time:** 8:02pm

### Meal Items

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<td>Butter Squash Soup</td>
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<tr>
<td>DR Caesar Salad</td>
<td>8.00</td>
</tr>
<tr>
<td>Potato Crust Halibut</td>
<td>30.00</td>
</tr>
<tr>
<td>2 Lg Lamb Rack</td>
<td>80.00</td>
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<td>2 Sorbet</td>
<td>12.00</td>
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<tr>
<td>Coffee</td>
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<td>Tea</td>
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### Sub-Total: **208.25**

### GST: **119322980**

### Total: **218.66**

### Gratuity: **25.3%**

---

s.17(1), 17(4)(g)(i)
Total price
view fare rules

Departure Information

Depart: Friday, 23 March

WestJet

434.83 CAD

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

s.17(1), 17(4)(g)(i)
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TICKET ISSUE DATE 12 Jul 2012 s.17(1), 17(4)(g)(i)

Fare CAD 383.00
s.17(1), 17(4)(g)(i)
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</table>
Cardholder Designate (If Applicable)

By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate

Executive Assistant

Expiration Date

Cardholder Designate Position/Title

Mo. 7, 2012

Date of Signature

Cardholder

By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable)

EAGLE, CHRIS

Name of Cardholder

PRESIDENT & CEO

Cardholder Position/Title

May 7, 2012

Date of Signature

Approver Designate (If Applicable)

By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of an authorized approver.

Name of Approver Designate

Chief of Staff, Corporate Secretary

Approver Designate Position/Title

Date of Signature

Approver

By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)

Name of Approver

Approver Position/Title

Date of Signature

Submit approved statement with attachments to Accounts Payable

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Accounts Payable only.

Reference #.

Reviewed by:

Date:

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions
## Signatures

### Cardholder Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

**Name of Cardholder Designate**

**Signature of Cardholder Designate**

**Executive Assistant**
Cardholder Designate Position/Title

**May 7, 2012**
Date of signature

### Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

**Name of Cardholder**

**Signature of Cardholder**

**President & CEO**
Cardholder Position/Title

**May 7, 2012**
Date of Signature

### Approver Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

**Name of Approver Designate**

**Signature of Approver Designate**

**Date of Signature**

### Approver
By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

**Name of Approver**

**Signature of Approver**

**Date of Signature**

---

## Submit approved statement with attachments to Accounts Payable:

**Attach:**
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to “Alberta Health Services”
- Return, refund and/or credit receipts
- Disputes letter

**Address:**
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

---

**Accounts Payable only:**

Reference #:
Reviewed by:
Date:

---

**RUN DATE: 05/07/2012**

**Proprietary and Confidential**

**Powered by BMO Spend & Payment Solutions**

**PAGE NO: 2**
## Itinerary Details

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<td>EDMONTON INTL AB, CANADA</td>
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## Payment/Fare Details

**Form of Payment**

**Endorsement / Restrictions**

**Fare Calculation Line**

**Fare**

**Taxes / Fees / Charges**

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<td>YEA140.00GBRNDH CAD255.00END</td>
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<td>CAD 255.00</td>
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<td>CAD 14.25 CA (AIR TRANSPORTATION TAX)</td>
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<td>CAD 17.51 XG (GOODS AND SERVICES TAX GST)</td>
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<td>CAD 81.00 XT (COMBINED TAXES)</td>
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<td>CAD 367.76</td>
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**Total Fare**

297
Additional Fees not included in Fare

CAD 10.00 (0.50 XG) - YEG YQR - CA
XXXXXXXXXXXX5369 (PREMIUM SEAT FEE)

CAD 10.00 (0.50 XG) - YQR YEG - CA
XXXXXXXXXXXX5369 (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you’re travelling with one of our airlines partners as part of your WestJet booking, you’ll want to familiarize yourself with the other airline’s policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please click here.
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our contact us page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

Important Legal Notices

Get Adobe Reader®

https://www.virtuallythere.com/new/eticketPrint.html
Joyce Murray

From: Air Canada [confirmation@aircanada.ca]
Sent: Thursday, April 12, 2012 3:58 PM
To: Joyce Murray
Subject: Air Canada - 29-Apr: Edmonton - Calgary (booking ref: LQBPMA) - seat selected

****** PLEASE DO NOT REPLY TO THIS E-MAIL ******

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.

Hotels in Calgary

<table>
<thead>
<tr>
<th>From (per night)</th>
<th>From (per night)</th>
<th>From (per night)</th>
<th>Why book your hotel stay at aircanada.com?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$116 CAD</td>
<td>$111 CAD</td>
<td>$81 CAD</td>
<td>• Lowest price guaranteed</td>
</tr>
<tr>
<td>Ramada Hotel</td>
<td>Radisson Hotel</td>
<td>Ramada Limited</td>
<td></td>
</tr>
<tr>
<td>Downtown Calgary</td>
<td>Calgary Airport</td>
<td>Calgary:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Want travel insurance? Protect yourself and your family against unforeseen circumstances.

Need a car in Calgary? Great rates and additional Aeroplan Miles.

Looking for ground transportation or attractions?

Booking Information

Booking Reference: LQBPMA

Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:
Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile:
Home:
Work: 1-780-3422029

Customer Care
Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Online Services
Manage my booking online (view/change my booking; select seats*).
Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
<th>To</th>
<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC8157</td>
<td>Edmonton, Edmonton Int'l (YEG)</td>
<td>Calgary (YYC)</td>
<td>Sun 29-Apr 2012 18:00</td>
<td>0</td>
<td>0hr52</td>
<td>DH3</td>
<td>Tango Plus, T</td>
</tr>
<tr>
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<td>Edmonton, Edmonton Int'l (YEG)</td>
<td>Mon 30-Apr 2012 11:17</td>
<td>0</td>
<td>0hr47</td>
<td>CRJ</td>
<td>Tango Plus, T</td>
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</tbody>
</table>

Operated by: Air Canada Express - Jazz

Passenger Information

1 Dr Christopher Eagle: Adult (16+), Ticket Number: 0142106901921
Air Canada - Aeroplan: s.17(1), 17(4)(g)(i)
Credit Card: XXXX-XXXX-XXXX-5369
Seat Selection: AC8157 4D, AC8138 4D
Meal Preference: None
Special Needs: None

Purchase Summary

Fare Summary
Passenger Type
Departing Flight - Tango Plus
Return Flight - Tango Plus
Surcharge 24.00

Taxes, Fees and Charges
Canada Airport Improvement Fees
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
Air Travellers Security Charge (ATSC)
Total airfare and taxes before options (per passenger)
Number of passengers 1
Total
RBC Travel Insurance (declined)

Grand Total - Canadian dollars $458.06

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $458.06 (Airfare - per ticket)
Ticket number(s): 0142106901921

enRoute City Guide

Calgary
Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
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<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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<td>E90</td>
<td>Tango Plus, W</td>
<td></td>
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<tr>
<td></td>
<td>Thu 26-Apr 2012 16:40</td>
<td>Thu 26-Apr 2012 17:13 - Terminal M</td>
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<td></td>
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<tr>
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<td>Edmonton, Edmonton Int'l (YEG)</td>
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<td>Tango Plus, W</td>
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<tr>
<td></td>
<td>Sat 28-Apr 2012 15:25 - Terminal M</td>
<td>Sat 28-Apr 2012 17:52</td>
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</tbody>
</table>

Passenger Information

1: Hon Christopher Eagle Adult (16+) Ticket Number: 0142106906341
Air Canada - Meal Preference: None
Aeroplan: s.17(1), 17(4)(g)(i)
Credit Card: XXXX-XXXX-XXXX-5369 Special Needs: None
Seat Selection: AC251 24C, AC244 14C

Purchase Summary

Fare Summary
Passenger Type: Adult
Departing Flight - Tango Plus 259.00
Return Flight - Tango Plus 269.00
Surcharges 36.00
Taxes, Fees and Charges
Canada Airport Improvement Fee 40.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) 30.16
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) 1.60
Air Travellers Security Charge (ATSC) 14.25
Total airfare and taxes before options (per passenger) 650.21
Number of passengers 1
Total 650.21
RBC Travel Insurance (declined) 0.00
Grand Total - Canadian dollars $650.21

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $650.21 (Airfare - per ticket)

Ticket number(s): 0142106906341

enRoute City Guide

Vancouver
Meeting - Canadian Patient Safety Institute
Board of Directors
From: Gloria Hodder  
Sent: Tuesday, April 10, 2012 9:28 AM  
To: Jennifer Hamstra  
Subject: President’s Speaker Series - April 12th - Catering Order

Hi Jennifer,

Would you please call Olivia Fata at 780-492-4411 with credit card payment for this order.

Thanks,
Gloria

---

Gloria Hodder  
Coordinator, Networking and Exchange  
Knowledge Management, Leading Practices & Innovation  
Quality & Healthcare Improvement

Room 03-012, Seventh Street Plaza - North Tower  
Edmonton, Alberta T5J 3E4

tel: (780) 735-0350 fax: (780) 735-0850  
Email: Gloria.Hodder@albertahealthservices.ca  
www.albertahealthservices.ca

---

From: Classic Fare Catering at University of Alberta Campus  
Sent: April 10, 2012 9:06 AM  
To: Gloria Hodder  
Subject: Tracking Message Order Number 5856

Tracking Message for order 5856

**Message From:** oliviafata  
**Date:** 4/10/2012 / **Time:** 9:06 AM

Hello,

This message is to verify your order.

We require a method of payment on file to confirm your order. Please contact our office at 780-492-4411 with this information.

If you have not already done so, please sign a copy of this order and fax it to 780-492-4369 or email it to catering@ualberta.ca

If there are any changes you would like to make, or if you have any questions or concerns, please feel free to contact us.
Dear Gloria Hodder,

Please do not reply to this email! Instead, please use the "Request Changes" link to respond, if needed.

Classic Fare Catering at University of Alberta Campus
2-044 Lister Hall, Edmonton, AB T6G 2H6
(780) 492-4411
Fax (780) 492-4369

Order # 5856

Pick-up/ Delivery Date: 4/12/2012
Food Prepared Time: 10:15 AM
Food/Liquor Delivery Time: 10:30 AM
Event Start Time: 11:00 AM
Event End Time: 1:00 PM

Order Total: $154.56
Grand total may be adjusted to accommodate any special requests.
Click here to print or view an up to date version of this Order.
Payment Receipt

We recommend that you note the payment reference below or print a copy of this page for your records.

<table>
<thead>
<tr>
<th>Item Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>Amount</td>
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<tr>
<td>Status</td>
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<tr>
<td>Date</td>
</tr>
<tr>
<td>Reference</td>
</tr>
<tr>
<td>Method</td>
</tr>
<tr>
<td>Card Number</td>
</tr>
<tr>
<td>Card Holder Name</td>
</tr>
</tbody>
</table>

Academic Systems
UBC Information Technology
2016-1874 East Mall, Vancouver BC, V6T 1Z1
E-mail: sswebsupport@exchange.ubc.ca

Emergency Procedures | Accessibility | Contact UBC | © Copyright The University of British Columbia
Official Receipt

Receipt Number: 10302446
Date: April 16, 2012

Dr. Chris Eagle
1400, Seventh Street Plaza
10030 - 107 Street
Edmonton AB
Canada T5J3E4

This receipt confirms your registration and payment as follows:

<table>
<thead>
<tr>
<th>Event Name</th>
<th>ME8645 Western Emergency Department Operations Conference - WEDOC - Improving Patient Care - Aligning Providers, Treatment, Place and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>April 27-28, 2012</td>
</tr>
<tr>
<td>Location</td>
<td>Morris J. Wosk Centre for Dialogue</td>
</tr>
<tr>
<td>Amount Paid</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

Important Information

- Please keep this receipt in a safe place as no duplicates will be issued.
- If you are using this receipt for income tax purposes, you can only claim the registration fees on your taxes.
- Refund deadlines and processing fees are listed in the course brochure.

It is hereby certified that, unless otherwise indicated, no part of the amount as shown was levied in respect of student social activities, the cost of books (other than costs which are an integral part of the fees for a correspondence course), charges for board and lodgings or any charges other than fees for tuition and the related fees for admission, use of library or laboratories, examinations and degree or diploma, and constitutes the amount of tuition paid for the purposes of paragraph 118.5(1)(e) of the Income Tax Act.
VITPHALAY
10523 59 AVE
EDMONTON, AB T5K0E7
7807568198

SALE

3X @10.00

30.00

THAI PAPAYA 2X @15.00

9.00

PAI THAI 2X @14.00

30.00

RED CURRY 2X @14.00

14.00

GREEN 2X @14.00

28.00

LEANANG 2X @14.00

28.00

YELLOW CURRY 3X @6.00

28.00

COCONUT RICE LG 18.00

ITEM CT 16

TAX 9.25

CASH 194.25

04-17-2012 11:19
0001 CLERK 30 00010581
GST 844456921RT0001
THANK YOU COME AGAIN

Lunch Executive Committee

Apr. 17, 2012
Pure North S'energy Foundation

Choose a way to pay

pageState=done&pageDispatch=50a222a57f

You just made a payment of

$129.00 CAD

Paid to
Pure North S'energy Foundation
4039845078

Ship to
14th Flr. 7th St. Plaza
10030 - 107 Street
Edmonton Alberta T5J 3E4
Canada
P-Card Details Online
Cardholder Statement Report

MAY 08 2012

Signatures

Cardholder Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO Details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Joyce Murray
Name of Cardholder Designate

Examin Assistant
Cardholder Designate Position/Title

April 23, 2012
Date of Signature

Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO Details Online® on my behalf (if applicable).

