

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-14	P-Card	Meeting				50	50			
Nov-14	Expense Claim	Meeting				89	89			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 139	\$ 139	\$ -	\$ -	\$ -

**Total for the Month**     \$        139

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

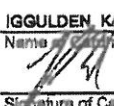
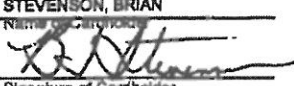
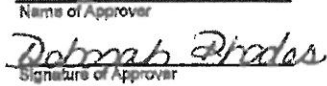
**Instruction:**

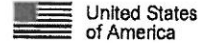
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<b>STEVENSON, BRIAN</b> Cardholder's Name	<b>CHIEF PROGRAM OFFICER</b> Cardholder's Position/Title	Billing Reporting Period: <b>20/11/2014</b>
<b>CAPITAL MANAGEMENT</b> Cardholder's Dept	<b>SEVENTH STREET PLAZA</b> Cardholder's Site/Location	Total Statement Amount: <b>\$50.00</b>
<b>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address	Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/10/2014	000143182	NEXUS/CANPAS/FAST/CDRP GOVERNMENT SERVICES NOT	50.00	CAD	50.00	.00		.00 Charge for Nexus application (no receipt issued)

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b>		
By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
<u>IGGULDEN, KATHY</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Nov. 24/14</u> Date of Signature	
<b>Cardholder</b>		
By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>STEVENSON, BRIAN</u> Name of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Nov. 24/14</u> Date of Signature	
<b>Approver Designate (if Applicable)</b>		
By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>	
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>	
<b>Approver</b>		
By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>RHODES, DEBORAH</u> Name of Approver	<u>CHIEF FINANCIAL OFFICER</u> Approver Position/Title	
 Signature of Approver	<u>December 1, 2014</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:



### NEXUS APPLICATION

Please type or print. A separate payment and application form is required for each applicant.

1. Reason for application <input type="checkbox"/> First time applicant <input type="checkbox"/> Renewal after 5 years <input checked="" type="checkbox"/> Reapplication		2. Are you a member of any other border crossing program? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		3. Program name		4. Membership number		5. Preferred language <input checked="" type="checkbox"/> English <input type="checkbox"/> French	
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#### SECTION A - PERSONAL INFORMATION

8. Surname (current) <b>Stevenson</b>			7. First name <b>Brian</b>			8. Middle name (in full) [REDACTED]			Nickname --		
9. Other names (e.g., name at birth, former name) --						10. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			11. Date of birth Year: [REDACTED]    Month: [REDACTED]    Day: [REDACTED]		
12. Place of birth City: [REDACTED]    Prov./State: [REDACTED]			Country <b>Canada</b>								

#### Citizenship/Admissibility/Permanent Resident status

13. Citizenship (Check all boxes that apply)  
 Canadian citizen     U.S. citizen     Other (Please specify which country and complete sections 14, 15 and 16)

#### 14. Citizenship/Admissibility/Permanent Resident status document(s) (A photocopy of the document must be attached.)

<input checked="" type="checkbox"/> Passport	No. [REDACTED]	Country of issuance	Date of birth	Name on passport	(Expiry date) Year    Month    Day
<input type="checkbox"/> Passport (2nd if applicable)	No. _____	Country of issuance	Date of birth	Name on passport	(Expiry date) Year    Month    Day
<input type="checkbox"/> Citizenship document	No. _____	Country of issuance	Date of birth	Name on document	(Expiry date) Year    Month    Day
Type of document _____					
<input type="checkbox"/> Naturalization certificate	No. _____	Country of issuance	Date of birth	Name on certificate	(Expiry date) Year    Month    Day
<input type="checkbox"/> Birth Certificate	No. _____	Country of issuance	Date of birth	Name on certificate	Prov./State of issuance Year    Month    Day
(not birth registration/attach photocopy of document and photo identification)					
<input type="checkbox"/> Visa/permit	No. _____	Country of issuance	Date of birth	Name on visa	(Expiry date) Year    Month    Day
Type of document _____					

#### Canadian and United States Citizens do not complete sections 15 and 16 and should proceed to section 17.

15. Permanent resident status document  
 Canada     United States

#### 16. Permanent resident status document (A photocopy of the document must be attached. Applies only to those who are not Canadian or U.S. citizens.)

<input type="checkbox"/> Record of Landing in Canada IMM 1000	No. _____	Country of issuance	Date of birth	Name	Year    Month    Day
<input type="checkbox"/> Permanent Resident Card	No. _____	Country of issuance	Date of birth	Name	(Expiry date) Year    Month    Day

#### Other Applicable Documents

17. Do you have a valid driver's licence?  Yes     No  
 Please provide a photocopy of both sides of the document.

<input checked="" type="checkbox"/> Driver's licence	No. [REDACTED]	Province/State of issue	Country of issuance	(Expiry date) Year    Month    Day
--	----------------	-------------------------	---------------------	---------------------------------------

**SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS (PROOF OF FULL 5 YEARS MAY BE REQUIRED AT INTERVIEW)**

Current residential address (do not use P.O. box numbers or rural routes)

18. Year	Month	To present:	19. Street number	20. Street name	21. Apt.
From:					--
22. City		23. Province/State	24. Postal/Zip code	25. Country	
26. Home phone number		27. Cell phone number	28. Business phone number	29. E-mail address (if applicable)	

Mailing address (if different from residential address)

30. Street number	31. Street name	32. P.O. Box/RR #	33. Apt.
34. City	35. Province/State	36. Postal/Zip code	37. Country

**A - Previous residential address (attach a separate sheet if necessary)**

38. Year	Month	Year	Month	39. Street number	40. Street name	41. Apt.
From:		To:				--
42. City		43. Province/State	44. Postal/Zip code	45. Country		

**B - Previous residential address (attach a separate sheet if necessary)**

46. Year	Month	Year	Month	47. Street number	48. Street name	49. Apt.
From:		To:				
50. City		51. Province/State	52. Postal/Zip code	53. Country		

**SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS (FULL 5 YEARS REQUIRED)**

54. Year	Month	To present:	55. Current employer's name
From:	2009	04	Alberta Health Services
56. Street number	57. Street name	58. City	59. Province/State
60. Province/State	61. Postal/Zip code	62. Country	63. Employer's telephone number
Alberta		Canada	
64. Please specify occupation (indicate student, self employed, unemployed, retired if applicable)			
Senior Operating Officer			

**A - Previous employer name and address (attach a separate sheet if necessary).**

65. Year	Month	Year	Month	66. Employer's name
From:		To:		
67. Street number	68. Street name	69. Apt.	70. City	71. Province/State
				72. Postal/Zip code
73. Country				
74. Please specify occupation (indicate student, self employed, unemployed, retired if applicable)				


**B - Previous employer name and address (attach a separate sheet if necessary).**

75. Year	Month	Year	Month	76. Employer's name
From:		To:		
77. Street number	78. Street name	79. Apt.	80. City	81. Province/State
				82. Postal/Zip code
83. Country				
84. Please specify occupation (indicate student, self employed, unemployed, retired if applicable)				

Continue on page 4

**SECTION D - FEE PAYMENT (non-refundable) No fee is required for applicants under 18 years of age.**

85. The combined Canada/U.S. processing fee is \$50 Canadian or \$50 U.S.
- All credit card fees will be processed in Canadian funds only.
  - Payment in Canadian funds can be made by certified cheque or money order.
  - Payment in U.S. funds can be made by certified cheque drawn on a U.S. bank account or by an international money order.
- Note: Fees are for the service of processing the application and are non-refundable.

<input type="checkbox"/> Visa	<input checked="" type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	Name appearing on card	Cardholder's signature
			Brian Stevenson - AB Health Services	
Card no.	Expiry date	MM	YY	<input type="checkbox"/> I am enclosing a certified cheque or international money order payable to the Receiver General for Canada.

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-Oct-14 To 21-Nov-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Brian Stevenson Position (Title): Acting Chief Program Officer, Capital Management

Location: \_\_\_\_\_ Dep: \_\_\_\_\_

Employee: \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Expenditure Organization \_\_\_\_\_ Project Task Number \_\_\_\_\_ 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	0006	71110500053	\$70.52						\$88.52		
2B				\$18.00								
2C												
2D												
				\$88.52								

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 understand 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.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: Nov. 24/14

I attest that I have read and understand 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): Deborah Rhodes DOFA Level: \_\_\_\_\_ Title: VP Corporate Services & CFO Date: Dec. 3/14

I, by signing this form, attest that I am compliant to all the above statements.

Signature: [Signature] Title: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ 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 forms (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0006 71110600063** Emp # (E-People) XXXXXXXXXX Page **2A**

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 if more lines are required 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.

