

## AHS Board and Executive Expense Report

**Name** Glenda Yeates  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of November 2017

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)
Nov-17	Expense Claim	Meetings		71		196	267			
Nov-17	Direct Billing	Meetings	1,011		368		1,379			
<b>Total</b>			\$ 1,011	\$ 71	\$ 368	\$ 196	\$ 1,646	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,646

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**

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Glenda Yeates		Expense Period Month:	Nov-17	
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attend Human Resources Committee and Chair the Quality & Safety Committee Meetings on November 22, 2017; attend Finance Committee and Audit & Risk Committee Meetings on November 23, 2017.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$71.50 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$195.83 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$267.33</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
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 att. email for approval.</i>	<i>Dec 5 2017</i>	[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>	<i>Dec 6/17</i>

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* *Dec 6/17*  
 Deborah Rhodes, VP Corporate Services & CFO

**For payment please submit to:** Position # [REDACTED] DOFA Level: [REDACTED]  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**Carry forward from Section 1**

<b>Name:</b>	Glenda Yeates	<b>Expense Period Month:</b>	Nov-17
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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).

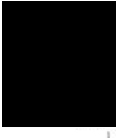
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
21-Nov-2017	Taxi from residence to Ottawa Airport to attend Board Committee Meetings on November 22 and 23, 2017 in Edmonton.	Yes					\$36.72	✓		
21-Nov-2017	Taxi from YEG to hotel.	Yes	L-\$11.60	\$11.60	✓		\$62.50	✓		
22-Nov-2017	Per diems.	Yes	BD-\$29.95	\$29.95	✓					
23-Nov-2017	Taxi from hotel to SSP.	Yes	BD-\$29.95	\$29.95	✓		\$8.00	✓		
23-Nov-2017	Taxi from SSP to YEG	Yes					\$55.20	✓		
24-Nov-2017	Taxi from Ottawa Airport to residence.	Yes					\$33.41	✓		
<b>Total: (amount auto fills to page 1)</b>			\$71.50	✓	\$0.00	\$0.00	\$195.83	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**BLUE LINE TAXI**  
(613) 238 - 1111

TERMINAL ID:  
MERCHANT ID:  
VEHICLE ID:  
DRIVER ID:



TRIP NUMBER:  
PASSENGERS:

11/21/2017  
START: 08:24

END: 08:29

FARE AMOUNT:

\$ 31.50

TIP AMOUNT:

\$ 5.72

TOTAL :

\$

~~36.72~~

\$36.72 ✓

VISA SALE :



APPROVAL NUMBER :



\*\*\*PASSENGER COPY\*\*\*

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



②

**GREATER EDMONTON TAXI  
SERVICE**  
10135 31 AVE NW  
EDMONTON AB

CARD



CARD TYPE

VISA

DATE

2017/11/21

TIME

15:43:40

INVOICE #



RECEIPT NUMBER



PURCHASE

AMOUNT

\$55.00

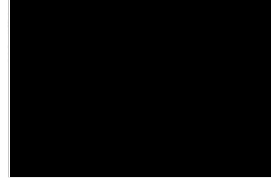
TIP

\$7.50

TOTAL

**\$62.50** ✓

Visa Credit



**APPROVED**

AUTH#



THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 7804623456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

③

**YELLOW CAB**

780.462.3456  
edmtaxi.com

GST#

Date:

Nov. 23/17.

Amount:

8.00 ✓

Driver:

*[Signature]*

Car#:



From:

Westin Edmonton

To:

SSP

10135-31 Avenue, Edmonton, AB T6N 1C2



**From:** Glenda Yeates [REDACTED]  
**Sent:** Friday, November 24, 2017 9:14 AM  
**To:** [REDACTED]  
**Subject:** Receipts

GREATHER EDMONTON TAXI SERVICE  
10133 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE [REDACTED]  
DATE [REDACTED]  
TIME [REDACTED]  
INVOICE # 6173 16  
RECEIPT NUMBER [REDACTED]  
PURCHASE AMOUNT \$48.00  
TIP \$7.20  
TOTAL \$55.20 ✓

BLUE LINE TAXI  
CALL 204-1111

TRIP NO: [REDACTED]  
METER NO: [REDACTED]  
METER ID: [REDACTED]  
TRIP NO: [REDACTED]  
METER NO: [REDACTED]  
METER ID: [REDACTED]  
START: [REDACTED]  
END: [REDACTED]  
TIME: [REDACTED]  
DATE: [REDACTED]  
FUEL: [REDACTED]  
TAX: [REDACTED]  
TOTAL: [REDACTED]  
TAXI NO: [REDACTED]  
DRIVER: [REDACTED]  
PHONE: [REDACTED]  
WEBSITE: [REDACTED]  
GOLDEN COPY

\$33.41

BLUELINE

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS  
YELLOW CAR 780-462-3456  
ARNE TAXI 780-489-7777  
MYTAXI.COM  
102403070

5

4

Hello Jennifer,

Attached are the remaining receipts for my claim for the recent trip to the four committee meetings. They are for \$55.20 and \$33.41 respectively. Thanks for handling this, and for all your able assistance.

