

## Official Administrator and Executive Expense Report

**Name** Dr. Verna Yiu  
**Title** Vice President, Quality & Chief Medical Officer  
**Location** Edmonton  
 Expenses submitted during the month of June 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)
Jun-14	P-Card	Meetings				85	85	32		
Jun-14	Expense	Meetings		72	400	90	562			
Jun-14	Direct Billing	Meetings	975				975			
							-			
<b>Total</b>			\$ 975	\$ 72	\$ 400	\$ 175	\$ 1,622	\$ 32	\$ -	\$ -

**Total for the Month** \$ 1,654

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 200  
 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


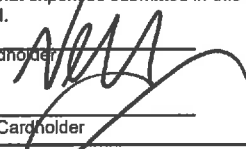

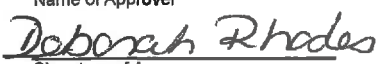
**Instruction:**

- 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>YIU, VERNA</u> Cardholder's Name	<u>VP QUALITY &amp; CMO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2014</u>
<u>QUALITY &amp; MEDICAL AFFAIRS</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$116.60</u>
<u>VERNA.YIU@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/05/2014	[REDACTED]	BUKSA STRATEGIC CONFER, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	31.50	CAD	✓ 31.50	1.50		Health Policy Speaker Series <i>Registration</i>
11/06/2014	[REDACTED]	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	.00	.00	Short Term Parking: EIA - meetings with Dr. Cowell in Calgary
18/06/2014	[REDACTED]	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	60.10	CAD	✓ 60.10	2.86	.00	Taxi: Calgary International Airport to Southport Tower - meetings with Dr. Cowell

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>Audrey Malone</u> Name of Cardholder Designate	<u>Exec Asst.</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>June 25/2014</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>YIU, VERNA</u> Name of Cardholder	<u>VP QUALITY &amp; CMO</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Jun 25/14</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>June 25, 2014</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp Services &amp; CFO (Acting)</u> Approver Position/Title	
 Signature of Approver	<u>June 26/14</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

Print | Email

1

Health Policy Speaker Series presents:

**Professor Dame Sally Davies**  
**Against the odds: the creation of NIHR\***  
**and the impact on front line health workers**

*Presented by the Institute of Health Economics and Alberta Innovates - Health Solutions*  
\*National Institute of Health Research

**Tuesday, June 10, 2014 | 7:30am - 9:00am**  
**Westin Edmonton | Breakfast Included**



**INSTITUTE OF  
HEALTH ECONOMICS**  
ALBERTA CANADA



**Alberta  
Innovates  
Health  
Solutions**

Receipt

**Reference Number** [REDACTED]

**Issued By** BUKSA Associates Inc.  
Suite 307, 10328 - 81 Avenue NW, Edmonton, AB T6E 1X2  
Phone: 780-436-0983  
Email: SpeakerSeries@buksa.com

**Date Registered** Friday, May 23, 2014

**Statement Date** Friday, May 23, 2014

**Event** Health Policy Speaker Series

**Event Details** The Westin Edmonton  
10135 - 100 Street NW  
Edmonton Alberta  
Canada

**Event Date** Tuesday, June 10, 2014

**Selection**

Ticket fee:: Verna Yiu  
**Sub Total:**

	<b>Cost</b>
	\$CAD30.00
	<b>\$CAD30.00</b>
Sales Tax	\$CAD1.50
<b>Total</b>	<b>\$CAD31.50</b>

Billed To

**Billing Company** Alberta Health Services

**Name** Verna Yiu

**Address Line 1** [REDACTED], Seventh Street Plaza, North Tower

**Address Line 2** 10030 - 107 Street

**City** Edmonton

**US State** AB

**Billing Zip/Postal Code** T5J 3E4

**Country** Canada



**Email Address**                      audrey.maione@albertahealthservices.ca

<b>Date</b>	<b>Transaction Type</b>	
Friday, May 23, 2014	Transaction Amount	\$CAD30.00
Friday, May 23, 2014	Sales Tax	\$CAD1.50
Friday, May 23, 2014	Online [REDACTED]	\$CAD-31.50
	<b>Balance</b>	<b>\$CAD0.00</b>

**Terms and Conditions**

Your credit card statement will read "BUKSA Associates Inc." A receipt will be emailed to you upon completion of this form.

**Cancellation Policy**

No refunds will be issued for tickets purchased.

**Receipt**

BUKSA Associates Inc.  
 Suite 307, 10328 - 81 Avenue NW, Edmonton, AB T6E 1X2  
 Phone: 780-436-0983  
 Email: SpeakerSeries@buksa.com

**Health Policy Speaker Series**  
 c/o BUKSA Strategic Conference Services  
 Email: SpeakerSeries@buksa.com

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 1st Fl 11/06/14 13:22  
Receipt 099071

2

Short-term parking tkt

HL - No. [redacted]  
11/06/14 04:27 -  
12/06/14 04:26 -  
Period 1d0h0'  
(Tax) \$25.00

Total \$25.00

Payment Received  
MC \$25.00 ✓

Auth: [redacted]  
Type: [redacted]

Sub Total \$23.81  
Tax 5% 1.19

06/29/2014 - 1/1

ASSOCIATED CAB ALTA LTD  
307 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

3

DATE: 2014/06/11  
PICK-UP TIME: 06:24  
DROP-OFF TIME: 06:49  
TRIP ID: [redacted]  
LOCATION: [redacted]  
CAR NUMBER: [redacted]  
DRIVER: [redacted]  
CARD TYPE: [redacted]  
CARD: [redacted]  
EXPIRY: [redacted]  
AUTH: [redacted]

FARE (\$) 60.10  
EXTRA (\$) 0.00  
SUBTTL (\$) 60.10

TIP (\$) /

TOTAL (\$) 60.10 ✓

SIGNATURE: *Nay*

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Short term Parking:  
EIA - meetings with  
Dr. Cowell in Calgary

Taxi: Calgary International  
Airport to Southport Tower -  
meetings with Dr. Cowell.

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: 1-May-14 To 30-Jun-14  
 Travel Period from: 1-Jun-14 To 30-Jun-14 (if applicable)  
 Out-of-Province Travel No

Name: Dr. Verna Yiu Position (Title): VP Quality & CMO  
 Location: Seventh Street Plaza Dept: Quality & Medical Affairs DOFA Level: (if applicable) Union: Business Phone #: Ext:  
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number 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	Total Section C&D	
2A	101	0000	71110000087	\$561.58						\$561.58		
2B												
2C												
2D												
				\$561.58							TOTAL CLAIM	\$561.58

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

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.

I, by signing this form, attest that I am compliant to all the above statements  
 Employee Signature: Date Jun 25/14

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 By (PRINT ONLY): Deborah Rhodes DOFA Level Position # Phone # Ext  
 Signature: Deborah Rhodes Title NPCorp Services + CFO (Acting) Date June 26/14

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 0000 71110000087**

Emp # (E-People) [REDACTED]

Page **2A**

*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-Jun-14	Accommodation: Kensington Riverside Inn, Calgary; Moderator at President Speaker Series, attend several meetings in Calgary	AB	Meeting	Yes	D-\$20.75	\$20.75	✓			\$400.00	✓	\$31.50	✓	
3-Jun-14	Dinner: Moderator at President Speaker Series, attend several meetings in Calgary	AB	Meeting	Yes	D-\$20.75	\$20.75	✓							
4-Jun-14	Breakfast: attend QSAC meeting in Calgary	AB	Meeting	Yes	B-\$9.20	\$9.20	✓							
11-Jun-14	Travel to Edmonton International Airport: meetings - Dr. Cowell in Calgary (return)	AB	Meeting	Yes	BL-\$20.80	\$20.80	✓							116.00
<b>SUBTOTALS</b>						\$71.50				\$400.00		\$31.50		Total Kms 116.00

**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 \$ \$58.58

Travel \$ Subtotal \$503.00

Auto fills on page 1 - TOTAL TRAVEL \$ \$561.58

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)



1126 Memorial Drive N.W.  
Calgary, Alberta  
T2N 3E3

Phone: (403) 228-4442  
Fax: (403) 228-9608  
Email: info@kensingtonriversideinn.com  
www.kensingtonriversideinn.com

①

### GUEST ACCOUNT

KENSINGTON RIVERSIDE INN



YIU VERNA

EDMONTON, AB

ALBERTA HEALTH SERVICES

Room # [redacted] Invoice # [redacted]

Arrive 06/02/14 Depart 06/04/14  
DATE CLERK DEPARTMENT

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
06/02/14	MO	50-Chefs Tabl	chq# [redacted]	45.00 - dinner
06/02/14	PB	25-Parking	2 Nights/[redacted]	30.00 - parking
06/02/14	PB	2-Room Charg		249.00
06/02/14	PB	10-Tourism Le	On Room Charge	9.96
06/02/14	PB	22-Service Ch		7.47
06/02/14	PB	23-DMF		7.47
06/03/14	PB	2-Room Charg		249.00
06/03/14	PB	10-Tourism Le	On Room Charge	9.96
06/03/14	PB	22-Service Ch		7.47
06/03/14	PB	23-DMF		7.47
06/04/14	PB	91-[redacted]	Checked out	-650.68 \$431.50
			GST On DMF	0.74
			GST On Parking	1.50
			GST On Room Charge	24.90
			GST On Service Chg.	0.74
			Tax Reg. # 894582667RT0001	

Parking: 30.00  
1.50  
\$ 31.50 ✓

BILLING INSTRUCTIONS

BALANCE DUE → 0.00

COMPANY

I agree that my liability for this bill 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 or the full amount of these charges.  
89458 2667 PR0001

SIGNATURE

ATTENTION

X

\* Dinner: Claiming per diem: \$20.75 ✓  
Accommodation: claiming \$200.00/day - includes all Fees + taxes  
= \$400.00 (as per AHS policy)

- Moderator at the President Speaker Series, attend several meetings in Calgary

## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

### Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- **Indicate whether you have expenses to report in this section for this reporting period:** Yes  No

<b>Name:</b> Dr. Verna Yiu	<b>Reporting Period for the Month of:</b> February and June 2014
----------------------------	--

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-02-26	Direct Billing	Other	Flight - Edmonton-Calgary (return)-urgent meeting with Official Administrator	Marlin Travel	\$544.96
2014-06-11	Direct Billing	Other	Flight - Edmonton-Calgary (return)-meetings with Official Administrator	Marlin Travel	\$429.96
	Choose One	Choose One			

	<b>Choose One</b>	<b>Choose One</b>			
	<b>Choose One</b>	<b>Choose One</b>			
<b>Total Paid in the Month</b>					<b>\$974.92</b>



INVNO03936FORZCH0114949C.txt

I N V O I C E  
\*\*\* D U P L I C A T E \*\*\*

INV NO: ██████████  
DATE: 21FEB14  
PAGE: 2

\*\*\* BALANCE DUE THIS INVOICE \*\*\*\* 0.00  
BALANCE DUE TO DATE 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



To: ALBERTA HEALTH SERVICES  
[REDACTED] NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: June 6, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Monday, December 1, 2014  
MANAGEMENT FEE

**Cost:**

AIR CANADA WEB [REDACTED]	[REDACTED]	350.00
	Tax:	69.96
	Ticket Total:	419.96
TKT: [REDACTED]	[REDACTED]	10.00

**Total:**

	Grand Total:	429.96
	Less Credit Card Payments:	429.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.