

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of January 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-16	P-Card	Meetings				85	85			
Jan-16	Expense Claim	Meetings	346	95		153	594			
Jan-16	Direct Billing	Meetings	871		466		1,337			
Total			\$ 1,217	\$ 95	\$ 466	\$ 238	\$ 2,016	\$ -	\$ -	\$ -

Total for the Month \$ 2,016

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 Non economy air travel in the month \$ -

1) Travel expenses

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

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

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

4) Other

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


5) Remuneration, Allowances Reported in the Financial Statements

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

Jan. 29 2016
to Public Disclosure
F.
P-Card

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

PROCIUK, LORINDA Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2010</u>
PRESIDENT & CEO OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$500.21 \$84.50
LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Taxes Amount	GST	Freight	Description
23/12/2015	413914454	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	97.00	CAD	97.00 \$48.50	4.62		Taxi from Seventh Street Plaza to YES for AHS Board members Glenda Yeates and Brenda Hemmelgam on Nov 24/15
23/12/2015	413914455	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00 \$36.00	3.43		Taxi from Seventh Street Plaza to YES for AHS Board members Glenda Yeates and Brenda Hemmelgam on Dec 1/15

①
②
③
④
⑤
⑥
⑦


Linda Hughes
Board Chair

Nov. 13/16
Date

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Walter Mooney</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Assistant</u> Cardholder Designate Position/Title</p> <p><u>Jan 22/16.</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>PROCIUK, LORINDA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title</p> <p><u>01/26/16</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>VP Corp Sen. & CFO</u> Approver Designate Position/Title</p> <p><u>Feb. 29/2016</u> Date of Signature</p>	<p><i>Approved on-line by R. Hoy</i></p>
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>[Signature]</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Interim President - CEO</u> Approver Position/Title</p> <p><u>Jan 28/16</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable.</p>		
<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>

①

Colette Mooney

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Wednesday, December 23, 2015 10:47 AM
To: Colette Mooney; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

Glenda Yeates & ~~Brenda~~
Nov.24/2015
SSP>Ap
72.00+25.00(extra for waiting)= 97.00

November 24, 2015 (\$97.00) **Billed Dec 23/15**
• Taxi from Seventh Street Plaza to YEG for AHS Board members
Glenda Yeates and ~~Brenda Hemmelgarn~~ on Nov 24/15.

INFINITY TRANSPORTATION 1

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 23 2015 10:43AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	<div style="text-align: right;"> ----- \$97.00 ----- </div> <div style="float: right; border: 1px solid red; padding: 2px; margin-top: -10px;">\$48.50</div>

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

2

Colette Mooney

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Wednesday, December 23, 2015 10:47 AM
To: Colette Mooney; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

Glenda Yeates & Brenda
Dec.01/2015
SSP>Ap

December 1, 2015 (\$72.00) *Billed Dec 23/15*
• Taxi from Seventh Street Plaza to YEG for AHS Board members
Glenda Yeates and Brenda Hemmelgarn on Dec 1/15.

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 23 2015 10:44AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00	\$36.00
--------------	--------------------	----------------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Employee # [REDACTED]



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
T4/4NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glonda Yeates			Expense Period Month:	Dec 2015 -Jan 2016
Address:	[REDACTED]	City:	Ottawa		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meetings on December 01st, January 20, 21, and 28, 2016.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Comp/BU/ORA	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$94.60
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$498.96
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$593.56 ✓ JB

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies 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 Board 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 below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant with all the above statements	Date	Phone#
Glonda Yeates	<i>Glonda Yeates</i>	Feb 17/16	[REDACTED]
I attest that I have read and understand all applicable policies of 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 Board 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 below.			
Approved by (Print Name)	Position Title/Program Group		
Linda Hughes	Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date		
<i>Linda Hughes</i>	Feb. 18/16		

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(e) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Pre- to Pay program.

