

AHS Board and Executive Expense Report

Name Brenda Huband

Title VP & Chief Health Operations Officer Central & Southern Alberta

Location Calgary

Expenses submitted during the month of November 2017

							Tra	vel (1)								
MMM-YY	Source Document	Purpose	Д	irfare	Me	eals	Accom	modation		her avel	tal ivel	Professional Developmen (2)	l H	Working Sessions osting and lospitality (3)	Oth (4	
Nov-17 Nov-17	P-Card Expense Claim	Meetings Meetings						1,529		564 106	2,093 106					
Nov-17	Direct Billing	Meetings	•	2,913	¢		\$	1,529	¢	670	2,913 5,112	¢			¢	

Total for

the Month \$ 5,112

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 189

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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title		Expense Claim Total										
HUBAND, BRENDA	VP & Chief Health Operations Officer, Central & Southern Alberta	Calgary	\$ 2,092.86										
Expense Date	Business reason		Expense Location	Expense Type	Amo		From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
10/16/2017	Accommodation in Edmonto attended ELT, ELT Budget me North South DYAD meeting, Exec Retreat and ZEL Retreat	eeting, ELT & IM/IT	AB - Local	Accommodations	\$	736.52			Accommodation in Edmonton - attended ELT, ELT Budget meeting, North South DYAD meeting, ELT & IM/IT Exec Retreat and ZEL Retreat	4			
10/20/2017	SSP to YEG for B. Huband, T. F. Belanger - attended ELT, E meeting, North South DYAD ELT & IM/IT Exec Retreat and	LT Budget meeting,	AB - Local	Taxi	\$	66.00	SSP	YEG	SSP to YEG for B. Huband, T. Braun and F. Belanger - attended ELT, ELT Budget meeting, North South DYAD meeting, ELT & IM/IT Exec Retreat and ZEL Retreat	1			
10/20/2017	Parking at YYC while in Edmo attended ELT, ELT Budget me North South DYAD meeting, Exec Retreat and ZEL Retreat	eeting, ELT & IM/IT	AB - Local	Parking - Lot or Parkade	\$	125.95			Parking at YYC while in Edmonton - attended ELT, ELT Budget meeting, North South DYAD meeting, ELT & IM/IT Exec Retreat and ZEL Retreat	1			
10/25/2017	YEG to Westin - in Edmonton AHS Board meeting and to pr UNA meeting and to attend I Health and People Strategy L	resent to ndigenous	AB - Local	Taxi	\$	66.00	YEG	Westin Hotel Edmonton	YEG to Westin - in Edmonton to attend AHS Board meeting and to present to UNA meeting and to attend Indigenous Health and People Strategy Listening Day and AHS Advisory Council Fall Forum	1			
10/25/2017	Accommodation Westin Hote Edmonton - in Edmonton to a Board meeting and to preser meeting and to attend Indige Health People Str	attend AHS at to UNA	AB - Local	Accommodations	\$	424.38			Accommodation Westin Hotel Edmonton in Edmonton to attend AHS Board meeting and to present to UNA meeting and to attend Indigenous Health People Strategy Listening Day and 2017 AHS Advisory Council Fall Forum	- 2			

