

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of July 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)
Jul-14	P-Card	Meetings	518				518			
Jul-14	Expense	Meetings		74	416	847	1,337			
Total			\$ 518	\$ 74	\$ 416	\$ 847	\$ 1,855	\$ -	\$ -	\$ -

Total for the Month \$ 1,855

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 246
 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

<u>PUSCH, SHELLY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/07/2014</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$517.91</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/06/2014	356687553	WESTJET 8380615510763, Westjet Airlines	10.50	CAD	10.50	.00	.00	FMM SOD Interviews
27/06/2014	356687554	WESTJET 8382199302454, Westjet Airlines	507.41	CAD	507.41	.00	.00	FMM SOD Interviews

Signatures

Cardholder (Designate if Applicable)

By signing this Statement:

- 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, Programs User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

PROUDHUIS, KATHY
Name of Cardholder/Designate

CAC 4, NR 010
Cardholder Designate Account No.

Kathy Proudhuys
Signature of Cardholder/Designate

July 24/14
Date of Signature

Cardholder

By signing this statement:

- I confirm 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 personal expenses and interest 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.

PHILIP, STELLA
Name of Cardholder

CHIEF ZONE OFFICER
Cardholder Position Title

Stella Philip
Signature of Cardholder

July 24/14
Date of Signature

Approver (Designate if Applicable)

By signing this Statement:

- 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 and interest 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.

Kim Beland
Name of Approver/Designate

Executive Assistant
Approver/Designate Position Title

KBeland
Signature of Approver/Designate

25 July 2014
Date of Signature

Approver

By signing this statement:

- 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 and interest 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 Goodwin
Name of Approver

VP, CHCO Northern AB
Approver Position Title

Deb Goodwin
Signature of Approver

JUL 28 2014
Date of Signature

Submit approved statement with attachments to Accounts Payable.

Attach:

- Original (or scanned) dated receipts with documented business reports including names of participants where relevant.
- Digital Cardholder Statement Report (copies of electronic signatures if signatures are not on report) And where applicable:
- Copies of pre-approval for travel
- Personal cheque payable to "Alberta Health Services"
- Receipts, debit cards or credit receipts
- Disposal letter
- Business reasons for travel require details descriptions - include where traveled to, who attended if present, why travel was necessary and detailed explanation of receipt.

Address:

Alberta Health Services
Accounts Payable
201 Street Plaza
10th Floor, North Tower, 10000 107 Street
Edmonton, AB T5A 0S4

Accounts Payable only:

Reference # _____ Reviewed by _____ Date _____



Itinerary confirmation

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

Your reservation code is XXXXXXXXXX

Guest details

Mrs Shelly Pusch	Flight	Edmonton (YEG)-Fort McMurray (YMM), Fort McMurray (YMM)-Edmonton (YEG)	
		Ticket number	
		Seat	YEG-YMM 10D
			YMM-YEG 10B

Air itinerary details

Edmonton (YEG) Wed Jul 2 2014, 6:45 AM Boeing 737-700	Fort McMurray (YMM) Wed Jul 2 2014, 7:39 AM	WS 139 WestJet	Fare type: Econo Non-stop
Fort McMurray (YMM) Wed Jul 2 2014, 3:20 PM Dehavilland Dash 8-400 Turboprop	Edmonton (YEG) Wed Jul 2 2014, 4:32 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	\$385.00	\$24.00	\$98.41	\$507.41	x 1	\$507.41 CAD

YEG-YMM: Econo fare type benefits
 One complimentary checked bag *
 Fully refundable if cancelled within 24 hours of booking **
 Advanced seat selection - \$5-34.50 *
 \$75-86.25 itinerary change fee + applicable fare difference
 \$75-86.25 name change fee
 \$75-86.25 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

YMM-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

Total airfare: **\$507.41 CAD**

Seats

Regular seat	WS 3259 YMM-YEG Seat 10B Mrs Shelly Pusch	\$5.00 CAD + \$0.25 CAD tax
Regular seat - less desirable	WS 0139 YEG-YMM Seat 10D Mrs Shelly Pusch	\$5.00 CAD + \$0.25 CAD tax

Total seats: **\$10.50 CAD**

[REDACTED] **\$507.41 CAD** ✓
[REDACTED] **\$10.50 CAD** ✓

Total: \$517.91 CAD

Important details

WestJet permits one piece of carry-on baggage and one personal item on board. If you are on a flight operated by one of our partners, your allowance may be different - learn more. All carry-on baggage must pass through security. Make sure your carry-on complies and avoid having to surrender your personal items. Review what you can - and can't - take on your flight by visiting our restricted items info page or catsa.gc.ca.



Your checked baggage allowance depends on the aircraft you are travelling on, the fare option purchased and the destination you are travelling to or from. You may be permitted additional items, or items that are overweight or oversized in checked baggage. For more details, please see [Checked and excess baggage](#).



Use web check in to print your boarding pass and select your seat for free. This service is available as early as 24 hours (and up to 60 minutes) before your scheduled flight. Selecting some seats requires a fee.



Identification and travel documents required vary based on where you are travelling and may change based on your nationality. Visit our [ID requirements](#) section for more information.



Do you have a special need? For information on travelling with oxygen, assistive devices, or a service animal see [Guests with special needs](#).

We know how valuable your time is. To ensure we are able to depart and arrive as scheduled, please be sure you are through security and at your departure gate 30 minutes prior to your flight's scheduled departure time. If you arrive at the gate less than 10 minutes prior to departure and the aircraft is already boarded you will be denied boarding.

[About WestJet](#) [Media and Investor Relations](#) [Cargo](#) [Great jobs](#) [Site map](#) [Terms of use](#) [Book a Flight](#) [Mobile site](#) [Contact us](#)

[Privacy policy](#) [Tariffs and conditions of carriage](#) [Service fees](#) [Taxes and fees](#) © WestJet. All rights reserved.

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-Jun-14 To 20-Jul-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Shelly Pusch Position (Title): SVP North Zone
 Location: Westlock Admin Building Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable) Union: [REDACTED] Business Phone #: [REDACTED] Ext: [REDACTED]
 Employee # (E-People): [REDACTED]

SECTION E: FINANCE CODING & TOTAL CLAIM

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

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense			Total Section B
2A	101	0004	71110100064	\$1,115.32						\$1,336.90		
2B	101	0004	71110100064	\$221.58								
2C												
2D												
				\$1,336.90	**User to enter Coding & \$ Amounts							
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D							TOTAL CLAIM \$1,336.90

SECTION F: AUTHORIZATION

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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
Employee Signature: Shelly Pusch **Date:** July 24/14

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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deb Gordon **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone #:** [REDACTED] **Ext:** [REDACTED]
 I, by signing this form, attest that I am compliant to all the above statements
Signature: _____ **Title:** Chief Health Operations Officer **Date:** _____

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.
 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:** _____
 I, by signing this form, attest that I am compliant to all the above statements
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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064

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.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,
Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	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-Jul-14	Site Tours (Whitecourt, Grande Prairie, Grande Cache & Jasper)	AB	Meeting	Yes	LD-\$32.35	\$32.35								
15-Jul-14	Site Tours (Whitecourt, Grande Prairie, Grande Cache & Jasper)	AB	Meeting	Yes	D-\$20.75	\$20.75								
15-Jul-14	Parking at QE II Hospital in Grande Prairie	AB	Meeting	Yes								\$7.50		
15-Jul-14	Accommodations in Grande Prairie	AB	Meeting	Yes						\$142.79				
15-Jul-14	Park Pass	AB	Meeting	Yes								\$9.80		
16-Jul-14	Site Tours (Whitecourt, Grande Prairie, Grande Cache & Jasper)	AB	Meeting	Yes	BL-\$20.80	\$20.80								
16-Jul-14	Accommodations in Jasper	AB	Meeting	Yes						\$273.31				
16-Jul-14	Mileage for Site Tours	AB	Meeting	Yes										1,204.00
SUBTOTALS						\$73.90				\$416.10		\$17.30		Total Kms 1204.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left) \$0.505

Mileage \$ \$608.02

Travel \$ Subtotal \$507.30

Auto fills on page 1 - TOTAL TRAVEL \$ \$1,115.32

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

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064

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.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	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							
2-Jul-14	Travel to Fort McMurray to conduct interviews for SOD.	AB	Recruit	Yes								\$37.50			
2-Jul-14	Travel to Fort McMurray to conduct interviews for SOD.	AB	Recruit	Yes								\$25.00			
2-Jul-14	Mileage to Edmonton Airport	AB	Recruit	Yes										315.00	
SUBTOTALS												\$37.50	\$25.00		Total Kms 315.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left) \$0.505

Mileage \$ \$159.08

Travel \$ Subtotal \$62.50

Auto fills on page 1 - TOTAL TRAVEL \$ \$221.58

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

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Mileage to
airport

315 Km

OST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

OF 2nd Fl 02/07/14 17:1
Receipt

Short-term parking tkt
PL - No. 074487
02/07/14 05:33 -
03/07/14 05:32 -
Period 1d0h0'
Tax) \$25.00

Total \$25.00

Payment Received
VISA \$25.00

Type: Swiped

Sub Total \$23.8
Tax 5% 1.1

Sun Taxi

111 Macleod Trail S. Unit 108
Fort McMurray AB
T5H 2S4
780-791-1111

Fort McM
50 D
Interviews

TAXI: 73/68

14/07/02

08:04:43

VISA
Card :
VISA CREDIT
CHIP CARD



00000031010
0000000000

VERIFIED BY PIN
Order
Ref
Auth



FARE : \$ 32.50
TIP : \$ 5.00
TOTAL: \$ 37.50

APPROVED FOR YOU
06/07/14

Keep a
copy of records

GSTA 12/07/14

Thank you for using

1204 kms

Per Diem
July 14 - Lunch
 - Supper
July 15 - Supper
July 16 - Breakfast
 - lunch

JASPER WILSON GATE
607 CONNAUGHT DR BOX 10
JASPER, AB T0E1E0
7808526121

SALE *Park Pass*

Clerk # [REDACTED]
MID: 17322722091
TID: 501 REF#: [REDACTED]
Batch # [REDACTED]
07/15/14 17:40:44
APPR CODE: [REDACTED]
VISA Proximity [REDACTED]
[REDACTED]
AMOUNT \$9.80

APPROVED

SIGNATURE NOT REQUIRED

VISA CREDIT

TVR: 00 00 00 00 00

I AGREE TO PAY ABOVE TOTAL AMOUNT
IN ACCORDANCE WITH CARD ISSUER'S
AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

THANK YOU
PLEASE COME AGAIN

請保留此收據

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

16/07/14 08:47 AM

AMOUNT PAID

\$ 7.50 73350000 08:47 AM



Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

15/07/14 08:47 AM \$ 7.50

CREDIT CARD NUMBER

CC

*QE11
Site Visit*



Alberta Health Services

RECEIPT

GRANDE PRAIRIE POMEROY
IN. & S
11710-102 STREET
GRANDE PRAIRIAB

CARD [REDACTED]
CARD TYPE VISA
DATE 2014/07/15
TIME 9814 08:36:42
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PRE-AUTH COMPLETION
TOTAL

\$142.79

VISA CREDIT

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Pomeroy Inn & Suites Grande Prairie

www.pomeroygrandeprairie.com

11710-102 St

Grande Prairie, AB T8V7S7

Telephone: (780)831-2999 Fax: (780)513-1146

Jul 15, 2014

8:56 a

SHELLY PUSCH

Folio #: [REDACTED]

Room Number [REDACTED]

Rate: \$131.00

Pay Method [REDACTED]

Arrival Date: Monday, July 14, 2014

Departure Date: Tuesday, July 15, 2014

Member # [REDACTED]

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
7/14/2014	ROOM CHARGE	Auto Posted		328	\$131.00	
7/14/2014	HOTEL TAX	Auto Posted		328	\$5.24	
7/14/2014	GST TAX	Auto Posted		328	\$6.55	
7/15/2014	VISA	CHECKED [REDACTED]		328		\$142.7

G.S.T. REGISTRATION #: 858317167RT0020
HOLLOWAY LODGING L.P.
DBA GRANDE PRAIRIE
POMEROY INN & SUITES

Tax Summary	
GST TAX	\$6.5
HOTEL TAX	\$5.2
Balance:	\$0.0

Please refer to the Pomeroy Inn & Suites Privacy Policy for a complete statement of our policies and practices with respect to the handling of your personal information. You can request a copy of the Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

I agree I am liable for any damages that have occurred in my room.

Signature _____

Mountain Park LODGES

The Chateau Jasper
 96 Geikie Street
 Jasper, Alberta, Canada T0E 1E0
 Toll Free: 1-888-852-7737
 GST # R102588316

Folio # [REDACTED]
 Arrival Tuesday Jul 15, 2014
 Departure Wednesday Jul 16, 2014
 Nights 1
 Room Type QUEEN DELUXE
 Room # [REDACTED]

Shelly Pusch

[REDACTED]

Total GST: 12.55
 Total PST: 9.84

<u>Tax Summary</u>	
PST & Svc Chg	\$9.84
GST	\$12.55
DMF	\$4.92
Service Charge	\$0.00
Total Taxes	\$27.31

<u>Charge Summary</u>	
Total Charges	\$246.00
Taxes	\$27.31
Payments	-\$273.31
Total Due	\$0.00

<u>Date</u>	<u>Description</u>	<u>Price</u>	<u>Qty</u>	<u>Extended Room Tax Cost</u>	<u>GST</u>	<u>DMF</u>	<u>Total Charge</u>	<u>Balance</u>	
Tue 7/15/14	Nightly Chg. - Room 215	246.00	1	246.00	9.84	12.55	4.92	273.31	273.31 I
Wed 7/16/14	Guest Payment Credit Card	-273.31	1	-273.31	0.00	0.00	0.00	-273.31	0.00 I

Guest Signature: _____

Did you enjoy your stay with us? Please post your comments on tripadvisor.com .

We look forward to seeing you again!!

Mountain Park Lodges - P.O. Box 1200, Jasper, Alberta, T0E 1E0 - 1-888-852-7737 - www.mpljasper.com