

## Official Administrator and Executive Expense Report

**Name** Deb Rhodes  
**Title** Vice President Corporate Services & Chief Financial Officer  
**Location** Edmonton  
 Expenses submitted during the month of October 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)
Oct-14	Expense Claim	Meetings		174	426	172	772			4
Oct-14	Direct Billing	Meetings	429				429			
<b>Total</b>			\$ 429	\$ 174	\$ 426	\$ 172	\$ 1,201	\$ -	\$ -	\$ 4

**Total for the Month** \$ 1,205

Maximum daily single meal expense claimed in the month \$ 60 4 people  
 Maximum daily base hotel rate claimed in the month \$ 185  
 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: 25-Sep-14 To 17-Oct-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Deborah Rhodes Position (Title): VP Corporate Services & CFO  
 Location: \_\_\_\_\_ Dept: CFO Office DOFA Level: \_\_\_\_\_ (if applicable) Union: n/a 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	71125000127	\$643.97	101	0005	71105000013	69600002	\$131.76	\$643.97	\$131.76	
2B										Less Cash Advance		
2C												
2D												
				\$643.97 ✓					\$131.76 ✓		<b>TOTAL CLAIM</b>	<b>\$775.73 ✓</b>

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 attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

Employee Signature: Deborah Rhodes Date: Nov. 6, 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Vickie Kaminski DOFA Level: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Signature: Vickie Kaminski Title: President & CEO Date: Nov 14/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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 Procedure to Pay program.

Please forward completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

Amount verified  
 09704 pos(Rev2014-06)

AB

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71125000127 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.

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						
25-Sep-14	Parking at Rockyview Hospital for CFO Portfolio Leadership	AB - Local	Meeting	Yes							\$8.00	✓		
15-Oct-14	Attended Western Conference CFO meeting in Vancouver and visit with Vancouver Coastal Health Oct. 15, 16 & 17, Bus & Hotel	BC	Meeting	Yes					\$429.62	✓	\$13.00	✓		
15-Oct-14	Meals while in Vancouver Oct. 16 (Dinner) Oct. 16 (Breakfast) & Oct. 17 (lunch) & Mileage to Edmonton Airport & Parking	BC	Meeting	Yes	A-\$41.55	\$41.55	✓				\$71.00	✓	160.00	
<b>SUBTOTALS</b>						\$41.55			\$429.62		\$92.00		Total Kms 160.00	

**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

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

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	\$0.505
Mileage \$	\$80.80
Travel \$ Subtotal	\$583.17
Auto fills on page 1 - TOTAL TRAVEL \$	\$643.97

**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]

- Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
- If expenses are for travel, gas, etc., go to Section B on pg 2.
- ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

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

Date dd-mm-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 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 \$
2-Oct-14	AHS/Covenant AFC Chair/CFO Meeting - Breakfast for 7:30 meeting	101	0005	71105000013	69600002	Yes		\$72.05		\$72.05 ✓
10-Oct-14	Dinner Meeting with recruitment candidate (legal counsel)	101	0005	71105000013	69600002	Yes		\$59.71		\$59.71 ✓

**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-mm-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. RECEIPT

Health Services  
RGH Lot 1  
TPT AS2  
BY DATE/TIME:  
09.14 08:04  
BY DATE/TIME:  
09.14 09:58  
PARK-JUR.: HRS:MIN  
0:21:54



Parking at Rockyview  
CFO Portfolio Leadership  
Sept. 25, 2014 \$8.00

2.

Radisson Hotel  
Edmonton South, AB  
4440 Gateway Blvd  
780-437-6010  
GST# 84420 3075 RT0001

[Redacted]

Gst 3

- 1 BREAKFAST BUFFET 15.25
- 1 BREAKFAST BUFFET 15.25
- 1 BREAKFAST BUFFET 15.25
- 1 BREAKFAST BUFFET 15.25

Subtotal 61.00  
61.00 GST 3.05  
Amount Due **64.05**

Tip \_\_\_\_\_

Total \_\_\_\_\_

Room \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

\*\*PLEASE PAY SERVER\*\*

3.

ALLEGRO ITALIAN KITCHEN  
10011 109 STREET  
EDMONTON AB

CARD [Redacted]  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2014/10/30  
TIME 2753 20:10:50  
RECEIPT NUMBER [Redacted]

PURCHASE AMOUNT \$51.71  
TIP \$8.00  
TOTAL **\$59.71**



Allegro Italian Kitchen  
10011-109th Street  
Edmonton, Alberta  
780-424-6644

Your GST# 896140894

Interac  
A0000002771010  
CA648B72E48EECEB  
00B000B000-EB00  
777667BBF5E0C073  
00B000B000-FB00

APPROVED

AUTH# [Redacted] 00-001  
THANK YOU

CARDHOLDER COPY

Guests: 1

- 1 ALLEGRO PENNE 19.00
- 1 PENNE CON SALSICIA 19.00
- 1 DIET 3.25
- 1 Pepsi 3.25
- 1 CAPPUCINO 4.75

Subtotal 49.25  
G.S.T. 2.46  
Total Due **\$51.71**

\*\*Please Pa. Server\*\*

2.

