

#### **AHS Board and Executive Expense Report**

Name: Dr Peter Jamieson

Title: Interim Vice President, Quality and Chief Medical Officer

**Location:** Calgary

Expenses posted during the month of March 2024

					Travel (1)						
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other 1 Travel		Total Fravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-24 Mar-24	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings	822	119		47	7	- 596 822			
	2.1. 2 <b>30 2</b>	Total by category		\$ 119	\$ -	\$ 47	77 \$	1,417	\$ -	\$ -	\$ -

Total posted for

the Month \$ 1,417

Maximum daily single meal expense posted in the month \$ 24
Maximum daily base hotel rate posted in the month \$ 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 membership dues, small item technology purchases, books, etc.

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



## MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

Practitioner Name:	Dr. Peter Jamies	on		AHS Medical Staff: Primary Zone: Calgary  Email Address:					
Prof Corp:	Name:								
Committee, Projec	t or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments		
				Stipend Total	\$ 0.00				
Required Participati	ion Review/Confir	mation: Canno	ot be signed b	y c <b>l</b> aimant					
Name	Title			Signature		[	Date		
Approval kept on file	Please send	eted invoid	oice and receipts (if applicable) to:						
					Prep	ared By:			

#### Dr. Peter Jamieson



Expense Claim Details - Medical Staff Reimbursment for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		Meals -Per Diem (Refer Below)		Transportation & Accommodation				Mileage**		ıge**	<b>Details</b> *Other - include description of		
Committee/ Project/ Event Name	Expense Date (MM/DD/YY)	В	L	D	Hotel	Airfare	Taxi	Parking	Rental	Other* (Note details)	КМ	Rate	expense  **Mileage - Required to include to/from destination
Travel Red Deer Hospital Dept. of Obstetrics in person meeting with physicians	2/12/24										150.56	0.505	
Travel to Red Deer Hospitall Dept. of Obstetrics in person meeting with physicians	2/12/24										150.56	0.505	
Travel to Red Hospital Dept. of Obstetrics for in person meeting with physicians	2/12/24			\$24.(🔽								0.505	
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
Sub Totals:		\$0.00	\$0.00	\$24.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	301.12	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf
For applicable "Other" expenses, please identify or explain in the "Details" column.

#### Required for Travel Expenses: Must be signed by the physician

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses 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.

I, by signing this form, attest that I am	compliant to all the above statements		
Physician Signature:		Date:	15-Feb-2024

# Totals: Total Stipend \$ 0.00 Total KM Rate \$ 152.07 Total Expense \$ 24.00 Total Payment \$ 176.07

#### Required for Travel Expenses: Must be signed by the Approver

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.

Approved By (PRINT ONLY):	DOA Level:	Position #:	Phone #:
, by signing this form, attest that I am compliant to all the above statements			
Signature:	Title:	Date:	

**Expense Limits** — Note this is summary information only. For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf

Travel and accommodation are to be booked with the AHS travel provider to ensure AHS/government rates. Expenses to be paid by the individual claimant and then submitted via this expense claim for consideration for reimbursement

#### Travel – Section 3.1, 3.2, 3.3, 5, 9.1, 9.2, 9.3, 9.4, and Appendix A

- Travel expenses can be minimized by utilizing technology (teleconference, video conference, Telehealth) where it meets business objectives.
- Individuals are expected to consider the cost effectiveness of their travel expenses. Cost effectiveness does not necessarily mean the most inexpensive method of travel; consideration of time, impact to service delivery and safety should be considered when assessing cost effectiveness.
- Where use of technology is not an effective means of achieving the desired business objectives, the following is a list to consider when selecting a mode of transportation: a) AHS fleet vehicle, b) rental vehicle or bus, c) personal vehicle, d) airfare.
- Regular commuting between residence and designated home site(s) will not be reimbursed. AHS will reimburse mileage for approved business travel from residence to an alternate work site or bus/car rental agency/airport only for the portion of mileage that is above their normal commute (or the shorter of the two distances).
- Mileage incurred while traveling between sites is eligible for reimbursement.
- Mileage reimbursement are at the general rate of \$0.505/km for 5,000 km/calendar year and below, \$0.47/km for over 5,000 km/calendar year.
- Vehicle owners responsible for any losses that may occur.
- Airfare within Alberta should not exceed \$600 for a roundtrip or \$1,000 roundtrip within Canada (inclusive of all fees and taxes). Travel outside Canada requires pre-approval by an AHS VP and cannot exceed \$2,000. Seat selection will not be reimbursed. Must be Economy class.
- Taxi fare limit of \$100 within city limits and including gratuity of up to 20%

