

## AHS Board and Executive Expense Report

**Name** Gregory Cummings  
**Title** Chief Zone Officer, North Zone  
**Location** Westlock

Expenses submitted during the month of June 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)
Jun-17	P-Card	Meetings			827	238	1,065			
Jun-17	Expense Claim	Meetings		359			359			
Jun-17	Direct Billing	Meetings	771				771			
<b>Total</b>			<b>\$ 771</b>	<b>\$ 359</b>	<b>\$ 827</b>	<b>\$ 238</b>	<b>\$ 2,195</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 2,195

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 140  
 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.

## AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 1,064.77								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/29/2017	Fuel for rental vehicle	AB - North Zone	Fuel	\$ 20.88				1			
5/29/2017	Grande Prairie Staff Meetings	AB - North Zone	Parking - Lot or Parkade	\$ 15.00				1			
5/29/2017	Staff Meetings	AB - North Zone	Car Rental	\$ 103.29				1			
6/1/2017	FMM SOO Interviews	AB - North Zone	Parking - Lot or Parkade	\$ 25.00				1			
6/1/2017	FMM SOO Interviews	AB - North Zone	Taxi	\$ 37.80	NLRHC	FMM Airport		1			
6/1/2017	FMM SOO Interviews	AB - North Zone	Accommodations	\$ 113.89				1			
6/1/2017	FMM SOO Interviews	AB - North Zone	Taxi	\$ 36.45	FMM Airport	NLRHC		1			
6/7/2017	Edson Staff Meeting	AB - North Zone	Accommodations	\$ 152.59				1			
6/8/2017	Grande Prairie Staff Meetings	AB - North Zone	Accommodations	\$ 153.81				1			
6/13/2017	Cold Lake Site Tour	AB - North Zone	Accommodations	\$ 140.61				1			
6/14/2017	St. Paul Site Tour	AB - North Zone	Accommodations	\$ 151.56				1			
6/15/2017	PHC Meeting	AB - North Zone	Accommodations	\$ 113.89				1			
Approver(s) for the claim		Approval Status	Approval Date								
GORDON, DEBORAH A		Approve	26-Jun-17								

3.

*Fairview  
car rental  
gas*

PETRO-CANADA  
11925 101 AVE  
GRANDE PRAIRIE  
ALBERTA T8U 3X9  
(780) 532-7289

GST 846230787  
PC0595887:3899601  
TERMINAL: [REDACTED]  
PAYPOINT: [REDACTED]

2017-05-29 15:23

PUMP 05  
REGULAR  
LITRES L 21.329  
PRICE/L \$ 0.979  
FUEL SALES \$ 20.88\*  
  
TOTAL OWED \$ 20.88

TOTAL PAID  
CREDIT CARD \$ 20.88

\* GST INCL. \$ 0.99

MASTERCARD [REDACTED]  
AUTH [REDACTED]  
PURCHASE  
C 0010010010 00 027

MASTERCARD [REDACTED]  
INVOICE [REDACTED]

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

-- IMPORTANT --  
RETAIN THIS COPY  
FOR YOUR RECORDS  
- CUSTOMER'S COPY -

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
PETRO-CANADA.CA/HERO

2.

GST# R128599776

Edmonton Airports

Can-T1J 2T2 Edmonton  
Tax Code CA5%

Exit Lane 29/05/17 17:06  
Receipt [REDACTED]

Short-Term Parking  
Mastercard  
Value Park  
29/05/17 06:43  
29/05/17 17:36  
Period 1d0h0'  
(Tax) \$15.00

Total \$15.00

Payment Received \$15.00

Merchant [REDACTED]  
Auth: [REDACTED]  
Type: Swiped

Sub Total \$14.19  
Tax 5% \$0.11

*Fairview*



10610 AIRPORT DRIVE  
GRANDE PRAIRIE, AB T8V7Z5  
Federal GST# :889365821

Rental Agreement #:  
Bill Ref #:  
Invoice Date:  
Account #:



29/05/2017

1

**BILLING DETAIL**

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	84.00	84.00

Subtotal 84.00

CONCESSION FEE RECOVERY	PCT	16.28	13.77
VEHICLE LICENSE FEE RECOVERY	1 DAY	0.60	0.60
GOODS AND SERVICES TAX	PCT	5.00	4.92

**Total Charges (CAD) 103.29**

**PAYMENTS**

Payment Master Card -103.29

**Total Payments (CAD) -103.29**

**Amount Due (CAD) 0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

**BILL TO**

GREGORY PAUL CUMMINGS

**RENTAL INFORMATION**

Date/Time Out 05/29/2017 09:30 Date/Time In 05/29/2017 15:30

Renter CUMMINGS, GREGORY PAUL

**RENTAL VEHICLES**

Color	License	Model	Unit	Miles/Kms Out In
WHITE		VERA	7N03GF	16,335 16,652
VIN:				

**CLAIM INFORMATION**

Claim# / PO# / RO# Insured

Date of Loss Type of Loss Type of Vehicle

Repair Shop

**For Billing Inquiries / Payment Terms :**

Tel#:4032163490

ALBARADMIN@ehi.com

Payment Due within days of invoice date

Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :

ENTERPRISE RENT-A-CAR  
5821 - 6 STREET SE  
CALGARY, AB T2H1M4

Amount Due (CAD) 0

Paid By:

GREGORY PAUL CUMMINGS

Account #	Rental Agreement	Amount	GPBR
		0	

5.

TEL: 306-307-2702

TERM # [REDACTED]  
RECORD # [REDACTED]  
HOST INVOICE # [REDACTED]  
HOST SEQ # [REDACTED]

CARD [REDACTED]  
CREDIT/MASTERCARD D  
2017/06/01 09:56:29

**PURCHASE**  
AMOUNT \$31.70  
TIP \$4.75  
**TOTAL \$36.45**

*FMM  
500  
INTERVIEWS*

AUTH# [REDACTED]  
HTS#: 20170601095637

**00 TRANSACTION  
APPROVED 000  
THANK YOU**

MasterCard  
AID: [REDACTED]  
TC: [REDACTED]  
TVR: [REDACTED]  
TSI: [REDACTED]

CUSTOMER COPY

7.

**SUN TAXI**

140 MacKenzie King Road  
Fort McMurray, AB  
T9H 4L2  
780-743-5050

*FMM  
500  
INTERVIEWS*

TAXI: [REDACTED]  
17/06/01 13:17:00

MASTERCARD  
Card: [REDACTED]  
MasterCard  
CHIP CARD [REDACTED]

VERIFIED BY PIN  
Order [REDACTED]  
Ref [REDACTED]  
Auth [REDACTED]

FARE : \$ 33.80  
TIP : \$ 4.00  
**TOTAL: \$ 37.80**

PURCHASE

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain a  
copy for your records

GST# 125868893

4.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

Exit Lane 01/06/17 15:36  
Receipt [REDACTED]

Short-Term Parking  
Mastercard  
Hourly Lot  
01/06/17 07:03  
01/06/17 15:36  
Period 1d0h0'  
(Tax) \$25.00

*FMM  
500  
INTERVIEWS*

Total \$25.00

Payment Received  
[REDACTED] \$25.00

Auth: [REDACTED]  
Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

01210879 - 17



6.

06-01-17

<b>Greg Cummings</b> [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	05-31-17
	Group Code :		Departure :	06-01-17
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :	PC [Redacted]	Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

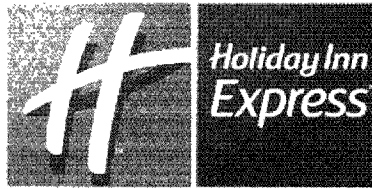
Date	Description	Charges	Credits
05-31-17	*Accommodation	104.49	
05-31-17	G.S.T.	5.22	
05-31-17	Tourism Levy	4.18	
06-01-17	Manual - MasterCard		113.89
<b>Total</b>		<b>113.89</b>	<b>-113.89</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

*FMM 500 interviews*



9.

06-21-17

<b>Greg Cummings</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	06-06-17
	Group Code :	[Redacted]	Departure :	06-07-17
	Company :	Government Of Canada Extended	Conf. No. :	[Redacted]
	Membership No. :	PC [Redacted]	Rate Code :	[Redacted]
	Invoice No. :	[Redacted]	Page No. :	1 of 1

Date	Description	Charges	Credits
06-06-17	*Accommodation	139.99	
06-06-17	AHT Tax - Room	5.60	
06-06-17	GST Tax - Room	7.00	
06-07-17	MasterCard [Redacted]		152.59
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>152.59</b>
		<b>Balance</b>	<b>0.00</b>

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel & Suites-Edson  
4520 2nd Ave.  
Edson, AB T7E 1C3  
Telephone: (780) 723-4011 Fax: (780) 723-4447  
GST 878160969

GRANDE PRAIRIE HOLIDAY

INN EXP

10226 117 AVE  
GRANDE PRAIRIE AB



CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/06/08  
TIME 9335 01:40:15  
RECEIPT NUMBER  
[REDACTED]

06-06-17

Folio No. :  
A/R Number :  
Company : Alberta Health Services  
Membership No. : PC [REDACTED]  
Invoice No. :

Room No. : [REDACTED]  
Arrival : 06-07-17  
Departure : 06-08-17  
Conf. No. : [REDACTED]  
Rate Code : [REDACTED]  
Page No. : 1 of 1

PRE-AUTH COMPLETION  
TOTAL

**\$153.81**

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
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3 Fee

Description

Charges

Credits

137.00

4.11

6.85

5.48

0.21

0.16

153.81

**Total**

**153.81**

**153.81**

**Balance**

**0.00**

Thank you for staying with us. Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

**Guest Signature:** \_\_\_\_\_

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Pomeroy Lodging LP o/a  
HOLIDAY INN EXPRESS GRANDE PRAIRIE  
10226 117 Avenue  
Grande Prairie, Alberta Canada T8V 7S5  
Telephone: (780) 814-9446 Fax: (780) 814-9684  
[www.hiexpress.com](http://www.hiexpress.com)  
GST855473310RT0012



CANALTA SUPER 8  
5008 43 ST  
ST. PAUL AB

CANALTA ST PAUL  
5008 43 STREET  
ST PAUL ALBERTA T0A3A2 CA

Phone: 780-645-5581

Fax: 780-645-5081

Email: GM@CANALTASTPAUL.COM

http://www.canaltahotels.com

Printed: 6/14/2017 8:27:25 AM

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/06/13  
TIME 5694 16:58:01  
RECEIPT NUMBER [REDACTED]

PURCHASE  
TOTAL

\$151.56

ed)

REGORY

Confirmation Number: [REDACTED]

MasterCard

Room Type: [REDACTED]

Guests: 1/0

Daily Rate: \$135.00 + \$16.56 Tax GTD: MC - MASTERCARD

(e) Departure: 6/14/2017 (Wed) [REDACTED]

APPROVED

AUTH# [REDACTED]

3/2017 (Tue) \$135.00 + \$16.56 Tax per night.

	Description	Amount	Balance
	MASTERCARD [REDACTED]	(\$151.56)	(\$151.56)
6/13/2017	ROOM CHARGE	\$135.00	(\$16.56)
6/13/2017	TAX1	\$6.75	(\$9.81)
6/13/2017	TAX2	\$5.40	(\$4.41)
6/13/2017	TAX3	\$4.05	(\$0.36)
6/13/2017	TAX4	\$0.20	(\$0.16)
6/13/2017	TAX5	\$0.16	\$0.00

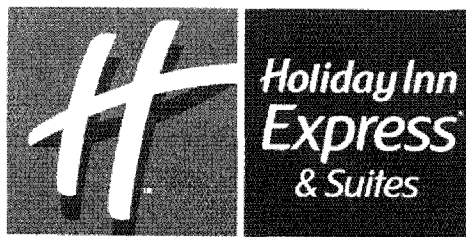
Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$135.00	\$16.56	\$0.00	\$0.00	(\$151.56)	\$0.00	\$0.00

By signing below, I agree to these terms and conditions.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse



06-13-17

<b>Greg Cummings</b> [Redacted]	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	06-12-17
	Group Code :	Departure :	06-13-17
	Company : <b>Government Canada</b>	Conf. No. :	[Redacted]
	Membership No. : <b>PC</b> [Redacted]	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
06-12-17	*Accommodation	129.00	
06-12-17	Hotel Levy Tax 4%	5.16	
06-12-17	GST Tax 5%	6.45	
06-13-17	MasterCard		140.61
<b>Total</b>		<b>140.61</b>	<b>140.61</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihgrewardsclub.com/review](http://www.ihgrewardsclub.com/review). We look forward to welcoming you back soon.

GST Tax 5%	Hotel Levy Tax 4%								
6.45	5.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites Cold Lake  
 5315 48 Avenue  
 Cold Lake, AB T9M 0K9  
 Telephone: (780) 654-3688 Fax: (780) 654-3699  
 GST#: 85066 1430 RT0001



06-15-17

<b>Greg Cummings</b> [Redacted]	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	06-14-17
	Group Code :	Departure :	06-15-17
	Company :	Conf. No. :	[Redacted]
	Membership No. :	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
06-14-17	*Accommodation	104.49	
06-14-17	G.S.T.	5.22	
06-14-17	Tourism Levy	4.18	
06-15-17	Manual - MasterCard		113.89
<b>Total</b>		<b>113.89</b>	<b>113.89</b>
<b>Balance</b>		<b>0.00</b>	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

**Guest Signature:** \_\_\_\_\_

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## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 359.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/29/2017	Fairview Site Visit	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
5/31/2017	Athabasca Site Tour	AB - North Zone	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
6/1/2017	FMM SOO Interview	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
6/5/2017	Radway/Redwater Site Tour	AB - North Zone	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
6/6/2017	Edson Staff Meeting	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
6/7/2017	Grande Cache/Grande Prairie Site Visits	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
6/8/2017	Grande Prairie Staff Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
6/12/2017	Cold Lake/Elk Point/St. Paul Site Tours	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
6/13/2017	Cold Lake/Elk Point/St. Paul Site Tours	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
6/14/2017	Cold Lake/Elk Point/St. Paul Site Tours	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
GORDON, DEBORAH A		Approve	26-Jun-17								

## 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> Gregory Cummings	<b>Reporting Period for the Month of :</b> Jun-17
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-May-2017	Direct Billing	Airline Ticket	June 1st Flight to Fort McMurray for SOO Interview	Marlin Travel	472.96
6-Jun-2017	Direct Billing	Airline Ticket	June 28 Flight to Fort McMurray for the Spring Foundations Forum	Marlin Travel	297.76
<b>Total Paid in the Month</b>					<b>\$ 770.72</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 26 May 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	398.00	0.00	\$0.00	74.96	0.00	472.96 CAD
<b>Total:</b>	<b>398.00</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>472.96 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	05/25/2017		[REDACTED]	472.96 CAD
<b>Total Payment:</b>					<b>472.96 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL FMM SOD INTERVIEWS

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: 26 May 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREGORY CUMMINGS	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: GREGORY CUMMINGS

Booking Date: 05/25/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08380	EDMONTON INTL		FT. MCMURRAY	W		
		06/01/2017 8:35AM		06/01/2017 9:45AM			
AIR CANADA	08385	FT. MCMURRAY		EDMONTON INTL	W		
		06/01/2017 2:10PM		06/01/2017 3:23PM			



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 08 Jun 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	202.00	0.00	\$0.00	74.96	0.00	276.96 CAD
AIR CANADA Ticket # [REDACTED]	21.00	0.00	\$0.00	0.00	0.00	21.00 CAD
<b>Total:</b>	<b>223.00</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>297.96 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	06/06/2017		[REDACTED]	276.96 CAD
	[REDACTED]	06/06/2017		[REDACTED]	0.00 CAD
	[REDACTED]	06/08/2017		[REDACTED]	21.00 CAD
				<b>Total Payment:</b>	<b>297.96 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL SPRING FOUNDATIONS FORUM

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: 08 Jun 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

## MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREGORY CUMMINGS	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: GREGORY CUMMINGS

Booking Date: 06/08/2017

File Locator/Ticket #: [REDACTED]

From: EDMONTON INTL  
To: FT. MCMURRAY

Departing on: 06/28/2017  
Returning on: 06/30/2017



AIR

Passengers: GREGORY CUMMINGS

Booking Date: 06/06/2017

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08382	EDMONTON INTL		FT. MCMURRAY	A		
		06/28/2017 12:30PM		06/28/2017 1:42PM			

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

Trip #: [REDACTED]  
Booking Date: 08 Jun 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: GREGORY CUMMINGS

Booking Date: 06/06/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08385	FT. MCMURRAY 06/30/2017 2:10PM		EDMONTON INTL 06/30/2017 3:23PM	A		