

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn
Title AHS Board Vice-Chair
Location Calgary

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings			466		466			
Nov-15	P-Card	Orientation & Meetings	453				453			
Dec-15	Expense Claim	Meetings				103	103			
Nov-15	Expense Claim	Meetings				124	124			
Dec-15	Direct Billing	Meetings	441							
Total			\$ 894	\$ -	\$ 466	\$ 227	\$ 1,146	\$ -	\$ -	\$ -

Total for the Month \$ 1,146

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 145
 Non economy air travel in the month \$ -

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. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this 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

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/12/2015</u>	
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: \$1,284.12 \$465.96	
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
[REDACTED]								

24/11/2015	410833789	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	310.64	CAD	310.64	14.79		Hotel accommodation for Brenda Hemmelgam Nov 22-24/15
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[REDACTED]								
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01/12/2015	411578220	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	155.32	CAD	155.32	7.40		Hotel accommodation for Brenda Hemmelgam Nov 30-Dec 1/15
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[REDACTED]								
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Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
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[REDACTED]								
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✓
A/B

Linda Hughes

Linda Hughes
Board Chair

Mar 13/16

Date

Dec. 31, 2015
handed delivered to
A/P. Cjh

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO 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. 		
<u>Colette Mooney</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title <u>Dec. 27, 2015</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>12/22/15</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>VP Corp Services & CFO</u> Approver Designate Position/Title <u>Feb. 29/2016</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Vickie Kaminski</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>President & CEO</u> Approver Position/Title <u>Dec 31 2015</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	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: _____



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Mrs Lorinda Prociuk

Room Number: [REDACTED]
Arrival Date: 11-22-15
Departure Date: 11-24-15
Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

INFORMATION INVOICE

Folio No: [REDACTED]

11-24-15

Date	Description	Charges	Credits
11-22-15	Room Revenue	145.00	
11-22-15	Destination Marketing Fee - 3%	4.35	
11-22-15	Tourism Levy - 4%	5.97	
11-23-15	Room Revenue	145.00	
11-23-15	Destination Marketing Fee - 3%	4.35	
11-23-15	Tourism Levy - 4%	5.97	
11-24-15	Mastercard [REDACTED]		310.64
Total		310.64	310.64
Balance		0.00	

November 22, 2015 (\$310.64)

- Hotel accommodation for Brenda Hemmelgarn November 22-24/15 (billed Nov 24/15).

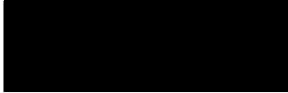
Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001



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Dr Brenda Hemmelgarn



Room Number: [Redacted]

Arrival Date: 11-30-15

Departure Date: 12-01-15

Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No: [Redacted]

12-01-15

Date	Description	Charges	Credits
11-30-15	Room Revenue	145.00	
11-30-15	Destination Marketing Fee - 3%	4.35	
11-30-15	Tourism Levy - 4%	5.97	
12-01-15	Mastercard [Redacted]		155.32
Total		155.32	155.32
Balance		0.00	

November 30, 2015 (\$155.32)

- Hotel accommodation for Brenda Hemmelgarn November 30-Dec 1/15 (billed Dec 1/15).

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

F.

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

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2015</u>
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: \$2,120.15 \$452.81
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u> </u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original	Currency	Trans Amount	GST	Freight	Description
17/11/2015	410051113	WESTJET [REDACTED] Westjet Airlines	195.43	CAD	195.43	.00	.00	Flight from YEG-YYC for AHS Board Vice Chair Brenda Hemmelgarn on Nov 24 (booked Nov 17/15)
17/11/2015	410256205	AIR CAN [REDACTED], AIR CANADA	200.68	CAD	200.68	.00	.00	Flight from YYC-YEG for AHS Board Vice Chair Brenda Hemmelgarn on Nov 22 (booked Nov 17/15)
18/11/2015	410256206	AIR CAN [REDACTED] AIR CANADA	252.13	CAD	252.13	.00	.00	Flight from YEG-YYC for AHS Board Vice Chair Brenda Hemmelgarn on Nov 24 (booked Nov 18/15)
18/11/2015	410256207	WESTJET [REDACTED] Westjet Airlines	-190.18	CAD	-190.18	.00	.00	Refund for flight from YEG-YYC for AHS Board Vice Chair Brenda Hemmelgarn on Nov 24 (refunded Nov 18/15)
18/11/2015	410256208	WESTJET [REDACTED] Westjet Airlines	-5.25	CAD	-5.25	.00	.00	Refund of seat selection fee for Brenda Hemmelgarn s November 24 flight from YEG-YYC

