

## Official Administrator and Executive Expense Report

**Name** Dr. Paul Grundy  
**Title** Chief Program officer and Senior Medical Director Officer Cancer Control Alberta  
**Location** Edmonton  
 Expenses submitted during the month of November 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)
Nov-14	Expense Claim	Meetings		219	1,303	985	2,507			
Nov-14	Direct Billing	Meetings	1,138				1,138			
<b>Total</b>			\$ 1,138	\$ 219	\$ 1,303	\$ 985	\$ 3,645	\$ -	\$ -	\$ -

**Total for the Month** \$ 3,645

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 200  
 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: 15-Oct-14 To 20-Nov-20  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Dr Paul Grundy Position (Title): CPO & SrMD  
 Location: \_\_\_\_\_ Dept: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

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					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	71110000012	\$638.25						\$2,126.87		
2B	101	0000	71110000012	\$500.88								
2C	101	0000	71110000012	\$600.41								
2D	101	0000	71110000012	\$387.33								
				\$2,126.87								

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

\*\*User to enter Coding & \$ Amounts

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 the 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: [Signature] Date: Nov 24/14

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): Dr. Francois Belanger DOFA Level: \_\_\_\_\_ PH: \_\_\_\_\_  
 Signature: [Signature] Title: \_\_\_\_\_ Date: December 10, 2014

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: \_\_\_\_\_  
 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 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5K 1K4

**EXPENSE CLAIM DETAILS**

Enter Finance Coding **101 0000 71110000012**

Emp # (E-People) XXXXXXXXXX

Page **2A**

*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 parked at the Cross Cancer Institute to attend the RS Team Meeting	AB - Local	Meeting	Yes								\$10.00		
15-Oct-14	Dr. Grundy stayed at the Fairmont Palliser while in Calgary to attend the Alberta BRADay Event - International BRADay - Breast Reconstruction Awareness day on Oct 15/14	AB - Provincial	Meeting	Yes					\$200.00					
22-Oct-14	Dr. Grundy took a taxi from the Toronto International Airport to the Fairmont Royal Hotel to attend the CCRA Board Meeting on October 23, 2014	ON	Meeting	Yes								\$63.25		
23-Oct-14	Dr. Grundy stayed at the Fairmont Royal York Hotel in Toronto when he attended the CCRA Board Meeting on Oct 23, 2014	ON	Meeting	Yes					\$161.25					
23-Oct-14	Dr. Grundy took a taxi from the Fairmont Royal Hotel to the Toronto International Airport after attending the CCRA Board Meeting on October 23, 2014	ON	Meeting	Yes								\$76.40		
23-Oct-14	Dr. Grundy parked his car at the Edmonton International airport while attending the CCRA Board Meeting in Toronto October 23, 2014	ON	Meeting	Yes								\$50.00		
28-Oct-14	Dr. Grundy took a taxi from the Montreal Airport to the Sofitel Golden Mile Hotel to attend the CAPCA CEO/COO Joint Meeting on October 29-30, 2014.	QC	Meeting	Yes								\$45.00		
28-Oct-14	Per diem for lunch and dinner as Dr. Grundy was traveling to Montreal to attend the CAPCA CEO/COO Joint Meeting on October 29-30, 2014.	QC	Meeting	Yes	LD-\$32.35	\$32.35								
<b>SUBTOTALS</b>						\$32.35				\$361.25	\$184.65	\$60.00		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 \$0.505 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

Mileage \$

Travel \$ Subtotal **\$638.25**

Auto file on page 1 - TOTAL TRAVEL \$ **\$638.25**

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

**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)

**EXPENSE CLAIM DETAILS**

Enter Finance Coding **101 0000 71110000012**

Emp # (E-People) [REDACTED]

*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 = Intert)  
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						
30-Oct-14	Dr. Grundy took a taxi from the Sofitel Golden Mile Hotel to the Montreal Airport after attending the CAPCA CEO/COO Joint Meeting on October 29-30, 2014.	QC	Meeting	Yes						\$46.00				
30-Oct-14	Dr. Grundy took a taxi from the Calgary Airport to the Fairmont Hotel to attend the in-person Margery E Yuill Cancer Centre Mtg on October 31, 2014	AB - Provincial	Meeting	Yes						\$46.10				
30-Oct-14	Per diem for dinner as Dr. Grundy in Calgary to attend the in-person Margery E Yuill Cancer Centre Mtg on October 31, 2014	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
31-Oct-14	Dr. Grundy stayed at the Fairmont Palliser Hotel October 30, 2014 to attend the October 31, 2014 in-person Margery E Yuill Cancer Centre Mtg	AB - Provincial	Meeting	Yes					\$200.00					
31-Oct-14	Dr. Grundy took a taxi from Fairmont Palliser Hotel to Foothills Professional Building for the Margery E Yuill Cancer Centre Mtg	AB - Provincial	Meeting	Yes						\$20.93				
31-Oct-14	Dr. Grundy took a taxi from Foothills Professional Building to the Calgary Airport after attending the Margery E Yuill Cancer Centre Mtg	AB - Provincial	Meeting	Yes						\$46.80				
31-Oct-14	Per diem for breakfast and lunch as Dr. Grundy in Calgary to attend the in-person Margery E Yuill Cancer Centre Mtg on October 31, 2014	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80								
31-Oct-14	Dr. Grundy parked at the Edmonton International Airport as he flew to Montreal from Oct 28 - 30, 2014 to attend the CAPCA CEO/COO Joint Meeting and Oct ober 30, - 31, 2014 in Calgary to attend the in-person	AB - Provincial	Meeting	Yes						\$99.50				
<b>SUBTOTALS</b>						\$41.55			\$200.00	\$159.83	\$99.50	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 **\$0.606** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter **\$0.606 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 **\$500.88**

Auto fills on page 1 - **TOTAL TRAVEL \$ 500.88**

**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)

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0000 71110000012

Emp # (E-People) [REDACTED]

