

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of June 2017

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Jun-17	Expense Claim	Meetings		145		323	468			
Jun-17	Direct Billing	Meetings	2,163		737		2,900			
Total			\$ 2,163	\$ 145	\$ 737	\$ 323	\$ 3,368	\$ -	\$ -	\$ -

Total for the Month \$ 3,368

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 164
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.

Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates	Expense Period Month:	May - June 2017		
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Quality & Safety Committee Meeting on May 24; Finance Committee and Audit & Risk Committee Meetings on May 25; Audit & Risk and Board Meetings on June 01, 2017.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$145.35 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$322.63 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$467.98 ✓

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 to all the above statements	Date	Phone#
Glenda Yeates	<i>See attached for approval.</i>	June 29/17	[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>	July 4/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Privacy (FOIP) Act, respectively, for the purpose of administering

Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED]

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

Carry forward from Section 1

Name: Glenda Yeates Expense Period Month: May - June 2017

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

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy
 Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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 Within Canada		With Receipt or Allowance Outside Canada						
			Meal Type	Allowance	Meal Type	Amount					
① 23-May-2017	Taxi from residence to Ottawa Airport to attend Board Committee Meetings on May 24 and 25, 2017 in Edmonton.	Yes					\$34.70	✓			
② 23-May-2017	Taxi from YEG to Westin Hotel in Edmonton.	Yes	D-\$20.75	\$20.75	✓		\$63.25	✓			
③ 24-May-2017	ETS Fare from SSP to hotel attended Quality & Safety Committee Meeting.	Yes	BLD-\$41.55	\$41.55	✓		\$3.25	✓			
25-May-2017	Dinner per diem	Yes	D-\$20.75	\$20.75	✓						
④ 28-May-2017	Taxi from Ottawa Airport to residence (stayed in AB for a personal stay).	Yes					\$33.78	✓			
⑤ 31-May-2017	Taxi from residence to Ottawa Airport to attend Audit & Risk Committee and Board Meetings on June 01, 2017 in Edmonton.	Yes					\$34.70	✓			
⑥ 31-May-2017	Taxi from YEG to Westin Hotel in Edmonton.	Yes	D-\$20.75	\$20.75	✓		\$63.25	✓			
1-Jun-2017	Dinner per diem	Yes	D-\$20.75	\$20.75	✓						
⑦ 2-Jun-2017	Taxi from from hotel to YEG.	Yes	BL-\$20.80	\$20.80	✓		\$55.00	✓			
⑧ 2-Jun-2017	Taxi from Ottawa Airport to residence.	Yes					\$34.70	✓			
Total: (amount auto fills to page 1)			\$145.35		✓	\$0.00	\$0.00	\$322.63	✓	\$0.00	0.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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①

BLUE LINE TAXI
613 238 1111

ORIGINAL ID: [REDACTED]
CARD ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]

PAYMENT: [REDACTED]
TAXI NUMBER: [REDACTED]

DATE: 23/2017
TIME: 14:45

FARE: [REDACTED]

\$34.70

TOTAL: \$ 34.70 ✓

SALE: [REDACTED]
COUPON NUMBER: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXI1AB.COM
TAXI1AB



②

AIRPORT TAXI SERVICE
4608 104 ST.
(780)8907070
EDMONTON AB

CARD: [REDACTED]
CARD TYPE: [REDACTED]
DATE: 2017 05 23
TIME: 0751 21:07:25
INVOICE #: [REDACTED]
RECEIPT NUMBER: [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25 ✓

Visa Credit

[REDACTED]

APPROVED

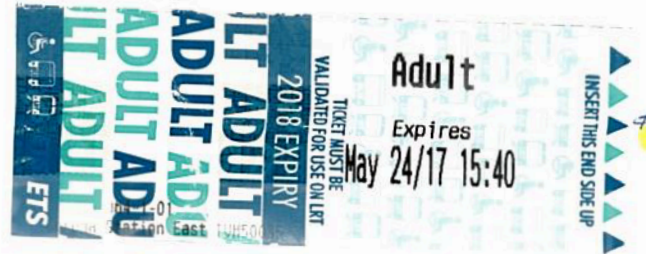
AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#842940300

③



#3.25 ✓

TAXI
1394 GAULTOIS
OTTAWA, ON K1K 3G2

Merchant ID: 000000004524813
Term ID: [REDACTED]
Clerk ID: 1
25267000016

Purchase

Visa Credit

[REDACTED]

AID: [REDACTED]

Entry Method: Chip

Batch#: [REDACTED]

