

AHS Board and Executive Expense Report

Name Colleen Turner
Title VP Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of February 2017

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-17	P-Card	Meetings			494	527	1,021	299		
Feb-17	Expense Claim	Meetings		156		116	272			
Feb-17	Direct Billing	Meetings	2,016				2,016			
Total			\$ 2,016	\$ 156	\$ 494	\$ 643	\$ 3,309	\$ 299	\$ -	\$ -

Total for the Month \$ 3,608

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 149
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
TURNER, COLLEEN	VP Community Engagement & Communications	Calgary	\$ 1,320.42									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
1/20/2017	Lethbridge CEO Tour	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50			Parking at the Chinook Regional Hospital - CEO Tour	1				
1/26/2017	Attend Board Mtgs	AB - Other Zones	Taxi	\$ 60.00			Attend AHS Board Mtg in Edmonton	1				
1/27/2017	Attend Private/Public Brd mtgs	AB - Other Zones	Accommodations	\$ 167.28			Attend Private/Public Board meetings	1				
1/27/2017	Attend Public Brd Mtg	AB - Other Zones	Taxi	\$ 19.00			Attend Public Board meeting	1				
1/27/2017	Attend Board Mtgs	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Attend AHS Board meeting - prkg at Calgary airport	1				
1/31/2017	Attend ELT Mtg	AB - Other Zones	Taxi	\$ 60.00			Attend ELT meeting	1				
1/31/2017	Attend ELT Mtg	AB - Other Zones	Taxi	\$ 16.00			Attend ELT meeting	1				
2/1/2017	ELT and meeting with Edm staff	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Attend ELT and meet with Edm Comms staff	1				
2/1/2017	ELT and mtg with Edm staff	AB - Other Zones	Taxi	\$ 60.00			Meeting with ELT and Edmonton Comms staff	1				
2/1/2017	Meeting with Edm Staff	AB - Other Zones	Taxi	\$ 16.00			Meeting with Edmonton Communications staff	1				
2/2/2017	ELT and meeting with Edm Staff	AB - Other Zones	Accommodations	\$ 167.28			One night accommodation - attend ELT and meeting with Edm Comms staff	1				
2/6/2017	Attend ELT Mtg	AB - Other Zones	Taxi	\$ 60.00			Attend ELT and AHS/UHF Meetings	1				
2/7/2017	Attend ELT Mtg	AB - Other Zones	Taxi	\$ 60.00			Attend ELT and AHS/UHF Meetings	1				
2/7/2017	Attend ELT Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 50.35			Attend ELT Mtg	1				

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
TURNER, COLLEEN	VP Community Engagement & Communications	Calgary	\$ 1,320.42

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/7/2017	Renew IABC Membership	AB - Other Zones	Subscriptions	\$ 299.00			Renew IABC Membership, annual fee	1			
2/8/2017	Attend ELT Mtg	AB - Other Zones	Accommodations	\$ 159.61			Attend ELT Meeting-one night accommodation Feb. 6, 2017.	1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	14-Mar-17

RECEIPT
GST NO. R122556194

PCard

3

EXIT No. A1
IN: 01/26/17 09:54
OUT: 01/27/17 14:48
DURATION: 1 04: 54
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT

YYC FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

PCard

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

2

MasterCard

Entry Method: Chip

Batch#: [REDACTED]
01/26/17 11:56:41

Ref#: [REDACTED]
Inv #: [REDACTED] Appr Code: [REDACTED]
Amount: \$ 55.00
Tip: \$ 5.00
Total: \$ 60.00

Customer Copy

PCard

1

CHINOOK REGIONAL HOSPITAL
PARKING SERVICES

Rcpt# 1180
01/20/17 15:19 L# 3 A# 1 Txn# 22047
01/20/17 09:29 In 01/20/17 15:19 Out
Tkt# [REDACTED]
CRH \$ 8.50
Total Fee \$ 8.50
MASTERCARD \$ 8.50-
Approval No [REDACTED]
Reference No [REDACTED]
Change Due \$ 0.00
DRIVE SAFELY
COMMENTS OR CONCERNS?
403.388.6754
provincialparking@
albertahealthservices.ca
Exit Verifier [REDACTED]