AHS Public Disclosure P-Card

Claimant Name	Claimant Title		Expense Claim Total]									
	VP & Chief Health Operations Officer, Central & Southern Alberta	Calgary	\$ 2,092.86										
Expense Date	Business reason		Expense Location	Expense Type	Amoun	-	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
10/27/2017	Taxi Coast Plaza-YEG - in Edm attend AHS Board meeting an present to UNA meeting and Indigenous Health People Str Listening	nd to to attend	AB - Local	Taxi	\$ 6	56.00	SSP	YEG	Taxi from Coast Plaza Edmonton to YEG - in Edmonton to attend AHS Board meeting and to present to UNA meeting and to attend Indigenous Health People Strategy Listening Day and 2017 AHS Advisory Council Fall Forum	1			
10/27/2017	Parking at YYC -in Edmonton AHS Board meeting and to pr UNA meeting and to attend I Health and People Strategy L	resent to ndigenous	AB - Local	Parking - Lot or Parkade	\$ 8	38.05			Parking at YYC -in Edmonton to attend AHS Board meeting and to present to UNA meeting and to attend Indigenous Health and People Strategy Listening Day and AHS Advisory Council Fall Forum	1			
10/29/2017	Accommodation - B. Huband Edmonton to attend Quality		AB - Local	Accommodations	\$ 36	68.26			Accommodation - B. Huband - In Edmonton to attend Quality Summit	2			
10/31/2017	Taxi from Edmonton Expo Ce for B. Huband and T. Braun - Edmonton to attend Quality	In	AB - Local	Taxi	\$ 7		Edmonton Expo Centre	YEG	Taxi from Edmonton Expo Centre to YEG for B. Huband and T. Braun - In Edmonton to attend Quality Summit	1			
10/31/2017	Parking at YYC while in Edmo attend Quality Summit	onton to	AB - Local	Parking - Lot or Parkade	\$ 7	79.70			Parking at YYC while in Edmonton to attend Quality Summit	1			
Approver(s) for t	the claim	Approval S	tatus	Approval Date				•				•	•

8-Dec-17

Approve

YIU, VERNA

Tel: 780-426-3636 Fax: 780-428-1454

WESTIN[®]

HOTELS & RESORTS

Invoice Nbr

22:03

06:10

Brenda Huband

Page Number : 1
Guest Number : 1
Folio ID : 16-OCT-17
Depart Date : 20-OCT-17
No. Of Guest : 1
Room Number : Club Account : 1

Copy Tax Invoice

Tax ID: 815461330RT0001

The Westin Edmonton OC	Marking Individual Control of Marking Control of Marking Control of Control o		
Date <u>Referenc</u> e	Description	Charges (CAD) Credit:	s (CAD)
16-OCT-17	Room Charge	164.00	
16-OCT-17	GST	8,45	
16-OCT-17	Destination Marketing Fee	4.92	
16-OCT-17	Tourism Levy	6.76	
17-OCT-17	Room Charge	164.00	
17-OCT-17	GST	8.45	
17-OCT-17	Destination Marketing Fee	4.92	
17-OCT-17	Tourism Levy	6.76	
18-OCT-17	Room Charge	164.00	
18-OCT-17	GST	8.45	
18-OCT-17	Destination Marketing Fee	4.92	
18-OCT-17	Tourism Levy		
19-OCT-17	Room Charge	6.76	
19-OCT-17	GST	164.00	
19-OCT-17	Destination Marketing Fee	8.45	
19-OCT-17	Tourism Levy	4,92	
20-OCT-17	Mastercard	6.76	
stear Service (** 17	Master Carti-	-7	736.52

Tel: 780-426-3636 Fax: 780-428-1454

WESTIN®
HOTELS & RESORTS

Brenda Huband

Page Number Guest Number Folio ID Arrive Date Depart Date

Club Account

Depart Date : 20-OCT-17

No. Of Guest : 1

Room Number :

Invoice Nbr

22:03 06:10

1

Approve EMV Receipt for MC - IN Verified

** Total

*** Balance

736.52 0.00 -736.52

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store

As a Starwood Preferred Guest you have earned at least

Tell us about your stay, www.westin.com/reviews

ATS GROUP 4608 101 ST NW 7809897099 **EDMONTON** AB

CARD CARD TYPE

MASTERCARD

DATE

2017/10/20 0589 15:05:33

TIME INVOICE #

RECEIPT NUMBER

PURCHASE TOTAL

\$66.00

MasterCard

APPROVED

AUTH#

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

RECEIPT GST NO. R122556194

TKT NO:

POF: IN: 10/16/17 16:10 OUT: 10/20/17 19:24 PAID:\$ 125.95

DURATION: 4 03: 14 (GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN. TO EXIT

ATS GROUP 4608 101 ST NW 7809897099 **EDMONTON** AB

CARD CARD TYPE

MASTERCARD 2017/10/25

DATE TIME

0539 21:42:35

INVOICE #

RECEIPT NUMBER

PURCHASE TOTAL

\$66.00

MasterCard

APPROVED

AUTH# THANK

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

RECEIPT GST NO. R122556194

TKT NO POF:

IN: 10/25/17 17:22 OUT: 19/27/17 22:56

PAID: \$ 88.05

DURATION: 2 05: 34 (GST INCLUDED?

MASTERCARD

YOU HAVE 10 MIN. TO EXIT

ATS GROUP 4608 101 ST NW 7809857099 AB EDMONTON

CARD CARD TYPE

MASTERCARD

DATE TIME

2017/10/2/ 0360 20:27:16

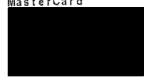
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RECEIPT NUMBER

PURCHASE TOTAL

\$66.00

MasterCard



APPROVED

AUTH# THANK

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 73871 2892 RT0001







Tel: 780-426-3636 Fax: 780-428-1454

HOTELS & RESORTS

25-OCT-17

Brenda Huband



Page Number Guest Number Folio ID Arrive Date

Depart Date 27-OCT-17 No. Of Guest Room Number

Club Account

Invoice Nbr

21:52 06:10

Tax Invoice

Tax ID: 815461330RT0001

The Westin Edmonton OCT-27-2017 06:20 .

Date <u>Referenc</u> e	Description	Charges (CAD) Credits (CAD)
25-OCT-17	Room Charge	189.00
25-OCT-17	GST	9.73
25-OCT-17	Destination Marketing Fee	5.67
25-OCT-17	Tourism Levy	7.79
26-OCT-17	Room Charge	189.00
26-OCT-17	GST	9.73
26-OCT-17	Destination Marketing Fee	5.67
26-OCT-17	Tourism Levy	7.79
27-OCT-17	Mastercard	-424.38

Approve EMV Receipt for MC PIN Verified

Application Label:MasterCard

** Total 424.38 -424.38 *** Balance 0.00

Tel: 780-426-3636 Fax: 780-428-1454





 Page Number
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 2
 Invoice Nbr

 Guest Number
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Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date: "	Room	GST -	Tour Lew	FoodBev	Phone .	Other		
10-25-2017	189.00	9.73	7.79	0.00	0.00	5.67	212.10	Payment
10-26-2017	189.00	9.73	7.79	0.00	0.00	5.67	212,19 212,19	0.00
10-27-2017	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00 -424.38

Tel; 780-426-3636 Fax: 780-428-1454

Brenda Huband Alberta Health Services Ii HOTELS & RESORTS

Page Number Invoice Nbr Guest Number Folio ID Arrive Date 29-OCT-17 20:11 Depart Date 31-OCT-17 06:11 No. Of Guest Room Number Club Account

0.00

Tax Invoice

Tax ID:	815461330RT0001		
The Westin	Edmonton OCT-31-2017 06:20		
Date	Reference Description	Charges (CAD) Cred	lits (CAD)
29-OCT-17	Room Charge	164.00	Commence of the second and the second
29-OCT-17	GST	8.45	
29-OCT-17	Destination Marketing Fee	4.92	
29-OCT-17	Tourism Levy	6.76	
30-OCT-17	Room Charge	164.00	
30-OCT-17	GST	8,45	
30-OCT-17	Destination Marketing Fee	4.92	
30-OCT-17	Tourism Levy	6.76	
31-OCT-17	Mastercar		-368.26
	Approve EMV Receipt for MC - *** IN Verified Application Label: MasterCard		
	** Total	368.26	-368.26
	*** Balance	0.00	

