

Official Administrator and Executive Expense Report

Name David Diamond
Title Chief External Relations Officer
Location Edmonton
 Expenses submitted during the month of March 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-13	Expense Claim	Meetings		21	190	10	221			
Dec-13	Expense Claim	Meetings & Conferences		85	336	104	525			63
Mar-14	Expense Claim	Meetings & Conferences	402	134	1,328	258	2,122			
Total			\$ 402	\$ 240	\$ 1,854	\$ 372	\$ 2,868	\$ -	\$ -	\$ 63

Total for the Month \$ 2,931

Maximum daily single meal expense claimed in the month \$ 85 4 people
 Maximum daily base hotel rate claimed in the month \$ 184
 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

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: 21-Nov-13 To 21-Nov-13
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: David Diamond Position (Title): Chief External Relations Officer
 Location: Edmonton Dept: Executive Offices DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

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

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0005	71110300000	\$220.48						\$220.48		
2B												
2C												
2D												
				\$220.48								

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

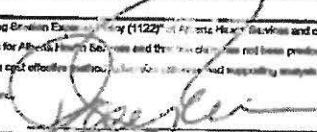
**User to enter Coding & \$ Amounts

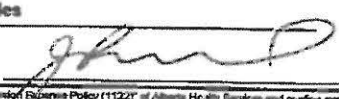
NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality 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 endorsed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

Employee Signature:  Date: 17-Mar-14

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone: _____ Ext: _____
 Signature:  Title: Acting CFO Date: March 28, 2014

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 endorsed 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.

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

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 Process to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71110300000	Emp # (E-People) [REDACTED]	Page 2A
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*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.

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?	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										
				Cost Effective Method Used? Y/N	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							
20-Nov-13	Hotel for AUMA Conference, Calgary	AB	Meeting	yes					\$189.73	✓				
20-Nov-13	Parking at AUMA Conference, Calgary	AB	Meeting	yes							\$10.00	✓		
20-Nov-13	Dinner in Calgary, night of AUMA Conference	AB	Meeting	yes	D-\$20.75	\$20.75	D							
		AB	Meeting	yes										
		AB	Meeting	yes										
		AB	Meeting	yes										
		AB	Meeting	yes										
		AB	Meeting	yes										
SUBTOTALS						\$20.75			\$189.73		\$10.00			Total Kms

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p align="right">\$0.505</p>
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<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	<p align="right">Mileage \$</p> <p align="right">Travel \$ Subtotal \$220.48</p> <p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$220.48</p>
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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)



BY CHOICE HOTELS

Clarion Hotel and Conference Centre (CNA28)

2120 16 Ave NE
Calgary, AB T2E 1L4
(403) 291-4666

Account: [REDACTED]

Date: 11/21/13

Room: [REDACTED] BAR

Arrival Date: 11/20/13

Departure Date: 11/21/13

Check In Time: 11/20/13 7:11 PM

Check Out Time:

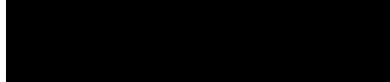
Rewards Program ID: [REDACTED]

You were checked out by:

You were checked in by: kt

Total Balance Due: 0.00

DIAMOND, DAVID



Post Date	Description	Comment	Amount
11/20/13	Room Charge	[REDACTED] DIAMOND, DAVID	169.00
11/20/13	Destination Marketing Fee		5.07
11/20/13	Goods & Services Tax		8.70
11/20/13	Tourism Levy		6.96
11/21/13	Master Card	[REDACTED]	(189.73)

Folio Summary 11/20/13 - 11/21/13

Room Charge	169.00
Destination Marketing Fee	5.07
Goods & Services Tax	8.70
Tourism Levy	6.96
Master Card	(189.73)

Balance Due: 0.00

GST 865627822

The Clarion Hotel Conference Centre may authorize your card for incidental charges. Upon check-out, any additional holds are released by the hotel. Only your financial institution (i.e., your bank) has access to these funds. These funds may remain on hold for up to 10 business days.