14th Floor, Deborah Rhodes Feb. 17/16
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED]

r Hamstra

Carry forward from Section 1

Name: **Glenda Yeates** Expense Period Month: **Dec 2015 -Jan 2016**

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 below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
1-Dec-15	Taxi from Ottawa airport to residence attended Board Meeting in Edmonton.	Yes	D-\$20.75	\$20.75	✓		\$33.00	✓		
19-Jan-16	Taxi from YEG to hotel to attend Board Meetings on January 20 and 21, 2016.	Yes	D-\$20.75	\$20.75	✓		\$60.00	✓		
20-Jan-16	Per diem meals.	Yes	LD-\$32.35	\$32.35	✓					
21-Jan-16	Flight from YEG to Vancouver and return to YEG on January 27 to attend Board Meeting on January 28, 2016.	Yes					\$345.96			
27-Jan-16	Taxi from YEG to hotel to attend Board Meetings on January 28, 2016.	Yes	D-\$20.75	\$20.75	✓		\$60.00	✓		
Total: (amount auto fills to page 1)			\$94.60	✓	\$0.00	\$0.00	\$498.96	✓	\$0.00	0.00

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ -

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra



Job # _____
RECEIPT FOR CAB FARE

Amount 33.00 Date Dec-01-15
From Air port
To Home
Cab No. _____ Driver _____
H.S.T. Included in meter fare



① ✓

YELLOW CAB

780.462.3456

GST# _____
Date: Jan 19 2016 Amount: 609
Driver: Jim Car#: [REDACTED]
From: AIR PORT
To: MATRIX
10135-31 Avenue, Edmonton, AB T6N 1C2

②

✓

From 1 AP
To MATRIX D.T
Time _____
Date 27-1-16
Trip Amount 60.00
Driver Name _____
Car Number 14
GST _____

③

✓

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

Branch: [REDACTED]
Agent: [REDACTED]

To: MS GLENDA YEATES

Invoice Number: [REDACTED]
Date: January 8, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES

Thursday, January 21, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: VANCOUVER BC
Stops: 0 **Arrival:** 21Jan16

Flight: 253 **K CLASS**
05:30 PM **Equipment:** E90
06:13 PM

Mile(s) Flown: 509

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 15C
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 15C

Wednesday, January 27, 2016

 **Air**

AIR CANADA
From: VANCOUVER BC
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 27Jan16

Flight: 244 **ECONOMY CLASS**
02:10 PM **Equipment:** E90
04:44 PM

Mile(s) Flown: 509

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 15C
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 15C

To: MS GLENDA YEATES

Invoice Number: [REDACTED]
Date: January 8, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:		
AIR CANADA WEB [REDACTED]	[REDACTED]	239.00
	Tax:	64.96
	Ticket Total:	303.96
AIR CANADA WEB [REDACTED]	[REDACTED]	42.00
Total:		
	Grand Total:	345.96
	Less Credit Card Payments:	345.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00



I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Expense Report Direct Bill Summary

Purpose of This Form:

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

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

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

Name : Glenda Yeates	Reporting Period for the Month of : Jan-16
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Jan-2016	Direct Billing	Hotel	2 nights accommodation to attend board meetings on Jan 20 and 21 2016	Other	310.64
27-Jan-2016	Direct Billing	Hotel	1 night accommodation to attend board meeting on Jan 28, 2016	Other	155.32
19-Jan-2016	Direct Billing	Airline Ticket	To attend board meeting on Jan 20 & Jan 21 2016. Invoice number [REDACTED] (\$817.32+\$21+\$32.77)	Marlin Travel	871.09
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 1,337.05

MATRIX
HOTEL

Alberta Health Services

Room Number: [REDACTED]
Arrival Date: 01-19-16
Departure Date: 01-21-16
Page No: 1 of 1

Guest Name: Yeates, Glenda

COPY OF INVOICE

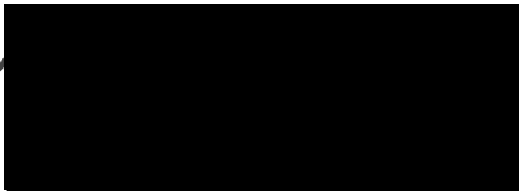
Folio [REDACTED]

01-26-16

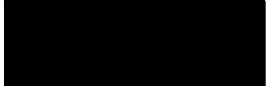
Date	Description	Charges	Credits
01-19-16	Room Revenue	145.00	
01-19-16	Destination Marketing Fee - 3%	4.35	
01-19-16	Tourism Levy - 4%	5.97	
01-20-16	Room Revenue	145.00	
01-20-16	Destination Marketing Fee - 3%	4.35	
01-20-16	Tourism Levy - 4%	5.97	
Total		310.64	0.00
Balance		310.64	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001



