

Board and Executive Expense Report

NameJitendra PrasadTitleChief Program Officer, Contracting, Procurement & Supply ManagementLocationEdmonton

Expenses submitted during the month of May 2014

						Travel (1)]		
Date	Source Document	Purpose	Air	fare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-14 May-14	Expense Claim Direct Billing	Meetings Meetings		800	21	151	94	266 800			
Total			\$	800	\$ 21	\$ 151	\$ 94	\$ 1,066	\$ -	\$ -	\$
Total for the Month	\$ 1,066										

Maximum daily single meal expense claimed in the month	\$ 17
Maximum daily base hotel rate claimed in the month	\$ 129
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

alberishesthearvices.cs

Totel Alberten Satisfaction

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

Iberta Health

- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes X No

Norman literatura literand	Domarting Daviad for the Manth of May 3011
Name: Jitendra Prasad	Reporting Period for the Month of: May 2014
	······································

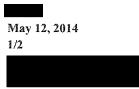
Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-05-22	Direct Billing	Transportation	Retrn trip EDM-ON to attend Mtg.	Marlin Travel	799.96
	Choose One	Choose One			
······································	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One		· · · · · · · · · · · · · · · · · · ·	
Total Paid in the Mo	nth			L	\$799.96

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

To: ALBERTA HEALTH SERVICES

10030-107 ST EDMONTON AB, T5J 3E4

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



INVOICE

For MR JITENDRA PRASAD AC		
Thursday, May 22, 2014 👞 Air		
AIR CANADA From: EDMONTON INTL AB To: TORONTO PEARSON Stops: 0 SEAT - PRASAD/JITENDRA MR RATE OR BOOKING DETAILS MAY DIFF TICKET NUMBER	Flight: 154 G CLASS 05:45 PM Equipment: A319 11:25 PM ER FROM ORIGINAL	Mile(s) Flown: 1676
Friday, May 23, 2014 👞 Air		
AIR CANADA From: TORONTO PEARSON To: EDMONTON INTL AB Stops: 0 SEAT - PRASAD/JITENDRA MR TICKET NUMBER	Flight: 157 G CLASS 06:40 PM Equipment: A320 08:44 PM	Mile(s) Flown: 1676
Cost:	Tax: Ticket Total:	725.00 64.96 7 89.96
IKT-		10.00

To: ALBERTA HEALTH SERVICES

10030-107 ST EDMONTON AB, T5J 3E4 Invoice Number: Date: Page: Our Reference: Your Reference:

May 12, 2014 2/2

INVOICE

Total:	e ter erer felt er a
Grand Total:	799.96
Less Credit Card Payments:	799.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	00.0

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.

Business Reason

Invited to attend a supplier (Health PRO) meeting which was held in Toronto.

Alderta	upsuu
Service	S

Out of Province Travel Approval

• All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services

Travel Policy

re-Approval form M ployee Informatio	n		A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY AND A REAL PRO		IEI	mployee N	lumber				
iployee information		La	ist Name								
st Name		Pr	asad		1						
endra	Reports To										
one Number				Deborah Rho							
				Office Locati	on						
partment				55 514	 ,		annuk) Sayah dan selah yang da Sayah yang	and the second	*****		
L.		2		neter and the second	Construction and a construction of the second s		A TOPOLOGIC	Name of the Owner of Concession of C	a for the second se		
avel Details			and in the second state of the	Her and the second s		and a second					
Irpose of Trip	and the second										
Irpose of the				W Des Dharma							
vited to attend a Su	nolier Informa	ation Meeti	ng hosted by H	ealthPro Pharma	Walk O	DICL T	023M	ang 20	4		
vited to attend a Su	ppilor atter			From 23	man	NCT IN	Aississauga,	Ontario			
estination				Edmonton		AND DESCRIPTION OF THE OWNER OF T	Conference of the State of the	al Property and Manager and Property and Property and			
ntario inance Coding / Ad	securiting Dis	stribution		an out of the second	Duration / Driv		and a second	and a second	the survey and so and		
inance Coding / A	Location / Site	۵.		Functional	Sentre / Phi	naiy					
orp/BU/Org	Lucation / On	·		711350500	00/6231200	00			Complete Suppose the print of the suppose state		
101	0006	And an and the Descent Property of the Descent of the		111000000		a ya manganga kana kana kana kana kana kana ka		In the local data was a second data wa	and a subscription of the		
roject Coding	and an		and provide a second	and the second	I	Expense	Org				
CONTRACT/ ACCOUNTS AND ADDRESS OF ADDRE	Task		Expense Type			•			and a second		
roject			and the second		NIGHTON CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWN	Data a Colora a State and Cale and Cale	And Concile Concil Concernsion and and a second		an and the Darit Hills of the Astronomy Sector		
stimate of Expense	SÖS					and and a second s	AND IN THE OWNER OF A DESCRIPTION OF A D		Amount		
	Water States and States (Manual Change States)		Description		Inn Toron	to Airport			\$169.		
Category	ne		Reservation at	the Hilton Garder	min roron	<u>10 / 11 - 1</u>			\$40.		
Accomodation Char	90					·····			\$0.		
Meals				Tanan	*^				\$800.		
Registration			Return flight E	dmonton to Toron	10				\$80.		
Airfare Taxi/Rental Car/Fu	UParking/Bus	s/LRT									
Taxi/Rental Cal/Fu	Birl anting ba					·····					
Other Expenses (pl	ease specify								1		
							1		\$1,089		
			Currency		JUSD	OTHER		T			
				anada Currency	Exchange		\$0.00	Cdn\$	\$1,089		
Total Estima	ated Travel C	Costs			Rate]		
I OTAL ESTING	alea martin			onverter ountry in 'From cell', an	√ Canadian Do	llar ın 'To cei	"; Enter date of	expense in bo	oth date cells th		
Construction of the Association			*Select foreign C	hich will give the exchar	nge rate		And the second state of th				
			Select convertion	or DQEA table)	<i>T</i> .		ization table		. wabar		
Approvals (Pre-ap)	provals for all Ou	It-of-Provinci	e Travel must be L	Ni /			-Моп-уууу)	Phone N	umber		
Employee Signatu	4	KAAT I			,						
Lumpicy 0				<u>N</u>		Date (do	1 2014 -Mon-yyyy)	Phone N	umber		
Approved by (Print	Name)	Signature			r.	1	1				
	<u>ti no <u>Kari ka</u>l</u>	K PALL			DOFA L	evel					
Deborah Rhodes		1				Position	Number	DOINE	500,		
			المسرب يادر فأ					1			
Title Acting Vice Presid	tent, Corpora	ite Service	s and Chief Fin	anciar Onicer		Date (d	d-Моп-уууу)	Phone N	lumber		
A CTINU VILUE I DOM	t Name)	Signatur	e Y								
Approved by (Prin						5		1			
Approved by (Prin	((00))					D 14' -	n Number	DOFA L	evel		

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.

Parised Jane 25 wit



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 Expense Date From: 22-May-14 To 23-May										
	the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system Travel Period from: 22-May-14 To 23-May-14 (if appli									
 If you are a new employee and your payroin is E-People you will Name: Jitendra Prasad 	If you are a new employee and your payroll is E-People you will only have an Employee # (E-People) Out-of-Province Travel Yes									
	Position (Title): Chief Program Officer									
Location: Dept:	DOFA Level:	(if applicable)	Union:	Busine	ess Phone #:	Ext:				
Employee # (E-People):										
SECTION E: FINANCE CODING & TOTAL CLAIM										
CAPITAL PROJEC CODING ONLY → Project Nu	**********		Project	Task Number						
Expenditure	Drganization		1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1771-1741 1	Expenditure Type						
<u>Total - Section B</u> : Travel - Pg 2	Total - Section	n C&D: Other & Forei	gn Expenses -	· Pg 3	*** ~ ** A 2 >** PE 2 A 2 PE 2 PE					
Bal Functional Total	Ral	and an	Secondary/	Total	TOTAL REIMBUR	<u>SEIVIENI</u>				
Pg Unit Location Centre (FC) Expense	Unit Location Fun	nctional Centre (FC)	Expense	Expense	Total Section B	\$265.75				
2A 101 0006 71135050000 \$265.75					Total Section C&D					
2B					Less Cash Advance					
2C				1						
2D					TOTAL CLAIM	\$265.75				
\$265.75	**User to er	nter Coding & \$ Amounts								
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These f	fields do not automaticall	y fill for Section C	& D		977-37777777777777777777777777777777777				
SECTION F: AUTHORIZATION										
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of AR Fattest the expenses enclosed in this clugh are for valid business purposes for Alberta Health Services and that this			er Organization.							
t attest that expenses submitted in this eigen have been incurred by using a cust effective method, otherwise rations			pitality and Working Sessi	ion Expenses Policy - Documer	it# 1122					
I, by signing this form, attest that I am gompliant to all the above statements	and a second and a s			3 2014						
Employee Signature: Tattest that I have read and understand the "Travel, Hospitality and Working Session Expense Palacy (122)" of Alt	and Health Services and confirm expenses being claimed	i are in completion with such pullou	Date	анын алтыра калашкала маакуа үзүнү бай калартак		***				
I attest the expenses enclosed in this class are for valid business purposes for Alberta Health Gerviews and that this	claim has not been previously claimed by the claimant or		or any other Organization.		Approved claim form with receipts should					
I uttest that expenses submitted in this clam have been incurred by using a cost effective method, otherwise recont	ie and supporting analysis is provided above.				directly to Accounts Payable fo	r processing.				
Approved By (PRINT ONLY):	DOF	A Level	Position #	······	Phone #	Ext				
I, by signing this form, attest that I are compliant to all the above statements Signature:	т	Title			Date					
I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122)" of Alt			·····	·						
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rations		on their behalf from Alberta Health Services o	er any other Organization.							
Approved By (PRINT ONLY): Deb Rhodes		A Level	Position #		Phone #	Eve				
t by signing this form. Attest that i am compliant to all the above stelements.										
Signature: <u>Dobonat</u>	Dhales 1	Title AVice President (Corporate Services	s/CFO	Date June	25114				

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

nsure separat	e lines are used for	ov) where expenses were incurred (Out of N.Am r claim items that differ in Province, US and Out of claim items that differ in Province.	Prov, US,	са		_			lf you	select "No"	thod Used" Co in this column	7			
Date		eason for Travel - Detailed Description Required	or Out of	What is travel	Cost		Allowance			lf amount l	Rationale is Re being claimed is	above the		I	
id-mmm-yy	why travel was	le destination, who attended-(if meal), necessary and detailed explanation of reason) just "Meeting" will be returned for clarification	N.Amer where	related to?	Effective Method	Meal All	owance	Meal	with Receipt		it stated in App ionale is requir		Rental Car/ Bus/LRT/	Per Diem	Mileage
	A description or j	usi meeting wa be returned for clarmication	expenses incurred?		Used? Y/N	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxî	Parking / Fuel	Allowance	(km)
2-May-14	Taxi in Terento to a	Itend meeting with HealthPro	ON	Meeting	Yes		******					\$39.00 2	(
3-May-14	Accommodation + h	nternet Access at the Hilton Garden Inn, Toronto	ON	Meeting	Yes			BL	\$20.51		\$151.36		/		huhaaaaaaa
23-May-14	Taxi from Edmontor	n Airport to residence	ON	Meeting	Yes							\$54.88			
												•			
										····			******		
						0									
		SUBTOTALS							\$20.51		\$151.36	\$93.88		-	Total Kms
		MILEAGE - Business Kilom → details of travel location to & from must	be included	above unde	or the purpose	of travel colur	nn			Ent	er \$0.505 km, \$		ate per Union Mileage detai		
and a second	Rates a	pplicable \$0.505 per km for <u>under 5,000km</u>	/ <u>yr</u> or \$0.47	per km for <u>o</u>	ver 5,000km/	yr or per Union	Agreement	28 dan siya da waxaya Siya waxaya da waxaya				******	······································	Mileage \$	
N	ote: Total will a	uto fill into pg 1, Section E, if form com	pleted elec	tronically -	Additional	og 2's can be	found after	Page (3	Superstanting of the second				I \$ Subtotal	\$265.75
	and the second secon	for expenses that are not Cost E						12.////////////////////////////////////			Aı	uto fills on pa	ge 1 - TOTAL	. TRAVEL \$	\$265.75



1870 Matheson Blvd. • Mississauga, ON L4W 0B3 Phone (905) 361-6300 • Fax (905) 361-6305 Reservations www.HGl.com or 1 877 STAY HGL

Name & Address

PRASAD, JITENDRA

CANADA

Room Arrival Date Arrival Date 5/22/2014 11:48:00 PM Departure Date 5/23/2014

1/0 129.00

Adult/Child Room Rate

Rate Plan: HH # AL: Car:

Folio

1 2 1 6 7 6 7

Confirmation Number:

(a) The Hilton Family

5/23/2014	Page: 1
	0

DATE DESCRIPTION ID REF. 80 LIMBRA 50222014 INTERNET ACCESS LINTR 646397 \$6.95 50222014 INTERNET ACCESS LINTR 646397 \$0.84 50222014 INTERNET ACCESS LINTR 646397 \$0.84 50222014 INTERNET ACCESS LINTR 646397 \$0.84 50222014 ST-OGM RAX (13%) KAMAL123 645459 \$10.07 5022014 MAG BREAKFAST LINTR 646527 \$16.51 5022014 NAG BREAKFAST LINTR 646727 \$16.51 SHOPS \$4.95 \$10.00 \$16.45 \$10.00 SHOPS \$4.95 \$10.00 \$16.51 \$16.61 OTHER \$0.04 \$1.90 \$8.64 \$10.00 OHER \$151.36 \$20.51 \$171.67 \$1000000000000000000000000000000000000	/23/2014	rage.			CHARGES	CREDITS	BALANCE	(AR)
57222014 INTERNET ACCESS LINTR 645397 \$4.95 57222014 HST - GENERAL LINTR 645397 \$26.64 57222014 HST - GENERAL KAMAL123 645459 \$120.00 5722014 HST - ROOM TAX (13%) KAMAL123 645459 \$16.77 5722014 HST - ROOM TAX (13%) KAMAL123 645459 \$16.77 57232014 HST - ROOM TAX (13%) KAMAL123 645459 \$16.77 57232014 HST - ROOM TAX (13%) KAMAL123 64564 \$120.00 57232014 HST - ROOM TAX (13%) KAMAL123 645727 \$16.51 57232014 HST - STOMMARY 5227014 STA TOTA- \$171.57 ROOM AND TAX \$145.77 \$10.00 \$4.57 \$10.01 \$16.51 GOAD BEVERAGE SUDD SHOT SUMMARY 510.01 \$16.51 \$10.51 \$16.51 \$10.51 \$15.36 \$10.51 \$16.51 DALY TOTA \$151.36 \$20.51 \$171.87 DATE OF CHANCE POLODO CHECK NO \$10.00 \$10.00 <	DATE	DESCRIPTION	ID	REF. NO				() Hilton
5/22/2014 INTERNET IACUESS LINTER 645397 \$0.64 5/22/2014 GUEST GENERAL KAMAL123 645459 \$129.00 5/22/2014 GUEST ROOM KAMAL123 645459 \$129.00 5/22/2014 ST. ROOM TAX (13%) LINTER 645664 \$4.00 5/22/2014 PANTRY FOOD LINTER 645664 \$4.00 5/22/2014 NG BREAKRAST LINTER 645664 \$4.00 5/22/2014 NG BREAKRAST LINTER 645664 \$4.00 5/22/2014 ST22/2014 ST23/2014 ST23/2014 ST3/71.87 EXPENSE REPORT SUMMARY 5/22/2014 STAT TOTAL S16.51 S16.51 SHOPS \$4.67.77 \$0.00 \$16.51 \$16.51 S16.61 OD HAND BEVERAGE \$20.051 \$17.1.87 Image: State			LINTR	645397	\$4.95			<u>LELALUAN</u>
5/22/2014 ENST-GENERAL KAMAL123 645469 \$129.00 6/22/2014 USEST ROOM KAMAL123 64569 \$16.77 5/22/2014 HST-ROOM TAX (13%) KAMAL123 64569 \$16.77 FBALANCE** UNITE 645727 \$16.51 \$171.87 EXPENSE REPORT SUMMARY 5/22/2014 \$123/2014 \$123/2014 \$15.77 SHOPS 5/22/2014 \$123/2014 \$15.77 \$100 \$16.51 FOOD AND BEVERAGE \$0.64 \$0.00 \$16.51 \$17.87 \$16.64 ACCOUNT NO. \$151.36 \$20.51 \$17.1.87 \$16.64 \$16.71 \$16.64 ACCOUNT NO. \$151.36 \$20.51 \$17.1.87 \$16.64 \$16.71 \$17.87 CAROM MANDER NAME* \$10.00 \$10.00 <td>5/22/2014</td> <td>INTERNET ACCESS</td> <td></td> <td></td> <td>\$0.64</td> <td></td> <td></td> <td></td>	5/22/2014	INTERNET ACCESS			\$0.64			
62222014 GUEST ROOM FANTRY FOOD KAMAL123 645459 \$16.77 KAMAL123 645624 \$4.00 5222014 PANTRY FOOD LINTR 645624 \$4.00 \$16.51 \$171.87 \$171.87 6222014 NAG BREAKFAST PANTRY FOOD LINTR 645624 \$16.51 \$171.87 \$171.87 EXPENSE REPORT SUMMARY ROOM AND TAX \$145.77 \$10.00 \$145.77 \$16.51 \$16.51 \$171.87 \$171.87 EXPENSE REPORT SUMMARY ROOM AND TAX \$145.77 \$10.00 \$145.77 \$16.51	5/22/2014			1 1	\$129.00	5		CONRAD
6/22/2014 INT R NO. NATION LINTR 646664 \$4.00 6/22/2014 INTR NO. NAG BREAKFAST LINTR 646727 \$16.51 \$171.87 During REAKFAST EXPENSE REPORT SUMMARY INTR 645727 \$16.51 \$171.87 During REAKFAST INTR 645727 \$16.51 \$171.87 INTR 645727 \$171.87 INTR 645727 \$171.87 INTR 645727 \$171.87 INTR 645727 \$16.51 \$171.87 INTR 645727 \$16.51 \$171.87 INTR INTR 646727 \$171.87 INTR 647277 <td>5/22/2014</td> <td>GUEST ROOM</td> <td></td> <td>1 1</td> <td>\$16.77</td> <td></td> <td></td> <td>HOTELS & DELOKTS</td>	5/22/2014	GUEST ROOM		1 1	\$16.77			HOTELS & DELOKTS
5/23/2014 PANTRY POOD LINTR 645727 \$16.51 \$171.87 Pounts report EXPENSE REPORT SUMMARY BALANCE** 5/22/2014 \$174.70 \$171.87 Pounts report EXPENSE REPORT SUMMARY 5/22/2014 \$123/2014 \$174.70 \$16.51 \$171.87 Pounts report ROOM AND TAX \$145.77 \$0.00 \$16.51 \$16.51 \$16.51 \$171.87 Pounts report POOD AND BEVERAGE \$0.00 \$16.51 \$16.51 \$171.87 Pounts report Pounts repounts report Pounts report	5/22/2014	HST - ROOM 1AX (13%)		1 1				
6/23/2014 NAG BREARHAST DATH STATUS DATH DATH<	5/23/2014	*PANTRY FOOD	•	1	\$16.51		A474 07	
EXPENSE REPORT SUMMARY Field 1/12 ROOM AND TAX \$145,77 \$0.00 \$145,77 SHOPS \$4,95 \$4,00 \$16,51 SHOPS \$16,51 \$16,51 \$16,51 OTHER \$0.64 \$0.00 \$0,64 DAILY TOTA \$151,36 \$20,51 \$171,87	5/23/2014		LINHX				\$171.87	Ŷ
CARD MEMBER SIGNATURE MODIL PROJECTION MODIL PROJECTION MODIL PROJECTION MODIL PROJECTION CARD MEMBERS SIGNATURE MODIL PROJECTION M		**BALANCE**						TRIBULETREE
CARD MEMBER SIGNATURE MODIL PROJECTION MODIL PROJECTION MODIL PROJECTION MODIL PROJECTION CARD MEMBERS SIGNATURE MODIL PROJECTION M	:							
ROOM AND FAX \$145.77 \$0.00 \$145.77 \$0.00 \$145.77 SHOPS \$3.457 \$140.00 \$145.77 \$10.00 \$145.77 SHOPS \$3.457 \$10.00 \$16.51 \$10.00 \$16.51 FOOD AND BEVERAGE \$0.00 \$16.51 \$10.01 \$10.01 \$10.01 \$10.01 DAILY TOTA \$151.36 \$20.51 \$171.87 \$10.00 </td <td>EXPENSE R</td> <td>EPORT SUMMARY</td> <td>5/23/2014 \$</td> <td>TAY TOTAL</td> <td></td> <td></td> <td></td> <td></td>	EXPENSE R	EPORT SUMMARY	5/23/2014 \$	TAY TOTAL				
ROOM AND RAX \$14.57 \$2.00 \$3.65 \$1.00 \$3.65 \$1.00			-					
SHOPS SHOPS <td< td=""><td></td><td>p 7 47 5</td><td>•</td><td></td><td></td><td></td><td></td><td></td></td<>		p 7 47 5	•					
FOOD AND BEVERAGE 30.64 \$0.00 \$0.64 <td></td> <td></td> <td>+ · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td>ទ្ធវាឱ្យ</td>			+ · · · ·					ទ្ធវាឱ្យ
OTHER 30.04 \$20.51 \$171.87 Image: Constrained on the second on th			· · · · ·					
DAILY TOTAL INTIAL STATE OF CHARGE STATE OF CHARGE STATE OF CHARGE FOLIO NO CHECK NO. CARD MEMBERS NAME DATE OF CHARGE FOLIO NO CHECK NO. HUME CARD MEMBERS NAME DATE OF CHARGE FOLIO NO CHECK NO. HUME CARD MEMBERS NAME DATE OF CHARGE FOLIO NO CHECK NO. HUME CARD MEMBERS NAME DATE OF CHARGE FOLIO NO CHECK NO. HUME CARD MEMBERS NAME DATE OF CHARGE FOLIO NO CHECK NO. HUME CARD MEMBERS NAME DATE OF CHARGE FOLIO NO CHECK NO. HUME CARD MEMBERS NAME TOTAL AMOUNT O.00 HUME CARD MEMBERS SIGNATURE TOTAL AMOUNT 0.00 HUME	OTHER		*r	\$171.87				
ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION ESTABLISHMENT N	DAILY TOTA	\$151,30	420.01					Hanniton
ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION ESTABLISHMENT N								
ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION ESTABLISHMENT N			Ĩ					
ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION ESTABLISHMENT N				1				
ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION ESTABLISHMENT N								Garden Inn
CARD MEMBER'S SIGNATURE DATE OF CHARGE FOLIO NO /CHECK NO. INITIAL CARD MEMBER'S SIGNATURE DATE OF CHARGE FOLIO NO /CHECK NO. INITIAL								
CARD MEMBER'S SIGNATURE DATE OF CHARGE FOLIO NO /CHECK NO. INITIAL CARD MEMBER'S SIGNATURE DATE OF CHARGE FOLIO NO /CHECK NO. INITIAL		1						
CARD MEMBER'S SIGNATURE DATE OF CHARGE FOLIO NO /CHECK NO. INITIAL CARD MEMBER'S SIGNATURE DATE OF CHARGE FOLIO NO /CHECK NO. INITIAL			\$					
ACCOUNT NO. ACCOUN			1					Hillun
ACCOUNT NO. ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION INITIAL INITIAL INITIAL AUTHORIZATION INITIAL INITIAL AUTHORIZATION INITIAL INITIAL INITIAL AUTHORIZATION INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INI								GEALCH MCALINA
ACCOUNT NO. ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION INITIAL INITIAL INITIAL AUTHORIZATION INITIAL INITIAL AUTHORIZATION INITIAL INITIAL INITIAL AUTHORIZATION INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INI								
ACCOUNT NO. ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION INITIAL INITIAL INITIAL AUTHORIZATION INITIAL INITIAL AUTHORIZATION INITIAL INITIAL INITIAL AUTHORIZATION INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INI						1		
ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. AUTHORIZATION INITIAL INITIAL AUTHORIZATION INITIAL IN								HOME
ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. AUTHORIZATION INITIAL INITIAL AUTHORIZATION INITIAL IN								
ACCOUNT NO. CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION INITIAL					L	DATE OF CHARGE	FOLIO NO./CHECK NO.	
CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION INITIAL PURCHASES & SERVICES TAXES TAXES COLLECTION CARD MEMBER'S SIGNATURE	ACCOUNTING							6
CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION INITIAL INITIAL PURCHASES & SERVICES TAXES TIPS & MISC. TIPS & MISC. TOTAL AMOUNT 0.00	Account							HOMEWOOD
CARD MEMBER NAME PURCHASES & SERVICES PURCHASES & SERVICES PURCHASES & SERVICES ESTABLISHMENT NO. & LOCATION ISTABLISHMENT TO CARD HOLDER FOR PAYMENT TAXES TOTAL AMOUNT O.OO CARD MEMBER'S SIGNATURE TOTAL AMOUNT O.OO O.OO O.OO O.OO						AUTHORIZATION	INITIAL	- Suites
ESTABLISHMENT NO. & LOCATION INSTABLISTIMENT AGREES TO TRANSMIT TO CARD BORDER FOR PAYMENT FAXES CARD MEMBER'S SIGNATURE PURCHASES & SERVICES PURCHASES & SERVICES PURCHASES & SERVICES PURCHASES & DEPARTMENT COLLECTION COLLECTI	CADDMEMBED	NAME				AG (10.000/1101		
ESTABLISHMENT NO. & LOCATION ISTABLISIONET AURLES TO TRANSMIT TO CARD BOLDSR FOR FAIRING. TAXES TAXES COLLECTION CARD MEMBER'S SIGNATURE	CARD MEMORY					DUD CULARCE & CEE	VICES	1
CARD MEMBER'S SIGNATURE		TAIO & LOCATION ISTABLISHMENT	AGREES TO TRANSMIT TO CZ	RD HOLDER FOR PAYME	T ^N T	PURCHASES & SEP		
CARD MEMBER'S SIGNATURE 0.00	ESTABLISHMEN	I NO. & LOCARCON		÷		1	the later transmission to the later to the l	
CARD MEMBER'S SIGNATURE 0.00						TAXES		Nan Sant San Andra Nan C. S. Sant H. 1
CARD MEMBER'S SIGNATURE 0.00					1			
CARD MEMBER'S SIGNATORE						TIPS & MISC.		
CARD MEMBER'S SIGNATORE								
CARD MEMBER'S SIGNATORE								1
	CARD MEMBER	'S SIGNATURE						
X MIRCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A COMMUNICATION OF A COMMUNICATICATION OF A COMMUNICATION OF A COMUNICATION				ENTER GOR & CASE 1	EFFUND.	PAYMEN	T DUE UPON RECEIPT	
	MERCHANDISE AND/OR	SERVICES PURCHASED ON THIS CARD SHALL.	NOT HE RESOLD OR RETU	DOUGHT FOR A STATE				

Hilton Garden In
The Great North American Grill
Matheson Blvd
Mississauga, Ont
Phone # 905-361-6300
GST# :833281363 RT0001

101		
11/1 Chk May23'14 07:52AM	Gst	1.
1 Breakfast Buffet Charge Tip 512	11.95 3.00	
Room Charge	16.51	
Subtotal HST SVC Payment 101 Check Closed	11.95 1.56 3.00 16.51	
IUT Check Closed		

Hilton Garden In The Great North American Grill Matheson Blvd Mississauga, Ont Phone # 905-361-6300 GST# :833281363 RT0001

101 ----Chk 5468 Gst 1 Tb1 11/1 May23'14 07:52AM 11.95 1 Breakfast Buffet 11.95 Subtotal 1.56 HST 13.51 Total 3.00 Tip: _ 16. Total: . Room # PICASAD JIDSUDAD NAME gQ_ Signature; Thank You

May 22 - May 23, 2014 Travel los Torontos Invitão los Bleachtro Ingo meeting.

2)

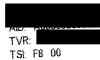
30-2601 MATHESON BLV ⊨ MISSISSAUGA ON www.aerofleet.ca 1800.68.0905 416.449.4990 CAB 17

ì

SALE



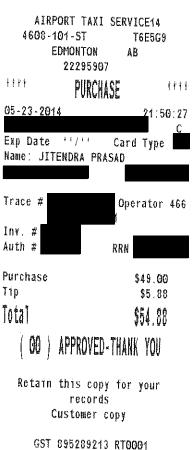
APPROVED



BY ENTERING A VERIFIED PIN CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

Thank You for Choosing Aerofleet HST #100067164RT0001 www.payplus.ca

Masci grom Pearson Airport 200 Braiden Unn Doronless Disport house



700 000 7070 700 000 7070

Nosci Yrom Edmondon Airport lo residence.

Hilton Garden In Pavilion Pantry Matheson Blvd Mississauga, Ontario						
Phone #	\$ 905-361-6300					
	3281363 RT0001					
3012	:					
Chk	May23'14 05:32A Gst 0					
1 Bottle Water 1 Miss Vickie	1.77 1.77					
Room Charge	4.00					
Subtotal HST Payment	3.54 0.46 4.00	nss				

¢
