

Official Administrator and Executive Expense Report

Name Rob Armstrong

Title Vice-President Human Resources (Acting)

Location Calgary

Expenses submitted during the month of September 2014

| | | | | | | | Travel (1) |) | | | | | | _ |
|-------|--------------------|---------|----|-------|----|------|------------|------|----------------|-------------|------------------------------------|--|--------------|---|
| Date | Source Document | Purpose | Ai | rfare | M∈ | eals | Accommodat | tion | Other ravel | tal ivel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) | |
| Sep-1 | 4 Expense Claim Me | etings | | 464 | | 127 | Ę | 530 | 1,086 | 2,207 | | | | - |
| Total | | | \$ | 464 | \$ | 127 | \$ 5 | 530 | \$ 1,086 | \$ 2,207 | \$ - | \$ - | \$ | - |

Total for

the Month \$ 2,207

Maximum daily single meal expense claimed in the month \$ 21

Maximum daily base hotel rate claimed in the month \$ 174

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 Expense Date From: 1-Sep-14 To 30-Sep-14 | | | | | | | | | | |
| * If you are a new employee and your payroll is E-People you will ask hours of the New E-People payroll system Travel Period from: 2-Sep-14 To 30-Sep-14 (Pappleson | | | | | | | | | | |
| Name: ROBERT ARMSTRONG Position (Title): Acting VP | | | | | | | | | | |
| Location: Dept: Human Resources DOFA Level: (if applicable) Union: Business Phone #: Ext: | | | | | | | | | | |
| Employee # (E-People): | | | | | | | | | | |
| SECTION E: FINANCE CODING & TOTAL CLAIM | | | | | | | | | | |
| CARITAL PROJECT CORING ONLY Project Number | | | | | | | | | | |
| CAPITAL PROJECT CODING ONLY → Project Number Project Task Number Expenditure Organization Expenditure Type | | | | | | | | | | |
| Total - Section B: Travel - Pg 2 | Total Section CSD: Other S F | | | | | | | | | |
| Rei Supetional Tatal | Total - Section C&D: Other & Foreign | TOTAL REIMBURSEMENT | | | | | | | | |
| Pg Unit Location Centre (FC) Expense | Unit Location Functional Centre (FC) | Secondary/ Total Expense Expense Total Section B \$2,207,32 | | | | | | | | |
| 2A 101 0005 71120000038 \$2,207.32 | | Total Section C&D | | | | | | | | |
| 2B | | Less Cash Advance | | | | | | | | |
| 2C | | Leas Casti Auyalica | | | | | | | | |
| 2D | | TOTAL CLAIM \$2,207.32 | | | | | | | | |
| \$2,207.32 | | | | | | | | | | |
| NOTE: This section auto fills from page 2A, 2B, 2C & 2D NOTE: These fields do not automatically fill for Section C & D | | | | | | | | | | |
| SECTION F: AUTHORIZATION I notes that I have read and undersaling the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberte Health Services and confirm expenses being claimed are in compliance with the principles and mandalony requirements of this policy. | | | | | | | | | | |
| I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise | hal this claim has not been previously disimed by me or on my behalf from Alberta Health Services of | or any other Organization. | | | | | | | | |
| I, by signing this form, sitest that I am compliant to all the above statements | Traivel, Hossikality | v and Working Session Expenses Policy - Document# 1127 | | | | | | | | |
| Employee Signature: | | Date 0 ct-20/14 | | | | | | | | |
| I sticel that I have read and understand of eppicable policies of Alberta Hoslih Barvices field parters to them. I after the expenses enclosed in the claim are for valid business purposes for Alberta Haatin Barvices and I Organization. | expensive, and confirm (ripersus) being claimed are in compliance with such policies. Not fill claim has not been previously claimed by the claiment or on their behalf from Alberta Health | Services or any other Approved claim form with receipts should be sent by the | | | | | | | | |
| I aftest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise | rationale and supporting analysis is provided above. | approver directly to Accounts Payable for processing. | | | | | | | | |
| Approved By (PRINT ONLY): Deb Rhodes | DOFA Level | | | | | | | | | |
| I, by eigning this form, at less that I am compliant to all the above statements Debono | h Phodos Title VPCom | Services + CFO Date Oct-20/14 | | | | | | | | |
| I atlant that I have read and understand all applicable policies of Alberta Health Services that pertain to these I atlant the expenses enclosed in this claims are for valid hardness or crosses for Alberta Madelli Services and Madelli Servi | | | | | | | | | | |
| I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and the Organization. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise. | sex was country not one on previously claimed by the claimsol or on their behalf from Alberta Health : railonate and supporting applicate in provided should | Services or any other | | | | | | | | |
| Approved By (PRINT ONLY): | DOEA I | notition at | | | | | | | | |
| t, by signing this form, attest that i am compliant to all the above statements | | osition # Phone # Ext | | | | | | | | |
| Signature: Health and Personal information on this form is collected by AHS under the authority | Title | Date . | | | | | | | | |