X _____

CHOICEprivileges®
REWARDS PROGRAM

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2W4X8
4032139708

SALE

MID: 97236070017
TID: 002 REF#: [REDACTED]
Batch [REDACTED] 13:22:46
11/20/13
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$10.00

APPROVED

MasterCard
AID: A019000001010
TID: 00 00 00 00 00
TSE: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER 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: 22-Nov-13 To 16-Dec-13
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: David Diamond Position (Title): Chief External Relations Officer

Location: Edmonton Dept: Executive Office DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY -> Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0005	71110300000	\$524.91	101	0005	71010000000	01540000	\$63.00	\$524.91	\$63.00
2B											
2C											
2D											
				\$524.91					\$63.00	TOTAL CLAIM \$587.91	

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

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

Employee Signature: _____ Date: 16-Jan-14

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone: _____ Ext: _____

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

Signature: _____ Title: Acting CEO Date: Jan. 22/14

I attest that I have read and understood 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.

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

Signature: _____ Title: _____ Date: _____

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EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0005 7111030000**

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 = Interl)
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? Y/N	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								
20-Nov-13	Calgary - Parking at AJUMA Conference	AB	Meeting	yes								\$9.00			✓	
20-Nov-13	Calgary - Parking at AJUMA Conference	AB	Meeting	yes								\$33.60			✓	
22-Nov-13	Parking Fee Calgary - Southport Tower	AB	Meeting	yes								\$10.00			✓	
28-Nov-13	Meeting in Cold Lake - Lunch for David Diamond, Darren Sandbeck, Brad Ramsden, Trevor maslyk. Purpose of trip - Meeting with Mayor of Cold Lake re EMS.	AB	Meeting	yes			L	\$84.45								✓
11-Dec-13	Hotel Calgary - Council of Chairs meeting	AB	Meeting	yes						\$163.50						✓
13-Dec-13	Parking Edmonton Airport - Flight to Calgary to attend meeting re: EMS (short parking due to flight cancelled)	AB	Meeting	yes								\$9.75				✓
16-Dec-13	Gas purchase while using Fleet Vehicle - Meeting in Calgary Strategic Leadership Meeting	AB	Meeting	yes								\$41.72				✓
23-Sep-13	Trip to Calgary - Meeting with Dr. Cowell - Hotel	AB	Meeting	yes						\$172.89						✓
SUBTOTALS								\$84.45		\$336.39		\$104.07				
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)

\$0.505

Mileage \$

Travel \$ Subtotal \$524.91

Auto fills on page 1 - TOTAL TRAVEL \$ \$524.91

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

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

EXPENSE CLAIM DETAILS

*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) XXXXXXXXXX Page 3

- Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, 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 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? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is <u>ON</u> till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is <u>NOT</u> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
10-Dec-13	Conference fee for David Diamond and Brad Ramsden - "Paul Corrigan People Powered Health: Engaging patients through co-production"	101	0302	71810000009	61540000	Yes	Conference	\$63.00		\$63.00 ✓

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? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the limited 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

①

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2C 1X8
4032139708

SALE

MID: 97236070017

TID: 002

REF#: [REDACTED]

Batch # [REDACTED]

11/22/13

09:07:49

APPR CODE: [REDACTED]

MASTERCARD

AMOUNT

\$10.00

APPROVED

MasterCard

AID: A0000000041010

TVR: 00 00 00 00 00

TSE: E8 00

THANK YOU
PLEASE COME AGAIN

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②

IMPARK LOT 232
PHONE 403 299-7275

[REDACTED]

Name of Purchase

IMPARK

Card #

Amount \$33.60

Card: [REDACTED]

Expire Date

6:00PM THU
NOV 21 2013

GST REG NO: R102466000

REG NO: 1234567

REG NO: 1234567

www.impark.com

MARKING AUTHORITY (403) 537-7000

CALGARY P.

③

[REDACTED]

Valid through:

WEDNESDAY 20 NOV 13

5:40 PM



AMOUNT PAID: \$3.00 (GST incl.)