#### Meal Allowance - Section 8.1, Appendix A

 Individuals traveling on AHS approved business may only claim meals through a meal allowance and cannot claim using the receipt method for reimbursement.

Expense Type:	Within Canada	<b>Outside of Canada</b>
Breakfast	\$10.50	\$13.70
Lunch	\$13.00	\$17.00
Dinner	\$24.00	\$31.00

#### Accommodations – Section 8.2 and Appendix A

- Reimbursed at the actual cost of the room including applicable taxes and surcharges (with receipt provided).
- Hotel base room rate shall not exceed \$200 (South, Calgary, Central and Edmonton Zone) and \$250 (North Zone)



## MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

Practitioner Name:	Dr. Peter Jamieso	on		Primary Zone: Calgary					
Prof Corp:	Name:		ı	Yes No ———————————————————————————————————					
Committee, Projec	t or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments		
				Stipend Total	\$ 0.00				
Required Participati	on Review/Confir	mation: Canno	ot be signed by	/ c <b>l</b> aimant					
Name	Title			Signature			Date		
	Please send t	the comple	eted invoic	e and receipts	if app	licable) to:			
					Pren	ared Bv:			

#### Dr. Peter Jamieson



Expense Claim Details - Medical Staff Reimbursment for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		Meals -Per Diem (Refer Below)		Transportation & Accommodation					Mileage**		Details *Other - include description of		
Committee/ Project/ Event Name	Expense Date (MM/DD/YY)	В	L	D	Hotel	Airfare	Taxi	Parking	Rental	Other* (Note details)	KM	Rate	expense  **Mileage - Required to include to/from destination
Trip to Edmonton for in person AHS Board Retreat/Institute Health Economics (IHE) Board Meeting/Alberta Medical Assn (AMA) Rep Forum	3/13/24			\$24.00								0.505	Dinner
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/14/24	\$10.50	\$13.00									0.505	Lunch/Dinner/Board retreat provided Dinner
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/15/24	\$10.50	\$13.00	\$24.00								0.505	Meals all day
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/13/24						42.56					0.505	Calgary home to YYC airport
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/13/24			]			90.86					0.505	YYC airport to accomodations
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/15/24						30.09					0.505	accomodations to AMA Rep Forum
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/15/24						73.08					0.505	accommodations to YEG airport
Trip to Edmonton for in person AHS Board Retreat/IHE Board Meeting/AMA Rep Forum	3/15/24						87.91					0.505	YYC airport to Calgary home
Sub Totals:		\$21.00	\$26.00	\$48.00	\$0.00	\$0.00	\$324.50	\$0.00	\$0.00	\$0.00	0.00	0.505	

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

Physician Signature:	Date: 19-Mar-2024
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I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Approved By (PRINT ONLY): Approval kept on file	DOA Level:	Position #:	Phone #:
l, by signing this form, attest that I am compliant to all the above statements			
Signature:	Title:	Date:	

Totals:

\$ 0.00

\$ 0.00

\$ 419.50

\$ 419.50

**Total Stipend** 

**Total KM Rate** 

Total Expense

Total Payment

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Uber Total CA\$42.56
March 13, 2024

# Thanks for riding, Peter

We hope you enjoyed your ride this morning.



**Total** 

CA\$42.56

Trip fare	CA\$32.18
Subtotal	CA\$32.18
Booking Fee ?	CA\$3.90

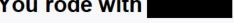
Airport Recovery Surcharge	CA\$4.00
TNC fee recovery surcharge	CA\$0.45
GST	CA\$2.03

<u>Visit the trip page</u> for more information, including invoices (where available)

#### **Download PDF**

This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

# You rode with



#### 4.98 ★ Rating

Has passed a multi-step safety screen

### Rate or tip

**TNDL License Number:** 

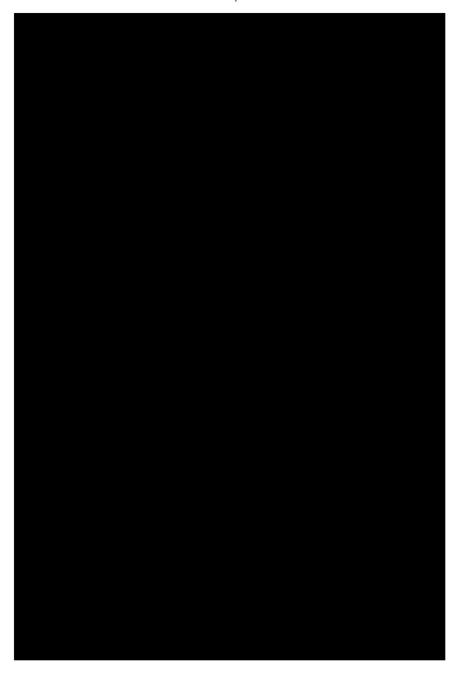
Please call 3-1-1 with any Compliments/Concerns



Every rideshare trip in Calgary is insured for a covered auto accident by Economical Insurance.

Learn more >

Comfort 18.71 kilometers | 26 min

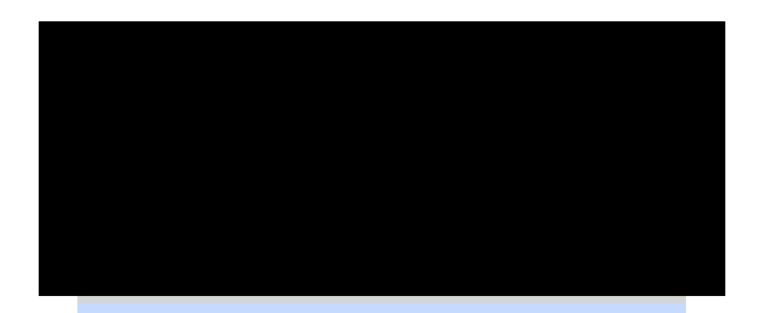


My trips >

**Contact support** 









Total CA\$73.08 March 15, 2024

# Thanks for riding, Peter

We hope you enjoyed your ride this afternoon.



**Total** 

CA\$73.08

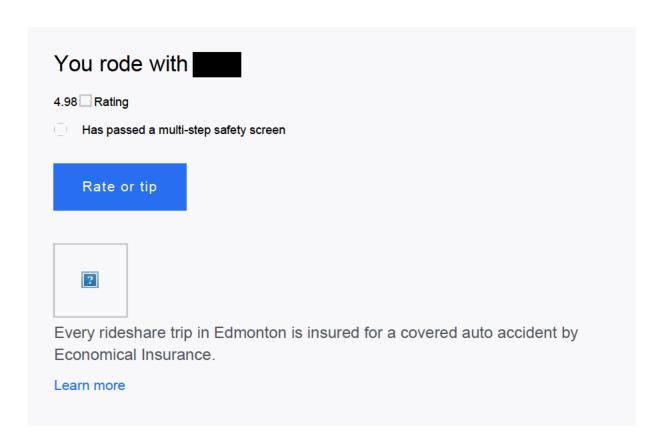
Trip fare CA\$60.55

Subtotal	CA\$60.55
Booking Fee	CA\$5.50
Airport drop-off fee / Airport pick-up fee	CA\$3.25
Per-Trip Fee	CA\$0.30
GST	CA\$3.48

<u>Visit the trip page</u> for more information, including invoices (where available)

#### **Download PDF**

This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.







#### **Expense Report Direct Bill Summary**

#### **Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

#### **Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

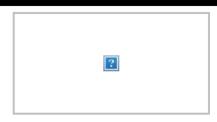
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

#### **Direct Bill Report**

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- Refer to Quick Reference Guide for: Providing a Standard Business Reason(s)
- 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: Name: Dr Peter Jamieson Reporting Period for the Month of: Mar-24

YES

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
20-Feb-2024	Direct Billing	Airline Ticket	Return trip to attend in person meeting with CEO Accreditation Canada in Edmonton March 25, 2024	Air Canada Express - Jazz	\$413.25
23-Feb-2024	Direct Billing		Return trip to attend in person meetings for the AHS Board Retreat & Alberta Medical Assoc. (AMA ) Rep Forum & Institute of Health Economics (IHE) in Edmonton March 13 to 15, 2024	Air Canada Express - Jazz	\$408.25
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					\$ 821.50



Vision Travel DT Ontario-West Inc

9929 - 108th Street Edmonton AB T5K 1G8

833-692-4120

www.dt.ca

GST Reg: 723782728 RT 0001

# Invoice/Itinerary

Invoice Issued:20 February 2024 ALBERTA HEALTH SERVICES 10030 107 STREET

Sales Person

Customer Number Customer Ref.:N/A

JAMIESON/PETER Passenger(s):

**EDMONTON AB Z/T5H3E4** 

It is your responsibility to carefully review this itinerary immediately upon receipt and Disclaimer:

Agency Ref.

notify us if there are any discrepancies.

Important Information Related To Your Travels:

For complete Canadian Government details for returning to or travelling to Canada - click here Please click here upon receipt of your itinerary for valuable information that may be

critical to the success of your travels.

Pay special attention to the Passport & Visa Information Portal towards the bottom of the webpage. We strongly recommend you continue to come back to this information regularly in advance of and during travel as requirements and restrictions could change.

#### AIR - Monday, March 25 2024 Add To Calendar Air Canada Flight **Economy Class** Depart Arrive Edmonton, Alberta Weather Calgary, Alberta Weather Calgary International Airport **Edmonton International Airport** 08:20 AM Monday, March 25 2024 09:21 AM Monday, March 25 2024 Duration: 1 hour(s) and 1 minute(s) Non-stop Status: Confirmed - Air Canada Booking Reference: Operated By: AIR CANADA EXPRESS - JAZZ FF Number: - JAMIESON/PETER - please reconfirm at check-in Online Check In:

Available 24 hours prior - click here

Baggage Allowance: 1 Piece(s)

Remarks: PLEASE CHECK IN WITH AIR CANADA EXPRESS JAZZ

AIR - Mon	day, March	25 2024		Add To Calendar
Air Canada	a Flight	<b>Economy Class</b>		
Depart	Edmonton	, Alberta <u>Weather</u>	Arrive	Calgary, Alberta Weather
Edmonton International Airport			Calgary International Airport	
07:00 PM Monday, March 25 2024			07:58 PM Monday, March 25 2024	
Duration:		0 hour(s) and 58 minute(s) f	Non-stop	
Status:	tus: Confirmed - Air Canada Booking Reference:			e:
Operated B	perated By: AIR CANADA EXPRESS - JAZZ			
FF Number:	:	- JAMIESON/PETER - please reconfirm at check-in		
Online Che	ck In:	Available 24 hours prior - click here		
Baggage Al	llowance:	1 Piece(s)		
Remarks:		PLEASE CHECK IN WITH A	AIR CANADA E	XPRESS JAZZ

Invoice Details					
Transaction Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number:					
Air Canada	300.00	113.25	0.00	0.00	413.25
				Billed to	
Totals:	300.00	113.25	0.00	0.00	413.25
	Total Credit Card Billing:		ard Billing:	413.25	
			Ва	alance Due:	0.00

#### **Remarks**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

04.110110 EMEDOENOV TDAVEL A 0016

24 HOUR EMERGENCY TRAVEL ASSISTANCE

OUTSIDE REGULAR BUSINESS HOURS - MONDAY TO FRIDAY

A SERVICE FEE MAY APPLY FOR CALLS TO THIS SERVICE

WITHIN NORTH AMERICA - CALL 1-888-700-6063

OUTSIDE NORTH AMERICA - CALL COLLECT 1-514-855-4263

PLEASE QUOTE ACCESS CODE

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RECOMMENDED CHECK-IN TIME IS AT LEAST 120 MINUTES

PRIOR TO DEPARTURE. AFTER CHECK-IN YOU MUST BE

AVAILABLE AT THE BOARDING GATE AT LEAST 60 MINUTES

PRIOR TO DEPARTURE OR YOU MAY BE DENIED BOARDING.

PLEASE ENSURE THAT YOU HAVE VALID GOVERNMENT ISSUED

PHOTO I.D. GATE ASSIGNMENTS AND DEPARTURE

ARRIVAL INFORMATION ARE SUBJECT TO CHANGE.

PLEASE CHECK MONITORS AT THE AIRPORT.

PLEASE RECONFIRM ALL FLIGHTS

IT IS YOUR RESPONSIBILITY TO VERIFY FLIGHT TIMES WITH

THE AIRLINE PRIOR TO YOUR DEPARTURE. SCHEDULE CHANGE

MAY OCCUR AT ANY TIME WITHOUT NOTICE BY THE AIRLINE.

\_\_\_\_\_

ENSURE ALL TRAVELLERS HAVE PROPER TRAVEL DOCUMENTS

CHECK THIS WEBSITE FOR AIRPORT SECURITY INFO

WWW.CATSA.GC.CA

---AIRPORT SECURITY REVISIONS---

BAGGAGE ALLOWANCE-SPECIFIC SIZE AND WEIGHT

RESTRICTIONS VARY BETWEEN AIRLINES. EXCESS CHARGES

MAY APPLY. VISIT THE AIRLINES WEBSITE TO SEE THE

EXACT BAGGAGE RESTRICTIONS AND FEES.

MOST AIRLINE BAGGAGE LINKS ARE AVAILABLE BY VISITING

WWW.DT.CA/BAGGAGE/

--- AIRPORT ARRIVAL TIMES FOR DOMESTIC FLIGHTS ---

DUE TO COVID 19-RELATED TRAVEL REQUIREMENTS

AIRPORTS ARE MUCH BUSIER THAN USUAL

CUSTOMERS FLYING WITHIN CANADA MUST NOW ARRIVE AT THE

AIRPORT AT LEAST 120 MINUTES PRIOR TO THEIR FLIGHT

TO ENSURE A SMOOTH AIRPORT EXPERIENCE.

FAILURE TO DO SO MAY CAUSE THEM TO MISS THEIR FLIGHT.

\*\*\*\*\*BAGGAGE CHECK IN FOR FLIGHTS WITHIN CANADA

WILL CLOSE 45 MINUTES PRIOR DEPARTURE.

WITH THE EXCEPTION OF FLIGHTS LEAVING

FROM TORONTO CITY AIRPORT YTZ-WHERE CHECK-IN

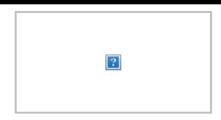
AND BAG DROP-OFF WILL REMAIN AVAILABLE UNTIL

20 MINUTES BEFORE DEPARTURE.

THIS IS AN ELECTRONIC TICKET VALID ONLY ON ISSUING AIRLINE

PHOTO ID REQUIRED FOR CHECK IN.

BOARDING PASS REQUIRED PRIOR TO ENTERING SECURITY.



Vision Travel DT Ontario-West Inc 9929 - 108th Street Edmonton AB T5K 1G8

833-692-4120

www.dt.ca

GST Reg: 723782728 RT 0001

# Invoice/Itinerary

Invoice Issued:23 February 2024 ALBERTA HEALTH SERVICES 10030 107 STREET Agency Ref.
Sales Person:
Passenger(s):

Customer Number
Customer Ref.:N/A
JAMIESON/PETER

EDMONTON AB Z/T5H3E4
Disclaimer: It is your

It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.

Important Information Related To Your Travels:

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AIR - Wednesday, March 13 2024 Add To Calendar Air Canada Flight **Economy Class** Depart Arrive Calgary, Alberta Weather Edmonton, Alberta Weather Calgary International Airport **Edmonton International Airport** 04:40 PM Wednesday, March 13 2024 05:37 PM Wednesday, March 13 2024 Duration: 0 hour(s) and 57 minute(s) Non-stop Status: Confirmed - Air Canada Booking Reference: Operated By: AIR CANADA EXPRESS - JAZZ FF Number: - JAMIESON/PETER - please reconfirm at check-in Online Check In: Available 24 hours prior - click here

E Upgrade: For Eligible Flight - Aeroplan Members click here

Baggage Allowance: 0 Piece(s)

Remarks: PLEASE CHECK IN WITH AIR CANADA EXPRESS JAZZ

AIR - Friday, March 15 2024 Add To Calendar

Air Canada Flight Economy Class

Depart Edmonton, Alberta <u>Weather</u> Arrive Calgary, Alberta <u>Weather</u>
Edmonton International Airport Calgary International Airport

07:00 PM Friday, March 15 2024 07:58 PM Friday, March 15 2024

Duration: 0 hour(s) and 58 minute(s) Non-stop

Status: Confirmed - Air Canada Booking Reference:

Operated By: AIR CANADA EXPRESS - JAZZ

FF Number: - JAMIESON/PETER - please reconfirm at check-in

Online Check In: Available 24 hours prior - click here

Baggage Allowance: 0 Piece(s)

Remarks: PLEASE CHECK IN WITH AIR CANADA EXPRESS JAZZ

Invoice Details					
Transaction Document / Booking	Base Fare	Other Tax	GST/HST	QST	Total
Number					
Invoice Number:					
Air Canada	295.00	113.25	0.00	0.00	408.25
				Billed to:	
Totals:	295.00	113.25	0.00	0.00	408.25
			Total Credit Card Billing:		408.25
Balance Due:			alance Due:	0.00	

Remarks

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OUTSIDE REGULAR BUSINESS HOURS - MONDAY TO FRIDAY

A SERVICE FEE MAY APPLY FOR CALLS TO THIS SERVICE

WITHIN NORTH AMERICA - CALL 1-888-700-6063

OUTSIDE NORTH AMERICA - CALL COLLECT 1-514-855-4263

PLEASE QUOTE ACCESS CODE

RECOMMENDED CHECK-IN TIME IS AT LEAST 120 MINUTES

PRIOR TO DEPARTURE. AFTER CHECK-IN YOU MUST BE

AVAILABLE AT THE BOARDING GATE AT LEAST 60 MINUTES

PRIOR TO DEPARTURE OR YOU MAY BE DENIED BOARDING.

PLEASE ENSURE THAT YOU HAVE VALID GOVERNMENT ISSUED

PHOTO I.D. GATE ASSIGNMENTS AND DEPARTURE

ARRIVAL INFORMATION ARE SUBJECT TO CHANGE.

PLEASE CHECK MONITORS AT THE AIRPORT.

PLEASE RECONFIRM ALL FLIGHTS

IT IS YOUR RESPONSIBILITY TO VERIFY FLIGHT TIMES WITH

THE AIRLINE PRIOR TO YOUR DEPARTURE. SCHEDULE CHANGE

MAY OCCUR AT ANY TIME WITHOUT NOTICE BY THE AIRLINE.

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ENSURE ALL TRAVELLERS HAVE PROPER TRAVEL DOCUMENTS

CHECK THIS WEBSITE FOR AIRPORT SECURITY INFO

WWW.CATSA.GC.CA

---AIRPORT SECURITY REVISIONS---

BAGGAGE ALLOWANCE-SPECIFIC SIZE AND WEIGHT

RESTRICTIONS VARY BETWEEN AIRLINES. EXCESS CHARGES

MAY APPLY. VISIT THE AIRLINES WEBSITE TO SEE THE

EXACT BAGGAGE RESTRICTIONS AND FEES.

MOST AIRLINE BAGGAGE LINKS ARE AVAILABLE BY VISITING

WWW.DT.CA/BAGGAGE/

--- AIRPORT ARRIVAL TIMES FOR DOMESTIC FLIGHTS ---

DUE TO COVID 19-RELATED TRAVEL REQUIREMENTS

AIRPORTS ARE MUCH BUSIER THAN USUAL