

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/04/2011</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$4,509.84</u>
		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/03/2011	251843556	BUDGET-RENT-A-CAR, AVIS RENT A CAR	264.16	CAD	264.16	10.43	.00	Budget
20/03/2011	251843555	UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL	201.15	CAD	201.15	9.58		
25/03/2011	252273991	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	135.00	CAD	135.00	6.43		
25/03/2011	252273992	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	135.00	CAD	135.00	6.43		
25/03/2011	252417310	HYATT REGENCY THOMPSON, EATING PLACES, RESTAURANTS	46.95	CAD	46.95	1.95	.00	
28/03/2011	252513426	AIR CAN 0142193740616, AIR CANADA	536.81	CAD	536.81	25.56	.00	Calgary
28/03/2011	252608358	AIR CAN 0142193761645, AIR CANADA	239.53	CAD	239.53	11.41	.00	Grande Prairie
28/03/2011	252608359	AIR CAN 0142193762072, AIR CANADA	283.63	CAD	283.63	13.51	.00	GP to Calgary
28/03/2011	252608360	AIR CAN 0142193762477, AIR CANADA	229.03	CAD	229.03	10.91	.00	pyc to yeg
28/03/2011	252608363	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	59.40	CAD	59.40	2.40	.00	Meeting with K. Gardener
29/03/2011	252608361	AIR CAN 0142193762072, AIR CANADA	14.70	CAD	14.70	.00	.00	Advance Seat Selection
29/03/2011	252608362	SOUNDVIEW EXEC BOOK SU, DIRECT MARKETING - OTHER DIRECT	199.00	USD	199.53	.00	.00	Soundview Subscription
31/03/2011	252864847	LUX STEAKHOUSE & BAR, EATING PLACES, RESTAURANTS	56.78	CAD	56.78	2.28		Meeting - B. Trafford
03/04/2011	253037070	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	290.00	CAD	290.00	13.81		
05/04/2011	253121253	Amazon.com, BOOK STORES	36.99	USD	36.72	.00	.00	
06/04/2011	253441004	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	30.15	CAD	30.15	1.44	.00	Meeting - Gerry Predy
08/04/2011	253441003	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	10.50	CAD	10.50	.50		Parking
10/04/2011	253671703	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	135.24	CAD	135.24	5.49	.00	Don Winn
11/04/2011	253671702	INTEGRAAIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	276.28	CAD	276.28	13.16	.00	Lethbridge
14/04/2011	253981398	SANDMAN HOTELS #1-42, SANDMAN INN	108.99	CAD	108.99	5.00		Hotel - Board Meeting
16/04/2011			172.62	CAD	172.62	7.70		
17/04/2011			205.00	CAD	205.00	9.76		

Non-Responsive


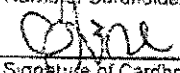

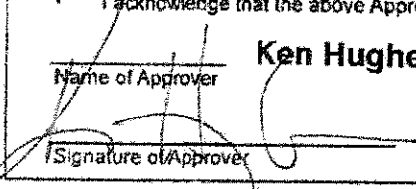
s.17(1), 17(4)(g)(i)

**Other/ Personal Purchases**

I have identified the following transactions as non-business related, personal purchases. I have attached a personal cheque for the total amount owed which represents payment in full to AHS. I understand that the P-Card is not to be used again for personal transactions.

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description

21/03/2011	252019595	ROYAL COLLEGE PHYS SUR, ORGANIZATIONS, CHARITABLE AND	750.00	CAD	750.00	.00	RCPSC Annual Dues
21/03/2011	252019596	EDMONTON CHAMBER OF CO, ASSOCIATIONS CIVIC, SOCIAL, AND	121.80	CAD	121.80	5.80	Mayor's Luncheon

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>Joyce C. Murray</u> Name of Cardholder Designate   Signature of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title  <u>APRIL 28, 2011</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder   Signature of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title  <u>APRIL 28, 2011</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>Lynn Redford</u> Name of Approver Designate   Signature of Approver Designate	<u>Vice President Community Engagement</u> Approver Designate Position/Title  <u>MAY 10 2011</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Ken Hughes</u> Name of Approver   Signature of Approver	<u>Chair, AHS Board</u> Approver Designate Position/Title  <u>June 1 / 2011</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T4J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

## Electronic Refund Receipt / Reçu de remboursement électronique

We are pleased to confirm a refund has been processed to your credit card.

Nous sommes heureux de confirmer qu'un remboursement a été porté à votre carte de crédit.

**Please print this refund receipt for your reference.**

**Veillez imprimer ce reçu pour vos dossiers.**

### Refund Information / Détails du remboursement

**Passenger Name:**  
**Nom du passager:** Christopher Eagle

**Ticket(s) Refunded:** 0142192380158  
**Billet(s) remboursé(s):**

**Credit card refunded:** CC-CAXXXXXXXXXXXXX9747  
**Carte de crédit remboursée:**

**Date of refund:** 15 March 2011  
**Date du remboursement:** 15 Mars 2011

**Customer Care  
 Service au client**

On the web/Site Web  
[www.aircanada.com](http://www.aircanada.com)

**Air Canada Reservations  
 Réservations d'Air Canada**  
 1 888 247-2262

**Aeroplan Centre  
 Centre Aéroplan**  
 1 800 361-5373

### Amount refunded / Montant du remboursement

Amount eligible for refund: 0.00  
 Montant à rembourser:

Taxes and Airport Fees eligible for refund:  
 Taxes et frais aéroportuaires à rembourser:

Canada Security Charge / 7.13  
 Canada - Droit pour la sécurité (CA)

Canada Airport Improvement Fee / 22.00  
 Canada - Frais d'améliorations aéroportuaires (SQ)

**Total Amount Refunded to credit card in Canadian dollars:**  
**Montant total remboursé sur la carte de crédit en dollars canadiens:** **29.13**



# HOTEL ALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

*Chris Eagle*

s.17(1), 17(4)(g)(i)

Room Number: 705  
 Daily Rate: 145.00  
 Room Type: OBKL  
 No. of Guests: 2 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
17-Mar-11	19-Mar-11	XXXXXXXXXXXX1001	BAR1	FIT	20090112729

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
17-Mar-11	705	PARKING	PARKING PAID BY GUEST	\$7.00
17-Mar-11	705	ROOM CHARGE	#705	\$170.00
17-Mar-11	705	GST	GST	\$8.50
17-Mar-11	705	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$1.85
17-Mar-11	705	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.80
18-Mar-11	705	PARKING	PARKING PAID BY GUEST	\$7.00
18-Mar-11	705			
18-Mar-11	705			
18-Mar-11	705			
19-Mar-11	705	MASTERCARD	MASTERCARD	(\$201.15)
19-Mar-11	705			

*CLAIMING ONE NIGHT*

CREDIT DUE:                      (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

s.17(1), 17(4)(e.1)

06/14

CHRIS EAGLE  
BY HEALTH SERVICES

CLERK / COMMIS AUTH. NO. / N° D'AUT.

Valid and Expiry Date Checked  
Vérification de la date de validation  
et de la date d'expiration

DATE

M-M	M-M	D-J	D-J	Y-A	Y-A
03	18	11			

DESCRIPTION	AMOUNT / MONTANT
6072	120:—
G.S.T./P.S.	:
H.S.T./V.H.	:
P.S.T./V.P.	:
Q.S.T./V.Q.	:
TIP POURBOIRE	15:00
TOTAL	\$ 135.00

5535672

CUSTOMER SIGNATURE / SIGNATURE DU CLIENT

CUSTOMER COPY / COPIE DU CLIENT

SCAN CON

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation, I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.  
L'émetteur de la carte dont le numéro figure, si-dessus est autorisé à payer le montant inscrit au TOTAL sur présentation conforme. Je m'engage à rembourser ledit montant ainsi que tous les frais s'y rapportant conformément aux conditions de l'entente régissant l'usage de ladite carte.

s.17(1), 17(4)(e.1)

DO NOT WRITE ABOVE THIS LINE - NE RIEN ECRIRE AU-DESSUS DE CETTE LIGNE

06/14

CHRIS SAGLE  
HEALTH SERVICES  
*George*

EXPIRY DATE CHECKED

MOSE EXPIRATION VERIFIEE

AUTHORIZATION NUMBER : NO D'AUTORISATION  
03 25 11  
M D J Y-A  
5233569

SALES DRAFT - CHARGEX - FACTURE

CUSTOMER COPY  
COPIE DU CLIENT

CLERK-COMMIS	BILL NO.-NO DE NOTE
602	
AMOUNT MONTANT	120 -
TIPS POURBOIRE	15 -

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE  
*[Signature]*

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.  
LE TITULAIRE S'ENGAGE A REMBOURSER L'EMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA CONVENTION REGISSANT L'UTILISATION DE LA CARTE.

VISA TOTAL \$ CDN 135.00  
MasterCard

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION  
CONSERVEZ CETTE COPIE COMME PREUVES DE VOTRE TRANSACTION

THOMSONS  
REGIONAL CANADIAN CUISINE  
112 STEPHEN AVENUE S.E.  
113 ARNEL

16/1 1980 GST 2  
MAR25'11 11:21AM

1 \*COFFEE 3.00  
1 SAN PELL SM 4.00  
1 GRIL CHIC SAND 15.00  
1 L-Full Cobb 17.00  
Subtotal 39.00  
GST 1.95  
PAYMENT DUE \$40.95

\*\*\*\*\*FOR ROOM CHARGES ONLY\*\*\*\*\*  
Gratuity: 6.00

Total: 46.95

Hyatt Room #: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: *[Handwritten Signature]*

GST#859734659RT0002  
E-MAIL: ana.montano@hyatt.com

*Meeting with Patti Grier*

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

**Booking Information**AIR CANADA Booking Reference: **LGHQF5****Customer Care**

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Air Canada  
1-888-247-2262Main Contact:  
Mr Christopher Eagle  
chris.eagle@albertahealthservices.ca  
Mobile:Flight Arrivals and  
Departures  
1-888-422-7533

s.17(1), 17(4)(g)(i)

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8137*	Edmonton, Edmonton Int'l (YEG) Thu 31-Mar 2011 09:00	Calgary (YYC) Thu 31-Mar 2011 09:49	0	0hr49	DH3	Tango Plus V	
AC8158*	Calgary (YYC) Thu 31-Mar 2011 19:30	Edmonton, Edmonton Int'l (YEG) Thu 31-Mar 2011 20:21	0	0hr51	DH3	Tango Plus V	

\*Operated by Jazz

**Passenger Information**

1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142193740616

Air Canada - Aeroplan :	Meal Preference:	None
Credit Card: xxxxx-xxxx-xxxx-9747	Special Needs:	None
Seat Selection: AC8137 5C, AC8158 4C		

s.17(1), 17(4)(g)(i)

**Purchase Summary****Fare Summary**

Passenger Type	Adult
Departing Flight - Tango Plus	214.00
Returning Flight - Tango Plus	214.00
Surcharges	24.00

**Taxes, Fees and Charges**

Canada Airport Improvement Fee	45.00
Air Travellers Security Charge (ATSC)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	25.56
Total airfare and taxes before options (per passenger)	536.81
Number of passengers	1
Total	536.81
RBC Travel Insurance (declined)	0.00

**Grand Total - Canadian dollars** **\$536.81****Grand Total** **1 adult**Total including travel options, taxes, fees and charges **\$536.81 CAD****Fare Rules**

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus

Returning Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

## • Changes:

- Prior to day of departure - Change fee per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference.
- Changes can be made up to 2 hours prior to departure.
- Airport same-day changes (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8359*	Edmonton, Edmonton Int'l (YEG) Wed 13-Apr 2011 08:20	Grande Prairie (YQU) Wed 13-Apr 2011 09:29	0	1hr09	DH3	Tango Plus S	

s.17(1), 17(4)(g)(i)

**\$239.53 CAD**

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



## Booking Information

**Booking Reference:** L4SW6M

**Customer Care**
**Electronic Ticketing confirmed. This is your official itinerary/receipt.**
**Air Canada**  
1-888-247-2262

**Main Contact:**  
Dr Christopher Eagle  
chris.eagle@albertahealthservices.ca  
Mobile:

**Flight Arrivals and Departures**  
1-888-422-7533

s.17(1), 17(4)(g)(i)

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8478*	Grande Prairie (YQU)	Calgary (YYC)	0	1hr32	DH3	Tango Plus T	
	Thu 14-Apr 2011 13:50	Thu 14-Apr 2011 15:22					

\*Operated by Jazz

## Passenger Information

s.17(1), 17(4)(g)(i)

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142193762072**

Air Canada - Aeroplan :		Meal Preference:	None
Credit Card:	xxxx-xxxx-xxxx-9747	Special Needs:	None
Seat Selection:	AC8478 5D		

## Purchase Summary

### Fare Summary

Passenger Type	Adult
Departing Flight - Tango Plus	229.00
Surcharges	18.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	16.00
Air Travellers Security Charge (ATSC)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	13.51
Total airfare and taxes before options (per passenger)	283.63
Number of passengers	1
Total	283.63
<b>Grand Total - Canadian dollars</b>	<b>\$283.63</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	\$283.63 CAD

## Fare Rules

### Departing Flight Grande Prairie (YQU) To Calgary (YYC) - Tango Plus

#### • Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference.
- Changes can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

#### • Cancellations:

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of unused

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



## Booking Information

**AIR CANADA**
**Booking Reference:** **LSAQLI**
**Customer Care**
**Electronic Ticketing confirmed. This is your official itinerary/receipt.**
**Air Canada**  
1-888-247-2262

**Main Contact:**  
Dr Christopher Eagle  
eaglec@albertahealthservices.ca  
Mobile:

**Flight Arrivals and Departures**  
1-888-422-7533

s.17(1), 17(4)(g)(i)

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8132*	<b>Calgary (YYC)</b> Fri 15-Apr 2011 07:30	<b>Edmonton, Edmonton Int'l (YEG)</b> Fri 15-Apr 2011 08:21	0	0hr51	DH3	Tango Plus T	

\*Operated by Jazz

## Passenger Information s.17(1), 17(4)(g)(i)

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142193762477**

Air Canada - Aeroplan :		Meal Preference:	<b>None</b>
Credit Card:	xxxx-xxxx-xxxx-9747	Special Needs:	<b>None</b>
Seat Selection:	AC8132 3C		

## Purchase Summary

Fare Summary	
Passenger Type	<b>Adult</b>
Departing Flight - Tango Plus	<b>174.00</b>
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Air Travellers Security Charge (ATSC)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.91
Total airfare and taxes before options (per passenger)	<b>229.03</b>
Number of passengers	1
Total	<b>229.03</b>
<b>Grand Total - Canadian dollars</b>	<b>\$229.03</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	<b>\$229.03 CAD</b>

## Fare Rules

**Departing Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus**
**• Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference.
- **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

**• Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.



MADISON'S GRILL  
10053-Jasper Ave  
Edmonton, Alberta  
780-401-2222

Server: Carlos  
Table 40/1  
Guests: 2  
Reprint #: 1

03/28/2011  
12:56 PM  
10007

Voss Sparkling 9.00  
Croque Monsieur 16.00  
Coffee Tea (2 @3.50) 7.00  
Mac Cheese 16.00

Subtotal 48.00

GST Exclusive Tax 2.40

Total 50.40

Balance Due \$ 50.40

GRATUITY : 9.00

TOTAL : 59.40

SIGNATURE : \_\_\_\_\_

ROOM #: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

THANK YOU  
Please Come Again Soon  
GST #R897343794

*Meeting with Ken Goederich*

# Joyce Murray

**From:** Air Canada [confirmation@aircanada.ca]  
**Sent:** Tuesday, March 29, 2011 12:08 PM  
**To:** Chris Eagle  
**Subject:** Air Canada - 14-Apr: Grande Prairie - Calgary (booking ref: L4SW6M) - booking modified

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

## Confirmation

Your seat selection is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

### Booking Information

<b>Booking Reference:</b> <b>L4SW6M</b>	<b>Customer Care</b>
<b>Electronic Ticketing confirmed. This is your official itinerary/receipt.</b> <b>Main Contact:</b> Dr Christopher Eagle chris.eagle@albertahealthservices.ca Mobile: s.17(1), 17(4)(g)(i)	<b>Air Canada</b> 1-888-247-2262 <b>Flight Arrivals and Departures</b> 1-888-422-7533
<b>Online Services</b> <a href="#">Manage</a> my booking online (view/change my booking; select seats*). <a href="#">Alert me</a> of flight status changes directly to my mobile phone or email. <a href="#">Flight Arrivals &amp; Departures</a> - check online if my flight is on time. <a href="#">Check-in online</a> and print my boarding pass.	
* Can my booking be changed online?	

### Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type
AC8478*	<b>Grande Prairie (YQU)</b> Thu 14-Apr 2011 13:50	<b>Calgary (YYC)</b> Thu 14-Apr 2011 15:22	0	1hr32	DH3	Tango Plus T

\*Operated by Jazz

### Passenger Information

<b>1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142193762072</b>			
Air Canada - Aeroplan :		Meal Preference :	<b>Regular</b>
Credit Card: xxx-xxx-xxx-9747		Special Needs:	<b>None</b>
Seat Selection: AC8478 1C ( <b>Preferred</b> ) Paid			

### Review additional charges

	Additional charges
Flight 1: Advance Seat Selection ( <b>Preferred</b> ) (1 x 14.00)	<b>14.00</b>
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.70
<b>Grand Total - Canadian dollars</b>	<b>\$14.70</b>



- CC Receipt  
- Sent by email already

Non-Responsive

Thank you for your order. You will receive a confirmation email shortly.

If you ordered a Soundview Subscription, an Online Collection, or Individual Online Summaries, they are now available in your Online Library.

[Go To Your Online Library](#)

Order #257819

Sunday, March 27, 2011

**Shipping To**

Chris Eagle  
Calgary Health Region



**Shipping Via**

USPS Ground

**Options**

Gift Message:  
None  
Special Instructions:  
None

s.17(1), 17(4)(g)(i)

Product	Options	Price	Quantity	Total
 Soundview Premium Online Edition	N/A	\$199.00	1	\$199.00
 Free Gift	N/A	\$0.00	1	\$0.00

**Payment Method**

Credit Card (Mastercard)

\*\*\*\*9747

Chris Eagle  
Suite 700, 10180 101 St NW  
Edmonton, Alberta T5J 3S4  
Canada

**Order Totals**

Subtotal:	\$199.00
Shipping:	\$0.00
Tax:	\$0.00
<b>Total:</b>	<b>\$199.00</b>

**Joyce Murray**

---

**From:** Lorinda Prociuk  
**Sent:** Monday, March 28, 2011 10:11 AM  
**To:** Joyce Murray  
**Subject:** FW: Soundview Confirmation for Order #257819

-----Original Message-----

**From:** Chris Eagle  
**Sent:** Sunday, March 27, 2011 2:04 PM  
**To:** Lorinda Prociuk  
**Subject:** FW: Soundview Confirmation for Order #257819

cc receipt

---

**From:** [service@summary.com](mailto:service@summary.com) [service@summary.com]  
**Sent:** March 27, 2011 1:22 PM  
**To:** Chris Eagle  
**Subject:** Soundview Confirmation for Order #257819

[[http://www.summary.com/\\_resources/www/soundview/images/email/logo.gif](http://www.summary.com/_resources/www/soundview/images/email/logo.gif)]<http://www.summary.com/>  
m/>

Shipments & Items

1.  
Shipment #1

s.17(1), 17(4)(g)(i)

**Shipping To:**  
Chris EagleCalgary Health Region

**Shipping Via:**

USPS Ground

Items

Product	Price	Quantity	Total
Soundview Premium Online Edition			
			\$199.00 1 \$199.00
Free Gift	\$0.00	1	\$0.00

Totals

Subtotal: \$199.00

Shipping: \$0.00

Tax: \$0.00

Total: \$199.00

View Details for Order

#257819<[https://www.summary.com/account/orders/?customerOrder\\_ID=c1fd8c64-e4f8-470a-a671-1692b9b7db46](https://www.summary.com/account/orders/?customerOrder_ID=c1fd8c64-e4f8-470a-a671-1692b9b7db46)>

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Non-Responsive

LUX STEAKHOUSE & BAR  
10150-101 STREET  
EDMONTON, AB  
T5J 4G8  
(780) 424-0400  
GST# 815344742

*Lunch  
Bill Paid*

102 RACHEL

Tbl 25/1 Chk 6602 Gst 2  
Mar30'11 12:26PM

1 SOFT DRINKS	3.00
1 CAFE LATTE	4.00
1 VIRGIN CEASAR	3.50
1 CAFE LATTE	4.00
1 CLUBHOUSE FRIES	15.00
1 SALMON WRAP GREENS	16.00
Food	39.00
Liquor	6.50
GST	2.28
Amount Due	<b>47.78</b>

LUX on the rare side...  
RAW BAR  
A Fresh Selection of  
Oysters and Sashimi

Sip, Savour, Save  
Half Price Wine  
On 35 Bottle Selections  
Every Saturday All Night  
Join us in our lounge  
[www.centuryhospitality.com](http://www.centuryhospitality.com)

LUX STEAKHOUSE & BAR  
10150-101 STREET  
EDMONTON, AB  
T5J 4G8  
(780) 424-0400

Mar 30 2011 01:12 pm  
Trans#6602

TRANSACTION RECORD

Card Number :  
\*\*\*\*\*9747  
Card Entry: S@1  
Account : MASTERCARD  
Trans Type: PRE-AUTHORIZATION

Amount : \$47.78  
Tip : *9.00*  
Total : *56.78*

Auth # : 151226  
Sequence #: 001001646  
Merchant ID : 22105742  
Employee : MILLER  
Employee # : 102  
Terminal #: MI2210574204  
Date : 11/03/30  
Time : 13:12:18

APPROVED - THANK YOU

SIGNATURE  
CARDHOLDER WILL PAY TO THE  
ISSUER OF THE CHARGE CARD  
PRESENTED HERE WITH THE  
AMOUNT STATED HERE ON IN  
ACCORDANCE WITH THE ISSUER'S  
AGREEMENT WITH THE  
CARDHOLDER


s.17(1), 17(4)(e.1)

08214

**CHRIS EAGLE**  
**AS HEALTH SERVICES**

Greg - 44c  
 trans  
 70+60+60+70

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL, together with any other charges due thereon, subject to and in accordance with the agreement governing the use of such card.  
 L'organisme émetteur de la carte dont le numéro figure ci-dessus est autorisé à payer le montant inscrit au TOTAL sur présentation conforme. Je m'engage à rembourser ledit montant ainsi que tous les frais s'y rapportant conformément aux conditions d'utilisation régissant l'usage de toute carte.

X   
 CUSTOMER SIGNATURE / SIGNATURE DU CLIENT

**5236080**

CLERK/ COMMIS		AUTH. NO. / N° D'AUT.	
<input type="checkbox"/> Valid and Expiry Date Checked Vérification de la date de validation et de la date d'expiration			
DATE	M-M/M-M	D-J/D-J	Y-A/Y-A
	03	31	11

DESCRIPTION	AMOUNT / MONTANT
	260.-
G.S.T./T.P.S.	.
H.S.T./T.V.H.	.
P.S.T./T.V.P.	.
Q.S.T./T.V.Q.	.
TIP POURBOIRE	30.-
<b>TOTAL</b>	\$ 290.00

CUSTOMER COPY / COPIE DU CLIENT

\$ CAN. CDN

**Your Account** 

For detailed information about this and other orders, please visit Your Account. You can also print invoices, change your e-mail address and payment settings, alter your communication preferences, and much more – 24 hours a day – at <http://www.amazon.com/your-account>.

**Returns Are Easy!**

Visit <http://www.amazon.com/returns> to return any item – including gifts – in unopened or original condition within 30 days for a full refund (other restrictions apply). Please have your order ID ready.

Thanks for shopping at Amazon.com, and please come again!

**Your order of April 4, 2011 (Order ID 105-3227058-9370627)**

Qty.	Item	Item Price	Total
<b>IN THIS SHIPMENT</b>			
1	<b>Many Unhappy Returns: One Man's Quest To Turn Around The Most Unpopular Organization In America (Leadership for the Common Good)</b> Rossotti, Charles O. --- Hardcover (* P-3-I24B25 *) 1591394414 1591394414	\$26.68	\$26.68
		Subtotal	\$26.68
		Shipping & Handling	\$8.98
		Order Total	\$35.66
		Paid via credit/debit	\$36.99
		Balance due	\$0.00

This shipment completes your order.

Have feedback on how we packaged your order? Tell us at [www.amazon.com/packaging](http://www.amazon.com/packaging).

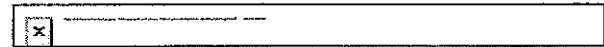
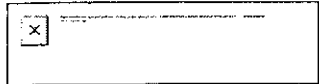
little card  
**big smile™**

amazon giftcards  
[www.amazon.com/giftcards](http://www.amazon.com/giftcards)



Jennifer Hamstra

**From:** auto-confirm@amazon.com  
**Sent:** Monday, April 04, 2011 8:40 AM  
**To:** Jennifer Hamstra  
**Subject:** Your Order with Amazon.com



**Thanks for your order, Jennifer Hamstra!**

**Want to manage your order online?**

If you need to check the status of your order or make changes, please visit our home page at Amazon.com and click on Your Account at the top of any page.

**Purchasing Information:**

**E-mail Address:** [jennifer.hamstra@albertahealthservices.ca](mailto:jennifer.hamstra@albertahealthservices.ca)

**Billing Address:**

Jennifer Hamstra  
Alberta Health Services  
10180 101 Street NW Suite 700  
Edmonton, Alberta T5J 3S4  
Canada

**Shipping Address:**

Jennifer Hamstra  
Alberta Health Services  
10180 101 Street NW Suite 700  
Edmonton, Alberta T5J 3S4  
Canada

**Order Grand Total: \$36.99**

Get the [Amazon.com Rewards Visa Card](#) and earn **3% rewards** on your Amazon.com orders.

**Order Summary:**

Shipping Details : (order will arrive in 1 shipment)

**Order #:** [105-3227058-9370627](#)  
**Shipping Method:** Standard International Shipping  
**Shipping Preference:** Group my items into as few shipments as possible  
Subtotal of Items: \$26.68  
Shipping & Handling: \$8.98  
-----  
Import Fees Deposit \$1.33  
-----  
**Total for this Order: \$36.99**

**Delivery estimate:** April 15, 2011 - April 27, 2011

**Shipping estimate for these items:** April 5, 2011

**1 "Many Unhappy Returns: One Man's Quest To Turn Around The Most Unpopular Organization In America (Leadership for the Common Good)"**

Charles O. Rossotti; Hardcover; \$26.68

Sold by: [Amazon Export Sales, Inc.](#)



*Gregg - Breakfast*

UNION BANK INN-REST  
10053 JASPER AVENUE  
EDMONTON AB T5J1S5  
780-423-3600

TERM ID: 001

MASTERCARD ID:

OP ID: 4

s.17(1), 17(4)(e.1)

**SALE**

XXXXXXXXXXXXXXXX9747

MASTERCARD

ENTRY METHOD: SWIPED

04/06/11

08:12:35

INV #: 000001

APPR CODE: 101235

BATCH #: 000524

REF #: 001

AMOUNT

\$24.15

TIP

*6*

TOTAL

30.15

CARDHOLDER COPY

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

**08/04/11 09:29 AM**

AMOUNT PAID

**\$10.50 76440000 06:29 AM**

1182360



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**

*cc Receipt*

**DETACH RECEIPT FROM TICKET**

DATE ISSUED      TIME ISSUED      AMOUNT PAID

**08/04/11 06:29 AM \$10.50**

CREDIT CARD NUMBER

1182360



Alberta Health Services

**RECEIPT**

UNION BANK INN-REST  
10053 JASPER AVENUE  
EDMONTON AB T5J1S5  
780-423-3600

MADISON'S GRILL  
10053-Jasper Ave  
Edmonton, Alberta  
780-401-2222

s.17(1), 17(4)(e.1)

TERM ID: 001

GP ID: 6

SALE

XXXXXXXXXXXXXXXX9747

MASTERCARD ENTRY METHOD: SWIPED  
04/10/11 19:42:53  
INV #: 000004 APPR CODE: 214252  
BATCH #: 000528  
REF #: 004

AMOUNT \$115.24  
TIP 20.00  
TOTAL 135.24

CARDHOLDER COPY  
--

Serv Nic 04/10/2011  
Tab: /1 7:40 PM  
Guest: 2 10047

Soft Drink 2.75  
Caesar Salad 12.00  
Pacific Sablefish (2 @39.00) 78.00  
Coffee Tea (2 @3.50) 7.00  
House Salad 10.00

Subtotal 109.75

GST Exclusive Tax 5.49

Total 115.24

Balance Du \$ 115.24

GRATUITY : 20.00

TOTAL : 135.24

SIGNATURE : 135.24

Dina & Don Lin

ROOM #: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

THANK YOU  
Please Come Again Soon  
GST #R897343794

Joyce Murray

From: office@integraair.com
Sent: Tuesday, April 12, 2011 12:42 PM
To: Joyce Murray
Subject: INTEGRA AIR ITIN. For EAGLE, CHRIS

Importance: High

\*\*\*ITINERARY\*\*\*

INTEGRA AIR
152 KENYON DRIVE
LETHBRIDGE ALBERTA, T1K 7N3

MASTERCARD

Locator Number: 577703
Date Booked: 4/11/2011
Modified: 4/11/2011 10:31
Booked by: Murriah
Contact:

LETHBRIDGE

Welcome Aboard: EAGLE, CHRIS

Bound Date Flt Departure Time Arrive Status
--- ----- ---
Out 27Apr11 819 Edmonton Flt Ct08:20 am Lethbridge 09:35 am CONFIRMED

FARE BASIS: Value
FARE: 224.00
Nav Canada: 12.00
Landing Fees: 0.00
Change Fee: 0.00
Security Fee: 7.12
Change Insurance: 0.00
AIF: 20.00
Fuel Surcharge: 0.00
SUBTOTAL: 263.12
GST: 13.16
TOTAL: 276.28

OB STOPS: 0 OB CONNECTIONS: 0 IB STOPS: 0

\*\*\*\*\*
\*
\* Your (Outbound) flight will be departing from: Edmonton Flt Ctr
\* On: 04/27/2011 08:20 am
\*
\* Check in time is 45 minutes before departure time
\* Passengers arriving 15 minutes prior to scheduled departure time will be
\* denied boarding.
\*\*\*\*\*

The Edmonton Flight Centre is not at the main airport. Directions found below.



HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE  
9805 - 100th Street  
Grande Prairie, AB T8V 6X3  
Tel:780.513.5555  
Fax:780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website:www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 320225 Description: standard folio

Page: 1

Mail To: Chris Eagle

Res.#: 278931

Arrive: 13/04/2011 06:22pm

Depart: 14/04/2011 12:29am

Room: JCSN 418

s.17(1), 17(4)(g)(i)

Group: Alberta Health Services Board

Guest: Chris Eagle

Bill To: Eagle

Date	Description	Voucher	Amount
13/04/2011	Room Revenue	GP -418	99.00
13/04/2011	Destination Marketing Fee	GP -418	.99
13/04/2011	GST	GP -418	5.00
13/04/2011	Provincial Tourism Levy	GP -418	4.00
14/04/2011	Mastercard	THANK YOU	-108.99
Balance:			.00

Bill To: Eagle

Total GST

5.00

GST Registration # R-121767065

SANDMAN HOTELS #1-42  
9805-100 ST  
GRAND PRAIRIE AB

CARD \*\*\*\*\*9747  
CARD TYPE MASTERCARD  
DATE 2011/04/14  
TIME 6522 06:21:11  
RECEIPT NUMBER  
S30615642-001-073-001-0

PRE-AUTH COMPLETION  
TOTAL

**\$108.99**

APPROVED

AUTH# 202242 01-027  
THANK YOU

Signature

Sandman Hotels, Inns & Suites, Limited | A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.73

25

INVOICES ARE DUE BY PAYABLE TO THE HOTEL

www.sandmanhotels.com

CARDHOLDER COPY

IN THIS  
RECORDS

# HOTEL ALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, CHRIS DR

Room Number: 709

X

Daily Rate: 154.00

EDMONTON, AB T1K1L6 CA

Room Type: OBKL

No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
14-Apr-11	15-Apr-11	XXXXXXXXXXXX9747	AHS	COR	20090113513

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
14-Apr-11	709	ROOM CHARGE	#709 EAGLE, CHRIS DR	\$154.00
14-Apr-11	709	GST	GST	\$7.70
14-Apr-11	709	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
14-Apr-11	709	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
15-Apr-11	709	MASTERCARD	MASTERCARD	(\$172.62)

CREDIT DUE:                      (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

s.17(1), 17(4)(g)(i)

CLERK / COMMIS		AUTH. NO. / N° D'AUT.	
<input type="checkbox"/> Valid and Expiry Date Checked Vérification de la date de validation et de la date d'expiration			
M-M / M-M	DJ / DJ	YA / YA	
04	15	11	
AMOUNT / MONTANT			
180.00			
25.00			
2	0	5	00

CUSTOMER COPY / COPIE DU CLIENT

**Lorinda Prociuk**

---

**From:** Chris Eagle  
**Sent:** Monday, March 21, 2011 3:06 PM  
**To:** Lorinda Prociuk  
**Subject:** FW: RCPSC Annual Dues Payment On-line

CC Receipt

-----Original Message-----

**From:** On Line Annual Dues Payment [<mailto:dues@rcpsc.edu>]  
**Sent:** Monday, March 21, 2011 3:06 PM  
**To:** Chris Eagle; Financial Services; IMIT  
**Subject:** RCPSC Annual Dues Payment On-line

This message is confirmation that Christopher John E RCPSC website.

Here's the information submitted:

Christopher John Eagle  
RCPSC Number: 302248  
Email Address: [chris.eagle@albertahealthservices.ca](mailto:chris.eagle@albertahealthservices.ca)

Annual Dues Payment amount: 750.00

Total Amount of Transaction: 750.00  
Paid by: MC  
Authorization Reference #: 5096259  
Authorization Result: 170532 \$750.00

*CLAIM  
through  
- Education Allowance  
- 2011 Membership*





**EDMONTON**  
**CHAMBER OF COMMERCE**

700 - 9990 Jasper Avenue,  
World Trade Centre Edmonton  
Edmonton, Alberta Canada T5J 1P7

CHAMBER OF  
COMMERCE

600-9990 JASPER AVENUE  
EDMONTON AB T5J 1P7  
MER # 4040752142  
TERM # 40421421  
B:001

**Invoice**

AUTH#: 105222  
TRANS#: 0000862 K

CARD \*\*\*\*\*9747  
CREDIT/MASTER CARD  
DATE 2011/03/21  
TIME 07:51:28  
RECPT 40421421-001-0862

Date: 03/21/2011  
Invoice #: 226882  
Due: 03/21/2011

Alberta Health Services  
Chris Eagle  
7 Flr - 10180 101 Street  
Commerce Place  
Edmonton AB T5J 3S4

PURCHASE  
AMOUNT \$121.80

**Description**

Mayor's 2011 State of the City Address Luncheon  
Member Ticket  
Mayor's 2011 State of the City Address Luncheon  
Member Ticket  
GST - Events/Services

**TRANSACTION**  
**APPROVED - 0000**  
THANK YOU  
CUSTOMER COPY  
POWERED BY MONEK  
COM

Rate	Amount
\$58.00	\$58.00
\$58.00	\$58.00
\$5.80	\$5.80
Invoice:	<b>\$121.80</b>
Payment:	<b>-\$121.80</b>
Balance:	<b>\$0.00</b>

GST REGISTRATION NO. 107282196 RT

Alberta Health Services  
Chris Eagle  
7 Flr - 10180 101 Street  
Commerce Place  
Edmonton AB T5J 3S4

Date: 03/21/2011  
Invoice #: 226882  
Due: 03/21/2011

Edmonton Chamber of Commerce  
700 - 9990 Jasper Avenue  
Edmonton AB T5J 1P7

Amount Due: **\$0.00**

**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

<u>EAGLE, CHRIS</u>	<u>PRESIDENT &amp; CEO</u>	Billing Reporting Period:	<u>20/05/2011</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$2,349.31</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u>	<u>SEVENTH STREET PLAZA</u>	Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>
Cardholder's Dept	Cardholder's Site/Location		
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/04/2011	254580271	YELLOW CAB, LIMOUSINES AND TAXICABS	798.60	CAD	798.60	38.03	.00	
28/04/2011	255022657	ABBEY FLOWERS & GIFTS, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	210.00	CAD	210.00	10.00		
28/04/2011	255022658	AIR CAN 0142194834370, AIR CANADA	255.28	CAD	255.28	12.16	.00	Prociuk - Calgary
02/05/2011	255370236	AIR CAN 0142194950613, AIR CANADA	202.78	CAD	202.78	9.66	.00	S. Owen - Calgary
03/05/2011	255370237	CO CO DI RESTAURANT LT, EATING PLACES, RESTAURANTS	75.39	CAD	75.39	3.59	.00	
06/05/2011	255635984	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	176.36	CAD	176.36	8.40		
10/05/2011	256070054	FUNCKY PICKLE PIZZA CO, EATING PLACES, RESTAURANTS	84.70	CAD	84.70	4.03	.00	
13/05/2011	256535443	YELLOW CAB LIMOUSINES AND TAXICABS	336.20	CAD	336.20	16.01	.00	
17/05/2011	256535414	WESTLOCK SOBEYS QPS, GROCERY STORES, SUPERMARKETS	210.00	CAD	210.00	10.00	.00	

**Best Copy Possible**

**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

<u>EAGLE, CHRIS</u>	<u>PRESIDENT &amp; CEO</u>	Billing Reporting Period:	<u>20/05/2011</u>
Cardholder's Name	Cardholder's Position/Title		
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$2,349.31</u>
Cardholder's Dept	Cardholder's Site/Location		
Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
✓ 21/04/2011	254580271	YELLOW CAB, LIMOUSINES AND TAXICABS	✓ 798.60	CAD	798.60	38.03	.00	
✓ 28/04/2011	255022657	ABBEY FLOWERS & GIFTS, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	✓ 210.00	CAD	210.00	10.00		
✓ 29/04/2011	255022658	AIR CAN 0142194834370, AIR CANADA	✓ 255.28	CAD	255.28	12.16	.00	Prociuk - Calgary
✓ 02/05/2011	255370236	AIR CAN 0142194950613, AIR CANADA	✓ 202.78	CAD	202.78	9.66	.00	S. Owen - Calgary
✓ 03/05/2011	255370237	CO CO DI RESTAURANT LT, EATING PLACES, RESTAURANTS	✓ 75.39	CAD	75.39	3.59	.00	
✓ 06/05/2011	255635984	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	✓ 176.36	CAD	176.36	8.40		
✓ 10/05/2011	256070054	FUNKY PICKLE PIZZA CO, EATING PLACES, RESTAURANTS	✓ 84.70	CAD	84.70	4.03	.00	
✓ 13/05/2011	256535413	YELLOW CAB, LIMOUSINES AND TAXICABS	✓ 336.20	CAD	336.20	16.01	.00	
✓ 17/05/2011	256535414	WESTLOCK SOBEYS QPS, GROCERY STORES, SUPERMARKETS	✓ 210.00	CAD	210.00	10.00	.00	

**Signatures**

**Cardholder Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

JOLICE C. MURRAY  
Name of Cardholder Designate

Jolice C. Murray  
Signature of Cardholder Designate

EXECUTIVE ASSISTANT  
Cardholder Designate Position/Title

MAY 25, 2011  
Date of Signature

**Cardholder**  
By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
Name of Cardholder

CHRIS EAGLE  
Signature of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

MAY 26, 2011  
Date of Signature

**Approver Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

ROSE  
Name of Approver Designate

Rose  
Signature of Approver Designate

VP - Chief of Staff  
Approver Designate Position/Title

MAY 30, 2011  
Date of Signature

**Approver**  
By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Hughes  
Name of Approver

Ken Hughes  
Signature of Approver

Chair, AHS Board  
Approver Position/Title

JUNE 1, 2011  
Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T4J 3E4</p>
--	--

**Accounts Payable only:**

Reference #: _____	Reviewed by: _____	Date: _____
--------------------	--------------------	-------------

s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO:

**TAXI CAB (780) 462-3456**  
**PRESTIGE CABS (780) 462-4444**  
ADMINISTRATION (780) 465-8500

**G.S.T. # 85660 1729**

G.S.T.#	85660 1729	AUTH. NO.	204556	DRIVER	815
FROM	85660 1729	TIME		DAY	31
TO	Month of March 2011			MO.	03
PRINT NAME				YR.	2011
CUSTOMER'S SIGNATURE	X DR CHRIS RAGLE				

3888052

FARE	
INT'L	
GRATUITY	
TOTAL	798.60

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

Best Copy Possible

## STATEMENT FOR THE MONTH OF MARCH 2011

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	04	22:23	Dr.Eagle	EIA to Residence	74.75 ₪
2	07	08:15	Dr.Eagle	Manulife to Misercordia	50.00 ₪
3	07	10:00	Dr.Eagle	Misercordia to RAH	50.00 ₪
4	07	12:15	Dr.Eagle	RAH to Manulife	50.00 ₪
5	15	16:45	Dr.Eagle	Manulife to EIA	66.70 ₪
6	16	15:55	Dr.Eagle	EIA to Residence	74.75 ₪
7	17	15:15	Dr.Eagle	Manulife to EIA	66.70 ₪
8	19	11:25	Dr.Eagle	EIA to Manulife	66.70 ₪
9	25	05:30	Dr.Eagle	Residence to EIA	74.75 ₪
10	25	17:25	Dr.Eagle	EIA to Residence	74.75 ₪
11	31	07:15	Dr.Eagle	Residence to EIA	74.75 ₪
12	31	19:21	Dr.Eagle	EIA to Residence	74.75 ₪
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$798.60</b>

s.17(1), 17(4)(e.1)

CHARGE TO:

**YCAR (780) 462-3456**  
**STIGE (780) 462-4444**  
CABS  
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
114623	TJ	815
TIME	DAY	MO. YR.
	30	04 2011

3888083

FARE	
INTL	
GRATUITY	
TOTAL	336.20

CUSTOMER COPY

G.S.T.#	8506601729
FROM	Transportation for the
TO	Month of April 2011
PRINT NAME	
CUSTOMER'S SIGNATURE	X DR. CHRIS EAGLE

Discover  
 MasterCard  
 VISA  
 AMERICAN EXPRESS

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

**STATEMENT FOR THE MONTH OF APRIL 2011**

<b>NO</b>	<b>DATE</b>	<b>TIME</b>	<b>NAME</b>	<b>DESTINATION</b>	<b>AMOUNT</b>
1	12	11:40	Dr.Eagle	Manulife to Legislative bldg	50.00
2	12	13:15	Dr.Eagle	Legislative bldg to Manulife	50.00
3	13	06:30	Dr.Eagle	Residence to EIA	74.75
4	15	08:21	Dr.Eagle	EIA to Residence & Residence to Manulife	94.75
5	15	12:45	Dr.Eagle	Manulife to EIA	66.70
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$336.20</b>



ABBEY FLOWERS & GIFTS  
10044-108 STREET  
EDMONTON AB

CARD \*\*\*\*\*9747  
CARD TYPE MASTERCARD  
DATE 2011/04/28  
TIME 2839 17:26:38  
RECEIPT NUMBER  
M30705186-001-094-018-0

PURCHASE  
TOTAL

\$210.00

APPROVED

AUTH# 192638 01-027  
THANK YOU

*Flowers - Five Arrangements*

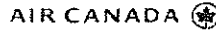
*Staff Appreciation*

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



**Booking Information**



**Booking Reference:** N3AB65

**Customer Care**

Electronic Ticketing confirmed. This is your official itinerary/receipt.

