

Official Administrator and Executive Expense Report

Name Dr. Paul Grundy
Title Senior Medical Director Cancer Control Alberta
Location Edmonton
 Expenses submitted during the month of October 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-14	Expense	Meetings		72	223	338	633			
Oct-14	Direct Billing	Meetings	1,594				1,594			
Total			\$ 1,594	\$ 72	\$ 223	\$ 338	\$ 2,227	\$ -	\$ -	\$ -

Total for the Month \$ 2,227

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 199
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 21-Sep-14 To 20-Oct-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Dr. Paul Grundy Position (Title): CPO & SrMD CancerControl Alberta

Location: _____ Dept: CancerControl DOFA Level: _____ Ext: _____

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ Expenditure Type _____

Total - Section B: Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0000	71110000012	\$475.73
2B	101	0000	71110000012	\$157.52
2C				
2D				
				\$633.25

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
**User to enter Coding & \$ Amounts				

TOTAL REIMBURSEMENT	
Total Section B	\$633.25
Total Section C&D	
Loss Cash Advance	
TOTAL CLAIM	\$633.25

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: _____

Date: 20-Oct-14

I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing

Approved By (PRINT ONLY): Rick Trimp

DOFA Level: _____

Position #: _____

Phone #: _____ Ext: _____

I, by signing this form, attest that I am compliant to all the above statements

Signature: _____

Title: VP, Province Wide Clinical Supports,

Date: 10/21/14

I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.

Approved By (PRINT ONLY): _____

DOFA Level: _____

Position #: _____

Phone #: _____ Ext: _____

I, by signing this form, attest that I am compliant to all the above statements

Signature: _____

Title: _____

Date: _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 16030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101 0000 71110000012</u>	Emp # (E-People) XXXXXXXXXX	Page 2A
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*If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

SECTION B: TRAVEL EXPENSES **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
25-Sep-14	Parking at Edmonton International for Dr. Grundy to attend the Cancer SCN Core Committee IN-Person meeting in Calgary	AB - Provincial	Meeting	Yes						\$25.00 (1)				
2-Oct-14	Parking at SSP to attend the IM/IT Executive Project & Intake Meeting	AB - Provincial	Meeting	Yes						\$30.00 (2)				
2-Oct-14	Stayed at the Delta Bow Valley to attend the Zone Clinical Oncology Department meeting and the Grant Review in Calgary on Oct 3, 2014	AB - Provincial	Meeting	Yes	BD-\$29.95	\$29.95			\$223.42 (3)					
2-Oct-14	Parking at Edmonton International for Dr. Grundy to attend the Zone Clinical Department Meeting and Grant Review in meeting in Calgary on Oct 3, 2014	AB - Provincial	Meeting	Yes						\$25.00 (4)				
2-Oct-14	Taxi from Calgary Airport to Delta Bow Valley Hotel where Dr. Grundy stayed to attend the Zone Clinical Department Meeting and Grant Review in meeting in Calgary on Oct 3, 2014	AB - Provincial	Meeting	Yes					\$42.21 (5)					
15-Oct-14	Parking at the Edmonton EXPO Centre to attend the 10th Annual Glenrose Spotlight on Research Breakfast	AB - Provincial	Meeting	Yes						\$8.00 (6)				
15-Oct-14	Dr. Grundy took a taxi from the Calgary Airport to the palliser hotel and then to the TBCC to attend meetings.	AB - Provincial	Meeting	Yes						\$71.40 (7)				
15-Oct-14	Per diem for dinner as Dr. Grundy was in Calgary to attend the Alberta BRAday Event - International BRAday - Breast Reconstruction Awareness day	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
SUBTOTALS						\$50.70			\$223.42	\$42.21	\$159.40		Total Kms	

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column</p> <p align="center">Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">\$0.505</p>						
<p align="center">Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Mileage \$</td> <td></td> </tr> <tr> <td>Travel \$ Subtotal</td> <td align="right">\$475.73</td> </tr> <tr> <td>Auto fills on page 1 - TOTAL TRAVEL \$</td> <td align="right">\$475.73</td> </tr> </table>		Mileage \$		Travel \$ Subtotal	\$475.73	Auto fills on page 1 - TOTAL TRAVEL \$	\$475.73
Mileage \$							
Travel \$ Subtotal	\$475.73						
Auto fills on page 1 - TOTAL TRAVEL \$	\$475.73						

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)
 Dr. Grundy booked the Fairmont Palliser for 4 nights and paid for 3 nights and received the fourth night free.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110000012

Emp # (E-People) XXXXXXXXXX

*If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
15-Oct-14	Dr. Grundy took a taxi from his Home to the Edmonton International Airport	AB - Provincial	Meeting	Yes						\$54.05				
16-Oct-14	Taxi from the Palliser Hotel to TBCC to attend CCELC, 1:1 with W. Henschel, The Structure / Governance of Cancer Screening Program, 1:1 w/Dr. P. Craighead	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80				\$20.93				
16-Oct-14	Taxi to take Dr. Grundy from TBCC back to Palliser to attend the CCHL Precision Medicine HPRS	AB - Provincial	Meeting	Yes						\$19.54				
17-Oct-14	Taxi from the Palliser Hotel after Precision Medicine HPRS Session, to the to the Calgary International Airport	AB - Provincial	Meeting	Yes						\$42.20				
SUBTOTALS						\$20.80				\$136.72		Total Kms		

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$157.52

Auto fills on page 1 - TOTAL TRAVEL \$ \$157.52

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Parking at SSP for hotel

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

②

Expiration Date/Time

06:00 PM
OCT 02, 2014



Per diem

1 dinner
1 breakfast

Purchase Date/Time: 10:19am Oct 02, 2014
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00 Rate: \$30 - All Day
Total Paid: \$30.00 Payment Type: Card
Ticket # [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

American Express

GST #887315638RT0001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm Oct 02, 2014
Purchase Date/Time: 10:19am Oct 02, 2014
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00 Rate: \$30 - All Day
Total Paid: \$30.00 Payment Type: Card
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

American Express

deltahotels.com



GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

PO# 1st E1 25/09/14 17:26
Receipt [REDACTED]

Short-term parking tkt
HL - No. 037652
25/09/14 06:22 -
26/09/14 06:21 -
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
AMEX [REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81
Tax 5% 1.19


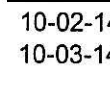

034098CA - 1/1



DELTA
BOW VALLEY

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-266-0007

GOVT AB
Dr Paul Grundy
Alberta Health Services

Room: 
Folio: 
Cashier: 
Arrival: 10-02-14
Departure: 10-03-14

Date	Description	Additional Information	Charges	Credits
10-02-14	Room Charge		199.00	
10-02-14	Room GST		10.25	
10-02-14	Tourism Levy		8.20	
10-02-14	DMF - Destination Marketing Fee		5.97	
10-02-14	American Express			223.42

GST Summary	
Registration No:	826085417
Room	10.25
F&B	0.00
Other	0.00
Total	10.25

Total	223.42	223.42
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st Fl 03/10/14 17:33
Receipt

Short-term parking tkt
HL - No. 058460
02/10/14 18:46 -
03/10/14 18:45 -
Period 1d0h0'
(Tax) \$25.00
Total \$25.00

Payment Received
AMEX \$25.00

Type: Swiped
Sub Total \$23.81
Tax 5% 1.19

Airport → Hotel (5)

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
932650000710

iiii PURCHASE iiii
10-07-2014 20:49 01

Acct # [REDACTED]
Exp Dat [REDACTED]
Name: DR PAUL GRORDY
A000000025010001
AMERICAN EXPRESS

Trace # [REDACTED]
K22143180401
Inv. # [REDACTED]
Auth # [REDACTED] RRN 001001935

Purchase \$36.70
Tip \$5.51
Total \$42.21

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

02280857 - 1/1

Airport → Hotel → TBCC

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/10/15
PICK-UP TIME: 15:00
DROP-OFF TIME: 15:45
TRIP ID: 0
LOCATION: 873888-45824183787
CAR NUMBER: 1269
DRIVER: 845384
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 82.18
EXTRA (\$): 0.88
SUBTTL (\$): 62.18

TIP (\$): 9.30

TOTAL (\$): 71.40

SIGNATURE: Paul [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

10-15-14
09 *8.00

*8.00 CA

002-6026
7-12

Hotel → TBCC

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
932650000710

iiii PURCHASE iiii
10-16-2014 08:23 50

Acct # [REDACTED]
Exp DATE [REDACTED]
Name: DR PAUL GRORDY
A000000025010801
AMERICAN EXPRESS

Trace [REDACTED]
K22143180432
Inv. [REDACTED]
Auth [REDACTED] RRN 001001935

Purchase \$10.20
Tip \$2.73
Total \$20.93

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Home → Airport (8)