Eagle, Chris
Name of Cardholder

President & CEO
Cardholder Position/Title

April 25, 2012
Date of Signature

Approver Designate (If Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO Details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patti Grier
Name of Approver Designate

Chief of Staff’s Corporate Secretary
Approver Designate Position/Title

May 23, 2012
Date of Signature

Approver
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approves the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approval in BMO Details Online® on my behalf (if applicable).

Cathy Reimer
Name of Approver

Approver Position/Title

May 23, 2012
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to “Alberta Health Services”
- Refund, refund and/or credit receipts
- Disputes letter

Accounts Payable only.

Reference #: Reviewed by: Date: May 10, 2012

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 2
INVOICE

Membership No. : 
A/R Number : 
Group Code : 1201ALBHEA
Company Name : Alberta Health Services

<table>
<thead>
<tr>
<th>Date</th>
<th>Text</th>
<th>Charges</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>03-14-12</td>
<td>Room Charge</td>
<td>109.00</td>
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</tr>
<tr>
<td>03-14-12</td>
<td>Destination Marketing Fee</td>
<td>3.27</td>
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<td>03-14-12</td>
<td>Alberta Tourism Levy %4</td>
<td>4.49</td>
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<tr>
<td>03-14-12</td>
<td>Room %5 GST</td>
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<tr>
<td>03-15-12</td>
<td>Mastercard</td>
<td></td>
<td>122.37</td>
</tr>
</tbody>
</table>

Room GST 5.61 Other PST 7.76 Other GST 0.00
Net Amount 109.00 CAD

Total 122.37 122.37
Balance 0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide. Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

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

Guest Signature
GST# 865543425

AHS Board Meeting
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

<table>
<thead>
<tr>
<th>Flight</th>
<th>From</th>
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<th>Stops</th>
<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC8135</td>
<td>Edmonton, Edmonton Int'l (YEG) Fri 23-Mar 2012 08:00</td>
<td>Calgary (YYC) Fri 23-Mar 2012 08:53</td>
<td>0</td>
<td>0hr53</td>
<td>DH3</td>
<td>Latitude, B</td>
<td></td>
</tr>
</tbody>
</table>

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Dr Christopher Eagle: Adult (16+), Ticket Number: 0142106077526
Frequent Flyer Pgm: None

Meal Preference: None

Credit Card: xxxxxx-xxxxx-xxxxx-9747

Special Needs: None

Seat Selection: AC8135 1D (Preferred) Paid

Purchase Summary

Fare Summary

Passenger Type: Adult

Departing Flight - Latitude: 495.00

Surcharges: 12.00

Taxe, Fees and Charges

Canada Airport Improvement Fee: 25.00

Canada Goods and Services Tax (GST/HST #10009-2287 RT0001): 26.96

Air Travellers Security Charge (ATSC): 7.12

Total airfare and taxes before options (per passenger): 566.08

Options

Departing Flight - Latitude

16.00

Advance Seat Selection (Preferred)

Canada Goods and Services Tax (GST/HST #10009-2287 RT0001): 0.80

Total airfare, taxes and options (per passenger): 582.88

Number of passengers: 1

Total: 582.88

RBC Travel Insurance (declined): 0.00

Grand Total - Canadian dollars: $582.88

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $566.08 (Airfare - per ticket)
Air Canada: $16.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142106077526

Fare Rules
Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

Booking Reference: NX67YZ

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile: Work: 1-780-3422011

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

Customer Care
Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

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<th>Duration</th>
<th>Aircraft</th>
<th>Fare Type</th>
<th>Meal</th>
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</thead>
<tbody>
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<td>Latitude, B</td>
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<tr>
<td></td>
<td>Fri 23-Mar 2012</td>
<td>Fri 23-Mar 2012</td>
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<td>14:36</td>
<td></td>
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</tr>
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Operated by: Air Canada Express - Jazz

Passenger Information

1: Dr Christopher Eagle: Adult (16+), Ticket Number: 0142106076602

Frequent Flyer Pgm: None
Credit Card: xxxx-xxxx-xxxx-9747
Seat Selection: AC8555 1D (Preferred) Paid

Meal Preference: None
Special Needs: None

Congratulations on your selection of a Preferred seat. Please read the Terms and conditions.
Purchase Summary

**Fare Summary**
Passenger Type: Adult
Departing Flight - Latitude: 800.00
Surcharges: 18.00

**Taxes, Fees and Charges**
- Canada Airport Improvement Fee: 25.00
- Canada Goods and Services Tax (GST/HST #10009-2287 RT0001): 42.51
- Air Travellers Security Charge (ATSC): 7.12
Total airfare and taxes before options (per passenger): **892.63**

**Options**
- Departing Flight - Latitude: 25.00
- Advance Seat Selection (Preferred)
- Canada Goods and Services Tax (GST/HST #10009-2287 RT0001): 1.25
Total airfare, taxes and options (per passenger): **918.88**

Number of passengers: 1
Total: **918.88**

RBC Travel Insurance (declined): 0.00

**Grand Total - Canadian dollars**
- **$918.88**

**Grand Total**
Total including travel options, taxes, fees and charges: **$918.88 CAD**

---

**Fare Rules**

**Departing Flight** Calgary (YYC) To Victoria (YYJ) - Latitude

- **Changes:**
  - Changes are permitted and a change fee does not apply.
  - Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
  - Lower Latitude fares may be available only at.aircanada.com for selected flights and dates. Any changes not completed on aircanada.com may result in a higher Latitude fare than would otherwise be available.
  - **Same-day standby** is permitted at no charge.
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**
  - Tickets are fully refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.

- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

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<th>Aircraft</th>
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<th>Meal</th>
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<tbody>
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<td>0</td>
<td>0hr53</td>
<td>DH3</td>
<td>Latitude</td>
<td>B</td>
</tr>
</tbody>
</table>

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142106077526
Frequent Flyer Pgm : None
Meal Preference : None
Credit Card: xxxx-xxxx-xxxx-9747
Special Needs: None
Seat Selection: AC8135 1D (Preferred) Paid

Purchase Summary

Fare Summary
Passenger Type
Departing Flight - Latitude
Adult
495.00
Surcharges
12.00
Taxes, Fees and Charges
Canada Airport Improvement Fee
25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
26.96
Air Travellers Security Charge (ATSC)
7.12
Total airfare and taxes before options (per passenger)
566.08
Options
Departing Flight - Latitude
[ ] Advance Seat Selection (Preferred)
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
0.60
Total airfare, taxes and options (per passenger)
582.88
Number of passengers
1
Total
582.88
RBC Travel Insurance (declined)
0.00
Grand Total - Canadian dollars
$582.88

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $566.08 (Airfare - per ticket)
Air Canada: $16.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142106077526

Fare Rules
Purchase Summary

Fare Summary
Passenger Type
Departing Flight - Latitude
Surcharges
Taxes, Fees and Charges
Canada Airport Improvement Fee
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
Air Travellers Security Charge (ATSC)
Total airfare and taxes before options (per passenger)
Options
Departing Flight - Latitude
✔ Advance Seat Selection (Preferred)
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
Total airfare, taxes and options (per passenger)
Number of passengers
Total
RBC Travel Insurance (declined)
Grand Total - Canadian dollars
Grand Total
Total including travel options, taxes, fees and charges

Fare Rules

Departing Flight Calgary (YYC) To Victoria (YYJ) - Latitude

- Changes:
  - Changes are permitted and a change fee does not apply.
  - Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
  - Lower Latitude fares may be available only at aircanada.com for selected flights and dates. Any changes not completed on aircanada.com may result in a higher Latitude fare than would otherwise be available.
  - Same-day standby is permitted at no charge.
  - Flights can only be used in sequence from the place of departure specified on the itinerary.

- Cancellations:
  - Tickets are fully refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.

- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated
Your reservation code is: HJBKMB

View your itinerary at 1
Sauce® Virtually There®

Total price

434.83 CAD

Departure Information

Depart: Friday, 23 March
12:25 PM Calgary, AB, CA (YYC)

Arrive: Friday, 23 March
12:54 PM Victoria, BC, CA (YYJ)

WestJet
Non-Stop / WS 0449
Flight Info
Seat(s): 05C

TOTAL
Base Fare: 354.00 CAD

Canadian goods and services tax: 20.21 CAD

Canadian airport improvement fee(s): 25.00 CAD

Other surcharges and fees: 25.17 CAD

Regular Seat 10.00 CAD
Total Seat Taxes 0.50 CAD

Total: 434.83 CAD

Payment details

Amount paid with Credit Card 434.83 CAD

Guest information

1. EAGLE/CHRISTOPHER MR Adult

[Buttons: PRINT PAGE, MY RESERVATIONS, CHANGE TICKET (S), REFUND]
Your reservation code is: HJBKMB

Total price
view fare rules

Departure Information

<table>
<thead>
<tr>
<th>Depart</th>
<th>Friday, 23 March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>12:25 PM</td>
</tr>
<tr>
<td>Location</td>
<td>Calgary, AB, CA (YEG)</td>
</tr>
<tr>
<td>Arrive</td>
<td>Friday, 23 March</td>
</tr>
<tr>
<td>Time</td>
<td>12:54 PM</td>
</tr>
<tr>
<td>Location</td>
<td>Victoria, BC, CA (YYJ)</td>
</tr>
</tbody>
</table>

WestJet
Non-Stop / WS 0449
flight Info
Seat(s): 05C

TOTAL
Base Fare: 354.00 CAD

Canadian goods and services tax: 29.21 CAD

Canadian airport improvement fee(s): 25.00 CAD

Other surcharges and fees: 25.12 CAD

Regular Seat: 10.00 CAD
Total Seat Taxes: 0.50 CAD

Total: 434.83 CAD

Payment details

Amount paid with Credit Card: 434.83 CAD

Guest information

1. EAGLE/CHRISTOPHER MR Adult

318
**Jay's Natural Lunch**

**MORTARY & WINES A WINE BAR**

1015A 100 STREET

EDMONTON, AB

Term ID: 65223578

**Purchase**

<table>
<thead>
<tr>
<th>xxxxxxxxxxxxx3747</th>
<th>Entry Method: C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount:</strong></td>
<td>$ 33.06</td>
</tr>
<tr>
<td><strong>Tip:</strong></td>
<td>$ 4.00</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$ 37.00</td>
</tr>
</tbody>
</table>

2012/03/21 13:02:53

Seq #: 00037000650  Appro Code: 150053
Resp Code: 01/027

MasterCard

| 01 10 55 | 72 04 | 00 1D 39 |
| 00 00 33 | 00 | E4 82 00 E9 0A 43 51 35 |

APPROVED

Thank You
Invoice for/Bon de livraison pour Dc8d5lmCR March 23, 2012

Billing Address/Adresse de correspondance:
Jennifer Hamstra
Alberta Health Services
7th Street Plaza, 10030 - 107 Street
Edmonton, Alberta T5J 3E4
Canada

Shipping Address/Adresse d'expédition:
Jennifer Hamstra
AHS - 7th Street Plaza
14 Floor, 10030-107 Street
Edmonton, AB T5J 3E4
Canada

--- 

Invoice for/Bon de livraison pour

Your order of/Votre commande du: March 13, 2012
Order ID/N° commande: 701-0094159-7981801

<table>
<thead>
<tr>
<th>Quantity/Quantité</th>
<th>Item/Article</th>
<th>Description/Description</th>
<th>Our Price/Notre prix</th>
<th>Total/Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Where to from Here?: Keeping Medicare Sustainable</td>
<td>Paperback</td>
<td>CDN$ 25.04</td>
<td>CDN$ 175.28</td>
</tr>
</tbody>
</table>

Subtotal/Sous-total: CDN$ 175.28
Shipping and Handling/Frais de port: CDN$ 0.00
GST/HST/TPS/TVH: CDN$ 8.75
PST/TVP: CDN$ 0.00
Order Total/Montant total: CDN$ 184.03
Paid via/Payé par Mastercard: CDN$ 184.03
Balance Due/Montant dû: CDN$ 0.00

We've sent this portion of your order separately at no extra charge to give you the speediest service possible. The other items in your order are shipping separately, and your total shipping charges for this order will not exceed the amount we originally promised.

You can always check the status of your orders from the "Your Account" link on our home page.

Thanks for shopping at Amazon.ca, and please come again!

Nous avons envoyé cette partie de votre commande séparément, sans frais supplémentaires, afin de vous donner le service le plus rapide qui soit. Les autres articles seront expédiés séparément, et les frais de port pour cette commande ne dépasseront pas le montant promis à l'origine.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210
GST Registration Number/N° enregistrement: TPS 85730 5932 RT001

---

320
THE MARC RESTAURANT
GROUP LTD.
9940 106 ST NW
EDMONT ON AB

CARD: ****************9747
CARD TYPE: MASTERCARD
DATE: 2012/03/26
TIME: 12:23:04

RECEIPT NUMBER:
C06100654-001 147-002-0

PURCHASE AMOUNT: $39.90
TIP: $5.99
TOTAL: $45.89

MasterCard
A0C000000041010
63A112B7047658239
0000008000
17718AE4BEB94FBA

APPROVED
AUTH# 142305 01-027
THANK YOU

CARDHOLDER COPY

---

Meeting with John Van Aerde - Mar 26/12.
s.17(1), 17(4)(e.1)

Meeting with Premier
From: Canadian College of Health Leaders [info@cchl-ccls.ca]
Sent: Monday, April 02, 2012 12:09 PM
To: Joyce Murray
Subject: C.C.H.L. Purchase Receipt

INTERNET PURCHASE RECEIPT - CCHL-CCLS

Order Date: 2012-04-02 2:08:17 PM
Order Number: REG00009360
Bank Auth Number: 140818
Order Total: 30.00 CAD

Name on Card: Chris Eagle AB Health Services
Card Type: MC
Email Address: joyce.murray@albertahealthservices.ca

BILL TO:
Name: Dr. Chris Eagle
Address Line 1: 14th Floor North Tower 7th St. Plaza Address Line 2: 10030 - 107 Street NW
City: Edmonton
State/Province: AB
Zip/Postal Code: T5J 3E4
Country: CA
Phone Number: 7803422002

SHIP TO:
Name:
Address Line 1:
Address Line 2:
City:
State/Province:
Zip/Postal Code:
Country:
Phone Number:
Shipping Method:

MERCHANT INFO:
Online Address: http://www.cchl-ccls.ca
Merchant Name: Canadian College of Health Service Executives
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P0J6
Country: CA
Phone Number: 613-235-7218
Joyce Murray

From: CCHL-CCLS [chapters@cchl-ccls.ca]
Sent: Monday, April 02, 2012 12:08 PM
To: Joyce Murray
Cc: John.Knoch@reddeer.ca
Subject: Confirmation of Event Registration: Northern Alberta Chapter Annual General Meeting

4/2/2012 11:08:22 AM - REG00009360

Event: Northern Alberta Chapter Annual General Meeting Event Date: May-15-2012
Sponsor: Northern Alberta Chapter

Dr. Chris Eagle
President & Chief Executive Officer
Alberta Health Services
Site: Corporate Office
14th Floor, NT 7th St. Plaza, 10030 - 107 Street Edmonton, AB T5J 3E4

Email: joyce.murray@albertahealthservices.ca
Telephone: 780.342.2002

Registration Type: CCHL Member - $30.00

Payment by: Credit Card
Amount Paid: $30.00

Thanks for registering!
Invoice for/Bon de livraison pour

Your order of/Votre commande du: March 30, 2012
Order ID/N° commande: 701-4525052-8675442

<table>
<thead>
<tr>
<th>Quantity/Quantité</th>
<th>Item/Article Description/Description</th>
<th>Our Price/Notre prix</th>
<th>Total/Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Where to from Here?: Keeping Medicare Sustainable (**) E-8 **) 155339318X</td>
<td>CDN$ 25.04</td>
<td>CDN$ 100.16</td>
</tr>
</tbody>
</table>

Subtotal/Sous-total: CDN$ 100.16
Shipping and Handling/Frais de port: CDN$ 13.45
GST/HST/TPS/TVH: CDN$ 5.68
PST/TVP: CDN$ 0.00
Order Total/Montant total: CDN$ 119.29
Paid via/Payé par Mastercard: CDN$ 119.29
Balance Due/Montant dû: CDN$ 0.00

This shipment completes your order.
You can always check the status of your orders from the "Your Account" link on our home page.
Thanks for shopping at Amazon.ca, and please come again!

Cette livraison complète votre commande.
Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210
GST Registration Number/N° enregistrement TPS 85730 5932 RT0001

325
Amazon.com.ca, Inc.
c/o ACPSI
6363 Millcreek Drive
Mississauga, ON L5N 1L8
Canada

Billing Address/Adresse de correspondance:
Jennifer Hamstra
Alberta Health Services
7th Street Plaza, 10030 - 107 Street
Edmonton, Alberta T5J 3E4
Canada

Shipping Address/Adresse d'expédition:
Jennifer Hamstra
AHS - 7th Street Plaza
14 Floor, 10030-107 Street
Edmonton, AB T5J 3E4
Canada

---

**Invoice for/Bon de livraison pour**

<table>
<thead>
<tr>
<th>Your order of/Votre commande du:</th>
<th>March 13, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order ID/N° commande:</td>
<td>701-0094159-7981801</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity/Quantité</th>
<th>Item/Article</th>
<th>Description/Description</th>
<th>Our Price/Notre prix</th>
<th>Total/Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Where to from Here?: Paperback</td>
<td>CDN$ 25.04</td>
<td>CDN$ 25.04</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal/Sous-total: CDN$ 25.04  
Shipping and Handling/Frais de port: CDN$ 0.00  
GST/HST/TPS/TVH: CDN$ 1.25  
PST/TVP: CDN$ 0.00  
Order Total/Montant total: CDN$ 26.29  
Paid via/Payé par Mastercard: CDN$ 26.29  
Balance Due/Montant dû: CDN$ 0.00

---

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our home page.

Thanks for shopping at Amazon.ca, and please come again!

Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

**Merci de faire confiance à Amazon.ca Revenez nous voir!**

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
GST Registration Number/N° enregistrement TPS 85730 5932 RT0001
Thank you for shopping at
Future Shop Saanich
ex citing stuff
3450 Upland Boulevard, Saanich
250-419-7570
Keep your receipt

Val #: 0544-6082-9566-1398
0010 005 3710 04/09/12 10:24 CT6

SALES
1016244 MLT-D104S
SAMSUNG MLT-D104S
Associate #: CT6E

---------
SUBTOTAL 79.99
HST BC 9.60
---------
TOTAL 89.59

Transaction Record SALE
xxxxxxxxxxxxx9747 C MASTERCARD 89.59
Approved 132445
TERM: 0010 005 C
SEQ NO: 001001001053
ACI/ISO 001/00
4/09/2012 10:24:06
AID: A00000000041101
APN: MasterCard

GST Reg. #: R135664738

Shop your way - Drive online and get
FREE shipping or in-store pick up. Visit
futureshop.ca for details.
*Some conditions apply.

PRINTER CARTRIDGE
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/05/2012</td>
<td>286632863</td>
<td>PETROCAN, FUEL DISPENSER, AUTOMATED</td>
<td>42.07</td>
<td>CAD</td>
<td>42.07</td>
<td>2.00</td>
<td></td>
<td>Gas for Calgary trip</td>
</tr>
<tr>
<td>24/05/2012</td>
<td>286632864</td>
<td>CALGARY HEALTH TRUST, ORGANIZATIONS, CHARITABLE AND</td>
<td>1,500.00</td>
<td>CAD</td>
<td>1,500.00</td>
<td>71.43</td>
<td></td>
<td>Tickets to Event that AHS needs to attend</td>
</tr>
<tr>
<td>24/05/2012</td>
<td>286632865</td>
<td>PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES</td>
<td>20.00</td>
<td>CAD</td>
<td>20.00</td>
<td>.96</td>
<td></td>
<td>Parking for event in Calgary</td>
</tr>
<tr>
<td>24/05/2012</td>
<td>286632867</td>
<td>PETROCAN, FUEL DISPENSER, AUTOMATED</td>
<td>28.15</td>
<td>CAD</td>
<td>28.15</td>
<td>1.34</td>
<td></td>
<td>Gas for trip to Calgary</td>
</tr>
<tr>
<td>25/05/2012</td>
<td>286632868</td>
<td>HOTEL LE GERMAIN-CALGA, LODGING HOTELS, MOTELS, RESORTS</td>
<td>283.32</td>
<td>CAD</td>
<td>283.32</td>
<td>12.54</td>
<td></td>
<td>Hotel stay in Calgary for events</td>
</tr>
<tr>
<td>04/06/2012</td>
<td>287712302</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
<td>135.00</td>
<td>CAD</td>
<td>135.00</td>
<td>6.43</td>
<td>.00</td>
<td>Cab trips to event and return</td>
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<tr>
<td>04/06/2012</td>
<td>287712303</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
<td>349.63</td>
<td>CAD</td>
<td>349.63</td>
<td>16.83</td>
<td>.00</td>
<td>Taxi travel in Edmonton on a variety of trips</td>
</tr>
<tr>
<td>06/06/2012</td>
<td>287875901</td>
<td>CHECKER CABS LTD, LIMOUSINES AND TAXICABS</td>
<td>19.45</td>
<td>CAD</td>
<td>19.45</td>
<td>.92</td>
<td></td>
<td>Taxi while in Calgary</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>287875900</td>
<td>SHERATON EAU CLAIRE SU, FAIRMONT HOTELS</td>
<td>592.64</td>
<td>CAD</td>
<td>592.64</td>
<td>28.22</td>
<td></td>
<td>Hotel stay while in Calgary</td>
</tr>
<tr>
<td>13/06/2012</td>
<td>288461608</td>
<td>PETROCAN, FUEL DISPENSER, AUTOMATED</td>
<td>40.24</td>
<td>CAD</td>
<td>40.24</td>
<td>1.92</td>
<td></td>
<td>Gas for fleet car</td>
</tr>
<tr>
<td>14/06/2012</td>
<td>288461609</td>
<td>PETROCAN, FUEL DISPENSER, AUTOMATED</td>
<td>17.54</td>
<td>CAD</td>
<td>17.54</td>
<td>.84</td>
<td></td>
<td>Gas for Fleet car</td>
</tr>
<tr>
<td>14/06/2012</td>
<td>288719907</td>
<td>CAFE &amp; BREAKFAST LUNCH, EATING PLACES, RESTAURANTS</td>
<td>39.05</td>
<td>CAD</td>
<td>39.05</td>
<td>1.86</td>
<td></td>
<td>Business meeting in Calgary</td>
</tr>
<tr>
<td>15/06/2012</td>
<td>288461610</td>
<td>SHERATON EAU CLAIRE SU, FAIRMONT HOTELS</td>
<td>77.70</td>
<td>CAD</td>
<td>77.70</td>
<td>3.70</td>
<td></td>
<td>Hotel food and items while staying</td>
</tr>
<tr>
<td>Signatures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardholder Designate</strong> (if Applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By signing this statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training, I have allocated the transaction(s) to the proper cost centre.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paula Finnson</strong></td>
<td><strong>Executive Assistant</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Cardholder Designate</td>
<td>Cardholder Designate Position/Title</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jun 21/12</strong></td>
<td>Date of Signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Signature of Cardholder Designate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing this statement</td>
</tr>
<tr>
<td>- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</td>
</tr>
<tr>
<td>- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</td>
</tr>
<tr>
<td><strong>EAGLE, CHRIS</strong></td>
</tr>
<tr>
<td>Name of Cardholder</td>
</tr>
<tr>
<td><strong>C</strong></td>
</tr>
<tr>
<td><strong>Signature of Cardholder</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approver Designate (if Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing this statement</td>
</tr>
<tr>
<td>- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</td>
</tr>
<tr>
<td><strong>BATTI GRIER</strong></td>
</tr>
<tr>
<td>Name of Approver Designate</td>
</tr>
<tr>
<td><strong>C</strong></td>
</tr>
<tr>
<td><strong>Signature of Approver Designate</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approver</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing this statement</td>
</tr>
<tr>
<td>- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</td>
</tr>
<tr>
<td>- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</td>
</tr>
<tr>
<td><strong>CATHY ROOSEN</strong></td>
</tr>
<tr>
<td>Name of Approver</td>
</tr>
<tr>
<td><strong>C</strong></td>
</tr>
<tr>
<td><strong>Signature of Approver</strong></td>
</tr>
</tbody>
</table>

Submit approved statement with attachments to Accounts Payable:

<table>
<thead>
<tr>
<th>Attach:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original itemized receipts</td>
</tr>
<tr>
<td>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</td>
</tr>
</tbody>
</table>

And where applicable:

| Copies of pre-approvals for travel |
| Personal cheque payable to "Alberta Health Services" |
| Return, refund and/or credit receipts |
| Dispute letter |

| Address: |
| Alberta Health Services |
| Accounts Payable |
| 7th Street Plaza |
| 10th Floor, North Tower, 10030-107 Street |
| Edmonton, AB T5J 5E4 |

Accounts Payable only

| Reference #: |Reviewed by: |Date: |
PUMP 03
REGULAR
LITRES L 24.935
PRICE/L $ 1.129
FUEL SALES $ 28.15*
TOTAL OWED $ 28.15
TOTAL PAID CREDIT CARD $ 28.15

* GST INCL. $ 1.34

MASTERCARD
************5369
INVOICE 675579
AUTH 082030
PURCHASE S 0010010010 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

24/05/12 23:00

AMOUNT PAID $ 20.00 93610000 11:29

CREDIT CARD NUMBER LOT 3 CC

NON TRANSFERABLE 0294368 RECEIPT 0294368

UNIVERSITY OF CALGARY UNIVERSITY OF CALGARY
GST #106102664

940 104 ST STREET
EDMONTON
ALBERTA T5K1H5
7804231429

GST #: 0893960419
PC0912976:8767201
2012-05-24 06:20

PUMP 06
REGULAR
LITRES L 37.931
PRICE/L $ 1.109
FUEL SALES $ 42.07*
TOTAL OWED $ 42.07
TOTAL PAID CREDIT CARD $ 42.07

* GST INCL. $ 2.00

MASTERCARD
************5369
INVOICE 640923
AUTH 152038
PURCHASE S 0010010010 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS
1-866-820-7779 OR

330
Dear Christopher Eagle,

Thank you for purchasing your ticket to Music in Motion.

Please print and keep this e-mail as a confirmation of your ticket purchase. We have you and your guests registered for the following events:

Music in Motion 2012 - Ticket - VIP (Attendees: 1)
Name: Christopher Eagle
Music in Motion 2012 - Ticket - VIP (Attendees: 1)
Name: Dr. Oksana Suchowersky
Email: paula.finnson@albertahealthservices.ca

The following information was recorded for your purchase. We thank you for supporting the University of Alberta, the Alberta Bone and Joint Health Institute and the McCaig Institute. We are so grateful for your generosity and hope that you will take great pride in the important difference that your gift makes. On behalf of the entire Calgary Health Trust community, we thank you.

