

Official Administrator and Executive Expense Report

Name Carmel Turpin
Title Vice President Community Engagement & Communications
Location Edmonton
 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	Meetings				59	59			
Nov-14	Expense Claim	Relocation					-			3,179
Nov-14	Expense Claim	Meetings			206		206			
Nov-14	Direct Billing	Meetings	1,388				1,388			
Total			\$ 1,388	\$ -	\$ 206	\$ 59	\$ 1,653	\$ -	\$ -	\$ 3,179

Total for the Month \$ 4,832

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Instruction:			
<ul style="list-style-type: none"> 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 			
TURPIN, CARMEL Cardholder's Name	VP COMM. ENGAGE & COMMS Cardholder's Position/Title	Billing Reporting Period:	20/11/2014
COPRORATE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$58.90
CARMEL.TURPIN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/11/2014	371542499	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	68.90	CAD	58.90	2.90		Tax from Calgary Airport to attend a Calgary Health Trust Event at the Calgary Golf and Country Club.

Signatures		
<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. 		
<p><u>Jennifer Hanstra</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>1000.252014.</u> Date of Signature</p>	
<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. 		
<p>TURPIN, CARMEL Name of Cardholder</p> <p><u>Carmel Turpin</u> Signature of Cardholder</p>	<p>VP COMM. ENGAGE & COMMS Cardholder Position/Title</p> <p><u>Nov. 27/14</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Susan Best</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>Dec. 3/14</u> Date of Signature</p>	
<p>Approver 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Corp. Services & CFO</u> Approver Position/Title</p> <p><u>Dec. 3/14</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<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) <p>And where applicable:</p> <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/1
PICK-UP TIME: 16:20
DROP-OFF TIME: 17:00
METER ID:
METER NUMBER: 073000-4502410370
METER NUMBER: 05
METER NUMBER: 20510
METER TYPE:
DRIVER:
PHONE:

FARE (\$): 53.00
TAXES (\$): 8.00
TOTAL (\$): 53.00

TIP (\$): 5.00

TOTAL (\$): 58.00 ✓

SIGNATURE: *DeTampin*

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OUR WEBSITE WWW.ASSOCIATEDCAB.COM

CUSTOMER'S COPY

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: 10-Oct-14 To 6-Nov-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Carmel Turpin Position (Title): VP, Community Engagement & Communications
 Location: _____ Dept: Corporate DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 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	0005	71130000000	\$864.37	101	0005	71130000000	62620000	\$106.16	\$864.37	\$2,314.59
2B					101	0005	71130000000	62620000	\$1,368.43		
2C					101	0005	71130000000	62620000	\$840.00		
2D											
				\$864.37					\$2,314.59		

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: Carmel Turpin Date Nov. 18/14

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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Vickie Kaminski DOFA Level _____ Position # _____ Phone _____ Ext _____
 Signature: Vickie Kaminski Title President and Chief Executive Officer Date Nov. 25/14

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 _____ Position # _____ Phone _____ Ext _____
 Signature: Deborah Rhodes Title CFO Date Nov. 21/14

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 T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71130000000

Emp # (E-People) [REDACTED]

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-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.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	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
29-Oct-14	Airfare from St. Johns to Edmonton.	NL	N/A	Yes					✓\$679.27✓					
29-Oct-14	Meals per diem and temporary accommodation allowance.	AB - Local	N/A	Yes	A-\$41.55	\$41.55 ✓							\$20.15 ✓	
30-Oct-14	Meals per diem and temporary accommodation allowance.	AB - Local	N/A	Yes	A-\$41.55	\$41.55 ✓							\$20.15 ✓	
31-Oct-14	Meals per diem and temporary accommodation allowance.	AB - Local	N/A	Yes	A-\$41.55	\$41.55 ✓							\$20.15 ✓	
SUBTOTALS						\$124.65			\$679.27				\$60.45	Total Kms

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

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$864.37

Auto fills on page 1 - TOTAL TRAVEL \$ \$864.37

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)