05/28/17 15:32:10

Ref#: [REDACTED]

Inv #: [REDACTED] Appr Code: 070971

Amount: \$ 29.37

Tip: \$ 4.41

Total: \$ 33.78 ✓

Customer Copy

④

5

BLUE LINE TAXI
(613) 236-1111

VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
BOOKING ID: [REDACTED]

TRIP NUMBER: [REDACTED]
PASSENGERS: 1

START DATE/TIME: 2017-05-31 14:44
END DATE/TIME: 2017-05-31 15:11

TOTAL AMOUNT: \$ 30.17

TAXI FARE: \$34.70

TOTAL: \$ 34.70

CASH SALES: [REDACTED]

TRIP TOTAL NUMBER: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE: 1-800-445-2612
INFO@BLUETAXIAB.COM
TAXIAB



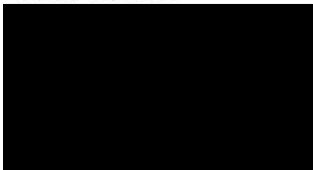
6

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/05/31
TIME 6514 20:20:55
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00
TIP \$8.25
TOTAL \$63.25

Visa Credit



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

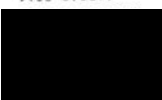
7

GREATER EDMONTON TAXI SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE [REDACTED]
DATE 2017/06/02
TIME 0153 09:28:19
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$50.00
TIP \$5.00
TOTAL \$55.00

Visa Credit



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

8

BLUE LINE TAXI
(613) 236-1111

VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
BOOKING ID: [REDACTED]

TRIP NUMBER: [REDACTED]
PASSENGERS: 1

START DATE/TIME: 2017-05-31 14:44
END DATE/TIME: 2017-05-31 15:11

TOTAL AMOUNT: \$ 30.17

TAXI FARE: \$34.70

TOTAL: \$ 34.70

CASH SALES: [REDACTED]

TRIP TOTAL NUMBER: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE: 1-800-445-2612
INFO@BLUETAXIAB.COM
TAXIAB



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 :	May - June 2017
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-May-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend Q&S Committee Meeting on May 24th; Finance and Audit & Risk Committee Meetings on May 25th and return on May 28, 2017 (Invoice # [REDACTED]).	Marlin Travel	1,209.67
23-May-2017	Direct Billing	Hotel	Two nights accommodation to attend the meetings as per above.	Other	368.26
31-May-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend Audit & Risk Committee Meeting and Board Meetings on June 01, 2017 and return on June 02, 2017 (Invoice # [REDACTED] and seat selection fee (Invoice # [REDACTED])).	Other	953.26
31-May-2017	Direct Billing	Hotel	Two nights accommodation to attend the meetings as per above.	Other	368.26
Total Paid in the Month					\$ 2,899.45



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 19 May 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	1,060.25	0.00	\$0.00	101.96	0.00	1,162.21 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	47.46	0.00	\$0.00	0.00	0.00	47.46 CAD
Total:	1,107.71	0.00	0.00	101.96	0.00	1,209.67 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/25/2017		[REDACTED]	47.46 CAD
	[REDACTED]	05/19/2017		[REDACTED]	1,162.21 CAD
				Total Payment:	1,209.67 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL DIRECTORS MEETINGS

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

GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 Tél.: 780 425 8611
 GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 19 May 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

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



AIR

Passengers: GLENDAYEATES

Booking Date: 05/19/2017

File Locator/Ticket #: [REDACTED]

From: OTTAWA INTL
To: TORONTO PEARSON
Departing on: 05/23/2017
Returning on: 05/28/2017



AIR

Passengers: GLENDAYEATES

Booking Date: 05/19/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00475	OTTAWA INTL 05/23/2017 5:30PM		TORONTO PEARSON 05/23/2017 6:34PM	V		
AIR CANADA	00173	TORONTO PEARSON 05/23/2017 7:20PM		EDMONTON INTL 05/23/2017 9:27PM	V		

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

Trip #: [REDACTED]
Booking Date: 19 May 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: GLENDA YEATES

Booking Date: 05/19/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08151	EDMONTON INTL 05/25/2017 3:35PM		CALGARY INTL 05/25/2017 4:27PM	Q		
AIR CANADA	00350	CALGARY INTL 05/28/2017 9:35AM		OTTAWA INTL 05/28/2017 3:26PM	W		

WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R
10135 100th St
Edmonton, AB T5J 0N7
Tel: 1-888-828-8085
Fax: 780-423-3785

