

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management (Acting)
Location Calgary

Expenses submitted during the month of September 2014

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-14	P-card	Meeting				154	154			
Sep-14	Expense Claim	Meeting				62	62			
Sep-14	Direct Billing	Meeting	571				571			
Total			\$ 571	\$ -	\$ -	\$ 62	\$ 787	\$ -	\$ -	\$ -

Total for the Month \$ 787

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

Car allowance 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

STEVENS Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/09/2014
CAPITAL MANAGEMENT Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$153.71
BRIAN.STEVENS@ALBERTAHEALTHSERVICES.CA 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
19/08/2014	361838873	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	38.30	CAD	38.30	1.82	(1)	Taxi - FMC to Calgary airport - Tour of FMC site in Calgary ✓
21/08/2014	361823750	ASSOCIATED CABALLIED, LIMOUSINES AND TAXICABS	46.90	CAD	46.90	2.16	(2)	Taxi - Calgary airport to FMC - Tour of FMC site in Calgary ✓
10/09/2014	363788242	BUDGET RENT-A-CAR, BUDGET RENT-A-CAR	44.51	CAD	44.51	.00	(3)	rental car for travel to Calgary for e-Facilities meetings - cancelled trip at last minute due to extreme weather in Calgary ✓
17/09/2014	364765425	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.14	(4)	Parking at Edmonton airport - fly to Calgary for CCP Executive Oversight Committee ✓

<p>Signatures</p> <p>Cardholder Designate (if Applicable) By signing this statement</p> <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. <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p><u>IGGULDEN, KATHY</u> Name of Cardholder Designate</p> <p><i>[Signature]</i> Signature of Cardholder Designate</p> </td> <td style="width:50%; border: none;"> <p><u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title</p> <p><u>Sept. 25/14</u> Date of Signature</p> </td> </tr> </table>		<p><u>IGGULDEN, KATHY</u> Name of Cardholder Designate</p> <p><i>[Signature]</i> Signature of Cardholder Designate</p>	<p><u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title</p> <p><u>Sept. 25/14</u> Date of Signature</p>	
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<p>Cardholder By signing this statement</p> <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. <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p><u>STEVENSON, BRIAN</u> Name of Cardholder</p> <p><i>[Signature]</i> Signature of Cardholder</p> </td> <td style="width:50%; border: none;"> <p><u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title</p> <p><u>Sept. 26/14</u> Date of Signature</p> </td> </tr> </table>		<p><u>STEVENSON, BRIAN</u> Name of Cardholder</p> <p><i>[Signature]</i> Signature of Cardholder</p>	<p><u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title</p> <p><u>Sept. 26/14</u> Date of Signature</p>	
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<p>Submit approved statement with attachments to Accounts Payable:</p> <table style="width:100%; border: none;"> <tr> <td style="width:65%; border: none; vertical-align: top;"> <p>Attach:</p> <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: 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. </td> <td style="width:35%; border: none; vertical-align: top;"> <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> </td> </tr> </table>		<p>Attach:</p> <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: 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
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<p>Accounts Payable only:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Reference #: _____</td> <td style="width:33%; border: none;">Reviewed by: _____</td> <td style="width:33%; border: none;">Date: _____</td> </tr> </table>		Reference #: _____	Reviewed by: _____	Date: _____
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(1) Taxi - FMC to Calgary airport - Tour of FMC
site in Calgary - August 19/14

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: MasterCard
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: 0000155712EF
Transaction Reference
Number: [REDACTED]
DATE: 2014/08/19 15:21:16
AUTH: [REDACTED]
IFID: 11621819
DRV: 4784
VEH: 489
GST: 875394413
Meter Start Time:
14:53:02
Meter Stop Time:
15:19:52
Distance: 18.4 Km

FARE 1: \$ 34.30
FLAT: \$ 0.00
TAX: \$ 0.00
TOTAL FARE: \$ 34.30
PAYMENT AMOUNT: \$ 34.30
TIP: \$ 4.00

TOTAL PAYMENT: \$ 38.30
Purchase Auth Complete

(2) Taxi - Calgary airport to FMC - Tour of FMC
site in Calgary - August 19/14

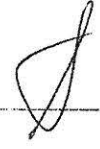
ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/08/19
PICK-UP TIME: 07:58
DROP-OFF TIME: 08:29
TRIP ID: 0
LOCATION: 073888-45824103707
CAR NUMBER: 1189
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 48.98
EXTRA (\$): 0.00
SUBTTL (\$): 48.98

TIP (\$) 5.00

TOTAL (\$) 45.98

SIGNATURE: 

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY



We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: [REDACTED]

RECEIPT [REDACTED]

Your Information

Customer Name: BRIAN STEVENSON
Budget Customer Discount: CALGARY HEALTH REGION
Method of Payment: [REDACTED]
Frequent Traveler Number: [REDACTED]

Your Vehicle Information

Vehicle Number: [REDACTED]
Vehicle Group Rented: [REDACTED]
Vehicle Group Charged: [REDACTED]
Vehicle Description: [REDACTED]
License Plate Number: [REDACTED]
Odometer Out: 37762
Odometer In: 37783
Total Driven: 1
Fuel Gauge Reading: Full

Your Rental

Pickup Date/Time: SEP 10 2014 @ 7:00 AM
Pickup Location: [REDACTED]

Return Date/Time: SEP 10 2014 @ 1:12 PM
Return Location: [REDACTED] Additional fees may apply if changes are made to your return date, time and/or location.

Your Vehicle Charges (MIN 1 DAY)

Rate Chart:	Free Kilometres: Time and Kilometres:
Kilometres: UNLIMITED	Your Discount:
Hourly: 30.01	MIN 1DY/02/C 1FM = 40.00
Daily: 40.00	
Ad'l day: 0.00	
Weekly: 240.00	Time and Kilometres: 40.00
Monthly: 960.00	

Your Optional Products/Services

Optional Services Total: 0.00

Your Taxable Fees

Vehicle License Fee 1.25/DY	1.25
ENERGY RECOVERY FEE 1.14/DY	1.14
Sub-total-Charges:	42.39

Your Non-Taxable Products/Services

GST TAX 5.00 % 2.12

Your Total Charges paid: 44.51
Prepayment: 0.00

Net Charges: CAD 44.51
Your Total Due: 0.00

Thank you for renting with Budget.
For all other inquiries, please contact us at 1-800-352-7900, or www.budget.com.

Your vehicle was rented to you by 52243. Your vehicle was checked in by 52243.

(3) Rental car for travel to Calgary for e-Facilities meetings - September 10/14 - cancelled trip at last minute due to extreme weather (snow storm) in Calgary

(4) Parking - Edmonton International Airport - flew to Calgary for CCP
Executive Oversight Committee – September 17/14

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

P3 North E 17/09/14 21:32
Receipt: [REDACTED]

Short-term parking tkt
DL - No. 014606
17/09/14 12:38 -
18/09/14 12:37 -
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC [REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81
Tax 5% 1.19

171
ed00107A - 1/1
- V101000A

TRAVEL, HOSPITALITY & WORKING SESSION 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)

Expense Date From: 22-Aug-14 To 21-Sep-14
 Travel Period from: _____ To _____
 Out-of-Province Travel

Name: Brian Stevenson Position (Title): Acting Chief Program Officer, Capital Management
 Location: _____ Dept: Capital Management DOFA Level: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0008	71110500053	\$61.87						\$61.87		
2B												
2C												
2D												
				\$61.87								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understood the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. *Travel, Hospitality and Working Session Expense Policy - Document# 1122*

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: *[Signature]* Date: *Sept. 26/14*

I attest that I have read and understood all applicable policies of Alberta Health Services 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 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 above. *Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.*

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level _____
 Signature: *Deborah Rhodes* Title: Acting Chief Financial Officer Date: *Oct. 3/14*

I attest that I have read and understood all applicable policies of Alberta Health Services 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 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 above.

Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: _____ Title _____ Date _____

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 sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E6

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110500053	Emp # (E-People) [REDACTED]	Page 2A
<i>If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR [REDACTED] for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.</i>		