✓
R-H

EXPENSE CLAIM DETAILS

*If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.*

SECTION C: OTHER EXPENSES	Emp # (E-People) [REDACTED]	Page 3
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• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
 → If expenses are for travel, gas, etc., go to Section B on pg 2.
 • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
4-Oct-14	Boxes and tape for packing for relocation.	101	0005	71130000000	62620000	Yes		\$106.16		\$106.16 ✓
21-Oct-14	Moving expense for household goods.	101	0005	71130000000	62620000	Yes		\$1,368.43		\$1,368.43 ✓
6-Nov-14	Home Rental Assistance for relocation.	101	0005	71130000000	62620000	Yes		\$840.00		\$840.00 ✓

SECTION D: FOREIGN CURRENCY ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense [Bank of Canada Currency Converter](#) → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value	

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)

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
 - 3 of 3 -

Relocation Assistance Expense Claim Summary

A completed copy of the Relocation Assistance Expense Claim Summary, the Travel, Hospitality and Working Session Expense Claim, as well as all supporting receipts and documentation must be submitted to Accounts Payable. Enter the total expense amount, along with the Secondary Expense Code of 6262000, in section C of the Travel, Hospitality and Expense Claim. The maximum that can be claimed is 10% of your base salary.

Employee Name (Last, First)		Employee Number
Carmel Turpin		[REDACTED]
Department Name	Position Title	Employee FTE
Community Engagement and Communications	Vice President	
Pre-Location (House hunting)		
Meals	\$0.00	
Accommodations	\$0.00	
Transportation	\$0.00	
Total Pre-Location	\$0.00	
Household		
Legal fees	\$0.00	
Real estate fees	\$0.00	
Household effects & One vehicle	\$1,368.43	
Mobile or Modular home	\$0.00	
Total Household	\$1,368.43	
Relocation		
Meals	\$124.65	
Subsistence allowance (Spouse or Partner)	\$0.00	
Subsistence allowance (Dependant)	\$0.00	
Transportation	\$679.27	
Total Relocation	\$803.92	
Temporary Accommodation		
Total Temporary Accommodation	\$60.45	
Incidental		
Total Incidental	\$946.16	
Discretionary		
Mortgage penalty	\$0.00	
Tenancy lease penalty	\$0.00	
Interim financing/interest charges	\$0.00	
Total Temporary Accommodations, Incidental & Discretionary	\$0.00	
Total Expenses	\$3,178.96	
Maximum Amount Allowed (up to 10% of base salary)	\$0.00	
<input checked="" type="checkbox"/> I confirm that these expenses are accurate.		
Employee Signature	Date (yyyy-Mon-dd)	
<i>Carmel Turpin</i>	N 2014-11-07	
Approval		
<input checked="" type="checkbox"/> I have reviewed this Relocation Assistance Expense Claim Summary expenses and approve the amount \$ <u>3178.96</u> for reimbursement.		
Manager's Name	Manager's Signature	Date (yyyy-Mon-dd)
Vickie Kaminski	<i>Vickie Kaminski</i>	2014-11-19

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



Booking Information

Booking Reference: [REDACTED]

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

Main Contact:
Ms Carmel Marie Turpin
[REDACTED]

Mobile: [REDACTED]
Home: [REDACTED]
Work: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC693	St Johns (YYT) Wed 29-Oct 2014 07:00	Toronto, Pearson Int'l (YYZ) Wed 29-Oct 2014 09:09 - Terminal 1	0	8hr56	319	Tango, S	F
AC175	Toronto, Pearson Int'l (YYZ) Wed 29-Oct 2014 10:20 - Terminal 1	Edmonton, Edmonton Int'l (YEG) Wed 29-Oct 2014 12:26	0		320	Tango, S	F

F: Food for purchase on board. All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

Passenger Information

1: Ms Carmel Marie Turpin : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: None

Payment Card: [REDACTED] Special Needs: None

Seat Selection: AC693 13C (Preferred) Paid, AC175 12D (Preferred) Paid

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

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Tango	447.00
Surcharges	23.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	34.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	66.45
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	577.57
Number of passengers	x 1
Total airfare, taxes and options	577.57
Seat Selection	
Ms Carmel Marie Turpin	
AC693: 13C - Preferred Seat (Aisle)	40.00
AC175: 12D - Preferred Seat (Aisle)	50.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	11.70
Total including airfare, taxes, options and seat selection charges:	679.27
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$679.27