[Handwritten signature]

* *[Handwritten signature]*
Linda Hughes
Board Chair

[Handwritten date]
Date

[Handwritten note]
Dec. 07, 2015
emailed to Distosma
to sign handwritten

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO 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. 		
<u>Collette Mooney</u> <small>Name of Cardholder Designate</small>	<u>Executive Assistant.</u> <small>Cardholder Designate Position/Title</small>	<u>12/03/2015.</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder Designate</small>		
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>PROCIUK, LORINDA</u> <small>Name of Cardholder</small>	<u>EXECUTIVE ASSOCIATE</u> <small>Cardholder Position/Title</small>	<u>12/05/15</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder</small>		
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> <small>Name of Approver Designate</small>	<u>VP Corp Services + CFO</u> <small>Approver Designate Position/Title</small>	<u>Dec. 8, 2015</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver Designate</small>	<u>[Signature]</u>	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Vickie Kaminski</u> <small>Name of Approver</small>	<u>President's CEO</u> <small>Approver Position/Title</small>	<u>Dec. 07, 2015.</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver</small>		
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	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: _____



Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is: XXXXXXXXXX

Guest details

Ms Brenda Hemmelgarn Flight Edmonton (YEG)-Calgary (YYC)
 Ticket number XXXXXXXXXX
 Seat XXXXXX

Air itinerary details

Edmonton (YEG) Tue Nov 24 2015, 4:40 PM Dehavilland Dash 8-400 Turboprop
 Calgary (YYC) Tue Nov 24 2015, 5:40 PM
 WS 3207 Operated by WESTJET ENCORE
 Fare type: Flex Non-stop

Pricing breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
Adult	\$132.00	\$12.00	\$46.18	\$190.18	x 1	\$190.18 CAD

YEG-YYC: Flex fare type benefits

No fee for first checked bag¹

Second checked bag fee of \$25-29.50 CAD^{1, 2}

Lower change and cancellation fees

¹ Not applicable on flights operated by our airline partners. ² For bookings made on or after November 3, 2015 for travel on or after January 6, 2016 a second checked bag fee of \$35-41.30 CAD applies.

Total airfare: **\$190.18 CAD**

Seats

Regular seat WS 3207 YEG-YYC Seat 7B Ms Brenda Hemmelgarn \$5.00 CAD + \$0.25 CAD tax

Total seats: **\$5.25 CAD**

Earn WestJet dollars. Pay when you pick up your car. Book now.

Reserve now and pay when you pick up your vehicle.

All displayed quotes include taxes and fees. Click on the arrows to see other options.

Pick-up from: Calgary (YYC) Tue Nov 24 2015, 6:10 PM

Drop-off to: Calgary (YYC) Wed Nov 25 2015, 5:40 PM

Economy 3 Door, Automatic, AC

Compact 4 Door, Automatic, AC

Intermediate 4 Door, Automatic, AC

Standard 4 Door, Automatic, AC

Total price \$52.35 CAD (includes taxes and fees)	Total price \$64.92 CAD (includes taxes and fees)	Total price \$57.46 CAD (includes taxes and fees)	Total price \$55.49 CAD (includes taxes and fees)
\$52.35 CAD/day	\$64.92 CAD/day	\$57.46 CAD/day	\$55.49 CAD/day
SELECT	SELECT	SELECT	SELECT
Rate details	Rate details	Rate details	Rate details

November 24, 2015 (\$195.43)

- Flight from YEG-YYC for AHS Board Vice Chair Brenda Hemmelgarn on Nov 24 (booked Nov 17/15). * *Later refunded.*

Charged to MASTERCARD [REDACTED] \$195.43 CAD ✓

Add a hotel

Feel at home anywhere when you book your hotel with WestJet.