SECTION B: TRAVEL EXPENSES **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
27-Aug-14	LRT - SSP to CN Tower - e-Facilities mtg with Dave Brewin, Steve Rees & Tracie Filuk	AB - Local	Meeting	Yes								\$2.40		
27-Aug-14	LRT - return from CN Tower to SSP - e-Facilities mtg with Dave Brewin, Steve Rees & Tracie Filuk	AB - Local	Meeting	Yes								\$2.40		
28-Aug-14	SSP to AI Offices - round trip (CCP Executive Steering Committee Meeting)	AB - Local	Meeting	Yes										12.00
2-Sep-14	SSP to AI Offices - round trip (Joint Capitol Steering Committee Mtg)	AB - Local	Meeting	Yes										12.00
9-Sep-14	SSP to AI Offices - round trip (Northern Alberta Integrated Laboratory Services Committee Mtg)	AB - Local	Meeting	Yes										12.00
11-Sep-14	SSP to AI Offices - round trip (CCP Executive Steering Committee Meeting)	AB - Local	Meeting	Yes										12.00
17-Sep-14	SSP to Edmonton Airport - flew to Calgary for face to face Calgary Cancer Project Executive Oversight Committee meeting	AB - Provinc	Meeting	Yes										30.00
17-Sep-14	Edmonton Airport to home - flew to Calgary for face to face Calgary Cancer Project Executive Oversight Committee meeting	AB - Provinc	Meeting	Yes										35.00
SUBTOTALS												\$4.80		Total Kms 113.00

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p align="right">Mileage \$ \$0.505</p>
<p align="center">Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	
<p align="right">Mileage \$ \$57.07</p>	
<p align="right">Travel \$ Subtotal \$4.80</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$61.87</p>	

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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

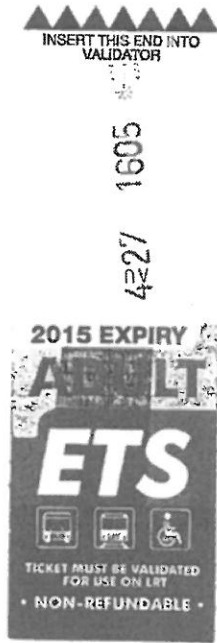
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Brian Stevenson	Reporting Period for the Month of: September 2014
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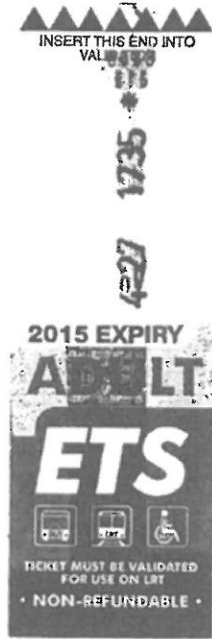
Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-04	Direct Billing	Transportation	Airfare Edmonton to Calgary - Calgary Cancer Project Executive Oversight Committee meeting - Sept 15	Marlin Travel	\$226.96
2014-09-15	Direct Billing	Transportation	Change fees for rescheduling Sept 15 flight to Sept 17 as meeting was	Marlin Travel	\$294.00

			rescheduled		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$570.96

(1) LRT (public transit) - SSP to CN Tower - e-Facilities mtg with Dave Brewin, Steve Rees & Tracie Filuk – September 17/14



(2) LRT (public transit) - return from CN Tower to SSP - e-Facilities mtg with Dave Brewin, Steve Rees & Tracie Filuk – September 17/14



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

*Return flight from Edmonton to Calgary - to attend
a face to face Calgary Cancer Project Executive
Oversight Committee meeting, Sept 15/14*

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 4, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

MR BRIAN STEVENSON

Monday, September 15, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Seat(s): 7C
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8131 K CLASS
05:30 AM Equipment: DH4
06:20 AM

Reference: [REDACTED] Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Seat(s): 7C
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8172 K CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:22 PM

Reference: [REDACTED] Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	20.00
AIR CANADA WEB [REDACTED]	[REDACTED]	182.00
	Tax:	74.96
	Ticket Total:	256.96

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

Invoice Number: [REDACTED]
Date: September 4, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	276.96
Less Credit Card Payments:	276.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

*Change fees for return flight from Edmonton to Calgary -
to attend a face to face Calgary Cancer Project Executive
Oversight Committee meeting - original Sept 15th
meeting rescheduled to Sept 17/14*

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 15, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

MR BRIAN STEVENSON

Wednesday, September 17, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8147 S CLASS
02:00 PM Equipment: DH4
02:50 PM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Flight: 8160 S CLASS
08:30 PM Equipment: CRJ JET
09:19 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	144.00
AIR CANADA WEB [REDACTED]	[REDACTED]	150.00

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

Invoice Number: [REDACTED]
Date: September 15, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	294.00
Less Credit Card Payments:	294.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
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