

Official Administrator and Executive Expense Report

Name David Diamond
Title Chief External Relations Officer
Location Edmonton

Expenses submitted during the month of June 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)
Jun-14	Expense Claim	Meetings & Conferences		180	563	1,096	1,839	1,421		
Total			\$ -	\$ 180	\$ 563	\$ 1,096	\$ 1,839	\$ 1,421	\$ -	\$ -

Total for the Month \$ 3,260

Maximum daily single meal expense claimed in the month \$ 96 5 people
 Maximum daily base hotel rate claimed in the month \$ 170
 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 can only have an Employee # (E-People)

Expense Date From: 27-Mar-14 To: 27-Jun-14
 Travel Period from: _____ To: _____
 Out-of-Province Travel:

Name: David Diamond Position (Title): Chief External Relations Officer
 Location: Edmonton Dept: Executive Office DOFA Level: _____ 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	7111030000	\$1,483.86	101	0005	7111030000	61540000	\$460.00	\$1,838.81	\$1,420.75	
2B	101	0005	7111030000	\$354.95	101	0005	7111030000	61540000	\$21.00			
2C					101	0005	7111030000	61540000	\$939.75			
2D												
				\$1,838.81					\$1,420.75			

NOTE: This section auto fills from page 2A, 2B, 2C & 2D. **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I certify that I have read and understand the Travel, Hospitality & Working Session Expense Claim Policy (11-17) of Alberta Health Services and confirm expenses were incurred for the purpose and reasonable opportunity of this claim.
 I certify the receipts included in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by either me or my employer for any other organization.
 I certify the receipts submitted in this claim have been received by using a safe receipt method, showing receipt and supporting receipts as required under the Travel, Hospitality and Working Session Expenses Policy - Government of Alberta.

I am signing this form, which certifies that I am responsible for all the above statements.
 Employee Signature: [Signature] Date: 30 Jun 14

I certify that I have read the summary of applicable policies of Alberta Health Services and confirm expenses being claimed are in compliance with these policies.
 I certify that expenses included in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by either me or my employer for any other organization.
 Approved claim form with receipts must be sent by the employee directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Debora Rhodes DOFA Level: _____ Position #: _____ Phone #: _____
 Signature: [Signature] Title: Acting CFO Date: July 11, 14

I am signing this form, which certifies that I am responsible for all the above statements.
 Approved By (PRINT ONLY): [Signature] DOFA Level: _____ Position #: _____ Phone #: _____
 Signature: _____ Title: ADMINISTRATOR Date: Aug 15, 14

Health and Financial information on this form is collected by AHS under the authority of section 20(1) of the Access to Information Act (R-1) and sections 30(1) and 34(1) of the Freedom of Information and Protection of Privacy (FOIP) Act respectively for the purpose of administering AHS Policies to Pay program.

(Please send completed claim form (with receipts and other required backup) to Alberta Health Services 11070-102 St. North Tower, 100 Floor, Edmonton, Alberta T6J 3K1

60
40

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 7111030000 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? 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								
27-Mar-14	Meeting in Bonnyville with Local Mayors and EMS Leaders regarding EMS - Lunch for Darren Sandbeck, Jim Garland, Brad Ramsden, Dan Huckabee, David Diamond		Meeting	Yes			L	\$96.46							
1-Jun-14	National Health Leadership Conference, Banff - Travel with own vehicle		Conf	Yes	D-\$20.75	\$20.75				\$390.09				834.00	
3-Jun-14	National Health Leadership Conference, Banff		Conf	Yes							\$37.00				
4-Jun-14	Meeting at Covenant Health regarding Vegreville Service Planning		Meeting	Yes							\$6.00				
9-Jun-14	Meeting with MLA Genia Leskiw and Mayor Craig Copeland on Health Services, in Cold Lake		Meeting	Yes	L-\$11.60	\$11.60									
19-Jun-14	Meeting with MLA Dr. David Swann and attending Council of Chairs meeting in Calgary		Meeting	Yes	D-\$20.75	\$20.75				\$172.89					
20-Jun-14	Attending Council of Chairs Meeting, Calgary		Meeting	Yes	B-\$9.20	\$9.20									
24-Jun-14	Meeting with Elizabeth Carhon President University of Calgary, attend meeting with Dr. John Cowell		Meeting	Yes										590.00	