PCard

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

4

MasterCard

Entry Method: Chip

Batch#: [REDACTED]
01/27/17 08:07:55

Ref#: [REDACTED]
Inv #: [REDACTED] Appr Code: [REDACTED]
Amount: \$ 15.00
Tip: \$ 4.00
Total: \$ 19.00

Customer Copy

5

Ms Colleen Turner
[REDACTED]

Room Number: [REDACTED]
Arrival Date: 01-26-17
Departure Date: 01-27-17
Page No: 1 of 1

INFORMATION INVOICE

Folio No:

01-27-17

Date	Description	Charges	Credits
01-26-17	Room	149.00	
01-26-17	Destination Marketing Fee - 3%	4.47	
01-26-17	Tourism Levy - 4%	6.14	
01-26-17	Room GST - 5%	7.67	
Total		167.28	0.00
Balance		167.28	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard

AID: [REDACTED]

Entry Method: Chip

Batch#: [REDACTED]

01/31/17

15:07:18

Ref#: [REDACTED]

Inv #: [REDACTED]

Appr Code: [REDACTED]

Amount:	\$	12.00
Tip:	\$	4.00
Total:	\$	16.00

Customer Copy

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard

Entry Method: Chip

Batch#: [REDACTED]

01/31/17

08:41:06

Ref#: [REDACTED]

Inv #: [REDACTED]

Appr Code: [REDACTED]

Amount:	\$	55.00
Tip:	\$	5.00
Total:	\$	60.00

Customer Copy

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard

Entry Method: Chip

Batch#: [REDACTED]

02/01/17

08:02:02

Ref#: [REDACTED]

Inv #: [REDACTED]

Appr Code: [REDACTED]

Amount:	\$	12.00
Tip:	\$	4.00
Total:	\$	16.00

Customer Copy

RECEIPT
GST NO. R122556194

10

EXIT No. A3
IN: 01/31/17 05:58
OUT: 02/01/17 16:51
DURATION: 1 10: 53
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT

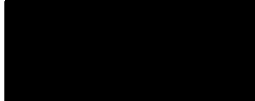


DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard



Entry Method: Chip

Batch#: [REDACTED]

02/01/17

14:22:16

Ref: [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount:	\$	55.00
Tip:	\$	5.00
=====		
Total:	\$	60.00

Customer Copy

Ms. Colleen Turner
[REDACTED]

Room Number: [REDACTED]
Arrival Date: 01-31-17
Departure Date: 02-01-17
Page No: 1 of 1

INFORMATION INVOICE

Folio No:

02-01-17

Date	Description	Charges	Credits
01-31-17	Room	149.00	
01-31-17	Destination Marketing Fee - 3%	4.47	
01-31-17	Tourism Levy - 4%	6.14	
01-31-17	Room GST - 5%	7.67	
Total		167.28	0.00
Balance		167.28	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009

RECEIPT
GST NO. R122556194

14
EXIT No. A1
IN: 02/06/17 18:40
OUT: 02/07/17 20:19
DURATION: 1 01: 39
PAID: \$ 50.35
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT



DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Terr ID: [REDACTED]

Purchase

MasterCard 15
[REDACTED]

Entry Method: Chip

Batch#: [REDACTED]
02/06/17 21:59:28

Ref# [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount:	\$	55.00
Tip:	\$	5.00

Total:	\$	60.00

Customer Copy

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Terr ID: [REDACTED]

Purchase

MasterCard 16
[REDACTED]

Entry Method: Chip

Batch#: [REDACTED]
02/07/17 18:03:28

Ref# [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount:	\$	55.00
Tip:	\$	5.00

Total:	\$	60.00

Customer Copy



IABC MEMBERSHIP RECEIPT

RECEIPT DATE	3/17/2017
DATE PAYMENT(S) RECEIVED	2/6/2017
AMOUNT RECEIVED	\$299.00 CAD
PAYMENT METHOD	MC ending [REDACTED]
MEMBERSHIP NUMBER	[REDACTED]
MEMBERSHIP EXPIRATION DATE	2/6/2018
AUTHORIZATION NUMBER	[REDACTED]
MEMBERSHIP FOR:	Colleen Turner

M
metterra
HOTEL ON WHYTE

13

Colleen Turner
[REDACTED]

Room Number: [REDACTED]
Arrival Date: 02-06-17
Departure Date: 02-07-17
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

02-07-17

Date	Description	Charges	Credits
02-06-17	Room	149.00	
02-06-17	Destination Marketing Fee - 3%	4.47	
02-06-17	Tourism Levy - 4%	6.14	
Total		159.61	0.00
Balance		159.61	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
TURNER, COLLEEN	VP Community Engagement & Communications	Calgary	\$ 271.68									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
1/23/2017	Meeting		Mileage-Other	\$ 3.03	Southport Tower	812 49 Ave SW	Meeting with Bill Sembo	1			6	
1/23/2017	Meeting		Mileage-Other	\$ 3.03	812 49 Ave SW	Southport Tower	Meeting with Bill Sembo - return to Southport	1			6	
1/26/2017	Attend AHS Board mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Attend AHS Board Meeting - dinner in Edmonton Dinner \$24.00	1				
1/26/2017	AHS Board meeting		Mileage-Other	\$ 16.67	Home	YYC	Attend AHS Board meeting in Edmonton - drive from home to YYC airport.	1			33	
1/27/2017	Attend AHS Board mtg		Mileage-Other	\$ 16.67	YYC	Home	Attend AHS Board meeting - drive from YYC airport to home.	1			33	
1/27/2017	Attend AHS Board mtg	AB - Other Zones	Meals Per Diem	\$ 23.50			Attend AHS Board Meeting - breakfast and lunch in Edmonton Bfast \$10.50 Lunch \$13.00	1				
1/31/2017	Attend ELT meeting		Mileage-Other	\$ 16.67	Home	YYC	Attend ELT meeting in Edmonton - drive from home to YYC airport	1			33	
1/31/2017	Attend ELT	AB - Other Zones	Meals Per Diem	\$ 37.00			Attend ELT meeting in Edmonton - lunch and dinner Lunch \$13.00 Dinner \$24.00	1				
2/1/2017	Attend ELT	AB - Other Zones	Meals Per Diem	\$ 23.50			Attend ELT in Edmonton - breakfast and lunch Bfast \$10.50 Lunch \$13.00	1				
2/1/2017	Attend ELT meeting		Mileage-Other	\$ 16.67	YYC	Home	Attend ELT in Edmonton - YYC airport to home	1			33	
2/6/2017	Meeting		Mileage-Other	\$ 5.05	Southport Tower	2043 33rd Ave SW	Meeting with Belinda Lamb at 2043 33rd Ave SW	1			10	

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
TURNER, COLLEEN	VP Community Engagement & Communications	Calgary	\$ 271.68

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/6/2017	Attend ELT meeting		Mileage-Other	\$ 16.67	Home	YYC	Attend ELT meeting in Edmonton - Home to YYC airport	1			33
2/6/2017	Meeting		Mileage-Other	\$ 5.05	2043 33rd Ave SW	Southport Tower	Meeting with Belinda Lamb - return to Southport	1			10
2/7/2017	Attend ELT meeting		Mileage-Other	\$ 16.67	YYC	Home	Attend ELT meeting in Edmonton - YYC Airport to Home.	1			33
2/7/2017	Attend ELT and AHS/UHF Meetings	AB - Other Zones	Meals Per Diem	\$ 47.50			Attend ELT and AHS/UHF meetings - breakfast, lunch and dinner Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	14-Mar-17