- Choose from more than 170,000 hotels worldwide.
- Earn 1% back in WestJet dollars.
- Read TripAdvisor ratings and reviews.
- All displayed prices include taxes and fees.

[BOOK A HOTEL](#)

Important details

WestJet permits one piece of carry-on baggage and one personal item on board. If you are on a flight operated by one of our airline partners, your allowance may be different - learn more. All carry-on baggage must pass through security. Make sure your carry-on complies and avoid having to surrender your personal items. Review what you can and can't take on your flight by visiting our restricted items info page or catsa.gc.ca.

Your checked baggage allowance depends on the aircraft you are travelling on, the fare option purchased and the destination you are travelling to or from. You may be permitted additional items, or items that are overweight or oversized in checked baggage. For more details, please see Checked and excess baggage.

Use web check in to print your boarding pass and select most seats for free - selecting some seats requires a fee. This service is available as early as 24 hours (and up to 60 minutes) before your scheduled flight.

Identification and travel documents required vary based on where you are travelling and may change based on your nationality. Visit our ID requirements section for more information.

Do you have a special need? For information on travelling with oxygen, assistive devices, or a service animal see Guests with special needs.

We know how valuable your time is. To ensure we are able to depart and arrive as scheduled, please be sure you are through security and at your departure gate 40 minutes before your flight's scheduled departure time. If you arrive at the gate less than 10 minutes before departure and the aircraft is already boarded you will be denied boarding.

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Your booking is confirmed. Booking reference: [REDACTED]

An email booking confirmation has been sent to: colette.mooney@ahs.ca.

Use your booking reference to retrieve your official Itinerary/Receipt at aircanada.com.

Passengers Ms Brenda Hemmelgarn

Flight	From	To	Departure	Arrival
AC8170	Calgary (YYC)	Edmonton (YEG)	19:20 Sun 22-Nov 2015	20:10 Sun 22-Nov 2015

Air Transp. Charges	154.00
Options	0.00
Taxes, fees and charges	46.68
Travel Insurance	Purchase travel insurance
Grand Total	\$200.68
Canadian dollars	

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



Booking Information

AIR CANADA

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

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

Flight Arrivals and Departures
1-888-422-7533

Main Contact:

Ms Brenda Hemmelgarn
colette.mooney@ahs.ca
Mobile: [REDACTED]

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8170 ¹	Calgary (YYC) Sun 22-Nov 2015 19:20	Edmonton, Edmonton Int'l (YEG) Sun 22-Nov 2015 20:10	0	0hr50	DH4	Flex, V	

Operated by:

¹ Air Canada Express - Jazz

November 22, 2015 (\$200.68)

- Flight from YYC-YEG for AHS Board Vice Chair Brenda Hemmelgarn on Nov 22 (booked Nov 17/15).

Passenger Information

1: Ms Brenda Hemmelgarn : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan : [REDACTED]

Payment Card: [REDACTED]

Seat Selection:

AC8170 3C

Meal Preference: **None**

Special Needs: **None**

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	142.00
Surcharges	12.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	9.56
Air Travellers Security Charge (ATSC)	7.12
Total before options (per passenger)	200.68
Number of passengers	x 1
Total with options	200.68

Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$200.68

Payment Information

Credit/Debit Card [REDACTED] Amount paid: **\$200.68**
The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$200.68 (Air Transp. Charges - per ticket)

Ticket number(s): [REDACTED]

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - **Flex**

- 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.
- Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (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.
- Air Canada will provide a full refund without penalty when you cancel a **new ticket** (i.e. when a new booking is made and you are assigned a booking reference) within 24 hours of purchase.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete fare rules applicable to this fare.