Payment Information

Credit/Debit Card [REDACTED] amount paid: \$679.27

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

- Air Canada: \$577.57 (Airfare - per ticket)
- Air Canada: \$101.70 (Advance Seat Selection - for passenger 1)

Ticket number(s) [REDACTED]

U-Haul Sales Item Invoice	Sales Items
----------------------------------	--------------------

Contract No. [REDACTED] Saturday 10/4/2014 12:14 PM	U-Haul Moving & Storage of St Johns (843053) GST / HST No: 105438196RT0001	183 Kenmount Rd CANADA ST. JOHN'S, NL, A1B3P9 (709)738-4285
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<u>Part Code</u>	<u>Description</u>	<u>Item Cost</u>	<u>Quantity</u>	<u>Line Cost</u>
MT11001	TAPE,COLOR CODED OPEN FIRST	\$2.95	1.00 ea.	\$2.95
TG	DISPENSER,TAPE GUN w/1 RL of c	\$13.25	1.00 ea.	\$13.25
WB	BOX,BRAND WARDROBE W/ BAR 14CF	\$14.15	5.00 ea.	\$70.75
40001	TAPE,POLY,ECOONPKOW DISPUHAUL	\$7.00	1.00 ea.	\$7.00

SubTotal: \$93.95
GST / HST Tax: \$12.21
Total Charges Including Tax: \$106.16

Account	App Code	Type	[REDACTED]	Debit Card Payment:	\$106.16
Debit Entry Method: Smped	Account Type: checking	CO:ApprovedCO	Merchant ID: 5759657	Term ID: 003	

Net Paid Today: \$106.16

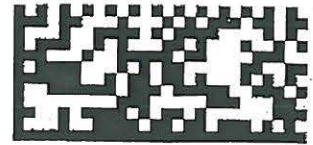
• I agree to submit all claims against U-Haul in accordance with the U-Haul Arbitration Agreement, incorporated by reference, and available at uhaul.com/arbitration or from your local U-Haul representative.

Customer Signature

Richard Sharpe



**UNIFORM HOUSEHOLD GOODS BILL OF LADING
NON NEGOTIABLE CONTRACT**



CONSIGNOR Ms. Carmel Turpin STREET [REDACTED] CITY [REDACTED] PROV NL POSTAL [REDACTED] PHONE (709) 728-8699 BUS. PHONE (709) 777-1420		CONSIGNEE Ms. Carmel Turpin STREET [REDACTED] CITY [REDACTED] PROV AB POSTAL [REDACTED] PHONE [REDACTED]	
REQUIRED PACK DATE(S) REQUIRED LOAD DATE(S) Oct 21/2014		REQUIRED DELIVERY DATE(S) Nov 03/2014 To Nov 21/2014	
BOOKING AGENT 1854 Household Movers and Shipp ORIGIN AGENT 1854 Household Movers and Shipp PHONE (709) 747-4222 Mount Pearl, NL		MOVING CONSULTANT 144 Mary Piccott DESTINATION AGENT 3322 QHP Moving & Storage Ltd. PHONE (780) 413-6446 Edmonton, AB	

REGISTRATION NO.	NICE-SAVE
[REDACTED]	NO
Pricing Option	Normal
Tariff	[REDACTED]
Hauling	Section Five - Optional Transportation Rates

DECLARATION OF VALUE

Unless the consignor expressly releases the shipment to a value of 60 cents per pound per article, the carrier's maximum liability for loss and damage shall be either the lump sum value declared by the consignor or an amount equal to \$10.00 for each pound of weight in the shipment, whichever is greater.

I declare the total lump sum value of my shipment to be:
 Household Goods \$ 3000.00 per pound Vehicle \$ _____ per pound per article.
 I release this shipment to be a value not exceeding _____ per pound per article.
 (\$0.60 / SIXTY CENTS)

DATE _____
 CONSIGNOR'S SIGNATURE _____

THIS BILL OF LADING IS SUBJECT TO THE FOLLOWING CONDITIONS

- Unless payment has been otherwise arranged, the carrier will not relinquish possession of the shipment until the applicable charges have been paid in cash, money order, certified cheque or bank draft.
- The carrier's tariff rates, rules, and regulations in effect on the date of loading shall govern this shipment. All charges will be audited and if necessary, corrected by a refund or additional billing.
- The consignor remains jointly and severally liable for all charges regardless of invoicing instructions.
- All terms printed, stamped, or typed on the front of this bill of lading, and the conditions of carriage printed on the back hereof, some of which limit the liability of the carrier, shall govern this shipment.