SUBTOTALS					\$62.30		\$96.46			\$562.98		\$43.00		Total Kms 1424.00
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<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>	<p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p>\$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>Mileage \$ \$719.12</p> <p>Travel \$ Subtotal \$764.74</p> <p>Auto fills on page 1 - TOTAL TRAVEL \$ \$1,483.86</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)

EXPENSE CLAIM DETAILS

Enter Finance Coding _____

Emp # (E-People) _____

Page **2B**

If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'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						
26-Jun-14	Meeting in Calgary with Dr. John Cowell and Ms. Vickie Kaminski and with Frank Molnar regarding Mercan Legal Issue		Meeting	Yes	D-\$20.75	\$20.75						\$36.25		590.00
SUBTOTALS							\$20.75					\$36.25		Total Kms 590.00

SUBTOTALS

\$20.75

\$36.25

Total Kms
590.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

Rates applicable \$0.505 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 \$ \$297.95

Travel \$ Subtotal \$57.00

Auto fills on page 1 - TOTAL TRAVEL \$ \$354.95

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) [REDACTED]			Page 3				
<p>• 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!</p> <p style="text-align: center;">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
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 \$		
14-Apr-14	Canadian College of Health Leaders, Professional Fee for annual membership	101	0005	71110300000	61540000	Yes		\$460.00	\$460.00
29-May-14	Symposium on Influenza Immunization in the Healthcare Workplace, University of Calgary	101	0005	71110300000	61540000	Yes	Conference	\$21.00	\$21.00
2-Jun-14	National Health Leadership Conference, Banff	101	0005	71110300000	61540000	Yes	Conference	\$939.75	\$939.75

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)

 CHECK # [REDACTED] DATE 2/27/14
 TABLE # [REDACTED] TIME 12:44

-- RESTAURANT : [REDACTED] --

ITEMS ORDERED	AMOUNT
2 SOUP/SAL/SAND	25.98
2 MIKEBURGER	21.98
1 SKOOKUM CHICK	14.99
1 Sub Cup Clam	1.99
1 Sub Garden Salad	0.00
3 COFFEE	8.97
2 POP	5.98

SUBTOTAL 79.89
 GST 3.99

 TOTAL DUE 83.88

THANK YOU FOR CHOOSING MR. MIKES
 BONNYVILLE, ALBERTA
 GST#:807230487
 **PLEASE PAY YOUR SERVER*

Receive \$5.00 OFF*
 on your next visit,
 10 CHANCES to WIN \$1000 DAILY**,
 PLUS you could INSTANTLY WIN
 other GREAT PRIZES
 VALUED at \$1500 WEEKLY**
 just for providing your review at
 www.mymikesvisit.com

OR receive 1 chance to win \$1000**
 by calling 1-866-525-0617.

CARD [REDACTED]
 CARD TYPE MASTERCARD
 DATE 2014/03/27
 TIME 0896 12:42:58
 SERV ID [REDACTED]
 CHECK # [REDACTED]
 TABLE # [REDACTED] RESTAURANT
 RECEIPT NUMBER [REDACTED]

PURCHASE
 AMOUNT \$83.88 ✓
 TIP \$12.58 ✓ (15%)
 TOTAL

\$96.46

Card
 5000041010
 98838989D51B
 0008000-E800
 51E58DC04CED8

APPROVED

[REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
 COPY FOR YOUR RECORDS

Daniela Hildebrand

From: Itinerary@trans.flexrez.com
Sent: Friday, June 20, 2014 4:00 PM
To: David Diamond
Subject: Your Itinerary for Banff - Jun 01, 2014 [REDACTED]

Your purchase is confirmed. Please see your complete hotel itinerary and receipt for your trip below. Be sure to print out a copy of this page for your records and have it with you at check-in. If you have any questions or require further assistance, contact our Customer Service Department toll-free at 1-877-477-5812.

Hotel Details

Banff Caribou Lodge And Spa
521 Banff Avenue
Banff, AB T1L 1H8
403-762-5887

Check-In: Sunday, June 1, 2014-04:00 PM
Check-Out: Tuesday, June 3, 2014-11:00 AM
Room 1: David Diamond
Confirmation # [REDACTED]

Summary of Charges

Room Cost (avg. per room, per night):	\$155.94 (USD)	
Number of Rooms:	1	<i>Exchange Rate: 1.0722 ✓</i>
Number of Guests Per Room:	2	
Number of Nights:	2	
Room Subtotal:	\$311.88 (USD)	
Taxes and Fees:	\$51.96 (USD)	
Total Room Cost:	\$363.84 (USD)	<i>→ CAD \$390.09</i>

Responses to this e-mail will not go to a customer service representative.
To contact our customer service team directly, please go to the [Help section](#) of our website.