Auth No. 174010

Start Time: 11/20/2013 3:40 PM

Receipt No. 3962

Marking & Tire Inflation Services (403) 537-7006

FREE Battery Bo

REC

4

BOSTON PIZZA #100
4308 50th Street
Cold Lake, AB
T9M 1Y6
780-594-6555

TRANSACTION RECORD

Trans. # [REDACTED]
Check # [REDACTED]
Employee [REDACTED]
Employee [REDACTED]

MasterCard Purchase
AID: [REDACTED]

Subtotal \$73.43
Tip \$11.02
=====

TOTAL CAD \$84.45

APPROVED [REDACTED]
00-001 151518
BES10011-BEC18011
045001001009
2013/11/28 13:15:11

TUR: 0000008000
TSI: E800

Customer Copy

THANK YOU
Come Again



BOSTON PIZZA
COLD LAKE



- 3 WATER 0.00
- 1 N.S. POP 3.19
- 1 SPECIAL TEA 2.99
- 1 COFFEE 2.99
- 1 CHKN QUESADILLA,
sub cactus cuts 16.24
- 1 CHIP CHKN CLUB, original,
sub cactus cuts 17.24
- 1 SANTA FE SALAD 11.99
- 1 CHKN PECAN SALAD 15.29

Sub Total: 69.93

GST : 3.50

11/28 13:14 TOTAL : 73.43

THANK YOU!
GST#892897547
PLEASE PAY SERVER
JOIN US FOR PASTA TUESDAYS!!!
CHECK OUT OUR
NEW FEATURE MENU !!!

TELL US HOW WE DID!
We value your feedback.
Complete a short survey and receive a
weekly chance to WIN an awesome
\$50 Boston Pizza Gift Card.
Keep this receipt and go to
www.tellbostonpizza.com
OR call 1.888.205.5778

For complete rules, eligibility
please visit www.tellbostonpizza.com

22051-10001-80211

THANK YOU !!

STORE 100

Keep One u

5

Lakeview Signature Inn - Calgary Airport

2622 - 39th Avenue N.E.
Calgary, Alberta
T1Y 7J9
Phone: 403-735-3336
Email: calgary@lakeviewhotels.com

Guest Folio

Arrival Date: 11 Dec 2013
Departure Date: 12 Dec 2013

David Diamond



Folio

Room Type:

Room:

CC Number:

Group/Corporation: Alberta Health Services

Date	Folio	Reference	Amount	Tax	Total
11 Dec 2013	1	Room Charge	\$150.00	\$13.50	\$163.50
12 Dec 2013	1	Check-Out (Payment: MC)	\$-163.50	\$0.00	\$-163.50
Room Charges			\$150.00	\$13.50	\$163.50
Other Charges			\$0.00	\$0.00	\$0.00
Credits			\$-163.50	\$0.00	\$-163.50
Balance					\$0.00

Alberta Room Tax	4.00 %	\$150.00	\$6.00 ✓	Reg # 856666409RT015
Room GST	5.00 %	\$150.00	\$7.50 ✓	Reg # 856666409RT015

Signature _____

It's time to think about Winter Get-aways. Check out the different packages we and our sister hotels are offering at www.vacationwithlakeview.com

Date: 12-Dec-2013

Time: 07:19 AM

MID 243717

Lakeview Signature Inn - Calgary Airport
2622 - 39th Avenue N.E.
Calgary, Alberta T1Y 7J9, Canada
403-735-3336

Card Mastercard



Card Holder David Diamond

Auth # [Redacted] Invoice [Redacted]

Amount \$163.50 **Purchase**

Reference Check-Out (Payment: MC)

Signature _____

6

7

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 13/12/13 10:30
Re [REDACTED]

Short-term parking tkt

DL - No. [REDACTED]

13/12/13 09:15 -

13/12/13 10:44 -

Period 0d1h30'

(Tax) \$9.75

Total \$9.75

Payment Received
MC [REDACTED] \$9.75

Type: Swiped

Sub Total \$9.29
Tax 5% 0.46

65FD0F78 - 1/1

PETRO-CANADA
190 E LAKE CRES
AIRDRIE
ALBERTA T4B 2B8
4039482100

GST 809568272
PC0436150:3766801
TERMINAL: 023766852
PAYPOINT: 023766801

2013-12-16 19:13

PUMP 02
REGULAR
LITRES L 39.023
PRICE/L \$ 1.069
FUEL SALES \$ 41.72*

TOTAL OWED \$ 41.72

TOTAL PAID
CREDIT CARD \$ 41.72

* GST INCL. \$ 1.99

MASTERCARD

[REDACTED] \$
PURCHASE
\$ 0010010010 00 027
APPROVED
THANK YOU

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
1-866-826-7779 OR
PETRO-CANADA.CA/HERO




DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
David Mr Diamond

Room: 
Folio:
Cashier:
Arrival: 09-23-13
Departure: 09-24-13

Date	Description	Additional Information	Charges	Credits
09-23-13	Room Charge		154.00	
09-23-13	DMF		4.62	
09-23-13	Room GST		7.93	
09-23-13	Tourism Levy		6.34	

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	0.00
Balance Due	172.89	CDN

Guest Signature: _____

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



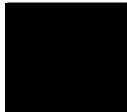
DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
David Mr Diamond

Room: 
 Folio:
 Cashier:
 Arrival: 09-23-13
 Departure: 09-24-13

Date	Description	Additional Information	Charges	Credits
09-23-13	Room Charge		154.00	
09-23-13	DMF		4.62	
09-23-13	Room GST		7.93	
09-23-13	Tourism Levy		6.34	

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	0.00
Balance Due	172.89	CDN

Guest Signature: _____

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



Print | Email

Health Policy Speaker Series presents:


**Paul Corrigan People Powered Health:
Engaging patients through co-production**

Presented by the Institute of Health Economics and Alberta Innovates - Health Solutions

Tuesday, December 10, 2013 | 7:30 - 9:00 am
Matrix Hotel | Breakfast included

Professor Corrigan is presented with the support of:



Receipt

Reference Number [REDACTED]

Issued By BUKSA Associates Inc.
[REDACTED]
Email: SpeakerSeries@buksa.com

Date Registered Thursday, November 28, 2013

Statement Date Thursday, November 28, 2013

Event Health Policy Speaker Series

Event Details The Matrix Hotel
10640 - 100 Avenue NW
Edmonton Alberta
Canada

Event Date Tuesday, December 10, 2013 -Tuesday, December 10, 2013

The following individuals are registered

Name	Category	Total
David Diamond	Ticket fee:	\$CAD30.00
Brad Ramsden	Ticket fee:	\$CAD30.00
	Sales Tax	\$CAD3.00
	Total	\$CAD63.00

Billed To

Billing Company Alberta Health Services

Name David Diamond

Address Line 1 [REDACTED]

Address Line 2 [REDACTED]

City [REDACTED]

US State [REDACTED]

Billing Zip/Postal Code [REDACTED]

Country Canada

Email Address david.diamond@albertahealthservices.ca

Date	Transaction Type	
Thursday, November 28, 2013	Transaction Amount	\$CAD60.00
Thursday, November 28, 2013	Sales Tax	\$CAD3.00
Thursday, November 28, 2013	Online Credit Card Payment [REDACTED]	\$CAD-63.00
	Balance	\$CAD0.00

Terms and Conditions

Your credit card statement will read "BUKSA Associates Inc." A receipt will be emailed to you upon completion of this form.

Cancellation Policy

No refunds will be issued for tickets purchased.

Receipt

BUKSA Associates Inc.
[REDACTED]

Email: SpeakerSeries@buksa.com

Health Policy Speaker Series
c/o BUKSA Strategic Conference Services
Email: SpeakerSeries@buksa.com



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-Jan-14 To: 21-Mar-14
 Travel Period from: To (if applicable)
 Out-of-Province Travel

Name: David Diamond Position (Title): Chief External Relations Officer
 Location: Edmonton Dept: Executive Office DOFA Level: (if applicable) Union: Business Phone #: Ext:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

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

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0005	71110300000	\$2,122.17						\$2,122.17		
2B												
2C												
2D												
				\$2,122.17							TOTAL CLAIM	\$2,122.17

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

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

*User to enter Coding & \$ Amounts

SECTION F: AUTHORIZATION

I certify 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 advise that expenses included in this claim are for business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I advise that expenses included in this claim have been incurred by using a credit card in a method, amount, category and receipt(s) as provided above.

Employee Signature: *[Signature]* Date: 7-Apr-14

I certify 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 advise that expenses included in this claim are for business purposes for Alberta Health Services and that the claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I advise that expenses included in this claim have been incurred by using a credit card in a method, amount, category and receipt(s) as provided above.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: [Redacted] Title: Acting CFO Date: May 7, 14

Signature: *[Signature]* Title: Official Administrator Date: [Redacted]

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(f) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procedure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0005 71110300000** Emp # (E-People) [REDACTED] 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 = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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?	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										
				Cost Effective Method Used? Y/N	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							
11-Jan-14	Parking in Calgary - Emergency Physicians Meeting	AB	Meeting	yes								\$13.00		
14-Feb-14	Trip to Calgary - Meeting with John Cowell and participate on interview panel.	AB	Meeting	yes	D-\$20.75	\$20.75	D			\$172.89		\$20.00		
20-Feb-14	Trip to Lac La Biche for meeting with Municipal Leaders	AB	Meeting	yes	L-\$11.60	\$11.60	L					\$94.24		
5-Mar-14	Calgary EMS Meeting and Strategic Leadership Council	AB	Meeting	yes						\$206.58		\$107.83		
7-Mar-14	Trip to Fort McMurray - Meeting with Council of Municipality of Wood Buffalo and Phoenix Helicopter Services	AB	Meeting	yes					\$402.41			\$23.00		
14-Mar-14	Calgary - Meeting with Official Administrator, Primary Care meeting and meeting with Municipalities on EMS Dispatch	AB	Meeting	yes	D-\$20.75	\$20.75	D			\$189.73				
21-Mar-14	Calgary - EMS IFT Meeting and Council of Chairs meeting, Hotel costs for David Diamond and Brad Ramsden	AB	Meeting	yes	D-\$20.75	\$20.75	D			\$767.92				
19-Mar-14	Dinner in Calgary for David and Brad - EMS IFT Meeting	AB	Meeting	yes		\$50.72	D							
SUBTOTALS						\$124.57			\$402.41	\$1,337.12		\$258.07		Total Kms

<p>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>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	\$0.505
	Mileage \$	
<p>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>	Travel \$ Subtotal	\$2,122.17
	Auto fills on page 1 - TOTAL TRAVEL \$	\$2,122.17

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

①

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES

11 JAN 14

10:17 AM PAID \$ 13.00C

ENTRY TIME 10 JAN 14 10:17 AM

LE TABLEAU DE BORD
CÔTÉ VISIBLE

SPACE 32
PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

EXPIRES

11 JAN 14

10:17 AM

PAID

\$ 13.00C

RECEIPT

SPACE 32

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

2



DELTA

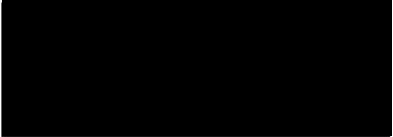
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

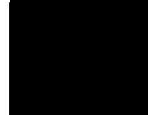
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES

Mr David Diamond



Room:



Folio:

Cashier:

Arrival:

02-13-14

Departure:

02-14-14

Date	Description	Additional Information	Charges	Credits
02-13-14	Room Charge		154.00	
02-13-14	DMF		4.62	
02-13-14	Room GST		7.93	
02-13-14	Tourism Levy		6.34	
02-14-14	Mastercard			172.89

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: _____

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

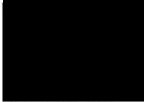
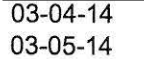



DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Mr David Diamond



Room: 
Folio: 
Cashier:
Arrival: 03-04-14
Departure: 03-05-14

Date	Description	Additional Information	Charges	Credits
03-04-14	Room Charge		184.00	
03-04-14	DMF		5.52	
03-04-14	Room GST		9.48	
03-04-14	Tourism Levy		7.58	
03-05-14	Mastercard			206.58

GST Summary	
Registration No: 895126332	
Room	9.48
F&B	0.00
Other	0.00
Total	9.48

Total	206.58	206.58
Balance Due	0.00	CDN

Guest Signature: _____

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

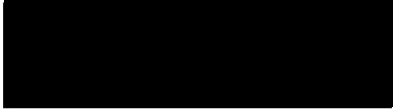


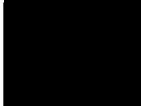
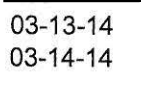
DELTA


CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

Mr David Diamond



Room: 
Folio: 
Cashier:
Arrival: 03-13-14
Departure: 03-14-14

Date	Description	Additional Information	Charges	Credits
03-13-14	Room Charge		169.00	
03-13-14	DMF		5.07	
03-13-14	Room GST		8.70	
03-13-14	Tourism Levy		6.96	
03-14-14	Mastercard			189.73