Expense Report Direct Bill Summary

1

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Colleen Turner	Reporting Period for the Month of : January/February 2017 #1
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-01-2017	Direct Billing	Airline Ticket	Jan. 31 - Calgary to Edmonton - attend ELT	Marlin Travel	178.68
01-02-2017	Direct Billing	Airline Ticket	Feb. 1 - Edmonton to Calgary - return from ELT meeting	Marlin Travel	405.73
06-02-2017	Direct Billing	Airline Ticket	Feb 6 to 7 - Calgary to Edmonton return - ELT and AHS/UHF meetings	Marlin Travel	393.46
14-02-2017	Direct Billing	Airline Ticket	Feb 14 - Calgary to Edmonton return - ELT Meeting - due to ongoing projects this flight had to be cancelled, credit on file to be used at a later date.	Marlin Travel	363.06
21-02-2017	Direct Billing	Airline Ticket	Feb. 21 - Calgary to Edmonton return - ELT meeting - used credits to book flight	Marlin Travel	167.97
Total Paid in the Month					\$ 1,508.90

Expense Report Direct Bill Summary

#2

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Colleen Turner	Reporting Period for the Month of : January/February 2017 - Billing Report #2
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
21-02-2017	Direct Billing	Airline Ticket	Feb. 21 - due to scheduling it was necessary to change the Edmonton/Calgary flight time to a later departure - change fee.	Marlin Travel	75.00
27-02-2017	Direct Billing	Airline Ticket	Feb. 27 to Mar. 1 - attend ELT and AHS Board meetings	Marlin Travel	432.46
	Direct Billing				
	Direct Billing				
	Direct Billing				
Total Paid in the Month					\$ 507.46



Invoice

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

Trip #: [REDACTED]
 Booking Date: 27 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: MS COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	141.20	0.00	\$0.00	37.48	0.00	178.68 CAD
Total:	141.20	0.00	0.00	37.48	0.00	178.68 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/27/2017	[REDACTED]	[REDACTED]	178.68 CAD
Total Payment:					178.68 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 27 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

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



AIR

Passengers: COLLEEN TURNER

Booking Date: 27 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 31 Jan 17 6:45AM		EDMONTON INTL 31 Jan 17 7:41AM	W/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 31 Jan 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MS COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	368.25	0.00	\$0.00	37.48	0.00	405.73 CAD
Total:	368.25	0.00	0.00	37.48	0.00	405.73 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/31/2017		[REDACTED]	405.73 CAD
Total Payment:					405.73 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL RETURN FROM YEG MEETINGS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 ****PLEASE NOTE CHECKIN TIMES*****
 **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR TRANSBORDER FLIGHTS-CHECKIN 120 MINUTES PRIOR TRANSBORDER COUNTER WILL CLOSE 60 MINUTES PRIOR INTERNATIONAL FLIGHTS-120 MINUTES PRIOR

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

Trip #: [REDACTED]
Booking Date: 31 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

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



AIR

Passengers: COLLEEN TURNER

Booking Date: 31 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08151	EDMONTON INTL 01 Feb 17 3:30PM		CALGARY INTL 01 Feb 17 4:24PM	Y/	



Invoice

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

Trip #: [REDACTED]
Booking Date: 03 Feb 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

PASSENGERS: COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	318.50	0.00	\$0.00	74.96	0.00	393.46 CAD
Total:	318.50	0.00	0.00	74.96	0.00	393.46 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/03/2017		[REDACTED]	393.46 CAD
Total Payment:					393.46 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ELT MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
*****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
*****PLEASE NOTE CHECKIN TIMES*****
*****DOMESTIC FLIGHTS-
-CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

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

Trip #: [REDACTED]
Booking Date: 03 Feb 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

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



AIR

Passengers: COLLEEN TURNER

Booking Date: 03 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 06 Feb 17 7:30PM		EDMONTON INTL 06 Feb 17 8:26PM	V/	
AIR CANADA	08173	EDMONTON INTL 07 Feb 17 7:10PM		CALGARY INTL 07 Feb 17 8:04PM	V/	



Feb 10/17 Cancelled Flights
Due to a timing in
ELT mtg.
Credit to be used at a
later date.

