

Official Administrator and Executive Expense Report

Name David O'Brien
Title Senior Program Officer, Community, Seniors Health, Addictions & Mental Health
Location Calgary, Southport Tower.
 Expenses submitted during the month of May 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)
May-14	Expense	Meetings		62		341	403			
May-14	P-Card	Meetings			347	266	613			
Total			\$ -	\$ 62	\$ 347	\$ 607	\$ 1,016	\$ -	\$ -	\$ -

Total for the Month \$ 1,016

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 149
 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

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) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Expense Date From: 28-Mar-14</td> <td>To: 23-May-14</td> </tr> <tr> <td>Travel Period from: 28-Mar-14</td> <td>To: 23-May-14 <small>(if applicable)</small></td> </tr> <tr> <td colspan="2">Out-of-Province Travel: No</td> </tr> </table>	Expense Date From: 28-Mar-14	To: 23-May-14	Travel Period from: 28-Mar-14	To: 23-May-14 <small>(if applicable)</small>	Out-of-Province Travel: No	
Expense Date From: 28-Mar-14	To: 23-May-14						
Travel Period from: 28-Mar-14	To: 23-May-14 <small>(if applicable)</small>						
Out-of-Province Travel: No							
Name: David O'Brien	Position (Title): Senior Program Officer						
Location: [REDACTED]	Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable) Union: [REDACTED] Business Phone #: [REDACTED] Ext: [REDACTED]						
Employee # (E-People): [REDACTED]							

SECTION E: FINANCE CODING & TOTAL CLAIM		
CAPITAL PROJECT CODING ONLY →	Project Number _____	Project Task Number _____
	Expenditure Organization _____	Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0005	71110100024	\$402.82						\$402.82	
2B											
2C											
2D											
				\$402.82	**User to enter Coding & \$ Amounts						
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D						
										Less Cash Advance	
										TOTAL CLAIM	\$ 402.82

SECTION F: AUTHORIZATION	
<p>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.</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>	
I, by signing this form, attest that I am compliant to all the above statements Employee Signature: <u>Mallene Hicks</u>	Date: <u>May 22 - 2014</u>
<p>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.</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. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</p>	
Approved By (PRINT ONLY): <u>DAVID O'BRIEN</u>	DOFA Level: [REDACTED] Position #: [REDACTED] Phone #: [REDACTED]
I, by signing this form, attest that I am compliant to all the above statements Signature: <u>[Signature]</u>	Title: <u>SPO</u> Date: _____
<p>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.</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): <u>Pick Trimp</u>	DOFA Level: [REDACTED] Position #: [REDACTED] Phone: [REDACTED] Ext: [REDACTED]
I, by signing this form, attest that I am compliant to all the above statements Signature: <u>[Signature]</u>	Title: <u>VP, Province-wide Clinical Support Programs + Services</u> Date: <u>6/03/14</u>

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 0005 71110100024

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							
28-Mar-14	SPT to Telus Convention Centre - Remarks at ACCA/ASCHA Joint Convention (mileage return SPT)	AB	Conf	Yes											20.20
30-Apr-14	Continuing Care Collaborative Meeting, Edmonton (meal allowance)	AB	Meeting	Yes	D-\$20.75	\$20.75	D								
1-May-14	Desired State System Dialogue Workshop (meal allowance)	AB	Meeting	Yes	D-\$20.75	\$20.75	D								
8-May-14	Provincial Child Sexual Abuse Forum(mileage SPT to MacEwan Conference Centre return	AB	Meeting	Yes											36.20
13-May-14	ADM Housing & Homelessness Meeting - Edmonton	AB	Educ	Yes	D-\$20.75	\$20.75	D								
14-May-14	ADM Housing & Homelessness Meeting (mileage return SPT to Edmonton)	AB	Meeting	Yes											618.00
SUBTOTALS						\$62.25									Total Kms 674.40

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 \$ \$340.57

Travel \$ Subtotal \$62.25

Auto fills on page 1 - **TOTAL TRAVEL \$402.82**

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)

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
<u>Mardene Hicks</u> <small>Name of Cardholder Designate</small>	<u>Admin Exec assistant</u> <small>Cardholder Designate Position/Title</small>	<u>May 23 2014</u> <small>Date of Signature</small>
<u>Mardene Hicks</u> <small>Signature of Cardholder Designate</small>		
Cardholder By signing this statement <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. 		
<u>O BRIEN, DAVID</u> <small>Name of Cardholder</small>	<u>Senior Program Officer</u> <small>Cardholder Position/Title</small>	<u>May 23/14</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder</small>		
Approver Designate (if Applicable) By signing this statement <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. 		
<u>Rick Trimp</u> <small>Name of Approver Designate</small>	<u>VP. Finance with Clinical Support, SVCS + Programs</u> <small>Approver Designate Position/Title</small>	<u>June 03 2014</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver Designate</small>		
Approver By signing this statement <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. 		
<u>Patricia Morotny</u> <small>Name of Approver</small>	<u>Exec. Admin. Assistant</u> <small>Approver Position/Title</small>	<u>June 3, 2014</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver</small>		
Submit approved statement with attachments to Accounts Payable:		
Attach: <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. 	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: _____

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

O BRIEN, DAVID	SENIOR VICE PRESIDENT	Billing Reporting Period: 20/05/2014
Cardholder's Name	Cardholder's Position/Title	
██████████	██████████	
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount: \$612.60
DAVID.OBRIEN@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
30/04/2014	██████████	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.00	.00	Attended Forum Planning Mtg. - EDM parking #1
01/05/2014	██████████	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	7.08		Desired State Workshop System Dialogue - Edmonton #2
01/05/2014	██████████	ESSO, GAS / SERVICE STATIONS	18.08	CAD	18.08	.00		CCSC & Desired Wbrkshop Dialogue Mtgs Edmonton, Fuel purchased for rental, no avail fleet vehicles #3
01/05/2014	██████████	GASBAR 3894, GAS / SERVICE STATIONS	51.03	CAD	51.03	2.43		CCSC & Desired Wbrkshop Dialogue Mtgs Edmonton, Fuel purchased for rental, no avail fleet vehicles #4
02/05/2014	██████████	Enterprise (403)216-36, ENTERPRISE RENT-A-CAR	128.49	CAD	128.49	6.12		CCSC & Desired Dialogue Workshop Mtgs Edm, Car Rental, No fleet veh avail #5
08/05/2014	██████████	PARKING SERVICES, COLLEGES, UNIVERSITIES, PROFESSIONAL	10.00	CAD	10.00	.48		Prov Child Sexual Abuse Forum Parking McEwan Centre-CAL #6
13/05/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90		Lessons from Kaiser Permanente Model Mtg Parking Edm #7
14/05/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90		COEC Mtg. Attended in Edm Parking #8
14/05/2014	██████████	SUTTON PLACE HOTEL EDM, LODGING HOTELS, MOTELS, RESORTS	198.10	CAD	198.10	.00		Attended COEC & ADM Housing & Homelessness - Edm #9

MA

#00

Desired State Workshop
System Dialogue - Edmonton

MATRIX
HOTEL

P-Card

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

Room Number: [REDACTED]
Arrival Date: 04-30-14
Departure Date: 05-01-14
Page No: 1 of 1
Confirmation No [REDACTED]

INFORMATION INVOICE

Folio No: [REDACTED]

05-01-14

Date	Description	Charges	Credits
04-30-14	Room Revenue	139.00	
04-30-14	Destination Marketing Fee - 3%	4.17	
04-30-14	Tourism Levy - 4%	5.73	
Total		148.90	0.00
Balance		<u>148.90</u>	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

#1 Com+Care
Collaborative
Mtg. Edmonton
Parking A# offices

ATB PLACE

GST: 887315638RT001
RECEIPT C1

IN: 30.04.14 08:57
OUT: 30.04.14 12:46
AMOUNT: CAD 20.00
CC-DATA:

----- TRANSACTION
RECORD -----

Card #: [REDACTED]
Card Entry: [REDACTED]
Account: [REDACTED]
Trans: PURCHASE
Amount: \$20.00
Auth #: [REDACTED]
Sequence #: [REDACTED]
Term ID: [REDACTED]
Date: 14/04/30
Time: 12:45:19

APPROVED

BY ENTERING A VERIFIED
[REDACTED] CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH
ISSUERS AGREEMENT WITH

CARDHOLDER ✓

Application Label:
[REDACTED]

TVR: [REDACTED]
AID: [REDACTED]
TC: [REDACTED]

*** CUSTOMER
COPY ***

Thank you for
Visiting!

©2002

EVERRIDGE ESSO
45 EVERRIDGE DRIVE
CALGARY, AB T2Y 4R5

00302301

VRN:R121461107

05/01/2014 7:33:26 PM

Register: 1 Trans #: [REDACTED] Op ID: [REDACTED]

Your cashier: [REDACTED]

REGLR CA PUMP# 9
14.136 L @ \$ 1.279/L \$18.08 101
GST Incl In Fuel \$0.86

Subtotal = \$18.08

Total = \$18.08

Change Due = \$0.00

Credit \$18.08

TYPE: PURCHASE

ACCOUNT: [REDACTED] \$18.08

AUTH: 213405-F INVOICE: [REDACTED]

CARD NUMBER: [REDACTED]

ODMETER: 0

A- [REDACTED]
B- [REDACTED]

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

Customer Copy

Thank You

NO FRILLS GasBar
5040 43rd Ave
Innisfail, AB

Your attendant is Cas

Pump 5 40.534L @ 1.259 \$/Litre
REGULAR 51.03

Balance Due 51.03

#04 [REDACTED]

GLOBAL PAYMENTS MERCHANT # 40556945704
GasBar #3894
5040 43rd Avenue
Innisfail AB>

STORE [REDACTED] TERM [REDACTED]

SLIP # [REDACTED] REG 91

RETAIN THIS COPY FOR YOUR RECORDS

** Purchase ** [REDACTED]

CARD # [REDACTED]

EXP [REDACTED]

MasterCard

REF # [REDACTED] AUTH # [REDACTED]

AID: [REDACTED]

TS [REDACTED]

DATE TIME AMOUNT
05/01/2014 18:01:56 \$ 51.03

APPROVED

No Signature Required

[REDACTED] 51.03

Change Due 0.00

Taxes included in fuel:
5% GST #122235922 2.43

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$5000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA

STORE: 03894
CODE:050114 180191 4682 03894

2014/05/01 18:01 3894 4682 91 00000950

#05



Mtgs in Edmonton



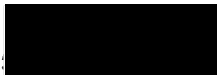
14371 MACLEOD TRAIL SW
CALGARY, AB T2Y1M7
Federal GST# :889365821

April 30 - Con + Care Collaborative

May 1 - Desired

Workshop - Dialogue

Rental Agreement #:
Bill Ref #:
Invoice Date:
Account #:



02/05/2014

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	3 DAY	40.00	120.00
Subtotal			120.00
VLF	3 DAY	0.79	2.37
GST	PCT	5.00	6.12

Total Charges (CAD)

128.49

PAYMENTS

Payment -128.49

Total Payments (CAD)

-128.49

Amount Due (CAD)

0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

BILL TO

O'BRIEN DAVID

RENTAL INFORMATION

Date/Time Out
04/29/2014 16:47

Date/Time In
05/02/2014 06:14

Renter

O'BRIEN, DAVID

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms	
				Out	In
				31,818	34,860

VIN:

CLAIM INFORMATION

Claim# / PO# / RO# Insured

Date of Loss Type of Loss Type of Vehicle

Repair Shop

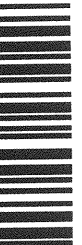
For Billing Inquiries / Payment Terms :

Tel#:

ALBARADMIN@ehi.com

Payment Due within days of invoice date

Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :

Amount Due (CAD)

0.00

Paid By:

O'BRIEN DAVID



Account #

Rental Agreement

Amount
0.00

GPBR

#06

Parking
Prov. Child Sexual
Abuse Forum
McEwan Centre
Calgary

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

Parking stall expires when
Vehicle vacates stall or at 23:59
University Of Calgary/ [REDACTED]
No overnight parking [REDACTED]

SPACE

[REDACTED] #06

UNIVERSITY OF CALGARY

ENTRY TIME 08 MAY 14 08:05
70688 Paid \$10.00C
00628273

#07 Parking
Lessons from
Kaiser Permanent
Model Mtg
Edmonton

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

13/05/14 18:00

AMOUNT PAID

\$ 19.00 [REDACTED] 11:18 LOT [REDACTED]

PRECISE PARKLINK™
NON TRANSFERABLE

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

13/05/14 11:18 \$ 19.00

CREDIT CARD NUMBER

[REDACTED] CC

#07

PRECISE PARKLINK™
RECEIPT

#08 - parking attended COEC mtg in Edm
& Adm Housing & Homelessness mtg.

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

14/05/14 18:00

AMOUNT PAID

\$ 19.00 [REDACTED] 08:58 LOT [REDACTED]

PRECISE PARKLINK™
NON TRANSFERABLE

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

14/05/14 08:58 \$ 19.00

CREDIT CARD NUMBER

[REDACTED] CC

#08

PRECISE PARKLINK™
RECEIPT



Attended 2 mtgs in Edmonton #09
Coec and ADM Housing and
Home lessness - May 14th.

Mr David O'Brien

INFORMATION INVOICE

Room Number : [REDACTED]
Arrival Date : 05-13-14
Departure Date : 05-14-14
Page : 1 of 1
Folio Number : [REDACTED]
Confirmation : [REDACTED]
Cashier : [REDACTED]

Company Name : Government of Canada*

GST No: 121767065 RT 0001

05-14-14

Date	Description	Charges	Credits
05-13-14	Room Charge	149.00	
05-13-14	Room Alberta Tourism Levy	5.96	
05-13-14	Room D.M.F.	4.47	
05-13-14	Room GST	7.45	
05-13-14	Room D.M.F. GST	0.22	
05-13-14	Daily Parking Self	31.00	
05-14-14	[REDACTED]		198.10
Total		198.10	198.10
Balance		0.00	CAD

Room GST 7.45
F&B GST 0.00
Misc GST 1.70
Total 9.15

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 * Fax 780.441.3098 * 1.8663.SUTTON (1.866.378.8866)
email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com