GST Summary	
Registration No:	895126332
Room	8.70
F&B	0.00
Other	0.00
Total	8.70

Total	189.73	189.73
Balance Due	0.00	CDN

Guest Signature: _____

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

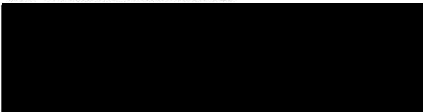


DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Mr David Diamond



Room:
Folio:
Cashier:
Arrival: 03-19-14
Departure: 03-21-14

Date	Description	Additional Information	Charges	Credits
03-19-14	Room Charge		169.00	
03-19-14	DMF		5.07	
03-19-14	Room GST		8.70	
03-19-14	Tourism Levy		6.96	
03-19-14	Room Charge	Routed From Ramsden Bradley Of 	169.00	
03-19-14	DMF	Routed From Ramsden Bradley Of 	5.07	
03-19-14	Room GST	Routed From Ramsden Bradley Of 	8.70	
03-19-14	Tourism Levy	Routed From Ramsden Bradley Of 	6.96	
03-20-14	Atrium Cafe Charges	Routed From Ramsden Bradley Of Room	3.00	
03-20-14	Atrium Cafe Charges		3.00	
03-20-14	Room Charge		169.00	
03-20-14	DMF		5.07	
03-20-14	Room GST		8.70	
03-20-14	Tourism Levy		6.96	
03-20-14	Room Charge	Routed From Ramsden Bradley Of 	169.00	
03-20-14	DMF	Routed From Ramsden Bradley Of 	5.07	
03-20-14	Room GST	Routed From Ramsden Bradley Of 	8.70	
03-20-14	Tourism Levy	Routed From Ramsden Bradley Of 	6.96	
03-21-14	Atrium Cafe Charges	: Routed From Ramsden Bradley Of Room	3.00	
03-21-14	Mastercard			767.92

Guest Signature: _____

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



Contact us Help

Flights | Vacations | Deals | Travel Info | My WestJet | Rewards

Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is [REDACTED]

FILE COPY

Guest details

Mr David Diamond
 Flight
 Edmonton (YEG)-Fort McMurray (YMM)
 Ticket number [REDACTED]
 Seat YEG-YMM
 6D

Air itinerary details

Edmonton (YEG) Fort McMurray (YMM) WS 139 Fare type: Econo
 Fri Mar 7 2014, 6:40 AM Fri Mar 7 2014, 7:45 AM WestJet Non-stop
 Boeing 737-700

Pricing breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
Adult	\$119.00	\$12.00	\$40.28	\$171.28	x 1	\$171.28 CAD

YEG-YMM: Econo fare type benefits
 One complimentary checked bag *
 Fully refundable if cancelled within 24 hours of booking **
 Advance seat selection - \$5-53.10*
 \$75-88.50 itinerary change fee + applicable fare difference
 \$75-88.50 name change fee
 \$75-88.50 cancellation fee, balance credited toward future WestJet flight purchases-

* Not applicable on flights operated by our airline partners
 ** Excluding flights departing within 24 hours of booking
 - Non-refundable to original form of payment

Total airfare: **\$171.28 CAD**

Seats

Regular seat WS 0139 YEG-YMM Seat 6D MR David Diamond \$5.00 CAD + \$0.25 CAD tax

Total seats: **\$5.25 CAD**

Earn WestJet dollars. Pay when you pick up your car. Book now.

Reserve now and pay when you pick up your vehicle.
 All displayed quotes include taxes and fees. Click on the arrows to see other options.

Sorry, but there are no rental cars available at this time.

WestJet Rewards members earn 1% back in WestJet dollars on car rentals booked at westjet.com.*
* WestJet dollars will be awarded on the cost of your rental before taxes, fees and surcharges.

Earn WestJet dollars. Get great rates. Book now.

All rates include taxes, fees and surcharges. Click on the arrows to see other options.

Check-in: Fri Mar 7 2014 Check-out: Sat Mar 8 2014
Nights: 1 Occupancy: 1 adult

Table with 4 columns of hotel options: Sawridge Inn Fort McMurray, Radisson Hotel & Suites Fort McMurray, The Vantage Inn and Suites - Fort McMurray, Franklin Suite Hotel - Fort McMurray. Includes prices in CAD and room descriptions.