Glenda

## 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**

<b>Name :</b> Glenda Yeates	<b>Reporting Period for the Month of :</b> Nov-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-Nov-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend the HR Committee Meeting; chair QSC Committee Meeting on Nov 22; attend Finance and A&R Committee Meetings on Nov 23; and return on November 23, 2017 (Invoice: ██████████)	Marlin Travel	784.19
21-Nov-2017	Direct Billing	Airline Ticket	Flight Change Fee and Additional Fare (Invoice ██████████) to come in the night before (November 21, 2017) to accommodate start time of meetings on November 22, 2017.	Marlin Travel	227.00
22-Nov-2017	Direct Billing	Hotel	Two nights accommodation to attend the meetings as per above.	Marlin Travel	368.26
<b>Total Paid in the Month</b>					<b>\$ 1,379.45</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 06 Oct 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED] <b>Agents email:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	620.70	0.00	\$0.00	71.96	0.00	692.66 CAD
AIR CANADA Ticket # [REDACTED]	91.53	0.00	\$0.00	0.00	0.00	91.53 CAD
<b>Total:</b>	<b>712.23</b>	<b>0.00</b>	<b>0.00</b>	<b>71.96</b>	<b>0.00</b>	<b>784.19 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/05/2017			0.00 CAD
	[REDACTED]	10/05/2017		[REDACTED]	692.66 CAD
	[REDACTED]	10/05/2017			91.53 CAD
<b>Total Payment:</b>					<b>784.19 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. 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# 885101915

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

Trip #: [REDACTED]  
Booking Date: 06 Oct 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [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:	Booking Date:
GLENDAYEATES	10/05/2017

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00351	OTTAWA INTL		CALGARY INTL	K		
		11/22/2017 7:25AM		11/22/2017 9:55AM			

Passengers:	Booking Date:
GLENDAYEATES	10/05/2017

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00351	OTTAWA INTL		CALGARY INTL	K		
		11/22/2017 7:25AM		11/22/2017 9:55AM			

Passengers:	Booking Date:
GLENDAYEATES	10/05/2017

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08136	CALGARY INTL		EDMONTON INTL	K		
		11/22/2017 10:45AM		11/22/2017 11:43AM			

Passengers:	Booking Date:
GLENDAYEATES	10/05/2017

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08136	CALGARY INTL		EDMONTON INTL	K		
		11/22/2017 10:45AM		11/22/2017 11:43AM			



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

Trip #: [REDACTED]  
Booking Date: 06 Oct 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]



AIR

Passengers: GLENDA YEATES  
Booking Date: 10/05/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00172	EDMONTON INTL 11/23/2017 4:00PM		TORONTO PEARSON 11/23/2017 9:37PM	G		

Passengers: GLENDA YEATES  
Booking Date: 10/05/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00172	EDMONTON INTL 11/23/2017 4:00PM		TORONTO PEARSON 11/23/2017 9:37PM	G		

Passengers: GLENDA YEATES  
Booking Date: 10/05/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00470	TORONTO PEARSON 11/23/2017 11:10PM		OTTAWA INTL 11/24/2017 12:11AM	G		

Passengers: GLENDA YEATES  
Booking Date: 10/05/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	00470	TORONTO PEARSON 11/23/2017 11:10PM		OTTAWA INTL 11/24/2017 12:11AM	G		



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 03 Nov 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED] <b>Agents email:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	127.00	0.00	\$0.00	0.00	0.00	127.00 CAD
AIR CANADA Ticket # [REDACTED]	100.00	0.00	\$0.00	0.00	0.00	100.00 CAD
<b>Total:</b>	<b>227.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>227.00 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/01/2017		[REDACTED]	0.00 CAD
	[REDACTED]	11/01/2017		[REDACTED]	127.00 CAD
					100.00 CAD
				<b>Total Payment:</b>	<b>227.00 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. 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: 03 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