Event Registrant Address: Alberta Health Services
14th Flr, North Tower,
Seventh Street Plaza,
10030 - 107 Street
Edmonton AB T5J 3E4

Event Registrant Phone: 780-342-2062

Purchase Amount: $1,500.00

Purchase Date: 5/24/2012

Transaction Method: Mastercard

Sincerely,
Briance Underwood
Development Officer, Major Gifts / Sponsorships
(403) 943-0611
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-23-12</td>
<td>Room Charge</td>
<td></td>
<td>199.00</td>
</tr>
<tr>
<td>05-23-12</td>
<td>DMF - Destination Marketing</td>
<td></td>
<td>5.97</td>
</tr>
<tr>
<td></td>
<td>Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-23-12</td>
<td>Alberta Tourism Tax</td>
<td></td>
<td>8.20</td>
</tr>
<tr>
<td>05-23-12</td>
<td>GST</td>
<td></td>
<td>10.25</td>
</tr>
<tr>
<td>05-23-12</td>
<td>Parking</td>
<td></td>
<td>38.00</td>
</tr>
<tr>
<td>05-23-12</td>
<td>GST</td>
<td></td>
<td>1.90</td>
</tr>
<tr>
<td>05-24-12</td>
<td>Master Card/Diners</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**  
263.32
263.32

**BALANCE**  
0.00 CAD

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit [www.tripadvisor.com](http://www.tripadvisor.com) and share your Germain experience.
<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>DESTINATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>07</td>
<td>16:45</td>
<td>Dr.Eagle</td>
<td>SSP to Soaring estates &amp; return</td>
<td>$135.00</td>
</tr>
</tbody>
</table>

**TOTAL** $135.00
## Statement for the Month of March 2012

<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>Destination</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01</td>
<td>06:00</td>
<td>Dr. Jim Conway</td>
<td>Hotel Macdonald to Airport</td>
<td>$66.70</td>
</tr>
<tr>
<td>2</td>
<td>01</td>
<td>05:45</td>
<td>Dr. Eagle &amp; Lorinda</td>
<td>SSP to Airport</td>
<td>$66.70</td>
</tr>
<tr>
<td>3</td>
<td>01</td>
<td>19:24</td>
<td>Dr. Eagle &amp; Lorinda</td>
<td>Airport to SSP</td>
<td>$66.70</td>
</tr>
<tr>
<td>4</td>
<td>23</td>
<td>06:15</td>
<td>Dr. Eagle</td>
<td>Residence to Airport</td>
<td>$74.75</td>
</tr>
<tr>
<td>5</td>
<td>25</td>
<td>10:45</td>
<td>Dr. Eagle</td>
<td>Airport to Residence</td>
<td>$74.75</td>
</tr>
</tbody>
</table>

**Total** $349.60
Mr Christopher Eagle

Email : CHRIS.EAGLE@ALBE
RTAREALTHSVC
S.CA
AHSBMJ - Ab Health Svcs
Brd Mtg (rooms)

Tax ID : 846543619 RT0002
Sheraton Eau Claire 07-JUN-12 02:42 NAT

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-JUN-12</td>
<td>S647</td>
<td>Lodgenet Movies</td>
<td>16.99</td>
<td></td>
</tr>
<tr>
<td>05-JUN-12</td>
<td>S647</td>
<td>GST (5%)</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>05-JUN-12</td>
<td>RT526</td>
<td>Group Government</td>
<td>249.00</td>
<td></td>
</tr>
<tr>
<td>05-JUN-12</td>
<td>RT526</td>
<td>DMF</td>
<td>7.47</td>
<td></td>
</tr>
<tr>
<td>05-JUN-12</td>
<td>RT526</td>
<td>Alberta Tourism Le</td>
<td>10.26</td>
<td></td>
</tr>
<tr>
<td>05-JUN-12</td>
<td>RT526</td>
<td>GST (5%)</td>
<td>12.82</td>
<td></td>
</tr>
<tr>
<td>06-JUN-12</td>
<td>1</td>
<td>In-room Internet</td>
<td>15.70</td>
<td></td>
</tr>
<tr>
<td>06-JUN-12</td>
<td>RT526</td>
<td>Group Government</td>
<td>249.00</td>
<td></td>
</tr>
<tr>
<td>06-JUN-12</td>
<td>RT526</td>
<td>DMF</td>
<td>7.47</td>
<td></td>
</tr>
<tr>
<td>06-JUN-12</td>
<td>RT526</td>
<td>Alberta Tourism Le</td>
<td>10.26</td>
<td></td>
</tr>
<tr>
<td>06-JUN-12</td>
<td>RT526</td>
<td>GST (5%)</td>
<td>12.82</td>
<td></td>
</tr>
<tr>
<td>07-JUN-12</td>
<td>MC</td>
<td>Master Card</td>
<td>-552.64</td>
<td></td>
</tr>
</tbody>
</table>

** Total 592.64  -592.64

*** Balance 0.00

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

Continued on the next page
Mr Christopher Eagle

Email: CHRIS.EAGLE@ALBE
RTAHEALTHSERVICE
S.CA
AHSEMJ - Ab Health Svcs
Brd Mtg (rooms)

Page Number: 2
Invoice Nbr: 28125048
Guest Number: 966032
Folio ID: EX-A
Arrive Date: 05-JUN-12 18:24
Depart Date: 07-JUN-12
No. Of Guest: 1
Room Number: 526
Room Rate: 249.00
Club Account: SPG

Information Invoice
Amount CAD

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount CAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST Room Revenue</td>
<td>25.64</td>
</tr>
<tr>
<td>GST Food and Beverage</td>
<td>0.00</td>
</tr>
<tr>
<td>GST Telephone</td>
<td>0.00</td>
</tr>
<tr>
<td>GST Other Revenue</td>
<td>1.60</td>
</tr>
<tr>
<td>Total GST</td>
<td>27.24</td>
</tr>
</tbody>
</table>

As a Starwood Preferred Guest you have earned at least 115 Starpoints for this visit A200894270

Signature________________________
TRANSACTION RECEIPT

Chester/Yellow Cabs
316 Meridian Road SE
Calgary, AB T2A 1X2
493-299-9999

ACCOUNT TYPE: CREDIT CARD
CARD NUMBER: XXXXXXXXXXX5369
CARD TYPE: MC
DATE/TIME: 12/06/06 06:34:03
AUTH#: 063446

VEH/DRV: 0888 / 6235
GST#: 828836544
TXN ID: 6802128

FARE: $ 15.62
FLAT: $000.00
EXTRAS: $000.00
GST: $ 0.78

FAIL+EX+TAX: $ 16.40
TIP: $ 3.00
DISCOUNT: $000.00

TOTAL: $ 19.40

SIGNATURE: [Signature]

339
Thank You!

Cora
360, 5111 Northland Dr. NW
Calgary, Alberta
T2L 2J8
(403) 288-0040

Bill: 3
Table: 54 Order: 4 Seat: 1
Clients: 1
2012-06-14 07:35:54

1 HAM BENEDICT  11.95
1 ODE TO OATMEAL  7.45
1 PERRIER  2.75
2 REGULAR COFFEE  4.00
1 REGULAR ORANGE JUICE  3.50
1 REGULAR TOMATO JUICE  2.30

Sub Total:  32.90
GST  1.65
835294356  0.00

Total:  34.55

Your opinion matters to us!
www.chezcora.com/comments
Votre opinion nous interesse!
www.chezcora.com/commentaires
Dr. Christopher Eagle

ROOM / CHAMBRE 239

RATE / TARIF

# PERS / N° PERS : 1

FOLIO / DOSSIER 969199

PAGE / PAGE 1

ARRIVÉ / ARRIVÉE 12-JUN-12 00:00

DEPART / DÉPART 14-JUN-12 00:00

PAYEMENT / PAIEMENT

DATE / DATE

DESCRIPTICE / DÉSCRIPTION

CHARGES / CHÈQUE / PASS / CRÉDIT

12-JUN-12

13-JUN-12

13-JUN-12

14-JUN-12

14-JUN-12

RT1239

S515

S515

CA

MC

Parking

Parking

Lodgenet Movies

GST (5%)

Cash

Master Card

38.85

38.85

16.99

0.85

77.70-

***For Authorization Purposes Only***

xxxxxx5369

Auth Date Code Authorized

12-JUN-12 222921 100.00

Balance Due

0.00-

EXPENSE REPORT SUMMARY

Date Room & Tax Food & Bev Telephone Other Total Payment

12-JUN-12 0.00 0.00 0.00 0.00 38.85 38.85 0.00

13-JUN-12 0.00 0.00 0.00 0.00 56.69 56.69 0.00

14-JUN-12 0.00 0.00 0.00 0.00 0.00 95.54 95.54 95.54-

Total 0.00 0.00 0.00 0.00 95.54 95.54 95.54-

** continued on the next page **
Dr. Christopher Eagle

ROOM / CHAMBRE 1239
RATE / TARIF 969199
FOLIO / Dossier 2
ARRIVE / ARRIVÉE 12-JUN-12 00:00
DEPART / DEPART 14-JUN-12 00:00
PAYMENT / PAIEMENT

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

GST Summary

GST Room Revenue 0.00
GST Food and Beverage 0.00
GST Telephone 0.00
GST Other Revenue 0.85

Total GST 0.85

846543619 RT0002

As a Starwood Preferred Guest you have earned at least 34 Starpoints for this visit A200894270

Dr. Christopher Eagle
FOLIO 969199 12-JUN-12 1239 14-JUN-12 342
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
<th>Item</th>
<th>Price/L</th>
<th>Total Price</th>
<th>GST Incl.</th>
<th>GST Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-06-13</td>
<td>09:16</td>
<td>Pump</td>
<td>88</td>
<td>L 35.026</td>
<td>$1.149</td>
<td>$40.24*</td>
<td></td>
</tr>
<tr>
<td>2012-06-14</td>
<td>09:21</td>
<td>Pump</td>
<td>05</td>
<td>L 15.481</td>
<td>$1.139</td>
<td>$17.54*</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL PAID**
- CREDIT CARD $40.24

**TOTAL OWED** $17.54

* GST INCL. $1.92

---

**PETRO-CANADA**

**FAIRMOUNT DR.**

**CALGARY**

**ALBERTA T2J8S4**

**403-271-2717**

**GST #: 849387162**

**PC0455222:8564601**

---

**PETRO-CANADA**

**37553 HWY 2 SOUTH**

**RED DEER**

**ALBERTA T4E1R1**

**403-347-5556**

**GST #: 849387162**

**PC0455222:8564601**

---

**PETRO-CANADA**

**FAIRMOUNT DR.**

**CALGARY**

**ALBERTA T2J8S4**

**403-271-2717**

**GST #: 849387162**

**PC0455222:8564601**

---

**PETRO-CANADA**

**37553 HWY 2 SOUTH**

**RED DEER**

**ALBERTA T4E1R1**

**403-347-5556**

**GST #: 849387162**

**PC0455222:8564601**
**Instruction:**
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver’s signatures required where indicated below

<table>
<thead>
<tr>
<th>Cardholder’s Name</th>
<th>President &amp; CEO</th>
<th>Billing Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGLE, CHRIS</td>
<td></td>
<td>20/05/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardholder’s Dept</th>
<th>Site/Location</th>
<th>Total Statement Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRIS.EAGLE@ALBERTAHEALTHS</td>
<td>SEVENTH STREET PLAZA</td>
<td>$2,030.60</td>
</tr>
<tr>
<td>Services.CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Last 6 digits of the P-Card # | XXXX00000189747 |

**Statement of Transactions**

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/05/2012</td>
<td>265337720</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
<td>-13.40</td>
<td>CAD</td>
<td>-13.40</td>
<td>.84</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>08/05/2012</td>
<td>265337721</td>
<td>YELLOW CAB, LIMOUSINES AND TAXICABS</td>
<td>133.40</td>
<td>CAD</td>
<td>133.40</td>
<td>6.36</td>
<td>.00</td>
<td></td>
</tr>
</tbody>
</table>
### Signatures

#### Cardholder Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

<table>
<thead>
<tr>
<th>Name of Cardholder Designate</th>
<th>Cardholder Designate Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Cardholder Designate</td>
<td>Date of Signature</td>
</tr>
</tbody>
</table>

#### Cardholder
By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

<table>
<thead>
<tr>
<th>Name of Cardholder</th>
<th>Cardholder Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Cardholder</td>
<td>Date of Signature</td>
</tr>
</tbody>
</table>

#### Approver Designate (if Applicable)
By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

<table>
<thead>
<tr>
<th>Name of Approver Designate</th>
<th>Approver Designate Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Approver Designate</td>
<td>Date of Signature</td>
</tr>
</tbody>
</table>

#### Approver
By signing this statement
- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

<table>
<thead>
<tr>
<th>Name of Approver</th>
<th>Approver Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Approver</td>
<td>Date of Signature</td>
</tr>
</tbody>
</table>

### Submit approved statement with attachments to Accounts Payable:

<table>
<thead>
<tr>
<th>Attach:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Original itemized receipts</td>
<td>Alberta Health Services</td>
</tr>
<tr>
<td>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>And where applicable:</td>
<td>7th Street Plaza</td>
</tr>
<tr>
<td>• Copies of pre-approvals for travel</td>
<td>10th Floor, North Tower, 10030-107 Street</td>
</tr>
<tr>
<td>• Personal cheque payable to &quot;Alberta Health Services&quot;</td>
<td>Edmonton, AB T5J 3E4</td>
</tr>
<tr>
<td>• Return, refund and/or credit receipts</td>
<td></td>
</tr>
<tr>
<td>• Disputes letter</td>
<td></td>
</tr>
</tbody>
</table>

### Accounts Payable only:

<table>
<thead>
<tr>
<th>Reference #:</th>
<th>Reviewed by:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Proprietary and Confidential**