Baggage Allowance and Fees

Prepare your checked and carry-on baggage with the help of our Baggage Guide .

Carry-on Baggage

When your flight is operated by Air Canada, Air Canada rouge or Air Canada Express, you are entitled to 1 standard item (max. size: 23 x 40 x 55 cm [9 x 15.5 x 21.5 in]) and 1 personal item (max. size: 16 x 33 x 43 cm [6 x 13 x 17 in]). Maximum weight for each item is 10 kg (22 lb). View more details.

Checked Baggage

Please see below for details on the bags you plan to check in at the baggage counter.

Departing Flight : Calgary (YYC) To Edmonton (YEG) - **Flex**

Regular Baggage Allowance	1st bag:	2nd bag:
	Complimentary	\$25.00 CAD + taxes* per direction
	Max. weight per bag: 23 kg (50 lb)	
	Max. linear dimensions per bag: 158 cm (62 in)	

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to baggage fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to baggage fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to baggage fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Currency

Fee amounts are displayed in the currency of the first departure city on your ticket. On the day of travel, applicable fees will be assessed in the local currency of the country you are travelling from. Certain exceptions may apply where the departure airport does not charge in local currency. The currency exchange rate will be determined by the date of travel.

Stoppers

Your booking is confirmed. Booking reference: [REDACTED]

An email booking confirmation has been sent to: colette.mooney@ahs.ca.

Use your booking reference to retrieve your official Itinerary/Receipt at aircanada.com.

Passengers Ms Brenda Hemmelgarn

Flight	From	To	Departure	Arrival
AC8151	Edmonton (YEG)	Calgary (YYC)	15:30 Tue 24-Nov 2015	16:20 Tue 24-Nov 2015

Air Transp. Charges	203.00
Options	0.00
Taxes, fees and charges	49.13
Travel Insurance	Purchase travel insurance
Grand Total	\$252.13
Canadian dollars	



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



Booking Information



Booking Reference: [REDACTED]

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:
Ms Brenda Hemmelgarn
colette.mooney@ahs.ca
Mobile [REDACTED]

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8151 ¹	Edmonton, Edmonton Int'l (YEG) Tue 24-Nov 2015 15:30	Calgary (YYC) Tue 24-Nov 2015 16:20	0	0hr50	DH4	Flex, H	

Operated by:
¹ Air Canada Express - Jazz

November 24, 2015 (\$252.13)

- Flight from YEG-YYC for AHS Board Vice Chair Brenda Hemmelgarn on Nov 24 (booked Nov 18/15).

Passenger Information

1: Ms Brenda Hemmelgarn : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: None
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: AC8151 1A (Preferred)

Congratulations on your selection of a Preferred seat. Please read the Terms and conditions.

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	191.00
Surcharges	12.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	12.01
Air Travellers Security Charge (ATSC)	7.12
Total before options (per passenger)	252.13
Number of passengers	x 1

Total with options	252.13
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$252.13

Payment Information

Credit/Debit Card [REDACTED] Amount paid: **\$252.13**

The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$252.13 (Air Transp. Charges - per ticket)

Ticket number(s): [REDACTED]

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - **Flex**

- 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.
- Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (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.
- Air Canada will provide a full refund without penalty when you cancel a **new ticket** (i.e. when a new booking is made and you are assigned a booking reference) within 24 hours of purchase.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete fare rules applicable to this fare.

Baggage Allowance and Fees

Prepare your checked and carry-on baggage with the help of our Baggage Guide .

Carry-on Baggage

When your flight is operated by Air Canada, Air Canada rouge or Air Canada Express, you are entitled to 1 standard item (max. size: 23 x 40 x 55 cm [9 x 15.5 x 21.5 in]) and 1 personal item (max. size: 16 x 33 x 43 cm [6 x 13 x 17 in]). Maximum weight for each item is 10 kg (22 lb). View more details.

Checked Baggage

Please see below for details on the bags you plan to check in at the baggage counter.

Departing Flight : Edmonton (YEG) To Calgary (YYC) - Flex	
Regular Baggage Allowance	1st bag: Complimentary
	2nd bag: \$25.00 CAD
	+ taxes* per direction
	Max. weight per bag: 23 kg (50 lb)
	Max. linear dimensions per bag: 158 cm (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to baggage fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to baggage fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to baggage fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Currency

Fee amounts are displayed in the currency of the first departure city on your ticket. On the day of travel, applicable fees will be assessed in the local currency of the country you are travelling from. Certain exceptions may apply where the departure airport does not charge in local currency. The currency exchange rate will be determined by the date of travel.

Colette Mooney

From: noreply@itinerary.westjet.com on behalf of WestJet Airlines
<noreply@itinerary.westjet.com>
Sent: Wednesday, November 18, 2015 3:22 PM
To: Colette Mooney
Subject: Reservation Cancellation



WestJet
22 Aerial Place N.E.
Calgary
Canada
Tel: 1-888-9378538

This is an automated system message, please do not respond directly to it. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Cancel confirmation

Your reservation code is [REDACTED]

Main contact: **Hemmelgarn, Brenda Ms**
Email: colette.mooney@ahs.ca
Home phone: [REDACTED]

Cancellation details

The selected itinerary has been cancelled.

Guest

Ms Brenda Hemmelgarn (Cancelled)

Flight: Edmonton (YEG) - Calgary (YYC). Flex

For more information on your refund, please visit our [service fees](#) page.

Regular seat: 7B

The services you have purchased cannot be transferred, exchanged or refunded online. Please call WestJet 1-888-937-8538 (1-888-WESTJET).

Total

Refunded to MASTERCARD [REDACTED]

190.18 CAD

Contact information

For inquiries regarding your reservation, please contact WestJet at 1-888-937-8538 (1-888-WESTJET)

Open 24 hours a day, 7 days a week.

Calling outside Canada and the U.S.?

November 24, 2015 (\$190.18)

- Refund for flight from YEG-YYC for AHS Board Vice Chair Brenda Hemmelgarn on Nov 24 (refunded Nov 18/15).



eTicket Receipt

Prepared For
HEMMELGARN/BRENDA MS

[TICKET REFUNDED]

RESERVATION CODE	[REDACTED]
ISSUE DATE	17Nov15
TICKET NUMBER	[REDACTED]
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SDY

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
24Nov	WESTJET WS 3207	EDMONTON INTLAB, CANADA Time 4:40pm	CALGARY INTLAB, CANADA Time 5:40pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status REFUNDED Fare Basis LA05T Not Valid Before 24NOV Not Valid After 24NOV

Allowances

Baggage Allowance

YEG to YYC - 1 Piece WESTJET , each piece up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

Prices of additional baggage pieces:

- 25.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY DEPENDING ON FLYER-SPECIFIC FACTORS /E.G. FREQUENT FLYER STATUS/MILITARY/ CREDIT CARD FORM OF PAYMENT/EARLY PURCHASE OVER INTERNET,ETC

Carry On Allowances

YEG to YYC - 1 Piece (WS - WESTJET)

Carry On Charges

YEG to YYC - (WS - WESTJET) - Carry-on fees unknown - contact carrier

Payment/Fare Details

Form of Payment

CREDIT CARD - MASTERCARD : [REDACTED]

Fare Calculation Line

YEG WS YYC 132.00CAD 132.00END

Fare

CAD 132.00

Taxes/Fees/Carrier-Imposed Charges

CAD 7.12 CA1 (AIR TRAVELLERS SECURITY CHARGE)

	CAD 9.06 XG (GOODS AND SERVICES TAX (GST))
	CAD 30.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))
	CAD 12.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
Total Fare	CAD 190.18

