

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
Location Edmonton

Expenses submitted during the month of October 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)
Oct-14	P-Card	Meetings		25	430	267	722			
Oct-14	Expense Claim	Meetings				18	18			
Oct-14	Direct-Billing	Meetings	257				257			
Total			\$ 257	\$ 25	\$ 430	\$ 285	\$ 997	\$ -	\$ -	\$ -

Total for the Month \$ 997

Maximum daily single meal expense claimed in the month \$ 25
 Maximum daily base hotel rate claimed in the month \$ 204
 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

KAMINSKI, VICKIE Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period:	20/10/2014
CORPORATE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$721.85
VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/09/2014	364938812	DELTA CALGARY SOUTH, DELTA HOTELS	254.23	CAD	254.23	.00		.001 night accommodation and meal in Calgary - presented at the Southern AB Chapter-CCHL Event.
21/09/2014	365065710	HYATT REGENCY CALGARY, HYATT HOTELS	201.07	CAD	201.07	.00		.001 night accomodation - attended the AMA Representative Forum and AGM.
22/09/2014	365192642	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	87.85	CAD	67.85	3.23		Taxi from YEG to Office.
24/09/2014	365518455	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	54.70	CAD	54.70	2.60		.00Taxi from RGH to Calgary Airport - presented at the Southern Alberta Chapter - CCHL Event.
25/09/2014	365519456	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00Taxi from YEG to Residence - worked out of Calgary Office.
25/09/2014	365518457	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00Taxi from YEG to Residence - presented at the Southern Alberta Chapter - CCHL Event in Calgary.



Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Jennifer Hunstra</u> Name of Cardholder Designate</p> <p><u>J. Hunstra</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>Oct. 22, 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>KAMINSKI, VICKIE</u> Name of Cardholder</p> <p><u>Vickie Kaminski</u> Signature of Cardholder</p>	<p><u>PRESIDENT & CEO</u> Cardholder Position/Title</p> <p><u>Oct 28, 2014</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>Deborah Rhodes</u> Signature of Approver Designate</p>	<p><u>VP Corp Services + CFO</u> Approver Designate Position/Title</p> <p><u>Oct 31/14</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Janet Davidson</u> Name of Approver</p> <p><u>Janet Davidson</u> Signature of Approver</p>	<p><u>Official Administrator</u> Approver Position/Title</p> <p><u>04/11/14</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<p>Attach:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
At accounts Payable only		
Reference #:	Reviewed by:	Date:



DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

Tel: 403-278-5050 Fax: 403-225-5834



AB HEALTH SERVICES

Ms Vickie Kaminski

Canada

Room: [REDACTED]

Folio: [REDACTED]

Cashier: [REDACTED]

Arrival: 09-17-14

Departure: 09-18-14

Date	Description	Additional Information	Charges	Credits
09-17-14	In Room Dining Charges	[REDACTED]	25.20	
09-17-14	Room Charge		204.00	
09-17-14	DMF		6.12	
09-17-14	Room GST		10.51	
09-17-14	Tourism Levy		8.40	

GST Summary

Registration No: 895126332

Room 10.51

F&B 0.00

Other 0.00

Total 10.51

Total	254.23	0.00
Balance Due	254.23 CDN	

September 17, 2014 (\$254.23)

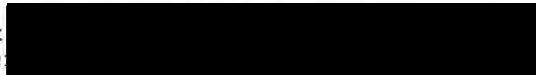
- 1 night accommodation and meal (exceeds the guideline for accommodation by \$4.00 as only room available at time of booking) in Calgary to present at the Southern Alberta Chapter – CCHL Event on September 18, 2014.

Guest Signature: _____

I agree that my liability for this bill is not waived 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.

BOONTOWN PUB & PATIO
188 Southland Dr. S.E.
Calgary, Alberta
T2V 5M5

Check
Serve



ROOM SERVICE

CHICKEN FINGERS	(20:15)	15.00
Dasani Water	(20:15)	3.00
\$3.00 DELIVERY CHARGE	(20:15)	3.00
DELIVERY TIME	(00:00)	0.00

	Sub Total:	21.00
	Tax 1:	1.05
20:15	Total:	22.05

Payments:	Ant-Tend	Tip/Cng	Tally
ROOM CHARG	25.20	3.15	22.05
09/17/2014 20:51			-----
			22.05

Grat: 15 GRATUIT Applied 3.15



Terminal:

RD





Hyatt Regency Calgary
 700 Centre Street SE
 Calgary, AB T2G 5P6
 Ph: 403-717-1234
 Fax: 403-537-4444

②

INFORMATION INVOICE

Payee: Vickie Kaminski
 [Redacted]

Room No. [Redacted]
 Arrival 09-19-14
 Departure 09-20-14
 Page No. 1 of 1
 Folio Window 1
 Folio No.

Confirmation No. [Redacted]
 Group Name

Date	Description	Charges	Credits
09-19-14	# Guest Room	179.10	
09-19-14	* # DMF Levy 3.0%	5.37	
09-19-14	* # Alberta Room Tax 4.0%	7.38	
09-19-14	* # Room - GST 5.0%	9.22	
Total		201.07	0.00

Guest Signature

Balance

201.07

I agree that my liability for this bill is not waived and I 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.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Regency Calgary. Your feedback is very important to us. For any comments regarding your stay, please feel free to contact our Manager on Duty via email at QualityCALRC@hyatt.com

Hyatt Gold Passport Summary

For inquiries concerning your bill please call 888-587-4589 or email NA.CustomerService@Hyatt.com

No Membership to be credited

For the best rates available, please visit us at www.hyattregencycalgary.com

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Please remit payment to:
 Hyatt Regency Calgary
 Balboa Hotels Ltd.
 PO Box 10104, STN A
 Toronto, ON
 M5W 2B1

September 19, 2014 (\$201.07)

- 1 night accommodation –attended the AMA Representative Forum and AGM on September 20, 2014.

AMA present a P-card.

3

AIRPORT TAXI SERVICE
4608 101 ST. (780697670)
EDMONTON, AB
T8E 5G9

Term ID: 05071922

Purchase

[Redacted]

MASTERCARD Entry Method: C

Invoice # [Redacted]

Amount: \$ 59.00
Tip: \$ 8.85
Total: \$ 67.85

2014/09/22 00:25:59

Seq #: [Redacted]

Appr Code: [Redacted]

Resp Code: [Redacted]

September 22, 2014 (\$67.85)
• Taxi from YEG to Office.

MasterCard
A0000000041010
FA 62 C2 01 0C EC 20 26
00 00 00 00 00
E8 00
13 54 67 87 C4 06 63 7F

APPROVED
Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -
retain this copy for your records

GST R0483W104 RT0001

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

4

DATE: 2014/09/18
PICK-UP TIME: 09:01
DROP-OFF TIME: 09:24
TRIP ID: 521061
LOCATION: 073000-45024103707
CAR NUMBER: 0500
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) 48.70
EXTRA (\$) 0.00
SUBTOTAL (\$) 48.70

September 18, 2014 (\$54.70)

- Taxi from Rockyview Hospital to Calgary Airport presented at the Southern Alberta Chapter – CCHL Event.

TIP (\$) _____

TOTAL (\$) 54.78

SIGNATURE _____

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

CUSTOMER'S COPY

VICKIE KANINSKI
SEP 12 / 2014
EIA > RES

PRESTIGE TRANSPORTATION
19135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item # [REDACTED]
M/C PURCHASE
Op Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest.
BST 862184769

Date: 2014/09/25 Time: 22:54:38
Response: [REDACTED]

CUSTOMER COPY

5

September 12, 2014 (\$72.00)

- Taxi from YEG to Residence – worked out of the Calgary Office.

VICKIE KANINSKI
Sept. 18 / 2014
EIA > RES.

PRESTIGE TRANSPORTATION
19135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item # 10699
M/C PURCHASE
Op Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest.
BST 862184769

Date: 2014/09/25 Time: 22:57:44
Response: AUTH [REDACTED]

CUSTOMER COPY

6

September 18, 2014 (\$72.00)

- Taxi from YEG to Residence – presented at the Southern Alberta Chapter – CCHL Event in Calgary.

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)		Expense Date From: 1-Oct-14 To 31-Oct-14
<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) 		Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel
Name: Vickie Kaminski		Position (Title): President & CEO
Location: _____	Dept: Corporate	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																																																							
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SECTION F: AUTHORIZATION	
<p>I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.</p> <p>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.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122</p>	
1. by signing this form, attest that I am compliant to all the above statements. Employee Signature: <i>Vickie Kaminski</i>	Date: <i>Oct 28, 2014</i>
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>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.</p> <p>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.</p>	
Approved By (PRINT ONLY): Janet Davidson	DOFA Level _____ Position # _____ Phone # _____ Ext _____
Signature: <i>Janet Davidson</i>	Title: Official Administrator Date: <i>09/16/14</i>
<p>I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</p> <p>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.</p> <p>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.</p>	
Approved By (PRINT ONLY): Deborah Rhodes	DOFA Level _____ Position # _____ Phone # _____ Ext _____
Signature: <i>Deborah Rhodes</i>	Title: VP Corp Services & CFO Date: <i>Oct-31/14</i>

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

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0008 71110100074	Emp # (E-People) [REDACTED]	Page 2A
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*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 = Int'l)
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? Yes/No	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						
1-Oct-14	Parking - Dinner Meeting with Ruby Brown, Assistant Deputy Minister, Health Services - Alberta Health.	AB - Provinc	Meeting	Yes								\$18.00		
SUBTOTALS												\$18.00	Total Kms	

<p align="center">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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>
<p align="right">Mileage \$</p>	
<p align="right">Travel \$ Subtotal \$18.00</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$18.00</p>	

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)

***RECEIPT**
Impark Lot 101
Stall #01
Expiration Date/Time
EXP 08:26PM
OCT 01, 2014

Purchase Date/Time: 05:26pm Oct 01, 2014
Total Parking: \$17.34
Total gst: \$0.66
Total Due: \$18.00 Rate: 3 hours - \$18.00
Total Paid: \$18.00 Payment Type: Car



Setting: Lot 101
Mach Name: Meter 3
GST #667316636RT0001
NO IN AND OUT PRIVILEGES

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

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: Vickie Kaminski	Reporting Period for the Month of: October 2014
-----------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-10	Direct Billing	Transportation	Airline ticket from Vancouver to Edmonton on October 17- Reference LSVATE - cancelled and credit to be used at a later date. <i>(Western CEO Forum)</i>	Marlin Travel	\$257.48
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					257.48

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 10, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Friday, October 17, 2014

 Air

AIR CANADA
From: VANCOUVER BC
To: CALGARY AB
Stops: 0 Arrival: 17Oct14
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION 13C

Flight: 214 W CLASS
01:00 PM Equipment: E90
03:25 PM

Mile(s) Flown: 428

Hotel

Check In: 17Oct2014
Check Out: 18Oct2014
CALGARY AB
FAIRMONT HOTELS AND RESORTS
FAIRMONT PALLISER
133 9TH AVE SOUTHWEST
CALGARY
CA
ABT2P 2M3
Tel: 4032621234
Fax: 4032601260
Confirmation: [REDACTED]

Rooms 1
1 Nights(s)

MODERATE ONE QUEEN BED
Rate: 199.00 CAD per Night
Guaranteed for late arrival

To attend Western CBO Forum

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

Invoice Number: [REDACTED]
Date: October 10, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Cost:	
AIR CANADA WEB [REDACTED]	
AIR CANADA WEB [REDACTED]	230.00
	Tax: 27.48
	Ticket Total: 257.48
Total:	
	Grand Total: 257.48
	Less Credit Card Payments: 257.48
	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.

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

KAMINSKI, VICKIE Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period:	20/10/2014
CORPORATE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$721.85
VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/09/2014	364938812	DELTA CALGARY SOUTH, DELTA HOTELS	254.23	CAD	254.23	.00		.001 night accommodation and meal in Calgary - presented at the Southern AB Chapter-CCHL Event.
21/09/2014	365065710	HYATT REGENCY CALGARY, HYATT HOTELS	201.07	CAD	201.07	.00		.001 night accomodation - attended the AMA Representative Forum and AGM.
22/09/2014	365192642	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	87.85	CAD	67.85	3.23		Taxi from YEG to Office.
24/09/2014	365518455	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	54.70	CAD	54.70	2.60		.00Taxi from RGH to Calgary Airport - presented at the Southern Alberta Chapter - CCHL Event.
25/09/2014	365519456	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00Taxi from YEG to Residence - worked out of Calgary Office.
25/09/2014	365518457	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00Taxi from YEG to Residence - presented at the Southern Alberta Chapter - CCHL Event in Calgary.



Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Jennifer Hunstra</u> Name of Cardholder Designate</p> <p><u>J Hunstra</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>Oct. 22, 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>KAMINSKI, VICKIE</u> Name of Cardholder</p> <p><u>Vickie Kaminski</u> Signature of Cardholder</p>	<p><u>PRESIDENT & CEO</u> Cardholder Position/Title</p> <p><u>Oct 28, 2014</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>Deborah Rhodes</u> Signature of Approver Designate</p>	<p><u>VP Corp Services + CFO</u> Approver Designate Position/Title</p> <p><u>Oct 31/14</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Janet Davidson</u> Name of Approver</p> <p><u>Janet Davidson</u> Signature of Approver</p>	<p><u>Official Administrator</u> Approver Position/Title</p> <p><u>04/11/14</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<p>Attach:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
At accounts Payable only		
Reference #:	Reviewed by:	Date:



DELTA


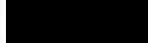
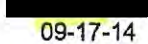
CALGARY SOUTH


135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834



AB HEALTH SERVICES
Ms Vickie Kaminski

Canada

Room: 
Folio: 
Cashier: 
Arrival: 09-17-14
Departure: 09-18-14

Date	Description	Additional Information	Charges	Credits
09-17-14	In Room Dining Charges		25.20	
09-17-14	Room Charge		204.00	
09-17-14	DMF		6.12	
09-17-14	Room GST		10.51	
09-17-14	Tourism Levy		8.40	

GST Summary	
Registration No: 895126332	
Room	10.51
F&B	0.00
Other	0.00
Total	10.51

Total	254.23	0.00
Balance Due	254.23	CDN

September 17, 2014 (\$254.23)

- 1 night accommodation and meal (exceeds the guideline for accommodation by \$4.00 as only room available at time of booking) in Calgary to present at the Southern Alberta Chapter – CCHL Event on September 18, 2014.

Guest Signature: _____

I agree that my liability for this bill is not waived 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.

BOONTOWN PUB & PATIO
188 Southland Dr. S.E.
Calgary, Alberta
T2V 5M5

Check
Serve



ROOM SERVICE

CHICKEN FINGERS	(20:15)	15.00
Dasani Water	(20:15)	3.00
\$3.00 DELIVERY CHARGE	(20:15)	3.00
DELIVERY TIME	(00:00)	0.00

	Sub Total:	21.00
	Tax 1:	1.05
20:15	Total:	22.05

Payments:	Ant-Tend	Tip/Cng	Tally
ROOM CHARG	25.20	3.15	22.05
09/17/2014 20:51			-----
			22.05

Grat: 15 GRATUIT Applied 3.15



Terminal:

RD





Hyatt Regency Calgary
 700 Centre Street SE
 Calgary, AB T2G 5P6
 Ph: 403-717-1234
 Fax: 403-537-4444

②

INFORMATION INVOICE

Payee: Vickie Kaminski
 [Redacted]

Room No. [Redacted]
 Arrival 09-19-14
 Departure 09-20-14
 Page No. 1 of 1
 Folio Window 1
 Folio No.

Confirmation No. [Redacted]
 Group Name

Date	Description	Charges	Credits
09-19-14	# Guest Room	179.10	
09-19-14	* # DMF Levy 3.0%	5.37	
09-19-14	* # Alberta Room Tax 4.0%	7.38	
09-19-14	* # Room - GST 5.0%	9.22	
Total		201.07	0.00

Guest Signature

Balance

201.07

I agree that my liability for this bill is not waived and I 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.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Regency Calgary. Your feedback is very important to us. For any comments regarding your stay, please feel free to contact our Manager on Duty via email at QualityCALRC@hyatt.com

Hyatt Gold Passport Summary

No Membership to be credited

For inquiries concerning your bill please call 888-587-4589 or email NA.CustomerService@Hyatt.com

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

For the best rates available, please visit us at www.hyattregencycalgary.com

Please remit payment to:
 Hyatt Regency Calgary
 Balboa Hotels Ltd.
 PO Box 10104, STN A
 Toronto, ON
 M5W 2B1

September 19, 2014 (\$201.07)

- 1 night accommodation –attended the AMA Representative Forum and AGM on September 20, 2014.

AMA present a P-card.

3

AIRPORT TAXI SERVICE
4608 101 ST. (780697670)
EDMONTON, AB
T8E 5G9

Term ID: 05071922

Purchase

[REDACTED]

MASTERCARD Entry Method: C

Invoice # [REDACTED]

Amount: \$ 59.00
Tip: \$ 8.85
Total: \$ 67.85

2014/09/22 00:25:59

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: [REDACTED]

September 22, 2014 (\$67.85)
• Taxi from YEG to Office.

MasterCard
A0000000041010
FA 62 C2 01 0C EC 20 26
00 00 00 00 00
E8 00
13 54 67 87 C4 06 63 7F

APPROVED
Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -
retain this copy for your records

GST R0483W104 RT0001

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

4

DATE: 2014/09/18
PICK-UP TIME: 09:01
DROP-OFF TIME: 09:24
TRIP ID: 521061
LOCATION: 073000-45024103707
CAR NUMBER: 0500
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) 48.70
EXTRA (\$) 0.00
SUBTTL (\$) 48.70

September 18, 2014 (\$54.70)

- Taxi from Rockyview Hospital to Calgary Airport presented at the Southern Alberta Chapter – CCHL Event.

TIP (\$) _____

TOTAL (\$) 54.78

SIGNATURE _____

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

CUSTOMER'S COPY

VICKIE KANINSKI
SEP 12 / 2014
EIA > RES

PRESTIGE TRANSPORTATION
19135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item # [REDACTED]
M/C PURCHASE
Op Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest.
BST 862184769

Date: 2014/09/25 Time: 22:54:38
Response: [REDACTED]

CUSTOMER COPY

5

September 12, 2014 (\$72.00)

- Taxi from YEG to Residence – worked out of the Calgary Office.

VICKIE KANINSKI
Sept. 18 / 2014
EIA > RES.

PRESTIGE TRANSPORTATION
19135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item # 10699
M/C PURCHASE
Op Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest.
BST 862184769

Date: 2014/09/25 Time: 22:57:44
Response: AUTH [REDACTED]

CUSTOMER COPY

6

September 18, 2014 (\$72.00)

- Taxi from YEG to Residence – presented at the Southern Alberta Chapter – CCHL Event in Calgary.

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-Oct-14 **To:** 31-Oct-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Vickie Kaminski **Position (Title):** President & CEO
Location: _____ **Dept:** Corporate **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	Total Section B	Total Section C&D	
2A	101	0006	71110100074	\$18.00						\$18.00		
2B												
2C												
2D												
				\$18.00	*User to enter Coding & \$ Amounts						TOTAL CLAIM	\$18.00

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 & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

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

I, by signing this form, attest that I am compliant to all the above statements.
Employee Signature: Vickie Kaminski **Date:** Oct 28, 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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): Janet Davidson **DOFA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____
Signature: Janet Davidson **Title:** Official Administrator **Date:** 09/16/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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:** VP Corp Services & CFO **Date:** Oct-31/14

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

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0008 71110100074	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 = Int'l)
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? Yes/No	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						
1-Oct-14	Parking - Dinner Meeting with Ruby Brown, Assistant Deputy Minister, Health Services - Alberta Health.	AB - Provinc	Meeting	Yes								\$18.00		
SUBTOTALS												\$18.00		Total Kms

<p align="center">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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>
<p align="right">Mileage \$</p>	
<p align="right">Travel \$ Subtotal \$18.00</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$18.00</p>	

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)

***RECEIPT**
Impark Lot 101
Stall #01
Expiration Date/Time
EXP 08:26PM
OCT 01, 2014

Purchase Date/Time: 05:26pm Oct 01, 2014
Total Parking: \$17.34
Total gst: \$0.66
Total Due: \$18.00 Rate: 3 hours - \$18.00
Total Paid: \$18.00 Payment Type: Car



Setting: Lot 101
Mach Name: Meter 3
GST #667316636RT0001
NO IN AND OUT PRIVILEGES

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

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: Vickie Kaminski	Reporting Period for the Month of: October 2014
-----------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-10	Direct Billing	Transportation	Airline ticket from Vancouver to Edmonton on October 17- Reference LSVATE - cancelled and credit to be used at a later date. <i>(Western CEO Forum)</i>	Marlin Travel	\$257.48
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					257.48

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 10, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Friday, October 17, 2014

 Air

AIR CANADA
From: VANCOUVER BC
To: CALGARY AB
Stops: 0 Arrival: 17Oct14
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION 13C

Flight: 214 W CLASS
01:00 PM Equipment: E90
03:25 PM

Mile(s) Flown: 428

Hotel

Check In: 17Oct2014
Check Out: 18Oct2014
CALGARY AB
FAIRMONT HOTELS AND RESORTS
FAIRMONT PALLISER
133 9TH AVE SOUTHWEST
CALGARY
CA
ABT2P 2M3
Tel: 4032621234
Fax: 4032601260
Confirmation: [REDACTED]

Rooms 1
1 Nights(s)

MODERATE ONE QUEEN BED
Rate: 199.00 CAD per Night
Guaranteed for late arrival

To attend Western CBO Forum

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

Invoice Number: [REDACTED]
Date: October 10, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Cost:	
AIR CANADA WEB [REDACTED]	
AIR CANADA WEB [REDACTED]	230.00
	Tax: 27.48
	Ticket Total: 257.48
Total:	
	Grand Total: 257.48
	Less Credit Card Payments: 257.48
	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.