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3436

Item Id: 45024124782140
Item #: 0133
AMERICAN EXPRESS
PURCHASE

AID: A000000025010801

APPROVED

AMOUNT CAD\$47.00
TIP CAD\$7.05
TOTAL CAD\$54.05

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
TUR: 0000003000
TSI: F800

BOOK ON LINE AT EDNTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/10/15 Time: 13:15:04
Response: AUTH 042932

Hotel/Meeting → Airport

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

(11)

DATE: 2514/10/17
PICK-UP TIME: 14:47
DROP-OFF TIME: 15:09
TRIP ID: 8
LOCATION: 873000-45024103787
CAR NUMBER: 0001
CARD TYPE: AMEX
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 36.86
EXTRA (\$): 0.00
SUBTTL (\$): 36.86

TIP (\$): 5.40

TOTAL (\$): 42.26

SIGNATURE: *[Signature]*

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

TBCC → Hotel (10)

CHEQUER-YELLOW CAB
310 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

Merchant ID: 43276A51

Driver ID: [REDACTED]

Record No: [REDACTED]

Sale

AID: A880000025010001

AMEX Entry Method: 0000

Amount: \$ 17.00

Tip: \$ 2.54

Total: CAD\$ 19.54

2014/10/16 17:41:15

Resp Code: 00

IVR: 0000000000
IST: F800

TRN Ref #: [REDACTED]

DESCRIPTION: _____

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Dr. Paul Grundy

Reporting Period for the Month of: October 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-25	Direct Billing	Transportation	Dr. Grundy is attending the following meetings in Montreal, the CAPCA CEO/COO Joint meeting and the CAPCA Board meeting on Oct 29/14 and on Oct 30/14 Dr. Grundy will attend the Partnership Council meeting	Marlin Travel	\$890.45

2014-09-26	Direct Billing	Transportation	Dr. Grundy will be traveling to Calgary on Oct 15 - 17, 2014 for the following meetings: on Oct 15 - NCCC DYAD Weekly Touchbase Meeting, RS Team Meeting, Monthly Variance Meeting, CCI Costing Summary/Sign Off and nternational BRAday – Breast Reconstruction Awareness day; on Oct 16 - CCELC, 1:1 - Paul and Warren and Precision Medicine HPRS - Welcome Dinner; on Oct 17 - Precision Medicine HPRS Session	Marlin Travel	\$171.48
2014-09-30	Direct Billing	Transportation	Dr. Grundy's IM/IT Excutive Project & Intake Review meeting was extened to 6:30pm so we had to change his flight to Calgary to 7:30pm	Marlin Travel	\$72.00
2014-06-26	Direct Billing	Transportation	Dr. Grundy's flight changed to flying to Calgary on July 8 th at an earlrier time	Marlin Travel	\$105.00
2014-10-09	Direct Billing	Transportation	Dr. Grundy needed to change the time for departure to Calgary on Oct 15/14 as a meeting came up that he had to attend in Edmonton	Marlin Travel	\$60.00
Total Paid in the Month					\$1,298.93

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 25, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

DR PAUL GRUNDY
AC [REDACTED]

Tuesday, October 28, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: MONTREAL-TRUDEAU
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER 0 [REDACTED]
SEAT 13D

Flight: 176 G CLASS
11:10 AM Equipment: A320
05:12 PM

Mile(s) Flown: 1850

Thursday, October 30, 2014

 Air

AIR CANADA
From: MONTREAL-TRUDEAU
To: TORONTO PEARSON
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13C

Flight: 423 G CLASS
06:00 PM Equipment: 321
07:32 PM

Mile(s) Flown: 315

 Air

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

Flight: 159 G CLASS
08:55 PM Equipment: A320
11:01 PM

Mile(s) Flown: 1676

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

Invoice Number: [REDACTED]
Date: September 25, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Thursday, October 30, 2014

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13C [REDACTED]