Powered by BMO Spend & Payment Solutions
### Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/04/2012</td>
<td>284395275</td>
<td>THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS</td>
<td>178.35</td>
<td>CAD</td>
<td>176.35</td>
<td>7.35</td>
<td></td>
<td>Meeting Expenses</td>
</tr>
<tr>
<td>02/05/2012</td>
<td>284694325</td>
<td>MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS</td>
<td>330.71</td>
<td>CAD</td>
<td>330.71</td>
<td>13.68</td>
<td></td>
<td>Board Dinner in Medicine Hat</td>
</tr>
<tr>
<td>02/05/2012</td>
<td>284884023</td>
<td>MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS</td>
<td>147.25</td>
<td>CAD</td>
<td>147.25</td>
<td>6.51</td>
<td></td>
<td>.001 night stay for Board meeting</td>
</tr>
<tr>
<td>13/05/2012</td>
<td>285737194</td>
<td>ESSO, FUEL DISPENSER, AUTOMATED</td>
<td>19.77</td>
<td>CAD</td>
<td>19.77</td>
<td>.94</td>
<td></td>
<td>Gas for the fleet car to go to Conference</td>
</tr>
<tr>
<td>13/05/2012</td>
<td>285737195</td>
<td>PETROCAN, FUEL DISPENSER, AUTOMATED</td>
<td>46.25</td>
<td>CAD</td>
<td>46.25</td>
<td>2.20</td>
<td></td>
<td>Gas for fleet car to go to Calgary</td>
</tr>
<tr>
<td>14/05/2012</td>
<td>285737193</td>
<td>HOTEL LE GERMAIN-CALGA, LODGING HOTELS, MOTELS, RESORTS</td>
<td>584.63</td>
<td>CAD</td>
<td>584.63</td>
<td>26.88</td>
<td></td>
<td>Hotel for Calgary for Conference</td>
</tr>
<tr>
<td>15/05/2012</td>
<td>285582868</td>
<td>U OF A ONLINE PAYMENT, COLLEGES, UNIVERSITIES, PROFESSIONAL</td>
<td>157.50</td>
<td>CAD</td>
<td>157.50</td>
<td>7.50</td>
<td></td>
<td>Dinner Event for Dr. Vera Yu</td>
</tr>
<tr>
<td>15/05/2012</td>
<td>285932568</td>
<td>PETROCAN, FUEL DISPENSER, AUTOMATED</td>
<td>30.01</td>
<td>CAD</td>
<td>30.01</td>
<td>1.43</td>
<td></td>
<td>Gas for trip to calgary for meetings for fleet car</td>
</tr>
<tr>
<td>16/05/2012</td>
<td>286097227</td>
<td>REDWATER STADIUM, EATING PLACES, RESTAURANTS</td>
<td>43.65</td>
<td>CAD</td>
<td>43.65</td>
<td>1.88</td>
<td></td>
<td>Lunch for meeting while in Calgary</td>
</tr>
<tr>
<td>17/05/2012</td>
<td>286097226</td>
<td>U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL</td>
<td>372.44</td>
<td>CAD</td>
<td>372.44</td>
<td>15.90</td>
<td></td>
<td>Hotel while in Calgary for meetings</td>
</tr>
</tbody>
</table>

**AHS - Edmonton Accounts Payable**

**JUN 13 2012**

**Q & C - Completed**

**Initials**

**AHS - Edmonton Accounts Payable**

**JUN 12 2012**

**RECEIVED**

RUN DATE: 05/29/2012

Proprietary and Confidential

Powered by BMO Spend & Payment Solutions
**Alberta Health Services**

**P-Carc details Online® Cardholder Statement Report**

<table>
<thead>
<tr>
<th>Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardholder Designate (if Applicable)</strong></td>
</tr>
<tr>
<td>By signing this statement</td>
</tr>
<tr>
<td>• I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</td>
</tr>
<tr>
<td><strong>Name of Cardholder Designate</strong></td>
</tr>
<tr>
<td><strong>Signature of Cardholder Designate</strong></td>
</tr>
<tr>
<td><strong>Date of Signature</strong></td>
</tr>
<tr>
<td><strong>EXECUTIVE ASSISTANT</strong></td>
</tr>
<tr>
<td><strong>Cardholder Designate Position/Title</strong></td>
</tr>
<tr>
<td><strong>May 29, 2012</strong></td>
</tr>
</tbody>
</table>

| **Cardholder** |
| By signing this statement |
| • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. |
| • I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). |
| **Name of Cardholder** |
| **Signature of Cardholder** |
| **Date of Signature** |
| **EAGLE, CHRIS** |
| **Cardholder Position/Title** |
| **May 30, 2012** |

| **Approver Designate (if Applicable)** |
| By signing this statement |
| • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. |
| **Name of Approver Designate** |
| **Signature of Approver Designate** |
| **Date of Signature** |
| **PATTI GRIFF** |
| **Approver Designate Position/Title** |
| **May 30, 2012** |

| **Approver** |
| By signing this statement |
| • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. |
| • I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). |
| **Name of Approver** |
| **Signature of Approver** |
| **Date of Signature** |
| **CATHY KOOZEN** |
| **Approver Position/Title** |
| **June 7, 2012** |

**Attach:**
- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

**Address:**
- Alberta Health Services
- Accounts Payable
- 7th Street Plaza
- 10th Floor, North Tower, 10030-107 Street
- Edmonton, AB T5J 3E4

**Accounts Payable only:**

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Reviewed by</th>
<th>Date</th>
</tr>
</thead>
</table>

**RUN DATE:** 05/28/2012

**Proprietary and Confidential**

**Powered by BMO Spend & Payment Solutions**
THE MARC RESTAURANT
GROUP LTD.
9940 106 ST NW
EDMONTON   AB

CARD **********5369
CARD TYPE: MASTERCARD
DATE: 2012/04/27
TIME: 9639 13:08:23
RECEIPT NUMBER
C06100654-001-174-012-0

PURCHASE

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<thead>
<tr>
<th>AMOUNT</th>
<th>$154.35</th>
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<tr>
<td>TIP</td>
<td>$24.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$178.35</td>
</tr>
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</table>

MasterCard
A0000000041010
31CCA2702A354CD6
0000008000
A62C16083D9335E2

APPROVED
AUTH# 150823 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS

---

9940 106 Street
Edmonton, AB
780-429-2628

www.themarc.ca
GST#807555859

114 ISABELLE

Check: 1195  Guests: 6
Table: 3-1

04/27/2012 11:52AM

<table>
<thead>
<tr>
<th>Quantity</th>
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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>POP</td>
<td>2.75</td>
</tr>
<tr>
<td>2</td>
<td>COFFEE</td>
<td>6.00</td>
</tr>
<tr>
<td>1</td>
<td>MINERAL WATER</td>
<td>5.00</td>
</tr>
<tr>
<td>2</td>
<td>STEAK FRITES</td>
<td>34.00</td>
</tr>
<tr>
<td>1</td>
<td>BRAISED BEEF SAND</td>
<td>13.00</td>
</tr>
<tr>
<td>1</td>
<td>SPECIAL DE JOUR</td>
<td>15.00</td>
</tr>
<tr>
<td>1</td>
<td>FISH DE JOUR</td>
<td>15.00</td>
</tr>
<tr>
<td>1</td>
<td>CHICKEN SALAD</td>
<td>13.00</td>
</tr>
<tr>
<td>2</td>
<td>CREME CARAMEL</td>
<td>12.00</td>
</tr>
<tr>
<td>2</td>
<td>SALTED CARAMEL</td>
<td>12.00</td>
</tr>
<tr>
<td>2</td>
<td>BEIGNETS</td>
<td>12.00</td>
</tr>
<tr>
<td>1</td>
<td>TEA</td>
<td>3.00</td>
</tr>
<tr>
<td>1</td>
<td>LATTE</td>
<td>4.25</td>
</tr>
</tbody>
</table>

Subtotal 147.00
G.S.T.      7.35

Total Due $154.35

**PLEASE PAY SERVER***
Thank You

---

4/27/12 Dr. Eagle's Lunch

---

348
**M Grill**

#478-01

Medicine Hat Lodge  
1051 Ross Glen Drive SE  
Medicine Hat, AB T1B 3T8  
Phone (403)529-2222  
Fax (403)529-4075

Date: May 02, 2012  
Time: 09:26PM

Server: (KD) Diane

Bill: 1246602  
Table: 478

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
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<tr>
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<td>$8.49</td>
</tr>
<tr>
<td>8oz Prime Rib</td>
<td>3</td>
<td>$74.97</td>
</tr>
<tr>
<td>Sub Stuffed Potato</td>
<td>1</td>
<td>$4.50</td>
</tr>
<tr>
<td>10oz Prime Rib</td>
<td>1</td>
<td>$26.99</td>
</tr>
<tr>
<td>Gazpacho Soup</td>
<td>2</td>
<td>$59.98</td>
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<tr>
<td>Butter w. Sushi</td>
<td>1</td>
<td>$13.99</td>
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<tr>
<td>(M) Open Food</td>
<td>1</td>
<td>$13.99</td>
</tr>
<tr>
<td>FRENCH TON</td>
<td>1</td>
<td>$7.00</td>
</tr>
<tr>
<td>10oz Tahitian</td>
<td>1</td>
<td>$32.99</td>
</tr>
<tr>
<td>PICK UP</td>
<td>1</td>
<td>$2.99</td>
</tr>
<tr>
<td>Smoky BBQ Bbq</td>
<td>1</td>
<td>$5.00</td>
</tr>
<tr>
<td>Braised Beef Rendille</td>
<td>1</td>
<td>$7.99</td>
</tr>
</tbody>
</table>

Subtotal: $273.86  
GST: $13.69

**Total:** $287.57


---

**Note:**

- Open Time: May 02, 2012 09:26PM
- Receipted by: (KD) Diane
- Signature: 
- Print Name: 

---

**SALE**

**MERCHANT ID:** 97212732030  
**TERMINAL ID:** 001  
**CLERK:** 308

**AMOUNT:** $287.57  
**TIP:** $43.14

**TOTAL:** $330.71

(To be paid to above total amount in accordance with card issuer's agreement. Merchant agreement if credit voucher.)

Retain this copy for statement verification.

CARDHOLDER COPY
Chris Eagle

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

Page #  1
Res. #  522285
Checked in  Wed May 2/12 - 6:21 pm
Checked out  Thu May 3/12 - 7:00 am
Nights  1
Room Rate  139.00
Room  272

Group: AB Health Services

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference</th>
<th>Charges</th>
<th>Credits</th>
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<tr>
<td>May02</td>
<td>Hospital Rate</td>
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<td>139.25</td>
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<tr>
<td>May02</td>
<td>Room Tax</td>
<td></td>
<td>5.36</td>
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<td>May02</td>
<td>Destination Marketing Fee</td>
<td></td>
<td>2.68</td>
<td></td>
</tr>
<tr>
<td>May03</td>
<td>PAID BY MASTERCARD - Thank you</td>
<td></td>
<td></td>
<td>147.29</td>
</tr>
</tbody>
</table>

0.00  147.29  147.29

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

| GST  | 0.25 |
| Room Tax  | 5.36 |
PETRO-CANADA
37553 HWY 2 SOUTH
RED DEER
ALBERTA T4E 1B1
4033437656

GST #: 849387162
PST#: 4422921:8564601

2012-05-13 09:49

PUMP 03

REGULAR
41.797

PRICE/L $ 1.199

FUEL SALES $ 46.25*

TOTAL OWED $ 46.25

TOTAL PAID CREDIT CARD $ 46.25

* GST INCL. $ 2.20

MASTERCARD

**********5369
INVOICE 365435
AUTH 114803
PURCHASE $ 0018018808 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS
1-866-826-7779 OR
PETRO-CANADA.CA/HERO

GLENORA ESSO

00382296

12415 102 AVENUE
EDMONTON, AB, T5N 0H

05/13/2012 721808725
01:49:39 PM

PUMPN 4

ERG 17.826L

PRICE/L 1.189

FUEL TOTAL $ 19.77

GST in fuel $ 0.94

CREDIT $ 19.77

TYPE: PURCHASE

ACCOUNT: MGB28FLEET $19.77

INV#: 884561 INVOICE: 78974041

CARD NUMBER: 5432 1234 567

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records


351
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>CHARGES</th>
<th>CREDITS</th>
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<tr>
<td>05-11-12</td>
<td>Weekend Special</td>
<td></td>
<td>259.00</td>
<td></td>
</tr>
<tr>
<td>05-11-12</td>
<td>DMF - Destination Marketing Fee</td>
<td></td>
<td>7.32</td>
<td></td>
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<td>Alberta Tourism Tax</td>
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<td>10.05</td>
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<td>05-11-12</td>
<td>GST</td>
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<td>05-12-12</td>
<td>Weekend Special</td>
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<td>DMF - Destination Marketing Fee</td>
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<tr>
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<td>Alberta Tourism Tax</td>
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<td>10.05</td>
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<tr>
<td>05-12-12</td>
<td>GST</td>
<td></td>
<td>13.32</td>
<td></td>
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<tr>
<td>05-13-12</td>
<td>Private Bar - Beverage</td>
<td>coffee</td>
<td>5.00</td>
<td></td>
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<tr>
<td>05-13-12</td>
<td>GST</td>
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<td>0.25</td>
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<tr>
<td>05-13-12</td>
<td>Master Card/Diners</td>
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<td></td>
</tr>
</tbody>
</table>

**TOTAL** 584.63 584.63

**BALANCE** 0.00 CAD

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit www.tripadvisor.com and share your Germain experience.
From: jkrieger@cardio.med.ualberta.ca
Sent: Tuesday, May 15, 2012 5:45 PM
To: Paula Finnson
Subject: Recognition Dinner for Dr. Verna Yiu

Thank you for registering in Recognition Dinner for Dr. Verna Yiu. For all registration and refund questions please refer to the Registration Summary email message which will be sent to you shortly.

