

Official Administrator and Executive Expense Report

Name Rick Trimp
Title VP, Province-Wide Clinical Supports, Programs & Services
Location Calgary
 Expenses submitted during the month of Aug 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)
Aug-14	P-Card	Meetings	1,711		768	887	3,366			
Aug-14	Expense Claim	Meetings		286		8	294			
Total			\$ 1,711	\$ 286	\$ 768	\$ 895	\$ 3,660	\$ -	\$ -	\$ -

Total for the Month \$ 3,660

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 144
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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

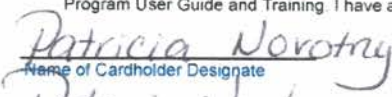









Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

TRIMP, RICK Cardholder's Name	VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period	20/08/2014
PROVINCE-WIDE CLINICAL Cardholder's Dept	CALGARY SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:	\$3,366.26
RICK.TRIMP@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # [REDACTED]	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
①	20/07/2014	358646896	1104316 ALBERTA LTD. LIMOUSINES AND TAXICABS	300.00	CAD	300.00	14.28	Taxi - transportation May 11, 28, 29 between home and airport.
②	21/07/2014	358853036	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00Taxi -June 27 -transportation SSP to Airport (Lab RFP mtgs)
③	21/07/2014	358853037	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00Taxi July 9 -transportation from Airport to Delta Hotel (Edm zone lab mtg)
④	21/07/2014	358853038	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00Taxi July 11 -transportation Legislature Bldg to Airport (Ministers' mtg)
⑤	22/07/2014	358853039	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	138.18	CAD	138.18	00	00Hotel - 1 night - Lab RFP Townhall Mtg, Exec Team Mtg
⑥	22/07/2014	359151678	PRESTIGE TRANSPORTATIO. LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00Taxi July 21 -transportation Airport to SSP - Lab RFP Townhall mtg
⑦	05/08/2014	360192501	MPARK00020161U. AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	43	00Parking - Coast Hotel
⑧	06/08/2014	360308311	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	161.67	CAD	161.67	00	00Hotel -1 night -Exec Team Mtg, Lab Project Mtg
⑨	06/08/2014	360485683	AIR CAN 0142137508738 AIR CANADA	467.51	CAD	467.51	00	00Aug 11-12 -Flight Cal to Edm/return -AIMCo mtg, Exec Team Mtg
⑩	06/08/2014	360485684	AIR CAN 0142137509225 AIR CANADA	509.51	CAD	509.51	00	00Aug 13-14 Flight -Cal to Edm/return -Edm Zone Lab mtg with CEO
⑪	07/08/2014	360485682	1104316 ALBERTA LTD. LIMOUSINES AND TAXICABS	290.00	CAD	290.00	13.81	Taxi -transportation for July 9, 21, 22 - between airport and home
⑫	12/08/2014	360851402	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	156.06	CAD	156.06	00	00Hotel -1 night -mtg with CEO, AIMCo mtg Exec Team Mtg
⑬	14/08/2014	361148018	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	156.06	CAD	156.06	00	00Hotel -1 night -Edm Zone EMS mtg with CEO
⑭	14/08/2014	361148019	AIR CAN 014213779640, AIR CANADA	457.01	CAD	457.01	00	00Aug 18-19 flight -Cal to Edm/return -mtg with Primary Care SPO, Exec Team Mtg
⑮	14/08/2014	361148020	WESTJET 8382100641302 Westjet Airlines	277.20	CAD	277.20	00	00Flight Aug 21 -Cal to Edm/return, credit used - Deputy Minister's Integrated Housing Mtg
⑯	19/08/2014	361512171	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	156.06	CAD	156.06	00	00Hotel -1 night -mtg with Primary Care SPO, Exec Team Mtg

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/07/2014	358646895	1104316 ALBERTA LTD. LIMOUSINES AND TAXICABS	100.00	CAD	100.00	4.76		Taxi - Transportation charged in error. Charges later reversed
20/07/2014	358646897	1104316 ALBERTA LTD. LIMOUSINES AND TAXICABS	-100.00	CAD	-100.00	-4.76		Taxi charges reversed due to error