Cost:	
AIR CANADA [REDACTED]	814.00
	QST: 2.49
	Tax: 73.96
	Ticket Total: 890.45

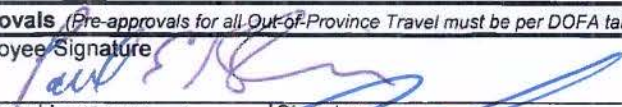
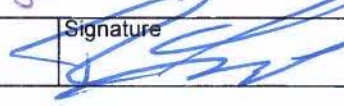
Total:	
	Grand Total: 890.45
	Less Credit Card Payments: 890.45
	Total QST: 2.49
	Credit / Balance Due To This Invoice: 0.00
	Total Balance Due: 0.00

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

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services [Travel Policy](#)
- Pre-Approval form MUST be attached to the actual expense claim

[Travel Policy](#)

Employee Information					
First Name Paul	Last Name Grundy	Employee Number [REDACTED]			
Phone Number [REDACTED]		Reports To Rick Trimp			
Department CancerControl Alberta (CCA)		Office Location [REDACTED]			
Travel Details					
Purpose of Trip As Dr. Grundy is the incoming Chair, he feels he should attend the Annual Canadian Association of Provincial Cancer Agencies (CAPAC) Board and the General Meeting.					
Destination Montreal QC		From Wednesday, October 28, 2014	To Friday, October 31, 2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0000	Functional Centre / Primary 7111000012			
Project Coding					
Project	Task	Expense Type	Expense Org		
Estimate of Expenses					
Category	Description				Amount
Accommodation Charge	Three night stay in Delta Montreal, Montréal				\$677.00
Meals	Dinner per diem for Tues 10/28 & Breakfast per diem Fri 10/31				\$30.95
Registration					\$0.00
Airfare	See attached print out for estimate as of June 13/2014				\$881.92
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Parking at the Edmonton Airport				\$50.00
Other Expenses (please specify)					
Currency <input checked="" type="checkbox"/> CDN <input type="checkbox"/> USD <input type="checkbox"/> OTHER					\$1,639.87
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$1,639.87
*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table) authorization table					
Employee Signature 		Date (dd-Mon-yyyy) 07/07/2014	Phone Number [REDACTED]		
Approved by (Print Name) Rick Trimp		Signature 	Date (dd-Mon-yyyy) 12/09/14	[REDACTED]	
Title		Position Number	DOFA Level [REDACTED]		
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number	
Title		Position Number	DOFA Level		

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 26, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For [REDACTED]

DR PAUL GRUNDY
AC [REDACTED]

Wednesday, October 15, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION ID [REDACTED]

Flight: 8133 G CLASS
07:00 AM Equipment: CRJ JET
07:47 AM

Mile(s) Flown: 153



Hotel

Check In: 15Oct2014 12:00 AM
Check Out: 17Oct2014 12:00 AM
CALGARY AB
FAIRMONT HOTELS AND RESORTS
FAIRMONT PALLISER
133 9TH AVE SOUTHWEST
CALGARY
CA
ABT2P 2M3
Tel: 4032621234
Fax: 4032601260
Confirmation: [REDACTED]

Rooms 1
2 Nights(s)

MODERATE ONE QUEEN BED
Rate: 239.00 CAD per Night
Guaranteed for late arrival

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

Invoice Number: [REDACTED]
Date: September 26, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Cost:	
AIR CANAD [REDACTED]	[REDACTED]
AIR CANAD [REDACTED]	[REDACTED]
	Tax: 134.00
	Ticket Total: 37.48
	171.48
Total:	
	Grand Total: 171.48
	Less Credit Card Payments: 171.48
	Credit / Balance Due To This Invoice: 0.00
	Total Balance Due: 0.00

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

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: September 30, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Thursday, October 2, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8155 V CLASS
07:30 PM **Equipment:** D8 (300 SERIES)
08:22 PM

Mile(s) Flown: 153

Friday, October 3, 2014

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8152 G CLASS
04:30 PM **Equipment:** D8 (300 SERIES)
05:22 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB	[REDACTED]	50.00
AIR CANADA WEB	[REDACTED]	22.00

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

Invoice Number: [REDACTED]
Date: September 30, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	72.00
Less Credit Card Payments:	72.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: June 26, 2014
Page: [REDACTED]
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For [REDACTED]

DR PAUL GRUNDY
AC [REDACTED]

Tuesday, July 8, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0

Flight: 8133 G CLASS
07:00 AM Equipment: CRJ JET
07:46 AM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 6C