Tel: 780-426-3636 Fax: 780-428-1454

Brenda Huband

Alberta Health Services Ii



Page Number :
Guest Number :
Folio ID :
Arrive Date :
Depart Date :
No. Of Guest :
Room Number :

2 Invoice Nbr
29-0C1-17 20:11
31-0CT-17 06:11

20:11 06:11

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at westin.com/newbalance

Club Account

As a Starwood Preferred Guest you have earned at least

Starpoints for this visit

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date "U	Room	GŠT	our Levy	Food Bev	Phone	Omer	Total	Fayment
10-29-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
10-30-2017	164.00	8.45	6.76	0.00	0.00	4,92	184.13	0.00
10-31-2017	0,00	0.00	0.00	0.00	0.00	0.00	0.00	-368.26

ATS GROUP 4608 101 ST NW 7809897099 EDMONTON AB

CARD

MASTERCARD

CARD TYPE DATE

2017/10/31

TIME

2509 15:18:39

INVOICE #

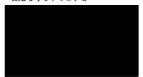
RECEIPT NUMBER

can can real core here were row rows cone cone and 400 MA

PURCHASE TOTAL

\$72.00

MasterCard



APPROVED

AUTH#

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

RECEIPT GST NO. R122556194

TRT NO:

POF; C52

IN: 10/29/17 16:16 0UT:10/31/17 17:59

PAID: \$ 79.70

DURATION: 2 01: 43 (GST INCLUDED)

MASTERCARD

YOU HAVE 10 MIN. TO EXIT

O () FLYYYC



AHS Public Disclosure Expense Claims

Claimant	Claimant Title	Claimant	Expense	1								
Name		Location	Claim Total									
HUBAND, BRENDA	VP & Chief Health Operations Officer, Central & Southern Alberta	Calgary	\$ 106.06									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/16/2017	SPTT to YYC - in Edmonton to a ELT Budget meeting, North Sou meeting, ELT & IM?IT EC Execu and ZEL Retreat	ıth DYAD		Mileage-Local-Home Zone	\$ 14.65	SPTT	YYC	SPTT to YYC - in Edmonton to attend ELT, ELT Budget meeting, North South DYAD meeting, ELT & IM?IT EC Executive Retreat, and ZEL Retreat	1			29
10/20/2017	YYC to Home- in Edmonton to ELT Budget meeting, North Sou meeting, ELT & IM?IT EC Execu and ZEL Retreat	ıth DYAD		Mileage-Local-Home Zone	\$ 19.19	YYC	Home	YYC to home - in Edmonton to attend ELT, ELT Budget meeting, North South DYAD meeting, ELT & IM?IT EC Executive Retreat, and ZEL Retreat	1			38
10/25/2017	SPTT to YYC - travel to Edmont AHs Board meeting, do present and attend Indigenous Health a Strategy Listening day an	tation to UNA		Mileage-Local-Home Zone	\$ 14.65	SPTT	YYC	SPTT to YYC - travel to Edmonton to attend AHs Board meeting, do presentation to UNA and attend Indigenous Health and People Strategy Listening day and AHS Advisory Council Fall Forum	1			29
10/27/2017	YYC-home - travel to Edmonton AHs Board meeting, do present and attend Indigenous Health a Strategy Listening day and A	tation to UNA		Mileage-Local-Home Zone	\$ 19.19	YYC	Home	YYC-home - travel to Edmonton to attend AHs Board meeting, do presentation to UNA and attend Indigenous Health and People Strategy Listening day and AHS Advisory Council Fall Forum	1			38
10/29/2017	Home to YYC and return - trave Edmonton to attend Quality Su			Mileage-Local-Home Zone	\$ 38.38	Home to YYC	YYC to Home	Home to YYC and return - travelled to Edmonton to attend Quality Summit	2			38
Approver(s) fo	or the claim	Approval Sta	itus	Approval Date		•	•	•		•	•	
YIU, VERNA		Approve		8-Dec-17	1							



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.