**MY ITINERARY**

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

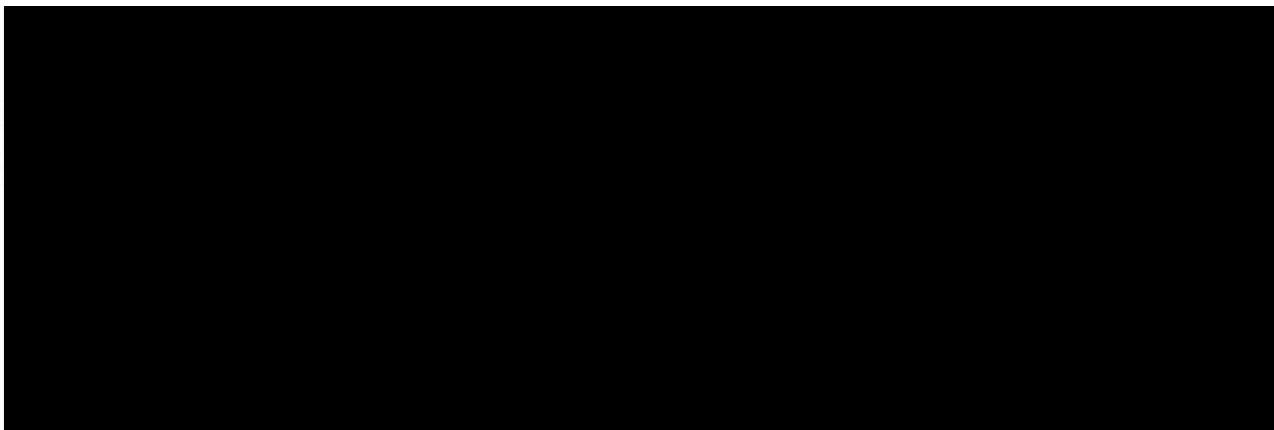
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	GLENDAYEATES	Booking Date:	01 Nov 17			
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00449	OTTAWA INTL 21 Nov 17 11:00AM		TORONTO PEARSON 21 Nov 17 12:06PM	S/	
AIR CANADA	00167	TORONTO PEARSON 21 Nov 17 12:55PM		EDMONTON INTL 21 Nov 17 3:07PM	S/	

Passengers:	GLENDAYEATES	Booking Date:	01 Nov 17			
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00449	OTTAWA INTL 21 Nov 17 11:00AM		TORONTO PEARSON 21 Nov 17 12:06PM	S/	
AIR CANADA	00167	TORONTO PEARSON 21 Nov 17 12:55PM		EDMONTON INTL 21 Nov 17 3:07PM	S/	



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

Trip #: [REDACTED]  
Booking Date: 03 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]



AIR

**Passengers:** GLENDA YEATES **Booking Date:** 01 Nov 17  
**File Locator/Ticket #:** [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00172	EDMONTON INTL 23 Nov 17 4:00PM		TORONTO PEARSON 23 Nov 17 9:37PM	G/	

**Passengers:** GLENDA YEATES **Booking Date:** 01 Nov 17  
**File Locator/Ticket #:** [REDACTED]

**Passengers:** GLENDA YEATES **Booking Date:** 01 Nov 17  
**File Locator/Ticket #:** [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00470	TORONTO PEARSON 23 Nov 17 11:10PM		OTTAWA INTL 24 Nov 17 12:11AM	G/	

**Passengers:** GLENDA YEATES **Booking Date:** 01 Nov 17  
**File Locator/Ticket #:** [REDACTED]

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 : 21-NOV-17 15:52  
 Depart Date : 23-NOV-17 08:34  
 No. Of Guest : 1  
 Room Number : 1047  
 Club Account : [REDACTED]  
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001  
 The Westin Edmonton NOV-24-2017 09:13 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
21-NOV-17	[REDACTED]	Room Charge	164.00	
21-NOV-17	[REDACTED]	GST	8.45	
21-NOV-17	[REDACTED]	Destination Marketing Fee	4.92	
21-NOV-17	[REDACTED]	Tourism Levy	6.76	
22-NOV-17	[REDACTED]	Room Charge	164.00	
22-NOV-17	[REDACTED]	GST	8.45	
22-NOV-17	[REDACTED]	Destination Marketing Fee	4.92	
22-NOV-17	[REDACTED]	Tourism Levy	6.76	
23-NOV-17	[REDACTED]	Transfer to A/R		-368.26
** Total			368.26	-368.26
*** Balance			0.00	

Continued on the next page