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
 Name of Cardholder Designate	 Executive Admin. Asst. Cardholder Designate Position/Title	 Signature of Cardholder Designate
 Aug. 25, 2014. Date of Signature		
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
TRIMP, RICK Name of Cardholder	VICE PRESIDENT Cardholder Position/Title	 Signature of Cardholder
 8/25/14 Date of Signature		
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
Deborah Rhodes Name of Approver Designate	Acting CFO Approver Designate Position/Title	 Signature of Approver Designate
 Date of Signature		
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
Deb Rhodes Name of Approver	Acting Chief Financial Officer Approver Position/Title	 Signature of Approver
 AUG 29 2014 Date of Signature		
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date _____

①

Taxi
May 11, 28, 29
Between Home & Airport/Return

1104316 ALBERTA LTD.
37 Royal Oak Cove NW - Calgary - Alberta - T3G4X7
PHONE: 403-512-8751 FAX: 1-866-465-8319
GST No: 86481 0676 RT0001

Date: 31/May/14

In Account With:
MR. R. TRIMP

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
11-May-14	8.00 am	Mr. Trimp - 8 Majestic Gate to Airport	\$100.00
28-May-14	5.30 am	Mr. Trimp - 8 Majestic Gate to Airport	\$100.00
29/May/14	7.50 pm	Mr. Trimp - Airport to 8 Majestic Gate	\$100.00
		Sub Total	\$300.00
		15% Gratuity	\$0.00
		5% GST	\$0.00
		TOTAL	\$300.00

Thank you for your patronage

Please advise us of any discrepancies within 30 days of receiving your receipt

④

Taxi
July 11
Transportation from Legislature Bldg to Airport
(Ministers' meeting)

RICK TRIMP
July 11/2014
Lodge bldg > AP
PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0567
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/07/21 Time: 05:50:33
Response: AUTH [REDACTED]

CUSTOMER COPY

②

Taxi
June 27
Transportation from 7th Street Plaza to Airport
(Lab RFP meetings)

RICK TRIMP
June 27/2014
SSP > AP
PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0565
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/07/21 Time: 05:47:30
Response: AUTH [REDACTED]

CUSTOMER COPY

③

Taxi
July 9
Transportation from Airport to Delta Hotel
(Edmonton Zone Lab meeting)

5

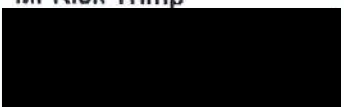


10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204



Hotel - 1 night
Lab RFP Townhall Meeting
Executive Leadership Team Meeting

Mr Rick Trimp



Receipt

Invoice date 8/14/2014
Our reference [Redacted]
GST Number 10103 5467 RT0020

Guest Mr Rick Trimp Arrival 7/21/2014 Departure 7/22/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
7/21/2014	Room Charge	1	129.00	129.00
7/21/2014	Tourism Levy	1	5.31	5.31
7/21/2014	Destination Market Fee	1	3.87	3.87

7/22/2014	[Redacted]			
			Total Invoice	138.18
				-138.18
			Total Paid	-138.18
			Total Due	0.00

Total GST

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 _____

For reservations: www.coasthotels.com or 1-800-663-1144

RICK TRIMP

July 21/2014
EIA7 SSP

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:0571
M/C PURCHASE
Op Id:14006
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. # [REDACTED]
Auth. # [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/07/22 Time: 11:56:46
Response: AUTH [REDACTED]

CUSTOMER COPY

Taxi
[REDACTED]
(Lab RFP Townhall)
July 21 - transportation Airport to

6

Parking - Edmonton Coast Plaza Hotel

PLACE FACE UP ON DASH

Impark Lot 161

Expiration Date/Time

EXP 06:00AM
AUG 06, 2014

Purchase Date/Time: 05:51pm Aug 05, 2014

Total Parking: \$8.57

Total gst: \$0.43

Total Due: \$9.00

Total Paid: \$9.00

Rate: \$9 - All Day + Evg

Payment Type: Card

MasterCard

Ticket # [REDACTED]

Auth # [REDACTED]