Alberta Health Services

Canada

Page Number 1
AR Account [REDACTED]
Invoice Number [REDACTED]
Invoice Date 05-26-2017

INVOICE

Tax ID - 815461330RT0001

Date	Description	Charge	Credit	Balance
25-MAY-17	[REDACTED] Folio ***Yeates, Glenda [REDACTED] Voucher/PO # [REDACTED] Ext Confirmation# [REDACTED]			
23-MAY-17	Room Charge	164.00		
23-MAY-17	GST	8.45		
23-MAY-17	Destination Marketing	4.92		
23-MAY-17	Tourism Levy	6.76		
24-MAY-17	Room Charge	164.00		
24-MAY-17	GST	8.45		
24-MAY-17	Destination Marketing	4.92		
24-MAY-17	Tourism Levy	6.76		
		368.26		368.26

Continue

WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R
10135 100th St
Edmonton, AB T5J 0N7
Tel: 1-888-828-8085
Fax: 780-423-3785

Alberta Health Services

Canada

Page Number 2
AR Account [REDACTED]
Invoice Number [REDACTED]
Invoice Date 05-26-2017

INVOICE

Tax ID - 815461330RT0001

Date	Description	Charge	Credit	Balance
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GST Summary:

GST Room Revenue:	16.90
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00

	16.90

The Westin Edmonton GST# 815461330RT0001

Current	Over 30	Over 60	Over 90	Balance
368.26				368.26



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 25 May 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	828.80	0.00	\$0.00	67.96	0.00	896.76 CAD
AIR CANADA Ticket # [REDACTED]	56.50	0.00	\$0.00	0.00	0.00	56.50 CAD
Total:	885.30	0.00	0.00	67.96	0.00	953.26 CAD

PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	07/20/2017		[REDACTED]	56.50 CAD
[REDACTED]	05/19/2017		[REDACTED]	896.76 CAD
[REDACTED]	05/19/2017		[REDACTED]	-896.76 CAD
[REDACTED]	05/19/2017		[REDACTED]	896.76 CAD
Total Payment:				953.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL DIRECTOR MEETING

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

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

Trip #: [REDACTED]
Booking Date: 25 May 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

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



AIR

Passengers: GLENDAYEATES

Booking Date: 05/19/2017
File Locator/Ticket #: [REDACTED]

From: OTTAWA INTL
To: EDMONTON INTL

Departing on: 05/31/2017
Returning on: 06/02/2017



AIR

Passengers: GLENDAYEATES

Booking Date: 05/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00353	OTTAWA INTL		CALGARY INTL	V		
		05/31/2017 4:05PM		05/31/2017 6:29PM			
AIR CANADA	08164	CALGARY INTL		EDMONTON INTL	V		
		05/31/2017 7:35PM		05/31/2017 8:25PM			

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

Trip #: [REDACTED]
Booking Date: 25 May 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: GLENDA YEATES

Booking Date: 05/19/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00360	EDMONTON INTL 06/02/2017 10:55AM		OTTAWA INTL 06/02/2017 4:42PM	G		

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 31-MAY-17 20:24
 Depart Date : 02-JUN-17 09:08
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED] Alberta Health Services

Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton JUN-15-2017 12:23 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
31-MAY-17	[REDACTED]	Room Charge	164.00	
31-MAY-17	[REDACTED]	GST	8.45	
31-MAY-17	[REDACTED]	Destination Marketing Fee	4.92	
31-MAY-17	[REDACTED]	Tourism Levy	6.76	
01-JUN-17	[REDACTED]	Room Charge	164.00	
01-JUN-17	[REDACTED]	GST	8.45	
01-JUN-17	[REDACTED]	Destination Marketing Fee	4.92	
01-JUN-17	[REDACTED]	Tourism Levy	6.76	
02-JUN-17	[REDACTED]	Transfer to A/R		-368.26
** Total			368.26	-368.26
*** Balance			0.00	

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 31-MAY-17 20:24
 Depart Date : 02-JUN-17 09:08
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED] Alberta Health Services

FUEL YOUR BODY - It's easy to maintain a healthy lifestyle on the road. Our extensive SuperFoodsRx(TM) menu features nutrient-rich, delicious dishes that fuel your body and give you the focused energy you need. Discover dishes to supercharge your day at westin.com/eatwell

As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this vis [REDACTED]

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-31-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
06-01-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
06-02-2017	0.00	0.00	0.00	0.00	0.00	-368.26	-368.26	0.00
Total	328.00	16.90	13.52	0.00	0.00	-358.42	0.00	0.00

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