**Air Canada**  
1-888-247-2262

**Main Contact:**  
Ms Lorinda Prociuk  
joyce.murray@albertahealthservices.ca  
Work: 1-780-3422029  
Mobile:

**Flight Arrivals and Departures**  
1-888-422-7533

s.17(1), 17(4)(g)(i)

*Senior Leadership Meeting*

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8158*	Calgary (YYC)	Edmonton, Edmonton Int'l (YEG)	0	0hr50	DH3	Tango Plus	W
	Wed 04-May 2011 19:30	Wed 04-May 2011 20:20					

\*Operated by Jazz

**Passenger Information**

**1: Ms Lorinda Prociuk : Adult (16+), Ticket Number: 0142194834370**

Frequent Flyer Pgm : **None** Meal Preference: **None**  
 Credit Card: **xxxx-xxxx-xxxx-9747** Special Needs: **None**  
 Seat Selection: **AC8158 6C**

**Purchase Summary**

Fare Summary	
Passenger Type	Adult
Departing Flight - Tango Plus	199.00
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Air Travellers Security Charge (ATSC)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	12.16
Total airfare and taxes before options (per passenger)	255.28
Number of passengers	1
Total	255.28
<b>Grand Total - Canadian dollars</b>	<b>\$255.28</b>
<b>Grand Total</b>	
Total including travel options, taxes, fees and charges	1 adult
	<b>\$255.28 CAD</b>

**Fare Rules**

**Departing Flight** Calgary (YYC) To Edmonton (YEG) - Tango Plus

**Changes:**

- o Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference.
- o **Changes** can be made up to 2 hours prior to departure.
- o **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- o **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- o Flights can only be used in sequence from the place of departure specified on the itinerary.

**Cancellations:**


- o Tickets are **non-refundable** and **non-transferable**.

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



### Booking Information

AIR CANADA 
**Booking Reference:** **M8LZNR**
**Customer Care**
**Electronic Ticketing confirmed. This is your official itinerary/receipt.**
**Air Canada**  
1-888-247-2262

**Main Contact:**  
Ms Sandra Owen  
sandra.owen@albertahealthservices.ca  
Mobile:

**Flight Arrivals and Departures**  
1-888-422-7533

s.17(1), 17(4)(g)(i)

*Senior Leadership Meeting*

### Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8131*	Edmonton, Edmonton Int'l (YEG) Thu 05-May 2011 05:45	Calgary (YYC) Thu 05-May 2011 06:36	0	0hr51	DH3	Tango N	

\*Operated by Jazz

### Passenger Information

**1: Ms Sandra Owen : Adult (16+), Ticket Number: 0142194950613**

Frequent Flyer Pgm :	None	Meal Preference:	None
Credit Card:	xxxx-xxxx-xxxx-9747	Special Needs:	None
Seat Selection:	None		

### Purchase Summary

**Fare Summary**

Passenger Type	Adult
Departing Flight - Tango	154.00
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	20.00
Air Travellers Security Charge (ATSC)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	9.66
Total airfare and taxes before options (per passenger)	202.78
Number of passengers	1
Total	202.78
<b>Grand Total - Canadian dollars</b>	<b>\$202.78</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	<b>\$202.78 CAD</b>

### Fare Rules

**Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango**
**• Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference.
- Changes can be made up to 2 hours prior to departure.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
- **Same-day standby** is not permitted.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

**• Cancellations:**

- Tickets are **non-refundable and non-transferable**.

*Executive Committee Meeting*

CO CO DI RESTAURANT LTD  
11454 JASPER AVE  
EDMONTON, AB T5K0M1  
7804251717

s.17(1), 17(4)(e.1)

MASTERCARD ID:

TERM ID: 001

SALE

XXXXXXXXXXXXXXXX9747

TERCARD

ENTRY METHOD: MANUAL

05/03/11

11:34:42

INV #: 000002

APPR CODE: 133443

BATCH #: 000348

REF #: 002

CVC2 CODE: M MATCH

AMOUNT

\$75.39

TIP

-----

TOTAL

=====

CARDHOLDER COPY

APPROVED

CO CO DI  
RESTAURANT  
11454 - JASPER AVE  
EDMONTON ALBERTA  
PHONE 780-425-1717  
GST # 864839337

05/03/2011 11:38AM 01  
000000#5106 CLERK01

FOOD T1 \$8.95  
FOOD T1 \$8.95  
FOOD T1 \$8.95  
FOOD T1 \$8.95  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
FOOD T1 \$6.00  
MDSE ST \$71.80  
GST \$3.59

ITEMS 100  
CASH \$75.39

*Guest Check*

Table No.	Server	Guests	Date
<i>CO CO DI Rest</i>			

Meals	Amount
2x faltoush	2x8.95
2x Taboul	2x8.95
6x Skewers	6x6.00
Sub-Total	
GST	
PST	

*Thank You!*

TOTAL	75	39
659418		

Blueline GA  
© Blueline®, 2007

Check No.

*Guest Receipt*

Table No.	Server	Guests	Date
Check No.			
659418			



**DELTA**

CALGARY SOUTH

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

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

*Corp a/c.*

ALBERTA HEALTH SERVICES

Chris Eagle  
10101 Southport Rd SW  
Calgary, AB T2W3N2  
CA

Room: 0319  
Folio:  
Cashier: 56  
Arrival: 05-04-11  
Departure: 05-05-11

Group: AHS Provincial Senior Leadership Meeting

Date	Description	Additional Information	Charges	Credits
05-04-11	Room Charge		144.00	s.17(1), 17(4)(g)(i)
05-04-11	DMF		4.32	
05-04-11	Room GST		7.42	
05-04-11	Tourism Levy		5.93	
05-05-11	Mastercard	XXXXXXXXXXXX9747	XXX/XX	176.36

GST Summary	
Registration No:	895126332
Room	7.42
F&B	0.00
Other	0.70
<b>Total</b>	<b>8.12</b>

Total	176.36	176.36
Balance Due	0.00	CDN

*Senior Leadership Meeting*

*Take 14% off of  
one of my other claims  
(eg cell phone)*

*C.*

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.



*Executive Committee*

FUNKY PICKLE PIZZA CO  
17104 90TH AVE *NE*

EDMONTON AB T5T 4C8

BANK # 008925

TERM # 0008011434266999

B:249

AUTH#:134545

SEQ#:001

TRANS#:0005723

S

CARD \*\*\*\*\*9747

CREDIT/MASTER CARD

DATE 2011/05/10

TIME 11:45:34

RECPT 75931102-249-5723

PURCHASE

AMOUNT \$74.70

TIP 10.00

TOTAL \$84.70

TRANSACTION  
APPROVED - AA  
THANK YOU  
CUSTOMER COPY

*14<sup>th</sup> floor  
north tower  
10030 107st*

DATE \_\_\_\_\_ 20\_\_

*M. Donna*

	ACCT. FWD.
780 342 2000	
1 4 x 14"	
2	
3 F-C	
4 Wedge	
5 Dig	
6 Pay only	
7	
8 Credit	
9	
10 74.70	
11	
12 <del>11.50</del> any	
13	
14	
15 21	✓

PRICE PAPER & PRODUCE PRODUCTS  
TO REORDER PHONE 449-1040 OR FAX 474-3002



----- STORE COPY -----

\*\*\*\*\* DUPLICATE RECEIPT \*\*\*\*\*

TRANSACTION RECORD

CLIENT ID 9803           KEYED  
 TERMINAL ID 030  
 \*\* PURCHASE           \*\* \$ 210.00  
 CARD MasterCard       RCPT 8959000  
 NO. \*\*\*\*\*9747       RESP 000  
 DATE 05/17/2011       TIME 18:23:48  
 AUTH # 202430         REF # 00000105

APPROVED

X \_\_\_\_\_  
Cardholder Signature

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term	Tran	Store	Oper	05/17/11
30	8959	3021	108	18:24:29

Thank You for Shopping at Sobeys  
 (780)349-3544  
 New Store Hours are 8:00am to 9:00pm  
 7 Days a Week



\*\*\*\*\* DUPLICATE RECEIPT \*\*\*\*\*

Sobeys Westlock  
 9943-100 Street  
 780.349.3544  
 GST # 87167 3737

Served by: Linda

4 @ 1/ \$50.00  
 Gift Basket \$50       3017       \$200.00 GD  
 SUBTOTAL               \$200.00  
 5% GST                 \$10.00  
**TOTAL                 \$210.00**  
 Master Card           TENDER       \$210.00  
 Cash                   CHANGE       \$0.00

NUMBER OF ITEMS       4

Points you would have earned today  
with your Club Sobeys card:       200

CLIENT ID 9803           KEYED  
 TERMINAL ID 030  
 \*\* PURCHASE           \*\* \$ 210.00  
 CARD MasterCard       RCPT 8959000  
 NO. \*\*\*\*\*9747       RESP 000  
 DATE 05/17/2011       TIME 18:23:48  
 AUTH # 202430         REF # 00000105

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

*Thank You  
NORTH ZONE EMERGENCY OPERATIONS CENTRE*

**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

<u>EAGLE, CHRIS</u>	<u>PRESIDENT &amp; CEO</u>	Billing Reporting Period:	<u>20/06/2011</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$1,726.40</u>
<u>Cardholder's Dept</u>	<u>SEVENTH STREET PLAZA</u>	Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u>	Cardholder's Site/Location		
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/05/2011	257062747	TIMEWISE EVENT MANAGEM, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	75.00	CAD	75.00	3.57	.00	
31/05/2011	257718329	FUNCKY PICKLE PIZZA CO, EATING PLACES, RESTAURANTS	106.95	CAD	106.95	5.09	.00	
02/06/2011	257896000	U OF C - BISTRO QPS, FAST-FOOD RESTAURANTS	15.63	CAD	15.63	.74	.00	
05/06/2011	258051834	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	526.17	CAD	526.17	22.40		
12/06/2011	258631418	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	424.17	CAD	424.17	17.85		
15/06/2011	258907833	TIMEWISE EVENT MANAGEM, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	-75.00	CAD	-75.00	-3.57		
17/06/2011	259205248	YELLOW CAB, LIMOUSINES AND TAXICABS	386.70	CAD	386.70	18.41	.00	
18/06/2011	259205247	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	266.78	CAD	266.78	11.90		



**Signatures**

**Cardholder Designate (if Applicable)**  
 By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Joyce C. Murray  
 Name of Cardholder Designate

Joyce C. Murray  
 Signature of Cardholder Designate

EXECUTIVE ASSISTANT  
 Cardholder Designate Position/Title

JUNE 22, 2011  
 Date of Signature

**Cardholder**  
 By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® (if applicable).

EAGLE, CHRIS  
 Name of Cardholder

CHRIS EAGLE  
 Signature of Cardholder

PRESIDENT & CEO  
 Cardholder Position/Title

JUNE 22, 2011  
 Date of Signature

Alberta Health Services  
 Accounts Payable  
 JUL 20 2011  
 RECEIVED

**Approver Designate (if Applicable)**  
 By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patricia Grier  
 Name of Approver Designate

Patricia Grier  
 Signature of Approver Designate

VP & Chief of Staff  
 Approver Designate Position/Title

JUNE 22, 2011  
 Date of Signature

**Approver**  
 By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Haggis  
 Name of Approver

Ken Haggis  
 Signature of Approver

Chair, Alberta Health Services Board  
 Approver Position/Title

July 17, 2011  
 Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services          Accounts Payable          7th Street Plaza          10th Floor, North Tower, 10030-107 Street          Edmonton, AB T4J 3E4</p>
--	--

**Accounts Payable only:**

Reference #:	Reviewed by: <u>GMM</u>	Date: <u>7-21-11</u>
--------------	-------------------------	----------------------

<b>Section 3: Invoice Processing</b>		<b>Number: AP 3.507</b>
<b>Grid</b>	<b>P-Card Quality &amp; Compliance Non Compliant Form</b>	Approved YYYY MM DD
Approving Authority Alberta Health Services Executive(?)		Last Update May 25, 2011
Procedure Sponsor AP Quality & Compliance		Next Review YYYY MM DD

**OBJECTIVE:**

- To ensure any Non- Compliant issues on P-Card statements are documented and followed through. (only fill in the applicable non-compliant fields)

Cardholder Name: EAGLE, CHRIS

Statement Date: June 20th, 2011

Review completed by:  
(AP P-Card Clerk) Wayne King

Date completed: 27-Jul-11

Record Reference #: 11Jun0013

<b>Compliance Check Points:</b>	<b>Compliant (Yes/No)</b>	<b>Reason (please indicate)</b>	<b>Follow-up Req'd (Yes/No)</b>	<b>Follow up Referred to</b>	<b>Follow Up Initiation Date:</b>
---------------------------------	---------------------------	---------------------------------	---------------------------------	------------------------------	-----------------------------------

<b>Appropriate Approval Signatures:</b>					
CardHolder Approval	Yes			P-Card Administrator	
Designated Approver (Can only be for:VP/EVP/SVP)	Yes			P-Card Administrator	
Statement Approval (Approver listed on statement = hardcopy approval signature)	Yes			P-Card Administrator	
Personal Expenses Waiver (ensure completion if applicable)	N/A			P-Card Administrator	

<b>Submission Requirements:</b>					
Cardholder statement and backup submitted within deadline.	N/A			P-Card Administrator	

<b>Receipts:</b>					
All Receipts attached (including order form/ vendor invoice/shipping docs)	Yes			Approver	
Receipt includes Alcohol (needs to be reimbursed)	No			Approver	
Returned Item Receipts	Yes			Approver	
Missing Receipts have documentation	Yes			Approver	
Receipts match charges on statement	Yes			Approver	
Meal Allowances within Travel Policy	N/A			Approver	
Out Of Province Travel (approval form attached)	N/A			Approver	
Out of Country Travel (approval form attached)	N/A			Approver	

<b>Personal Expenses:</b>					
Payment attached	N/A			P-Card Administrator	

<b>Disputing a P-Card Charge:</b>					
Letter from Cardholder attached	N/A			P-Card Administrator	

If you have any questions please call 780-444-3773.

**General Options**

Name: Chris Eagle  
 Occupation/Job Title: President & CEO  
 Address: 14th Floor North Tower, SSP  
 10030 - 107 Street NW  
 Edmonton, AB T5J 3E4  
 Number of People Registered: 1  
 Confirmation Number: **HKNGJ8BPQ43** (needed to modify your registration)  
 Event Title: Care About Cancer 2011  
 Location: Shaw Conference Centre  
 9797 Jasper Avenue NW  
 Edmonton, AB T5J 2W8  
 Date: 06/16/2011  
 Time: 8:00 [Add to my calendar](#)

**Current Registration Details**

**Registration Items**

Chris Eagle Dr. Fields Retirement Dinner CAD \$ 0.00  
 (June 16)

**Optional Items**

Chris Eagle Please indicate the number of Dr. Fields Tribute Dinner Fee CAD \$ 75.00 x 1 = CAD \$ 75.00  
 tickets that you would like to purchase.

**Order Summaries**

Date	Type	Amt Ordered	Amt Paid	Amt Due
05/24/2011 15:34 MT	online order	CAD \$ 75.00	CAD \$ 75.00	CAD \$ 0.00
	<b>Total:</b>	<b>CAD \$ 75.00</b>	<b>CAD \$ 75.00</b>	<b>CAD \$ 0.00</b>

**Payment Details**

Date	Type	Reference #	Amt Paid
05/24/2011	MasterCard	9747	CAD \$ 75.00

FUNKY PICKLE PIZZA CO  
 17104 90TH AVE  
 EDMONTON AB T5T 4C8  
 BANK # 008925  
 TERM # 0008011434266999  
 B:008

AUTH#:133428  
 SEQ#:001  
 TRANS#:0000546 S

CARD \*\*\*\*\*9747  
 CREDIT/MASTER CARD  
 DATE 2011/05/31  
 TIME 11:34:07  
 RECPT 75931102-008-0546

PURCHASE AMOUNT \$96.95  
 TIP 10.00  
 TOTAL ~~106.95~~

TRANSACTION  
 APPROVED - AA  
 THANK YOU  
 CUSTOMER COPY

11:45.  
 342 201  
 N. TOWN.  
 DATE 31-1-2011  
 M 10030-10751  
 ACCT. FWD.

1	14 bbs	Donna	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

14 bbs  
 P.P.  
 Popoals  
 (2) waffle  
 F. chick  
 96.95  
 10  
 96.95  
 22

PRICE PAPER & PRODUCE PRODUCTS  
 TO REORDER PHONE 449-1040 OR FAX 474-3002

EXECUTIVE COMMITTEE - Lunch

Receipt  
Bratfor

LI OF C - BISTRO  
2500 UNIVRSITY DR NW RM1110  
CALGARY AB T2N1N4  
403-220-6290

TERM ID: 002

MASTERCARD ID:

s.17(1), 17(4)(e.1)

SALE

XXXXXXXXXXXXXXXX9747

MASTERCARD ENTRY METHOD: SWIPED  
06/02/11 07:49:09  
INV #: 000006 APPR CODE: 094911  
BATCH #: 000127  
REF #: 006

AMOUNT \$13.13

TIP -----

TOTAL 15.59  
=====

CARDHOLDER COPY

# HOTEL ALMA

*cc Receipt*



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, CHRIS

Room Number: 701

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

Daily Rate: 154.00

Room Type: OBKL

No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01-Jun-11	04-Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090115328

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
01-Jun-11	701	PARKING	PARKING CHARGE	\$8.00
01-Jun-11	701	ROOM CHARGE	#423A EAGLE, CHRIS	\$140.00
01-Jun-11	701	GST	GST	\$7.00
01-Jun-11	701	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.33
01-Jun-11	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.60
02-Jun-11	701	PARKING	PARKING CHARGE	\$8.00
02-Jun-11	701	ROOM CHARGE	#701 EAGLE, CHRIS	\$154.00
02-Jun-11	701	GST	GST	\$7.70
02-Jun-11	701	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
02-Jun-11	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
03-Jun-11	701	PARKING	PARKING CHARGE	\$8.00
03-Jun-11	701	ROOM CHARGE	#701 EAGLE, CHRIS	\$154.00
03-Jun-11	701	GST	GST	\$7.70
03-Jun-11	701	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
03-Jun-11	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
04-Jun-11	701	MASTERCARD	MASTERCARD	(\$526.17)

*Siksika Nation Signing Ceremony  
 AMA Board Retreat*

**TOTAL DUE:**                      \$0.00

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

# HOTEL ALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

*CC Receipt*

EAGLE, CHRIS

Room Number: 640

Daily Rate: 119.00

14TH FLOOR NORTH TOWER

Room Type: SQNA

EDMONTON, AB T5J 3E4 CA

No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
08-Jun-11	11-Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090115516

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
08-Jun-11	640	PARKING	PARKING CHARGE	\$8.00
08-Jun-11	640	ROOM CHARGE	#640 EAGLE, CHRIS	\$119.00
08-Jun-11	640	GST	.GST	\$5.95
08-Jun-11	640	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$3.68
08-Jun-11	640	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$4.76
09-Jun-11	640	PARKING	PARKING CHARGE	\$8.00
09-Jun-11	640	ROOM CHARGE	#640 EAGLE, CHRIS	\$119.00
09-Jun-11	640	GST	GST	\$5.95
09-Jun-11	640	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$3.68
09-Jun-11	640	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$4.76
10-Jun-11	640	PARKING	PARKING CHARGE	\$8.00
10-Jun-11	640	ROOM CHARGE	#640 EAGLE, CHRIS	\$119.00
10-Jun-11	640	GST	GST	\$5.95
10-Jun-11	640	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$3.68
10-Jun-11	640	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$4.76
11-Jun-11	640	MASTERCARD	MASTERCARD	(\$424.17)

*AHS Board Meeting  
 Province Wide Health Advisory Council Meeting*

**CREDIT DUE:** (\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

**Joyce Murray**

---

**From:** Timewise Event Management [cancercare@timewiseevents.com]  
**Sent:** Wednesday, June 15, 2011 1:30 PM  
**To:** Joyce Murray  
**Subject:** Refund Confirmation/Receipt for Care About Cancer 2011

Your refund for the Care About Cancer 2011 event has been successfully processed. Please save this email for your records.

Event Title: Care About Cancer 2011  
Registration Confirmation Number: HKN6J8BPQ43

**Transaction Information:**

<b>Item</b>	<b>Transaction Information</b>	<b>Quantity</b>	<b>Amount</b>
Please indicate the number of tickets that you would like to purchase.	CAD 75.00	1	CAD 75.00
	<b>Transaction Total CAD75.00</b>		

If you have any questions about this transaction or email, please contact Timewise Event Management directly at [cancercare@timewiseevents.com](mailto:cancercare@timewiseevents.com).

To view the details of this event, go to:  
[Click here for event summary](#)



CHARGE TO:

ACCOUNT NO.

s.17(1), 17(4)(e.1)

**V CAB (780) 462-3456**

**PRESTIGE CABS (780) 462-4444**

ADMINISTRATION (780) 485-8500

**G.S.T # 85660 1729**

G.S.T.#

8506601729

AUTH. NO.	DRIVER	UNIT NO.
140632	TJ	815
TIME	DAY	MO. YR.
	31	05 2011

FROM

Transportation for the

TO

month of May 2011

PRINT NAME

CUSTOMER'S SIGNATURE

X DR. CHRIS EAGLE



- 
- 
- 
- 

3888068

FARE	
INT'L	
GRATUITY	
TOTAL	386.70

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

**STATEMENT FOR THE MONTH OF MAY 2011**

<b>NO</b>	<b>DATE</b>	<b>TIME</b>	<b>NAME</b>	<b>DESTINATION</b>	<b>AMOUNT</b>
1	04	20:20	Lorinda Prociuk	EIA to AHS	66.70 ₪
2	09	09:30	Dr.Eagle & Isaac Dyne	AHS to RAH	50.00 ₪
3	09	11:15	Dr.Eagle	RAH to AHS	50.00 ₪
4	09	14:00	Dr.Eagle	AHS to UofA	50.00 ₪
5	09	14:45	Dr.Eagle	UofA to AHS	50.00 ₪
6	09	3hrs		Waiting Charges	120.00 ₪
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$386.70</b>

# HOTEL ALMA

*CL Receipt*



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, CHRIS

Room Number: 638

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

Daily Rate: 119.00

Room Type: SQN

No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
15-Jun-11	17-Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090116677

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
15-Jun-11	638	ROOM CHARGE	#638 EAGLE, CHRIS	\$119.00
15-Jun-11	638	GST	GST	\$5.95
15-Jun-11	638	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$3.68
15-Jun-11	638	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$4.76
16-Jun-11	638	ROOM CHARGE	#638 EAGLE, CHRIS	\$119.00
16-Jun-11	638	GST	GST	\$5.95
16-Jun-11	638	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$3.68
16-Jun-11	638	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$4.76
17-Jun-11	638	MASTERCARD	MASTERCARD	(\$266.78)

*Audit, Finance Meeting*

**TOTAL DUE:**                      \$0.00

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

Entered May 5/10



### Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): S.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: <u>Chris Eagle</u>	Employee #:	Union Name:
Position (Title): <u>President/CEO</u>	Department:	Location: <u>101 POLYCL. OFFICE 14th FLOOR SEVENTH STREET W. CALG.</u>
Business Phone #: <u>780-342-2003</u>	Travel Period From:	to <u>SEVENTH STREET W. CALG.</u>
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0923	7110101058	64020000			164.90
101	0923	7110101058	62620000			2,559.59
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						2,724.49

Alberta Health Services  
 Accounts Payable  
 MAY 05 2011  
 RECEIVED

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: MAY 2, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>[Signature]</u>	Title:	Phone #
Signature: <u>[Signature]</u>		Date: <u>May 4, 2011</u>
	Title:	Phone #
		Date:

**Ken Hughes**  
 Chair  
 Alberta Health Services Board  
 Phone: 403-943-1120

in accordance with Alberta Health Services Policies (i.e. Travel expense in support of original receipts or a copy as certified by the approver.

See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
16/4/11	TELUS Mobility	7.85						157.05	✓
07/4/11	ATLUS CANADA	121.89						2437.70	
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>		129.74						2,594.75	

Note: Record the total amount for each expense categories from above to the summary table on page 1

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.



At TELUS, we're committed to helping communities in need at home and around the world. To support you in connecting with friends and family in Japan after the recent devastation, any mobile calls (including roaming) made to Japan between March 11 - April 30 will not be billed. If you placed any calls during this time, these charges have been waived.

**Turn your paper bill into a healthy habitat**

Switch to paperless billing and we'll donate \$2 to the nation's leading land conservation organization, the Nature Conservancy of Canada (NCC). Plus, you'll get a chance to win \$1,000 in our weekly contest, and we'll also match the amount and donate it to help further support the NCC. Contest ends September 26, 2010. No purchase necessary. Please visit [telusmobility.com/gopaperless](http://telusmobility.com/gopaperless) to register and for complete contest rules. Maximum total donation to the NCC is up to \$650,000.

**Go paper free and save a tree**

TELUS e.Bill is convenient, reduces clutter and best of all - it saves trees. With e.Bill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text notifications. To view your e.Bill visit [telusmobility.com/ebill](http://telusmobility.com/ebill)

PTLPS01A 18572 HRI - 3 - 1 - 2 - - 133349

MOBILITY BILL SUMMARY	
<b>CURRENT CHARGES</b>	Contract Term : 3 yr
iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 24.30
Data and Other Services	\$ 3.75
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.85
Total Taxes	\$ 7.85
<b>Total Current Charges</b>	<b>\$ 164.90</b>

YOUR LAST BILL	
Amount of Last Bill 16-Mar-11	\$ 154.82
Payments	\$ -154.82
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>
<b>Payment received after 13-Apr-11 may not be reflected on this invoice.</b>	
For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	
<b>Total Amount Due</b>	<b>\$ 164.90</b>



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-May-11
s.17(1), 17(4)(g)(i)	16-Apr-11	\$ 164.90

Additional fees apply for late payments

PTLPS01A E S 18572  
000000088 205(Y)  
CHRIS J. EAGLE

*Pls Reimbur*

**Amount of Payment**  
164.90

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)



**ACCOUNT DETAIL**

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

Contract Term : 3 yr

**Monthly Service Plans Apr 17 to May 16**

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

**Additional Local Airtime Service**

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	642:00	118:00	524:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Long Distance Charges**

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	443:00	0:00	200:00	243:00	24.30
<b>Total</b>					<b>\$ 24.30</b>

**Data and Other Services**

Service	Total Events	Event Type	Total
Text Messaging - Sent	9	Msg	1.35
Data Usage	121,491	MB	0.00
Text Messaging - Received	16	Msg	2.40
<b>Total</b>			<b>\$ 3.75</b>

**Value Added Services**

Service	Total
200 mins Cdn LD @ 10¢ (Apr 17 to May 16)	20.00
3 GB included data (Apr 17 to May 16)	Free
Feature Bundle - Small (Apr 17 to May 16)	7.00
Visual Voicemail for iPhone (Apr 17 to May 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

**Other Charges and Credits**

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

**Taxes**

Taxes	Total
GST	7.85
<b>Total</b>	<b>\$ 7.85</b>

**Total Current Charges \$ 164.90**

PTLPSO1A 1857Z HRI - 3 - 2 - 2 - 133351



C Eagle

163

s.17(1), 17(4)(g)(i)

DATE 20110501  
Y Y Y Y M M D D

PAY TO THE ORDER OF Atlas Ver Lines \$ 2559.55

Two thousand five hundred fifty-nine and 55/100 100 DOLLARS

Security features included. Details on back.

STYLE 130



CANADIAN IMPERIAL BANK OF COMMERCE  
NORTH HILL STATION  
2015 - 16TH AVE. N.W.  
CALGARY, ALBERTA T2M 0M3

MEMO

*[Handwritten signature]*

MP

s.17(1), 17(4)(e.1)

Atlas agreed to  
pay many expenses  
beyond those carried  
by Univer of AB  
∴ need reimbursement  
of 2,559.55





REGISTRATION NO.  
8816002811

M

INVOICE DATE  
4/07/11

JOYB

INVOICE NO.  
255439

REMITTANCE INFORMATION	
PLEASE MAKE CHEQUES PAYABLE TO:	
<b>ATLAS VAN LINES (CANADA) LTD.</b> 485 North Service Road East P.O. Box 970, Oakville, ON L6J 5M7	
Tel: (905) 844-0701 Fax: (905) 844-0099	
njuric@atlasvanlines.ca OR jpurdy@atlasvanlines.ca <u>Electronic Payments to:</u> BMO 23822 0000-040	
<b>RETURN ONE COPY OF INVOICE WITH REMITTANCE</b>	
	04

ATTN: s.17(1), 17(4)(g)(i)

BOOKER CODE: 8816  
ATLAS VAN LINES

SUCHOWERSKY

DESCRIPTION OF SERVICES	CHARGES
TRANSPORTATION - SHIPMENT WEIGHED 14,850 LBS - TOTAL \$12,660.00	
UNIVERSITY RESPONSIBLE FOR 10,000 LBS. INVOICED \$10,100.42	
SHIPPER RESPONSIBLE FOR OVERAGE OF 4,850 LBS	2,437.70
	<hr/>
	2,437.70
	121.89
	2,559.59
	<hr/> <hr/>

NO PAYMENT LESS THAN THE FULL AMOUNT OF THIS  
INVOICE SHALL BE CONSIDERED PAYMENT IN FULL  
PAYABLE UPON RECEIPT

GST NO. R100329366  
QST NO. 1012616739

SUPPORT DOCUMENTS ATTACHED  
(IF REQUIRED)

### Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): s.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: <u>CHRIS EAGLE</u>	Employee #: <u>CH200</u>	Union Name:
Position (Title): <u>Acting Pres. - CEO</u>	Department:	Location: <u>Manulife Place GM</u>
Business Phone #:	Travel Period From:	to
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primacy	Expense/Secondary Account			
	49011	711101000	6402000		1	144.06
	49011	711101000	6402000		2	135.59
101	0923	711101058	64020000			
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						279.65

Alberta Health Services  
 Accounts Payable  
 MAR 28 2011  
 RECEIVED

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: MARCH 1, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>Ked Hughes</u>	Title: <u>Chair, AHSB</u>	Phone # <u>403 943 1028</u>
Signature: <u>[Signature]</u>		Date: <u>March 18 2011</u>
Approved By (please print):	Title:	Phone #
Signature:		Date:

**NOTE:**  
 Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
16/01/11	Telus-MobilityChange	6.86						137.20	
16/02/11	Telus-MobilityChange	6.46						129.13	
		13.32						266.33	
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>		13.32						266.33	
Note: Record the total amount for each expense categories from above to the summary table on page 1								\$279.65	