nder 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.

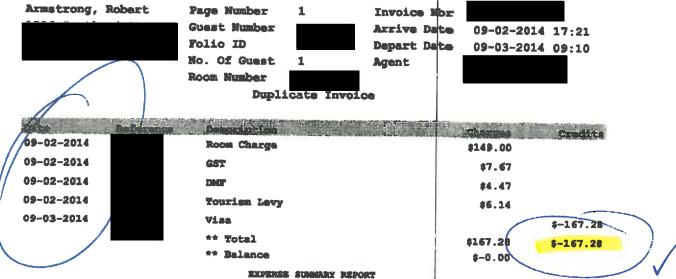
Please sand completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB 76J 3E4

EXPENSE CLAIM DETAILS

| | nter Finance Coding 101 0005 | 7112000 | | | Emp # (E- | People) | | | | | | | | age 2A |
|------------------------|---|--------------------|---------------------|-------------------|-------------------------|-------------------|--------------|-------------------|----------------|--------------------------------|---------------------|------------------------|-----------------------|-----------------|
| if expenses | s incurred are for multiple FC's please use pages 2 unt on slip, DO NOT separate any taxes (eg. GST | B,2C,2D (| after pg3) a | s there sh | ould be one | FC per pag | e OR | if more line | s are requir | ed for the sar | me FC use ti | hese additio | nai pages. | ege ZA Enter |
| | | | | 35 00000 E | ire not requir | cu m una ac | SCHOL | as mey are p | we-aetermin | ea by the sys | tem. | | | |
| elect from dro | pdown (column Prov.) where expenses were incurred (Cut of N.A. | marica = Inla | w40 | arearines suc | an are mospitaling | , working Ses | sion, R | elocation, Contin | uing Education | , Business Insun | ance go to SEC | TION C | | |
| insure separat | e lines are used for claim items that differ in Province, US and Out | of North Am | erica. | | | Comple | etion (| of the "Cost E | Effective Me | thod Used" | Column is R | EQUIRED. | | |
| | Business Reason for Travel - Detailed Description | Prov, US, or | What is | | Ft | urther Expl | anati | on is REQUIF | RED in the "F | Rationale is R | equired" sec | ction on this | page | |
| Date dd-mmm-yy | Required (include destination, who attended-(if meal), | Out of N.Amer | travel | Cost Effective | | (Ailowance | OR F | teceipt) | If amount b | eing claimed t stated in Ap | is above the | Rental | | |
| | why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification | where expenses | related to? | Method Used? | | owance | _ | with Receipt | | ionale is requi | | Car/ Bus/LRT/ | Per Diem Allowance | Mileage |
| | | incurred? | | Yes/No | Meal Type with value | Allowance | Meal Type | with receipt | Airfare | Hotel | Taxi | Parking / Fuel | Mowarica | (km) |
| 2-Sep-14 | Executive Leadership Team meeting - Edmonton | AB - Provinc | Meeting | Yes | D-\$20.75 | \$20.75 | | / | | \$167.28 | .1 | , > \$ 30.00 | 1 | 300.00 |
| 3-Sep-14 | HRSLT meeting and various meetings in Edmonton | AB - Provinc | Meeting | Yes | BL-\$20.80 | \$20.80 | | 1. | | , | , | 2 \$35.00 | / | 300.00 |
| 8-Sep-14 | Alberta Clinicians Countel meeting - Edmonton | AB - Provinc | Meeting | Yes | D-\$20.75 | \$20.75 | | / | ₫ \$464.36 V | \$167.28 [^] | \$ \$55.20 | / | | |
| 9-Sep-14 | Executive Leadership Team meeting - Edmonton | AB - Provinc | Meeting | Yes | BL-\$20.80 | \$20.80 | | / | | | ♠ \$63.25 ′/ | 3 \$54.60 | | |
| 23-Ѕер-14 | Executive Leadership Team meeting - Edmonton | AB - Provinc | Meeting | Yes | L-\$11.60 | \$11.60 | | / | | | V | a \$30.00 | V | 600.00 |
| 30-Sep-14 | Executive Leadership Team meeting - Edmonton | AB - Provinc | Meeting | Yes | LD-\$32.35 | \$32.35 | | / | | \$195.35 / | | ₹60.45 | | 300,00 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | SUBTOTALS | | | | | \$127.05 | | | \$464.36 | \$529.91 | \$118.45 | \$210.05 | | Total Kms |
| | MILEAGE - Business Kilomet → details of travel location to & from must b | e included a | above under | the numee | a of termial and | imp | | | Enter \$6 |).505 km, \$0.4 | | per Union / | | \$0.505 |
| | Rates applicable \$0.505 per km for under 5.000km/v | or \$0.47 p | er km for <u>ov</u> | er 5.000km/ | Vr or per Unio | n Agreement | | | | | 1000 141 | INCOME OF CALCULA | Mileage \$ | \$757.50 |
| Note | : Total will auto fill into pg 1. Section E. if form comp | eted elect | mnically - | Additional | ng 2lo neu h | of court of the | | | | | | Travel | \$ Subtotal | \$1,449.82 |
| | Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 | | | | | | | Auto | filis on page | 1 - TOTAL | TRAVEL \$ | \$2,207.32 | | |
| Rationale Any analy | is Required for expenses that are not Cost Ef | fective | | | | | | | | | | | | |
| THE STREET W | sis supporting the method to assess cost eff | ectivene: | ss should | l be attac | hed to the | <u>claim forn</u> | <u>n)</u> | | | | | 2 | < | 1 |
| | | | | | | | | | | 21 2 | | 068 | ,• | |
| | | | | | | 20 | | | | | | e ^E | | - 1 |
| | | | | | - 2A of 3 - | | | | | | 32 | | | |

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 780-426-3636 http://www.westin.com/edmonton

HOTELS & RESORTS



| EXCENSE | SUMMARY | REPORT |
|---------|---------|--------|
| | | |

Currency: CAD

| Dota | Race | 657 | Tour Lever | Population | | district. | Total | |
|------------|----------|--------|------------|------------|--------|-----------|----------|-----------|
| 09-02-2014 | \$149.00 | \$7.67 | \$6.14 | \$0.00 | \$0.00 | \$4.47 | \$167.28 | \$0.00 |
| 09-03-2014 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$-167.28 |
| Total | \$149.00 | \$7.67 | \$6.14 | \$0.00 | \$0.00 | \$4.47 | \$167.28 | \$~167.28 |

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* Executive Leadership Toam
Meeting and Various meetings
in Edmonton

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

Expiration Date/Time

06:00 PM SEP 02, 2014

Aurchase Date/Time: 0928art Sep 02, 2014
Total Perking: \$28.57
Total Due: \$30.00
Total Due: \$30.00
Total Due: \$30.00

Total Paid: \$30.00 Ticket #: 7085107 SN #- 500012451104 Setting: Lot 266 Mach Name: Heter 1

Rate: \$30 - All Day Payment Type: Card

RECEIPT

NPARK LOT 256 NO IN AND OUT PRIVILEGES Expiration Date/Time: 05:00pm Sup 02, 2014
Purchase Date/Time: 09:28am Sep 02, 2014
Total Parking: \$26.67
Total gst: \$1.43
Total Due: \$30.00
Rate: \$30.4 Rate: \$30 - All Day Total Paid: \$30.00 Payment Type: Card Ticket #: 70661107

Setting: Lot 255 Mach Name: Neter 1

Parking for Executive Loadership Team meeting in Edmentar

PLACE FACE UP ON DASH IMPARK LOT 237 NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 AM SEP 04, 2014

Purchase Date/Time: 09:22am Sep 03, 2014

Total Parking: \$33.33 Total get: \$1.67

Total Due. \$35,00 Total Paid: \$36.00 Ticket #: 88015501 Sml #: 808012451113

Ticket #: 88015601 5ml #: 600012451113 Setting: Lot 237 Mach Mame: Meter 1 Rate: \$35 - All Day Payment Type: Card

EST #887315636RT0001 IMPARK LOT 237

RECEIPT

INPARK LOT 237 NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00am Sep 04, 2014 Purchase Date/Time: 09:22am; Sep 03, 2014 Total Parking: \$33.33 Total gst: \$167

Total Due: \$35.00

Total Paid: \$35.00 Ticket #: 88016601 Setting: Let 237

Setting: Lot 237 Mach Name: Nater 1 Rate: \$35 - All Day Payment Type: Card HRSLT plus various mecetings in Edmanter

Shaw Webmail 2.0

| Reservation Confirmation | ANTare | Cos 1 | B Clinician's |
|--|--|------------------------------|--|
| Guest | Council 1 | Neatm | ran 621 meafi |
| From: Westlet Airlines < noreply Sender: noreply@itinerary.westje Subject: Reservation Confirmation To:: Robert Armstrong External images are not displayed. | t.com | | Fri, Sep 05, 2014 05:28 PM |
| The state of the s | Management of the second of th | | WestJet 22 Aerial Place N.E. Calgary, Alberta, Canada Tel: 1-888-9378538 |
| Thank you for choosing WestJet. your purchase and itinerary. | Please read these | important d | etails carefully regarding |
| Please keep this information information to you later than flight. | | | |
| This is an automated message sy about this message or if you have at 1-888-9378538 (1-888-WEST. | e received this mes | t respond. I sage in erro | If you have any concerns or, please contact WestJet |
| Booking Confirmation | | | |
| Your reservation code is | E-mai | | ir Robert Armstrong |
| For more information on flying wi | th WestJet, includi | ng baggage | fees, please visit Travel |
| Please ensure that if your travel pl | ans include a flight | on a West | et Encore turboprop aircraft |

Please ensure that if your travel plans include a flight on a Westlet Encore turboprop aircraft that you review the <u>following details</u> as there are some differences in allowances and amenities from flights on our larger Westlet Boeing 737 aircraft.

If you are flying to Dublin, there are also some <u>specific regulations</u> you should be aware of before you leave.

Mr. Robert Armstrong

Flight

Calgary (YYC)-Edmonton (YEG), Edmonton (YEG)-Calgary (YYC)

WestJet FF Ticket Number

Seat

YYC-YEG: *;YEG-YYC: *

Air Itinerary Details

WS3270

Calgary, CA

Mon 08 Sep, 2014 07:45

Edmonton, CA

Fare type: Flex

Operated by

WESTJET ENCORE AM

Mon 08 Sep. 2014 08:37

Non-stop

AM

WS348 WestJet

Edmonton, CA

Calgary, CA

Fare type: Hex

Tue 09 Sep, 2014 06:20 PM Tue 09 Sep, 2014 07:13

PM

Non-stop

Fare breakdown

| | Base |
|-------|-------|
| Guest | fare |
| type | per |
| | guest |

Air transportation charges per guest

Taxes, fees and charges per guest

Total Number fare per guests quest

Total fare

adult

CAD 344.00

CAD 24.00

CAD 96.36

CAD 464.36

CAD x(1 464,36

Total airfare: CAD 464.36

Tax details

Rate code Description

Goods and Services Tax (GST)

Air Travellers Security Charge (ATSC) CA

SQ

XG

Airport Improvement Fee (AIF)

Amount

CAD 22,11

CAD 14.25

CAD 60.00

Total taxes: CAD 96.36

Fare family benefits

YYC-YEG: Flex Seat Sale Benefits

One complimentary checked bag ¹

- Fully refundable if cancelled within 24 hours of booking ²
- Advanced seat selection \$5-34,50 1
- \$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 3
- ¹ Not applicable on flights operated by our airline partners
- ² Excluding flights departing within 24 hours of booking
- ³ Non-refundable to original form of payment

Fare family benefits

YEG-YYC: Flex Seat Sale Benefits

- One complimentary checked bag 1
- Fully refundable if cancelled within 24 hours of booking ²
- Advanced seat selection \$5-34.50 1
- \$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
- ¹ Not applicable on flights operated by our airline partners
- ² Excluding flights departing within 24 hours of booking
- 3 Non-refundable to original form of payment

Total

Charged to

CAD 464.36

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the baggage allowances and fees of our code-share partners, visit our <u>code-share baggage</u>
info page.

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Armstrong, Robert Page Number Invoice Mbr Guest Number Arrive Date 09-08-2014 15:53 Folio ID Depart Date 09-09-2014 15:29 No. Of Guest Agent Room Number Invoice

Reference Shimate Chalden 09-08-2014 Room Charge \$149.00 09-08-2014 GST \$7.67 09-08-2014 DMF \$4.47 09-08-2014 Tourism Levy \$6.14 09-09-2014 Vies \$-167.28 ** Total \$167.28/ \$-167.28 ** Balance \$-0.00 EXPENSE SUBSARY REPORT

Currency: CAD

Room Date ANY Four Lawy Proceeding . Schar Embest! 09-08-2014 \$149.00 57.67 \$6.14 \$0.00 \$0.00 \$4.47 \$167.28 \$0.00 09-09-2014 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$-167.28 Total 5149.00 57.67 \$6.14 \$0.00 \$0.00 \$4.47 \$167.28 \$-167.28

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* Alberta Clintcoans Council
Meeting-Edmonton

* ELT Meeting-Edmonton
Chewhire leadership Team)

NETRO AIRPORT FAXI #29 1035 59 ST SW T6X0T3 EDMONTON AB 22793364 GH2279336401

PURCHASE

09-08-2014

15:51:04

Name: ROBERT ARMSTRONG

A0000000031010

VISA CREDI:

RRN 001081007

Purchase Tip Total \$48.00

\$55.20

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

GST 822339438 Harji 587 334 7111 Taxi from Chnician's Council Meeting to Hotel Calgary Arrport

RECEIPT GST NO. R122556194

TET NO:50285748

IN: 09/08/14 26:19 OUT: 09/29/14 19:36 PAID: 5 54.60 (GST INCLUDED)

APTV: #

TO EXIT

YOU HAVE 15 MIN.