University of Alberta, Dean of Medicine Online Payment Receipt

Dean of Medicine
University of Alberta, 2-132 Li Ka Shing Centre for Health Research Innovation University of Alberta
Edmonton, AB T6G 2E1
http://www.med.ualberta.ca

Phone: 780-492-0591

Purchase Transaction Details

Card Holder Name: Christopher Eagle
Card Number: XXXX XXXX XXXX 5369
Card Brand/Type: MC
Order ID: 200764067
Date/Time: Tue May 15 17:45:00 MDT 2012
Sequence Number: 242092-0_55
Approval Code: 194501
Response / ISO Code: 1 / 01
Amount (Canadian Dollars): $157.50

Purchase Item Description & Amount

Recognition Dinner Ticket - 1 @ $150.00 (plus $7.50 GST) $157.50

Total (Canadian Dollars): $157.50
PETRO-CANADA
10120 ELBOW DR.SW.
CALGARY
ALBERTA T2W1E7
4032553775

GST #: 031851184
PC0224241:8958380

2012-05-15 06:22

PUMP 
REGULAR
LITRES L 26.351
PRICE/L $ 1.139
FUEL SALES $ 30.01*

TOTAL OWED $ 30.01

TOTAL PAID CREDIT CARD $ 30.01

* GST INCL. * 1.43

MASTER CARD
************5369
INVOICE 049728
AUTH 082216
PURCHASE S 00180018810 00 027

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
1-866-826-7779 OR
PETRO-CANADA.CA/HERO

RECEIPT

Redwater Stadium
1935 Uxbridge Drive NW
Calgary AB

CARD ************5369
CARD TYPE MASTERCARD
DATE 2012/05/16
TIME 12:56:03
SERVR ID 7318
CHECK # 153255
TABLE # 165
RECEIPT NUMBER C06102677-001-103-002-0

PURCHASE AMOUNT $37.96
TIP $5.69
TOTAL $43.65

MasterCard
A0000000041010
3F0DFBC0CC456DF3
0000000000
5DE20734255D80FC

APPROVED

AUTH# 145503 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
FOR RECORDS

354
EAGLE, DR CHRIS

14TH FLOOR NORTH TOWER
EDMONTON, AB T5J 3E4 CA

<table>
<thead>
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<th>ARRIVAL</th>
<th>DEPARTURE</th>
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<th>RATE PLAN</th>
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<td>16-May-12</td>
<td>XXXXXXXXX5369</td>
<td>GOV</td>
<td>DIS</td>
<td>20090127662</td>
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<td>PARKING</td>
<td>PARKING CHARGE</td>
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<td>14-May-12</td>
<td>720</td>
<td>ROOM CHARGE</td>
<td>#720 EAGLE, DR CHRIS</td>
<td>$159.00</td>
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<td>14-May-12</td>
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<td>14-May-12</td>
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<td>DESTINATION MARKETING FEE</td>
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<td>14-May-12</td>
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<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
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<td>PARKING CHARGE</td>
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<td>720</td>
<td>ROOM CHARGE</td>
<td>#720 EAGLE, DR CHRIS</td>
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<td>DESTINATION MARKETING FEE</td>
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<td>ALBERTA TOURISM LEVY</td>
<td>ALBERTA TOURISM LEVY</td>
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<td>720</td>
<td>MASTERCARD</td>
<td>MASTERCARD</td>
<td>($372.44)</td>
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TOTAL DUE: $0.00

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864
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<thead>
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<th>AMT</th>
<th>Description</th>
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<tr>
<td>EAGLE, CHRIS</td>
<td>-13.4</td>
<td>4121 LIMOUSINES AND TAXICABS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>133.4</td>
<td>4121 LIMOUSINES AND TAXICABS</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>178.35</td>
<td>5812 EATING PLACES, RESTAURANTS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>330.71</td>
<td>7011 LODGING HOTELS, MOTELS, RESORTS</td>
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<td>EAGLE, CHRIS</td>
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<td>7011 LODGING HOTELS, MOTELS, RESORTS</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>584.63</td>
<td>7011 LODGING HOTELS, MOTELS, RESORTS</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>19.77</td>
<td>5542 FUEL DISPENSER, AUTOMATED</td>
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<td>5542 FUEL DISPENSER, AUTOMATED</td>
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<td>EAGLE, CHRIS</td>
<td>157.5</td>
<td>8220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS</td>
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<td>EAGLE, CHRIS</td>
<td>30.01</td>
<td>5542 FUEL DISPENSER, AUTOMATED</td>
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<td>EAGLE, CHRIS</td>
<td>372.44</td>
<td>8220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>43.65</td>
<td>5812 EATING PLACES, RESTAURANTS</td>
</tr>
<tr>
<td>Total</td>
<td>2030.6</td>
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</table>
AP Expense Claim Verification Form

Name: Dr. Chris Eagle
Period: Q1 2012-2013

PCARD

PCARD Month: April  Amount Verified by AP: $11970.97  Matches submission: yes, see note
PCARD Month: May     Amount Verified by AP: $2030.60  Matches submission: yes, see note
PCARD Month: June    Amount Verified by AP: $3124.71  Matches submission: yes

Expense Claim

Expense Claim: $1192.36  Amount Verified by AP: $1192.36  Matches submission: yes
Expense Claim: $4606.31  Amount Verified by AP: $4606.31  Matches submission: yes

Expense Claim

Expense Claim

Expense Claim

Expense Claim

Expense Claim

Notes: April and May PCARD submissions span over 2 statements because of card replacement.

Checked by: ________________________________

AP Supervisor: ________________________________
## Statement of Transactions

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Trans ID</th>
<th>Merchant Name &amp; Description</th>
<th>Trans Original Amount</th>
<th>Currency</th>
<th>Trans Amount</th>
<th>GST</th>
<th>Freight</th>
<th>Description</th>
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<td>276760537</td>
<td>AIR CAN 0142104455442, AIR CANADA</td>
<td>78.75</td>
<td>CAD</td>
<td>78.75</td>
<td>.00</td>
<td>.00</td>
<td>Change Fee</td>
</tr>
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<td>22/02/2012</td>
<td>276760536</td>
<td>UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL</td>
<td>172.62</td>
<td>CAD</td>
<td>172.62</td>
<td>7.70</td>
<td></td>
<td>Hotel - Calgary Meetings</td>
</tr>
<tr>
<td>22/02/2012</td>
<td>2768918032</td>
<td>RICKY'S ALL DAY GRILL, EATING PLACES, RESTAURANTS</td>
<td>45.68</td>
<td>CAD</td>
<td>45.68</td>
<td>1.80</td>
<td></td>
<td>Meeting - Heather Smith</td>
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<td>CAD</td>
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<td>6.00</td>
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<td>Calgary Herald Digital</td>
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# Signatures

**Cardholder Designate (if Applicable)**

By signing this statement
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

<table>
<thead>
<tr>
<th>Name of Cardholder Designate</th>
<th>Cardholder Designate Position/Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Cardholder Designate</th>
<th>Date of Signature</th>
</tr>
</thead>
</table>

**Cardholder**

By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

<table>
<thead>
<tr>
<th>EAGLE, CHRIS</th>
<th>PRESIDENT &amp; CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Cardholder</td>
<td>Cardholder Position/Title</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Cardholder</th>
<th>Date of Signature</th>
</tr>
</thead>
</table>

**Approver Designate (if Applicable)**

By signing this statement
- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

<table>
<thead>
<tr>
<th>Name of Approver Designate</th>
<th>Approver Designate Position/Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Approver Designate</th>
<th>Date of Signature</th>
</tr>
</thead>
</table>

**Approver**

By signing this statement
- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

<table>
<thead>
<tr>
<th>Name of Approver</th>
<th>Approver Position/Title</th>
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<table>
<thead>
<tr>
<th>Signature of Approver</th>
<th>Date of Signature</th>
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</thead>
</table>

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**Submit approved statement with attachments to Accounts Payable:**

<table>
<thead>
<tr>
<th>Attach:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original itemized receipts</td>
<td>Alberta Health Services</td>
</tr>
<tr>
<td>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>And where applicable:</td>
<td>7th Street Plaza</td>
</tr>
<tr>
<td>Copies of pre-approvals for travel</td>
<td>10th Floor, North Tower, 10030-107 Street</td>
</tr>
<tr>
<td>Personal cheque payable to &quot;Alberta Health Services&quot;</td>
<td>Edmonton, AB T5J 3E4</td>
</tr>
<tr>
<td>Return, refund and/or credit receipts</td>
<td></td>
</tr>
<tr>
<td>Disputes letter</td>
<td></td>
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**Accounts Payable only:**

<table>
<thead>
<tr>
<th>Reference #:</th>
<th>Reviewed by:</th>
<th>Date:</th>
</tr>
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**RUN DATE:** 07/29/2012

**Proprietary and Confidential**

**Powered by BMO Spend & Payment Solutions**
### Statement for the Month of January 2012

<table>
<thead>
<tr>
<th>NO</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME</th>
<th>Destination</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>26</td>
<td>13:30</td>
<td>Dr.Eagle</td>
<td>AHS to Airport</td>
<td>$66.70</td>
</tr>
<tr>
<td>2</td>
<td>27</td>
<td>16:24</td>
<td>Dr.Eagle</td>
<td>Airport to AHS</td>
<td>$66.70</td>
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**Total** $133.40
Office of the President and Chief Executive Officer of Alberta Health Services

Dr. Chris Eagle, President and CEO
Expenses submitted during the period of January 1 - March 31, 2012

1) Travel expenses
Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development
Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

4) Other
Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

<table>
<thead>
<tr>
<th>Statement Date</th>
<th>Transaction Date</th>
<th>Location/Destination</th>
<th>Purpose</th>
<th>Airfare</th>
<th>Meals</th>
<th>Accommodation</th>
<th>Other Travel</th>
<th>Professional Development</th>
<th>Hosting and Hospitality</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-May</td>
<td>12-Mar</td>
<td>Edmonton AB</td>
<td>Dinner with education (UH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Apr</td>
<td>Mar 13-15</td>
<td>Canmore AB</td>
<td>March AHS Board Meeting</td>
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<tr>
<td>7-May</td>
<td>16-Mar</td>
<td></td>
<td>Monthly cellular charges-March</td>
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<td></td>
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<td>253.66</td>
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<tr>
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<td>Airfare Cancelled - Credit Applied</td>
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<td>20-Apr</td>
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<td>Professional Development</td>
<td>Hosting and Hospitality</td>
<td>Other</td>
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<td>20-May</td>
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<td>22-Jun</td>
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<td>Monthly cellular charges - May</td>
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<td>CIHI Board Meeting-Governance Meeting</td>
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<td>Purpose</td>
<td>Airfare</td>
<td>Meals</td>
<td>Accommodation</td>
<td>Other Travel</td>
<td>Professional Development</td>
<td>Hosting and Hospitality</td>
<td>Other</td>
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<td>Apr - Jun</td>
<td></td>
<td>Various local parking expenses to attend meetings/sessions</td>
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</tbody>
</table>

3484.07 0.00 2160.39 939.57 379.00 1436.70 7558.30 15941.03

* Expenses have been reimbursed in accordance with the CEO's employment contract.
** All expenses to AHS have been reimbursed by CIHI
<table>
<thead>
<tr>
<th>Cardholder</th>
<th>Amount</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGLE, CHRIS</td>
<td>566.08</td>
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</tr>
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<td>EAGLE, CHRIS</td>
<td>16.8</td>
<td>3009 AIR CANADA</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>26.25</td>
<td>3009 AIR CANADA</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>122.37</td>
<td>3649 RADISSON HOTELS</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>37.08</td>
<td>5812 EATING PLACES, RESTAURANTS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>10.5</td>
<td>3180 Westjet Airlines</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>424.33</td>
<td>3180 Westjet Airlines</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>184.03</td>
<td>4816 COMPUTER NETWORK/INFORMATION SERVICES</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>45.89</td>
<td>5812 EATING PLACES, RESTAURANTS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>140</td>
<td>4121 LIMOUSINES AND TAXICABS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>119.29</td>
<td>4816 COMPUTER NETWORK/INFORMATION SERVICES</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>26.29</td>
<td>4816 COMPUTER NETWORK/INFORMATION SERVICES</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>30</td>
<td>8398 ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>89.59</td>
<td>5732 ELECTRONICS SALES</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>21</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>367.76</td>
<td>3180 Westjet Airlines</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>458.06</td>
<td>3009 AIR CANADA</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>650.21</td>
<td>3009 AIR CANADA</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>10</td>
<td>7523 AUTOMOBILE PARKING LOTS AND GARAGES</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>154.56</td>
<td>5811 CATERERS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>250</td>
<td>8220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS</td>
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<tr>
<td>EAGLE, CHRIS</td>
<td>199.25</td>
<td>5812 EATING PLACES, RESTAURANTS</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>129</td>
<td>8999 PROFESSIONAL SERVICES NOT ELSEWHERE CLASSIFIED</td>
</tr>
<tr>
<td>Total</td>
<td>4970.97</td>
<td></td>
</tr>
<tr>
<td>Card Holder</td>
<td>AMT</td>
<td>Aut</td>
</tr>
<tr>
<td>------------------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>42.07</td>
<td>5542</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>1500</td>
<td>8398</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>20</td>
<td>7523</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>263.32</td>
<td>7011</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>28.15</td>
<td>5542</td>
</tr>
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<td>EAGLE, CHRIS</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>349.6</td>
<td>4121</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>592.64</td>
<td>3590</td>
</tr>
<tr>
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<td>19.4</td>
<td>4121</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>40.24</td>
<td>5542</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>17.54</td>
<td>5542</td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>77.7</td>
<td></td>
</tr>
<tr>
<td>EAGLE, CHRIS</td>
<td>39.05</td>
<td>5812</td>
</tr>
<tr>
<td>Total</td>
<td>3124.71</td>
<td></td>
</tr>
</tbody>
</table>
# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

## SECTION A - Employee Details (for AHS Staff ONLY)
- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A if the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (Title)</th>
<th>Dept</th>
<th>Executive Office</th>
<th>Union</th>
<th>Business Phone #</th>
<th>Ext</th>
<th>Out-of-Province Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Chris Eagle</td>
<td>President &amp; Chief Executive Officer</td>
<td></td>
<td></td>
<td></td>
<td>780.342.2003</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is your former legacy region (prior to AHS consolidation)?