S/N #: 10008460007

Setting: Lot 161

Mach Name: Meter 2

GST #887315638RT0001
NO IN AND OUT PRIVILEGES

*RECEIPT

Impark Lot 161

Expiration Date/Time: 06:00am Aug 06, 2014

Purchase Date/Time: 05:51pm Aug 05, 2014

Total Parking: \$8.57

Total gst: \$0.43

Total Due: \$9.00

Total Paid: \$9.00

MasterCard

Ticket # [REDACTED]

Rate: \$9 - All Day + Evg

Payment Type: Card

Auth # [REDACTED]

Setting: Lot 161

Mach Name: Meter 2

CEIPT
PARKING RECEIPT
P
PARKING RECEIPT
P
PARKING RECEIPT
P
PARKING RECEIPT



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204



Hotel - 1 night
Executive Leadership Team Meeting
Lab Project Meeting

Mr Rick TRIMP



Invoice

Invoice date 8/6/2014
Invoice number [Redacted]
Our reference [Redacted]
Client Number [Redacted]
GST Number 10103 5467 RT0020

Guest	Mr Rick Trimp	Arrival	8/5/2014	Departure	8/6/2014	Room	[Redacted]
Date	Description	Quantity	Unit Price			Total ()	
8/5/2014	Room Charge	1	144.00			144.00	
8/5/2014	GST Taxes	1	7.42			7.42	
8/5/2014	Tourism Levy	1	5.93			5.93	
8/5/2014	Destination Market Fee	1	4.32			4.32	
						Total invoice	161.67
8/6/2014	[Redacted]						-161.67
						Total Paid	-161.67
						Total Due	0.00

Total GST 7.42

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 _____

For reservations: www.coasthotels.com or 1-800-663-1144

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mr Rick A Trimp
rick.trimp@albertahealthservices.ca
Mobile: [REDACTED]
Home: [REDACTED]
Work: [REDACTED]

Flight - Aug 11-12
Calgary to Edmonton/return
AIMCo Meeting
Executive Leadership Team Meeting

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8134 ¹	Calgary (YYC) Mon 11-Aug 2014 08:30	Edmonton, Edmonton Int'l (YEG) Mon 11-Aug 2014 09:20	0	0hr50	DH4	Flex, W	
AC8151 ¹	Edmonton, Edmonton Int'l (YEG) Tue 12-Aug 2014 16:00	Calgary (YYC) Tue 12-Aug 2014 16:49	0	0hr49	DH4	Flex, V	

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Mr Rick A Trimp : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan : [REDACTED] Meal Preference: **None**
Payment Card: [REDACTED] Special Needs: **None**
Seat Selection: AC8134 10A , AC8151 10F

Purchase Summary

Fare Summary	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Flex	173.00
Return Flight - Flex	174.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	22.26
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	467.51
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$467.51

Payment Information

Credit/Debit Card [REDACTED] Amount paid: **\$467.51**
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$467.51 (Airfare - per ticket)

Ticket number(s): [REDACTED]

Fare Rules

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Mr Rick A Trimp
rick.trimp@albertahealthservices.ca
Mobile [REDACTED]
Home [REDACTED]
Work [REDACTED]

Flight - Aug 13-14
Calgary to Edmonton/return
Edmonton Zone Lab Meeting (with CEO)

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8152 ¹	Calgary (YYC) Wed 13-Aug 2014 16:30	Edmonton, Edmonton Int'l (YEG) Wed 13-Aug 2014 17:21	0	0hr51	DH3	Flex, W	
AC8169 ¹	Edmonton, Edmonton Int'l (YEG) Thu 14-Aug 2014 17:00	Calgary (YYC) Thu 14-Aug 2014 17:52	0	0hr52	DH3	Flex, H	

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Mr Rick A Trimp : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: **None**
Payment Card: [REDACTED] Special Needs: **None**
Seat Selection: AC8152 7F , AC8169 8F

Purchase Summary

Fare Summary

	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Flex	163.00
Return Flight - Flex	224.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	24.26
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	509.51
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$509.51

Payment Information

Credit/Debit Card [REDACTED] amount paid: **\$509.51**
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$509.51 (Airfare - per ticket)

Ticket number(s) [REDACTED]

Fare Rules



Taxi - July 9, 21, 22
transportation between airport and home/return

1104316 ALBERTA LTD.
37 Royal Oak Cove NW - Calgary - Alberta - T3G4X7
PHONE: 403-512-8751 FAX: 1-866-465-8319
GST No: 86481 0676 RT0001

Date: 31-Jul-14

In Account With:
MR. R. TRIMP

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
9-Jul-14	4.00 pm	Mr. Trimp - Airport to Southport Tower	\$90.00
21-Jul-14	6.45 am	Mr. Trimp - 8 Majestic Gate to Airport	\$100.00
22-Jul-14	6.49 pm	Mr. Trimp - Airport to 8 Majestic Gate	\$100.00
Sub Total			\$290.00
15% Gratuity			\$0.00
5% GST			\$0.00
TOTAL			\$290.00

Thank you for your patronage

Please advise us of any discrepancies within 30 days of receiving your receipt



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204



Hotel - 1 night
Meeting with CEO
AIMCo Meeting
Executive Leadership Team Meeting

Rick Trimp



Receipt

Invoice date 8/12/2014
Our reference [Redacted]
GST Number [Redacted]

Guest Rick Trimp Arrival 8/11/2014 Departure 8/12/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
8/11/2014	Room Charge	1	139.00	139.00
8/11/2014	GST Taxes	1	7.16	7.16
8/11/2014	Tourism Levy	1	5.73	5.73
8/11/2014	Destination Market Fee	1	4.17	4.17

8/12/2014	[Redacted]			
			Total invoice	156.06
			Total Paid	-156.06
			Total Due	0.00

Total GST 7.16

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 _____



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204



Hotel - 1 night
Edmonton Zone EMS Meeting (with CEO)

Rick Trimp



Receipt

Invoice date 8/14/2014
Our reference [Redacted]
GST Number [Redacted]

Guest Rick Trimp Arrival 8/13/2014 Departure 8/14/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
8/13/2014	Room Charge	1	139.00	139.00
8/13/2014	GST Taxes	1	7.16	7.16
8/13/2014	Tourism Levy	1	5.73	5.73
8/13/2014	Destination Market Fee	1	4.17	4.17

8/14/2014	[Redacted]			Total invoice 156.06
				-156.06
				Total Paid -156.06
				Total Due 0.00

Total GST 7.16

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 _____

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]
Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:
 Mr Rick A Trimp

Customer Care
Air Canada
 1-888-247-2262
Flight Arrivals and Departures
 1-888-422-7533

Mobil
 Home
 Work

Flight - Aug 18-19
 Calgary to Edmonton/return
 Mtg with Primary Care SPO
 Executive Leadership Team Meeting

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8134 ¹	Calgary (YYC) Mon 18-Aug 2014 08:30	Edmonton, Edmonton Int'l (YEG) Mon 18-Aug 2014 09:20	0	0hr50	DH4	Flex, V	
AC8153 ¹	Edmonton, Edmonton Int'l (YEG) Tue 19-Aug 2014 18:00	Calgary (YYC) Tue 19-Aug 2014 18:49	0	0hr49	DH4	Flex, W	

Operated by:
 1 Air Canada Express - Jazz

Passenger Information

1: Mr Rick A Trimp : Adult (16+), Ticket Number: [REDACTED]
 Air Canada - Aeroplan [REDACTED] Meal Preference: **None**
 Payment Card: [REDACTED] Special Needs: **None**
 Seat Selection: AC8134 9F , AC8153 9F

Purchase Summary

Fare Summary	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Flex	174.00
Return Flight - Flex	163.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	21.76
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	457.01
Number of passengers	x 1
Total airfare, taxes and options	457.01
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$457.01

Payment Information

Credit/Debit Card [REDACTED] Amount paid: **\$457.01**
 The following charges (tax inclusive) will appear on your credit or debit card statement:
 • Air Canada: \$457.01 (Airfare - per ticket)

Ticket number(s): [REDACTED]



Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is [REDACTED]

Guest details

Mr Rick Trimp	Flight	Calgary (YYC)-Edmonton (YEG), Edmonton (YEG)-Calgary (YYC)
		WestJet FF [REDACTED]
		Ticket number [REDACTED]
		Seat YYC-YEG YEG-YYC

* You may not select a seat at this time. Seat selection will be available in the 'Manage bookings' section of your WestJet profile, during online check-in, or at the airport.