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0

Flight: 8156 G CLASS
06:00 PM Equipment: CRJ JET
06:48 PM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Cost: [REDACTED]

AIR CANADA WE [REDACTED]	[REDACTED]	100.00
	Tax:	5.00
	Ticket Total:	105.00

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

Invoice Number: [REDACTED]
Date: June 26, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	105.00
Less Credit Card Payments:	105.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 9, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Wednesday, October 15, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 15Oct14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8147 **W CLASS**
02:00 PM **Equipment:** DH4
02:50 PM **Mile(s) Flown:** 153

Cost:	
AIR CANADA WE [REDACTED]	10.00
AIR CANADA WE [REDACTED]	50.00
Total:	

Grand Total:	60.00
Less Credit Card Payments:	60.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Invoice Number: [REDACTED]
Date: October 9, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
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GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Dr. Paul Grundy
Reporting Period for the Month of: October 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-15	Direct Billing	Transportation	Dr. Grundy is attending the CCELC meeting in Medicine Hat at the Medicine Hat Regional Hospital Flight booked by using credit from Oct 1 trip. The \$100 is the rebooking fee and the \$77 is additional fare.	Marlin Travel	\$177.00

2014-10-17	Direct Billing	Transportation	Dr. Grundy needed to change his flight coming back from Montreal to include flying back to Calgary on Oct 30/14 to attend on Oct 31/14 the Margery E Yuill Cancer Centre Mtg and then fly back to Edmonton from Calgary. Flights booked with a \$50 change fee and \$173 in additional fare.	Marlin Travel	\$223.00
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$400.00

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

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

October 15, 2014

1/3

INVOICE

For

DR PAUL GRUNDY

AC

Wednesday, November 5, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 05Nov14

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3D

Flight: 8169

Q CLASS

05:00 PM Equipment: D8 (300 SERIES)

05:52 PM

Mile(s) Flown: 153

 Air

AIR CANADA

From: CALGARY AB

To: MEDICINE HAT

Stops: 0 Arrival: 05Nov14

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3A

Flight: 7233

Q CLASS

07:00 PM Equipment: BEH

07:54 PM

Mile(s) Flown: 164

Thursday, November 6, 2014

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

Invoice Number: [REDACTED]
Date: October 15, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Thursday, November 6, 2014

 Air

AIR CANADA
From: MEDICINE HAT
To: CALGARY AB
Stops: 0 Arrival: 06Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3A [REDACTED]

Flight: 7234 V CLASS
04:20 PM Equipment: BEH
05:20 PM

Mile(s) Flown: 164

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 06Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D [REDACTED]

Flight: 8156 V CLASS
06:00 PM Equipment: CRJ JET
06:49 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WE [REDACTED]	100.00
AIR CANADA WE [REDACTED]	77.00

Total:

Grand Total:	177.00
Less Credit Card Payments:	177.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

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

Invoice Number: [REDACTED]
Date: October 15, 2014
Page: 3/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 17, 2014
Page: 1/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For [REDACTED]
DR PAUL GRUNDY
AC [REDACTED]

Tuesday, October 28, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: MONTREAL-TRUDEAU
Stops: 0 Arrival: 28Oct14
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13D

Flight: 176 G CLASS
11:10 AM Equipment: A320
05:12 PM

Mile(s) Flown: 1850

Thursday, October 30, 2014

 Air

AIR CANADA
From: MONTREAL-TRUDEAU
To: CALGARY AB
Stops: 0 Arrival: 30Oct14
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 13C

Flight: 155 G CLASS
07:40 PM Equipment: A319
10:23 PM

Mile(s) Flown: 1873

Friday, October 31, 2014

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

Invoice Number: [REDACTED]
Date: October 17, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Friday, October 31, 2014

 Air

AIR CANADA
From: CALGARY AB Flight: 8142 G CLASS
To: EDMONTON INTL AB 12:30 PM Equipment: DH4
Stops: 0 Arrival: 31Oct14 01:19 PM Mile(s) Flown: 153
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Cost:		
AIR CANADA	[REDACTED]	147.00
		Tax: 26.00
		Ticket Total: 173.00
AIR CANADA	[REDACTED]	50.00
Total:	[REDACTED]	
	Grand Total:	223.00
	Less Credit Card Payments:	223.00
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
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**To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4**

Invoice Number: [REDACTED]
Date: October 17, 2014
Page: 3/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE