

## 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 June 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
June-14 Expense		Meetings		53			53			
Jun-14 P-Card		Meetings			335	327	662			
<b>Total</b>			\$ -	\$ 53	\$ 335	\$ 327	\$ 715	\$ -	\$ -	\$ -

**Total for the Month** \$ 715

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

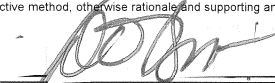


Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>							
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Expense Date From:</b> 23-May-14</td> <td><b>To:</b> 20-Jun-14</td> </tr> <tr> <td><b>Travel Period from:</b> 23-May-14</td> <td><b>To:</b> 20-Jun-14 <small>(if applicable)</small></td> </tr> <tr> <td colspan="2"><b>Out-of-Province Travel:</b> No</td> </tr> </table>	<b>Expense Date From:</b> 23-May-14	<b>To:</b> 20-Jun-14	<b>Travel Period from:</b> 23-May-14	<b>To:</b> 20-Jun-14 <small>(if applicable)</small>	<b>Out-of-Province Travel:</b> No	
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<b>Out-of-Province Travel:</b> No							
<b>Name:</b> David O'Brien	<b>Position (Title):</b> Senior Program Officer						
<b>Location:</b> [REDACTED]	<b>Dept:</b> [REDACTED] <b>DOFA Level:</b> [REDACTED] (if applicable) <b>Union:</b> [REDACTED] <b>Business Phone #:</b> [REDACTED] <b>Ext:</b> [REDACTED]						
<b>Employee # (E-People):</b> [REDACTED]							

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>																																																																																										
<b>CAPITAL PROJECT CODING ONLY →</b>	<b>Project Number</b> _____ <b>Project Task Number</b> _____ <b>Expenditure Organization</b> _____ <b>Expenditure Type</b> _____																																																																																									
<b>Total - Section B: Travel - Pg 2</b>	<b>Total - Section C&amp;D: Other &amp; Foreign Expenses - Pg 3</b>	<b>TOTAL REIMBURSEMENT</b>																																																																																								
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<b>SECTION F: AUTHORIZATION</b>	
<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. <span style="float: right;">Travel, Hospitality and Working Session Expenses Policy - Document# 1122</span></p>	
I, by signing this form, attest that I am compliant to all the above statements. <b>Employee Signature:</b> 	<b>Date:</b> June 20 2014
<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. <span style="float: right;">Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</span></p>	
<b>Approved By (PRINT ONLY):</b> 	<b>DOFA Level:</b> [REDACTED] <b>Position #:</b> [REDACTED] <b>Phone #:</b> [REDACTED] <b>Ext:</b> [REDACTED]
I, by signing this form, attest that I am compliant to all the above statements. <b>Signature:</b> 	<b>Title:</b> V.P. Pro-wide Clinical Supports <b>Date:</b> 6/26/14
<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. <span style="float: right;">Programs + Services</span></p>	
<b>Approved By (PRINT ONLY):</b> _____	<b>DOFA Level:</b> _____ <b>Position #:</b> _____ <b>Phone #:</b> _____ <b>Ext:</b> _____
I, by signing this form, attest that I am compliant to all the above statements. <b>Signature:</b> _____	<b>Title:</b> _____ <b>Date:</b> _____

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**

<b>Enter Finance Coding</b> <u>101</u> <u>0005</u> <u>71110100024</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">██████████</span>	Page <b>2A</b>
<i>If expenses incurred are for <b>multiple FC's</b> please use pages 2B,2C,2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT separate any taxes</b> (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.</i>		

**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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, <b>Further Explanation is REQUIRED</b> in the "Rationale is Required" section on this page										
				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						
17-Jun-14	Interagency Council on Homelessness, EDM (meal allowance)	AB	Meeting	Yes	D-\$20.75	\$20.75	D							
18-Jun-14	Interagency Council on Homelessness, EDM (meal allowance) 2 day mtg	AB	Meeting	Yes	D-\$20.75	\$20.75	D							
19-Jun-14	Patient and Family Advisory Group	AB	Meeting	Yes	L-\$11.60	\$11.60	L							
<b>SUBTOTALS</b>						\$53.10								Total Kms

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable <b>\$0.505</b> per km for <u>under 5,000km/yr</u> or <b>\$0.47</b> per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>	Enter <b>\$0.505 km, \$0.47 km OR rate per Union Agreement</b> <i>(see Mileage details to the left)</i>
<b>Mileage \$</b>	
<b>Travel \$ Subtotal</b> \$53.10	
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b> \$53.10	

**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

- 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.

Crystal Thompson  
Name of Cardholder Designate

Admin Asst  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

June 24, 2014  
Date of Signature

**Cardholder**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

O BRIEN, DAVID  
Name of Cardholder

SENIOR VICE PRESIDENT Sr. Program officer  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

June 24, 2014  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
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Patricia Novotny  
Name of Approver Designate

Exec. Admin. Asst.  
Approver Designate Position/Title

[Signature]  
Signature of Approver Designate

June 24, 2014  
Date of Signature

**Approver**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Rich Trime  
Name of Approver

VP, Province-wide Clinical Support Programs + Services  
Approver Position/Title

[Signature]  
Signature of Approver

06/24  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

**Attach:**

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

**Address:**

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

**Accounts Payable only:**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
O BRIEN, DAVID	SENIOR VICE PRESIDENT	Billing Reporting Period:	20/06/2014
Cardholder's Name	Cardholder's Position/Title		
████████████████████	██████████		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$661.82
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
09/06/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90		Cmte on Integrated Housing Supports -EDM
09/06/2014	██████████	ESSO, GAS / SERVICE STATIONS	17.44	CAD	17.44	.00		Cmte on Integrated Housing Mtg. EDM Fuel for fleet
09/06/2014	██████████	HUMPTY S EXPRESS, GAS / SERVICE STATIONS	61.40	CAD	61.40	2.92		Cmte on Integrated Housing Supports EDM, fuel fleet
12/06/2014	██████████	SHELL FLYING J #78500, FUEL DISPENSER, AUTOMATED	63.36	CAD	63.36	3.02		Tour Ambrose Place EDM Fuel for Fleet
12/06/2014	██████████	ESSO, GAS / SERVICE STATIONS	25.68	CAD	25.68	.00		Tour of Ambrose Place EDM Fuel for Fleet
16/06/2014	██████████	CalgParkAuth 14152534, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	4.50	CAD	4.50	.21		JSP Phase IV Steering Committee - Parking
17/06/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90		Interagency Council on Homelessness - EDM
18/06/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90		Interagency Council on Homelessness Mtg. EDM
19/06/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.38		PFAG CoPresent at Edm General
19/06/2014	██████████	ESSO, FUEL DISPENSER, AUTOMATED	40.00	CAD	40.00	.00		Ret to Cgy fuel for AHS Fleet AH0402
19/06/2014	██████████	GAS BAR #1774, GAS / SERVICE STATIONS	49.88	CAD	49.88	2.38		Ret to Cgy fuel for AHS Fleet AH0402
20/06/2014	██████████	METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	334.56	CAD	334.56	15.93		Hotel EDM Jun 17/18 Interagency Council on Homelessness; Jun 19 coPresent to PFAG

Committee on Integrated HOUSING 1116 - EDMONTON  
Supports

Parking

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

09/06/14 18:00

AMOUNT PAID

\$ 19.00 95970000 12:53 LOT1002

PRECISE PARKLINK™

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

NON TRANSFERABLE

PRECISE PARKLINK™

DETACH RECEIPT FROM TICKET

#1

DATE ISSUED

TIME ISSUED

AMOUNT PAID

09/06/14 12:53 \$ 19.00

CREDIT CARD NUMBER

CC

RECEIPT

REMARK

#2

Fuel Committee on Integrated Housing mtg. Edmonton

SOUTH TRAIL ESSO  
9835 MACLEOD TR. SW  
CALGARY, AB T2J 0P6

VRN: [REDACTED]

06/09/2014 8:18:42 PM

Register: 1 Trans #: 4743 Op ID: 415  
Your cashier: [REDACTED]

EGLR CA PUMP# 2  
3.967 L @ \$ 1.249/L \$17.44 10  
TST Incl In Fuel \$0.83

Subtotal = \$17.44

Total = \$17.44

Change Due = \$0.00

Credit \$17.44

TYPE: PURCHASE  
ACCOUNT: MCARDFLEET  
AUTH: [REDACTED] F INVOICE: [REDACTED] \$17.44  
CARD NUMBER: [REDACTED]  
ODOMETER: [REDACTED]  
A- [REDACTED]  
B- [REDACTED]

01 Approved - Thank You 027  
LOYALTY: NO  
IMPORTANT - retain this copy for your

SEE OVER. VOIR AU VERSO. SEI

VOIR AU VERSO.

HUMPTY'S EXPRESS  
153 LEVA AVE  
RED DEER COUNAB

#3

CARD [REDACTED]  
CARD TYPE [REDACTED]  
DATE 2014/06/09  
TIME 0347 18:47:31  
RECEIPT NUMBER [REDACTED]

Alex

PURCHASE 40  
TOTAL 48

\$61.40

48  
12)  
0  
40

[REDACTED]

APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Tour of AMBROSE Place  
Edmonton

#4

Fuel

Flying J #785  
11511 - 40 St. S.E  
Calgary  
(403) 720-0904

Invoice # [redacted]  
Date 06/12/14  
Time 14:05  
Auth # [redacted]

Pump Liters Price  
11 50.728 \$ 1.249

Product Amount  
Unleaded \$ 63.36

Total Sale \$ 63.36

SALE - Card Swiped

Account # [redacted]  
MC [redacted]  
AirMiles [redacted]

TYPE: PURCHASE  
AMOUNT: \$63.36  
CARD NO: [redacted]

12 Jun 2014 14:05:05  
REFERENCE #: [redacted]

AUTHOR#: [redacted]  
TERMINAL #: [redacted]  
TRAN ID. #: [redacted]

01 027  
Approved - Thank You

- IMPORTANT -  
retain this copy  
for your records.

Thank you  
for shopping  
at Flying J!

#5

Tour  
of  
AMBROSE  
PLACE  
Edmonton

Fuel

CALGARY TRAIL ESSO  
3615 CALGARY TRAIL NW  
EDMONTON, AB T6J 5M8

VRN: [redacted]

06/12/2014 10:59:46 AM  
Register: T Trans #: 7845 Op ID: 10  
Your cashier: [redacted]

EREG CA PUMP# 10  
21.870 L @ \$ 1.174/L \$25.68 101  
GST Incl In Fuel \$1.22

Subtotal = \$25.68

Total = \$25.68

Change Due = \$0.00

Credit \$25.68

TYPE: PURCHASE  
ACCOUNT: MCARDFLEET \$25.68  
AUTH: [redacted] INVOICE: [redacted]  
CARD NUMBER: C [redacted]  
ODOMETER: 5555

A- [redacted]  
B- [redacted]

01 Approved - Thank You 027

LOYALTY: NO  
IMPORTANT - retain this copy for your  
records

IJSP PHASE IV Steering  
Committee - Parking @  
Wh Ave - Calgary Fairview  
PLACE

403) 537-7000

CALGARY PARKING AUTHORITY (

Terminal: 151  
Plate: [redacted]

Zone: 2059  
[redacted]

Valid through:

\* MONDAY 16 JUN 14  
2:23 PM

AMOUNT PAID: \$4.50 (GST incl.)

Auth No: [redacted]

Start Time: 6/16/2014 1:23 PM

Receipt No: [redacted]

ces (403) 537-7006

FREE Battery Boosting & Tire Inflation Servi

#6

Interagency Council on Homelessness  
Parking - Edmonton mtg

#7

Day 1

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE      EXPIRATION TIME  
17/06/14 18:00

DATE ISSUED      TIME ISSUED      AMOUNT PAID  
17/06/14 11:41 \$ 19.00

AMOUNT PAID  
\$ 19.00 95960000 11:41 LOT1002

CREDIT CARD NUMBER  
CC



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



RECEIPT

NON TRANSFERABLE

Interagency Council on Homelessness  
Parking - Edmonton Day 2.



DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

#8

EXPIRATION DATE      EXPIRATION TIME  
18/06/14 18:00

DATE ISSUED      TIME ISSUED      AMOUNT PAID  
18/06/14 08:34 \$ 19.00

AMOUNT PAID  
\$ 19.00 95970000 08:34 LOT1002

CREDIT CARD NUMBER  
CC



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



RECEIPT

NON TRANSFERABLE





**LEAVE ON DASH - THIS SIDE UP**  
EXPIRATION DATE                      EXPIRATION TIME

19/06/14 10:12 AM

AMOUNT PAID  
\$ 8.00 76500000 08:12 AM



Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA  
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY  
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
OR DAMAGE TO CAR OR CONTENTS.  
**NON TRANSFERABLE**

**DETACH RECEIPT FROM TICKET**  
DATE ISSUED    TIME ISSUED    AMOUNT PAID

19/06/14 08:12 AM \$ 8.00

CREDIT CARD NUMBER  
CC



Alberta Health Services  
**RECEIPT**

*Patient Family Advisory Group  
Co Presentation  
Parking @ Edm General*

P-Card

SuperStore Gas Bar  
10506 Southport Rd SW  
Calgary, AB

Your attendant is Naheed

Pump 3 40.582L @ 1.229 \$/Litre  
REGULAR 49.88  
Balance Due 49.88

TRANSACTION RECORD

GLOBAL PAYMENTS MERCHANT # 04747595704  
Superstore GasBar#1774  
10506 Southport Road SW  
Calgary AB  
STORE [REDACTED] TERM [REDACTED]  
SLIP # [REDACTED] REG [REDACTED]  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase [REDACTED]  
CARD # [REDACTED]

EXP \*\*/\*\*

MasterCard

REF # [REDACTED] AUTH # [REDACTED] RESP [REDACTED]  
[REDACTED] ISD [REDACTED]  
TSI E800 TVR [REDACTED]

DATE 06/19/2014 TIME 14:57:38 AMOUNT \$ 49.88  
APPROVED

No Signature Required

Credit Card 49.88  
Change Due 0.00

Taxes included in fuel:  
5% GST #122235922 2.38

\*\*\*\*\*  
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: 01774  
CODE:061914 145791 6423 01774  
\*\*\*\*\*

2014/06/19 14:57 1774 6423 91 00000751

3615 Calgary Trail  
Edmonton AB T6J5H8

ESSO EXPRESS PAY

CALGARY TRAIL ESSO

3615 CALGARY TRAIL N  
EDMONTON, AB T6J 5M  
URN:R121461107  
06/19/2014 991660958  
11:26:02 AM

PUMP# 1  
EREG 34.512L  
PRICE/L 1.159  
FUEL TOTAL \$ 40.00

GST in fuel \$ 1.90  
CREDIT \$ 40.00

TYPE: PURCHASE  
ACCOUNT: [REDACTED] \$40.00  
AUTH: [REDACTED] INVOICE: [REDACTED]  
CARD NUMBER: [REDACTED]  
ODOMETER: [REDACTED]  
VERIFIED BY PIN  
A- [REDACTED]  
B- [REDACTED]

01 Approved - Thank You 027

LOYALTY: NO  
IMPORTANT - retain this copy for your records

Thank You

Edm to Cgy

2x Fuel for AHS Fleet unit AH0402

# M

## metterra

HOTEL ON WHYTE

Mr David Obrien  
 [REDACTED]  
 Canada  
 Guest Name

Room Number: [REDACTED]  
 Arrival Date: 06-17-14  
 Departure Date: 06-19-14  
 Page No: 1 of 1

**INFORMATION INVOICE**

Folio No: [REDACTED]

06-19-14

Date	Description	Charges	Credits
06-17-14	Room	149.00	
06-17-14	Destination Marketing Fee - 3%	4.47	
06-17-14	Tourism Levy - 4%	6.14	
06-17-14	Room GST - 5%	7.67	
06-18-14	Room	149.00	
06-18-14	Destination Marketing Fee - 3%	4.47	
06-18-14	Tourism Levy - 4%	6.14	
06-18-14	Room GST - 5%	7.67	
06-19-14	[REDACTED]	[REDACTED]	334.56
<b>Total</b>		<b>334.56</b>	<b>334.56</b>
<b>Balance</b>		<b>0.00</b>	

June 17 & 18 - Interagency Council on Homelessness  
 June 19 - coPresent to PFAG

**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. #863128575 RT 0001