Air itinerary details

Calgary (YYC) Thu Aug 21 2014, 12:15 PM Dehaviland Dash 8-400 Turboprop	Edmonton (YEG) Thu Aug 21 2014, 1:04 PM	WS 3252 Operated by WESTJET ENCORE	Fare type: Flex Non-stop
Edmonton (YEG) Thu Aug 21 2014, 5:10 PM Dehaviland Dash 8-400 Turboprop	Calgary (YYC) Thu Aug 21 2014, 6:03 PM	WS 3259 Operated by WESTJET ENCORE	Fare type: Flex Non-stop

Pricing breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
Adult	\$326.00	\$24.00	\$95.46	\$445.46	x 1	\$445.46 CAD

YYC-YEG: Flex fare type benefits

One complimentary checked bag *

Fully refundable if cancelled within 24 hours of booking **

Advanced seat selection - \$5-34.50 *

\$50-57.50 itinerary change fee + applicable fare difference

\$50-57.50 name change fee

\$50-57.50 cancellation fee, balance credited toward future WestJet flight purchases -

* Not applicable on flights operated by our airline partners

** Excluding flights departing within 24 hours of booking

- Non-refundable to original form of payment

YEG-YYC: Flex fare type benefits

One complimentary checked bag *

Fully refundable if cancelled within 24 hours of booking **

Advanced seat selection - \$5-34.50 *

\$50-57.50 itinerary change fee + applicable fare difference

\$50-57.50 name change fee

\$50-57.50 cancellation fee, balance credited toward future WestJet flight purchases -

* Not applicable on flights operated by our airline partners

** Excluding flights departing within 24 hours of booking

- Non-refundable to original form of payment

Flight - Aug 21
Calgary to Edmonton/return
Credit Used
Deputy Minister's Integrated Housing Mtg

- \$50-57.50 itinerary change fee + applicable fare difference
- \$50-57.50 name change fee
- \$50-57.50 cancellation fee, balance credited toward future WestJet flight purchases -
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

Fare family benefits

YEG-YYC: Flex Seat Sale Benefits

- One complimentary checked bag *
- Fully refundable if cancelled within 24 hours of booking **
- Advanced seat selection - \$5-34.50 *
- \$50-57.50 itinerary change fee + applicable fare difference
- \$50-57.50 name change fee
- \$50-57.50 cancellation fee, balance credited toward future WestJet flight purchases -
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

Total

Charged to Travel Bank:	CAD 168.26
Charged to MASTERCARD [REDACTED]	CAD 277.20
Total	CAD 445.46

WestJet offers

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

Important Information

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airlines partners](#) ; it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage info page](#).
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
 - [Fares, taxes and fees](#) (For [change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) (Buy on board, up! magazine and more)
 - [Inflight entertainment](#) for information on our live seatback television.
- Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).

Patricia Novotny

From: WestJet [no-reply@westjet.com]
Sent: August 14, 2014 9:28 AM
To: Rick Trimp
Subject: Travel Bank Ticket Purchase Confirmation



Hello Mr. RICK TRIMP

Thanks for choosing WestJet! Your Travel Bank balance has been updated based on the credits you used to make your purchase. Please see below for a summary of the transaction. WestJet and using your Travel Bank account to purchase your ticket.

Guest name: RICK MR TRIMP

Transaction Id [REDACTED]

Ticket Number [REDACTED]

Credits used: 168.26 CAD

[REDACTED]

The Travel Bank balance above was valid upon completion of this transaction. If additional transactions have occurred, your actual balance may be different. You can view your current Travel Bank balance at any time by signing into your WestJet account at <https://profile.westjet.com?mrd=0>.

If you did not make a recent purchase using your WestJet Travel Bank, please call us immediately at 1-888-937-8538 (1-888-WESTJET).