RADISSON HOTEL EDMONTON  
4440 NW Gateway Blvd.  
Edmonton, AB  
T6H 5C2  
780-431-5808

\*\* TRANSACTION RECORD \*\*

Tran. #: [Redacted]  
RUC: Atri  
Table #: [Redacted]  
Check #: [Redacted]  
Group #: [Redacted]  
Employee [Redacted]  
Employee Name: Vanessa

Merch. ID: 040080004451  
Terminal #: 018  
Retrieval #: 392000000000

PRE-AUTH PURCHASE

Entry Method: Chip

Amount **\$64.05**  
Tip **\$8.00**  
TOTAL CAD **\$72.05**

2014-10-02 08:34:16  
00-001 482642  
ROESMS03/ROESWC03

APPROVE [Redacted]

APP Label:  
SCOTIABANK VISA  
AID: A0000000031010  
TUR: 0080008000  
TSI: F800

Customer Copy

THANK YOU  
Come Again

AHS/covenant  
AFC chair/CFO meeting  
7:30 meeting

- 1) Don Sieber
- 2) Rosa Radelich
- 3) Raymond Mack
- 4) Deborah Rhodes

Dinner mtg with  
recruitment candidate



**VANCOUVER AIRPORT**

The Fairmont Vancouver Airport  
Vancouver International Airport  
3111 Grant McConachie Way, Richmond, BC, V7B 0A6  
T (604) 207 5200 F (604) 248 3219  
G.S.T. / H.S.T. REGISTRATION # 84968 1721

Room :  
Folio # :  
Invoice # :  
Cashier # :  
Page # :  
Group Name :



Ms Deborah Rhodes



Arrival : 10-15-14  
Departure : 10-17-14

**Canada**

Date	Description	Additional Information	Charges	Credits
10-15-14	Room Charge /		185.00	
10-15-14	Hotel Room Tax /		18.50	
10-15-14	Room GST /		9.25	
10-16-14	Long Distance Service Charge	Line } Connection Fee for	2.06 /	
10-16-14	Long Distance Service Charge	Line } Teleconferences	2.06 /	
10-16-14	Room Charge		185.00	
10-16-14	Hotel Room Tax		18.50	
10-16-14	Room GST		9.25	
10-17-14	Visa			429.62
<b>Total</b>			<b>429.62</b>	<b>429.62</b>
<b>Balance Due</b>			<b>0.00</b>	<input checked="" type="checkbox"/>

GST Summary

Room : 18.50  
F&B : 0.00  
Other : 0.20  
Total : 18.70

HST Summary

Room : 0.00  
F&B : 0.00  
Other : 0.00  
Total : 0.00

Thank you for choosing Fairmont Hotels & Resorts.  
To provide feedback about your stay please contact Ken Flores, General Manager, at ken.flores@fairmont.com.  
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from :  
United States or Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)  
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**

4.



Adult 2 ZONE \$ 9.00

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER

-2-

TH.OC.16 03:15A



✓



Adult 2 ZONE \$ 4.00

VALIDATE - Insert this direction

PROOF OF PAYMENT/TRANSFER

-1-

TH.OC.16 02:00P



✓

Bus Fare to travel to Vancouver Coastal Health. Total = \$13.00 ✓

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

Exit Lane 17/10/14 16:40  
Receipt

Short-term parking tkt

DL - No. 093932  
15/10/14 13:55 -  
17/10/14 16:54 -  
Period 2d3h0'

(Tax) \$71.00  
-----  
Total \$71.00

Payment Received  
VISA \$71.00

Type: Swiped

Sub Total \$67.62  
Tax 5% 3.38 ✓

07487822 - 1/1

Airport Parking



## Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services
- Pre-Approval form MUST be attached to the actual expense claim

Travel Policy

Employee Information					
First Name Deborah		Last Name Rhodes		Employee Number [REDACTED]	
Phone Number [REDACTED]			Reports To Vickie Kaminski, President & CEO		
Department Office of the VP Corporate Services & CFO			Office Location [REDACTED]		
Travel Details					
Purpose of Trip Attend the Western CFO Conference					
Destination Vancouver		From 16-Oct-2014	To 17-Oct-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0005		Functional Centre / Primary 71105000013		
Project Coding					
Project	Task	Expense Type		Expense Org	
Estimate of Expenses					
Category		Description			Amount
Accommodation Charge		✱			\$250.00
Meals					\$60.00
Registration					
Airfare					\$550.00
Taxi/Rental Car/Fuel/Parking/Bus/LRT					\$120.00
Other Expenses (please specify)					
		Currency <input type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER			\$980.00
<b>Total Estimated Travel Costs</b>		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ 980.00
*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					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)					
Employee Signature <i>Deborah Rhodes</i>			authorization table Date (dd-Mon-yyyy) [REDACTED] Phone Number [REDACTED]		
Approved by (Print Name) Vickie Kaminski		Signature <i>Vickie Kaminski</i>		Date (dd-Mon-yyyy) [REDACTED] Phone Number [REDACTED]	
Title President & CEO				Position Number	DOFA Level
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	Phone Number
Title				Position Number	DOFA Level

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✱ Ended up staying 2 nights in Vancouver to visit Vancouver Coastal Health.



## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

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

**Expenses Paid Directly to Third Party Vendors**

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

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes  No

Name: Deborah Rhodes

Reporting Period for the Month of: September - 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-15	Direct Billing	Transportation	Flight-Edmonton to Vancouver & return to attend the Western CFO Conference and tour Vancouver Coastal Health	Marlin Travel	\$428.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$428.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch:  
Agent:

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:

# INVOICE

For  
MS DEBORAH RHODES

Wednesday, October 15, 2014

✈ Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: VANCOUVER BC  
Stops: 0 Arrival: 15Oct14

Flight: 109 G CLASS  
04:05 PM Equipment: 73W  
04:40 PM

Mile(s) Flown: 504

**Cost:**

TKT- [REDACTED] -TKT

131.00

Tax: 55.48

Ticket Total: 186.48

AIR CANADA [REDACTED]

215.00

Tax: 27.48

Ticket Total: 242.48

**Total:**

Grand Total: 428.96

Less Credit Card Payments: 428.96

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00