**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 = Int'l)  
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-mm-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		Airlines	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
22-Oct-14	SSP to Hilton West Edmonton - round trip (Covenant Health 2014 Annual Community Meeting)	AB - Local	Meeting	Yes										17.00	✓
23-Oct-14	SSP to AI Offices - round trip (CCP Executive Steering Committee mtg)	AB - Local	Meeting	Yes										6.00	✓
29-Oct-14	Edmonton to Nisku - round trip (AHS Senior Leaders Meeting)	AB - Provinc	Meeting	Yes										60.00	✓
4-Nov-14	SSP to AI Offices - round trip (Joint Capital Steering Committee mtg)	AB - Local	Meeting	Yes										6.00	✓
6-Nov-14	SSP to AI Offices - round trip (CCP Executive Steering Committee mtg)	AB - Local	Meeting	Yes										6.00	✓
17-Nov-14	SSP to AI Offices - round trip (Health Capital Senior Executive Committee mtg)	AB - Local	Meeting	Yes										6.00	✓
19-Nov-14	SSP to RAH - one way (2030 Master Plans - RAHGRH Campus Visioning Session)	AB - Local	Meeting	Yes										3.00	✓
19-Nov-14	Parking at RAH (2030 Master Plans - RAHGRH Campus Visioning Session) - first 3 hours	AB - Local	Meeting	Yes								\$18.00			✓
<b>SUBTOTALS</b>												\$18.00			Total Kms 104.00

**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 \$0.506 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) **\$0.506**

Mileage \$ **\$52.52**

Travel \$ Subtotal **\$18.00**

Auto fills on page 1 - TOTAL TRAVEL \$ **\$70.52**

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**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)

EXPENSE CLAIM DETAILS

Enter Finance Coding

Emp # (E-People)

Page 2B

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 if more lines are required 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.

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-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if travel), 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.Amer 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	Tax			
					Meal Type with value	Allowance	Meal Type	with receipt						
19-Nov-14	Parting at RAH (2030 Master Plans - RAHGRH Campus Visiting Session) - around 3 hours	AB - Local	Meeting	Yes								\$18.00		
20-Nov-14	SOP to AI Offices - round trip (Health Capital Senior Executive Committee mtg)	AB - Local	Meeting	Yes										6.00
<b>SUBTOTALS</b>												\$18.00		Total Kms 6.00

**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 \$0.606 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.606 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$18.00

Auto file on page 1 - TOTAL TRAVEL \$ \$18.00

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**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)



- (1) Parking at RAH - 2030 Master Plans - RAH/GRH Campus  
 Visioning Session, first 3 hours – Nov 17/14  
 (mistakenly used personal credit card instead of AHS p-card)

**PLACE FACE UP ON DASH\***  
 Impark Lot 349  
 Expiration Date/Time  
**EXP 03:40PM**  
**NOV 19, 2014**

Purchase Date/Time: 12:40pm Nov 19, 2014  
 Total Parking: \$17.14  
 Total gst: \$0.86  
 Total Due: \$18.00      Rate: \$18 - 3 Hours  
 Total Paid: \$18.00      Payment Type: Card

Setting: Lot 349  
 Mach Name: Meter 1  
 JST #867315638RT0001  
 NO IN AND OUT PRIVILEGES

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**\*RECEIPT**  
 Impark Lot 349

Expiration Date/Time: 03:40pm Nov 19, 2014  
 Purchase Date/Time: 12:40pm Nov 19, 2014

Total Parking: \$17.14  
 Total gst: \$0.86  
 Total Due: \$18.00      Rate: \$18 - 3 Hours  
 Total Paid: \$18.00      Payment Type: Card  
 MasterCard

- (2) Parking at RAH - 2030 Master Plans - RAH/GRH Campus  
 Visioning Session, second 3 hours – Nov 17/14  
 (mistakenly used personal credit card instead of AHS p-card)

**PLACE FACE UP ON DASH\***  
 Impark Lot 349  
 Expiration Date/Time  
**EXP 06:12PM**  
**NOV 19, 2014**

Purchase Date/Time: 03:12pm Nov 19, 2014  
 Total Parking: \$17.14  
 Total gst: \$0.86  
 Total Due: \$18.00      Rate: \$18 - 3 Hours  
 Total Paid: \$18.00      Payment Type: Card

Mach Name: Meter 1  
 JST #867315638RT0001  
 NO IN AND OUT PRIVILEGES

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**\*RECEIPT**  
 Impark Lot 349

Expiration Date/Time: 06:12pm Nov 19, 2014  
 Purchase Date/Time: 03:12pm Nov 19, 2014

Total Parking: \$17.14  
 Total gst: \$0.86  
 Total Due: \$18.00      Rate: \$18 - 3 Hours  
 Total Paid: \$18.00      Payment Type: Card