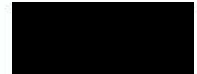
Regards,

WestJet



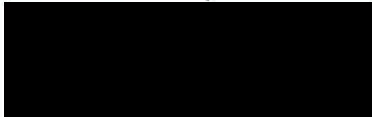
10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

116



Hotel - 1 night
Meeting with Primary Care SPO
Executive Leadership Team Meeting

Mr Rick Trimp



Receipt

Invoice date 8/19/2014
Our reference [Redacted]
GST Number 10103 5467 RT0020

Guest Rick Trimp Arrival 8/18/2014 Departure 8/19/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
8/18/2014	Room Charge	1	139.00	139.00
8/18/2014	GST Taxes	1	7.16	7.16
8/18/2014	Tourism Levy	1	5.73	5.73
8/18/2014	Destination Market Fee	1	4.17	4.17

			Total invoice	156.06
8/19/2014	[Redacted]			-156.06
			Total Paid	-156.06
			Total Due	0.00

Total GST 7.16

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 _____

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

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

Expense Date From: 21-Jul-14 **To:** 20-Aug-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel: No

Name: Rick Trimp **Position (Title):** Vice President

Location: Calgary Southport Tower **Dept:** Prov-Wide Services **DOFA Level:** _____ (if applicable) **Union:** Exempt **Business Phone:** _____ **Ext:** _____

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

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

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0005	71110101000	\$229.28					
2B	101	0767	71505000034	\$64.75					
2C									
2D									
				\$294.03					

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

TOTAL REIMBURSEMENT	
Total Section B	\$294.03
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$294.03

SECTION F: AUTHORIZATION

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

Employee Signature: _____ **Date:** 8/25/14

Approved By (PRINT ONLY): Deborah Rhodes **DOFA Level:** _____ **Position #:** _____ **Phone:** _____

Signature: _____ **Title:** Acting CFO **Date:** AUG 29 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 T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71110101000 Emp # (E-People) XXXXXXXXXX

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

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

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

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?	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										
				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							
21-Jul-14	Edmonton - Lab RFP Townhall Session	AB	Meeting	Yes	A-\$41.55	\$41.55								
22-Jul-14	Edmonton - Executive Leadership Team Meeting, Meeting with CEO	AB	Meeting	Yes	LD-\$32.35	\$32.35								
29-Jul-14	Meeting with Minister - Travel McDougall Centre to Southport	AB	Meeting	Yes									15.00	
5-Aug-14	Edmonton - Executive Leadership Team Meeting	AB	Meeting	Yes	A-\$41.55	\$41.55								
6-Aug-14	Edmonton - Clinical Lab Project Blue Ribbon Group Meeting	AB	Meeting	Yes	LD-\$32.35	\$32.35								
11-Aug-14	Edmonton - Meeting with CEO, Meeting with AIMCo	AB	Meeting	Yes	A-\$41.55	\$41.55								
12-Aug-14	Edmonton - Executive Leadership Team Meeting	AB	Meeting	Yes	L-\$11.60	\$11.60								
13-Aug-14	Edmonton - PM travel for Edm Zone EMS meeting with CEO on Aug 14	AB	Meeting	Yes	D-\$20.75	\$20.75								
SUBTOTALS						\$221.70								Total Kms 15.00

<p>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 <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement</p>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	\$0.505
	Mileage \$	\$7.58
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	Travel \$ Subtotal	\$221.70
	Auto fills on page 1 - TOTAL TRAVEL \$	\$229.28

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)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3-

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0767 7150500034 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

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?	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											
				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								
14-Aug-14	Edmonton - Edm Zone EMS meeting with CEO	AB	Meeting	Yes	L-\$11.60	\$11.60	✓								
18-Aug-14	Edmonton - Meeting with SPO, Primary Care	AB	Meeting	Yes	A-\$41.55	\$41.55	✓								
19-Aug-14	Edmonton - Executive Leadership Team Meeting, Lab RFP Meeting, meeting with FNIHB Regional Executive Officer	AB	Meeting	Yes	L-\$11.60	\$11.60	✓								
SUBTOTALS						\$64.75									Total Kms

<p>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</p>	Enter \$0.506 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)
	Mileage \$
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	Travel \$ Subtotal \$64.75
	Auto fills on page 1 - TOTAL TRAVEL \$ \$64.75

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)