

## Official Administrator and Executive Expense Report

**Name** Dr. Carl Amrhein  
**Title** Official Administrator  
**Location** Edmonton  
 Expenses submitted during the month of Feb 2015

		Travel (1)									
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
Feb-15	Expense Claim	Meetings				208	208				
Feb-15	Direct Billing	Meetings	2,420				2,420				
<b>Total</b>			\$ 2,420	\$ -	\$ -	\$ 208	\$ 2,628	\$ -	\$ -	\$ -	

**Total for the Month** \$ 2,628

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



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

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

### SECTION 1: PAYEE INFORMATION

<b>Name:</b>	Dr. Carl G. Amrhein	<b>Vendor#</b> (if known)		<b>Expense Period</b>	
				<b>Month:</b>	Feb-15
<b>Address:</b>	[REDACTED]	<b>City:</b>	Edmonton	<b>Province:</b>	AB
<b>Postal Code:</b>	[REDACTED]	<b>Country:</b>	Canada	<b>Phone #:</b>	[REDACTED]
<b>Reason for Expense &amp;/or Business Case</b>	Expenses incurred in relation to my work as Official Administrator of Alberta Health Services and filed in accordance with the Public Service Relocation and Employment Expenses Regulation.				

### 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	\$207.51
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$207.51</b>

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

### SECTION 3: AUTHORIZATION

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 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.

<b>Claimant (Print Name)</b>	<b>Signature:</b> I, by signing this form, attest that I am compliant to all the above statements	<b>Date</b>	<b>Phone#</b>
Carl G Amrhein	[Signature]	14 April 2014	

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.

<b>Approved by (Print Name)</b>	<b>Position Title/Program Group</b>	<b>Date</b>	<b>Phone#</b>
Christine Couture	Deputy Secretary to Cabinet/Deputy Clerk, Exec Council	April 20/15	[REDACTED]
<b>Signature:</b> I, by signing this form, attest that I am compliant with all the above statements	<b>DOFA Level</b>	<b>Position#</b>	
[Signature]			

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 2) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

**For payment please submit to the Official Administrator office:**  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting



Carry forward from Section 1

Name:	Dr. Carl G. Amrhein	Vendor# (if known)		Expense Period Month:	
-------	---------------------	-----------------------	--	--------------------------	--

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 above

**SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE 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 )	Payroll Only OA Committee Meeting Fee ( F )
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
6-Feb-15	Parking re: meeting with Pekka Sinervo, VP, CIFAR (Impark Lot 327)	Yes					\$4.50				
9-Feb-15	Return mileage Edmonton/St. Paul re: meetings with Blue Quills, James Lamouche (HAC), Lakeland PCN. 402 kms.	Yes							402.00		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$4.50	\$0.00	402.00	\$0.00	

<b>OA COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 203.01
-----------------------------------------	-------	----------------------	-----------

For payment please submit to the Official Administrator office:  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

Meeting/Peikka  
Sinervo - V.P. CIFAR

PLACE FACE UP ON DASH\*

Impark Lot 327

Expiration Date/Time

06:00 AM

FEB 06, 2015

Purchase Date/Time: 05:42pm Feb 05, 2015

Total Parking: \$4.29

Total gst: \$0.21

Total Due: \$4.50

Rate: \$4.50 - All Day

Total Paid: \$4.50

Payment Type: Card

Ticket #:

S/N #: 100008460003

Setting: Lot 327

Mach Name: Meter 1

erCard

GST #887315638RT0001  
NO IN AND OUT PRIVILEGES

\*RECEIPT

Impark Lot 327

Expiration Date/Time: 06:00am Feb 06, 2015

Purchase Date/Time: 05:42pm Feb 05, 2015

Total Parking: \$4.29

Total gst: \$0.21

Total Due: \$4.50

Rate: \$4.50 - All Day

Total Paid: \$4.50

Payment Type: Card

Ticket

Setting: Lot 327

Mach Name: Meter 1

MasterCard

Auth #:

Parking re: meeting  
w/ Pekka Sinervo,  
V.P. CIFAR.