This e-mail was sent on 06/20/2014 @ 06:00:20 p.m.

(17673194604)

Bank of Canada rate on June 2 = 1.09

TI

DASH

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE (403)299-7275

Meter: LOT 803
Trans: [REDACTED]
Time: 6:48A JUN 02
Price: \$25.00

Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

TICKET VOID IF RE-SOLD

6:48AM TUE
JUN 03 2014

--INSTRUCTIONS ON BACK--
GST REG # R102466000
WELCOME TO THE FAIRMONT
BANFF SPRINGS HOTEL

IMPERIAL PARKING
PHONE (403)299-7275

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Meter: [REDACTED]
Trans: [REDACTED]
Time: 6:48A JUN 02
Price: \$25.00

Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

RE-SOLD

6:48AM TUE
JUN 03 2014

PLACE THIS SIDE UP ON DASH

PLACE THIS

IMPERIAL PARKING
PHONE (403)299-7275

Meter: [REDACTED]
Trans: [REDACTED]

Time of Purchase
12:06P JUN 03

Sta: [REDACTED]

Price: \$12.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

4:06PM TUE
JUN 03 2014

GST REG # R102466000
WELCOME TO THE FAIRMONT
BANFF SPRINGS HOTEL

IMPERIAL PARKING
PHONE (403)299-7275

Stall: [REDACTED]

Meter: [REDACTED]
Trans: [REDACTED]

Time of Purchase
12:06P JUN 03
Price: \$12.00

Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

4:06PM TUE
JUN 03 2014

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
04/06/14 10:28

AMOUNT PAID
\$ 6.00 36640000 08:58 LOT6105

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
04/06/14 08:58 \$ 6.00

CREDIT CARD NUMBER
CC



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION



NON TRANSFERABLE

RECEIPT 87629093

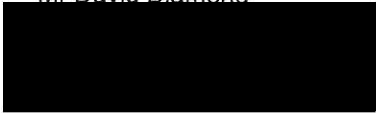



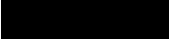
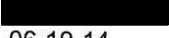
DELTA


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: 06-19-14
Departure: 06-20-14

Date	Description	Additional Information	Charges	Credits
06-19-14	Room Charge		154.00	
06-19-14	DMF		4.62	
06-19-14	Room GST		7.93	
06-19-14	Tourism Levy		6.34	
06-20-14	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.

RECEIPT

Stall # 87

Expiration Date/Time

04:46 PM
JUN 26, 2014

Purchase Date/Time: 02:16pm Jun 26, 2014
Total Parking: \$25.00
Total FEDERAL: \$1.25
Total Due: \$26.25 Rate: 2 HOURS AND 30 MIN
Total Paid: \$26.25 Payment Type: Card
Ticket # [REDACTED]
S/N #: 520014230473
Setting: Lot 232
Mach Name: Lot 232-5

[REDACTED] MasterCard

Auth [REDACTED]

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

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

SALE

MID: 97236070017
TID: [REDACTED] REF: [REDACTED]
Bat [REDACTED]
06/26/14 11:07:00
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED] [REDACTED]

AMOUNT \$10.00

APPROVED

MasterCard
AID: A0000000041010
TVR: 00 00 00 10 00
TS: E8 00

THANK YOU
PLEASE COME AGAIN

615-1111-1111



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

G

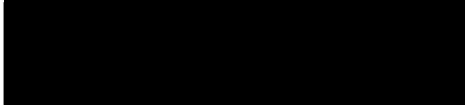
RECEIPT / REÇU

RECEIVED

APR 15 2014

Received from:
Reçu de:

Mr. David Diamond
Chief External Relations Officer



Invoice Date / Date de la facture	Invoice / Facture	CCHL ID/ No d'identification du CCLS
04/03/2014 07:22		

Description	Amount received / Montant reçu
Annual Fee - \$460.00 Active Member	\$460.00
Tax Exempt on \$460.00	\$0.00
Total	\$460.00
Total Paid	\$460.00

THANK YOU FOR YOUR PAYMENT / MERCI POUR VOTRE PAIEMENT

292, rue Somerset Street West/ouest Ottawa, ON K2P 0J6 Canada
Telephone/Téléphone : 613-235-7218 1-800-363-9056
Fax/Télécopieur : 613-235-5451
GST/TPS # 10684 4442 RT0001



David Diamond

From: Canadian College of Health Leaders [info@cchl-ccls.ca]
Sent: Thursday, April 03, 2014 6:23 AM
To: David Diamond
Subject: C.C.H.L. Purchase Receipt

INTERNET PURCHASE RECEIPT - CCHL-CCLS

Order Date: 2014-04-03 8:22:38 AM
Order Number: [REDACTED]
Bank Auth Number: [REDACTED]
Order Total: 460.00 CAD

Name on Card: David Diamond
Card Type: MC
Email Address: david.diamond@albertahealthservices.ca

BILL TO:

Name: David Diamond
Address Line 1: [REDACTED]
Address Line 2: [REDACTED]
City: [REDACTED]
State/Province: [REDACTED]
Zip/Postal Code: [REDACTED]
Country: [REDACTED]
Phone Number: [REDACTED]

SHIP TO:

Name:
Address Line 1:
Address Line 2:
City:
State/Province:
Zip/Postal Code:
Country:
Phone Number:
Shipping Method:

MERCHANT INFO:

Online Address: <http://www.cchl-ccls.ca>
Merchant Name: Canadian College of Health Service Executives
Address: [REDACTED]
City: [REDACTED]
Province: [REDACTED]
Postal Code: [REDACTED]
Country: [REDACTED]
Phone Number: [REDACTED]



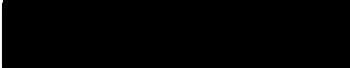
Confirmation And Receipt

MEDICINE CALGARY

Office of Continuing Medical Education and Professional Development

May 29, 2014

David Diamond



RECEIVED

JUN 2 2014

8

Re: Symposium on Influenza Immunization in the Healthcare Workplace
June 11, 2014 - June 11, 2014 07:30 AM Mountain Time University of
Calgary, Theatre 4 Health Science Centre

Conf #: [REDACTED]

Receipt #: [REDACTED]

	<u>Qty</u>	<u>Unit Price</u>	<u>Tax</u>	<u>Total</u>
Registration Fee	1	21.00	yes	\$20.00
GST (5.00%):				\$1.00

SubTotal: \$21.00

Amount Received: \$21.00

Tax Deductable Portion: \$20.00

Amount Due: \$0.00

U of C GST Registration Number:
CA 108102864

Grand Total: \$21.00

Total Amount Received: \$21.00

Total Amount Due: \$0.00

Official Income Tax Receipt

PLEASE RETAIN THIS RECEIPT FOR YOUR RECORDS. NO DUPLICATE WILL BE ISSUED

Refund Policy: A registration refund will be made upon written request, and a fee of \$50 will be retained for administrative costs. Please refer to the course brochure for refund details.

Refunds are processed only on the return of original receipt. All receipts must be returned within 30 days of course completion date.

Dr. Lara J. Cooke, MD, MSc (Med Ed), FRCPC (Neurology)

Associate Dean (CME & PD)

David Diamond

From: Canadian College of Health Leaders - NHLC [info@cchl-ccls.ca]
Sent: Friday, May 30, 2014 8:49 AM
To: David Diamond
Subject: Purchase Receipt

INTERNET PURCHASE RECEIPT

Order Date: [REDACTED]
Order Number: [REDACTED]
Bank Auth Number: [REDACTED]
Order Total: 939.75 CAD
Name on Card: David Diamond
Card Type: MC
Email Address: david.diamond@albertahealthservices.ca

BILL TO:
Name: David Diamond
Address Line 1: [REDACTED]
Address Line 2: [REDACTED]
City: [REDACTED]
State/Province: [REDACTED]
Zip/Postal Code: [REDACTED]
Country: [REDACTED]
Phone Number: [REDACTED]

SHIP TO:
Name: [REDACTED]
Address Line 1: [REDACTED]
Address Line 2: [REDACTED]
City: [REDACTED]
State/Province: [REDACTED]
Zip/Postal Code: [REDACTED]
Country: [REDACTED]
Phone Number: [REDACTED]
Shipping Method: [REDACTED]

MERCHANT INFO:
Online Address: [REDACTED]
Merchant Name: Canadian College of Health Leaders - National Health Leaders Con
Address: [REDACTED]
City: [REDACTED]
Province: [REDACTED]
Postal Code: [REDACTED]
Country: [REDACTED]
Phone Number: [REDACTED]

PRODUCT INFO: