

Official Administrator and Executive Expense Report

Name Robert Hawes

Title Chief Program Officer(Acting)

Location Calgary

Expenses submitted during the month of October 2014

			Travel (1)					
Source Date Document Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-14 P-Card Meetings Oct-14 Expense Claim Meetings	590	562	1,466	83	590 2,111			
Total	\$ 590	\$ 562	\$ 1,466	\$ 83	\$ 2,701	\$ -	\$ -	\$ -

Total for

the Month \$ 2,701

Maximum daily single meal expense claimed in the month \$ 360 9 people

Maximum daily base hotel rate claimed in the month \$ 252

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

P-Card details Online ® Cardholder Statement Report

PAULINO, L	ORI	EXECUTIVE ADM	IN						
Cardholder's	Name	Cardholder's Posit	Cardholder's Position/Title			1: 20/05	20/05/2014		
FINANCE		SOUTHLAND PAR	RK III			***************************************			
Cardholder's Dept Cardholder's S			ocation.	Total	Statement Amoun	t:	\$590-13		
LORI.PAULI	NO@ALBE	RTAHEALTHSERVICES,CA							
Cardholder's	e-mail add	ress		Last I	digits of the P-Ca	ard #:			
Statement of Transaction		Merchant Name & Description	Trans Original Amount		Trans Amount	GST Freigh	Description		
Date		The state of the s							
Date									

ter ter

RUN DATE: 11/05/2014

Mailed May 28/14



P-Card details Online ® Cardholder Statement Report

Bignaligree		
Cardholder Designate (if Applicable)	the state of the s	
By signing this statement		
 I hereby certify that I have reviewed and Program User Guide and Training, I have 	reconciled this statement in BMO Online to the best of my ability is allocated the transaction(s) to the proper cost centre.	n accordance to AHS Corporate Policies.
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	
expenses being claimed are in complian	the "Travel, Hospitality and Working Session Expense Policy (112) ce with such policy. him are for yalld business purposes for Alberta Health Services and	
charged is strached.	erta Health Services or any other Organization. A personal cheque lairn have been incurred by using a cost effective method otherwi	E (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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PAULINO, LORI	EXECUTIVE ADMIN	_
Numb of Caluno der	Cardholder Position/Title	
and the first	Marson 23 1 19	are .
Signature of Cardholder	Date of Signature	•
Digitature of Carollologi		
Approver Designate (If Applicable)		
By signing this statement	14 - WT	215 of tilhoute Months Survince and engine
expenses being claimed are in complian		
 I attest the expenses enclosed in this cla 	aim are for valid business purposes for Alberta Health Services an	that this claim has not been previously
shapped has been abbeined	if from Alberta Health Services or any other Organization. A person	
 I altest that expenses submitted in this c 	tain have been incurred by using a cost effective method, otherwise	se rationale and supporting analysis is
provided.	22	
Osborch Bhode	Approver Designate Position/Title	
Name of Approver Designate	Approver Designate Position/Title	-
District David	m. 17/14	
LUCE YUN - KONCKEN	Date of Signature	-
Signature of Approver Designate	Dow of Organization	
Approver		
I attest that I have reed and understand	the "Travel, Hospitality and Working Session Expense Policy (112	2)" of Alberta Health Services and confirm
expenses being claimed are in compllar		
claimed by the delmant or on their beha	aim are for valid business purposes for Albena Health Services an alf from Albena Health Services or any other Organization. A perso	use custons for herzonal aybanzes instruential
charged has been obtained. Lettest that expenses submitted in this	claim have been incurred by using a cost effective method, otherw	se rationale and supporting analysis is To L should near the and a supporting analysis is my exporació
provided.		Don should have that
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FORTERT Hotels	C/(/ / // // // //	- with additional
Name of Approver	Approver Position rate	
Patril Lames	17476/14	
Signature of Approver	Date of Signature	

