

#### Official Administrator and Executive Expense Report

NameVickie KaminskiTitlePresident & Chief Executive OfficerLocationEdmontonExpenses submitted during the month of September 2014

						Travel	(1)								
Date	Source Document	Purpose	А	irfare	Meals	Accommod	lation	Otł Tra		Total Trave		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Ot	her (4)
Sep-1	4 P-Card	Meetings			2		173		549	7	24				
Sep-1	4 Expense Claim	Meetings							303	3	03				
Sep-1	4 Direct-Billing	Meetings		2,109						2,1	09				
Total			\$	2,109	\$ 2	\$	173	\$	852	\$ 3,1	36	\$-	\$-	\$	_
Total for the Month	\$ 3,136														

Maximum daily single meal expense claimed in the month	\$ 2
Maximum daily base hotel rate claimed in the month	\$ 154
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



KAMINSK	, VICKIE	PRESIDENT & CEO						
Cardholde	r's Name	Cardholder's Position	n/Title	Billin	ig Repo	orting Peri	iod:	20/08/2014
CORPORA	ATE	SEVENTH STREET	PLAZA					energy and the second
Cardholde	r's Dept	Cardholder's Site/Loo	cation	Tota	Staten	nent Amo	unt:	\$898.78 72475
VICKIE.KA	MINSKIMAL	BERTAHEALTHSERVICES.CA						
	's e-mail add		* 11 · · · · · · · · · · · · · · · · · ·	Last	6 digits	of the P-	Card #	Ē.
			and the second second	(				A CONTRACTOR OF A CONTRACTOR O
Statement	of Transact	ions						
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans	Amount	GST	Freigh Description
26/08/2014	362202564	AVIS RENT A CAR, AVIS RENT A CAR	• 141.15	CAD	V	141.15	.00	.00Rental Cer while In working out of Ca office and attending HRAC meeting.
27/08/2014	362500508	DELTA CALGARY SOUTH, DELTA HOTELS	9 48:26 174:63	CAD	V.7	341.20	<u>00.</u>	.001 night accomodation in Calary to w of Calgary office and atland HRAC m AHS minibursed for 2nd night by
20/08/2014	0025555566	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	• 72.00	CAD	1	72,00	3,49	
25. 2014	2556587	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD		72.00	3.4.	.outaxi from Edmonton Airport to Reside
12/08/2014	353998105	AVIS RENT A CAR, AVIS RENT A CAR	206,27	CAD	$\checkmark$	206.27	.00	.00 Rental Car to attend and two opening remarks at the AIHS/AHS Connects Conference in Bartf.
12/09/2014	364164162	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	♦ 13.25	CAD	1	13.22	.63	Parking at Southport - working out of t
12/00/2014	364280665	SSO, GAS / SERVICE STATIC IS	• 44.86	CAD	1	44.80	.od	Full for Rental Car used to travel to B AIHS/AHS Connects Continence.

services		
1201X2030	Card	holder Statement Re
Standbarks		a substant section .
Cardholder Designate (if Applicable)		and the second
By signing this statement I hereby certify that I have reviewed and reconciled this Program User Guide and Training. I have allocated the t	statement in BMO Online to the breat of my ability in transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.
Jennifer Hamstra	Executive Ser Cardholder De an te Portion/Title	cretary
Gignature of Cardhold or Deal grate	Date of Signature	t
Cardholder		
By signing this statement i attest that   have read and understand the "Travel, Hos expenses being claimed are in compliance with such pol-		)" of Alberta Health Services and confirm
<ul> <li>I ati at the expanse enclosed in this civil are for valid claimed by me or on my behalf from A behalf enth Serv charged is attached.</li> </ul>	business purposes for Alberta Health Services and ices or any other Organization. A personal cheque	for any personal expenses inadvertently
· I attest that expenses submitted in this claim have been	incurred by using a cost effective method, otherwis	e rationale and supporting analysis is
provided. KAMINSKI, VICKIE	PRESIDENT & CEO	
Nan or Caldholder	Cardholder Position/Title	01
Signature of Cardholder	AL AL . 26,21 Date of Signature	014.
<ul> <li>I attent that I have read and understand the "Travel, Ho expenses being claimed are in compliance with such point i test the copen is enclosed in this claim are for valid claimed by the claimant or on their behalf from Alberta H charged has been obtained, i attest that exploses su positived in this claim have been provided.</li> </ul>	licy. business purposes for Alberta Health Services and lealth Services or any other Organization. A person incurred by using a cost effective method, otherwis	that this cialm has not been previously al cheque for personal expenses inadvert se rationale and supporting analysis is
Name of Approver Designate	Approver Designate Posicun/Title	10(b) +C FO
Signature of Approver Designate	Scot. 29/14	•
Approver By signing this statement		
<ul> <li>I attest that I have read and understand the "Travel, Hos expensions being claimed are in compliance with such po</li> </ul>	spitality and Working Session Expense Policy (1122 Vicy.	?)" of Alberta Health Services and config
<ul> <li>Lattast the expanses enclosed in this dalm are for wild claimed by the dimant or on their behalf from Aberta H charged has been obtained.</li> <li>Lattast that expenses submitted in this claim have been</li> </ul>	tealth Services or any other Organization. A person	iai cheque for personal expenses insover
provided.	Approver Postion Ville	nistrator
The Wants	Date of Ignature	4
Submersport of element with effectionents to Associate	Payable	
Aftech: Original (or scanned) itemized recepts with documented b where required	our ness reasons including names of participants	Address: Alt_ta H: th Services
<ul> <li>Signed Cardholder Statement Report (or copies of electron And where applicable:</li> <li>Copies of pre-approvals for travel</li> <li>Per onal cheque payable to "Alberta Health Services"</li> </ul>	nic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 St Edmonton, AB T6J 3E4
Return, refund and/or credit receipts     Disputes letter		}
<ul> <li>Business resions for travel require detailed descriptions – meal), why travel was necessary and detailed explanation</li> </ul>	- include where travelled to, who attended (if of reason.	
Accounts Paysing only		

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

RECEIPT	and a second
Rontal Agreement Number: Vehicle Number:	
YOUR INFORMATION	
KAKINSKI, VICTORIA WIZARD NUMBER: AVIS DISC: PAYMENT METHOD:	98499-1
YOUR RENTAL	-
Picked up: YYC Date/Time: AUG 25, 20140 Returned: YYC	
Date/Time: AUG 26, 20140 Veh Group: Internediate Veh Charged: Full-Size Vehicle: BKC TERRAIN Odometer Out: Odometer In: Fuel Reading: Full	
YOUR VEHICLE CHARGES	
2 DY0 50.00 YOUR TIME AND MILEAGE:	100.00
YOUR TAXABLE FEES	
GST TAX *S6/DY FEE **15.01% FEE **VLF FEE FTP SR\$ 0.76DY* ENERGY RECOVERY 0.98/DY	6,65 12.00 16.64 2.60 1.50 1.95
YOUR SUBTOTAL TAXABLE SUBTOT PST .000%	134 50 .00
YOUR NON TAXABLE ITEMS	12.00
TOTAL CHARGES NET CHARGES YOUR TOTAL DUE:	141.15 141.15 0.00
PAID ON MASTER **CONCESSION RECOVERY FEE *CUSTOMER FACILITY CHARGE *CUSTOMER FACILITY CHARGE **VEH LICENSE FEE\$1.25/DY *FTP SUR \$ 5.25 MAX FF MLS/PNTS EARMED 500	
THANK YOU FOR RENTING WITH	I AVIS

GST NO R100361989

Other inquiries or s-receipt visit

or call 403-221 1700

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#### August 25-26, 2014 (\$141.15)

 Rental car while working out of the Calgary office and attending the HRAC meeting.

# ()



AB HEALTH SERVICES Ms Vickie Kaminski

Canada

Other

Total

0.00 15.86

Room: Folio: Cashier: Arrival: Departure:

08-25-14
08-27-14

Date	Description	Additional Information		Charges	Credits
08-25-14	Room Charge			154.00	
08-25-14	DMF			4.62	
08-25-14	Room GST			7.93	
08-25-14	Tourism Levy			6.34	
08-26-14	Atrium Cafe Charges			3.47	
08-26-14	Room Charge			154.00	174.63
08-26-14	DMF			4.62	177
08-26-14	Room GST			7.93	
08-26-14	Tourism Levy			6.34	
08-27-14	Mastercard				349.25
GST Sum	imary	Tota	1	349.25	349.25
Registrati Room	on No: 895126332 15.86	Bala	nce Due	0.00 CI	ON
F&B	0.00	Lastropartition of the second			

August 25, 2014 (\$174.63)

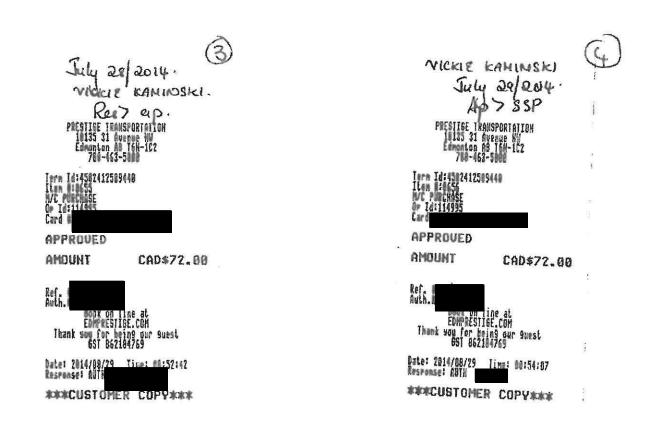
 1 night accommodation in Calgary to work out of the Calgary office and attend the HRAC meeting.

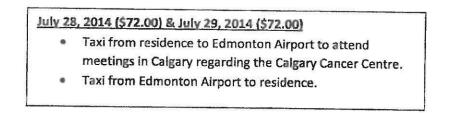
August 26, 2014 (\$174,63)

Cheque attached to reimburse AHS for 2<sup>nd</sup> nights' . accommodation.

Guest Signature:

agree that my liability for this bill is not walved and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.





RECEIPT	
Rental Agreement Number: Vehicle Number:	
YOUR INFORMATION	
KAMINSKI, VICTORIA AVIS DISC: PAYMENT METHOD:	
YOUR RENTAL	
Picked up: YYC Date/Time: SEP 11, 2014@ Returned: YYC Date/Time: SEP 12, 2014@ Veh Group: Cool Cars Veh Charged: Vehicle: Odometer Out: 15413 Odometer In: 15739 Fuel Reading: Full	
YOUR VEHICLE CHARGES	
1 HRØ 73.51 1 DYØ 98.00 DISCOUNT 10.0 YOUR TIME AND MILEAGE:	73.51 98.00 17.15 <b>154.36</b>
YOUR TAXABLE FEES	
GST TAX *\$6/DY FEE **15.61% FEE **VLF FEE FTP SR\$ 0.75DY* ENERGY RECOVERY 0.96/DY	9.79 12.00 24.91 2.50 75 1.96
YOUR SUBTOTAL TAXABLE SUBTOT PST .000%	196.48 .00
YOUR NON TAXABLE ITEMS	12.00
TOTAL CHARGES NET CHARGES YOUR TOTAL DUE:	206.27 206.27 0.00
PAID ON **CONCESSION ALBORIT FEE *CUSTOMER FACILITY CHARGE *CUSTOMER FACILITY CHARGE **VEH LICENSE FEE\$1.25/DY *FTP SUR \$ 6.25 MAX FF HLS/PNTS EARNED 500	

## September 11, 2014 (\$206.27)

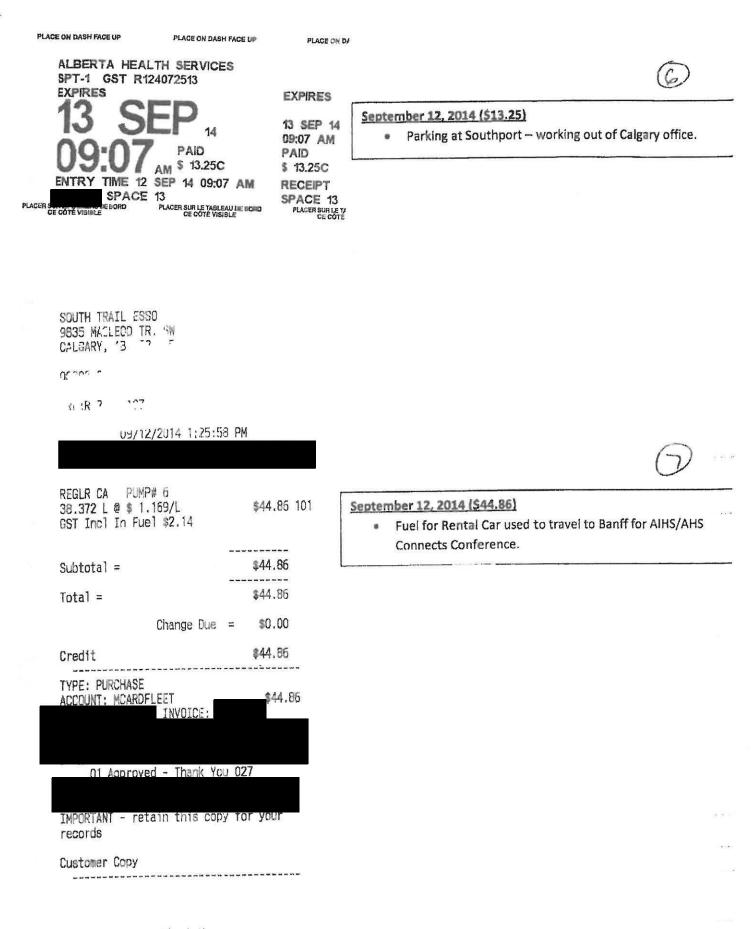
• Rental car to attend and give opening remarks at the AIHS/AHS Connects Conference in Banff,

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- THANK YOU FOR RENTING WITH AVIS
  - GST NO R100361989

Other inquiries or e-receipt visit WWW.AVIS.COM

or call 403-221 1700





#### TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff C	DNLY)	
<ul> <li>Enter employee # (old) and Employee # (E-People) if your p</li> </ul>	ayroll has migrated to the New E-People payroll system	Expense Date From: 19-Sep-14 To 22-Sep-14
<ul> <li>Indicate N/A in the Employee # (E-People) if your payroll ha</li> <li>If you are a new employee and your payroll is E-People you</li> </ul>	s not migrated to the New E-People payroll system	Travel Period from: To(If apparents)
Name: Vickie Kaminski	Position (Title): President	Out-of-Province Travel
Location ept: Corporate		
Employee # (E-People):	an a	
SECTION E: FINANCE CODING & TOTAL CLAIM	na n	
Project N	lumber	Project Task Number
CAPITAL PROJECT CODING ONLY → Expenditure	e Organization , .	Expenditure Type
Total - Section B: Travel - Pg 2	Total - Section C&D: Other & Foreign Exp	
Bal , Functional Total		TOTAL REIMBURSEMENT
Pg Unit Location Centre (FC) Expense	Bal Location Functional Centre (FC) Secon Expo	andary/ Total Total Section B \$303.00
2A 101 0008 71110100074 \$303.00		Total Section C&D
2B		Less Cash Advance
2C		
2D		TOTAL CLAIM \$303.00
\$303.00	**User to enter Coding & \$ Amounts	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These fields do not automatically fill for S	Section C & D
SECTION F: AUTHORIZATION		
	of Aliverta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory that this claim has not been previously claimed by me of on my behalf from Alberta Hankh Services or any other Org	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise		ing Session Expenses Policy - Document# 1122
I, by signing this form, attact that I am compliant to all the above statements	in to a inf	pot 26/11
Employee Signature:	s coperses, and confirm sopenses being claimed are in compliance with such policies.	7-010/14
	that this claim has not been previously claimed by the claiment or on their behalf from Alberta Heilith Services or any	y other Organization. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.
I attest that expenses submitted in this claim have been incurred by using a cost effective mothod, otherwise	An expression and the second	
Approved By (PRINT ONLY): Janet Davidson	DOFA Level Position	# Phone Att
I, by signing this form, attent that I am compliant to all the above statements Signature:	Title Official Administrator	netten 8 Date 30/09/14
I ettect that I have read and understand all applicable policies of Alberta Health Services that pertain to these		/ 4 /
I activit the expenses enclosed in this claim are for valid business purposes for Alberta Hearth Services and t I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise	that this claim has not been previously dailmed by the daiment or on their behalf from Alberta Health Services or any rationalis and supportion analysis is provided show.	ether Organiumion.
Approved By (PRINT ONLY): Jeb Rhodes	S DOFA	
I, by signing this form, attest that I are compilant to all the above statements Signature:	nah Rhades Title , VP Corodo	ateServicesaCFO Date Sept-29/14
Haptile and Demonstration on the family and the full and the state		the second se

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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

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#### EXPENSE CLAIM DETAILS

Г Е	nter Finance Coding 101 0006	7111010	074		Emp # (E-P	eople)							Pa	ge 2A
If expenses	s incurred are for <b>multiple FC's</b> please use pages 2B in slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	,2C,2D (a	fter pg3) as	there sho	uld be one Fi	C per page his section	OR if	more lines	are required ermined by th	for the same	FC use the	se addition	al pages. Er	nter total
and the second se	B: TRAVEL EXPENSES NOTE: If expense										ice go to SECT	ION C	- 442	ieng Maariaana
Select from dro	pdown (column Prov) where expenses were incurred (Out of N.Am te lines are used for claim items that differ in Province, US and Out o	erica = Inter of North Ame	ή) rice.			Compl	etion o		Effective Met			EQUIRED.		
		Prov, US,			Fu	urther Exp	lanatio					tion on this	page	
Date	Business Reason for Travel - Detailed Description Required	or Out of	What is travel	Cost Effective	Meal (	Allowance	OR R	eceipt)		ing claimed i t stated in Apj		Rental Carl		
dd-mmm-yy	(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	N.Amer where expenses incurred?	related to?	Method Used? Yes/No	Meel Allo Meel Type with value	Allowance	Meal Meal Type	with Receipt	rati Airfare	onale is requi	red Taxi	SECTION C  is REQUIRED.  d" section on this page the bask rA" Parking / Parking / Fuel	Mileage (km)	
20-Sep-14	Travel from Edmonton to Calgary and return to present at the AMA Representative Forum and AGM in Calgary.	AB - Provinc	Meeting	Yes										600.00
		1			1		1							Total Kms
	SUBTOTALS				J	<u> </u>	1			L	L	l	1	600.00
	MILEAGE - Business Kilom → details of travel location to & from must	be include	d above unde	er the purpo	ose of travel co	lumn	2		Enter	\$0.505 km, \$0			ils to the left)	\$0.505
	Rates applicable \$0.505 per km for under 5,000km	<u>/yr</u> or <b>\$0.47</b>	per km for g	ver 5,000k	m/yr cr per Uni	on Agreeme	nt				an and an and an and an		Selection of the second se	\$303.00
	ote: Total will auto fill into pg 1, Section E, if form con	noleted elu	ectronically	- Addition	nal pg 2's can	be found a	fter Pa	ge 3						
		.protan in						5		Au	to fills on pa	ge 1 - TOTA	L TRAVEL \$	\$303.00
Rationa (Any ana	le is Required for expenses that are not Cost E alysis supporting the method to assess cost e	<u>Effective</u> ffectiven	ess shou	d be atta	iched to the	e claim foi	<u>m)</u>							

elbertenealthservices.ca



# 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 X No

Name: Vickie Kaminski	Reporting Period for the Month of: September 2014

Date	Date Payment Method Category Description/Purpose for Expense		Name of Vendor Paid	Amount Paid	
2014-08-18 Direct Billing Transpo		Transportation	Airline ticket one way from Edmonton to Calgary on August 25, 2014 to work out of the Calgary office and attend the HRAC meeting. (Invoice	Marlin Travel	\$222.48
2014-08-28	Direct Billing	Transportation	Airline tickets from Edmonton to	Marlin Travel	\$444.96

Total Paid in the M	anth					\$1,600.36
2014-09-15	Direct Billing	Transportation	Flight return time on September 18 needed to be changed due to an urgent meeting in Edmonton (Invoice	Marlin Travel		51.00
			(Invoice 13894). Note: Departure time error on invoice - new invoice reissued with correct departure time no charge. (Invoice			
2014-09-11	Direct Billing	Transportation	Airline tickets from Edmonton to Calgary on September 16 <sup>th</sup> and return on September 18 <sup>th</sup> to work our of Calgary office	Marlin Travel	/	\$434.96
2014-09-09	Direct Billing	Transportation	Calgary return on September 4, 2014 to attend QSAC meeting. Location of meeting change, flight cancelled, a credit was issued for the full amount to be used on a later flight. (Invoice Airline tickets from Edmonton to Calgary on September 11, 2014 and return on September 12. Presented at the 2014 AIHS/AHS Connects Conference in Banff on September 11 <sup>th</sup> and worked out of the Calgary office on September 12th. (Invoice	Marlin Travel	/	446.96

albertahealthservices.ca



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- 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 X No

Name: Vickie Kaminski			Reporting Period for the Month of: September 2014			
Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid	
		Contract Contract Reserves on the contract of the Contract				
2014-09-17	Direct Billing	Transportation	Invoice flight departure change.	Marlin Travel	\$100.00	

2014-09-17	Direct Billing	Transportation	Flight to Calgary on September 17 changed - no outbound flight; need to only use return flight September 18. Credit from September 17 change used towards flight October 16 to Vancouver. (Invoice	Marlin Travel	\$126.00
2014-09-11	Direct Billing	Transportation	Flight to Ottawa and return September 22-23, 2014 to present at the Conference Board of Canada - Centre for Health System and Design and Management. (Invoice 13900-NOTE: Credit used for this flight xref Invariant and Content NOTE: This trip was cancelled and as per Marlin Travel September 22, we were issued a full credit from all portions of this flight to be used at a later date.	Marlin Travel	\$282.99
	Choose One	Choose One			
Total Paid in the Mont	th			Langer and the second	\$508.99

Total - 2,109.35\_

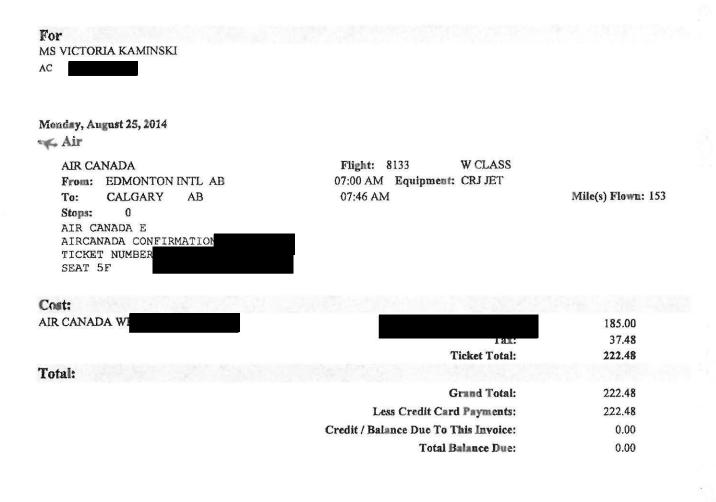
To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

August 18, 2014

1/2

INVOICE



I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....

Invoice Number: Date: Page: Our Reference: Your Reference:



August 18, 2014 2/2



#### INVOICE

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.

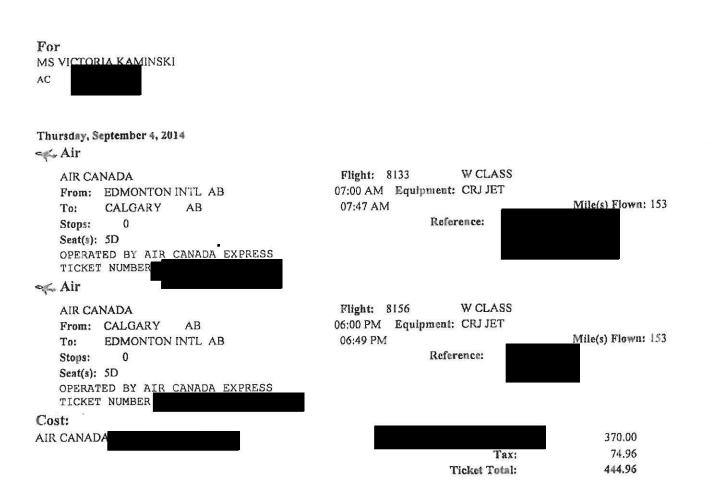
To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

Date: Page: Our Reference: Your Reference:	Invoice Number:
Our Reference:	Date:
Electronic and the second second	Page:
Your References	Our Reference:
	Your Reference:

August 28, 2014

1/2

INVOICE



Invoice Number: Date: Page: Our Reference: Your Reference:



# INVOICE

Total:

Grand Total:	444.96
Less Credit Card Payments:	444,96
Credit / Balance Due To This Invoice:	0.00
<b>Total Balance Due:</b>	0.00

1 HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:.......DECLINED:......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 SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

• • 2 • • •

Invoice l	Number:
Date:	
Page:	
Our Ref	erence:
Your Re	ference:

September 9, 2014 1/2

# INVOICE

For MS VICTORIA KAMINSKI AC Thursday, September 11, 2014 🛹 Air Flight: 8143 V CLASS AIR CANADA 12:00 PM Equipment: DH4 From: EDMONTON INTL AB 12:50 PM Mile(s) Flown: 153 CALGARY AB To: 0 Stops: AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMB SEAT 3D Friday, September 12, 2014 🛹 Air V CLASS Flight: 8150 AIR CANADA 03:30 PM Equipment: DH4 From: CALGARY AB Mile(s) Flown: 153 04:19 PM EDMONTON INTL AB To: Stops: 0 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUM SEAT 2C

Cost: AIR CANADA WE 107 **Ticket Total:** 

372.00

74.96 446.96

Invoice Number: Date: Page: **Our Reference:** Your Reference:

September 9, 2014 2/2

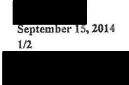
## INVOICE

Tatal	
Total: Grand Total:	446.96
Less Credit Card Payments:	446,96
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.

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

<b>Invoice Number:</b>
Date:
Page:
Our Reference:
Your Reference:



# INVOICE

For MS VICTORIA KAMINSKI AC

Tuesday, September 16, 2014 ݼ Air

> AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER SEAT 3D

 Flight:
 8171
 W CLASS

 07:00 PM
 Equipment:
 D8 (300 SERIES)

 07:52 PM

Mile(s) Flown: 153

Thursday, September 18, 2014

AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER SEAT 3D Flight: 8150 V CLASS 03:30 PM Equipment: DH4 04:19 PM

Mile(s) Flown: 153

Cost:	1	
AIR CANADA	WEB	
AIR CANADA	WEB	

1.00 50.00

Invoice Number:
Date:
Page:
<b>Our Reference:</b>
Your Reference:



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2/2

### INVOICE

Total:

Grand Total:	51.00
Less Credit Card Payments:	51.00
Credit / Balance Due To This Invoice:	0.00
<b>Total Previous Payments:</b>	434.96
Total Charges Previous Invoices:	434.96
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:........DECLINED:.......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.

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

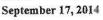
September 17, 2014 1/2

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# INVOICE

For MS VICTORIA KAMINSKI		
AC		
Wednesday, September 17, 2014		
AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 AIR CANADA E AIR CANADA CONFIRMATIO TICKET NUMBER SEAT 3C	Flight: 8171 V CLASS 07:00 PM Equipment: D8 (300 SERIES) 07:52 PM	Mile(s) Flown: 153
Thursday, September 18, 2014		
AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 AIR CANADA E AIR CANADA CONFIRMATIC TICKET NUMBER SEAT 3D	Flight: 8142 Q CLASS 12:30 PM Equipment: DH4 01:19 PM	Mile(s) Flown: 153
Cost:		
AIR CAN		50.00 50.00

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:



2/2

### INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
Credit / Balance Due To This Invoice:	0.00
<b>Total Previous Payments:</b>	485.96
<b>Total Charges Previous Invoices:</b>	485.96
Total Balance Due:	0.00

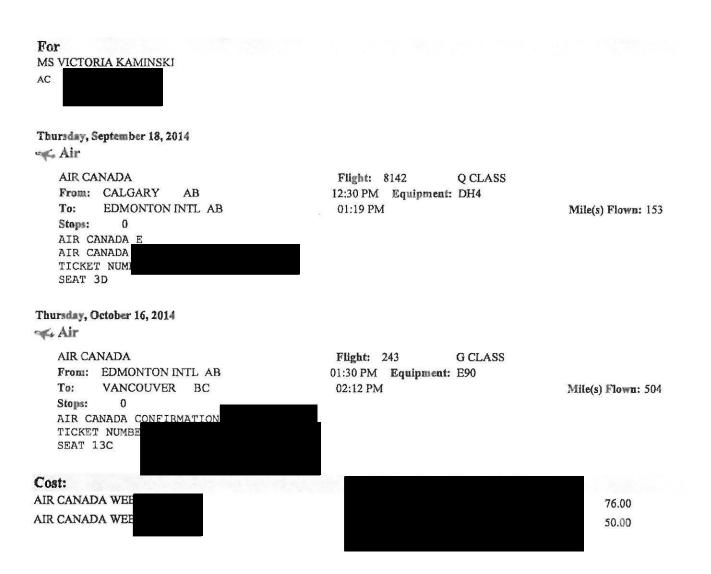
I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:.......DECLINED:......DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:...DECLINED:...DECLINED:...DECLINED:...DECLINED:...DECLINED:VALID PASSPORT...VISA..TOURIST CARD... ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... 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 SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

Invoice Number:
Date:
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Our Reference:
Your Reference:

September 17, 2014 1/2

# INVOICE



Invoice Number: Date: Page: Our Reference: Your Reference:

September 17, 2014 2/2

## INVOICE

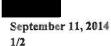
Total:

Grand Total:	126.00
Less Credit Card Payments:	126.00
Credit / Balance Due To This Invoice:	0.00
<b>Total Previous Payments:</b>	585.96
<b>Total Charges Previous Invoices:</b>	585.96
<b>Total Balance Due:</b>	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 UNDER WRITTEN 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 SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

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 MS VICTORIA KAMINSKI

AC

Monday, September 22, 2014 🛹 Air G CLASS Flight: 104 AIR CANADA 08:00 AM Equipment: A320 From: EDMONTON INTL AB Mile(s) Flown: 1776 OTTAWA 01:40 PM ON To: Stops: 0 AIR CANADA CONFIRMAT SEAT 13D Tuesday, September 23, 2014 🛹 Air **G** CLASS AIR CANADA Flight: 193 From: OTTAWA ON 08:30 AM Equipment: A320 EDMONTON INTL AB 10:53 AM Mile(s) Flown: 1776 To: Stops: 0 SEAT 13D Cost: AIR CANADA WE 180.00 Tax: 2.99 182.99

AIR CANADA WEB

Invoice Number:
Date:
Page:
<b>Our Reference:</b>
Your Reference:

# September 11, 2014 2/2

# INVOICE

Total:

:

Grand Total:	282.99
Less Credit Card Payments:	282.99
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

USED CREDIT FROM LOCATOR

UNDER VICTORIA KAMINSKI

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.