I have read and accept the terms and conditions outlined on the front and back of the bill of lading.
 CONSIGNOR'S SIGNATURE _____

SPECIAL INSTRUCTIONS	Distance 3810	EST. WT. 500	SHIPMENT WEIGHT	REWEIGH
	Overflow <input type="checkbox"/>	Automobile Wt. _____	Gross _____	Gross _____
	Preflow <input type="checkbox"/>	Total Wt. _____	Tare _____	Tare _____
		Constructive Wt. _____	Net _____	Net _____

AGENT CODE	AUTHORIZATION NO.	DATE	SERVICES PROVIDED	PERFORMED BY	RATE	CHARGES
PACKING			WEIGHT 500 MOVING AS 500		176.58	882.90
PICK-UP			FUEL SURCHARGE		882.90	132.44
SET-OFF			AUTO BY VAN			
UNPACKING			AUTO HANDLING			
WAIT TIME			AREA SERVICE CHARGE - ORIGIN		2.79	13.95
REV. PICK-UP			AREA SERVICE CHARGE - DESTINATION		2.79	13.95
VAN RAIL LOADING AGENT	VAN RAIL UNLOADING AGENT		SURCHARGE			
			FERRY OR TOLL CHARGE		12.60	63.00
HAULING MEMBERS	FROM TO	DISTANCE	REPLACEMENT COST PROTECTION		0.66	33.00
1. 1854	orig to dest		ADDITIONAL SERVICES AUTHORIZED BY SHIPPER ON ADDENDUM			
VAN FOREMAN	LOAD DATE	DRIVER NO.	PACKED BY	UNPACKED BY	UNIT	CWT
2. J. Harvey	Oct 21-14	[REDACTED]				
VAN FOREMAN	LOAD DATE	DRIVER NO.	UNIT PACKING CHARGES (Packing Slip Attached)			
3.			CRATES AND/OR TV CARTONS (Packing Slip Attached)			
VAN FOREMAN	LOAD DATE	DRIVER NO.	PACKING WT.	MOVING AS		
			UNPACKING WT.	MOVING AS		
BILLING INFORMATION (Gov't / CAN)			AUTO BY THIRD PARTY			
PAYMENT BY CASH, CERT CHEQUE OR CREDIT CARD (VISA OR MC ONLY AND PRE-AUTHORIZED AT ORIGIN)			THIRD PARTY CHARGES - ORIGIN			
			THIRD PARTY CHARGES - DESTINATION			
			MISCELLANEOUS			138.47
POSTAL	PO NO.		EXTRA	PICK-UPS	DELIVERIES	
<input checked="" type="checkbox"/> COD	PRE-PAYMENT RECEIVED	DEST-PAYMENT RECEIVED	STORAGE			
Charges Payable Before Delivery	\$ _____	\$ _____	WAREHOUSING HANDLING			
<input type="checkbox"/> Invoice - VL	AGT NO. ()	AGT NO. ()	CARTAGE			
<input type="checkbox"/> Invoice - AGT	DCN	GOVERNMENT DDR NO.	TRANSIT	ORIG.	DEST.	DATE IN
				AUTH. NO.		NAME OF AGENT

Received on this date at the address and from the consignor mentioned above, shipment of goods in apparent good condition to be carried and delivered to the consignee at destination but subject to the declaration above, any inventory forms, and shortage and damage report and conditions on the back hereof.	Consignee's Receipt for Delivery: The consignee or consignee's agent hereby receipts for the goods in apparent good order and condition, except as noted on the inventory.	SUB - TOTAL	\$1,277.71
	Signature of the consignee for receipt of goods shall not preclude future claim for loss and/or damages made within the time limit as prescribed by the Uniform Conditions of Carriage.	GST / HST	\$63.89
HAULER'S SIGNATURE		QST / PST	\$0.00
DATE LOADED	DATE DELIVERED	LESS DEPOSIT	\$0.00
CONSIGNOR'S SIGNATURE	CONSIGNEE'S SIGNATURE	TOTAL	\$1,341.60