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

CHRIS J. EAGLE

s.17(1), 17(4)(g)(i)

CLIENT N°:



BILL DATE : 16-Jan-11  
PAGE 1 of 3

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PTLPS01A 39968 HRI -- 3 - 1 - 8 - - 281017

**MOBILITY BILL SUMMARY**

CURRENT CHARGES		Contract Term : 3 yr
iPhone 100 - Double mins		\$ 100.00
Long Distance Charges		\$ 7.10
Data and Other Services		\$ 1.10
Value Added Services		\$ 27.00
Other Charges and Credits		\$ 2.00
Taxes		
	GST/HST	6.86
Total Taxes		\$ 6.86
<b>Total Current Charges</b>		<b>\$ 144.06</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Dec-10	\$ 157.03
Payments	\$ -157.03
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Jan-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 144.06**

PAID



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Feb-11
	16-Jan-11	\$ 144.06

Additional fees apply for late payments

s.17(1), 17(4)(g)(i)

PTLPS01A E S 39968  
 000000189 215(C)  
 CHRIS J. EAGLE

Reimbur

Amount of Payment

Please make cheques payable to TELUS  
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s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
CHRIS J. EAGLE	
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Jan 17 to Feb 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	396:00	49:00	347:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	271:00	0:00	200:00	71:00	7.10
<b>Total</b>					<b>\$ 7.10</b>

Data and Other Services Service

Service	Total Events	Event Type	Total
Text Messaging - Sent	4	Msg	0.60
Text Messaging (International)	1	Msg	0.20
Data Usage	131.036	MB	0.00
Text Messaging - Received	2	Msg	0.30
<b>Total</b>			<b>\$ 1.10</b>

Value Added Services Service

Service	Total
200 mins Cdn LD @ 10¢ (Jan 17 to Feb 16)	20.00
3 GB included data (Jan 17 to Feb 16)	Free
Feature Bundle - Small (Jan 17 to Feb 16)	7.00
Visual Voicemail for iPhone (Jan 17 to Feb 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes

GST	Total
GST	6.86
<b>Total</b>	<b>\$ 6.86</b>

**Total Current Charges \$ 144.06**

PTLPS01A 39968 HRI - 3-2-8 - 281019



Did you know TELUS has enhanced 911 services available nationwide? For more information on this service, including the availability, limitations and characteristics of wireless e911 service and handsets, please visit [telusmobility.com/e911](http://telusmobility.com/e911).

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PTLPS01B 00058 HRI - 3 - 1 - 13 - 000361

MOBILITY BILL SUMMARY	
<b>CURRENT CHARGES</b>	Contract Term : 3 yr
iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 0.15
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.46
Total Taxes	\$ 6.46
<b>Total Current Charges</b>	<b>\$ 135.61</b>

YOUR LAST BILL	
Amount of Last Bill 16-Jan-11	\$ 144.06
Payments	\$ -144.08
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ -0.02</b>
<b>Payment received after 13-Feb-11 may not be reflected on this invoice.</b>	
For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	<b>Total Amount Due \$ 135.59</b>



s.17(1), 17(4)(g)(i)

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Payable online or through most financial institutions		
Mobility Client Number	Bill Date	Total Amount if received by 11-Mar-11
	16-Feb-11	\$ 135.59

Additional fees apply for late payments

*Please reimburse*

**Amount of Payment**  
135.59

Please make cheques payable to TELUS  
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s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE

CLIENT N° :



BILL DATE : 16-Feb-11  
PAGE 3 of 3

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
CHRIS J. EAGLE	
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Feb 17 to Mar 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	348:00	53:00	295:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	184:00	0:00	184:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services

Service	Total Events	Event Type	Total
Data Usage	106.877	MB	0.00
Text Messaging - Received	1	Msg	0.15
<b>Total</b>			<b>\$ 0.15</b>

Value Added Services

Service	Total
200 mins Cdn LD @ 10¢ (Feb 17 to Mar 16)	20.00
3 GB included data (Feb 17 to Mar 16)	Free
Feature Bundle - Small (Feb 17 to Mar 16)	7.00
Visual Voicemail for iPhone (Feb 17 to Mar 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes

GST	Total
	6.46
<b>Total</b>	<b>\$ 6.46</b>

**Total Current Charges \$ 135.61**

PTLPS01B 00058 HRI - 3-2-13 - 000363

Entered Geely  
17/11



### Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Data (related to Out-of-Province only): S.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: <u>CHRIS EAGLE</u>	Employee #:	Union Name:
Position (Title): <u>PRESIDENT &amp; CEO</u>	Department:	Location: <u>14th floor Seventh Street</u>
Business Phone #: <u>780-342-2003</u>	Travel Period From:	to <u>PLAZA</u>
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0923	7110101058	6402000			159.86
101	0923	7110101058	62300200			304.00
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           Alberta Health Services Accounts Payable             JUN 16 2011   <b>RECEIVED</b> </div>						
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						<u>\$463.86</u>

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: June 6, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>Ken Hughes</u>	Title: <u>Chair, AHS Board</u>	Phone #
Signature: <u>[Signature]</u>	Date: <u>June 10, 2011</u>	
Approved By (please print):	Title:	Phone #
Signature:	Date:	

**NOTE:**  
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.



**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
16/5/11	Telus Mobility	7.61						152.25	
1-4/6/11	Edm/Colguy/CANMORE Edmonton @ .38¢ 800KM. - SIKSIKA Signing - SENIOR LEADERS MEETING - AHA BOARD RETREAT						304.00		
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>		7.61					304.00	152.25	
Note: Record the total amount for each expense categories from above to the summary table on page 1									

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

1. **Meal Expenses and Allowances**  
 Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
  - a) Breakfast = B \$10
  - b) Lunch = L \$12
  - c) Dinner = D \$21
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.
  
2. **Accommodation Expense and Allowances**  
 Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.
  
3. **Travel**
  - Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - Vehicle owners are responsible for any losses that may arise.
  - Business car insurance is reimbursable up to \$500 per year with receipts.
  - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
  - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.
  
4. **Advance**  
 Travel advance may be requested provided travel expenses are likely to exceed \$500.



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**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 18.40
Data and Other Services	\$ 2.85
Voice Services	\$ 2.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.61
Total Taxes	\$ 7.61
<b>Total Current Charges</b>	<b>\$ 159.86</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Apr-11	\$ 164.90
Payments	\$ -164.90
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-May-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 159.86**

PTLPS01A 18355 HRI - 3 - 1 - 10 - - 132783

*Reimburse*



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 13-Jun-11
	16-May-11	\$ 159.86

Additional fees apply for late payments

PTLPS01A E S 18355  
000000088 205(V)  
CHRIS J. EAGLE

*PAID*

Amount of Payment  
159.86

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s.17(1), 17(4)(g)(i)



s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL
CHRIS J. EAGLE
<b>Current Charges - Detail</b>

Contract Term : 3 yr

Monthly Service Plans May 17 to Jun 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	506:00	85:00	421:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Long Distance Charges Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	384:00	0:00	200:00	184:00	18.40
<b>Total</b>					<b>\$ 18.40</b>

Data and Other Services Service	Total Events	Event Type	Total
Text Messaging - Sent	7	Msg	1.05
Data Usage	168.529	MB	0.00
Text Messaging - Received	12	Msg	1.80
<b>Total</b>			<b>\$ 2.85</b>

Voice Services Service	Total Events	Event Type	Total
411	1	DIR	2.00
<b>Total</b>			<b>\$ 2.00</b>

Value Added Services Service	Total
200 mins Cdn LD @ 10¢ (May 17 to Jun 16)	20.00
3 GB included data (May 17 to Jun 16)	Free
Feature Bundle - Small (May 17 to Jun 16)	7.00
Visual Voicemail for iPhone (May 17 to Jun 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	7.61
<b>Total</b>	<b>\$ 7.61</b>

**Total Current Charges \$ 159.86**

PTLPS01A 18355 HRI -- 3 - 2 - 10 - - 132785

Entered May 5/11

Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): s.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: CHRIS EAGLE	Employee #: CHE058	Union Name:
Position (Title): ACTING PRES. & CEO	Department:	Location: MOUNTAIN LIFE PLACE, EDMONTON
Business Phone #: 780-342-2003	Travel Period From:	to
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses  
(by Expense Account)

Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
	49011	711101000	6402000			154.82
	49011	711101000	4109000			25.50
101	0923	71110101058				
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						\$180.32

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: 

Date: April 04, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print):

Ken Hughes

Phone #

Signature: 

Chair

Date:

Approved By (please print):

Alberta Health Services Board

Phone #

Signature:

Phone: 403-943-1120

Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.



**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
16/03/11	TELUS Mobility Change	7.37						147.45	
12/03/11	OFFICE Supplies	1.21						24.29	
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>		8.58						171.74	
Note: Record the total amount for each expense categories from above to the summary table on page 1									<b>\$180.32</b>

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

s.17(1), 17(4)(g)(i)



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PTLPS01A 39218 HRI -- 3 - 1 - 8 - - 275383

MOBILITY BILL SUMMARY	
<b>CURRENT CHARGES</b>	Contract Term : 3 yr
iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 16.80
Data and Other Services	\$ 1.65
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.37
Total Taxes	\$ 7.37
<b>Total Current Charges</b>	<b>\$ 154.82</b>

YOUR LAST BILL	
Amount of Last Bill 16-Feb-11	\$ 135.59
Payments	\$ -135.59
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>
<b>Payment received after 13-Mar-11 may not be reflected on this invoice.</b>	
For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	
<b>Total Amount Due</b>	<b>\$ 154.82</b>



s.17(1), 17(4)(g)(i)

PTLPS01A E S 39218  
000000184 215(L)  
CHRIS J. EAGLE

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Apr-11
	16-Mar-11	\$ 154.82

Additional fees apply for late payments

*Rainbow*

Amount of Payment 154.82
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Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)



s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
CHRIS J. EAGLE	
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Mar 17 to Apr 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	639:00	107:00	532:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	368:00	0:00	200:00	168:00	16.80
<b>Total</b>					<b>\$ 16.80</b>

Data and Other Services

Service	Total Events	Event Type	Total
Text Messaging - Sent	6	Msg	0.90
Data Usage	90.83	MB	0.00
Text Messaging - Received	5	Msg	0.75
<b>Total</b>			<b>\$ 1.65</b>

Value Added Services

Service	Total
200 mins Cdn LD @ 10¢ (Mar 17 to Apr 16)	20.00
3 GB included data (Mar 17 to Apr 16)	Free
Feature Bundle - Small (Mar 17 to Apr 16)	7.00
Visual Voicemail for iPhone (Mar 17 to Apr 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	7.37
<b>Total</b>	<b>\$ 7.37</b>

**Total Current Charges \$ 154.82**

PTLPS01A 39218 HRI -- 3-2-8 - 275385

*Deimban*

U of A Bookstore - SUB

5028 CASH-1            9659 0001 145

07251200770			
LEADS .7 H PENTEL	MDS 1G	1.50	
07251200770			
LEADS .7 H PENTEL	MDS 1G	1.50	
03190191430			
PENCIL MECH .7 ELI	MDS 1G	6.59	
00002000376			
PAD PAPER ENGINEER	MDS 1G	4.90	
00002000376			
PAD PAPER ENGINEER	MDS 1G	4.90	
00002000376			
PAD PAPER ENGINEER	MDS 1G	4.90	
	SUBTOTAL	24.29	
	GT108102831RT001	1.21	
	TOTAL	25.50	

Cash	50.00
CHANGE	24.50

All textbooks sales final, thank you

3/12/11 3:43 PM



Entered June 8/11

Travel & Employee Expense Claim Form

Out-of-Province Travel:  s.17(1), 17(4)(g)(i)

Prior Approval Date (related to Out-of-Province only): \_\_\_\_\_

Prior Approved by (related to Out-of-Province only): \_\_\_\_\_

Name: CHRIS EAGLE Employee #: \_\_\_\_\_ Union Name: \_\_\_\_\_

Position (Title): President - CEO Department: \_\_\_\_\_ Location: Corporate Office SSP

Business Phone #: 780.342.2003 Travel Period From: \_\_\_\_\_ to \_\_\_\_\_

What former entity payroll system is the employee being paid from? (please check one from below)

<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses

Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0923	7112101058	62400000			
101	0923	7112101058	62300200			15.50
						224.96
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						240.46

Alberta Health Services  
Accounts Payable  
JUN 07 2011  
RECEIVED

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: \_\_\_\_\_ Date: May 26, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>Ken Hughes</u>	Title: <u>Chair, AHS Board</u>	Phone #
Signature: _____		Date: <u>June 1/2011</u>
Approved By (please print): _____	Title: _____	Phone #
Signature: _____		Date: _____

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

*[Handwritten signature]*

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
26/04/11	Parking AHS/AHS Meeting								
27/5/11	Parking CK Hui Opening						8.00		
4-5/05/11	Senior Leaders - Colghey 592 KM @ .38¢						7.50		224.96
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>									
							15.50		224.96

Note: Record the total amount for each expense categories from above to the summary table on page 1

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

1. **Meal Expenses and Allowances**  
 Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
  - a) Breakfast = B \$10
  - b) Lunch = L \$12
  - c) Dinner = D \$21
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.
  
2. **Accommodation Expense and Allowances**  
 Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.
  
3. **Travel**
  - Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - Vehicle owners are responsible for any losses that may arise.
  - Business car insurance is reimbursable up to \$500 per year with receipts.
  - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
  - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.
  
4. **Advance**  
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

Reimburse

TRIPARK LOT #104  
TELLUS PLAZA PARKADE  
GET MONTHLY WAGE PAYOUT

04-26-2011 PDL #1

1 HOUR	5.00
EVENING	3.00
CASH	8.00

ITEM	2
ICL	601 10-2074

Best Copy Possible

JOINT AHW/AHS EXECUTIVE  
COMMITTEE MEETING

Best Copy Possible

CITY OF EDMOND  
LIBRARY SERVICE  
DB: # 019306270 N70001

Route 5304  
05/02/11 20:44 LW 2 AM 40 TX#8 14487  
05/02/11 17:39 In 05/02/11 20:44 Out  
TK# 153793  
Regular Rate \$ 7.14  
Total Tax \$ 0.36  
Total Fee \$ 7.50  
CASH PAID \$ 7.50  
Cash Tender \$ 10.00  
Change Due \$ 2.50

THANK YOU  
COME AGAIN

CC Receipt

Parking OK Hui Heart Centre opening

**Dr. Chris Eagle, President and CEO**

Expenses submitted during the period of July 1 - September 30, 2011

*This report 14399.64*  
*Sum of AP claims/leard - 14399.71*

**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. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

**4) Other**

Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm-odation	Other Travel	Professional Development	Hosting and Hospitality	Other
8-Aug	31-May	Edmonton AB	Membership - Royal Glenora							8968.56
8-Aug	June 8-11	Calgary AB	June AHS Board Meeting		48.45		257.64			
31-Aug	16-Jun		Monthly cellular charges-June							161.28
8-Aug	June 15-17	Calgary AB	Calgary operational business meetings		14.50		250.80			
20-Jul	20-Jun	Edmonton AB	Lunch with external organization (2 people)						46.00	
20-Jul	June 21-22	Calgary AB	Calgary operational business meetings			172.62	239.40			
20-Aug	30-Jun	Edmonton AB	Travel to various meetings				150.00			
20-Aug	28-Jul	Edmonton AB	Lunch with AHS Board member (2 people)						48.00	
31-Aug	29-Jul		Site Tour Wetaskwin, Leduc, Ponoka				86.00			
31-Aug	3-Aug	Edmonton AB	Lunch with external educator (UofA) (2 people)						44.10	

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm -odation	Other Travel	Professional Development	Hosting and Hospitality	Other
20-Aug	10-Aug	Edmonton AB	Lunch with external organization (2 people)						56.71	
31-Aug	11-Aug		Monthly cellular charges-Jul							146.35
20-Aug	13-Aug		Office supplies							111.99
20-Aug	Aug 16-18	Calgary AB	Calgary operational meetings; Site Tour Strathmore, High River, Okotoks			259.42				
20-Aug	17-Aug		Dinner Meeting (J Davis) (2 people)						55.57	
20-Sep	19-Aug	Edmonton AB	Dinner with Potential Employee (10 people)						668.51	
20-Sep	Aug 19-21	Edmonton AB	Edmonton operational meetings				683.40			
20-Sep	23-Aug		AHS Subscription-Harvard Business Review							141.14
20-Sep	2-Sep	Edmonton AB	Dinner with Potential Employee (4 people)						361.85	
20-Sep	9-Sep	Calgary AB	Various Meetings				71.46			
20-Sep	Sept 14-16	Medicine Hat AB	September AHS Board Meeting	1169.96		153.93				
	Jul-Sept		Various local parking expenses to attend meetings/sessions				32.00			
				1169.96	62.95	585.97	1770.70	0.00	1280.74	9529.32

14399.64



**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/09/2011</u>
<u>Cardholder's Dept</u>	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$3,250.25</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/08/2011	263874334	CHARACTERS FINE DINING, EATING PLACES, RESTAURANTS	668.51	CAD	668.51	31.83	.00	
23/08/2011	264037192	HARVARD BUSNS REV, DIRECT MARKETING CONTINUITY/SUBSCRIPTION	141.14	USD	141.14	.00	.00	Harvard Business Review Subscription Fee
25/08/2011	264398500	AIR CAN 0142198854257, AIR CANADA	1,169.96	CAD	1,169.96	.00	.00	AHS Board Meeting
01/09/2011	264826786	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	38.80	CAD	38.80	1.61		Media Event Calgary
01/09/2011	264826787	BLACKTOP TAXI COMPANY, LIMOUSINES AND TAXICABS	32.66	CAD	32.66	1.56	.00	Media Event Calgary
02/09/2011	265001543	HARDWARE GRILL, EATING PLACES, RESTAURANTS	361.85	CAD	361.85	14.85		Dinner - S. Gould
09/09/2011	265632677	YELLOW CAB, LIMOUSINES AND TAXICABS	683.40	CAD	683.40	32.54	.00	
14/09/2011	265890637	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	153.93	CAD	153.93	.00	.00	

Alberta Health Services  
Accounts Payable  
OCT 25 2011  
RECEIVED

**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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

Jessie Murdoch  
Name of Cardholder Designate

Executive Assistant  
Cardholder Designate Position/Title

Jessie Murdoch  
Signature of Cardholder Designate

Sept. 23, 2011  
Date of Signature

**Cardholder**

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
Name of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

Chris Eagle  
Signature of Cardholder

Sept. 26, 2011  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patti Grier  
Name of Approver Designate

VP and Chief of Staff, AHS Board  
Approver Designate Position/Title

Patti Grier  
Signature of Approver Designate

Sept 27 2011  
Date of Signature

**Approver**

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Ken Hughes  
Name of Approver

Chair  
Approver Position/Title

Ken Hughes  
Signature of Approver

Oct 13 2011  
Date of Signature

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

**Attach:**

- Original Itemized receipts
- 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

**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: [Signature]

Date: Oct 26/11



CC Receipt

CHARACTERS REST  
10257 - 105 Street  
EDMONTON, AB.  
T5J 1E3  
(780) 421-4100  
GST# 89206-4429

104 SARAH N

Tbl 104/1 Chk 1887 Gst 10  
Aug19'11 07:43PM

3 FRIES	0.00
2 GRAYLAX DINNER	
@ 13.00	26.00
5 MIXED GREENS	
@ 8.00	40.00
2 CARROT GINGER	
@ 7.00	14.00
2 SCALLOP / BOAR	
@ 16.00	32.00
1 VEAL LOIN	42.00
1 BEEF TENDERLOIN	38.00
3 SEA BASS @ 42.00	126.00
1 TUNA LOIN	39.00
1 DUCK BREAST	38.00
2 LAMB RACK @ 40.00	80.00
1 BABY OCTOPUS	12.00
2 BREAD PUDDING	
@ 9.00	18.00
1 CHOCOLATE TACO	10.00
1 SORBET SAMPLER	7.00
2 TEA @ 2.75	5.50
1 P.GRIND 500 ml	5.00
1 CAPPUCCINO	5.00
2 ESPRESSO @ 3.25	6.50
18 %	
Gratuity 18%	97.83

Subtotal 543.50  
Service Chrg 97.83  
GST 27.18

10:12PM Amount Due **668.51**

WELCOME TO CHARACTERS!  
& HAVE A GREAT DAY!!



CC Receipt

Character Restaurant  
10257-105 St  
Edmonton, AB  
T5J 1E3  
-471-4042

\*\*\* TRANSACTION RECORD \*\*\*

Trans. #: 16219

RU: RESTAURANT  
Table #: 104  
Check #: 1887  
Group #: 1  
Employee #: 104  
Employee Name: SARAH N

Best Copy Possible

MasterCard  
Pre-Auth Purchase  
XXXXXXXXXXXX9747 C  
RID: A0000000041010

Amount  
CAD\$668.51

APPROVED 001604  
00-001 001604  
CHARA: 1 CHARAU: 1  
002001001779  
2011/08/19 22:16:03

Customer ID: P9

THANK YOU  
Come Again

C C Receipt

Subject HARVARD BUSINESS REVIEW Magazine Renewal Confirmation  
 From subsvcs@HBR.customersvc.com  
 Date Tuesday, August 23, 2011 2:04 pm  
 To

s.17(1), 17(4)(g)(i)

Dear Chris Eagle,

Thank you for your **HARVARD BUSINESS REVIEW** renewal order.

We have received your renewal order for 15 issues of **HARVARD BUSINESS REVIEW** on 08/23/11. Your subscription has been extended, and your current service period will continue through the 02/01/13 issue.

For your records we've included a detailed summary of your order.

**Mailing/Account Summary**

Ship to: CHRIS EAGLE

s.17(1), 17(4)(g)(i)

Account Number: (Please keep this for future reference.)

**Billing Summary**

Item: HARVARD BUSINESS REVIEW  
 Issues: 15  
 Total Amount: \$132.38  
 Status: To be billed  
 (Plus sales tax in AB, when applicable.)

You can easily track your subscription details online 24 hours a day with your account number , at the **HARVARD BUSINESS REVIEW** Customer Service site: [www.hbr.org/subscriberservices](http://www.hbr.org/subscriberservices).  
 Thank you for renewing!

s.17(1), 17(4)(g)(i)

**HARVARD BUSINESS REVIEW CUSTOMER SERVICE**

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 HARVARD BUSINESS REVIEW CUSTOMER SERVICE  
 ATTENTION: CONSUMER AFFAIRS  
 3000 University Center Dr.  
 Tampa, FL 33612-6408

WESDFREN

*ATN Board Meeting*

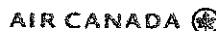
Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Your booking is confirmed. Not all your seats could be confirmed. If you wish to confirm your preferences, please contact Air Canada Reservations for assistance. (68008)

**Booking Information**



Booking Reference: **NKA7BA**

**Customer Care**

Electronic Ticketing confirmed. This is your official itinerary/receipt.

**Air Canada**  
1-888-247-2262

Main Contact:  
Mr Christopher Eagle

**Flight Arrivals and Departures**  
1-888-422-7533

s.17(1), 17(4)(g)(i)

Home:  
Work: 1-780-3422011  
Mobile:

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8135 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Wed 14-Sep 2011 08:00	Calgary (YYC) Wed 14-Sep 2011 08:51	0	0hr51	DH3	Tango Plus S	
AC7241 <sup>2</sup>	Calgary (YYC) Wed 14-Sep 2011 09:45	Medicine Hat (YXH) Wed 14-Sep 2011 10:37	0	0hr52	BEH	Tango Plus S	
AC7244 <sup>2</sup>	Medicine Hat (YXH) Thu 15-Sep 2011 15:55	Calgary (YYC) Thu 15-Sep 2011 16:55	0	1hr00	BEH	Tango Plus H	
AC284	Calgary (YYC) Thu 15-Sep 2011 17:30	Edmonton, Edmonton Int'l (YEG) Thu 15-Sep 2011 18:19	0	0hr49	E90	Tango Plus T	

Operated by:  
<sup>1</sup> Air Canada Express - Jazz  
<sup>2</sup> Central Mountain Air

**Passenger Information**

1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142198854257

Air Canada - Aeroplan : Meal Preference: **Regular**  
Credit Card: xxx-xxx-xxx-9747 Special Needs: **None**  
Seat Selection: **None**

s.17(1), 17(4)(g)(i)

**Purchase Summary**

**Fare Summary**

Passenger Type	Adult
Flight 1 - Airfare (Tango Plus)	174.00
Flight 2 - Airfare (Tango Plus)	273.00
Flight 3 - Airfare (Tango Plus)	431.00
Flight 4 - Airfare (Tango Plus)	154.00
Surcharges	48.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	20.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	55.71
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	1169.96
Number of passengers	1
Total	1169.96
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$1169.96</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	\$1169.96 CAD

= TRANSACTION RECEIPT =

Checker/Yellow Cabs  
316 Meridian Road SE  
Calgary, AB T2A 1X2  
403 299 9999

ACCT: CREDIT CARD  
CARD NUMBER:  
XXXXXXXXXXXX9747  
CARD TYPE: MC  
DATE/TIME:  
11/09/01 13:22:24  
AUTH#: 152249

VEH/DRV: 0462 / 4083  
GST#: 885309617  
TXN ID: 5804267

FARE: \$ 32.19  
FLAT: \$000.00  
EXTRAS: \$000.00  
GST: \$ 1.61

FA+FL+EX+TAX: \$ 33.80  
TIP: \$ 5.00  
DISCOUNT: \$000.00

TOTAL: \$ 38.80

SIGNATURE: ✓

Black Top Taxi Company  
(403) 735-3222  
Car # 127  
Badge # 4032

Sale

ID: 90810067 Ref#: 000668  
11/09/01 17:39:04  
Batch # 000

MASTER  
\*\*\*\*\*9747  
SWIPED

Record #: 000003

Amount: \$ 28.40

Tip: \$ 4.26

Total: \$ 32.66

Appr Code: 173907

APPROVED  
I agree to pay above total  
amount According to card issuer  
agreement (Merchant agreement  
if credit voucher)

X-----

Customer Copy  
Thank you! ✓

MEDIA ANNOUNCEMENT - 5 YEAR ACTION PLAN  
CALGARY

**Best Copy Possible**

Hardware Grill  
 9698 Jasper Avenue  
 Edmonton, Alberta  
 (780) 423-0969

Dean  
 10/02/2011  
 6:44 PM  
 10035

09/02/2011  
 6:44 PM  
 10035

French Fries	14.00
Sea Bass (2 @15.00)	30.00
Ahi Tuna	9.00
Sea Bass (2 @46.00)	92.00
Vegetarianlasting	11.00
Salmon	
Subtotal	156.00
GST Tax	14.85
Total	311.85
Balance Due	\$ 311.85

GST # R99547990  
 Hardware Grill is  
 pleased to accept  
 Visa & Mastercard

HARDWARE GRILL  
 9698 JASPER AVENUE  
 EDMONTON AB

CARD \*\*\*\*\*9747  
 CARD TYPE MASTERCARD  
 DATE 2011/09/02  
 TIME 1587 20:45:40  
 RECEIPT NUMBER  
 F30713128-001-001-017-0

PRE-AUTHORIZATION  
 AMOUNT \$311.85

TIP 50  
 TOTAL 361.85

CHIP CARD SWIPED  
**APPROVED**  
 AUTH# 224540 01-027  
 THANK YOU

CARDHOLDER COPY

PLEASE RETURN THIS  
 RECEIPT TO THE  
 ISSUING BANK

*Stephen Gould - Pege, Partners Candidate*

s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO.