Other Charges

SEAT ASSIGNMENT # [REDACTED] (YEG-YYC / QTY 1) (REFUNDED)	CAD (5.00)	✓
Taxes (REFUNDED)	CAD (0.25)	✓
Form of Payment	CREDIT CARD - MASTERCARD : [REDACTED]	
Total	CAD 0.00	
Total Fare and Other Charges	CAD 190.18	

November 24, 2015 (\$5.25)

- Refund of seat selection fee for Brenda Hemmelgarn's November 24 flight from YEG-YYC (refunded Nov 18/15).

QST # 1202807956TQ0001 GST # 866112535

For details about flying with Westjet, print [the important flight information package](#) or browse our travel info:

- [Baggage fees](#) (\$25-\$88.50 per bag; additional \$75-\$88.50 per bag for overweight or oversize)
- [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
- [Children, infants and expectant mothers](#)
- [Fares, taxes and fees](#) (Changes and cancellations, baggage, service fees)
- [Guests with special needs](#)
- [ID requirements](#)
- [Inflight services](#) (Inflight entertainment and buy-on-board menu)
- [Seat selection](#) (Seat maps, seats in Plus)

At Westjet, getting you to your destination safely and on time are top priorities for us. To help ensure an on-time departure, we adhere to our [check-in and baggage cut-off times](#). Please make sure you're familiar with these rules, and give yourself enough time to get through security and arrive at your departure gate on time or we will deny boarding.

If you fail to show for the first flight segment of a round trip or multi-segment reservation, all remaining flights segments, including return flights, will automatically be cancelled and the total fare paid will be forfeited without compensation. To change or cancel your reservation, you can [manage your booking online](#) or call 1-888-937-8538 (1-888-WESTJET).

Travelling with one of our airline partners? Be sure to familiarize yourself with the fees for your journey by visiting our [airline partners](#) page. Fees are collected on a one-way basis by the airline operating the first flight for each direction of your journey.



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
T4A/R Applicable? - If yes, indicate line & amt	

**BOARD MEMBER
EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	Dec-15
Address:	[Redacted]		City:	Calgary	
Province:	AB	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Board Meeting.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Comp/BU/O IS	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$103.10
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$103.10



SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>B. Hemmelgarn</i>	Dec 2/15	[Redacted]
I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Approved by (Print Name)	Position Title/Program Group		
Linda Hughes	Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date		
<i>Linda Hughes</i>	Dec. 10 / 15		

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Proc.

For payment please submit to:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T

Deborah Rhodes Dec 31/15
Deborah Rhodes, VP Corporate Services & CFO
Position #: [Redacted] DOFA Level: [Redacted]

Created: November 01, 2013
Rev 7 eff November 27, 2015

Carry forward from Section 1

Name: **Dr. Brenda Hemmelgarn** Expense Period Month: **42353**

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
30-Nov-15	Parking at Calgary International Airport to attend Board Meeting in Edmonton.	Yes					\$39.85	✓		
30-Nov-15	Taxi from Edmonton International Airport to hotel.	Yes					\$63.25	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$103.10	\$0.00	0.00	

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ -

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

RECEIPT
GST NO. R122556194

EXIT No. A2
IN: 11/30/15 17:08
OUT: 12/01/15 18:07
DURATION: 1 00: 59
PAID: \$ 39.85
(GST INCLUDED)
VISA

REF. 100
THANK YOU FOR
YOUR VISIT

Airport Parking
Calgary International Airport Parkade

TAXI

AIRPORT TAXI SERVICE
4608 101 ST.
(7802907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2015/11/30
TIME 5129 20:00:54
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

Visa Credit
A0000000031010
94F90ADCC7F11ACB
0080008000-E800
A81C0F4ABA6B072A
0080008000-F800

APPROVED

AUTH# [REDACTED] 01-027
THANK [REDACTED]

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

AHS - AP Processing - Internal Use Only
Voucher #
Naming Convention:
T4A/NR Applicable? - If yes, indicate line & amt

**BOARD MEMBER
[REDACTED] EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	Nov-15
Address:	[REDACTED]	City:	Calgary		
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Board Orientation.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$123.70
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$123.70

[REDACTED]	[REDACTED]
------------	------------

SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. Brenda Hemmelgarn	<i>[Signature]</i>	10-1/15	[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Dec. 10/15

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to

For payment please submit to: Deborah Rhodes Dec. 3/15
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [REDACTED] DOFA Level: [REDACTED]

Created: November 01, 2013
 Rev 7 eff November 27, 2015

Carry forward from Section 1

Name: **Dr. Brenda Hemmelgarn** Expense Period Month: **42309**

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
22-Nov-15	Parking at Calgary International Airport to attend Board Orientation in Edmonton.	Yes					\$58.70	✓		
22-Nov-15	Taxi from Edmonton International Airport to hotel.	Yes					\$65.00	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$123.70	\$0.00	0.00	

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ -

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

November 22, 2015 (\$65.00)

- Taxi from Edmonton International Airport to hotel.

②

EIA

From _____
 To _____
 Time 8:47 pm
 Date NOV 22/2015
 Trip Amount 65.00
 Driver Name _____
 Car Number _____
 GST 805437878

November 22, 2015 (\$58.70)

- Parking at Calgary International Airport to attend Board Orientation in Edmonton.

①

**RECEIPT
GST NO. R122556194**

EXIT No. A1
 IN: 11/22/15 17:09
 OUT: 11/24/15 17:09
 DURATION: 2 00: 01
 PAID: \$ 58.70
 (GST INCLUDED)
 VISA

REF. _____
 THANK YOU FOR
 YOUR VISIT

Calgary International Airport Parkade

AIRPORT TAXI SERVICE
 4608 101 ST.
 (7808907070)
 EDMONTON AB

CARD _____
 CARD TYPE **VISA**
 DATE 2015/11/22
 TIME 5718 20:47:42
 INVOICE # _____
 RECEIPT NUMBER _____

PURCHASE
 TOTAL **\$65.00**

Visa Credit
 A0000000031010
 32DF2026C889E503
 0080008000-E800
 6F6D1DA7D5F5DD44
 0080008000-F800

APPROVED
 AUTH: _____ 01-027
 THANK YOU

CARDHOLDER COPY

**IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS**

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Brenda Hemmelgarn	Reporting Period for the Month of : Dec-15
---------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1-Dec-2015	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton to attend board meeting on Dec 1, 2015-Inv [REDACTED]	Marlin Travel	440.80
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 440.80

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: November 30, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS BRENDA HEMMELGARN
AC [REDACTED]

Tuesday, December 1, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 01Dec15
AIR CANADA E

Flight: 8169 V CLASS
05:00 PM Equipment: DH4
05:54 PM

Mile(s) Flown: 163

Cost:

TKT-[REDACTED] E-TKT	[REDACTED]	154.00
	Tax:	46.68
	Ticket Total:	200.68
AIR CANADA WEB [REDACTED]	[REDACTED]	269.52
	Tax:	74.96
	Ticket Total:	344.48
AIR CANADA WEB [REDACTED]	[REDACTED]	-269.52
	Tax:	-74.96
	Ticket Total:	-344.48

Total:

Grand Total:	200.68
Less Credit Card Payments:	200.68
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: November 30, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS BRENDA HEMMELGARN
AC [REDACTED]

Monday, November 30, 2015

 Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 30Nov15
WESTJET ENCO

Flight: 3291 V CLASS
06:45 PM Equipment: DH4
07:42 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] E-TKT [REDACTED]	191.00
	GST: 12.01
	Tax: 49.12
	Ticket Total: 252.13

\$240.12

Total:

Grand Total:	252.13
Less Credit Card Payments:	252.13
Total GST/HST:	12.01
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00