## 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: Carl Amrhein

Reporting Period for the Month of: February 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-02-02	Direct Billing	Transportation	Flight to High Level for attendance at meetings	Marlin Travel	\$852.00
2015-02-18	Direct Billing	Transportation	Presentation at Concordia University and Attendance at meetings in Toronto	Marlin Travel	\$821.45
2015-02-24	Direct Billing	Transportation	Flight change for Toronto mtgs	Marlin Travel	\$531.93

2015-02-26	Direct Billing	Transportation	Flight change for Toronto mtgs	Marlin Travel	\$214.20
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$2,419.58</b>



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: February 2, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
DR CARL G AMRHEIN

Wednesday, January 14, 2015

 **Air**

CENTRAL MOUNTAIN AIR  
From: EDMONTON INTL AB  
To: HIGH LEVEL  
Stops: 0 Arrival: 14Jan15  
Flight: 771 ECONOMY CLASS  
09:30 AM Equipment: BEH  
11:10 AM  
Mile(s) Flown: 393

 **Air**

CENTRAL MOUNTAIN AIR  
From: HIGH LEVEL  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 14Jan15  
Flight: 772 ECONOMY CLASS  
04:50 PM Equipment: BEH  
06:20 PM  
Mile(s) Flown: 393

**Cost:**  
CENTRAL MOUNTAIN AIR [REDACTED] [REDACTED] 822.00  
Tax: 30.00  
Ticket Total: 852.00

**Total:**  
Grand Total: 852.00  
Less Credit Card Payments: 852.00  
Credit / Balance Due To This Invoice: 0.00  
Total Balance Due: 0.00

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

Invoice Number: [REDACTED]  
Date: February 2, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

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](http://WWW.MARLINTRAVEL.CA).



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: February 18, 2015  
Page: 1/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
DR CARL AMRHEIN  
AC [REDACTED]

Tuesday, March 3, 2015

## Air

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** TORONTO PEARSON  
**Stops:** 0 **Arrival:** 03Mar15  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 13C

**Flight:** 114 S CLASS  
06:00 AM **Equipment:** A320  
11:40 AM

**Mile(s) Flown:** 1676

## Air

AIR CANADA  
**From:** TORONTO PEARSON  
**To:** MONTREAL-TRUDEAU  
**Stops:** 0 **Arrival:** 03Mar15  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 13C

**Flight:** 412 S CLASS  
01:00 PM **Equipment:** A319  
02:18 PM

**Mile(s) Flown:** 315

Wednesday, March 4, 2015

## Air

AIR CANADA  
**From:** MONTREAL-TRUDEAU  
**To:** TORONTO-ISLAND ON  
**Stops:** 0 **Arrival:** 04Mar15

**Flight:** 7527 ECONOMY CLASS SNACK  
07:30 PM **Equipment:** DH4  
08:40 PM

**Mile(s) Flown:** 306

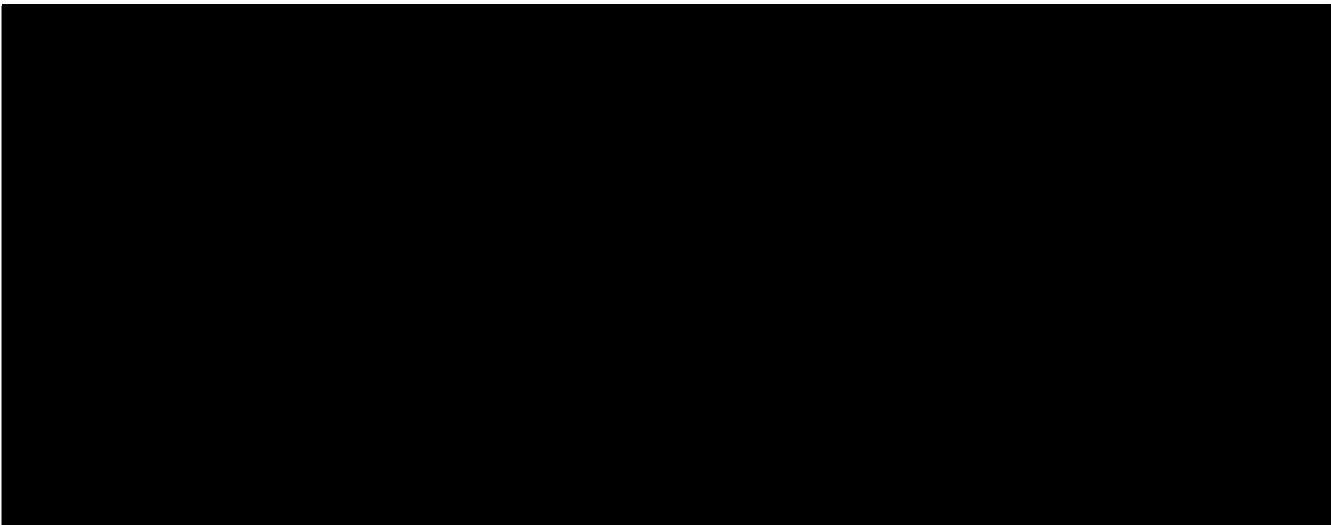
To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: February 18, 2015  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Wednesday, March 4, 2015

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C



## Air

AIR CANADA  
From: TORONTO PEARSON  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 07Mar15  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 15C

Flight: 177 T CLASS  
12:55 PM Equipment: A320  
03:07 PM

Mile(s) Flown: 1676

## Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	720.00
	QST:	2.49
	Tax:	98.96
	<b>Ticket Total:</b>	<b>821.45</b>

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

Invoice Number: [REDACTED]  
Date: February 18, 2015  
Page: 3/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	821.45
<b>Less Credit Card Payments:</b>	821.45
<b>Total QST:</b>	2.49
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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

Branch: [REDACTED]

Agent: [REDACTED]

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

Invoice Number: [REDACTED]

Date: February 24, 2015

Page: 1/3

Our Reference: [REDACTED]

Your Reference: [REDACTED]

## INVOICE

### For

DR CARL AMRHEIN

AC [REDACTED]

Tuesday, March 3, 2015

### Air

AIR CANADA

From: EDMONTON INTL AB

To: TORONTO PEARSON

Stops: 0 Arrival: 03Mar15

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 13C

Flight: 114 S CLASS

06:00 AM Equipment: A320

11:40 AM

Mile(s) Flown: 1676

### Air

AIR CANADA

From: TORONTO PEARSON

To: MONTREAL-TRUDEAU

Stops: 0 Arrival: 03Mar15

AIR CANADA CONFIRMATION [REDACTED]

SEAT 13C

TICKET NUMBER [REDACTED]

Flight: 412 S CLASS

01:00 PM Equipment: A319

02:18 PM

Mile(s) Flown: 315

Wednesday, March 4, 2015

### Air

AIR CANADA

From: MONTREAL-TRUDEAU

To: TORONTO-ISLAND ON

Stops: 0 Arrival: 04Mar15

Flight: 7527 ECONOMY CLASS

07:30 PM Equipment: DH4

08:40 PM

SNACK

Mile(s) Flown: 306



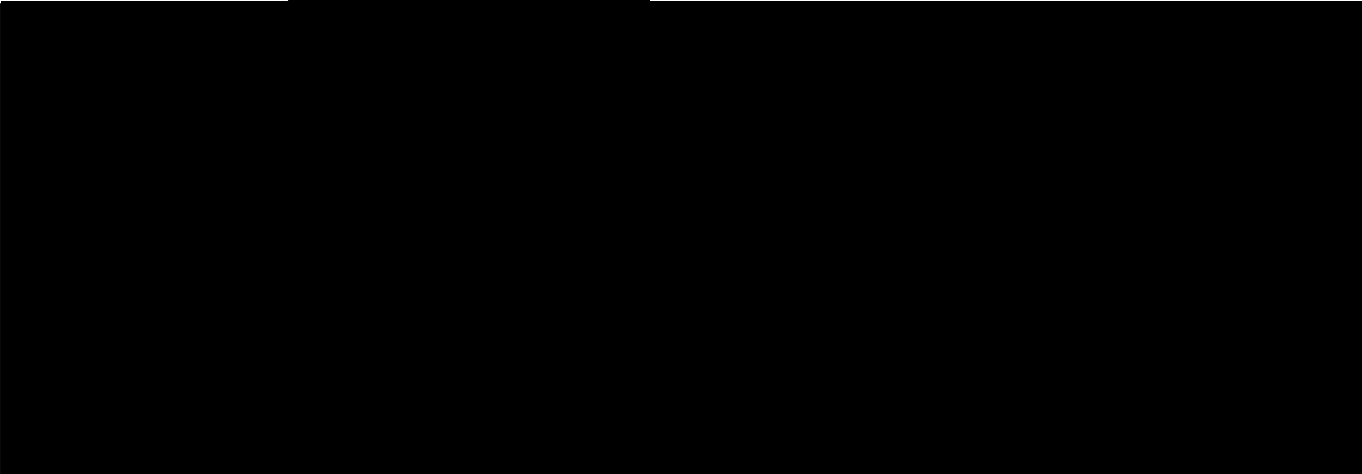
To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: February 24, 2015  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Wednesday, March 4, 2015

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
SEAT 2C  
TICKET NUMBER [REDACTED]



Saturday, March 7, 2015

 Air

AIR CANADA  
From: TORONTO PEARSON  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 07Mar15  
AIRCANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 18D

Flight: 175 Q CLASS  
10:20 AM Equipment: E90  
12:33 PM

Mile(s) Flown: 1676

Cost:	
AIR CANADA WEB [REDACTED]	456.93
AIR CANADA WEB [REDACTED]	75.00
<b>Total:</b>	

<b>Grand Total:</b>	531.93
Less Credit Card Payments:	531.93
Credit / Balance Due To This Invoice:	0.00
<b>Total Balance Due:</b>	0.00

