

AHS Board and Executive Expense Report

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

Expenses submitted during the month of February 2018

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)
Feb-18	P-Card	Meetings			1,184	214	1,398			5
Feb-18	Expense Claim	Meetings		538			538			
Feb-18	Direct Billing	Meetings	536				536			
Total			\$ 536	\$ 538	\$ 1,184	\$ 214	\$ 2,472	\$ -	\$ -	\$ 5

Total for the Month \$ 2,477

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 144
 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	\$ 1,403.42									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
1/19/2018	QSO Meeting (Edmonton)	AB - Other Zones	Accommodations	\$ 161.67			QSO Meeting (Edmonton)	1				
1/19/2018	QSO Meeting (Edmonton)	AB - Other Zones	Parking	\$ 15.00			QSO Meeting (Edmonton)	1				
1/26/2018	PCN Committee	AB - Other Zones	Accommodations	\$ 113.89			PCN Committee	1				
2/1/2018	QSO Meeting (Calgary)	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25			QSO Meeting (Calgary)	1				
2/1/2018	QSO Meeting (Calgary)	AB - Other Zones	Accommodations	\$ 144.52			QSO Meeting (Calgary)	1				
2/1/2018	QSO Meeting (Calgary)	AB - Other Zones	Parking - Lot or Parkade	\$ 50.00			QSO Meeting (Calgary)	1				
2/2/2018	Meeting at Legislature with MLA Jabbour	AB - Other Zones	Parking - Lot or Parkade	\$ 30.00			Meeting at Legislature with MLA Jabbour	1				
2/5/2018	High Prairie Site Tours and Meeting	AB - North Zone	Accommodations	\$ 134.07			High Prairie Site Tours and Meeting	1				
2/6/2018	Window Scrpaer for Fleet Vehicle	AB - North Zone	Supplies General	\$ 5.24			Window Scrpaer for Fleet Vehicle	1				
2/8/2018	Fuel for rental vehicle	AB - North Zone	Fuel	\$ 10.21			Fuel for rental vehicle	1				
2/8/2018	Fort McMurray Tours and Meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 50.00			Fort McMurray Tours and Meetings	1				
2/9/2018	Fort McMurray Tours and Meetings with Deb Gordon & Dr. Joffe	AB - North Zone	Accommodations	\$ 144.56			Fort McMurray Tours and Meetings with Deb Gordon & Dr. Joffe	1				
2/15/2018	Connect Care Direction Sessions	AB - Other Zones	Accommodations	\$ 485.01			Connect Care Direction Sessions	3				
2/15/2018	Connect Care Direction Sessions	AB - Other Zones	Parking	\$ 45.00			Connect Care Direction Sessions	3				
Approver(s) for the claim		Approval Status		Approval Date								
GORDON, DEBORAH A		Approve		22-Feb-18								

①



*250 check + late evening
and early morning stays
18th & 19th*

01-19-18

Gregory Cummings



Folio No. :
A/R Number :
Group Code :
Company : **Alberta Health Services**
Membership No. :
Invoice No. :

Room No. :
Arrival : **01-18-18**
Departure : **01-19-18**
Conf. No. :
Rate Code :
Page No. : **1 of 1**

Date	Description	Charges	Credits
01-18-18	Parking IHG	15.00	
01-18-18	*Accommodation	144.00	
01-18-18	Marketing Fee	4.32	
01-18-18	GST #87857 8491 RT0002	7.42	
01-18-18	AB Tourism Levy	5.93	

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. We look forward to welcoming you back soon.

Total	176.67	0.00
Balance	176.67	

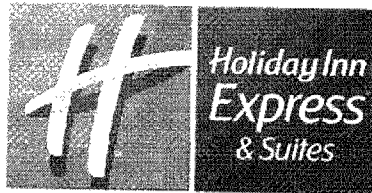
Guest Signature: _____

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.

Accommodations	\$161.67
Parking	15.00

Holiday Inn Express Downtown
Edmonton 10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
OGST #878578491 RT0002
www.hiexdowntown.com

2.



ICN 2013E
COMMITTEE

01-26-18

Gregory Cummings	Folio No. :	Room No. :
[REDACTED]	A/R Number :	Arrival : 01-25-18
	Group Code :	Departure : 01-26-18
	Company : Alberta Health Services	Conf. No. : [REDACTED]
	Membership No. : [REDACTED]	Rate Code : [REDACTED]
	Invoice No. : [REDACTED]	Page No. : 1 of 1

Date	Description	Charges	Credits
01-25-18	*Accommodation	104.49	
01-25-18	G.S.T.	5.22	
01-25-18	Tourism Levy	4.18	
01-26-18	Manual - MasterCard		113.89
Total		113.89	113.89
Balance		0.00	

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3.

hospital pkg QSO
nty.

Alberta Health
Services
South Campus

RECEIPT [REDACTED]

ENTRY DATE/TIME:
01/02/18 12:10
PAY DATE/TIME:
01/02/18 16:05
PARK-DUR.: HRS:MIN
0:03:55

ALLOWED EXIT TO:
02.02.18 12:25

PAID: \$ 14.25
MASTER CARD

REF. [REDACTED]

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-956-1090 *

4.

128599776
Edmonton Airports
T5J 2T2 Edmonton
Tax Code CA5%

Date 01/02/18 19:35
Exit [REDACTED]

Term Parking
Card
Lot
/18 13:47
/18 19:35
2d0h0'

\$50.00

\$50.00

Amount Received \$50.00
XXXXXXXXXXXX
[REDACTED]

Swiped
\$1 \$47.62
5% \$2.38

pkg
for QSO
nty
city

(5)

QSO mtg



02-01-18

Gregory Cummings [Redacted]	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	01-31-18
	Group Code :	Departure :	02-01-18
	Company :	Conf. No. :	[Redacted]
	Membership No. :	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
01-31-18	*Room Charge	129.99	
01-31-18	2% CTR	2.60	
01-31-18	4% Tourism Levy	5.30	
01-31-18	5% GST Rooms Tax	6.63	
02-01-18	MasterCard - Manual [Redacted]		144.52
Total		144.52	144.52
Balance		0.00	

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6.

RECEIPT
Impark Lot 02-256

License Plate Number



Expiration Date/Time

06:00 PM
FEB 02, 2018

Purchase Date/Time: 11:02am Feb 02, 2018

Total Parking: \$28.57

Total GST: \$1.43

Total Due: \$30.00

Total Paid: \$30.00

Ticket

S/N #:

Setting: Lot 256

Mach Name: Meter 1

Rate: \$30 - All Day

Payment Type: Card

*pk for
MFA mfg
@ Logix et*

MasterCard

Auth #:

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PA

7.



Violence in the workplace
site visits in SL
Tour and OBS/PHE update
in High Prairie

02-05-18

Gregory Cummins [Redacted]	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	02-04-18
	Group Code :	Departure :	02-05-18
	Company :	Conf. No. :	[Redacted]
	Membership No. :	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
02-04-18	*Accommodation	123.00	
02-04-18	GST (806941001RT001) 5% - I	6.15	
02-04-18	Tourism Levy 4% - Room	4.92	
02-05-18	MasterCard		134.07

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. We look forward to welcoming you back soon.

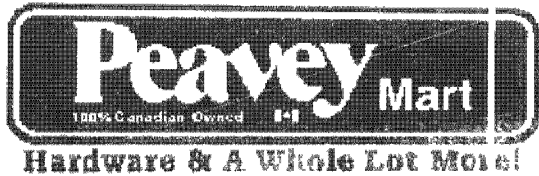
Total	134.07	134.07
Balance	0.00	

Guest Signature: _____

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Holiday Inn Express Hotel Slave Lake
1551 Main Street SE
PO Box 427
Slave Lake, Alberta, T0G2A0 Canada
Telephone: (780) 849-4819 Fax: (780) 849-5045

8.



STORE #205
10211 - 100 Street
Westlock, AB T7P 2G5
780-349-3345

REGULAR SALE

02/06/2018 10:17:21 REG003 TILL003 TR# [REDACTED]
Store Number: 205
Cashier: 1667 - Di

164012 0079062008866 \$4.99 G*
SNOWBRUSH 31" PINK
ON SALE YOU SAVED \$5.00

*Window
scraper
for
vehicle*

Total # of item(s): 1

TXSUBTT1	SUBTOTAL	\$4.99
\$4.99	GST	\$0.25
	TOTAL	\$5.24
	MASTERCARD	\$5.24

ACCT #: 0
APPROVAL CODE: [REDACTED]

You Saved \$5.00 On Sale Items

REFUND/EXCHANGE PROVIDED UP TO 30 DAYS
WITH ORIGINAL SALES RECEIPT
GST#/9433 0696 RT0001
Retain Receipt for Refund or Exchange
Thank You and Come Again

Now Open 7:30 AM Mon - Sat
to serve you better!

HOW WAS YOUR SERVICE TODAY?
GIVE US YOUR FEEDBACK FOR A CHANCE
TO WIN A \$100 GIFT CARD.
WWW.RESEARCH.NET/R/PEAVEYMART



9.

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax Code CA5%
Exit Lane 08/02/18 21:40
Receipt [REDACTED]
Short-Term Parking
Mastercard
Daily Lot
07/02/18 10:26
08/02/18 21:40
Period 2d0h0
(Tax) \$50.00
Total \$50.00

*PLG
Fmm
OR trip*

Payment Received
MC [REDACTED] \$50.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$47.52
Tax 5% \$2.38

11.

SHELL CANADA PRODUCTS
291 SAKITAWAW TRAIL
FORT MCMURRAY, AB T9P 5E7
(780) 715-9093

*Rental
car
gas
Fmm*

Tax Description	Qty	Amount
F Bronze No4 2.515 L @ \$1.199/ L		\$10.21
	Sub Total	\$10.21
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		\$10.21
MASTERCARD:		\$10.21
Change		\$0.00

Fuel Includes GST 5.0% \$0.49
Fuel Includes PST 0.0% \$0.00
GST - Fuel - AB No. 13740032 RT

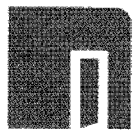
01 APPROVED - THANK YOU 001

MASTERCARD [REDACTED]
TERMINAL No. [REDACTED]
PURCHASE [REDACTED]
INV No. [REDACTED]
APPROVAL No [REDACTED]
MasterCard [REDACTED]
ATM [REDACTED]

THANK YOU
Questions? 1-800-86-1630

REG: 2 CSH: TILL TWO TRAN: [REDACTED]
2/8/2018 13:14:39 ST: [REDACTED]

10.



Merit Hotel & Suites

Gregory Cummings



Guest Name:
Company Name: Alberta Health Services
Group Name:
G.S.T: 84970 2444 RT0014

INFORMATION INVOICE

Room No. :
Arrival : 02-07-18
Departure : 02-08-18
Folio No. :
Conf. No. :
Cashier No. :
PO# :
Job# :
Cost Center# :

Date	Description	Charges	Credits
02-07-18	Room Charge	139.00	
02-07-18	Tourism Levy 4%	5.56	
02-08-18	MasterCard 		144.56
Total Charges		144.56	
Total Credits			144.56
Balance			0.00

Guest Signature

I have received the goods and/or services in the amount shown hereon. 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 association 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.

Thank you for staying with us !

12.



Provincials PCN mtgs
Connect Care sessions

02-15-18

Gregory Cummings [Redacted]	Folio No. :	Room No. :
	A/R Number :	Arrival : 02-12-18
	Group Code :	Departure : 02-15-18
	Company : Alberta Health Services	Conf. No. : [Redacted]
	Membership No. : [Redacted]	Rate Code : [Redacted]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
02-12-18	Parking IHG	15.00	
02-12-18	*Accommodation	144.00	
02-12-18	Marketing Fee	4.32	
02-12-18	GST #87857 8491 RT0002	7.42	
02-12-18	AB Tourism Levy	5.93	
02-13-18	Parking IHG	15.00	
02-13-18	*Accommodation	144.00	
02-13-18	Marketing Fee	4.32	
02-13-18	GST #87857 8491 RT0002	7.42	
02-13-18	AB Tourism Levy	5.93	
02-14-18	Parking IHG	15.00	
02-14-18	*Accommodation	144.00	
02-14-18	Marketing Fee	4.32	
02-14-18	GST #87857 8491 RT0002	7.42	
02-14-18	AB Tourism Levy	5.93	
02-15-18	MasterCard [Redacted]		530.01
Total		530.01	530.01
Balance		0.00	

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Guest Signature: _____

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Accommodations	\$485.01
Parking	45.00

Holiday Inn Express Downtown
Edmonton 10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
OGST #878578491 RT0002
www.hiexdowntown.com

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total										
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance		
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock		\$ 537.50									
1/18/2018	QSO Meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1					
1/19/2018	QSO Meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 34.50			Bfast \$10.50 Dinner \$24.00	1					
1/25/2018	North Zone PCN Meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1					
1/26/2018	North Zone PCN Meeting	AB - Other Zones	Meals Per Diem	\$ 34.50			Bfast \$10.50 Dinner \$24.00	1					
1/31/2018	QSO Meeting in Calgary	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1					
2/1/2018	QSO Meeting in Calgary	AB - Other Zones	Meals Per Diem	\$ 34.50			Bfast \$10.50 Dinner \$24.00	1					
2/2/2018	Meeting with MLA Jabbour	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1					
2/4/2018	High Prairie Site Tours & Meetings	AB - North Zone	Meals Per Diem	\$ 24.00			Dinner \$24.00	1					
2/5/2018	High Prairie Site Tours & Meetings	AB - North Zone	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1					
2/6/2018	Whitecourt Mayors Meetings	AB - North Zone	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1					
2/7/2018	FMM Meetings & Tours with Deb Gordon	AB - North Zone	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1					
2/8/2018	FMM Meetings & Tours with Deb Gordon	AB - North Zone	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1					
2/12/2018	Connect Care	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1					
2/13/2018	Connect Care	AB - Other Zones	Meals Per Diem	\$ 34.50			Bfast \$10.50 Dinner \$24.00	1					

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 537.50									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
2/14/2018	Connect Care & Prov. PCN	AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1				
2/15/2018	Connect Care	AB - Other Zones	Meals Per Diem	\$ 23.50			Bfast \$10.50 Lunch \$13.00	1				
2/16/2018	Lac La Biche Foundation Meeting	AB - North Zone	Meals Per Diem	\$ 37.00			Lunch \$13.00 Dinner \$24.00	1				
Approver(s) for the claim		Approval Status	Approval Date									
GORDON, DEBORAH A		Approve	27-Feb-18									

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 : Gregory Cummings	Reporting Period for the Month of : Feb-18
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
4-Jan-2018	Direct Billing	Car Rental	Jan 29-30 Car Rental while in Calgary attending Connect Care EPIC Training	Marlin Travel	122.50
9-Jan-2018	Direct Billing	Car Rental	Feb 7-8 Car Rental in Fort McMurray for Site Tours with Deb Gordon and Dr. Joffe.	Marlin Travel	138.33
9-Jan-2018	Direct Billing	Airline Ticket	Change to Flight to accommodate schedule.	Marlin Travel	100.00
23-Jan-2018	Direct Billing	Airline Ticket	Change to Flight to accommodate schedule.	Marlin Travel	175.00
Total Paid in the Month					\$ 535.83



Federal GST# : 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

31-Jan-2018

Bill To Information

ALBERTA HEALTH SERVICES
PO BOX 1600
EDMONTON, AB - T5T2N9
CANADA

Rental Information

Reservation Number [REDACTED]
Driver : CUMMINGS, GREGORY
Pickup Date/Time : 01/29/2018 10:26
Return Date/Time : 01/30/2018 14:24
Miles/kms : 92
Car Class : ICAR Requested Class : ICAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/KIA/OPTIMA [REDACTED] 1683/1775/92
VIN [REDACTED]

Rental Branch

CALGARY INTL ARPT
2000 AIRPORT RD NE
CALGARY, AB - T2E6W5

Return Branch

CALGARY INTL ARPT
2000 AIRPORT RD NE
CALGARY, AB-T2E6W5

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	40.00	80.00
REFUELING CHARGE	9	LITRE	1.60	14.38
			Sub Total	94.38
AIRPORT FACILITY CHARGE 6/DAY	2	DAY	6.00	12.00
CONCESSION FEE RECOVERY 15.61 PCT		PERCENT	15.61	14.92
VLF REC .60/DAY	2	DAY	0.60	1.20
Total Charges (CAD)				122.50

Additional Information

Ext Bill Ref # 1 101000471110100064 COST CENTER# 101.0004.71110100064

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMP. 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Tel#:8773121084 AskARCanada@ehi.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

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.



Federal GST# : 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

09-Feb-2018

Bill To Information
ALBERTA HEALTH SERVICES
PO BOX 1600
EDMONTON, AB - T5T2N9
CANADA

Vehicle Information
Yr/Make/Model Unit # License No Beg/End/Distance
2018/CHEVROLE [REDACTED] 13359/13400/41
VIN [REDACTED]

Rental Information
Reservation Number : [REDACTED]
Driver : CUMMINGS, GREGORY PAUL
Pickup Date/Time : 02/07/2018 13:51
Return Date/Time : 02/08/2018 18:32
Miles/kms : 41
Car Class : ICAR Requested Class : ICAR

Rental Branch
FORT MCMURRAY AIRP-ODY
100 SNOWBIRD WAY
FORT MCMURRAY, AB - T9H0G3

Return Branch
FORT MCMURRAY AIRP-ODY
100 SNOWBIRD WAY
FORT MCMURRAY, AB-T9H0G3

Charge Detail				
Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	52.00	104.00
			Sub Total	104.00
CUSTOMER FACILITY CHARGE 8/DAY	2	DAY	8.00	16.00
CONCESSION FEE RECOVERY 16.28 PCT		PERCENT	16.28	17.13
VEHICLE LICENSE FEE .60/DAY	2	DAY	0.60	1.20
Total Charges (CAD)				138.33

Additional Information
Ext BilRef # 1 101000471110100064 COST CENTER# 101.0013.71110106000

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMP. 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Tel#:8773121084 AskARCanada@ehi.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

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.



A DIRECT TRAVEL® COMPANY

Invoice

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

Trip #:
Booking Date: 10 Jan 18
Client:
Agent:

File Locator:

PASSENGERS: MR GREGORY CUMMINGS

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row: AIR CANADA Ticket #, 0.00, 0.00, \$0.00, 0.00, 100.00, 100.00 CAD. Total: 0.00, 0.00, 0.00, 0.00, 100.00, 100.00 CAD

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row: 01/09/2018, 100.00 CAD. Total Payment: 100.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL PROGRESS IN MINDS AND 6 MTH SOO REVIEW

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: 10 Jan 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers GREGORY CUMMINGS	Citizenship Not Specified	Required Travel Documents Not Specified
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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: 09 Jan 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08384	EDMONTON INTL 07 Feb 18 12:25PM		FT. MCMURRAY 07 Feb 18 1:39PM	K/	



AIR

Passengers: GREGORY CUMMINGS	Booking Date: 09 Jan 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08385	FT. MCMURRAY 08 Feb 18 2:05PM		EDMONTON INTL 08 Feb 18 3:20PM	K/	



A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 31 Jan 18 Client: [REDACTED] Agent: [REDACTED] Agent Phone: 780 425 8611 File Locator: [REDACTED]
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PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	75.00	0.00	\$0.00	0.00	100.00	175.00 CAD
Total:	75.00	0.00	0.00	0.00	100.00	175.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/23/2018		[REDACTED]	175.00 CAD
					0.00 CAD
				Total Payment:	175.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL PROGRESS IN MINDS AND 6 MTH SOO REVIEW

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 *****

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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

***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW

[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****

*****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----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](http://www.aircanada.com) TO CHECK IN AND PRINT YOUR BOARDING PASS. -----

-----AIR CANADA CANADA TRAVEL BAGGAGE POLICY----- ----1ST CHECKED BAG 25.00 UP TO 50LBS---- ----2ND CHECKED BAG 35.00 UP TO 50LBS---- ----FEES WILL BE COLLECTED AT AIRPORT CHECK IN

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

Trip #: [REDACTED]
Booking Date: 31 Jan 18
Client: [REDACTED]
Agent: [REDACTED]
Agent Phone: 780 425 8611
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:	23 Jan 18
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08384	EDMONTON INTL 07 Feb 18 12:25PM		FT. MCMURRAY 07 Feb 18 1:39PM	K/	



AIR

Passengers:	GREGORY CUMMINGS	Booking Date:	23 Jan 18
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08389	FT. MCMURRAY 08 Feb 18 8:15PM		EDMONTON INTL 08 Feb 18 9:30PM	T/	