Calgary International Airport Parkade

Taxi from Seventh Street Plaza to Edmenton International Airport 114502411- 6-43/ 1-88 #-3981 154 -5811 861 -58 CADASS. In ...159HT CAUSU 1.11 UHD\$63.25 anti AL ្នាក់ ម៉ូត្ (១៩២៦) (១៩២៦) oh Int hi Coninglicest you for bring bon folsi EST 10940-078

OUSTONIER OFFIFE

PLACE FACE UP ON DASH NO IN AND OUT PRIVILEGES

Expiration Date/Time

SEP 23, 2014

Purchase Date/Time: 10:03am Sep 23, 2014

Total Parking: \$26.57
Total gat: \$1.49
Total Parking: \$20.00
Total Park: \$30.00
Total Park: \$30.00
Total Park: \$30.00
Ticket #: 04017891
SAV #: 60001245104

Rate: \$30 - All Day Payment Type: Card

Setting: Let 256 Nach Name: Meter 1

RECEIPT

RECEIPT

#PARK LOT 255
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm Sep 23, 2014
Purchase Date/Time: 10:03am Sep 23, 2014
Total Parking: \$26.57
Total gat: \$1.43
Total Oue: \$30.00
Rate: \$30.0
Total Paid: \$30.00
To

Rate: \$30 - All Day Payment Type: Card

Executive Leadership Team Meeting, Edmanton

PLACE FACE UP ON DASH NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM SEP 30, 2014

Purchase Date/line: 09:11am Sep 30, 2014 Total Parking: \$28.57 Total gut: \$1.43 Total Due: \$30.20 Rate: \$30

Rate: \$30 - All Day Payment Type: Card

Total Paid: \$30.00 Ticket #: 04740721 S/N #: 500012451104 Setting Lot 256 Mach Name: Meter 1

RECEIPT

NO IN AND OUT PRIVILEGES NO IN AMO OUT PRIVILEGES
Expiration Date/Time: 05:00pm Sep 30, 2014
Purchase Cate/Time: 09:1tam Sep 30, 2014
Iotal Purking: \$28.57
Iotal get: \$1.43
Iotal Due: \$30.00
Iotal Paid: \$30.00
Iotal Paid: \$30.00
Icket #: 04740721
Smither: I of 266

Setting: Lot 256 Mach Name: Noter 1

ELT Meeting in Edmonton

Rate: \$30 - All Day Payment Type: Card

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HOTELS & RESORTS

Armstrong, Robert

Page Number Guest Number Folio ID

No. Of Guest Room Number

Invoice Mbr Arrive Date Depart Date 10-01-2014 15:53

09-30-2014 16:45

Agent

| One Total | Spen By anishmeter | |
|------------|--------------------|----------------------------|
| 09-30-2014 | Room Charge | \$174.00~ Hotel/ |
| 09-30-2014 | GST | \$8.96 |
| 09-30-2014 | DAGE | \$5.22 |
| 09-30-2014 | Tourism Levy | \$7.17 |
| 09-30-2014 | Parking Self | (400 00 100 |
| 09-30-2014 | GST | 30-15 } \$1.45] = Parking |
| 10-01-2014 | Visa | 6-225.80 |
| \. | ** Total | \$225.80 \$-225.80 |
| | ** Balance | \$-0.00 |

EXPENSE SUBGRRY REPORT

Currency: CAD

| | | CST - 2 | mir Law | Soud West | Shope | Charte | Wasten's | W. 100 |
|------------|----------|---------|---------|-----------|--------|--------|----------|-----------|
| 09-30-2014 | \$174.00 | \$8.96 | \$7.17 | \$0.00 | \$0.00 | 535.67 | \$225.80 | SO.00 |
| 10-01-2014 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$-225.80 |
| Total | \$174.00 | \$8.96 | \$7.17 | \$0.00 | 50.00 | 535 67 | 5225 80 | 1 000 00 |

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Continued on the next page

30.45 PKB 1

* ELT Meeting in Edmonton * HRSLT Meeting in Edmonton

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Armstrong, Robert

Page Number Guest Number Folio ID No. Of Guest Room Number



Invoice Nor Arrive Date Depart Date Agent

03-30-2014 16:45 10-01-2014 15:53