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

Invoice Number: [REDACTED]  
Date: February 24, 2015  
Page: 3/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

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

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: February 26, 2015  
Page: 1/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

## For

DR CARL AMRHEIN  
AC [REDACTED]

Tuesday, March 3, 2015

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: TORONTO PEARSON  
Stops: 0 Arrival: 03Mar15  
Flight: 114 S CLASS  
06:00 AM Equipment: A320  
11:40 AM

Mile(s) Flown: 1676

AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 13C

### Air

AIR CANADA  
From: TORONTO PEARSON  
To: MONTREAL-TRUDEAU  
Stops: 0 Arrival: 03Mar15  
Flight: 412 S CLASS  
01:00 PM Equipment: A319  
02:18 PM

Mile(s) Flown: 315

AIR CANADA CONFIRMATION [REDACTED]  
SEAT 13C  
TICKET NUMBER [REDACTED]

Wednesday, March 4, 2015

### Air

AIR CANADA  
From: MONTREAL-TRUDEAU  
To: TORONTO PEARSON  
Stops: 0 Arrival: 04Mar15  
Flight: 425 W CLASS  
07:00 PM Equipment: A320  
08:32 PM

Mile(s) Flown: 339

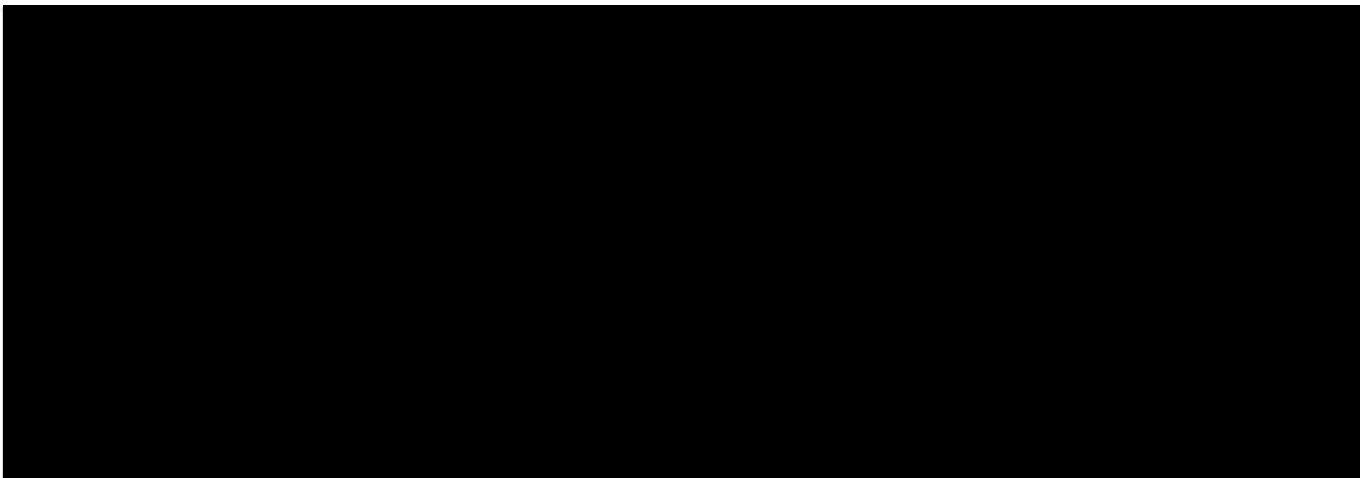
To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: February 26, 2015  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Wednesday, March 4, 2015

AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 14D



Saturday, March 7, 2015

Air

AIR CANADA  
From: TORONTO PEARSON  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 07Mar15  
AIRCANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 18D

Flight: 175 Q CLASS  
10:20 AM Equipment: E90  
12:33 PM

Mile(s) Flown: 1676

**Cost:**

AIR CANADA WEB [REDACTED]	[REDACTED]	75.00
	GST:	3.75
	<b>Ticket Total:</b>	<b>78.75</b>
AIR CANADA WEB [REDACTED]	[REDACTED]	129.00
	GST:	6.45
	<b>Ticket Total:</b>	<b>135.45</b>



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

Invoice Number: [REDACTED]  
Date: February 26, 2015  
Page: 3/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	214.20
<b>Less Credit Card Payments:</b>	214.20
<b>Total GST/HST:</b>	10.20
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	531.93
<b>Total Charges Previous Invoices:</b>	531.93
<b>Total Balance Due:</b>	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.