Invoice

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

Trip #: [REDACTED]
Booking Date: 08 Feb 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: MS COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	288.10	0.00	\$0.00	74.96	0.00	363.06 CAD
Total:	288.10	0.00	0.00	74.96	0.00	363.06 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/08/2017		[REDACTED]	363.06 CAD
Total Payment:					363.06 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ELT MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
*****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****
*****PLEASE NOTE CHECKIN TIMES*****
**DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES-----
TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 08 Feb 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers COLLEEN TURNER **Citizenship** Not Specified **Required Travel Documents** Not Specified

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



Passengers: COLLEEN TURNER **Booking Date:** 08 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 14 Feb 17 6:45AM		EDMONTON INTL 14 Feb 17 7:41AM	W/	
AIR CANADA	08151	EDMONTON INTL 14 Feb 17 3:30PM		CALGARY INTL 14 Feb 17 4:24PM	W/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 14 Feb 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	7.40	0.00	\$0.00	0.00	0.00	7.40 CAD
AIR CANADA ONLINE Confirmation # [REDACTED]	150.00	0.00	\$0.00	0.00	0.00	150.00 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	10.50	0.00	\$0.00	0.00	0.00	10.50 CAD
Total:	167.90	0.00	0.00	0.00	0.00	167.90 CAD

*off fare
75 each way*

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/14/2017		[REDACTED]	7.40 CAD
	[REDACTED]	02/14/2017	ALBERTA HEALTH SERVICES	[REDACTED]	150.00 CAD
	[REDACTED]	02/14/2017	ALBERTA HEALTH SERVICES	[REDACTED]	10.50 CAD
Total Payment:					167.90 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ATTEND ELT MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 *****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

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

Trip #: [REDACTED]
 Booking Date: 14 Feb 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

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



AIR

Passengers: COLLEEN TURNER

Booking Date: 14 Feb 17
 File Locator/Ticket #: [REDACTED]

From: CALGARY INTL
 To: EDMONTON INTL
 Departing on: 21 Feb 17
 Returning on: 21 Feb 17



AIR

Description: CHANGE FEE
 Passengers: COLLEEN TURNER

Booking Date: 14 Feb 17
 File Locator/Ticket #: [REDACTED]

From: CALGARY INTL
 To: EDMONTON INTL
 Departing on: 21 Feb 17
 Returning on: 21 Feb 17



AIR

Passengers: COLLEEN TURNER

Booking Date: 14 Feb 17
 File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 21 Feb 17 6:45AM		EDMONTON INTL 21 Feb 17 7:41AM	Y/	
AIR CANADA	08151	EDMONTON INTL 21 Feb 17 4:55PM		CALGARY INTL 21 Feb 17 5:49PM	Y/	



*change fee to move flight to later departure time due to additional meeting.

Invoice

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

Trip #: [REDACTED]
Booking Date: 17 Feb 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator:

PASSENGERS: MS. COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONLINE Confirmation # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/17/2017	ALBERTA HEALTH SERVICES	[REDACTED]	75.00 CAD
Total Payment:					75.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
COST CENTRE 71110101091

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

Trip #: [REDACTED]
Booking Date: 17 Feb 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator:

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

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



AIR

Passengers: COLLEEN TURNER

Booking Date: 17 Feb 17
File Locator/Ticket #: [REDACTED]

From:	EDMONTON INTL	Departing on:	21 Feb 17
To:	CALGARY INTL	Returning on:	21 Feb 17



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 22 Feb 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	357.50	0.00	\$0.00	74.96	0.00	432.46 CAD
Total:	357.50	0.00	0.00	74.96	0.00	432.46 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/22/2017		[REDACTED]	432.46 CAD
Total Payment:					432.46 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. ----- ****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

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

Trip #: [REDACTED]
Booking Date: 22 Feb 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

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



AIR

Passengers: COLLEEN TURNER

Booking Date: 22 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 27 Feb 17 7:30PM		EDMONTON INTL 27 Feb 17 8:26PM	M/	
AIR CANADA	08169	EDMONTON INTL 01 Mar 17 4:55PM		CALGARY INTL 01 Mar 17 5:49PM	W/	