Alberta Health Services



Room Number: [Redacted]
Arrival Date: 01-27-16
Departure Date: 01-28-16
Page No: 1 of 1

Guest Name: Yeates, Glenda

COPY OF INVOICE

Folio [Redacted]

02-04-16

Date	Description	Charges	Credits
01-27-16	Room Revenue	145.00	
01-27-16	Destination Marketing Fee - 3%	4.35	
01-27-16	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

Feb. 09 2016

Coded

101 0005 7111030000
62312000

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

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

Invoice Number: [REDACTED]
Date: January 8, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For

MS GLENDA YEATES
AC [REDACTED]

Tuesday, January 19, 2016

 Air

AIR CANADA

From: OTTAWA ON

To: EDMONTON INTL AB

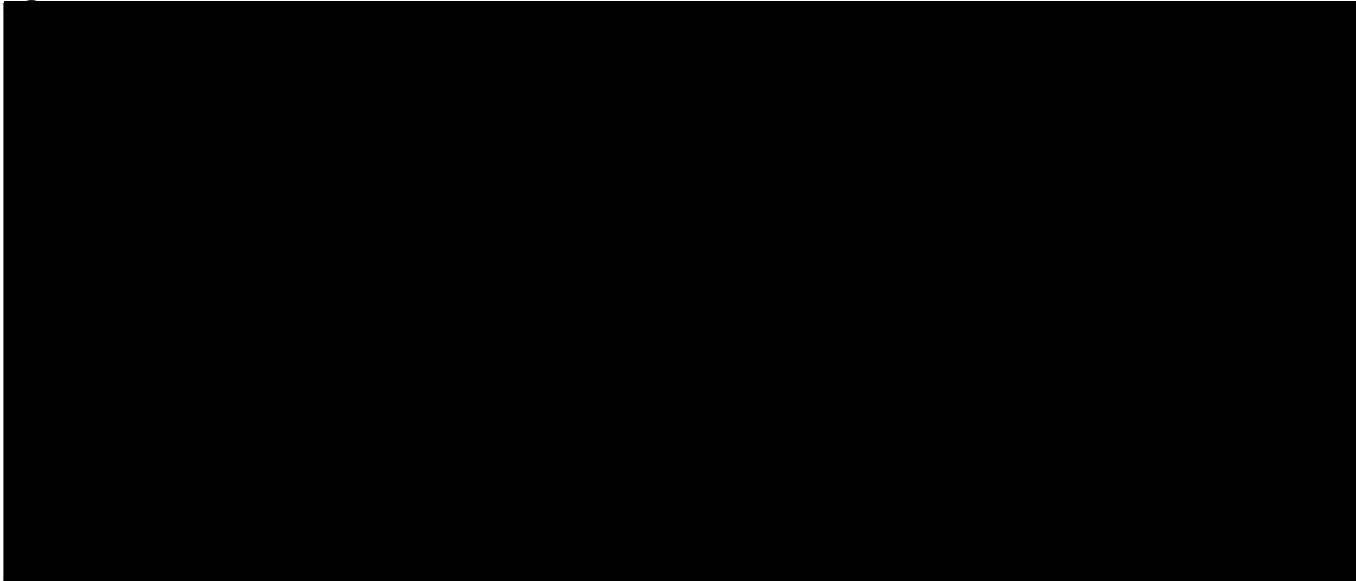
Stops: 0 Arrival: 19Jan16

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

Flight: 171 G CLASS
05:50 PM Equipment: A320
08:30 PM

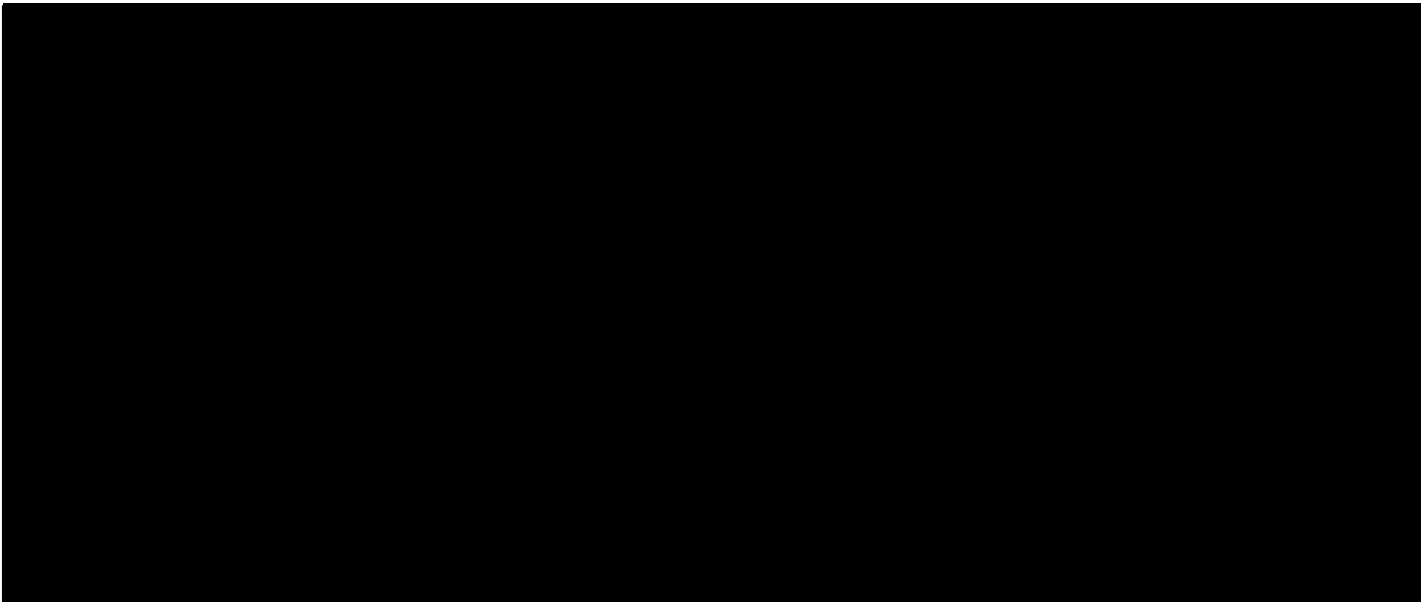
Mile(s) Flown: 1771



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

Invoice Number: [REDACTED]
Date: January 8, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE



Thursday, January 28, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0 Arrival: 28Jan16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 178 G CLASS
04:00 PM Equipment: A320
09:39 PM

Mile(s) Flown: 1671

 Air

AIR CANADA
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0 Arrival: 28Jan16
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 470 G CLASS
10:30 PM Equipment: 321
11:36 PM

Mile(s) Flown: 242

Cost:

AIR CANADA [REDACTED]

745.36

Tax: 71.96

Ticket Total: 817.32

