

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 December 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)
Dec-14	P-Card	Meetings			1,278	39	1,317			
Dec-14	Expense	Meetings	1,103	83		181	1,367			
Dec-14	Direct Billing	Meetings	407				407			
Total			\$ 1,510	\$ 83	\$ 1,278	\$ 220	\$ 3,091	\$ -	\$ -	\$ -

Total for the Month \$ 3,091

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 284
 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:			
<ul style="list-style-type: none"> • 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>	<u>VP QUALITY & CMO</u>	Billing Reporting Period:	<u>20/12/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>QUALITY & MEDICAL AFFAIRS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$1,316.91</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>VERNA.YIU@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 03/12/2014	373330220	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.19	.00	Parking: Edmonton Airports - attend PPEC all day meeting
② 04/12/2014	373330219	MACEWAN PARKING SERVIC, COLLEGES, UNIVERSITIES, PROFESSIONAL	5.00	CAD	✓ 5.00	.24		Parking: MacEwan University Alberta College 3 Parkade: Dinner meeting - UofC
③ 04/12/2014	373330221	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	3.50	CAD	✓ 3.50	.17	.00	Short Term Parking: Moderate President Speaker Series, Calgary (flight was cancelled by airline)
④ 11/12/2014	374129361	MARRIOTT 337E0 ORLANDO, MARRIOTT HOTELS	1,080.04	USD	✓ 1,278.41		✓ .00	Accommodation: attend IHI Conference, Orlando, Florida

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
⑤ 24/11/2014	372072847	MACEWAN PARKING SERVIC, COLLEGES, UNIVERSITIES, PROFESSIONAL	5.00	CAD	✓ 5.00	.24		Parking: MacEwan University, Alberta College Parkade - dinner meeting: Alberta Health

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

Audrey Maione

Name of Cardholder Designate

Audrey Maione

Signature of Cardholder Designate

Exec Asst.

Cardholder Designate Position/Title

Dec 30, 2014

Date of Signature

Cardholder

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 me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

YIU, VERNA

Name of Cardholder

YIU, VERNA

Signature of Cardholder

VP QUALITY & CMO

Cardholder Position/Title

Dec 31/14

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 inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best

Name of Approver Designate

Susan Best

Signature of Approver Designate

Executive Assistant

Approver Designate Position/Title

Jan 2, 2015

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 inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes

Name of Approver

Deborah Rhodes

Signature of Approver

VP Corporate Services + CFO

Approver Position/Title

Jan 5/15

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

①

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

P3 North C 03/12/14 12:20
Receipt 065901

Short-term parking tkt

HL - No. 022102

03/12/14 08:25

04/12/14 08:24

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received 25.00 ✓

Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

065901688 - 1/1

Short term parking:
EIA - a Hend PPEC
all day meeting in
Calgary

②

PLACE FACE UP ON DASH
MacEwan University

Alberta College 3

Thank you
Expiration Date/Time

06:00 AM
DEC 05, 2014

Purchase Date/Time: 05:33pm Dec 04, 2014

Total Due: \$5.00 Rate: \$5 Evening Rate
Payment Type: Card ✓

Ticket #: 00008590
S/N #: 500013240864
Setting: Alberta College 3
Mach Name: Alberta College 3

Auth #: 193404

Parking Services
GST #R107448219
Ph# 780-497-5875

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

Parking: dinner meeting:
U of C representatives

③

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st F1 04/12/14 09:49
Receipt 070520

Short-term parking tkt

HL - No. 025068

04/12/14 09:28

04/12/14 09:57

Period 0d0h30'

(Tax) \$3.50

Total \$3.50

Payment Received 3.50 ✓

Type: Swiped

Sub Total \$3.33
Tax 5% \$0.17

08311924C - 1/1

Short term parking: EIA
Moderator - President Speaker Series, Calgary
* Flight was cancelled by airline

4



GUEST FOLIO MARRIOTT'S ORLANDO WORLD CENTER

ROOM YIU/VERNA/DR 240.00 12/10/14 11:00
 NAME RATE DEPART TIME ACCT# GROUP
 TYPE ALBERTA HEALTH SERVI 96 12/06/14 00:13
 ARRIVE TIME

ROOM CLERK

PAYMENT

MRW#:

DATE	ADDRESS	REFERENCE	CHARGES	CREDITS	BALANCE DUE
12/06	ROOM	20583, 1	240.00		
12/06	ROOMTAX	20583, 1	30.01		
12/07	ROOM	20583, 1	240.00		
12/07	ROOMTAX	20583, 1	30.01		
12/08	ROOM	20583, 1	240.00		
12/08	ROOMTAX	20583, 1	30.01		
12/09	ROOM	20583, 1	240.00		
12/09	ROOMTAX	20583, 1	30.01		
12/10	MC CARD				

\$1080.04 (450) = \$1,278.41 CDN ✓

TO BE SETTLED TO: MASTER CARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE ORLANDO WORLD CENTER MARRIOTT! FOR A QUICK, EFFICIENT CHECK-OUT PLEASE DIAL EXT. 85000 AND FOLLOW THE AUTOMATED INSTRUCTIONS ON THE VOICE MAILBOX.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: VERNA.YIU@ALBERTAHEALTHSERVICES.CA SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Accommodation: attend the Institute for Healthcare Improvement National Forum, Orlando, Florida



MARRIOTT'S ORLANDO WORLD CENTER WORLD CENTER DRIVE ORLANDO, FL 32821

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

5

Written Attestation for Lost Receipt

Nov 24, 2014 – Payment for parking - \$5.00 ✓
MacEwan University Alberta College 3 Parkade

Dinner meeting with Miin Alikhan, Alberta Health

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed



Dr. Verna Yiu
Employee Authorization



Deb Rhodes
Claim Approver

Date Signed: Dec. 30, 2014

Date Signed: Dec 30/14

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy
- Pre-Approval form MUST be attached to the actual expense claim

Employee Information						
First Name Verna	Last Name Yiu	Employee Number				
Phone Number 780-342-2011		Reports To Vickie Kaminski, President & CEO				
Department Quality & Medical Affairs		Office Location Seventh Street Plaza North Tower				
Travel Details						
Purpose of Trip Attend the Institute for Healthcare Improvement national forum						
Destination Orlando, Florida		From 6-Dec-2014	To 11-Dec-2014			
Finance Coding / Accounting Distribution						
Corp/BU/Org 101	Location / Site 0006	Functional Centre / Primary 71110500063				
Project Coding						
Project	Task	Expense Type	Expense Org			
Estimate of Expenses						
Category	Description				Amount	
Accommodation Charge	5 nights - \$240 USD/night + taxes & fees				\$1,500.00	
Meals	6 days @ \$41.55 Cdn				\$250.00	
Registration	Pre-Conference (\$450 + 650), Conference (\$1,200) USD				\$2,500.00	
Airfare	Round trip airfare (approx.) Cdn				\$800.00	
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Ground transportation (approx.)/EIA parking				\$300.00	
Other Expenses (please specify)						
Currency <input checked="" type="checkbox"/> Cdn <input checked="" type="checkbox"/> USD <input type="checkbox"/> OTHER					\$5,350.00	
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$	\$5,350.00
*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate						
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)						
Employee Signature			authorization table			
			Date (dd-Mon-yyyy)	Phone Number		
			29-07-2014	780-342-2011		
Approved by (Print Name)	Signature		Date (dd-Mon-yyyy)	Phone Number		
Vickie Kaminski	Vickie Kaminski		30-07-2014	780-342-2010		
Title			Position Number	DOFA Level		
President and Chief Executive Officer						
Approved by (Print Name)			Date (dd-Mon-yyyy)	Phone Number		
Title			Position Number	DOFA Level		

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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Conferences

26th Annual
**IHI National Forum on
Quality Improvement in Health Care**

December 7-10, 2014 | Orlando, FL

Who Should Attend

This conference is an ideal meeting for anyone interested in improving the quality and safety of health care. Attendees in the past have included:

- Front-line staff
- Quality professionals
- Safety professionals
- Nurses
- Physicians
- Medical and health profession students
- Leadership, including Board Members
- Administrators
- Nurse practitioners
- Physicians Assistants
- Researchers
- Patients and Patient Advocates

Past participants have told us:

"I have attended the National Forum on numerous previous occasions and I have found the experience to be incredibly beneficial. In my role as a Dean overseeing health programs, I appreciate learning about the latest innovations in quality and patient safety which I am then able to integrate into our curriculum. I have also found this conference to be the foundation for my annual professional development plan." — *Spencer Dickson, Lambton College, Ontario, Canada*

NEED HELP?

Email:
info@ihi.org

Call:
617-301-4800
866-787-0831
(Toll Free)

Available
Monday - Friday
9am - 5pm ET

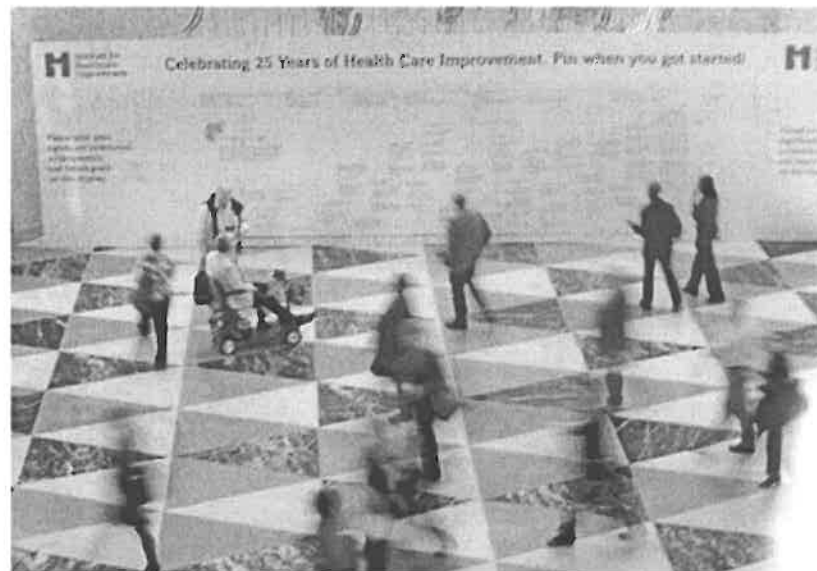
"I just have to tell you how excited [our Medical Director] was upon her return from the IHI National Forum! She had so many new ideas for either establishing new initiatives or improving things we are already doing. She was bursting at the seams as she talked about it!" — *Norma Portnoy, Executive Director of Community Health Services, Colorado*

"The National Forum sparks a surge of new ideas and allows attendees to think through the whole process of change, with a focus on doing it well." — *Lander Cooney, CEO, Community Health Partners, Montana*

"The National Forum is excellent, a great venue to learn from the experts, catch up on what's new, network with colleagues, and get my batteries re-charged!" — *Alison L. Hong, MD, Director, Quality and Patient Safety, Connecticut Hospital Association*

"As the Chief Nursing Officer, attending the National Forum is extremely valuable to improving the services that are delivered at my organization. Learning innovative and evidence-based practice from the many experts at the National Forum, I am better able to assist my organization in making the necessary changes that improve efficiency, quality, and safety. I have attended the National Forum in the past and have always been able to use the information gained during this conference to make an improvement that benefits the patients in our community." — *Patricia Frank, CNO, Henry County Hospital*

"I went to the IHI National Forum in 2011 and it was positively mind boggling, empowering, and amazing all at once!" — *Nadine Glenn, Patient Safety Improvement Lead, Canadian Patient Safety Institute*





Improving Health and Health Care Worldwide

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Fees & Enrollment

National Forum Enrollment Fees

Sunday, December 7

Learning Labs \$450

Monday, December 8

Minicourses \$650

Scientific Symposium \$375

Forum Excursions \$650

Virtual Site Visits \$650

Tuesday, December 9 - Wednesday, December 10

General Conference \$1,200 (enroll on or before October 1, 2014)

\$1,300 (after October 1)

CEO and Leadership Summit only \$650

(Tuesday, December 9 only)

26TH ANNUAL NATIONAL FORUM

December 7-10, 2014

Orlando, FL

ENROLL

Regular rate
\$1,200 per person
before October 1, 2014

Group Enrollments

Need help enrolling your group of 5 or more? Just call our Group Enrollment Specialist, Kimberly Mitchell, at (617) 301-4831 or email kmitchell@ihi.org and she will be happy to assist you.

NEED HELP?

Email:
info@ihi.org

Call:
617-301-4800
866-787-0831
(Toll Free)

Available
Monday - Friday
9am - 5pm ET

SCHOLARSHIPS AND SPECIAL DISCOUNTS

IHI is pleased to offer a limited amount of funding for scholarships and special discounts. Please note that need-based scholarships and special discounts are available to assist with fees for the general conference fees, Minicourses, Forum excursions, and learning labs ONLY and are not applicable for surrounding events, travel, food, or accommodation costs associated with attending the program. Academic scholarships are available to assist with general conference fees ONLY.

Special Discounts:

IHI is pleased to offer a limited number of 50% discounts on fees for the general conference, Minicourses, Forum excursions, and learning labs for employees of:

Independent, United States Federally Qualified Health Centers (FQHCs) that are not affiliated with a hospital or health system

Critical Access Hospitals

Independent practices with fewer than 20 physicians

Hospitals with fewer than 50 beds

Members of America's Essential Hospitals (formerly NAPH)

To submit an application for a scholarship to the 26th Annual National Forum, please click [here](#). To check on the status of a submitted application, please email info@ihi.org.

Academic Scholarships:

For the National Forum, IHI is pleased to offer these scholarships for general conferences fees ONLY. These scholarships are not available for Minicourses, learning labs, or Forum excursions:

- 75% scholarship for full-time students
- 50% scholarship for part-time students (2 classes or more)
- 50% scholarship for residents
- 50% scholarship for full-time faculty and deans

To submit an application for a scholarship to the 26th Annual National Forum, please click [here](#). To check on the status of a submitted application, please email info@ihi.org.

Need-Based Scholarships:

For this program, IHI is pleased to offer a limited amount of scholarship funding to offset the fees for the general conference, Minicourses, Forum excursions, and learning labs in cases of financial hardship.

To submit an application for a scholarship to the 26th Annual National Forum, please click [here](#). To check on the status of a submitted application, please email info@ihi.org.

GROUP DISCOUNT

Groups of five or more individuals from the same organization or system are eligible to receive a \$200 discount off the per-person regular rate of the General Conference (\$1,100 per person.) When enrolling, choose "Group Rate" from the list of available rates. Please be sure that all individuals within the same Group using the Group Rate have the same organization listed along with the same group leader's name and email address.

GROUP ENROLLMENTS: Need help enrolling your group of 5 or more? Just call our Group Enrollment Specialist, Kimberly Mitchell, at (617) 301-4831 or email kmitchell@ihi.org and she will be happy to assist you.

OUR GUARANTEE TO YOU

Cancellations and Substitutions

You will receive a full refund of your enrollment fee if you cancel before the start date of the program, or if you substitute one person for another at any time. Regretfully, refunds will not be granted for cancellations made on or after the first day of the program.

Unconditional Guarantee

If for any reason you are not completely satisfied that this program is a valuable experience, IHI will gladly refund your enrollment fee within 30 days of the program end date. Please note that due to unforeseeable circumstances, last-minute changes in program titles, speakers, or presentations may be unavoidable.

For this event, IHI plans to release your name and mailing address in a full list of all attendees to our exhibitors in PDF format. If you would like to opt-out of this, please email info@ihi.org and we will remove you.



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(855-463-2776)

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Taxi Fare Estimator

Instructions: Please choose a 'From' and 'To' location or fill in your own locations and click the 'Estimate Fare' button to calculate a fare estimate.

*Please note that the fare listed below is only an estimate and will vary depending on route taken, time of day and traffic conditions.

Pick-up Location

Drop-Off Location

From:

To:

Address:

Address:

City:

City:

State:

State:

Zip:

Zip:

The estimated fare is: **\$49.64*** X2

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Our Shuttle

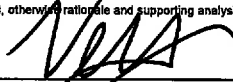
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TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)			
<ul style="list-style-type: none"> • 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: <u>1-Dec-14</u> To <u>31-Dec-14</u> Travel Period from: <u>1-Dec-14</u> To <u>31-Dec-14</u> (if applicable) Out-of-Province Travel Yes	
Name: <u>Dr. Verna Yiu</u>		Position (Title): <u>VP Quality & CMO</u>	
Location: <u>Seventh Street Plaza</u>		Dept: <u>Quality & Medical Affairs</u> DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____	
Employee # (E-People): _____			

SECTION E: FINANCE CODING & TOTAL CLAIM													
CAPITAL PROJECT CODING ONLY →			Project Number _____			Project Task Number _____							
			Expenditure Organization _____			Expenditure Type _____							
Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT			
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense				
2A	101	0006	71110500063	\$1,221.35	101	0006	71110500063	62314001	\$74.57			Total Section B	\$1,292.05
2B	101	0000	71110000087	\$70.70								Total Section C&D	\$74.57
2C												Less Cash Advance	
2D												TOTAL CLAIM	\$1,366.62
				\$1,292.05	**User to enter Coding & \$ Amounts					\$74.57			
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 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: <u></u>					Date: <u>Dec 31/14</u>				
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): <u>Deborah Rhodes</u> DOFA Level _____ Position # _____ Phone # _____ Ext _____ Signature: <u>Deborah Rhodes</u> Title <u>VP Corporate Services & CFO</u> Date <u>Jan 5/15</u>									
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 _____ 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 0006 71110500063

Emp # (E-People) _____

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							
6-Dec-14	Travel to Edmonton International Airport (return) - IHI National Forum, Orlando, Florida	AB	Meeting	Yes											70.00
6-Dec-14	Flight to Orlando, Florida: attend IHI National Forum	AB	Meeting	Yes					\$1,103.00						
6-Dec-14	Dinner: attend IHI National Forum, Orlando, Florida	US	Meeting	Yes	D-\$20.75	\$20.75	✓								
7-Dec-14	Dinner: attend IHI National Forum, Orlando, Florida	US	Meeting	Yes	D-\$20.75	\$20.75	✓								
8-Dec-14	Dinner: attend IHI National Forum, Orlando, Florida	US	Meeting	Yes	D-\$20.75	\$20.75	✓								
9-Dec-14	Dinner: attend IHI National Forum, Orlando, Florida	US	Meeting	Yes	D-\$20.75	\$20.75	✓								
SUBTOTALS						\$83.00			\$1,103.00						Total Kms 70.00

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 \$ \$35.35

Travel \$ Subtotal \$1,186.00

Auto fills on page 1 - TOTAL TRAVEL \$ \$1,221.35

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

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

SECTION C: OTHER EXPENSES	Emp # (E-People)	Page 3
----------------------------------	-------------------------	---------------

- Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
- If expenses are for travel, gas, etc., go to Section B on pg 2.
- ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			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					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	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 NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$

SECTION D: FOREIGN CURRENCY ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense [Bank of Canada Currency Converter](#) → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	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			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
6-Dec-14	Ground Transportation: Orlando International Airport to Marriott World Centre - attend the IHI National Forum, Orlando, Florida	101	0006	71110500063	62314001	Yes	\$65.00	USD	1.1472	\$74.57

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)

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110000087

Emp # (E-People) _____

*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							
3-Dec-14	Travel to Edmonton International Airport (return): attend PPEC meeting at the Renaissance Edmonton Airport Hotel	AB	Meeting	Yes										70.00	✓
4-Dec-14	Travel to Edmonton International Airport (return): Moderator for the President Speaker Series, Calgary (airline cancelled the flight- already at airport)	AB	Meeting	Yes										70.00	✓
SUBTOTALS														Total Kms	
														140.00	

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 \$ **\$70.70**

Travel \$ Subtotal

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 fills on page 1 - **TOTAL TRAVEL \$ \$70.70**

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)

11

Passenger 1

Name: **Dr Verna Yiu**
Frequent Flyer Pgm: Air Canada Aeroplan

Ticket number:
Program
number:

Purchase Summary

Passenger: 1 Ticket number

Date of issue	23-Oct 2014	✓
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	1,103.00	
Taxes, Fees & Charges		
Canada Harmonized Sales Tax (HST #10009-2287) (RC)	0.52	
Combined Taxes *see fare calculation below (XT)	12.69	
Total Fare in Canadian dollars:	13.21A	
Options		
Change fee in Canadian dollars	200.00	
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	10.00	

Ticket particularities:
AC ONLY/NONREF/CHGFEE -BG:AC

*Fare calculation:
06DEC14YEA AC X/YTO Q7.50AC ORL R624.00AC X/DEN Q7.50AC YEA
R464.00CAD**1103.00** END ROE1.00 XT9.00SQ2.68US0.40XY0.32YC
0.29XA PD12.10CA57.26XG25.00SQ37.58US7.65XY6.01YC6.44AY5.46XA
PDXF4.92DEN4.50
Canadian tax registration numbers:
XG Canada Goods and Service Tax (GST) #10009-2287
RC Canada Harmonized Sales Tax (HST) #10009-2287
XQ Quebec Sales Tax (QST) #1000-043-172

HDZ GST

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accomodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's general conditions of carriage.

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Flight: attend IHI National Forum, Orlando, Florida

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference:

<p>Name: Dr Verna Yiu E-mail: VERNA.YIU@ALBERTAHEALTHSERVICES.CA Form of payment:</p>	<p>Customer Care Air Canada Reservations 1-888-247-2262 Air Canada Flight Information 1-888-422-7533</p> <p>International Reservations</p> <p>Alert me of flight changes Flight notification</p>
--	--

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC172	Edmonton International (YEG)	Toronto Pearson (YYZ)	E90	V	Confirmed
	Sat 06-Dec 2014 13:25	Sat 06-Dec 2014 19:05 - TERMINAL T1			
AC1868	Toronto Pearson (YYZ)	Orlando (MCO)	319	V	Confirmed
<i>Operated by:</i>	Sat 06-Dec 2014	Sat 06-Dec 2014			
<i>Air Canada rouge</i>	20:45 - TERMINAL T1 INTL	23:48			
AC5075	Orlando (MCO)	Denver (DEN)	320	G	Confirmed
<i>Operated by:</i>	Wed 10-Dec 2014	Wed 10-Dec 2014			
<i>United</i>	15:57	18:04			
AC4096	Denver (DEN)	Edmonton International (YEG)	CRJ	G	Confirmed
<i>Operated by:</i>	Wed 10-Dec 2014	Wed 10-Dec 2014			
<i>United</i>	19:41	22:44			

Passenger Information

YIU VERNA

YIU V

BUSINESS CLASS / CLASSE AFFAIRES

Frequent Flyer/Voyageur assidu

Cabin/Cabine
J

Flight/Vol	Date	From/De	Destination
AC 172	06DEC	EDMONTON-YEG	TORONTO

Flight/Vol
AC 172
TORONTO
Seat/Place

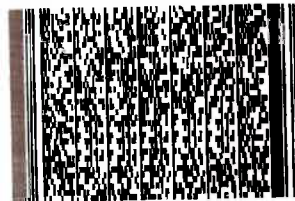
Boarding Time/heure d'embarquement **12:50** Gate/Porte **52** Seat/Place **010**

010 AISLE/COULOIR
Remarks/Observations
ML*1

Departure Time/Heure de depart 13:25

Airline Use/A usage interne 0011 YEG201081

Boarding Pass | Carte d'accès à bord



AIR CANADA

A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE

12/5/2014

Boarding Pass

AIR CANADA

aircanada.com check-in

YIU VERNA
OPER BY/PAR AIR CANADA ROUGE

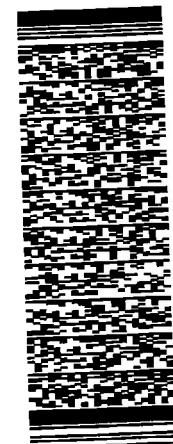
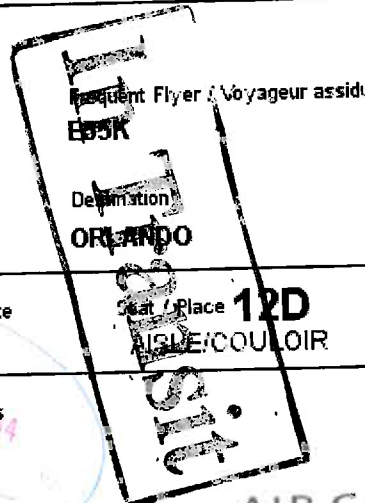
Flight / Vol	From / De
AC 1868 06DEC	TORONTO

Boarding time / Heure d'embarquement **20:10** Gate / Porte

Departure Time / Heure de départ **20:45** Remarks / Observations

Airline use / A usage interne

Boarding Pass | Carte d'accès à bord



Booking Reference:

AIR CANADA

A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE

TAXI RECEIPT

DATE: Dec 6/14 AMOUNT: \$ 65.00 USD

FROM: Orlando International Airport

TO: Mariott World Center

- \$1.00 surcharge on ALL trips from the Airport. *\$74.57 CDN*
 - All tolls, surcharges, parking & entrance fees are the responsibility of the passenger.
 - No additional fee for paying taxi fare with a credit card.
- Please report violations or other taxi service comments at www.orlandoairports.net/contact/feedback.htm.

✓
Ground Transportation
Orlando International
Airport to Mariott
World Centre Hotel:
attend IHI National
Forum.

②

UNITED 

INTL

YIU/VERNADR

Orlando to Denver

UA 639	GATE	BOARDING BEGINS	SEAT
MCO - DEN 46	46	3:22 PM	27D
WED 10 DEC 2014	Gate May Change	Boarding Ends: 3:42 PM	Aisle
		Flight Departs: 3:57 PM	Economy
		Flight Arrives: 6:04 PM	

WT

UNITED 

INTL

HDZGST 6D 24
UA5489 MCOBAKA698

YIU/VERNADR

Denver to Edmonton

UA5489	GATE	BOARDING BEGINS	SEAT
DEN - YEG	NOT YET ASSIGNED	7:16 PM	6D
WED 10 DEC 2014		Boarding Ends: 7:26 PM	Window
		Flight Departs: 7:41 PM	Economy
		Flight Arrives: 10:44 PM	

BOARDING GROUP
3



OK



10-Year Currency Converter

All Bank of Canada exchange rates are indicative rates only, obtained from averages of transaction quotes from financial institutions. Please read our full [terms and conditions](http://www.bankofcanada.ca/rates/terms-and-conditions) (<http://www.bankofcanada.ca/rates/terms-and-conditions>) for details.

Conversions are based on Bank of Canada nominal noon exchange rates, which are published each about 12:30 ET.

View or save this data in: [SDMX](#), [XML](#), [CSV](#)

View data for the past:

- 1 week
- 2 weeks
- 1 month
- 3 months
- 6 months
- 1 year

65.00 USD (U.S. dollar (noon))

CAD (Canadian Dollar)

Date	CAD = Canadian Dollar	Exchange rate
2014-12-08	74.57 CAD	1.1472 [0.8717]

See Also

[Daily Currency Converter](http://www.bankofcanada.ca/rates/exchange/daily-converter/) (<http://www.bankofcanada.ca/rates/exchange/daily-converter/>)

Why is the Currency I'm Looking for Not Listed Here?

The Bank currently collects data for about 55 foreign currencies. This data is intended primarily for interest in foreign exchange markets, and represents a sampling of currencies from various regions. For an exhaustive listing of all world currencies, see the [World Currencies](#) page.

Are the Exchange Rates Shown Here Accepted by Canada Re

Yes. The Agency accepts Bank of Canada exchange rates as the basis for calculations involving interest rates that are denominated in foreign currencies.

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

Name: Dr. Verna Yiu

Reporting Period for the Month of: December 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-12-03	Direct Billing	Other	Flight: Edmonton-Calgary (return) - Moderator: President Speaker Series (flight cancelled by airline - credit on account)	Marlin Travel	\$406.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
Total Paid in the Month					\$406.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CASANDRA WAGNER Tel: 780-425-8611

*# flight cancelled:
credit on account.*

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:
Date: December 3, 2014
Page: 1/2
Our Reference:
Your Reference:

INVOICE

Flight to Calgary: Moderator - President Speaker Series.

For
DR VERNA YIU
AC

Thursday, December 4, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Dec14
AIR CANADA E
BOOKING REFERENCE
TICKET NUMBER
SEAT SELECTION 5A

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:53 AM

Mile(s) Flown: 153

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 04Dec14
AIR CANADA E
BOOKING REFERENCE
TICKET NUMBER
SEAT SELECTION 5A

Flight: 8140 V CLASS
02:30 PM Equipment: D8 (300 SERIES)
03:25 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB
AIR CANADA WEB

Tax: 332.00
74.96
Ticket Total: 406.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:
Date: December 3, 2014
Page: 2/2
Our Reference:
Your Reference:

INVOICE

Total:

Grand Total:	406.96
Less Credit Card Payments:	406.96
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.