- Please click in cell and select from dropdown menu

## SECTION B - Finance Coding & Total Claim

### CAPITAL PROJECT CODING ONLY →

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Expenditure Organization</th>
<th>Project Task Number</th>
<th>Expenditure Type</th>
</tr>
</thead>
</table>

### Total - Section B - Travel - Pg 2

<table>
<thead>
<tr>
<th>Pg Unit</th>
<th>Location</th>
<th>Functional Centre (FC)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>0923</td>
<td>71110101058</td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>0923</td>
<td>71110101038</td>
<td></td>
</tr>
<tr>
<td>2C</td>
<td>0923</td>
<td>71110101058</td>
<td></td>
</tr>
<tr>
<td>2D</td>
<td>0923</td>
<td>71110101058</td>
<td></td>
</tr>
</tbody>
</table>

**User to enter coding & $ amounts $1,192.36**

**NOTE:** These fields do not automatically fill for Section C&D

### Total - Section C&D - Other & Foreign Expenses - Pg 3

<table>
<thead>
<tr>
<th>Bat Unit</th>
<th>Location</th>
<th>Functional Centre (FC)</th>
<th>Secondary Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>64020000</td>
<td>151.20</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101038</td>
<td>68000000</td>
<td>253.55</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>66020000</td>
<td>787.50</td>
</tr>
</tbody>
</table>

### TOTAL REIMBURSEMENT

- Total Section B: $1,192.36
- Less Cash Advance
- TOTAL CLAIM: $1,192.36

## SECTION F - Authorization

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Catherine Rozenes

Date: April 17, 2012

Approved By (PRINT ONLY): Catherine Rozenes

DOFA Level: Chair

Phone # 403.943.1128

Date: May 7, 2012

AHS - Edmonton Accounts Payable

MAY 8 2012 RECEIVED
### SECTION C Other Expenses

**EXPENSE CLAIM DETAILS**

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

**Emp # (E-People)**  
**Emp # (Legacy)**  
**Page 3**

- **ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!**
- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Expense</th>
<th>Finance Coding</th>
<th>Secondary/Expense eg. 41000000</th>
<th>Continuing Education Select type from dropdown menu (if applicable)</th>
<th>GST is ON till slip/receipt, enter total amount in this column WITH GST</th>
<th>GST is NOT on till slip/receipt, enter total amount in this column</th>
<th>TOTAL OTHER $</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-Mar-12</td>
<td>Telus Mobility</td>
<td>101</td>
<td>0923</td>
<td>711·0101058</td>
<td>64020000</td>
<td>$151.20</td>
<td></td>
</tr>
<tr>
<td>12-Mar-12</td>
<td>Dinner with Dr. P. Ragg, Dr. V. Yiu, Dr. C. Amrhein</td>
<td>101</td>
<td>0923</td>
<td>711·0101058</td>
<td>69300000</td>
<td>$253.66</td>
<td></td>
</tr>
<tr>
<td>2-Apr-12</td>
<td>Annual Dues - Royal College of Physicians &amp; Surgeons of Canada</td>
<td>101</td>
<td>0923</td>
<td>711·0101058</td>
<td>68020000</td>
<td>$787.50</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION D Foreign Currency

**ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $** (conversion not indicated on receipt/statement)

If foreign currency has been converted to CDN $ on your receipt, enter expense in CDN $ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense

Bank of Canada Currency Converter 🔄 Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Expense</th>
<th>Finance Coding</th>
<th>Secondary/Expense eg. 41000000</th>
<th>Foreign Currency Amount</th>
<th>Currency Type</th>
<th>Exchange Rate</th>
<th>Canadian Value</th>
</tr>
</thead>
</table>

**Expenses Paid (Retain a copy for your records)**

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3 -
**MOBILITY BILL SUMMARY**

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Long Distance Charges</td>
<td>$14.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$1.00</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>Total Taxes</td>
<td>$7.20</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$151.20</td>
</tr>
</tbody>
</table>

**YOUR LAST BILL**

- Amount of Last Bill 16-Feb-12: $124.95
- Payments: $124.95
- Payment Reversals: $0.00
- Total Previous Charges Brought Forward: $0.00

Payment received after 13-Mar-12 may not be reflected on this invoice.

For inquiries please call Client Care by dialing *611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due:** $151.20

---

Payable online or through most financial institutions

<table>
<thead>
<tr>
<th>Mobility Client Number</th>
<th>Bill Date</th>
<th>Total Amount if received by 11-Apr-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.17(1), 17(4)(g)(i)</td>
<td>16-Mar-12</td>
<td>$151.20</td>
</tr>
</tbody>
</table>

Additional fees apply for late payments

**Amount of Payment:** $151.20

Please make cheques payable to TELUS
Please do not staple

---
**ACCOUNT DETAIL**

**CHRIS J. EAGLE**

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

**Current Charges - Detail**

<table>
<thead>
<tr>
<th>Monthly Service Plans Mar 17 to Apr 16</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Plan Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iPhone 100 - Double mins</td>
<td></td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Local Airtime**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total Airtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>401.00</td>
<td>154.00</td>
<td>247.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>0.00</strong></td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>340.00</td>
<td>0.00</td>
<td>200.00</td>
<td>140.00</td>
<td>14.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>14.00</strong></td>
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**Data and Other Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Msg - Sent</td>
<td>1</td>
<td>Msg</td>
<td>0.20</td>
</tr>
<tr>
<td>Data Usage</td>
<td>98132</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Msg - Received</td>
<td>4</td>
<td>Msg</td>
<td>0.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>1.00</strong></td>
</tr>
</tbody>
</table>

**Value Added Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins CDN LD @ 10¢ (Mar 17 to Apr 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Mar 17 to Apr 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Mar 17 to Apr 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Mar 17 to Apr 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

**Other Charges and Credits**

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>7.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7.20</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges**

|   | **$151.20** |
Royal Mayfair Golf Club

----- Chit Details -----

Member:
Server: CHRIS 15
Area: Dining Room
Table#: 1  Covers: 3
Chit #: 02031289

Date: Mar 12/12  Time: 8:02pm

Mt Vern Sauv Blan Bt  36.00
Baked Onion Soup     9.00
Butter Squash Soup   9.00
DR Caesar Salad      8.00
Potato Crust Halibut 30.00
2 Lg Lamb Rack       80.00
Moore's Creek Sh Boz Gl  9.75
Luigi Bos Mal Boz Gl  10.50
2 Sorbet             12.00
Coffee               2.00
Tax                   2.00

Sub-Total: 200.25
GST #: 192322980  10.41

Chit Total: $210.66

Gratuity: $25.36

P. Raggi, V. Yiu, C. Arkein

[Signature]

---

Royal Mayfair
Subject: RCPSC Annual Dues Payment On-line
From: On Line Annual Dues Payment <dues@rcpsc.edu>
Date: Monday, April 2, 2012 4:32 pm
To: , Financial Services <finance@rcpsc.edu>, IMIT <lchatterjee@rcpsc.edu>
n.17(1), 17(4)(g)(i)

This message is confirmation that Christopher John Eagle paid annual dues on-line using the RCPSC website.

Here's the information submitted:

Christopher John Eagle
RCPSG Number: s.17(1), 17(4)(g)(i)
Email Address: 
n.17(1), 17(4)(g)(i)

Annual Dues Payment amount: 787.50
Total Amount of Transaction: 787.50
Paid by: 'MC
Authorization Reference #: 9383250
Authorization Result: 07373S $787.50

https://webmail.shaw.ca/print.html
# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

### SECTION A - Employee Details (for AHS Staff ONLY)

- Enter employee # (old) and Employees # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employees # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People; you will only have an Employees # (E-People)

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr. Chris Eagle</th>
<th>Position/Title</th>
<th>President &amp; CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>14th Fl, SSP, Edmonton</td>
<td>Dept</td>
<td>Executive Office</td>
</tr>
<tr>
<td>Union/WE</td>
<td>Business Phone # 780-342-2002</td>
<td>Ext</td>
<td>Out-of-Prov. Travel</td>
</tr>
<tr>
<td>Calgary Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION E - Finance Coding & Total Claim

<table>
<thead>
<tr>
<th>Capital Project Coding Only</th>
<th>Project Number</th>
<th>Expenditure Organization</th>
<th>Project Task Number</th>
<th>Expenditure Type</th>
</tr>
</thead>
</table>

#### Total - Section B - Travel - Pg 2

<table>
<thead>
<tr>
<th>Pg</th>
<th>Bal Unit</th>
<th>Location</th>
<th>Functional Centre (FC)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>101</td>
<td>6923</td>
<td>711110101058</td>
<td>$71.99</td>
</tr>
</tbody>
</table>

#### Total - Section C&D - Other & Foreign Expenses - Pg 3

<table>
<thead>
<tr>
<th>Pq</th>
<th>Bal Unit</th>
<th>Location</th>
<th>Functional Centre (FC)</th>
<th>Secondary/Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0923</td>
<td>711110101058</td>
<td>66021000</td>
<td>4,399.45</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>711110101058</td>
<td>64020000</td>
<td>136.87</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL REIMBURSEMENT**

- Total Section B: $71.99
- Total Section C&D: $4,534.32
- Less Cash Advance
- **TOTAL CLAIM**: $4,606.31

### SECTION F - Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.

Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Paul Fremeon

Claim Phone #: 780-342-2002 Ext

Employees Signature:

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy # 42-03, 04).

Approved claim form with expenses should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Kathleen Reeder

DOFA Level: 1 Position #

Approved By (PRINT ONLY):

Title: AHS Board Only

Signature:

Date: Jun 13 2012

AHS - Edmonton

Accounts Payable

JUN 13 2012

Q & C - Completed

Initials: MV
TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (Title)</th>
<th>Employee # (E-People)</th>
<th>Employee # (Legacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Chris Eagle</td>
<td>President &amp; CEO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Dept</th>
<th>Union</th>
<th>Business Phone #</th>
<th>Ext</th>
<th>Out-of-Prov Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>14th Flr, SSP, Edmonton</td>
<td>Executive Office</td>
<td>n/a</td>
<td>780-342-2062</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

What is your former legacy region (prior to AHS consolidation)?

Please click in cell and select from dropdown menu

Calgary Health

SECTION E Finance Coding & Total Claim

<table>
<thead>
<tr>
<th>Capital Project Coding Only →</th>
<th>Project Number</th>
<th>Project Task Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Organization</td>
<td>Expenditure Type</td>
<td></td>
</tr>
</tbody>
</table>

**Total - Section B - Travel - Pg 2**

<table>
<thead>
<tr>
<th>Pg</th>
<th>Bal Unit</th>
<th>Location</th>
<th>Functional Centre (FC)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>$71.99</td>
</tr>
</tbody>
</table>

**Total - Section C&D - Other & Foreign Expenses - Pg 3**

<table>
<thead>
<tr>
<th>Bal Unit</th>
<th>Location</th>
<th>Functional Centre (FC)</th>
<th>Secondary/ Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>66021000</td>
<td>4,398.45</td>
</tr>
<tr>
<td>101</td>
<td>0923</td>
<td>71110101058</td>
<td>64020000</td>
<td>135.87</td>
</tr>
</tbody>
</table>

**TOTAL REIMBURSEMENT**

<table>
<thead>
<tr>
<th>Section B</th>
<th>$71.99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section C&amp;D</td>
<td>$4,534.32</td>
</tr>
</tbody>
</table>

**TOTAL CLAIM**

$4,606.31

**User to enter Coding & $ amounts**

$4,534.32

NOTE: These fields do not automatically fill for Section C&D

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.

Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Paula Finnson Phone # 780-342-2062 Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #’s CF-03, CF-04).

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Catherine Roozen DOFA Level 1 Position # Phone # 403-943-1128 Ext

Signature

Date

Approved By (PRINT ONLY) DOFA Level Position # Phone # Ext

Signature

Date

- 1 of 3 -

374
### EXPENSE CLAIM DETAILS

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Travel</th>
<th>Province, US, or Out of N.America</th>
<th>What is travel related to?</th>
<th>Meal Type</th>
<th>Airfare/Bus/LRT Parking</th>
<th>Hotel</th>
<th>Rental Car</th>
<th>Taxi</th>
<th>Fuel</th>
<th>Mileage (km)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-May-12</td>
<td>Parking for Healthy Conscious Living Conference</td>
<td>AB</td>
<td>Educ</td>
<td></td>
<td>$13.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-May-12</td>
<td>Petro Canada - Gas for car travel to city meetings</td>
<td>AB</td>
<td>Educ</td>
<td></td>
<td>$28.54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-May-12</td>
<td>Dinner for Dr. Eagle when he arrived to Calgary</td>
<td>AB</td>
<td>Meeting</td>
<td>D</td>
<td>$30.45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS**

- $30.45
- $13.00
- $28.54

**Total Kms**

- 28.54

**MEAL PER DIEM RATES**

- B = Breakfast = $10
- L = Lunch = $12
- D = Dinner = $21
- A = ALL MEALS = $43
- BL = Breakfast & Lunch = $22
- BD = Breakfast & Dinner = $31
- LD = Lunch & Dinner = $33

Enter $0.805 OR rate per Union Agreement

- Mileage $71.99
- Travel $ Subtotal $71.99

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2a can be found at end of form

- 2A of 3 -

375
## SECTION C Other Expenses

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

**Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E**

<table>
<thead>
<tr>
<th>Date dd-mm-yy</th>
<th>Purpose of Expense 70 characters maximum (length of shaded area)</th>
<th>Finance Coding</th>
<th>Secondary/Expense eg. 41000000 (8 characters)</th>
<th>Continuing Education Select type from dropdown menu (if applicable)</th>
<th>GST is ON till slip/receipt, enter total amount in this column WITH GST</th>
<th>GST is NOT on till slip/receipt, enter total amount in this column</th>
<th>TOTAL OTHER $</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Apr-12</td>
<td>Royal Glenora Club membership</td>
<td>101 0623</td>
<td>71110101058</td>
<td></td>
<td>$4,398.45</td>
<td></td>
<td>$4,398.45</td>
</tr>
<tr>
<td>11-May-12</td>
<td>Telus - monthly charges</td>
<td>101 0623</td>
<td>71110101058</td>
<td></td>
<td>$135.87</td>
<td></td>
<td>$135.87</td>
</tr>
</tbody>
</table>

## SECTION D Foreign Currency

**ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $** (conversion not indicated on receipt/statement)

If foreign currency has been converted to CDN $ on your receipt, enter expense in CDN $ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense

<table>
<thead>
<tr>
<th>Date dd-mm-yy</th>
<th>Purpose of Expense 70 characters maximum (length of shaded area)</th>
<th>Finance Coding</th>
<th>Secondary/Expense eg. 41000000 (8 characters)</th>
<th>Foreign Currency Amount</th>
<th>Currency Type</th>
<th>Exchange Rate</th>
<th>Canadian Value</th>
</tr>
</thead>
</table>

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3 -
Redwater Rustic Grille Stadium Plaza
1935 Uxbridge Dr. NW
Calgary, Alberta
Tel: (403) 220-0222
Check #: 153167

Server: Wes           Date: 05/14/2012
Table: 21             Time: 20:41
Client: 1

2 Gl- Atalon          27.00
1 Half Garden Greens  5.50
1 Organic Salmon      24.95

SUB-TOTAL:            57.45
GST:                  2.87

TOTAL:                60.32

Thank you for dining with us!

Follow us on Twitter!
@RedwaterStadium

GST # 587684799

May 13, 12
Healthy Living Conference Parking

Dinner for CE after traveling to Coals
Gas for
car for
city run by

PETRO-CANADA
936 109 STREET
EDMONTON
ALBERTA T5K1H5
7804231429

GST #: 0885689321
PC#:132652:35386561

2012-05-09 18:12

PUMP 07
REGULAR L 25.734
PRICE/L $ 1.109
FUEL SALES $ 28.54*

TOTAL OWED $ 28.54

TOTAL PAID CREDIT CARD $ 28.54

* GST INCL. $ 1.36

MASTERCARD
XXXXXXXXXXXXXX0669
INVOICE 634626
AUTH 088728
PURCHASE S 8010018910 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS
1-866-826-7779 OR
PETRO-CANADA.CA/HERO

fill up of corporate vehicle

pl reimbursement
Dr. Chris Eagle

<table>
<thead>
<tr>
<th>DATE</th>
<th>REFERENCE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
<th>SERVICE CHARGE</th>
<th>G.S.T.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 29/12</td>
<td>80</td>
<td>FIT Drop-in Class</td>
<td>10.00</td>
<td>0.00</td>
<td>0.50</td>
<td>10.50</td>
</tr>
<tr>
<td>Apr 30/12</td>
<td></td>
<td>Capital Levy - Annual</td>
<td>500.00</td>
<td>0.00</td>
<td>25.00</td>
<td>525.00</td>
</tr>
<tr>
<td>Apr 30/12</td>
<td></td>
<td>Active couple 30-64 years</td>
<td>3,489.00</td>
<td>0.00</td>
<td>174.45</td>
<td>3,663.45</td>
</tr>
<tr>
<td>Apr 30/12</td>
<td></td>
<td>Mens locker - large</td>
<td>110.00</td>
<td>0.00</td>
<td>5.50</td>
<td>115.50</td>
</tr>
<tr>
<td>Apr 30/12</td>
<td></td>
<td>Womens locker</td>
<td>80.00</td>
<td>0.00</td>
<td>4.00</td>
<td>84.00</td>
</tr>
</tbody>
</table>

Your April stmt reflects the annual fee change of the Board approved 2% increase for 2012/13 fiscal year. The capital levy program had no increase or change. This is consistent with the comm's at the of its inception 2 years ago. A comprehensive Q&A document have been published recently and is a good source of further information on this and other subjects at the Club. Thank you for your continued support at the Club.
Your overseas travel has never been more affordable

You wanted to stay connected while you travel, so we made it more affordable. We've just reduced our regular international data roaming rates for Mexico, Western Europe and Australia by 80%. And the best part? All you need to do is take your phone with you and you'll automatically enjoy the new rates - no pass or bundle required. For more details visit telusmobility.com/travel

Go paper free and save a tree

Sign up for paperless billing and get 24/7 secure access to your bill, tools to manage your account and email or text reminders when your bill is ready - all while helping the environment. Register for paperless billing by logging into your account at telusmobility.com/youraccount and selecting "go paperless".

Thank you for choosing TELUS.

---

# MOBILITY BILL SUMMARY

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$0.40</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>6.47</td>
</tr>
<tr>
<td>Total Taxes</td>
<td></td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$135.87</td>
</tr>
</tbody>
</table>

---

# YOUR LAST BILL

| Amount of Last Bill 16-Mar-12    | $151.20             |
| Payments                        | -$151.20            |
| Payment Reversals               | $0.00               |
| Total Previous Charges Brought Forward | $0.00          |

Payment received after 13-Apr-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.

Total Amount Due: $135.87

---

### TELUS

PTLPS01AES 17124
000000084 205(R)
**Account Detail**

**Current Charges - Detail**

**Monthly Service Plans Apr 17 to May 16**

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>152:00</td>
<td>30:00</td>
<td>122:00</td>
<td>0:00</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 100.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Local Airtime**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th>*Free Airtime</th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>152:00</td>
<td>30:00</td>
<td>122:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Long Distance Charges**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>109:00</td>
<td>0:00</td>
<td>109:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 0.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data and Other Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Usage</td>
<td>655,815</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Msg - Received</td>
<td>2</td>
<td>Mag</td>
<td>0.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$ 0.40</strong></td>
</tr>
</tbody>
</table>

**Value Added Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins Cdn LD @ 10¢ (Apr 17 to May 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (Apr 17 to May 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (Apr 17 to May 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (Apr 17 to May 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 27.00</strong></td>
</tr>
</tbody>
</table>

**Other Charges and Credits**

<table>
<thead>
<tr>
<th>Charges and Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2.00</strong></td>
</tr>
</tbody>
</table>

**Taxes**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST</td>
<td>6.47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 6.47</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges**

**$ 135.87**
TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

<table>
<thead>
<tr>
<th>Name</th>
<th>Chris Eagle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td>Location</td>
<td>14th Flr, SSP, Edmonton</td>
</tr>
<tr>
<td>Dept</td>
<td>Executive Office</td>
</tr>
<tr>
<td>Union n/a</td>
<td>Business Phone # 780-342-2062</td>
</tr>
<tr>
<td>Ext</td>
<td>Out-of-Province Travel</td>
</tr>
</tbody>
</table>

What is your former legacy region (prior to AHS consolidation)?

Please click in cell and select from dropdown menu

Calgary Health

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY

<table>
<thead>
<tr>
<th>Expenditure Organization</th>
<th>Project Number</th>
<th>Project Task Number</th>
<th>Expenditure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>71110101058</td>
<td>101</td>
<td>71110101058</td>
<td>64020000</td>
</tr>
</tbody>
</table>

**User to enter Coding & $ amounts**

**TOTAL REIMBURSEMENT**

- Total Section B: $136.08
- Less Cash Advance
- TOTAL CLAIM: $136.08

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.

Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Paula Finnson Phone # 780-342-2062 Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature

Date 22/06/2017

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Catherine Roozen DOFA Level 1 Position # Phone # 403-943-1128 Ext

Signature

Title AHS Board Chair Date

Approved By (PRINT ONLY)

Signature

Title Date

- 1 of 3 -
### SECTION C Other Expenses

All "OTHER" expenses listed below MUST have a secondary/expense code indicated.
- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

**Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Expense</th>
<th>Finance Coding</th>
<th>Secondary/ Expense Expense Code</th>
<th>Continuing Education</th>
<th>GST is ON till slip/receipt, enter total amount in this column WITH GST</th>
<th>GST is NOT on till slip/receipt, enter total amount in this column</th>
<th>TOTAL OTHER $</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-Jun-12</td>
<td>Telus Monthly Charges</td>
<td>101 0923 7110101058 84020000</td>
<td>41000000 (8 characters)</td>
<td>Select type from dropdown menu (if applicable)</td>
<td>$158.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$158.06</td>
</tr>
</tbody>
</table>

### SECTION D Foreign Currency

**ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN $ (conversion not indicated on receipt/statement).**

If foreign currency has been converted to CDN $ on your receipt, enter expense in CDN $ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense:

Bank of Canada Currency Converter → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column.

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Expense</th>
<th>Finance Coding</th>
<th>Secondary/ Expense Expense Code</th>
<th>Foreign Currency Amount</th>
<th>Currency Type</th>
<th>Exchange Rate</th>
<th>Canadian Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expenses Paid (Retain a copy for your records)**

Do not include amounts paid by Alberta Health Services or reimbursed/reimbursable by another organization.

- 3 of 5 -
Special invitation: Your chance to win a $100,000 small business grant!

Tell us the biggest challenge your business faces today and how a $100,000 grant would help you overcome it. The most compelling entry will win $100,000, courtesy of TELUS, in addition to being profiled in The Globe and Mail's Report on Business section. Contest entry closes on May 28, 2012. Enter today at www.globemail.com/thechallenge.

We're making updates to our local area recognition system.

On May 1, 2012 we'll be updating our systems to improve recognition of local calling areas. This will ensure that your local and long distance areas are being properly recorded and charged.

To learn more about local and long distance calling, please visit telusmobility.com/billing, click on "Billing How to" then select "Understanding local and long distance calls"

Enjoy more great Wagaj deals for less.

As a TELUS mobility customer, you can get an exclusive $10 credit per month towards any purchases on Wagaj.com. Use your credit to enjoy Wagaj's hot deals, offering 50-90% off your favorite local restaurants, spas, events, activities and more.

Partnering with Wagaj is just another way that we're working to put you first and improve your experience every day. To sign up for Wagaj and get your $10 credit please visit wagaj.com/teles

Thank you for choosing TELUS.

---

**MOBILITY BILL SUMMARY**

<table>
<thead>
<tr>
<th>CURRENT CHARGES</th>
<th>Contract Term: 3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone 100 - Double mins</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Data and Other Services</td>
<td>$ 0.60</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>$ 27.00</td>
</tr>
<tr>
<td>Other Charges and Credits</td>
<td>$ 2.00</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>GST/HST</td>
<td>6.48</td>
</tr>
<tr>
<td>Total Charges</td>
<td></td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$ 136.08</td>
</tr>
</tbody>
</table>

**YOUR LAST BILL**

Amount of Last Bill 15-Apr-12 | $ 135.87
Payments | $ -135.87
Payment Reversals | $ 0.00
Total Previous Charges Brought Forward | $ 0.00

Total Amount Due | $ 136.08

For inquiries please call Client Care by dialing *611 from your handset or see reverse for local and toll-free numbers.

---

TELUS

PTLPS01A E S 17129
00000982 205(D)
CHRIS J. EAGLE

Mobility Client Number
Bill Date
Total Amount if received by 11-Jun-12
16-May-12
$ 136.08

Additional fees apply for late payments

Amount of Payment

Please make cheques payable to TELUS
Please do not staple
# ACCOUNT DETAIL

**CHRIS J. EAGLE**

**Current Charges - Detail**

**Contract Term: 3 yr**

**Monthly Service Plans May 17 to Jun 16**

<table>
<thead>
<tr>
<th>Service Plan Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone 100 - Double mins</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$100.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Airtime</th>
<th><em>Free Airtime</em></th>
<th>Included Airtime</th>
<th>Chargeable Airtime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (minutes)</td>
<td>320:00</td>
<td>63:00</td>
<td>266:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>LD Minutes</th>
<th>Free LD Minutes</th>
<th>Included LD Minutes</th>
<th>Chargeable LD Minutes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Phone</td>
<td>186:00</td>
<td>0:00</td>
<td>166:00</td>
<td>0:00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Events</th>
<th>Event Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Msg - Sent</td>
<td>1</td>
<td>Msg</td>
<td>0.20</td>
</tr>
<tr>
<td>Data Usage</td>
<td>220.118</td>
<td>MB</td>
<td>0.00</td>
</tr>
<tr>
<td>Text Msg - Received</td>
<td>2</td>
<td>Msg</td>
<td>0.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$0.60</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mins CDN LD @ 10¢ (May 17 to Jun 16)</td>
<td>20.00</td>
</tr>
<tr>
<td>3 GB included data (May 17 to Jun 16)</td>
<td>Free</td>
</tr>
<tr>
<td>Feature Bundle - Small (May 17 to Jun 16)</td>
<td>7.00</td>
</tr>
<tr>
<td>Visual Voicemail for iPhone (May 17 to Jun 16)</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$27.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Paper Bill Fee</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2.00</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxes</strong></td>
<td><strong>6.48</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6.48</strong></td>
</tr>
</tbody>
</table>

**Total Current Charges** **$136.08**

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[Image: TELUS logo]