Submit approved statement with attachmen	ios in Accounts Payares.	
Attach:		Address:
	ith documented bus ness reasons including names of participants	Alberta Health Services
where required	1	Accounts Payable
 Signed Cardholder Statement Report (or 	copies of electronic signatures if signatures are not on report)	7th Street Plaza
And where applicable: Copies of pre-approvals for travel		10th Floor, North Tower, 10030-107 Street
Personal cheque payable to "Alberta Hea	aith Services"	Edmonion, AB T5J 3E4
· Return, refund entilor credit receipts		
Disputes letter		
Business reasons for travel require detail meal), why travel was necessary and det	led descriptions – include where travelled to, who attended (if ବ୍ୟବପ explanation of reason.	
Accounts Payable only:		
Pelaruma #	Reviewed by.	Date:

Paul on lori

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





Booking Information

Booking Reference: Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Mr Robert Hawes

Flight Arrivals and Departures 1-888-422-7533

Customer Care

Air Canada 1-888-247-2262

Flight Itinerary

Flight	From	To		***************************************		
AC40221	Calgary (YYC) Sat 27-Sep 2014 15:25	San Francisco, San Francisco Int'i (SFO) Sat 27-Sep 2014 17:24 - Terminal 3	Stops 0	Duration 2hr59	Alrcraft CR7	Fare Type Meal Flex, W
AC4023 ¹	San Francisco, San Francisco	17:24 - Terminal 3 Fig. Capp. St. Fig. Atm. Calgary (YYC) Thu 02-Oct 2014	hras southern	of your Bulk.	· · · · · · · · · · · · · · · · · · ·	kires i mate
	18:45 - Terminal 3	Thu 02-Oct 2014 22:25			****	Flex, W

Passenger Information

1: Mr Robert Hawes : Adult (16+), Ticket Number Frequent Flyer Prog

Payment Card: Seat Selection: None

Meal Preference: Special Needs:

None None

Purchase Summary

Fare Summary	Contraction of the Contraction o
Passenger Type	
Air Transportation Charges	Adult
Departing Flight - Flex	Churche a vice
Return Flight - Flex	221,00
Surcharges	221.00
Taxes, Fees and Charges	15.00
Canada Airport Improvement Fee	
U.S.A Transportation Tax	30.00
U.S Agriculture Fee	38.86
Canada Goods and Services Tay (GST/UST	5.55
	24.96
U.S.A Immorration Heavis	5.00
Air Travellers Security Charge (ATCC)	7.77
	12.10
V.O. PPOPPAI Cuctome F-	2.78
Total airfare and taxes before potions (see	6.11
	590.13
Travel Insurance (declined)	1
Grand Total - Canadian dollars	0.00
*DARKETHING MANALS	\$590,13

Payment Information	AND CONTROL OF THE CO
Credit/Debit C	unt paid: \$590.13
The following charges (Lax inclusive) will appear on your credit or debit card statement:
 Ah Chhada: *590 13 (Airfaile) 	per ticlet)
Tirkes our	

Fare Rules

Departing Flight Calgary (YYC) To San Francisco (SFO) - Flex

. Changes:

Prior to day of departure - Change fee per transaction, per plassinger, is \$200 CAD plus
applicable taxes and any additional tale difference. Changes can be made up to 2 hours prior to
departure.

Same-day confirmed changes at check-in or at the airport are premitted at a flat fee of 575 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.

Same-day standby is a validable only to passingers travelling on a flight between Toronto and about all of countries (some ting flights excluded), as well as to passing its travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports. Flights can very the used in sequence from this place of departure specified on the litherary.

· Cancellations:

- Tickets are non-refundable and non-transferable.
- Cancellations can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per transaction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchast requirements. The new outround travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forceited.
- Customers he no-show their hight all forfelt the fare paid.
- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours for the parchage of a new ticket, Air C hada will carried your ticket and profile a full refund without penalty.
- Flights operated by Air Carodia: earn 1 Dr. Aeropian (Mos (Altitude Qualifying (fill s))
- Flight AC4022: The Light is codeshare the intributed Express/Sky et A lines A fee for checked bags is charged by United Across for codeshare flights it operates between Canada and the U.S. If your time any inclusion commercing flight, the fact applies only if your first flight is operated by United/United Express For in, ultent information on United Express policies, please visit saws united commercing.
- Read complete fare rules applicable to this fare.

Return Flight S. n.F. - clsc (SFO) To Cagary (YYC) - Flex

· Changes:

Prior to day of departure - Change fee per transaction, per passenger, is \$200 CAD plus
applicable taxes and any additional lare difference. Changes can be made up to 2 hours prior to
departure.

Same-day confirmed changes at check-in or at the airport are pullitted at a flat fee of \$75 CAD/USD per direction, per passenge, (subject to availability). Some-day flights only.

Same-day standby it available only to passenge a travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto P. arson (YYZ) and LoGuardia (LGA), John F. Kennedy (JFK) and Net ark (EWR) airports. Flights can only be used in sequence from the place of departure specified on the itinerary.

. Cancellations:

- · Tickets are non-refundable and non-transferable.
- Cancellations can be made up to 45 minutes prior to departure.

Provided the original booking is cancelled prior to the original flight departure, the value of the unused tickle can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per transaction, per pasterior, plus applicable ages and any additional rare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence this alone year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.

- Customers was no-show that I should fell the large said.
- Complimentary advance standard seat selection on Air Cluracy and Air Canada Clipsess (operated by Jazz), subject to a validating.
- Up to 24 hours after the corchage of a new ticket, Air Caroda will caroll your ticket and provide a full refund or the dipensity.
- · Flights operated by Air Canada: earn 100%, Aeropian Miles (Altaude Qualifying Miles)
- Flight AC4023: This flight is a codeshare flight with United Express/Skywest Auflines. A fee for checked bags is charged by United Airlines for codeshare flights it operates between Canada and the U.S. If your innerary actuals a connecting flight, the fee applies only if your first hight is

Mile Above to the

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SEC	TION	A - EMPLOY	EE DETAILS (F	or AHR Staff O	NI VI					
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de-distant many	Contract of the Contract of th	rt Hawes					Position (Title):	Finance		
Loca	tion			Dept: Finance		DOFA Leve	of applicable)	Union:	Mgmt Busines	t:
Emp	loyse #	(E-People):			1900 0000		-			
SEC	TION	E: FINANCI	E CODING & TO	TAL CLAIM						
CAI	PITAL I	PROJECT C	ODING ONLY →	Project Nu Expenditure		on,			Task Number xpenditure Type	
Total - Section B: Travel - Pg 2 Total - Section C&D: Other & Foreign I								ign 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 \$80.00
2A	101	0005	71115000000	\$80.00	101	0005	71115000000	62314000	\$2,103.60	Total Section C&D \$ 20.30 .60
2B			1							Less Cash Advance
2C										TOTAL CLAIM
2D										TOTAL CLAIM 2110.63
		<u></u>		\$80.00			er to enter Coding & \$ Amoun		\$2,103.60	
N	OTE: T	nis section au	to fills from page 2A	, 2B, 2C & 2D	<u> </u>	NOTE: 1	These fields do not automatical	ly fill for Section C	&D	
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Hould and Page of information on this form a content by ALS under the authority of section and the risk information Act that and section 3 (2) of the Freedom of information and Procedom of this agreement of the purpose administering A. Procede to Pay or grain

EXPENSE CLAIM DETAILS

E	Enter Finance Coding 101 0005 71115000000 Emp # (E-People) Page 2A													
total \$ amo	s incurred are for multiple FC's please use pages 2E ount on slip, <u>DO NOT</u> separate any taxes (eg. GST)	3,2C,2D (8). Second	after pg3) a lary/Expens	s there sh se codes a	ould be one I re not require	C per page ed in this se	e OR ection a	if more line as they are p	s are require re-determine	ed for the sam d by the syste	ne FC use th em.	ese additio	nal pages.	Enter
SECTION	B: TRAVEL EXPENSES NOTE: If expense	es do not fa	Ill into these ca	ategories suc	h as Hospitality,	Working Sess	sion, Re	location, Continu	ing Education, I	Business Insuran	ce go to SECT	ION C		
	opdown (column Prov) where expenses were incurred (Out of N.An te lines are used for claim items that differ in Province, US and Out					Comple	etion o			thod Used" (EQUIRED.	7) 1	
	Business Reason for Travel - Detailed Description or Wh		What is		Fu	irther Expl	anatio		u select "No" in this column, IRED in the "Rationale is Required" section on this page				page	
Date	Required (include destination, who attended-(if meal),	Out of N.Amer	travel	Cost Effective					eing claimed i: t stated in App		Rental Car/			
dd-mmm-yy	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where expenses incurred?	ises to? Use		Meal All Meal Type with value	Allowance	Meal Meal Type	with Receipt	rati Airfare	onale is requir	Taxi	Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
26-Sep-14	CAL - CFO Portfolio Mtg at RGH	PB.	RIM									\$13.25		
28-Sep-14	San Francisco - Oracle User Conference	VS	Mid		B-\$9.20	\$9.20								
29-Sep-14	San Francisco - Oracle User Conference. Dinner with other AHS attendees (D. Henderson, V, Afacan, M. Siebenga and me)	งร	Mig		B-\$9.20	\$9.20								
30-Sep-14	San Francisco - Oracle User Conference	us	Mtg		B-\$9.20	\$9.20								
1-Oct-14	San Francisco - Oracle User Conference	US	MEg		B-\$9.20	\$9.20								
2-Oct-14	San Francisco - Oracle User Conference	us	Mrg	Yes	BD-\$29.95	\$29.95								
				i i			100							
	SUBTOTALS					\$66.75	,					\$13.25		Total Kms
	MILEAGE - Business Kilomet → details of travel location to & from must be		House I will write our representation of the Party.	confidence or constant and the second		umn			Enter \$	0.505 km, \$0.4		e per Union lileage detail		
	Rates applicable \$0.505 per km for <u>under 5,000km/y</u>	<u>r</u> or \$0.47	per km for <u>o</u> v	ver 5,000km	n/yr or per Unio	on Agreemer	<u>ıt</u>						Mileage \$	
Not	te: Total will auto fill into pg 1, Section E, if form comp	leted elec	etropically -	Additional	ng 2'e can h	e found after	ar Pan	6.3				Travel	\$ Subtotal	\$80.00
1401	e. Total will auto illi ilito pg 1, Section E, il form comp	ieteu eiec	troritically -	Additional	rpg 23 can b	e lourid alti	er rag	6.0		Auto	fills on pag	e1-TOTAL	TRAVEL \$	\$80.00
	e is Required for expenses that are not Cost E lysis supporting the method to assess cost ef		ess shou	ld be atta	ched to the	e claim fo	<u>rm</u>)		- 322 3 - 3 - 3 - 3 - 3					



EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION	C: OTHER EXPENSES			Em	np # (E-People)	0					Page 3	
→ If expen.	s to be claimed in this section include but are not limited to ses are for <u>travel, gas, etc., go to Section B on pg 2</u> . ER" expenses listed below MUST have a secondary/expense code ind	cated!										
	*** <u>Subtotal</u> "Other Expenses" for <u>each</u> function	nal cen	tre sep	parately an	nd enter <u>each</u>	<u>subtotal</u> in	to column '	'Section C Total"	on page 1	Section E***		
	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was		F	inance Cod	ding		Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIR in the "Rationale is Required" section on this page					
Date dd-mmm-yy	required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Bal Unit Location		Location Functional C		Seconda Expens eg. 41000 (8 charact	e Method	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is <u>NOT</u> on till slip/receipt, enter total amount is this column		
					- Francis and Control of Parameter							
SECTION	D: FOREIGN CURRENCY							N \$ (conversion not ind				
Post to	their and to be the see to be the		f foreign				1-00	nse in CDN \$ in either Se	es over es co so o			
100	on the following link for the Bank of ange rate using the date of expense Bank of Canada Curre	ncy Conve	erter	→ Sele				dian Dollar in 'To cell change rate - enter ti				
Date	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal),	F	inance	Coding	Secondar Expense	Mothod	this column o	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Furt Explanation is REQUIRED in the "Rationale is Required" section on this page				
dd-mmm-yy	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Bal Unit	Location	Functional Cer	(8 characte	lla-do	Foreign Co Amou		Exchar	nge Rate C	Canadian Value	
27-Sep-14	San Francisco - Oracle User Conference (airfare and conference registration perviously claimed) baggage fee & trasportation from Airport to hotel via BART public transportation - missing receipt \$8.65. Lunch and dinner	101	0005	711150000	000	Yes	\$71.7	78 US	1.1	145	\$80.00	
29-Sep-14	San Francisco - Oracle User Conference. Dinner for 4 AHS attendees, names noted on receipt.	101	0005	711150000	000	Yes	\$81.2	9 US	1.1	145	\$90.60	
30-Sep-14	San Francisco - Oracle User Conference. Dinner for 10 AHS attendees, 19% tip added by restaurant - names noted on receipt	101	0005	711150000	000	Yes		US			3	
SEA 19	is Required for expenses that are not Cost Effective sis supporting the method to assess cost effectivene	ss shou	ld be a	attached to	o the claim fo	rm)					\$360.00	

Expenses Paid (Retain a copy for your records)

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION	C: OTHER EXPENSES				E	mp # (E-People)							Page 3
→ If expen.	s to be claimed in this section incluses are for <u>travel, gas, etc., go to Sec</u> ER" expenses listed below MUST have a s	ction B on pg 2 .		lity & Host	ling, Working	Session	ns , <u>Relocation, C</u>	ontinuing Educa	ation, Busine	ss Insurar	nce, and <u>miscell</u>	aneous expense	<u> 15</u> .	
	*** <u>Subtotal</u> "Other Expe	nses" for <u>each</u> functio	nal cen	tre sep	arately a	and er	nter <u>each sub</u>	ototal into	column "	Sectio	n C Total" o	on page 1 S	ection E**	**
	Business Reason for Expense - Detai (include who attended-(if meal/Hospi						Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page							
Date dd-mmm-yy	required, what expense was and pe explanation of rea A description of just " Meeting" will be	rtaining to and detailed ison)	Bal Unit	Unit Location Functional Centre		Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Selec drop	ing Education ct type from down menu applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is <u>NOT</u> on slip/receipt, er total amount this column	nter TOTAL		
							771 - 740							
270				30-										
SECTION	D: FOREIGN CURRENCY						N IF AMOUNT NO							
	n the following link for the Bank of ange rate using the date of expense	Bank of Canada Currer	ncy Conv	<u>erter</u>	→ Se	elect fo					lar in 'To cell'; rate - enter thi			both date cells then e column
Date	Business Reason for Travel - Detaile (include destination, who atte		F	inance	Coding		Secondary/ Expense	Cost Effective t	fective this column or the amount being claimed exceeds the Policy limit stated in "Appendix."				d in "Appendix A", Further	
dd-mmm-yy	why travel was necessary and detaile A description of just "Meeting" will be	2 MM 선생님 (1 MM) (1 MM) 경기 (1 MM) 2 MM (2 MM)	Bal Unit	Location	Functional (Centre	eg. 41000000 (8 characters)	Used? Y/N	Foreign Cu Amou	rrency	Currency Type		ge Rate	Canadian Value
2-Oct-14	San Francisco - Oracle User Conference hotel bill, Airport via BART public transportation - missing rec		101	0005	7111500	0000		Yes	\$1,345	.20	US	1.1	151	\$1,500.03
	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)													

CFO Portfolio Retreat

PAY DATE/TIME: 25/09/14 17:12 PARK-DUR.: HRS:MIN

0:09:38

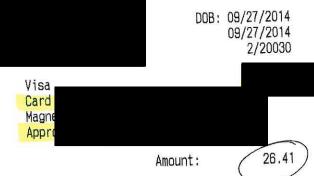
VISA

******** * Parking Rates * * Are GST Exempt * ******* Please Exit * Site Within 15 Minutes After Payment * Is Made ******** No In/Out Privileges ******** Managed by Alberta * HealthServices * ******* * Have Questions * * Or Concerns? * Call Us 403-943-3725 *

Annabelle's Bar & Bistro 68 Fourth Street San Francisco CA 94103

415.777.1200	,0
Serv Tab Gues Order Type: Order	09/27/2014 7:49 PM 20030
Rigatoni Pasta Add Sausage	23.00
1 Items	
Sub Total SF Mandates Tax	23.00 0.92 2.49
Total Gratuity <mark>20.00%</mark> Total	26.41 4.60 31.01

Annabelle's Bar & Bistro 68 Fourth Street San Francisco CA 94103 415.777.1200



+ Included Cratuity:

4.60

+ Additional Tip _____

= Total: _____

Balance Due

31.01

Join us for Happy Hour! Seven Lays a Week in the bar from 4pm to 6pm www.anrabelles.net

Names P) 4 Guest

X____Approval

Annabelles Copy

B

Store	tk s & S	EIPT c 09/28/14 Galads	13:05:43
195-197 SIXTH SAN FRANCISCO (415)8821556	STREET	CA 94	
		-ID RI CE MEI	
Pastrami 6r Toasted	1 T\$	5.50	10328 Toast
DRK-21oz *CHIPS Sub BotBev	1 TD\$ 1 TD\$ 1 T \$	1.85\$2. 0.55\$2. 0.40	40H010002 40H010026 10025
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TAKE-OUT **TO Cash AMT T	TAL \$ END \$	9.03 9.05	
CHANGE	DUE\$	0.02	
Dlassa rata i	ic 1101	in a Minuta	and det



John's Grill 63 Ellis Street San Francisco, CA 94102 415-986-0069

2 Prawn Dijonnaise	55.90
1 Sea Cannelloni	25.95
1 Red Snapper	27.95
1 Halibut	34.95
1 Cioppino	33.95
1 Cioppino	33.95
2 Petrale Sole	53.90
1 NY Steak \$ Add Peppercorn	31.95

Subtotal	298.50
Tax	31.08
Svc Charge	56.72
08:08PM Total	386.30

Thank you for dining with us.

* Service charge included *

Attendees for Sept 30/ 14 Dinner
Robert Hawes, Dave Brewin, Karen Vranas,
Charandip Matharu, Iqbal S. Mahal,
Dave Henderson, Toby Lermer,
Vicky Afacan, Margo Siebenga

	John's Grill
	63 Ellis Street
San	Francisco, CA 94102
	415-986-0069

Sep30'14 08:11PM
Vica

Subtotal: 386.30

*	Service	charge	included	*
ADD	ITIONAL	GRATUIT	Y:	
TOT	AL:		386 30	
		7	<u> </u>	
SIG	NATURE	/	1	

* * * * Merchant Copy * * * *

only claimed \$60.



Baggage Receipt

Issue Date: 27 SEP 2014 YYC ATO

Description
First Bag Fee
Tax

Qty Fees 1 \$22.00 Method of Payment

Cardholder Name ROBERT HAWES

Confirmation:

Carrier Routing

JA YYC - SFO

BAGGAGE FEES

Total Fees

Excess Baggage Terms and Conditions:

- All excess baggage is subject to space availability.
 - Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

AGENT REFERENCE

Nones 34?

Rose Pistola 532 Columbus Ave. San Francisco, CA. 94133 415-399-0499

Servera 08:22 PM Table 20/1

DOB: 09/29/2014 09/29/2014 2/20038

SALE

Visa Magnetic card present: HAWES ROBERT Card Entry Method: S

Approval:

Amounts

\$ 77.86

+ Gratuity:

= Total:

I agree to pay the above \$129 total amount according to the

card issuer agreement.

Gratuity/service not included. Suggested gratuity:

 $\{15\%\}=10.43$

(18%)=12.51

 $\{20\%\}=13.90$

Oracle Open World Davett, Vicky A. Margo S, Robert H. only 3 ate.

Rose Pistola 532 Columbus Ave. San Francisco, CA. 94133 415-399-0499

	09/29/2014
	8:19 PM
	20038
	6.00
Gnudi	20.00
Cappellacci	21.00
Tortelloni	19.00
Mint Tea	3.50
&ubtotal	69.50
Tax	6.27
3% SF Mandates Svc Chg	2.09
Total	77 - 86

Balance Due

77.86

Gratuity/service not included. Suggested gratuity:

(15%)=10.43

(18%)=12.51

(20%)=13.90

Baggage Receipt Issue Date: 02 OCT 2014 SFO ATO Do not expose to excessive heat or direct sunlight, Baggage Document Description Oty Fees First Bag Fee 1 \$22.00 BAGGAGE FEES USD \$22.00 Total Fees Excess Baggage Terms and Conditions: - All excess baggage is subject to space availability. - Receipt for payment must be presented at bag check. - For refunds or adjustments, see a United representative. INSERT

A STAR ALLIANCE MEMBER

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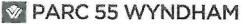
ardholder Name .OBERT HAUES

Confirmation

Routing arrier UA

SFO - YYC





San Francisco - Union Square

Parc 55 Wyndham San Francisco Union Square 55 Cyril Magnin Street San Francisco, CA 94102 Tel: (415) 392-8000 Fax: (415) 403-6602

INFORMATION INVOICE

Arrival

: 09-27-14

Departure

: 10-02-14

Company Name

: Oracle

Robert Hawes United States Folio / Invoice # Reference # Room No. Page No.

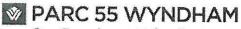
Membership No.

Conf. No. Cashier No.

A/R Number



Date	Description	Reference Charges	Credits
09-27-14	Room	226.0	00
09-27-14	Room Tax	31.6	34
09-27-14	Business Dist Assessments	5.0)9
09-27-14	CA Tourism Fee	0.	18
09-28-14	Room	226.0	00
09-28-14	Room Tax	31.6	34
09-28-14	Business Dist Assessments	5.0)9
09-28-14	CA Tourism Fee	0.	18
9-29-14	Room	226.0	00
9-29-14	Room Tax	31.6	34
9-29-14	Business Dist Assessments	5.0)9
9-29-14	CA Tourism Fee	0.	18
9-30-14	Room	226.0)0
9-30-14	Room Tax	31.6	34
9-30-14	Business Dist Assessments	5.0)9
9-30-14	CA Tourism Fee	0.	18
0-01-14	Room	226.0	00
0-01-14	Room Tax	31.6	34
0-01-14	Business Dist Assessments	5.0)9
0-01-14	CA Tourism Fee	0.	18
0-02-14	Visa		1,314.55



San Francisco - Union Square

Parc 55 Wyndham San Francisco Union Square 55 Cyril Magnin Street San Francisco, CA 94102 Tel: (415) 392-8000 Fax: (415) 403-6602

Arrival

: 09-27-14

Departure

10-02-14

Company Name

Oracle

Robert Hawes United States INFORMATION INVOICE

Folio / Invoice # Reference #

Room No.

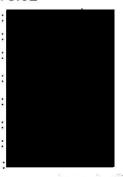
Page No.

Membership No.

Conf. No.

Cashier No.

A/R Number



Date	Description	Reference	Charges	Credits
	7	otal	1,314.55	1,314.55
	E	Balance		0.00

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

Attestation for Expense Claim

I, Robert Hawes, attest that 2 expenses of US\$8.65 were incurred on my trip to San Francisco in Sept 2014. These 2 charges relate to public transit tickets purchases where a receipt was not provided.

The attached document confirms the price of roundtrip tickets from S.F airport to hotel is $$US 17.30 ($8.65 \times 2)$. These charges were incurred as part of AHS business.

Date

Signature

Lah Howes



Out of Province Travel Approval

• All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services

Travel Policy

Meals per Diem x 6 days \$249.30 Registration \$1,500.00 USD \$1,500.00 Airfare Approximately \$800 \$800.00 Taxi/Rental Car/Fuel/Parking/Bus/LRT Approximately \$200 \$200.00 Other Expenses (please specify) \$200.00	 Pre-Approval for 	rm MUST be attach	ned to the actual expense of	claim				174701101	LEA
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Approved by (Print Name) Signature			X A A A A A	~ ~ ~ ~ ~					
Approved by (Print Name) Signature	Acting VP Corpor	ate Services and C	FO						
	Approved by (Print				***************************************				
Title Position Number DOFA Level	auto				000/20030				
	Title					Position	Number	DOFA Le	vel

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.

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