Name :	Brenda Huband	Reporting Period for the Month of :	October-November 2017

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Sep-2017	Direct Billing	Airline Ticket	Change fee - extend stay in Edmonton - Needed to attend ELT extra meeting	Marlin Travel	157.50
26-Sep-2017	Direct Billing	Airline Ticket	Change fee - cancel prevously booked flight due to need for stay in Edmonton to attend extra ELT meeting	Marlin Travel	98.90
4-Oct-2017	Direct Billing	Airline Ticket	Travel to Edmonton and return - attend ELT, ELT Budget meeting and meeting with UNA	Marlin Travel	475.16
11-Oct-2017	Direct Billing	Airline Ticket	Travel to Edmonton and return - attend ELT, ELT Budget, DYAD meeting, ELT Connect Care meeting, Zone Executive Leader's retreatusing credit on file.	Marlin Travel	150.00
11-Oct-2017	Direct Billing	Airline Ticket	Travel to Edmonton and return - attend ELT, ELT Budget, DYAD meeting, ELT Connect Care meeting, Zone Executive Leader's retreat using credit on file - fee for use	Marlin Travel	154.95
Total Paid in the	Month				\$ 1,036.51



Expense Report Direct Bill Summary

Purpose of This Form:

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Expenses Paid Directly to Third Party Vendors:

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Direct Bill Report

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- 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 wheth	er you have expenses to report in this section	on for this reporting period:	YES
Name :	Brenda Huband	Reporting Period for the Month of :	October/November 2017

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Oct-2017	Direct Billing	Airline Ticket	Change fee to amend Travel time due to a previously scheduled meeting in Edmonton being cancelled.	Marlin Travel	75.00
25-Oct-2017	Direct Billing	Airline Ticket	Travel from Calgary to Edmonton and Return to attend AHS Board meeting and 2017 AHS Advisory Council Fall Forum	Marlin Travel	435.26
29-Oct-2017	Direct Billing	Airline Ticket	Travel from Calgary to Edmonton and Return - attend Quality Summit	Marlin Travel	475.16
14-Nov-2017	Direct Billing		Travel from Calgary to Edmonton and Return - attend ELT and Indigenous Health meeting - flight cancelled credit to be used in future	Marlin Travel	418.16
14-Nov-2017	Direct Billing	Airline Ticket	Travel from Calgary to Regina and Return - attend Regina Health Summit on behalf of CEO and AHS	Marlin Travel	472.96
otal Paid in the	Month				\$ 1,876.54



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

Trip #: **Booking Date:** Client:

Agent:

File Locator:

PASSENGERS: MS. BRENDA HUBAND

REFERENCE/ DES	CRIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
AIR CANADA ON	LINE CHANGE FEE(Confirmation #		157.50	0.00	\$0.00	0.00	0.00	157.50	CAE
AIR CANADA ON	IR CANADA ONLINE CHANGE FEE Confirmation #				0.00	\$0.00	0.00	0.00	98.90	CAE
	- 10 Hz - 100 Hz - 10		Total:	256.40	0.00	0.00	0.00	0.00	256.40	CAE
AYMENTS	Invoice #	Payment Date 09/26/2017 09/26/2017	Card Holder		Form of	Pavment			Amount 157.50 98.90	CAD
							Total Pa	yment:	256.40	CAE
		0.000.000.000.000.000.000			Ва	alance Du	e CAD Cur	rency	0.00	CAI
				Total GS	г	0.00	Tota	II HST	\$0.00	

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

Trip #: **Booking Date:** Client: Agent:



File Locator:

MY ITINERARY

Passengers

Citizenship

Required Travel Documents

BRENDA HUBAND

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

BRENDA HUBAND Passengers:

Booking Date:

File Locator/Ticket #:

09/26/2017

From: CALGARY INTL To:

Departing on: Returning on: 10/05/2017 10/05/2017



Passengers: BRENDA HUBAND

Booking Date: File Locator/Ticket #: 09/26/2017

From: To:

CALGARY INTL

Departing on:

10/05/2017

Returning on:

10/05/2017



ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 04 Oct 17

Client:
Agent:

File Locator:

PASSENGERS: MS BRENDA HUBAND

REFERENCE/ DESCRIPTIO	DN			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	•
AIR CANADA Ticket #				400.20	0.00	\$0.00	74.96	0.00	475.16	CAD
			Total:	400.20	0.00	0.00	74.96	0.00	475.16	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment			Amount	
		10/04/2017							475.16	CAD
							Total Pa	ayment:	475.16	CAD
					В	Salance Du	e CAD Cui	rency	0.00	CAD
CORPORATE LINIT 101				Total G	ST	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101
REASON FOR TRAVEL ELT

Trip #: Booking Date: Client: Agent:



File Locator:

MY ITINERARY

Passengers BRENDA HUBAND	Citizenship Not Specified	Required Travel Documents Not Specified
All passengers need to ensure that correct documen well as for their return to Canada	ntation requirements are met	for entry to the applicable destinations as





Passengers: BREN	DA HUBAN	VD ****		Booking Date: 10/04/2017 File Locator/Ticket #:					
Airline	Flight	From	Terminal	То	Class	Seat	Stops		
AIR CANADA	08154	CALGARY INTL 10/09/2017 6:3		EDMONTON II 10/09/2017 7:	NTL V :25PM				
AIR CANADA	08153	EDMONTON IN 10/10/2017 6:10	. –	CALGARY INT 10/10/2017 7:	TL V :03PM		***************************************		



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

Trip #: Booking Date: 11 Oct 17 Client: Agent:

File Locator:

PASSENGERS: MS. BRENDA HUBAND

REFERENCE/ DESC	CRIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
AIR CANADA ONI	LINE CHANGE FEE	Confirmation #	***************************************	150.00	0.00	\$0.00	0.00	0.00	150.00	CAD
AIR CANADA ONI	LINE CHANGE FEE	154.95	0.00	\$0.00	0.00	0.00	154.95	CAD		
			Total:	304.95	0.00	0.00	0.00	0.00	304.95	CAD
PAYMENTS	Invoice #	Payment Date 10/11/2017 10/11/2017	Card Holder		Form of	f Payment			Amount 150.00 154.95	CAD
							Total Pa	yment:	304.95	CAD
					В	alance Du	e CAD Cui	rency	0.00	CAE
				Total GS	Т	0.00	Tota	al HST	\$0.00	

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

Trip#: **Booking Date:** 11 Oct 17 Client: Agent:

File Locator:

MY ITINERARY

Passengers **BRENDA HUBAND**

Citizenship

Required Travel Documents

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

BRENDA HUBAND

Booking Date:

10/11/2017

File Locator/Ticket #:

From: To:

CALGARY INTL

Departing on:

10/16/2017

Returning on:



AIR

Passengers: BRENDA HUBAND

Booking Date: File Locator/Ticket#:

From:

CALGARY INTL

Departing on:

10/16/2017

To: Returning on:



ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
Booking Date:
13 Oct 17

10030 - 107 STREET
Client:
EDMONTON AB
T5J 3E4

File Locator:

PASSENGERS: MS BRENDA HUBAND

REFERENCE/ DESCRIPT	ION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket				75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
			Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAD
PAYMENTS	Invoice #	Payment Date 10/12/2017	Card Holder		Form o	f Pavment			Amount 75.00 CAD
							Total Pa	yment:	75.00 CAD
					В	alance Du	e CAD Cui	rency	0.00 CAE
				Total GS	т	0.00	Tota	al HST	\$0.00

CORPORATE UNIT 101 REASON FOR TRAVEL ELT

Trip #:
Booking Date: 13 Oct 17
Client:
Agent:
File Locator:

MY ITINERARY

Passengers BRENDA HUBAND

Citizenship

Required Travel Documents

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



Passengers: BRENI	DA HUBAN	n l			Booking Date: File Locator/Ticket #:	-	
Airline AIR CANADA	Flight 08154	From CALGARY IN 10/16/2017		To EDMONTON INTL 10/16/2017 7:25F		Seat	Stops
AIR CANADA	08169	EDMONTON 10/20/2017	INTL 5:05PM	CALGARY INTL 10/20/2017 5:58F	W PM		



ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
Booking Date:
18 Oct 17

10030 - 107 STREET
Client:
EDMONTON AB
T5J 3E4

File Locator:

PASSENGERS: MS BRENDA HUBAND

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	_
AIR CANADA Ticket #				360.30	0.00	\$0.00	74.96	0.00	435.26	CAD
			Total:	360.30	0.00	0.00	74.96	0.00	435.26	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Pavment			Amount	
		10/18/2017					Total Pa	ayment:	435.26 435.26	
					Е	alance Du	e CAD Cui	rency	0.00	CAE
				Total G	ST	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101 REASON FOR TRAVEL SITE VISIT

Trip #: Booking Date: Client: Agent:

19 Oct 17

File Locator:

MY ITINERARY

Passengers BRENDA HUBAND

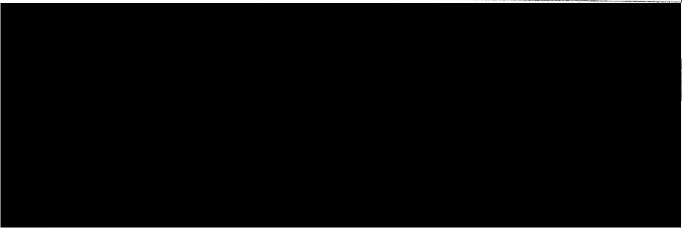
Citizenship

Required Travel Documents

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada





Passengers: BRI	ENDA HUBAN	ND		ALTON DEVELOP AND DESCRIPTION OF THE PROPERTY	g Date: cator/Ticket#:	10/18/	2017
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 10/25/2017 7:35PM	••••••	EDMONTON INTL 10/25/2017 8:25PM	w		оюра
AIR CANADA	08163	EDMONTON INTL 10/27/2017 10:10PM		CALGARY INTL 10/27/2017 11:03PM	W		



ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
Booking Date:
10030 - 107 STREET
EDMONTON AB
T5J 3E4

File Locator:

PASSENGERS: MS BRENDA HUBAND

REFERENCE/ DESCRIPTI	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #		1111111111111111111		400.20	0.00	\$0.00	74.96	0.00	475.16 CAD
			Total:	400.20	0.00	0.00	74.96	0.00	475.16 CAD
PAYMENTS	Invoice #	Payment Date 10/25/2017	Card Holder		Form o	f Payment			Amount
		10/25/2017					Total Pa	ayment:	475.16 CAD 475.16 CAD
					В	alance Du	e CAD Cur	rency	0.00 CAD
				Total G	ST	0.00	Tota	al HST	\$0.00

CORPORATE UNIT 101 REASON FOR TRAVEL ELT

Trip #: Booking Date: Client: Agent:

25 Oct 17

File Locator:

MY ITINERARY

Passengers BRENDA HUBAND

Citizenship

Required Travel Documents

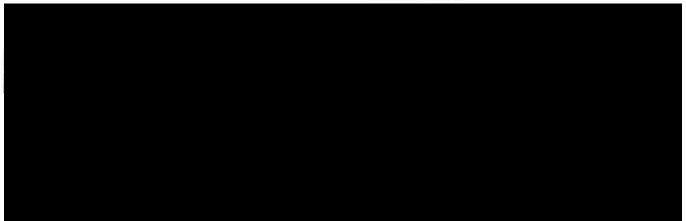
Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