WestJet Rewards members earn 1% back in WestJet dollars on car rentals booked at westjet.com.*
* WestJet dollars will be awarded on the cost of your rental before taxes, fees and surcharges.

Charged to [redacted] \$171.28 CAD
Charged to [redacted] \$5.25 CAD
Total: \$176.53 CAD

Baggage limitations for Jamaica and Trinidad and Tobago

You are permitted one piece of carry-on baggage and two checked bags, the second at a cost of \$20. No third and fourth bag or overweight items will be permitted. You are not permitted any oversized bags, with the exception of one golf bag containing golf clubs. For more information, please visit our website at westjet.com.

Important details



Use Web check in to print your boarding pass and select your seat for free. This service is available as early as 24 hours (and up to 60 minutes) before your scheduled flight. Please review the Checked and Excess Baggage changes prior to checking in for your flight.

Daniela Hildebrand

From: Air Canada [confirmation@aircanada.ca]
Sent: Wednesday, February 12, 2014 9:47 AM
To: David Diamond
Subject: Air Canada - 07-Mar: Fort McMurray - Edmonton (booking ref: [REDACTED])

FILE COPY

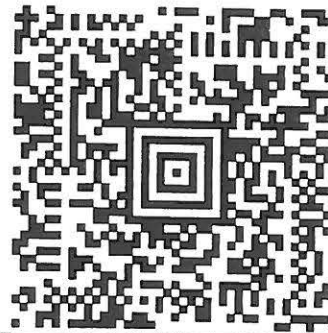
***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA 

Itinerary/Receipt

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.

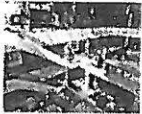
Scan this barcode to check in at any Air Canada check in kiosk.



Hotels in Edmonton

From (per night)

\$125 CAD

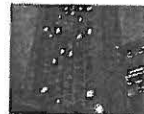


Delta Edmonton Centre Suite Hotel:

★★★★★

From (per night)

\$185 CAD



The Sutton Place Hotel - Edmonton:

★★★★★

From (per night)

\$150 CAD



Varscona Hotel on Whyte:

★★★★★

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- Great choice of hotels
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More Hotel Offers

Hotels provided by WWTMS.



SAVE on car rentals, shows, activities and more.

Go to My Travel Planner



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AVIS  **Budget** 

Booking Information

Booking Reference: [REDACTED]

Customer Care
Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

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

Main Contact:

Mr David Diamond

david.diamond@albertahealthservices.ca

Mobil
Work

Online Services

Manage my booking online (view/change my booking; select seats*).

Select Seats

Maple Leaf Lounge | Meal Vouchers | On My Way

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8389 ¹	Fort McMurray (YMM) Fri 07-Mar 2014 16:05	Edmonton, Edmonton Int'l (YEG) Fri 07-Mar 2014 17:11	0	1hr06	DH4	Tango, S	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mr David Diamond : Adult (16+), Ticket Number: [REDACTED]

Frequent Flyer Prog : None

Meal Preference : None

Payment Card: [REDACTED]

Special Needs: None

Seat Selection: None

Purchase Summary

Fare Summary

Passenger Type **Adult**

Air Transportation Charges

Departing Flight - Tango **166.00**

Surcharges 12.00

Taxes, Fees and Charges

Canada Airport Improvement Fee 30.00

Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) 10.76

Air Travellers Security Charge (ATSC) 7.12

Total airfare and taxes before options (per passenger) **225.88**

Number of passengers 1

Travel Insurance (declined) 0.00

Grand Total - Canadian dollars **\$225.88**

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$225.88**

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

Air Canada: \$225.88 (Airfare - per ticket)

Ticket number(s) [REDACTED]

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2W4X8
4032139708

SALE

MID: 97236070017
TID: 002
Batch #: [REDACTED]
02/14/14
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

REF#: [REDACTED]
08:18:11

AMOUNT \$10.00

APPROVED

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

GST# R128599776

Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeGA5%

Exit Lane 070014 17:
Receipt [REDACTED]

Short-term [REDACTED] g tkt,
DL - No. [REDACTED]
07/03/14 05:45 -
08/03/14 05:44 -
Period 1d0h0'
(Tax)

Total ----- \$23.00
Payment Received [REDACTED] \$23.00
[REDACTED] \$23.00

191618
Type: Swiped

Sub Total \$21.50
Tax 5% 1.50

9896344-1/1-3193088

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2W4X8
4032139708

SALE

MID: [REDACTED]
TID: [REDACTED]
Batch [REDACTED]
02/13/14
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

REF#: [REDACTED]
11:30:49

AMOUNT \$10.00

APPROVED

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

10

9

MORGUARD INVESTMENTS
- PA
10201 SOUTHPORT RD SW
CALGARY AB T2W4X8
4032139708

Canadian Tire
11839 Kingsway Ave.
Edmonton, Alberta
T5G 3J7

Host Time : 2014-02-20 16:53:00
Local Time: 2014-02-20 18:52:12
TRANS #: [REDACTED]
GST: R10075015
Paypoint : 04P

SALE

MID: 97236070017
TID: 002 REF#: [REDACTED]
Batch [REDACTED] 08:27:17
03/05/14
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED] **/**

AMOUNT \$10.00

APPROVED

MasterCard
AID: A0000000041010
TVR: 00 00 00 00 00
TSt: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

*** DUPLICATE ***

FUEL	(L)	(\$/L)	(\$)
Pump 4			
Regular	28.865	1.094	31.58
GST INCLUDED IN FUEL \$		1.50	
TOTAL	\$		31.58

Purchase
MasterCard # [REDACTED]
Reference #: [REDACTED]
Authorization #: [REDACTED]
Invoice #: [REDACTED]
Sequence #: [REDACTED]

01/027 APPROVED - THANK YOU

STATION
1389

--- IMPORTANT ---
Retain This Copy For Your Records

--- Customer's Copy ---

⑤
BROKEN PLF JILLOW PARK
10816 MACLEAD TRAIL SE
CALGARY AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2014/03/19
TIME 0153 20:25:26
CLERK ID [REDACTED]
RECEIPT NUMBER
[REDACTED]

PURCHASE
AMOUNT \$44.10
TIP \$6.62
TOTAL
\$50.72

MasterCard
A0000000041010
6B6C1D93BC065909
000000B000-E800
B07AD7674F77CF0A

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

⑩
PETRO-CANADA
3003 CALGARY TR. S
EDMONTON
ALBERTA T6J 5X8
7804342180

GST #: 888837606
PC0009312:3674401

2014-03-05 20:41

PUMP 01
REGULAR
LITRES L 26.862
PRICE/L \$ 1.199
FUEL SALES \$ 32.21*

TOTAL OWED \$ 32.21

TOTAL PAID
CREDIT CARD \$ 32.21

* GST INCL. \$ 1.53

MASTERCARD

[REDACTED] S
PURCHASE
S 0010010010 00 027

00 APPROVED
THANK YOU

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

SURVEY! EARN POINTS
& CHANCE TO WIN GAS
1-866-826-7779 OR
PETRO-CANADA.CA/HERO

9

10

10302-101 Ave
Lac La Biche AB T0A2C0

ESSO EXPRESS PAY

LAC LA BICHE ESSO &
00303675
10302 - 101 AVE
LAC LA BICHE, AB T0
URN:R121554687
02/20/2014 317795332
01:23:56 PM

PUMP# [REDACTED]
EREG 53 6021
PRICE/L
FUEL TO AL \$ 62.66

GST1 in fuel \$ 2.98
CREDIT \$ 62.66

TYPE: PURCHASE
ACCOUNT: MASTERCARD

[REDACTED]
VERIFIED BY PIN
MasterCard

[REDACTED]

Thank You

WELCOME

Shell Canada
169 EAST LAKE CRESCE
T4B 2B5
AIRDRIE AB
(403) 948-5000

PURCHASE CHIP

INV No. [REDACTED]
2014/03/05 18:02
MasterCard
AID A0000000041010
TVR 0000000000
AM [REDACTED]

Bronze
PUMP No. 06
LITRES 54.280
PRICE/L \$1.209
TOTAL FUEL \$65.62
01 APPROVE YOU

[REDACTED]
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$3.12
No. 137400032RT

TOTAL SALE \$65.62

STORE: [REDACTED]
TRAN:
2014/03/05 18:05:29

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Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$25 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600