SECURITY RECEIPT
REÇU À TEINTE DE SÉCURITÉ

RECEIVED FROM	DATE	343962
REÇU DE	Oct 27/14	
ADDRESS	Carmel Turpin	
ADRESSE	Thirteen Hundred and Sixty Eight	
FOR POUR	Req # [REDACTED]	\$1,341.60
	VISA 2 1/2 % Fee	\$26.83
		TO AU
ACCOUNT - COMPTE		TAX REG. NO. N° DE TAXE
TOTAL AMOUNT MONTANT TOTAL	<input type="checkbox"/>	CASH COMPTANT \$
AMOUNT PAID MONTANT PAYÉ	<input type="checkbox"/>	CHEQUE CHEQUE \$
BALANCE DUE SOLDE DU	<input type="checkbox"/>	MONEY ORDER MANDAT \$
	BY PAR	
		571B

HOUSEHOLD MOVERS &
SHIPPERS
19 CLYDE AVE
MOUNT REAL NL

CARD [REDACTED]
CARD TYPE VISA
DATE 2014/10/27
TIME 5198 10:15:43
RECEIPT NUMBER [REDACTED]

PURCHASE TOTAL
\$1,368.43

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Receipt



Edmonton Destination & Relocation Services to Employee & Their Families

#453, 17008-90 Avenue Edmonton, Alberta T5T 1L6 Canada
Phone: 780-934-2091 Fax 780-948-0083
E-mail: info@edmontonrelocators.ca

RECEIPT #225

November 6, 2014

SERVICES TO Ms. Carmel Turpin,
Vice President, Eastern Health Ex Office - HSC



PAYMENT METHOD RECEIVED	CHECK NO. RECEIVED	CLIENT
	Received full payment	Ms Carmel Turpin

DESCRIPTION	LINE TOTAL
Home Rental Search Assistance Services	\$800.00
THANK YOU FOR YOUR BUSINESS!	

TOTAL \$800.00

Canadian 'Goods & Sales Tax' - GST# 84793 8461 RT0001

GST 5% TAX \$40.00

TOTAL **\$840.00**

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: 3-Nov-14 To 20-Nov-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Carmel Turpin Position (Title): VP Community Engagement & Communications

Location: [Redacted] Dept: [Redacted] DOFA Level: [Redacted] if applicable Union: [Redacted] Business Phone #: [Redacted]

Employee #: [Redacted]

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	101.0005.71130000000			\$206.01						\$206.01		
2B												
2C												
2D												
				\$206.01 ✓							TOTAL CLAIM	\$206.01 ✓

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

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

AB

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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: Carmel Turpin Date: Nov 27/14

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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deb Rhodes DOFA Level: [Redacted]
 Signature: Deborah Rhodes Title: VP Corporate Services & CFO Date: Dec. 3/14

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 expense 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 T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding _____	Emp # (E-People) _____	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-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.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	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
15-Nov-14	1 night accommodation in Fort McMurray to meet with staff, tour hospital and attend the Festival of Trees Gala.	AB - Provinc	Meeting	Yes						\$208.01				
SUBTOTALS										\$208.01				Total Kms

<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="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>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: right;">Mileage \$</td> <td> </td> </tr> <tr> <td style="width:80%; text-align: right;">Travel \$ Subtotal</td> <td>\$208.01</td> </tr> <tr> <td style="width:80%; text-align: right;">Auto fills on page 1 - TOTAL TRAVEL \$</td> <td>\$208.01</td> </tr> </table>		Mileage \$		Travel \$ Subtotal	\$208.01	Auto fills on page 1 - TOTAL TRAVEL \$	\$208.01
Mileage \$							
Travel \$ Subtotal	\$208.01						
Auto fills on page 1 - TOTAL TRAVEL \$	\$208.01						

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)



Carnel Turpin
Canada

Room No. : [REDACTED]
Arrival : 11/15/14
Departure : 11/16/14
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name : Alberta Health

11/15/14 02:51:45 AM MST

Date	Text	Charges	Credits
11/15/14	Room Charge	189.00	
11/15/14	5% GST	9.45	
11/15/14	4% TOURISM LEVY	7.56	
Room GST	9.45		
Net Amount	189.00 CAD		
Total		206.01	0.00
Balance			206.01 ✓

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

Received 11/15/14

Independently owned by Temple Real Estate Investment Trust & managed by Atlific Hotels Inc.

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

GST # 84970 2444 RT0020

Radisson Hotel & Suites Fort McMurray
435 Gregoire Drive
Fort McMurray, Alberta T9H 4K7
Telephone: (780) 743-2400 Fax: (780) 743-2448
Email: info@radissonfortmcmurray.com

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: Carmel Turpin	Reporting Period for the Month of: November 2014
---------------------	--

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-11-06	Direct Billing	Transportation	Airline ticket from Edmonton to Fort McMurray on November 15- and return on November 16 (Invoice ██████ met with staff, toured Hospital and attended the Festival of Trees Gala.	Marlin Travel	\$444.96

2014-11-13	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary on November 17 and return (Invoice [REDACTED] to attend the Calgary Health Trust Honourees for 2014 event.	Marlin Travel	\$524.96
2014-11-07	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary on November 20 (Invoice [REDACTED]) to meet with Calgary staff and attend the Council of Chairs Meeting on November 21 st .	Marlin Travel	\$214.48
2014-11-18	Direct Billing	Transportation	Airline ticket from Calgary to Edmonton on November 21 [REDACTED]	Marlin Travel	\$203.48
	Choose One	Choose One			
Total Paid in the Month					\$1,387.88

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, T5J 3E4

Invoice Number: [REDACTED]
Date: November 6, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

Saturday, November 15, 2014

← Air

AIR CANADA
From: EDMONTON INTL AB
To: FT MCMURRAY
Stops: 0 Arrival: 15Nov14
AIR CANADA E
AIR CANADA CONFIRMATIO
TICKET NUMBER [REDACTED]
SEAT 8D

Flight: 8382 W CLASS
10:45 AM Equipment: DH4
11:47 AM

Mile(s) Flown: 250

Sunday, November 16, 2014

← Air

AIR CANADA
From: FT MCMURRAY
To: EDMONTON INTL AB
Stops: 0 Arrival: 16Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 7D

Flight: 8383 G CLASS
09:05 AM Equipment: DH4
10:06 AM

Mile(s) Flown: 250

Cost:

AIR CANADA WEB [REDACTED] 370.00
TAX: [REDACTED] 74.96
Ticket Total: 444.96

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

Invoice Number: [REDACTED]
Date: November 6, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	444.96
Less Credit Card Payments:	444.96
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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: November 13, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN
AC [REDACTED]

Monday, November 17, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 17Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8149 V CLASS
03:00 PM Equipment: D8 (300 SERIES)
03:52 PM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 17Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8162 M CLASS
10:15 PM Equipment: D8 (300 SERIES)
11:07 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED] 450.00
[REDACTED] 74.96
Ticket Total: 524.96

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

Invoice Number: [REDACTED]
Date: November 13, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	524.96
Less Credit Card Payments:	524.96
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
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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, T5J 3E4

Invoice Number: [REDACTED]
Date: November 7, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN
AC [REDACTED]

Thursday, November 20, 2014

← Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 20Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8226 Q CLASS
09:00 AM Equipment: CRJ JET
09:47 AM

Mile(s) Flown: 153

Cost:

AIR CANADA [REDACTED] 177.00
Tax: 37.48
Ticket Total: 214.48

Total:

Grand Total: 214.48
Less Credit Card Payments: 214.48
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, T5J 3E4

Invoice Number: [REDACTED]
Date: November 7, 2014
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
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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, T5J 3E4

Invoice Number: [REDACTED]
Date: November 18, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN
AC [REDACTED]

Friday, November 21, 2014

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 21Nov14
Flight: 8150 V CLASS
03:30 PM Equipment: DH4
04:19 PM
Mile(s) Flown: 153
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 11D [REDACTED]

Cost: [REDACTED] 166.00
AIR CANADA [REDACTED]
Tax: 37.48
Ticket Total: 203.48

Total: [REDACTED]
Grand Total: 203.48
Less Credit Card Payments: 203.48
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, T5J 3E4

Invoice Number: [REDACTED]
Date: November 18, 2014
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.....
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