*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						
4-Nov-14	Dr. Grundy traveled to Calgary and took a taxi from the airport to Palliser Hotel on Nov 4/14 to attend the 2:1 CancerControl Dyad meeting, the Executive CancerControl Meeting on Nov 5/14	AB - Provincial	Meeting	Yes							\$47.70			
5-Nov-14	Dr. Grundy traveled by taxi from the Palliser Hotel to Southport Tower to attend the 2:1 CancerControl Dyad meeting, the Executive CancerControl Meeting on Nov 5/14	AB - Provincial	Meeting	Yes							\$25.70			
5-Nov-14	Dr. Grundy stayed at Palliser Hotel on Nov 4/14 to attend the 2:1 CancerControl Dyad meeting, the Executive CancerControl Meeting on Nov 5/14	AB - Provincial	Meeting	Yes						\$200.00				
5-Nov-14	Per diem for breakfast, lunch and dinner as Dr. Grundy in Calgary to attend the 2:1 CancerControl Dyad meeting, the Executive CancerControl Meeting on Nov 5/14	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55								
5-Nov-14	Dr. Grundy traveled to Calgary and took a taxi from the Southport tower to Calgary airport on Nov 5/14 to fly to Medicine Hat to attend the CCMDC and CCELC meetings in Medicine Hat on Nov 6/14	AB - Provincial	Meeting	Yes							\$64.20			
6-Nov-14	Dr. Grundy stayed at the Coast Hotel on Nov 5/14 to attend the CancerControl Medical Directors Committee and CancerControl Executive Leadership Committee meetings in Medicine Hat Regional	AB - Provincial	Meeting	Yes						\$129.71				
6-Nov-14	Per diem for breakfast, lunch and dinner as Dr. Grundy was in Medicine Hat to attend the CancerControl Medical Directors Committee meeting, the CancerControl Executive Leadership Committee meeting on Nov 5/14	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55								
6-Nov-14	Dr. Grundy parked at the Edmonton International Airport as he flew to attend meeting in Calgary on Nov 5/14 and meetings in Medicine Hat on Nov 6/14	AB - Provincial	Meeting	Yes							\$50.00			
<b>SUBTOTALS</b>						\$83.10				\$329.71	\$137.60	\$50.00		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 \$0.506 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement  
 (see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$600.41

Auto fills on page 1 - TOTAL TRAVEL \$ \$600.41

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

**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)

**EXPENSE CLAIM DETAILS**

Enter Finance Coding    101   0000   71110000012

Emp # (E-People)    [REDACTED]

Page 2D

*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 = Intert)  
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						
12-Nov-14	Dr. Grundy parked at the MICF (Medical Isotope and Cyclotron Facility) for a tour of the facility.	AB - Local	Meeting	Yes						\$9.00				
13-Nov-14	Dr. Grundy stayed at the Fairmont Palliser Hotel while in Calgary to attend the TBCC Executive Committee, NCC Discussion, Calgary Zone and CCA Integration, Joint Workforce Planning meetings on Nov	AB - Provincial	Meeting	Yes					\$200.00					
13-Nov-14	Per Diem dinner on Nov 13/14 to attend the floolooing meetings on Dec 14/14; TBCC Executive Committee, NCC Discussion, Calgary Zone and CCA Integration, Joint Workforce Planning.	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
13-Nov-14	Dr. Grundy took a taxi from the Calgary Airport to the Fairmont Palliser Hotel to attend the TBCC Executive Committee, NCC Discussion, Calgary Zone and CCA Integration, Joint Workforce Planning meetings.	AB - Provincial	Meeting	Yes						\$48.88				
14-Nov-14	Per Diem breakfast and lunch on Dec 14/14 to attend the TBCC Executive Committee, NCC Discussion, Calgary Zone and CCA Integration, Joint Workforce Planning meetings.	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80								
14-Nov-14	Dr. Grundy took a taxi from the Fairmont Palliser Hotel to TBCC to attend the TBCC Executive Committee, NCC Discussion, Calgary Zone and CCA Integration, Joint Workforce Planning meetings.	AB - Provincial	Meeting	Yes						\$19.20				
14-Nov-14	Dr. Grundy took a taxi from the TBCC to attend the Calgary Airport after attending TBCC Executive Committee, NCC Discussion, Calgary Zone and CCA Integration, Joint Workforce Planning meetings.	AB - Provincial	Meeting	Yes						\$43.70				
14-Nov-14	Dr. Grundy had is car parked at the Edmonton International Airport while attending meetings in Calgary Nov 13-14, 2014.	AB - Local	Meeting	Yes						\$25.00				
<b>SUBTOTALS</b>						\$41.55				\$200.00	\$136.78	\$9.00	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 \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	
Mileage \$	
Travel \$ Subtotal	\$387.33
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	<b>\$387.33</b>

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

**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)**

Lister Center UofAlberta  
CAN-T6G2E6 EDMONTON

PS01 15/10/14 12:31  
Receipt [REDACTED]

Short-term parking tkt  
1 - No. [REDACTED] ①  
15/10/14 10:04  
15/10/14 12:31  
Period 0d2h28'  
(GST) \$10.00

Total \$10.00

Payment Received  
AMEX [REDACTED]

00 APPROVED-THANK YOU 025  
00 APROUVEE-MERCI 025

Sub Total \$9.52  
GST 5% \$0.48

All Amounts in CAD.  
Deliv. Date=Receipt Date

GST# R108102831

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

POF 2nd Fl 22/10/14 20:41  
Receipt [REDACTED]

Short-term parking tkt  
HL - No. [REDACTED] ②  
22/10/14 14:37  
24/10/14 14:36  
Period 2d0h0'  
(Tax) \$50.00

Total \$50.00

Payment Received  
AMEX [REDACTED]

Type: Swiped

Sub Total \$47.62  
Tax 5% \$2.38

Airport → Hotel To.

AIRFLIGHT SERVICES  
3800 STEELES W  
4164451939  
CONCORD ③ ON

CARD [REDACTED]  
CARD TYPE AMEX  
DATE 2014/10/22  
TIME 0205 21:54:35  
CLERK ID [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00  
TIP \$8.25  
TOTAL

\$63.25

[REDACTED] ⑤  
IMPRINTED DATA ONLY ABOVE THIS LINE - DO NOT CIRCLE EXPIRATION DATE  
08/16 EXPIRATION  
DR. PAUL GRUNDY DATA CHECKED  
Taxi CPAC → Airport  
V42

PURCHASER SIGNATURE  
x [Signature]

QTY	DESCRIPTION	AMOUNT
		66.50
	TAX	
SALES SLIP	TIP	9.90
	TOTAL	76.40

CUSTOMER COPY

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

AMERICAN EXPRESS  
A00000025010801  
3E1CF740DEEA09BF  
000008000-E800  
ABC914CADEAF7DC4  
000008000-F800

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS



133 9th Avenue SW,  
 Calgary, AB, Canada T2P 2M3  
 T (403) 262-1234 F (403) 260-1260  
 G.S.T. Registration # 846543619

Room : [REDACTED]  
 Folio # : [REDACTED]  
 Cashier # : [REDACTED]  
 Page # : 1 of 1  
 Group Name : Canadian College of Health Leaders

**Canadian College of Health Leaders**

Dr. Paul Grundy  
 [REDACTED]  
 [REDACTED]  
 Canada

Arrival : 10-15-14  
 Departure : 10-17-14  
 Fairmont President's Club  
 [REDACTED]

Date	Description	Additional Information	Charges	Credits
10-29-14	American Express	[REDACTED]		268.33
10-29-14	Room Charge	Room Charge for Oct 15th, 2014	239.00	
10-29-14	Calgary Destination Marketing F		7.17	
10-29-14	Alberta Tourism Levy (4%)		9.85	
10-29-14	Room GST		12.31	
<b>Total</b>			<b>268.33</b>	<b>268.33</b>
<b>Balance Due</b>			<b>0.00</b>	

**GST Summary**

Room	12.31
F&B	0.00
Other	0.00
<b>Total</b>	<b>12.31</b>

Claiming: \$200.00

Thank you for choosing Fairmont Hotels & Resorts.  
 To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.  
 We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.  
 Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.  
 Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesanoriginal.com (anglais seulement).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
 United States or Canada 1 800 441 1414  
 Pour information et réservations visitez notre web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:  
 États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné ne refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année.) J'ai accepté le livraison du Journal The Globe and Mail. Si j'étais refusé, j'aurais pu obtenir un crédit de mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**  
**Merci d'avoir choisi les Hôtels Fairmont**



THE *Fairmont*  
ROYAL YORK

(4)

100 Front Street W  
Toronto, ON, Canada M5J 1E3  
T (416) 368-2511 F (416) 368-2884  
G.S.T. Registration # 832522213

Room : [REDACTED]  
Folio # : [REDACTED]  
Cashier # : [REDACTED]  
Page # : 1 of 1

Dr Paul Grundy  
[REDACTED]  
Canada

Invoice No.  
Arrival : 10-22-14  
Departure : 10-23-14  
Fairmont President's Club  
[REDACTED]

Date	Description	Additional Information	Charges	Credits
10-22-14	Room Charge		139.00	
10-22-14	HST - Rooms		18.07	
10-22-14	DMP Fee*		3.70	
10-22-14	HST-DMP Fee*		0.48	
10-22-14	American Express			161.25
<b>Total</b>			<b>161.25</b>	<b>161.25</b>
<b>Balance Due</b>			<b>0.00</b>	

GST Summary

Room : 0.00  
F&B : 0.00  
Other : 0.00  
Total : 0.00

HST Summary

Room : 18.07  
F&B : 0.00  
Other : 0.48  
Total : 18.55

Thank you for choosing Fairmont Hotels & Resorts.  
To provide feedback about your stay please contact Edwin Frizzell General Manager, at [Edwin.FrizzellGM@Fairmont.com](mailto:Edwin.FrizzellGM@Fairmont.com).  
We also invite you to share memories of your experience on our community forum - visit [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from :  
United States or Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month (18.00% per annum). I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit to my account. (At participating hotels.)

\* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts

### Out of Province Travel Approval

All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services  
 Pre-Approval form MUST be attached to the actual expense claim

Travel Policy

Employee Information					
First Name		Last Name		Employee Number	
Paul		Grundy		[REDACTED]	
Phone Number			Reports To		
[REDACTED]			Rick Trimp		
Department			Office Location		
Cancer Control Alberta (CCA)			[REDACTED]		
Travel Details					
Purpose of Trip					
Member of the Canadian Cancer Research Alliance (CCRA) which is meeting in Toronto on Thursday, October 23rd.					
Destination		From		To	
Toronto, ON		Wednesday October 22 2014		Thursday October 23 2014	
Finance Coding / Accounting Distribution					
Corp/BU/Org		Location / Site		Functional Centre / Primary	
101		0000		71110000012	
Project Coding					
Project		Task		Expense Org	
Estimate of Expenses					
Category		Description			Amount
Accommodation Charge		1 night accomodations (\$139 + taxes)			\$170.00
Meals		Per diem (Oct 22 = D, Oct 23 = A)			\$62.30
Registration					
Airfare		Estimate attached			\$821.26
Taxi/Rental Car/Fuel/Parking/Bus/LRT		Parking at the Edmonton Airport			\$50.00
Other Expenses (please specify)		Taxi (to/from hotel in Toronto)			\$100.00
		Currency <input checked="" type="checkbox"/> CDN <input type="checkbox"/> USD <input type="checkbox"/> OTHER			\$1,203.56
Total Estimated Travel Costs		*Bank of Canada Currency Converter		Exchange Rate	\$0.00 Cdn\$ \$1,203.56
*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)					
Employee Signature			authorization table		
[Signature]			Date (dd-Mon-yyyy)		Phone Number
Approved by (Print Name)			Date (dd-Mon-yyyy)		Phone Number
Rick Trimp			12/09/14		[REDACTED]
Title			Position Number		DOFA Level
Vice President Province-Wide Clinical Supports, Programs and Services			[REDACTED]		[REDACTED]
Approved by (Print Name)			Date (dd-Mon-yyyy)		Phone Number
[REDACTED]			[REDACTED]		[REDACTED]
Title			Position Number		DOFA Level
[REDACTED]			[REDACTED]		[REDACTED]

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

8

Hotel Meeting  
→ Airport  
TAXI EMMANUEL MURAT  
11108 AV DES RECOILFES  
MONTREAL QC

TERMINAL ID: [REDACTED]  
MERCHANT #: [REDACTED]

AMEX [REDACTED]

Oct 30, 2014 15:08  
ORIGINAL TRANSACTION TIME: 15:07  
AMERICAN EXPRESS  
ATD: A000000025010801  
TUR: 00 00 00 00 00  
TSI: F8 00  
TC: 92470160FE774946

AUTH: [REDACTED]

RECORD: 1

SALE AMT \$40.00

TIP \$6.00

[REDACTED]

DR PAUL GRUNDY

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

848486171 RT 0001  
MERCI

CUSTOMER COPY

- per diem.
- Tues - L + D.
- Wed - 0
- Thurs - D.
- Fri - B + L

DATE: 28 10 14 \$ 45.00

VOYAGE / TRIP: De/From: A/To:

No. Vignette Sticker No.

No. permis de travail Work permit No.

No. Auto Car No.

Signature du chauffeur Driver's Signature

No. T.P.S./G.S.T.

No. T.V.Q./Q.S.T.

TAXI ATLAS - TÉL.: (514) 485-8585, FAX: (514) 485-0946

### 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

<b>Employee Information</b>					
First Name		Last Name		Employee Number	
Paul		Grundy		[REDACTED]	
Phone Number			Reports To		
[REDACTED]			Rick Trimp		
			Office Location		
			[REDACTED]		
CancerControl Alberta (CCA)					
<b>Travel Details</b>					
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		From		To	
Montreal QC		Wednesday, October 28, 2014		Friday, October 31, 2014	
<b>Finance Coding / Accounting Distribution</b>					
Corp/BU/Org		Location / Site		Functional Centre / Primary	
101		0000		7111000012	
<b>Project Coding</b>					
Project		Task		Expense Org	
<b>Estimate of Expenses</b>					
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
<b>Total Estimated Travel Costs</b>		*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					
<b>Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)</b>					
<b>Employee Signature</b>			<b>authorization table</b>		
[Signature]			Date (dd-Mon-yyyy)		Phone Number
			07/07/2014		[REDACTED]
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	
Rick Trimp		[Signature]		12/09/14	
Title			Position Number		DOFA Level
					[REDACTED]
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	
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

ACF → Airport  
 ASSOCIATED CAB ALTA LTD  
 367 - 41 AVE. NE (483) 299-1111  
 INSIST ON THE PROFESSIONALS

(13)

DATE: 2014/10/31  
 PICK-UP TIME: 11:27  
 DROP-OFF TIME: 11:51  
 TRIP ID:  
 LOCATION:  
 CAR NUMBER:  
 CARD TYPE:  
 CARD:  
 EXPIRY:  
 AUTH:

FARE (\$) 48.88  
 EXTRA (\$) 8.88  
 SUBTTL (\$) 48.88

TIP (\$) 6.00

TOTAL (\$) 46.88

SIGNATURE: *Paul J. H.*

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

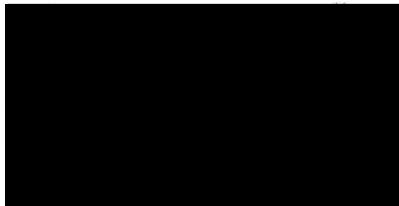
CUSTOMER'S COPY

Hotel → ACF

(12)

CHECKER YELLOW CAB  
 367 - 41 AVE. NE (483) 299-1111  
 INSIST ON THE PROFESSIONALS

DATE: 2014/10/31  
 PICK-UP TIME: 11:27  
 DROP-OFF TIME: 11:51  
 TRIP ID:  
 LOCATION:  
 CAR NUMBER:  
 CARD TYPE:  
 CARD:  
 EXPIRY:  
 AUTH:



FARE (\$) 48.88  
 EXTRA (\$) 8.88  
 SUBTTL (\$) 48.88

TIP (\$) 6.00

TOTAL (\$) 46.88

SIGNATURE: *Paul J. H.*

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



GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
 Tax Code CA5%

2014/10/31 13:29

Short-term parking tkt  
 HL - No. [redacted]  
 28/10/14 - 31/10/14 (14)  
 Period (Tax) \$99.50

Total \$99.50

Payment Received  
 AMEX [redacted] \$99.50

Type: Swiped

Sub Total \$94.76  
 Tax 5% \$4.74

04914465 - 1/1

Airport → Hotel

ASSOCIATED CAB ALTA LTD  
 367 - 41 AVE. NE (483) 299-1111  
 INSIST ON THE PROFESSIONALS

(10)

DATE: 2014/10/30  
 PICK-UP TIME: 22:25  
 DROP-OFF TIME: 22:42  
 TRIP ID:  
 LOCATION:  
 CAR NUMBER:  
 CARD TYPE:  
 CARD:  
 EXPIRY:  
 AUTH:



FARE (\$) 48.10  
 EXTRA (\$) 8.88  
 SUBTTL (\$) 48.10

TIP (\$) 6.00

TOTAL (\$) 46.10

SIGNATURE: *Paul J. H.*

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

CUSTOMER'S COPY

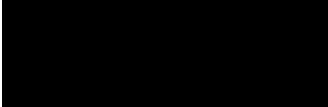
11



133 9th Avenue SW,  
Calgary, AB, Canada T2P 2M3  
T (403) 262-1234 F (403) 260-1260  
G.S.T. Registration # 846543619

Room : [redacted]  
Folio # : [redacted]  
Cashier # : [redacted]  
Page # : 1 of 1

Dr Paul Grundy



Arrival : 10-30-14  
Departure : 10-31-14  
Fairmont President's Club  
[redacted]

Date	Description	Additional Information	Charges	Credits
10-30-14	Room Charge		239.00	
10-30-14	Calgary Destination Marketing F		7.17	
10-30-14	Alberta Tourism Levy (4%)		9.85	
10-30-14	Room GST		12.31	
10-30-14	American Express			268.33
<b>Total</b>			<b>268.33</b>	<b>268.33</b>
<b>Balance Due</b>			<b>0.00</b>	<b>200.00</b>

**GST Summary**

Room	12.31
F&B	0.00
Other	0.00
<b>Total</b>	<b>12.31</b>

Thank you for choosing Fairmont Hotels & Resorts.  
To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.  
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.  
Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.  
Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesanoriginal.com (anglais seulement).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
United States or Canada 1 800 441 1414  
Pour information et réservations visitez notre web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:  
États-Unis ou Canada 1 800 441 1414

I agree that my liability for the 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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit to my account. (At participating hotels)

Je me considère personnellement responsable du règlement total de cette note au cas où la compagnie, association ou son représentant désigné ne réglerait le solde. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois (18,00% par année). J'ai accepté la livraison du journal The Globe and Mail. Si j'étais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**  
**Merci d'avoir choisi les Hôtels Fairmont**

Hotel → Southport

= TRANSACTION RECEIPT =

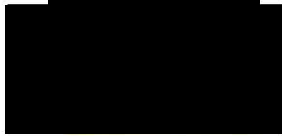
(16)

DELTA CAB LTD.  
BOOK TAXI ON LINE AT  
WWW.DELTACAB.CA  
403-278-9999

ACCT TYPE: CREDIT CARD  
CARD NUMBER:



10/11/05 07:08:55



FARE: \$ 21.33  
FLAT: \$000.00  
EXTRAS: \$000.00  
GST: \$ 1.07

FA+FL+EX+TAX: \$ 22.40  
TIP: \$ 3.30  
DISCOUNT: \$000.00

TOTAL: \$ 25.70

SIGNATURE: *[Signature]*

Airport → Hotel

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (483) 294-1111  
INSIST ON THE PROFESSIONALS

(15)

DATE: 2014/11/04  
PICK-UP TIME: 22:14  
DROP-OFF TIME: 22:34  
TRIP ID: B  
LOCATION:   
CAR NUMBER:   
CARD TYPE:   
CARD:   
EXPIRY:   
AUTH:

FARE (\$): 41.78  
EXTRA (\$): 8.00  
SUBTTL (\$): 41.78

TIP (\$): 6.00

TOTAL (\$): 47.78

SIGNATURE: *[Signature]*

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

CUSTOMER'S COPY

17



133 9th Avenue SW,  
Calgary, AB, Canada T2P 2M3  
T (403) 262-1234 F (403) 260-1260  
G.S.T. Registration # 846543619

Room [REDACTED]  
Folio # [REDACTED]  
Cashier [REDACTED]  
Page # : 1 of 1

Dr Paul Grundy

[REDACTED]  
Canada

Arrival : 11-04-14  
Departure : 11-05-14  
Fairmont President's Club  
[REDACTED]

Date	Description	Additional Information	Charges	Credits
11-04-14	Room Charge		239.00	
11-04-14	Calgary Destination Marketing F		7.17	
11-04-14	Alberta Tourism Levy (4%)		9.85	
11-04-14	Room GST		12.31	
11-04-14	American Express			268.33
<b>Total</b>			<b>268.33</b>	<b><del>268.33</del></b>
<b>Balance Due</b>			<b>0.00</b>	<b>200.00</b>

GST Summary

Room	12.31
F&B	0.00
Other	0.00
<b>Total</b>	<b>12.31</b>

Thank you for choosing Fairmont Hotels & Resorts.  
To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.  
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.  
Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.  
Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesanoriginal.com (anglais seulement).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
United States or Canada 1 800 441 1414  
Pour information et réservations visitez notre web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:  
États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum)  
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné ne réglerait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année)  
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts  
Merci d'avoir choisi les Hôtels Fairmont



Southpat → Airport

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

19

DATE: 2814/11/05  
PICK-UP TIME: 16:02  
DROP-OFF TIME: 16:38  
TRIP ID:  
LOCATION:  
CAR NUMBER:  
CARD TYPE:  
CARD:  
EXPIRY:  
AUTH:

FARE (\$): 56.20  
EXTRA (\$): 6.00  
SUBTTL (\$): 56.20

TIP (\$) : 8.00

TOTAL (\$) : 64.20

SIGNATURE: Paul S. [Signature]

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

CUSTOMER'S COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

12/1/14

EXPIRATION TIME

12:09

AMOUNT PAID

\$ 9.00

09:54

DETACH RECEIPT FROM TICKET

DATE ISSUED

12/1/14

TIME ISSUED

09:54

AMOUNT PAID

\$ 9.00

CREDIT CARD NUMBER

MICF

154733



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

154733



UNIVERSITY OF ALBERTA

RECEIPT GST# R108102831

GST# R128599776

Edmonton Airports

Can-T53 2T2 Edmonton  
Tax Code CA5%

06/11/14 19:01

Short-term parking tkt

HL - No. [Redacted]

04/11/14 19:02

06/11/14 19:01

Period 2d0h0'

(Tax)

\$50.00

Total

\$50.00

Payment Received

\$50.00

AMEX [Redacted]

Sub Total  
Tax 5%

\$47.62  
\$2.38

426924 426924



GRUNDY, PAUL DR

## Invoice

Invoice date 11/6/2014  
 Invoice number [REDACTED]  
 Our reference [REDACTED]  
 GST Number [REDACTED]

Guest [REDACTED] Arrival 11/5/2014 Departure 11/6/2014 Room 210

Date	Description	Quantity	Unit Price	Total ( )
11/5/2014	Room Charge	1	119.00	119.00
11/5/2014	Tourism Levy	1	4.76	4.76
11/5/2014	GST Taxes	1	5.95	5.95
<b>Total invoice</b>				<b>129.71</b>
11/6/2014	American Express			-129.71
<b>Total Paid</b>				<b>-129.71</b>
<b>Total Due</b>				<b>0.00</b>

Total GST 5.95

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

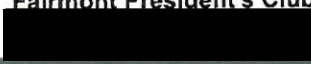
23

# THE Fairmont PALLISER

133 9th Avenue SW,  
Calgary, AB, Canada T2P 2M3  
T (403) 262-1234 F (403) 260-1260  
G.S.T. Registration # 846543619

Room :   
Folio # :   
Cashier # :   
Page # : 1 of 1

\*  
Dr Paul Grundy  


Arrival : 11-13-14  
Departure : 11-14-14  
Fairmont President's Club  


Date	Description	Additional Information	Charges	Credits
11-13-14	Room Charge		239.00	
11-13-14	Calgary Destination Marketing F		7.17	
11-13-14	Alberta Tourism Levy (4%)		9.85	
11-13-14	Room GST		12.31	
11-13-14	American Express			268.33
<b>Total</b>			<b>268.33</b>	<del>268.33</del>
<b>Balance Due</b>			<b>0.00</b>	<b>\$ 200.00</b>

### GST Summary

Room	12.31
F&B	0.00
Other	0.00
<b>Total</b>	<b>12.31</b>

Thank you for choosing Fairmont Hotels & Resorts.  
To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.  
We also invite you to share memories of your experience on our community forum - visit [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com).

Merci d'avoir choisi Hôtels Fairmont.  
Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à [Dan.McGowan@fairmont.com](mailto:Dan.McGowan@fairmont.com).  
Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com) (anglais seulement).

For information or reservations, visit us at [www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414  
Pour information et réservations visitez notre web au [www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.0% per annum.)  
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit to my account. (All participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où le compagnie, l'association ou son représentant désigné ne réglerait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.0% par année)  
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**  
**Merci d'avoir choisi les Hôtels Fairmont**

Hotel → TBCC

Best Ideas Under the Sun  
Les meilleures idées sous le soleil

TRANSACTION RECEIPT

DELTA CAB LTD.  
BOOK TAXI ON LINE AT  
WWW.DELTACAB.CA  
415-270-9930

ACCT TYPE: CREDIT CARD  
CARD NUMBER

DATE/TIME:  
14/11/14 07:19:09

VEH#  
GST#  
TXN

FARE: \$ 16.00  
FLAT: \$000.00  
EXTRAS: \$000.00  
TAX: \$ 0.90

FA+FL+EX+TAX: \$ 16.80  
TIP: \$ 2.40  
DISCOUNT: \$000.00

TOTAL: \$ 19.20

SIGNATURE:

per diem  
dinner B.L. x1



daysinn.ca  
1 800 DAYS INN

Airport → Hotel

ASSOCIATED CAB  
404-36 AVENUE NE T2E2K7  
CALGARY AB (25)  
93265000710

1111 PURCHASE 1111  
11-13-2014 20 49 36

TBCC → Airport

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

(27)  
DATE: 2014/11/14  
PICK-UP TIME: 14 27  
DROP-OFF TIME: 14 54  
TRIP ID:  
LOCATION:  
CAR NUMBER:  
DRIVER:  
CARD TYPE:  
CARD:  
EXPIRY:  
AUTH:

FARE (\$) 38.00  
EXTRA (\$) 0.00  
SUBTTL (\$) 38.00

TIP (\$) 5.70

TOTAL (\$) 43.70

SIGNATURE

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

4 17:27

tkr

13/11/14 18:32  
14/11/14 18:31  
Period 1d0h0'  
(Tax)

\$25.00

Total \$25.00

Payment Received

\$25.00

Sub Total \$23.81  
Tax 5% \$1.19

Purchase \$42.50  
Tip \$6.38  
Total \$48.88

(00) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

08387078

## 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: 15-Oct-14 To 20-Nov-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_  
 Out-of-Province Travel: \_\_\_\_\_

Name: Dr. Paul Grundy Position (Title): CPO & SrMD  
 DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 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					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	71110000012	\$380.99						\$380.99		
2B												
2C												
2D												
				\$380.99							<b>TOTAL CLAIM</b>	\$380.99

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 NOTE: These fields do not automatically fill for Section C & D  
 \*\*User to enter Coding & S Amounts

**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 included 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 of travel, hospitality and working session expenses as provided above.

Employee Signature: *[Signature]* Date: Nov 24/14  
 Approved By (PRINT OR SIGN): Francois Belanger, MD, FRCP  
 VP & Medical Director, Central and Southern Alberta  
 and Zone Medical Director, \_\_\_\_\_ Date: Dec 11, 2014

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Personal Information on this form is collected by AHS under the authority of section 20(a) of the Health Information Act (HIA) and sections 33(c) and 24(2) of the Freedom of Information and Protection of Privacy Act, respectively for the purposes of administering the Expense to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 2T4

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> 101    0000    71110000012	<b>Emp # (E-People)</b> [REDACTED]	Page <b>2A</b>
--	------------------------------------	----------------

*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 = Interl)  
 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						
19-Nov-14	Dr. Grundy stayed at the Delta Calgary Airport while in Calgary to attend the CCELC, CancerControl Operational Plan, CCP Executive Steering Committee and Reseach and the Calgary Cancer Centre on	AB - Provincial	Meeting	Yes					\$212.19 (1)					
20-Nov-14	Dr. Grundy took a taxi from the Delta Calgary Airport Hotel to TBCC attend the CCELC, CancerControl Operational Plan, CCP Executive Steering Committee and Reseach and the Calgary Cancer Centre	AB - Provincial	Meeting	Yes					\$50.80 (2)					
20-Nov-14	Dr. Grundy took a taxi from TBCC to the Calgary Airport after attending the CCELC, CancerControl Operational Plan, CCP Executive Steering Committee and Reseach and the Calgary Cancer Centre	AB - Provincial	Meeting	Yes					\$47.20 (3)					
20-Nov-14	Per Diem for breakfast and lunch while in Calgary attending the CCELC, CancerControl Operational Plan, CCP Executive Steering Committee and Reseach and the Calgary Cancer Centre	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80 (4)								
20-Nov-14	Parking at the Edmonton International Airport while attending the CCELC, CancerControl Operational Plan, CCP Executive Steering Committee and Reseach and the Calgary Cancer Centre in Calgary	AB - Provincial	Meeting	Yes					\$50.00 (5)					
<b>SUBTOTALS</b>						\$20.80			\$212.19	\$148.00			Total Kms	

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p align="center">→ details of travel location to &amp; from must be included above under the purpose of travel column</p> <p align="center">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</p>	<p align="center">Enter \$0.605 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>
<p align="right"><b>Mileage \$</b> _____</p>	
<p align="right"><b>Travel \$ Subtotal</b>    \$380.99</p>	
<p align="right"><b>Auto fills on page 1 - TOTAL TRAVEL \$</b>    \$380.99</p>	

**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)

(1)




# DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8  
 Tel: 403-291-2600 Fax: 403-250-6121

AB HEALTH SERVICES  
 Paul Dr Grundy

Room:   
 Folio:   
 Cashier:   
 Arrival: 11-19-14  
 Departure: 11-20-14

Date	Description	Additional Information	Charges	Credits
11-19-14	Room Charge		189.00	
11-19-14	Room Destination Marketing Fee		5.67	
11-19-14	Room Tourism Levy		7.79	
11-19-14	Room GST		9.73	
11-20-14	American Express			212.19
<b>Total</b>			<b>212.19</b>	<b>212.19</b>
<b>Balance Due</b>			<b>0.00</b>	<b>CDN</b>

GST Summary	
Reg No:807209770 RT0001	
Room	9.73
F&B	0.00
Other	0.00
<b>Total</b>	<b>9.73</b>

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.



Results-Based Budgeting  
Aligning programs to achieve results for Albertans.

(4)

Per diem  
Thurs 20th B+L

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

POF 1s [redacted] 22:26  
Receipt

Short-term ticket  
HL - No. [redacted]  
19/11/14 18:34  
21/11/14 18:33  
Period 2d0h0'  
(Tax) \$50.00

Total \$50.00

Payment Received \$50.00

Type: Swiped  
Sub Total \$47.62  
Tax 5% \$2.38

06146CBE - 1/1

Airport Hotel → TBCC

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (483) 299-1111  
INSIST ON THE PROFESSIONALS

(2)

DATE: 2814/11/28  
PICK-UP TIME: 87:43  
DROP-OFF TIME: [redacted]  
TRIP ID: [redacted]  
LOCATION: [redacted]  
CAR NUMBER: [redacted]  
DRIVER: [redacted]  
CARD TYPE: [redacted]  
CARD: [redacted]  
EXPIRY: [redacted]  
AUTH: [redacted]

FARE (\$) 44.88  
EXTRA (\$) 8.88  
SUBTTL (\$) 44.88

TIP (\$) 6.00

TOTAL (\$) 50.80

SIGNATURE *Paul [redacted]*

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

TBCC → Airport

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (483) 299-1111  
INSIST ON THE PROFESSIONALS

(3)

DATE: 2814/11/28  
PICK-UP TIME: 19:55  
DROP-OFF TIME: 28:22  
TRIP ID: [redacted]  
LOCATION: [redacted]  
CAR NUMBER: [redacted]  
CARD TYPE: [redacted]  
CARD: [redacted]  
EXPIRY: [redacted]  
AUTH: [redacted]

FARE (\$) 41.28  
EXTRA (\$) 8.88  
SUBTTL (\$) 41.28

TIP (\$) 6.00

TOTAL (\$) 47.20

SIGNATURE \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY



## 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.

<b>Direct Bill Report</b>
---------------------------

- 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: <b>Dr. Paul Grundy</b>	Reporting Period for the Month of: <b>November 2014</b>
------------------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-23	Direct Billing	Transportation	Dr. Grundy needed to change his departure time from Calgary on Oct 31/14 . This is a rebooking charge.	Marlin Travel	<b>\$60.00</b>
2014-10-27	Direct Billing	Transportation	Dr. Grundy needed to change his departure time from Calgary on Oct 31/14 . This is a rebooking fee.	Marlin Travel	<b>\$62.00</b>

2014-11-03	Direct Billing	Transportation	Dr. Grundy needed to change both Edmonton to Calgary (from Nov 5 to Nov 4) and Calgary to Medicine Hat (changed departure time). These are change fees.	Marlin Travel	\$260.00
2014-11-07	Direct Billing	Transportation	Dr. Grundy must fly to Calgary Nov 13 to attend TBCC Executive Committee, Calgary Zone and CCA Integration, Joint Workforce Planning Committee meetings on Nov 14, 2014.	Marlin Travel	\$382.96
2014-11-12	Direct Billing	Transportation	Dr. Grundy must fly to Calgary Nov 19 to attend CCELC, Cancer Control Operational Plan, CDE/MMC Committee meetings and the Research and the Calgary Cancer Centre meeting with ACF on Nov 20, 2014.	Marlin Travel	\$372.96
<b>Total Paid in the Month</b>					<b>\$1,137.92</b>

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:

## INVOICE

For

DR PAUL GRUNDY

AC

Tuesday, October 28, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: MONTREAL-TRUDEAU

Stops: 0 Arrival: 28Oct14

AIR CANADA CONFIRMATION

TICKET NUMBER

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

TICKET NUMBER

SEAT 13C

Flight: 155 G CLASS

07:40 PM Equipment: A319

10:23 PM

Mile(s) Flown: 1873

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

Invoice Number: [REDACTED]  
Date: October 23, 2014  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Thursday, October 30, 2014

## Hotel

Check In: 30Oct2014  
Check Out: 31Oct2014  
CALGARY AB  
FAIRMONT HOTELS AND RESORTS  
FAIRMONT PALLISER  
133 9TH AVE SOUTHWEST  
CALGARY  
CA  
ABT2P 2M3  
Tel: [REDACTED]  
Fax: [REDACTED]  
Confirmation: [REDACTED]

Rooms 1  
1 Nights(s)

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

Friday, October 31, 2014

## Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 31Oct14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 1D [REDACTED]

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

Mile(s) Flown: 153

## Cost:

AIR CANADA WE [REDACTED]  
AIR CANADA WE [REDACTED]