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

Invoice Number: [REDACTED]
Date: January 8, 2016
Page: 3/3
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	817.32
Less Credit Card Payments:	817.32
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: January 20, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GLENDA YEATES
AC [REDACTED]

Tuesday, January 19, 2016

 Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0 Arrival: 19Jan16

Flight: 171 G CLASS
05:50 PM Equipment: A320
08:30 PM

Mile(s) Flown: 1771

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Thursday, January 28, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0 Arrival: 28Jan16

Flight: 178 G CLASS
04:00 PM Equipment: A320
09:39 PM

Mile(s) Flown: 1671

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

 Air

AIR CANADA
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0 Arrival: 28Jan16

Flight: 470 G CLASS
10:30 PM Equipment: 321
11:36 PM

Mile(s) Flown: 242

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

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

Invoice Number: [REDACTED]
Date: January 20, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, January 28, 2016

Cost:			
AIR CANADA [REDACTED]	[REDACTED]		21.00
		HST:	2.73
		Ticket Total:	23.73
AIR CANADA [REDACTED]	[REDACTED]		32.77
Total:	[REDACTED]		

	Grand Total:	56.50	
	Less Credit Card Payments:	56.50	
	Total GST/HST:	2.73	\$21+
	Credit / Balance Due To This Invoice:	0.00	\$32.77
	Total Previous Payments:	817.32	=
	Total Charges Previous Invoices:	817.32	\$53.77
	Total Balance Due:	0.00	

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.