

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Zone Medical Director ,North Zone
Location Fort McMurray
 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	P-Card	Meetings	1,444	43	775	807	3,069			
Total			\$ 1,444	\$ 43	\$ 775	\$ 807	\$ 3,069	\$ -	\$ -	\$ -

Total for the Month \$ 3,069

Maximum daily single meal expense claimed in the month \$ 23
 Maximum daily base hotel rate claimed in the month \$ 259
 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

WORRY, KEVIN Cardholder's Name _____ Cardholder's Dept _____ KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title _____ _____ Cardholder's Site/Location	Billing Reporting Period: 20/05/2014 _____ Total Statement Amount: \$3,068.82 _____ Last 6 digits of the P-Card #: _____
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Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GS	Freight	Description
17/04/2014	[REDACTED]	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Parking Pass YEG/ EIA ✓
21/04/2014	[REDACTED]	WISSE CHALET #1710, EATING PLACES, RESTAURANTS	22.62	CAD	22.62	1.08	.00	Dinner - Grande Prairie (Beaverlodge Health Complex Meeting) ✓
21/04/2014	[REDACTED]	SEVEN #33343(MKT 28, FUEL DISPENSER, AUTOMATED	64.55	CAD	64.55	3.07		Fuel - SWR to YEG ✓
22/04/2014	[REDACTED]	Enterprise (780)830-19, ENTERPRISE RENT-A-CAR	146.22	CAD	146.22	6.98		Car Rental - Beaverlodge Meeting - New Health Complex ✓
22/04/2014	[REDACTED]	ESSO, FUEL DISPENSER, AUTOMATED	17.08	CAD	17.08	.00		Fuel - Car Rental return to YQU ✓
22/04/2014	[REDACTED]	PODOLLAN INN & SPA, LODGING HOTELS, MOTELS, RESORTS	210.16	CAD	210.16	.00		Hotel Accommodations - Grande Prairie for Beaverlodge Meeting ✓
22/04/2014	[REDACTED]	PODOLLAN INN & SPA, LODGING HOTELS, MOTELS, RESORTS	2.40	CAD	2.40	.00		Hotel - Breakfast - Grande Prairie (Beaverlodge Meeting) ✓
30/04/2014	[REDACTED]	AHS PARKING, HOSPITALS	14.25	CAD	14.25	.68		Parking - Zone Medical Directors meeting offsite ✓
05/05/2014	[REDACTED]	AIR CAN 0142134115611, AIR CANADA	487.46	CAD	487.46	.00	.00	Airfare - YEG-YYC return - PPEC meeting ✓
05/05/2014	[REDACTED]	AIR CAN 0142134116048, AIR CANADA	536.81	CAD	536.81	.00	.00	Airfare - YEG-YMM (Accreditation) ✓
05/05/2014	[REDACTED]	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	12.00	CAD	12.00	.57		Parking - EZ ZMAC Meeting ✓
08/05/2014	[REDACTED]	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Airport Parking Pass - YEG ✓
08/05/2014	[REDACTED]	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking - BV Path Meeting at Seventh Street Plaza ✓
11/05/2014	[REDACTED]	WOK BOX, FAST-FOOD RESTAURANTS	18.15	CAD	18.15	.86		Meal - Dinner YMM (Accreditation) ✓
13/05/2014	[REDACTED]	NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	216.50	CAD	216.50	.00	.00	Car Rental - YMM (Accreditation) ✓
13/05/2014	[REDACTED]	MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS	564.62	CAD	564.62	26.86		Hotel Accommodation - YMM - Accreditation ✓
13/05/2014	[REDACTED]	SHELL, FUEL DISPENSER, AUTOMATED	6.00	CAD	6.00	.00		Fuel purchase for car rental - YMM ✓
16/05/2014	[REDACTED]	CMTN AIR 634216345251, AIR CARRIERS, AIRLINES	410.00	CAD	410.00	18.30		Airfare - YQU - YEG (Site visit to High Level, La Crete and Fort Vermillion) ✓
16/05/2014	[REDACTED]	TASF 40005487508, TRAVEL AGENCIES AND TOUR OPERATORS	10.00	CAD	10.00	.43		Marlin Travel - Service Fee ✓

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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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.

WORRY, KEVIN

Name of Cardholder

MEDICAL DIRECTOR - NORTH

Cardholder Position/Title

25/05/2014

Date of Signature

Signature of Cardholder

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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

Dr. Verna Yiu

Name of Approver

VP Quality + CMO

Approver Position/Title

Date of Signature

June 2/2014

Signature of Approver

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:

INVOICE

Edmonton Regional Airports Authority
 1, 1000 Airport Road
 Edmonton International Airport, AB, Canada T9E 0V3
 Tel: 780-890-8484 Fax: 780-890-8446
 Website: www.flyeia.com Email: accounts@flyeia.com



Alberta Health Services
 Dr. Kevin Worry - Zone Medical Director

Customer #: [REDACTED]
Invoice #: [REDACTED]
Date: April 01, 2014

Contract #: [REDACTED] **Parking Agreement -** [REDACTED]
 [REDACTED] Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Apr-14	30-Apr-14	\$150.00

Invoice Subtotal \$150.00
GST \$7.50

Please pay this amount in Canadian funds \$157.50

EDMONTON REGIONAL
 AIRPORT
 PO BOX 9860
 EDMONTON AB

CARD TYPE [REDACTED]
 CARD DATE 2014/04/17
 TIME 0283 15:02:30
 RECEIPT NUMBER [REDACTED]

PURCHASE TOTAL
\$157.50

APPROVED
 AUTH# [REDACTED]
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST#: R128599776

Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum - 1.5% per month on overdue accounts.

Payable in Canadian Funds.

REMITTANCE FORM (include with all payments)

Please make cheques payable to:
Edmonton Regional Airports Authority
 and mail to: Edmonton Regional Airports Authority
 1, 1000 Airport Road
 Edmonton International Airport, AB
 T9E 0V3 Canada

Invoice #: [REDACTED]
Invoice Date: April 01, 2014
Customer #: [REDACTED]
Customer Name: Alberta Health Services

Amount Due: \$ 157.50
Due Date: April 01, 2014

Amount Remitted: [REDACTED]

3

7-ELEVEN
AIRPORT & N SERVICES
EDMONTON AB T5J 2T2
7808903209

2014-04-21 13:18:57

STORE #: [REDACTED]
TERM ID: [REDACTED]
MERCH #: [REDACTED]
TRANS #: [REDACTED]
GST #: R104855408

PUMP 12
REGULAR
54.75L AT \$1.179

SALE \$ 64.55

GST INCLUDED \$ 3.07

INVOICE # [REDACTED]
AUTH# [REDACTED]

[REDACTED]

REF [REDACTED]
ACI [REDACTED]
APPROVED [REDACTED]

THANK YOU
WELCOME AGAIN

2

Swiss Chalet
10820 100th Ave
Grande Prairie, AB, T8V 7K1

TRANSACTION RECORD
Trans# [REDACTED]
Card #: [REDACTED]
Card Entry: [REDACTED] Account: [REDACTED]
Trans: PURCHASE Amount: \$18.85
Tip: \$3.77 Total: \$22.62
Auth #: [REDACTED] Sequence [REDACTED]
Term ID: [REDACTED] Table [REDACTED]
Server: [REDACTED]
Date: 14/04/21 Time: 21:17:09

APPROVED

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

Application Label: [REDACTED]
TVR: [REDACTED] TSI: [REDACTED]
AID: [REDACTED]
TC: [REDACTED]

*** CUSTOMER COPY ***

2

Swiss Chalet 1710
10820 100th Ave
Grande Prairie, AB, T8V 7K1
(780) 831-0355
814487880 RT0001

Tb [REDACTED] Chk [REDACTED] Gst 1
Apr 21 '14 08:56PM

Dining Room	
1 1/2 CHICKEN	13.79
+ TOM/CUC SAL	
NO ROLL	
MAKE TWO WHITE	
*KITCHEN MSG	
MEAT PLS.	
*KITCHEN MSG	
2 SML GRAVY	0.98
1 SML GRAVY	0.49
UPCHARGED TO WHITE	
*KITCHEN MSG	
MEAT	
*KITCHEN MSG	
1 DIET PEPSI	2.69
Subtotal	17.95
GST	0.90
Total Due	18.85
[REDACTED] Payment	18.85

Tell Us How We Did Today to get
A FREE Soup, Salad or Perogies
with the purchase of an entree.
Complete our Guest survey at:
www.swisschaletfeedback.com
or call 1-866-239-3842
Access Code: 171031
One per table; must show this
receipt and survey validation
code; cannot combine with other
offers; expiry in 21 days; valid
only at participating locations.



10610 AIRPORT DRIVE
GRANDE PRAIRIE, AB T8V7Z5
Federal GST# :889365821

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

[Redacted] (4)
22/04/2014

BILL TO

WORRY KEVIN
[Redacted]

RENTAL INFORMATION

Date/Time Out 04/21/2014 15:37
Date/Time In 04/22/2014 09:56

Renter
WORRY, KEVIN

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
[Redacted]	[Redacted]	[Redacted]	[Redacted]	56,742	56,838

VIN: [Redacted]

CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	86.99	86.99
DW	1 DAY	26.99	26.99
ROADSIDE ASSISTANCE PROTECT	1 DAY	4.99	4.99

Subtotal			118.97
CONCESSION FEE	PCT	16.28	19.50
VLF	1 DAY	0.79	0.79
GST	PCT	5.00	6.96
Total Charges (CAD)			146.22

PAYMENTS

Payment	Master Card	-146.22
Total Payments (CAD)		-146.22

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.

For Billing Inquiries / Payment Terms :
Tel#: [Redacted]
Payment Due within [Redacted] 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: WORRY KEVIN [Redacted]	
Account #	Rental Agreement	Amount
[Redacted]	[Redacted]	0.00
		GPBR

5

11910 99 ave
Grande Prairie AB T8H0C7

ESSO EXPRESS PAY

CENTRE WEST ESSO
██████████
11910 99 AVENUE
GRANDE PRAIRIE, AB
URN: ██████████
04/22/2014 ██████████
09:49:45 AM

PUMP# ██████
REG 13.458L
PRICE/L 1.269
FUEL TOTAL \$ 17.08

GST in fuel \$ 0.81
CREDIT \$ 17.08

TYPE: PURCHASE
ACCOUNT: ██████████ \$17.08
AUTH: ██████████ INVOICE: ██████████
CARD NUMBER: ██████████
ODOMETER: ██████
VERIFIED BY ██████
A- ██████████
B- ██████████

01 Approved - Thank You 027

LOYALTY: NO
IMPORTANT - retain this copy for your records



PODOLLAN.COM

Taking guest comfort to new heights.

GST # 85892 2594 RT0001

10812 - 99TH Avenue, Grande Prairie AB T6V 8E8
 T 780.830.2000 F 780.830.2902 TF 866.440.2080

TAX ID:

Dr. Kevin Worry



Room	Folio	CheckIn	CheckOut	Balance
		04/21/2014	04/22/2014	0.00

Date	Room	Description / Voucher	Charges	Credits	Balance
04/21/2014		Utility Charge	3.95	0.00	3.95
04/21/2014		GST - 5.000%	0.20	0.00	4.15
04/21/2014		Room Taxable Inn	189.00	0.00	193.15
04/21/2014		GST - 5.000%	9.45	0.00	202.60
04/21/2014		Tourism Levy - 4.000%	7.56	0.00	210.16
04/22/2014		/ Diners AP:	0.00	210.16	0.00
04/22/2014		Jax Grill Charge - 9549	2.40	0.00	2.40
04/22/2014		/ Diners AP:	0.00	2.40	0.00
		Balance Due			
		Summary and Taxes			192.95
		Taxable Sales			9.65
		GST 5.00%			7.56
		Tourism Levy 4.00%			

6
7

Thank you for choosing Podollan Inns & Spa



UNIVERSITY OF ALBERTA HOSPITAL
83 AVE, EAST PARKADE

Machine ID # [REDACTED]
Rcpt# [REDACTED]
04/30/14 16:22 [REDACTED] Txn# [REDACTED]
04/30/14 09:16 In 04/30/14 16:22 Out
Tkt# [REDACTED]
UAH 83 Ave \$ 14.25
Total Fee \$ 14.25
[REDACTED] \$ 14.25-
Approval No. : [REDACTED]
Reference No. [REDACTED]
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - email us :
parkingedmonton@
albertahealthservices.ca

9

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
██████	Edmonton, Edmonton Int'l (YEG) Wed 07-May 2014 07:00	Calgary (YYC) Wed 07-May 2014 07:44	0	0hr44	██████	Flex, Q	
██████	Calgary (YYC) Wed 07-May 2014 15:30	Edmonton, Edmonton Int'l (YEG) Wed 07-May 2014 16:20	0	0hr50	██████	Flex, V	

Operated by:
1 Air Canada Express - ██████

Passenger Information

1: Mr Kevin w Worry : Adult (16+), Ticket Number: ██████
 Air Canada - ██████ Meal Preference : ██████
 Aeroplan : ██████ Special Needs: ██████
 Payment Card: ██████
 Seat Selection: ██████

Purchase Summary

Fare Summary	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Flex	196.00
Return Flight - Flex	175.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	55.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	23.21
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	487.46
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$487.46

Payment Information

████████████████████ - Amount paid: **\$487.46**
 Credit/Debit Card XXXX XXXX
 The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$487.46 (Airfare - per ticket)

Ticket number(s): ██████

enRoute City Guide

Calgary



Calgary grew up fast through successive energy booms, so it still feels a lot like a small

10

Alert me of flight status changes directly to my mobile phone or email.
Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
[REDACTED]	Edmonton, Edmonton Int'l (YEG) Sun 11-May 2014 20:30	Fort McMurray (YMM) Sun 11-May 2014 21:31	0	1hr01	[REDACTED]	Flex, W	
[REDACTED]	Fort McMurray (YMM) Tue 13-May 2014 16:15	Edmonton, Edmonton Int'l (YEG) Tue 13-May 2014 17:15	0	1hr00	[REDACTED]	Flex, W	

Operated by:
1 Air Canada Express - [REDACTED]

Passenger Information

1: Mr Kevin w Worry : Adult (16+), Ticket Number: [REDACTED]

Air Canada - [REDACTED] Meal Preference : [REDACTED]

Aeroplan : [REDACTED] Special Needs: [REDACTED]

Payment Card: [REDACTED]

Seat Selection: [REDACTED]

Purchase Summary

Fare Summary	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Flex	215.00
Return Flight - Flex	203.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	55.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	25.56
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	536.81
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$536.81

Payment Information

[REDACTED] - Amount paid: **\$536.81**
The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$536.81 (Airfare - per ticket)

Ticket number(s): [REDACTED]

(11)

UNIVERSITY OF ALBERTA
██████████ 83 AVE. PARKADE

UAF East Parkade South ██████████
██████████
05/05/14 19:42 ██████████
05/05/14 16:55 In 05/05/14 19:42 Out
TRM ██████████
UAF 83 Ave \$ 12.00
Total Fee \$ 12.00
██████████ \$ 12.00-Chenise Due
\$ 0.00

GST Not Included in Total

Comments - Email us:
provinciale@kines@
albertahealthservices.ca

AHS UNIT ██████████ T6G2B/
0440-112 STREET AB (11)
EDMONTON ██████████

1111 PURCHASE 1111

05-05-2014 19:43:19
Acct # ██████████
Exp Date ██████████
Name: KEVIN WORRY ██████████

Trace # ██████████
Auth # ██████████ RRN ██████████

Total \$12.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

INVOICE

Edmonton Regional Airports Authority
 1, 1000 Airport Road
 Edmonton International Airport, AB, Canada T9E 0V3
 Tel: 780-890-8484 Fax: 780-890-8446
 Website: www.flyeia.com Email: accounts@flyeia.com



EIA

we'll move you.

12

Alberta Health Services
 Dr. Kevin Worry - Zone Medical Director

Customer #: [REDACTED]

Invoice #: [REDACTED]

Date:

May 02, 2014

Contract #: [REDACTED] Parking Agreement - [REDACTED]
 [REDACTED] Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-May-14	31-May-14	\$150.00

Invoice Subtotal \$150.00
GST \$7.50

Please pay this amount in Canadian funds \$157.50

EDMONTON REGIONAL
 AIRPORT
 PO BOX 9860
 EDMONTON AB

CARD [REDACTED]
 CARD TYPE [REDACTED]
 DATE 2014/05/08
 TIME 1672 09:16:49
 RECEIPT NUMBER [REDACTED]

PURCHASE TOTAL
\$157.50

APPROVED
 AUTH# [REDACTED]
 THANK YOU
 CARDHOLDER COPY
 IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST#: R128599776

Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum - 1.5% per month on overdue accounts.

Payable in Canadian Funds.

REMITTANCE FORM (include with all payments)

Please make cheques payable to: Edmonton Regional Airports Authority and mail to: Edmonton Regional Airports Authority 1, 1000 Airport Road Edmonton International Airport, AB T9E 0V3 Canada	Invoice #: [REDACTED] Invoice Date: May 02, 2014 Customer #: [REDACTED] Customer Name: Alberta Health Services
Amount Due: \$ 157.50 Due Date: May 02, 2014	Amount Remitted: [REDACTED]

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

IMPRES
PHONE 780-420-1976
HOURLY PARKER
TICKET VOID IF RE-SC

Time: 11:19A MAY 08

PRICE: 5.15.00

TICKET VOID IF RE-SOLD

EXPLOSIVE

2:19PM THU
MAY 08 14

IMPRES
INSTRUCTIONS ON BACK

14

Wok Box Edmonton International

Phone 780

Fax

Tax ID: GST #####

INV# [REDACTED]
Closed to Debit Card

DATE\TIME: 5/11/2014 7:54:16 PM

CASHIER: [REDACTED]
STATION: [REDACTED]

Item Count: 6

=====		
Reg Teriyaki-1106*		
1 @	\$11.49	\$11.49
1- reg chicken		\$0.00
1- low carb (2x veg)		\$0.00
Add Double Meat-564*		
1 @	\$2.99	\$2.99
1- reg chicken		\$0.00
Water-4002*		
1 @	\$2.81	\$2.81
=====		
Subtotal		\$17.29
Tax		\$0.86
GRAND TOTAL		\$18.15

[REDACTED] Amount \$18.15

GST# 820907913RT0001

WOK BOX

25- ALBERTA RD
EDMONTON, AB T5J 2J2
780-420-1976

14

TERM ID: [REDACTED]

BATCH: [REDACTED]
SHIFT IN: [REDACTED]

Sale

INV# [REDACTED]
PCARD [REDACTED]

App Locat: [REDACTED]
Label: [REDACTED]
Sub: [REDACTED]
Date: [REDACTED]

Total: CAD\$ 18.15

APPROVED [REDACTED]

11-May-14 19:54:16

CUSTOMER COPY



(15)

RA # [REDACTED]

Bill Ref# [REDACTED]

GST/HST 889365821
PST 1021523719

Renter Name KEVIN WORRY
27-4250 209B STREET
LANGLEY BC V2Y 0J7

ALBERTA HEALTH SERVICES
Contract ID

Rental Location
FORT MCMURRAY ARPT
1 AIRPORT ROAD MODULE 3 BAY 6
FORT MCMURRAY AL T9H5B5

11-MAY-2014 09:39 PM
11-MAY-2014 09:30 PM
Phone (780) 7153655

Return Location
[REDACTED]

13-MAY-2014 03:21 PM

Hope you enjoyed your free upgrade

Vehicle # [REDACTED]
Model [REDACTED]
Class Driven [REDACTED]
Class Charge [REDACTED]
License# [REDACTED]
State/Province [REDACTED]
M/Kms Driven [REDACTED]
M/Kms Out [REDACTED]
M/Kms In [REDACTED]

Charges	No	Unit	Price/Unit	Amount
TIME & DISTANCE	2	Days	\$2.00	104.00 *
UNLIMITED MILES/KM - TIME & DIST		M/Kms		0.00 *
LDW	2	Days	28.99	57.98 *
CUSTOMER FACILITY CHG \$9.00/DAY	2	Days	8.00	16.00 *
CONCESSION RECOVERY FEE 16.28 PCT			163.56	26.63 *
VEHICLE LICENSE FEE .79/DAY	2	Days	0.79	1.58 *
CA GOODS/SVC TAX ALBERTA @5.000 %			206.19	10.31

Rate Info

Messages

* Taxable Items
Subject to Audit
Your Emerald Club Number is [REDACTED]

Total Charges

CAD 216.50

Payments

[REDACTED]
AUTH: [REDACTED] 12-MAY-2014 216.50

Payment

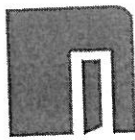
-216.50

Customer Service Number 1-800-468-3334

Emerald Club rental credits will be posted within 24 hours

Amount Due

CAD 0.00



Dr Kevin Worry

A/R Number
Group Code
Invoice No.
Reference #

Room No.

Arrival

Departure

05-11-14

05-13-14

Page No.

Cashier No.

User ID

Merit Hotel GST #

849702444RT0014

Date	Description	Charges	Credits
05-11-14	Best Available Rate	259.00	
05-11-14	GST Tax	12.95	
05-11-14	Tourism Levy	10.36	
05-12-14	Best Available Rate	259.00	
05-12-14	GST Tax	12.95	
05-12-14	Tourism Levy	10.36	
05-13-14			564.62
Total		564.62	564.62
Balance		0.00	

GST Tax	Tourism Levy								
25.90	20.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill 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. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Merit Hotels
8200 Franklin Avenue
Fort McMurray, Alberta, Canada T9H 2H9
Telephone: (780) 714-9444 Fax: (780) 714-9440
Toll Free: (877)714-9444

17

WELCOME

Shell Canada
291 SAKITAWAW TRAIL
T9H 5E7
FORT MCMURRAY AB
(780) 715-9093

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2014/05/13 14:59

AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]

Bronze
PUMP No. 04
LITRES 4.415
PRICE/L \$1.359
TOTAL FUEL \$6.00
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$0.29
No. [REDACTED]

TOTAL SALE \$6.00

STORE: [REDACTED]
TRAN: [REDACTED]
2014/05/13 15:01:03

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$25 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

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

Invoice Number: [REDACTED]
 Date: May 21, 2014
 Page: 2/3
 Our Reference: [REDACTED]

INVOICE

Wednesday, May 21, 2014



Hotel

Check In: 21May2014 12:00 AM
 Check Out: 23May2014 12:00 AM

Rooms 1
 2 Nights(s)

HIGH LEVEL
 BEST WESTERN
 PLUS MIRAGE HOTEL
 9616 HIGHWAY 58, HIGH LEVEL
 AB, T0H 1Z0
 CA
 Tel: [REDACTED]
 Fax: [REDACTED]
 Confirmation: [REDACTED]

[REDACTED]
 Rate: 124.99 CAD per Night
 Guaranteed for late arrival

Friday, May 23, 2014



CENTRAL MOUNTAIN AIR
 From: HIGH LEVEL
 To: EDMONTON INTL AB
 Stops: 0

Flight: [REDACTED] ECONOMY CLASS
 12:45 PM Equipment: BEH
 02:15 PM Mile(s) Flown: 393

CENTRAL MOUNTAIN AIR CONFIRMATION [REDACTED]
 TICKET NUMBER [REDACTED]

Cost:		
TKT- [REDACTED]	[REDACTED]	10.00 (19)
NORTHERN AIR [REDACTED]	[REDACTED]	299.00
	GST:	17.30
	Tax:	47.00
	Ticket Total:	363.30
CENTRAL MOUNTAIN AIR [REDACTED]	[REDACTED]	410.00 (18)

Total:	Grand Total:	783.30
	Less Credit Card Payments:	783.30
	Total GST/HST:	17.30
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00