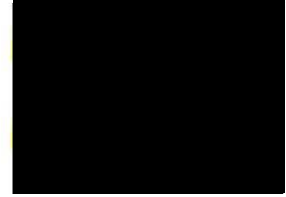
10.00  
50.00

## Total:

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

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



## INVOICE

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: [REDACTED]  
Page: [REDACTED]  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

For  
DR PAUL GRUNDY  
A [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:  
Date:  
Page:  
Our Reference:  
Your Reference:



# INVOICE

Friday, October 31, 2014

Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 31Oct14  
AIR CANADA E  
AIR CANADA CONFIRMATION  
TICKET NUMB  
SEAT 3D

Flight: 8142 V CLASS  
12:30 PM Equipment: DH4  
01:19 PM

Mile(s) Flown: 153

**Cost:**

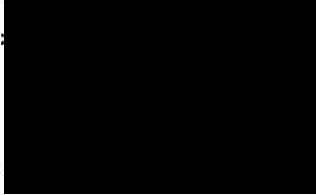
AIR CANADA WH		12.00
AIR CANADA WH		50.00
<b>Total:</b>		

<b>Grand Total:</b>	62.00
Less Credit Card Payments:	62.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
Total Previous Payments:	890.45
Total Charges Previous Invoices:	890.45
<b>Total Balance Due:</b>	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.

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



# INVOICE

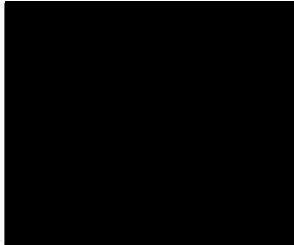


MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



# INVOICE

For  
DR PAUL GRINDY  
AC [REDACTED]

Tuesday, November 4, 2014

## Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 04Nov14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3C

Flight: 8157 V CLASS  
09:00 PM Equipment: D8 (300 SERIES)  
09:52 PM

Mile(s) Flown: 153

## Hotel

Check In: 04Nov2014  
Check Out: 05Nov2014  
CALGARY AB  
FAIRMONT HOTELS AND RESORTS  
FAIRMONT PALLISER  
133 9TH AVE SOUTHWEST  
CALGARY  
CA  
ABT2P 2M3  
Tel: 4032621234  
Fax: 4032601260  
Confirmation: [REDACTED]

Rooms 1  
1 Nights(s)

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

Wednesday, November 5, 2014

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:

## INVOICE

Wednesday, November 5, 2014

### 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

### Hotel

Check In: 05Nov2014  
Check Out: 06Nov2014  
MEDICINE HAT  
COAST HOTELS  
COAST MEDICINE HAT  
3216 13 AVE SE, MEDICINE HAT  
AB, T1B 1H8  
CA  
Tel: 4035267487  
Fax: 4035292638  
Confirmation:

Rooms 1  
1 Nights(s)

NONSMOKING ONE QUEEN BED  
Rate: 119.00 CAD per Night  
Guaranteed for late arrival

Thursday, November 6, 2014

### Air

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

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

Mile(s) Flown: 164

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



# INVOICE

Thursday, November 6, 2014

 **Air**

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

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

Mile(s) Flown: 153

**Cost:**

AIR CANADA WE  
AIR CANADA WE



50.00  
210.00

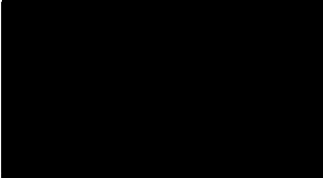
**Total:**

<b>Grand Total:</b>	260.00
<b>Less Credit Card Payments:</b>	260.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	177.00
<b>Total Charges Previous Invoices:</b>	177.00
<b>Total Balance Due:</b>	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.

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



**INVOICE**

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: [REDACTED]  
Page: [REDACTED]  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

For  
DR PAUL GRUNDY  
AC [REDACTED]

Thursday, November 13, 2014

## Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 13Nov14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Flight: 8155 W CLASS  
07:30 PM Equipment: D8 (300 SERIES)  
08:22 PM Mile(s) Flown: 153

## Hotel

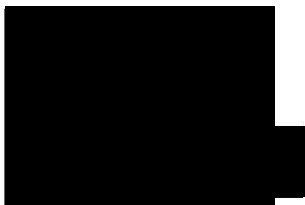
Check In: 13Nov2014  
Check Out: 14Nov2014  
CALGARY AB  
DELTA HOTELS  
DELTA BOW VALLEY  
209 4TH AVE SOUTHEAST  
CALGARY  
CA  
ABT2G 0C6  
Tel: 4032661980  
Fax: 4032660007  
Confirmat [REDACTED]

Rooms 1  
1 Nights(s)  
NONSMOKING ONE KING BED  
Rate: 199.00 CAD per Night  
Guaranteed for late arrival

Friday, November 14, 2014

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



# INVOICE

Friday, November 14, 2014

✈ Air

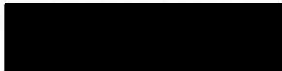
AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 14Nov14  
AIR CANADA E  
AIR CANADA CONFIRMATION  
TICKET NUMBER  
SEAT 2C

Flight: 8150 W CLASS  
03:30 PM Equipment: DH4  
04:19 PM

Mile(s) Flown: 153

Cost:

AIR CANADA



308.00

Tax: 74.96

Ticket Total: 382.96

Total:

Grand Total: 382.96

Less Credit Card Payments: 382.96

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: [REDACTED]  
Page: [REDACTED]  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

For  
DR PAUL GRUNDY  
AC [REDACTED]

Wednesday, November 19, 2014

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 19Nov14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

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

Mile(s) Flown: 153

Thursday, November 20, 2014

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 20Nov14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D

Flight: 8369 W CLASS  
08:55 PM Equipment: D8 (300 SERIES)  
09:47 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	298.00
	Tax:	74.96
	Ticket Total:	372.96

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

Invoice Number:  
Date:  
Page:  
Our Reference:  
Your Reference:



# INVOICE

**Total:**

<b>Grand Total:</b>	372.96
<b>Less Credit Card Payments:</b>	372.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.