Passengers: BREN	IDA HUBAN	VD:			king Date: Locator/Ticket #;	10/25	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 10/29/2017 6:20PM		EDMONTON INTL 10/29/2017 7:12PM	V		Ciops





Passengers: BREN	DA HUBAN	ND: The state of t	Booking File Loc	ı Date: ator/Ticket #:	10/25/	2017
Airline AIR CANADA	Flight 08153	From EDMONTON INTL 10/31/2017 4:45PM	 To CALGARY INTL 10/31/2017 5:39PM	Class V	Seat	Stops



ALBERTA HEALTH SERVICES

ALBERTA HEALTH SERVICES

Booking Date:
25 Oct 17

10030 - 107 STREET

EDMONTON AB

Till Locator:

PASSENGERS: MS BRENDA HUBAND

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
AIR CANADA Ticket #				343.20	0.00	\$0.00	74.96	0.00	418.16	CAD
0			Total:	343.20	0.00	0.00	74.96	0.00	418.16	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment			Amount	
		10/23/2017					Total Pa	ayment:	418.16	
					В	Salance Due	CAD Cur	rency	0.00	CAD
COPPORATE LINIT 101				Total GS	т	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

Trip #: Booking Date: Client: Agent:

25 Oct 17

File Locator:

MY ITINERARY

Passengers BRENDA HUBAND Citizenship

Required Travel Documents

Not Specified

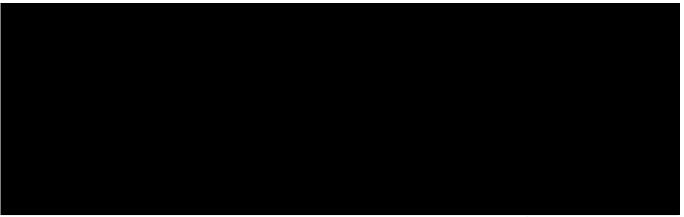
Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers; BRI	ENDA HUBAN	io se a company	en e		ig Date: cator/∏cket#:	10/25/	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 11/13/2017 6:20PM		EDMONTON INTL 11/13/2017 7:12PM	w	••••••	,





Passengers: BR	ENDA HUBAN	iD.	EEST ALTERNATION	Bookin File Loc	g Date: :ator/Ticket#:	10/25/	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	08155	EDMONTON INTL 11/14/2017 6:30PM		CALGARY INTL 11/14/2017 7:24PM	G		



ALBERTA HEALTH SERVICES

ALBERTA HEALTH SERVICES

Booking Date:

10030 - 107 STREET

EDMONTON AB

Trip #:

O3 Nov 17

Client:
Agent:

T5J 3E4

File Locator:

PASSENGERS: MS BRENDA HUBAND

REFERENCE/ DESCRIPTI	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTA	L
AIR CANADA Ticket				408.00	0.00	\$0.00	64.96	0.00	472.96	CAD
			Total:	408.00	0.00	0.00	64.96	0.00	472.96	CAD
PAYMENTS	Invoice #	Payment Date 1/03/2017	Card Holder		Form of	Payment			Amount 472.96	
							Total Pa	ayment:	472.96	
					Ва	alance Due	e CAD Cur	rency	0.00	CAD
CORPORATE LIMIT 101				Total G	ST	0.00	Tota	al HST	\$0.00	

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

Trip #: Booking Date: Client: Agent:

03 Nov 17

File Locator:

File

MY ITINERARY

Passengers

Citizenship

Required Travel Documents

BRENDA HUBAND

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BR	RENDA HUBAN	VID.		Bookin File Loo	g Date: :ator/Ticket #:	11/03/	2017
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08436	CALGARY INTL		REGINA MUNICIPAL	S		





Passengers: BREI	IDA HUBAI	NO		Booking File Loc) Date: ator/Ticket#:	11/03/	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	08441	REGINA MUNICIPAL 11/15/2017 6:50PM		CALGARY INTL 11/15/2017 7:30PM	s		