**YELLOW CAB** (780) 462-3456

**PRESTIGE CABS** (780) 462-4444

ADMINISTRATION (780) 485-8500

AUTH. NO.	DRIVER	UNIT NO.
165929	TJ	818
TIME	DAY	MO
	31	08
		2011

G.S.T. # 856601729

FROM: Transportation for the  
 TO: Month of August 2011  
 PRINT NAME

CUSTOMER'S SIGNATURE  
X DR. CHRIS EAGLE

3888102



FARE	
TAX	
GRATUITY	
TOTAL	683.40

"The Preferred Choice"

12/05/04 30-DAY PRE-PAID PERIOD. All rights reserved. © 1995

MERCHANT COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

## STATEMENT FOR THE MONTH OF AUGUST 2011

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	19	07:35	Mr.Power	Airport to Hotel Macdonald	\$66.70
2	19	09:30-12:00	Mr.Power	Intown Services	\$150.00
3	19	15:00-22:00	Mr.Power	Intown Services	\$350.00
4	20	18:00	Mrs & Mr.Power	West Edmonton Mall to Hotel Macdonald	\$50.00
5	21	09:30	Mrs & Mr.Power	Hotel Macdonald to Airport	\$66.70
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$683.40</b>



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK



**Chris Eagle**  
14th Floor 7th St Plaza 10030  
107th St edmonton, ab  
Ab Health Services  
T5J 3E4

**Page #** 1  
**Res. #** 488935  
**Checked in** Wed Sep 14/11 - 6:02 pm  
**Checked out** Thu Sep 15/11 - 7:02 am  
**Nights** 1  
**Room Rate** 139.00  
**Room** 273

**Group: Ab Health Services**

Date	Description	Reference	Charges	Credits
Sep14	GOVERNMENT RATE		139.00	
Sep14	GST		6.95	
Sep14	Room Tax		5.32	
Sep14	Destination Marketing Fee		2.66	
Sep15	PAID BY MASTERCARD - Thank you			153.93
			0.00	153.93

*Thank you for staying with us. Please come again!  
Call 1 (800) 661-8095 to make your next reservation with us.*

*Our G.S.T. # is 103576021RT0002*

Charge Summary:

GST	6.95
Room Tax	5.32

*Copy Receipt*

1001 ROSS GLEN DR SE  
MEDICINE HAT, AB T1B3T8  
4035028170

Merchant ID: 87212730014  
Term ID: 002 Ref #: 081

**Pre-Auth Compl**

XXXXXXXXXXXX9747

MASTERCARD Entry Method: Manual

09/15/11 07:01:07

Inv #: 000009 Appr Code: 195944

Apprvd Batch#: 000187

Original Pre-Auth Amount: \$ 255.00

Total: \$ 153.93





**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

<u>EAGLE, CHRIS</u>	<u>PRESIDENT &amp; CEO</u>	Billing Reporting Period:	<u>20/08/2011</u>
Cardholder's Name	Cardholder's Position/Title		
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$688.69</u>
Cardholder's e-mail address	Cardholder's Site/Location		
		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

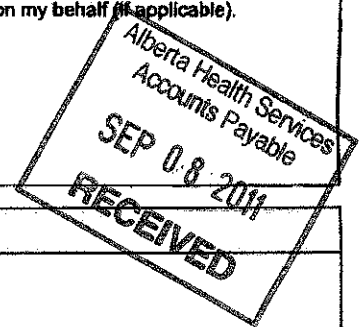
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/07/2011	262000702	YELLOW CAB, LIMOUSINES AND TAXICABS	150.00	CAD	150.00	7.14	.00	June Transportation
28/07/2011	262246261	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	48.00	CAD	48.00	2.00		Lunch - Dr. Collins-Nakai
10/08/2011	263105193	GLENORA BISTRO, EATING PLACES, RESTAURANTS	56.71	CAD	56.71	2.70		Lunch AMA Gormley/White
13/08/2011	263355575	FUTURE SHOP #10, ELECTRONICS SALES	111.99	CAD	111.99	5.60		IPad Case
17/08/2011	263617456	REDWATER RUSTIC GRILLE, EATING PLACES, RESTAURANTS	55.57	CAD	55.57	2.22		Dinner Meeting - J Davis
18/08/2011	263755588	HAMPTONS INN & SUITES, LODGING HOTELS, MOTELS, RESORTS	259.42	CAD	259.42	12.35		Accommodations - Hampton Inn, Calgary
18/08/2011	263755589	SAIT, COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS	7.00	CAD	7.00	.33	.00	Parking at SAIT

<b>Signatures</b>	
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>	
<u>Joyce Murray</u> Name of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title
<u>Susan Best for Joyce Murray</u> Signature of Cardholder Designate	<u>Aug. 29/11</u> Date of Signature

<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>	
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title
<u>[Signature]</u> Signature of Cardholder	<u>29 Aug 2011</u> Date of Signature

<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>	
<u>Patti Grier</u> Name of Approver Designate	<u>VP &amp; Chief of Staff, AHS Board</u> Approver Designate Position/Title
<u>[Signature]</u> Signature of Approver Designate	<u>Sept 01/11</u> Date of Signature

<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>	
<u>Ken Hughes</u> Name of Approver	<u>Chair, AHS Board</u> Approver Position/Title
<u>[Signature]</u> Signature of Approver	<u>Sept 7/2011</u> Date of Signature



<b>Submit approved statement with attachments to Accounts Payable:</b>	
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T4J 3E4

<b>Accounts Payable only:</b>		
Reference #:	Reviewed by: <u>[Signature]</u>	Date: <u>Sept 08/11</u>

## STATEMENT FOR THE MONTH OF JUNE 2011

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	30	08:30	Dr.Eagle & 3ppl	SSP to Glenrose	\$50.00
2	30	12:00	Dr.Eagle	Glenrose to Cross Cancer	\$50.00
3	30	14:45	Dr.Eagle	Cross Cancer to SSP	\$50.00
s.17(1), 17(4)(e.1)					
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$150.00</b>

*Dr. Eagle / Dr. K. Williams*



111 SUSAN T

Tbl 52/1 Chk 1917 Gst 2  
Ju128'11 11:29AM

1 ICED TEA	4.00
2 COFFEE @ 4.00	8.00
1 RISOTTO	15.00
1 CHICKPEA SALAD	13.00
Subtotal	40.00
40.00 GST Percent	2.00
Amount Due	<b>42.00</b>

WILDFLOWER RESTAURANT  
10009 107th Street  
Edmonton, AB  
T5J 1J1  
780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 26949

Check #: 1917  
Employee #: 111  
Employee Name: SUSAN T  
Workstation #: 1

MasterCard  
Pre-Auth Purchase  
xxxxxxxxxxxx9747 S

Amount \$42.00

Tip \$ 6.00

TOTAL \$ 48.00

APPROVED 145957  
00-001 145957  
S0001T0001/WILDFC01  
157001001004  
2011/07/28 12:59:56

Customer Copy

*Gormley White*

GLENORA BISTRO  
10139 124TH STREET  
EDMONTON, AB T5N 1P5  
(780) 482-3531

LE: A4147867      BATCH#: 049  
LE ID: 049      SHIFT#: 001

Sale

INVR: 00101 00004      Chip  
SEOW: 049001001004  
Card

\*\*\*\*\*9747

Amount: \$ 41.71  
Tip: \$ 8.00

Total: CAD\$ 56.71

APPROVED 14<sup>00</sup>12  
001/00

NO SIGNATURE REQUIRED

10-Aug-11

12:32:11

CC Receipt

Thank you for shopping at  
**Future Shop Saanich**  
exciting stuff

3450 Uptown Boulevard, Saanich  
250-419-7670

Keep your receipt



1082-5579-2277-2375

064 0537 08/13/11 16:24 U6PU

**SALES**

22 920-003407 99.99  
: KYBRD CSE IPAD2  
ociate # U6PU

-----  
SUBTOTAL 99.99  
HST BC 12.00  
=====

TOTAL 111.99

action Record SALE  
xxxxxxx9747 C MASTERCARD 111.99  
ved 192425  
0010 064 C  
0: 001001001305  
SO 001/00  
2011 16:24:25  
A0000000041010  
MasterCard

eg.# R135664738

up your way - Order online and get  
shipping\* or in-store pick up. Visit  
futureshop.ca for details.  
\*Some conditions apply.

R CUSTOMER SERVICE 4-PART-KEY IS:  
0010 064 0537 081311

TELL US HOW WE'RE DOING!  
KE OUR SURVEY IN THE NEXT 30 DAYS  
AND ENTER FOR A CHANCE TO WIN A  
\$500 FUTURE SHOP GIFT CARD.  
Go to: [www.futureshopcares.ca](http://www.futureshopcares.ca)  
& enter the following codes:

Group A: 103640  
Group B: 1537  
Group C: 008119PUU600

to  
1

*c Receipt*  
*JD/CS*

**Redwater Rustic  
Stadium Plaza**  
1935 Uxbridge Dr. NW  
Calgary, Alberta  
Tel: 403-220-0222  
Check #: 132624

**Redwater Rustic  
Stadium Plaza**  
1935 Uxbridge Dr. NW  
Calgary, Alberta

**Duplicate**

Server: Jessica                      Date: 08/17/2011  
Table: 35 -1                      Time: 12:55  
Client: 2

MasterCard  
Type: PreAuth  
Card Number: xxxxxxxxxxxx9747  
Date/Time: 08/17/2011 01:00:18 PM  
Reference #: 66110277 0010018990 S  
Check #: 132624  
Server Name: Jessica  
Table: 35  
Approval #: 150018

Pop 2.95  
Spolombos Pizza 14.00  
Coffee 2.95  
Cranberry & Soda 2.95  
Southwest Salad 12.00  
Add Chicken 5.00  
Cappucino 4.50

**SUBTOTAL: \$46.57**

TIP: \$ \_\_\_\_\_

TOTAL: \$ 55.57

01 Approved - Thank You 027

SUB-TOTAL: 44.35  
GST: 2.22

\* Customer Copy \*

**TOTAL: 46.57**

Thank you for dining with us!

Follow us on Twitter!  
@RedwaterStadium

GST # 587684799

SAIT  
1301 16th Ave NW  
Calgary T2M 0L4  
Tax Code CAGST

P2 Exit 17/08/11 16:02  
Receipt 096856

Short-Term Parking  
Mastercard  
Lot P2  
17/08/11 14:23 -  
17/08/11 16:02 -  
Period 0d1h40'  
(GST) \$7.00

Total \$7.00

Payment Received  
MC  
XXXXXXXXXXXX9747 \$7.00

Sub Total \$6.67  
GST 5% 0.33

All Amounts in CAD.  
Deliv. Date=Receipt Date

*c Receipt*



# Hampton Inn & Suites by Hilton - Calgary University N.W.

2231 Banff Trail NW • Calgary, AB T2M 4L2  
Phone (403) 289-9800 • Fax (403) 289-9200

Receipt

EAGLE, CHRIS  
10030-107 STREET  
14TH FL NORTH TOWER-ATT JOYCE  
EDMONTON, AB T5J3E4  
CA

name  
address

room number: 303/SXBL  
arrival date: 8/16/2011 8:54:00P  
departure date: 8/18/2011  
adult/child: 1/0  
room rate: 119.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN L-T1C  
HH# 399354064 BLUE  
AL: AC #115906638  
CAR:

CONFIRMATION NUMBER : 83105969

8/18/2011 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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. I have accepted delivery of The Globe & Mail. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description	amount
8/16/2011	820232	GUEST ROOM	\$119.00
8/16/2011	820232	ROOM TAX	\$4.76
8/16/2011	820232	GST 129123600 RT 0004	\$5.95
8/17/2011	820405	GUEST ROOM	\$119.00
8/17/2011	820405	ROOM TAX	\$4.76
8/17/2011	820405	GST 129123600 RT 0004	\$5.95
8/18/2011	820473	MC *9747	(\$259.42)
		** BALANCE **	\$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit [HiltonHHonors.com](http://HiltonHHonors.com).

STAY IN TOUCH WITH US IN BETWEEN STAYS! FOLLOW US ON TWITTER (@HAMPTONFYI) AND LIKE US ON FACEBOOK (FACEBOOK.COM/HAMPTON).

for reservations call 1.800.hampton or visit us online at [hampton.com](http://hampton.com)

thanks.

account no.	date of charge	folio/check no.
MC *9747	08/16/11 20:54:00	241114
card member name	authorization	initial
EAGLE CHRIS	051323	
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services
		taxes
		tips & misc.
signature of card member	total amount	-259.42
X		



**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2011</u>
<u>Cardholder's Dept</u>	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$218.62</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/06/2011	259285859	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	46.00	CAD	46.00	1.90		Lunch S. Weatherill
23/06/2011	259626621	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	172.62	CAD	172.62	7.70		Calgary Meetings

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>Joyce C. Murray</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	<u>July 25, 2011</u> Date of Signature
<u>Joyce C. Murray</u> Signature of Cardholder Designate	<u>July 25, 2011</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	<u>July 25, 2011</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder	<u>July 25, 2011</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
Name of Approver Designate	Approver Designate Position/Title	Date of Signature
Signature of Approver Designate	Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Ken Hughes</u> Name of Approver	<u>Chair, Alberta Health Services Board</u> Approver Position/Title	<u>July 29/11</u> Date of Signature
<u>[Signature]</u> Signature of Approver	<u>July 29/11</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original Itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T4J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

CL



111 SUSAN T

Tbl 34/1 Chk 537 Gst 2  
Jun20'11 12:04PM

1 TEA	5.00
1 COFFEE	4.00
1 MIXED VEG SALAD	15.00
1 TUNA SALAD	14.00
Subtotal	38.00
38.00 GST Percent	1.90
Amount Due	<b>39.90</b>

WILDFLOWER RESTAURANT  
10009 107th Street  
Edmonton, AB  
T5J 1J1  
780-990-1938

\*\* TRANSACTION REQUIRED \*\*

Tran. #: 10294

Check #: 537  
Employee #: 111  
Employee Name: SUSAN T  
Workstation #: 1

MasterCard  
Pre-Auth Purchase  
xxxxxxxxxxxx9747 S

Amount \$39.90

Tip \$ 6.00

TOTAL \$ 46.00

APPROVED 150216  
00-001 150216  
S000110001/WILDFC01  
079001001004  
2011/06/20 13:02:15

Customer Copy

*Meeting with Sheila Weatherill*

# HOTEL ALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

*CC Receipt*

EAGLE, CHRIS

Room Number: 707

Daily Rate: 154.00

Room Type: OBKL

No. of Guests: 1 / 0

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
21-Jun-11	22-Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090116722

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
21-Jun-11	707	ROOM CHARGE	#707 EAGLE, CHRIS	\$154.00
21-Jun-11	707	GST	GST	\$7.70
21-Jun-11	707	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
21-Jun-11	707	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
22-Jun-11	707	MASTERCARD	MASTERCARD	(\$172.62)

1. Meeting with OR Nurse Clinician Group FMC
2. Clinical Management Team
3. Major Nenshi

CREDIT DUE:                      (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

Entered  
Sept 2/11



### Travel & Employee Expense Claim Form

s 17(1), 17(4)(g)(i)

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: <u>CHRIS EAGLE</u>	Employee #:	Union Name:
Position (Title): <u>PRESIDENT / CEO</u>	Department:	Location: <u>14th Floor Seventh Street</u>
Business Phone #:	Travel Period From:	to <u>PL02A</u>

What former entity payroll system is the employee being paid from? (please  one from below)

<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

#### Summary of Travel & Employee Expenses (by Expense Account)

Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0923	71110101058	64020000			146.35
101	0923	71110101058	69600000			44.10
101	0923	71110101058	62300200			86.07
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						276.52

Alberta Health Services  
Accounts Payable  
AUG 31 2011  
RECEIVED

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: AUG. 15, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>CATHY ROOZEN</u>	Title: <u>Vice Chair Board</u>	Phone #
Signature: <u>[Signature]</u>	Covering for <u>Len Hughes</u>	Date: <u>08/19/11</u>
Approved By (please print):	Title:	Phone #
Signature:		Date:

**NOTE:**

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
11/8/11	Telus Mobility	7.62						138.73	
3/8/11	LUNCH - FACULTY CLUB STEPHEN DUCKETT	2.10						42.00	
29/7/11	Tour @ -38 f 226.50KM LEDUC, WETOSKIWIN, PONDOKA						86.00		
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
Totals		9.72					86.00	180.73	
Note: Record the total amount for each expense categories from above to the summary table on page 1									

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Mileage – Dr. Chris Eagle  
July 29, 2011

Tour

Edmonton/Leduc Community Hospital  
Leduc/Wetaskiwin Hospital and Care Centre  
Wetaskiwin/Ponoka – Centennial Centre for Mental Health & Brain Injury  
Ponoka/Edmonton

226.5 km x .38¢ = \$86.07



**Staying connected when traveling just got easier**

At TELUS, we've reduced our data and voice international rates by up to 60% until September 30. Plus, you'll no longer need an international pass or passport. For more information visit [www.telusmobility.com/intl](http://www.telusmobility.com/intl)

**This bill may be arriving to you late**

As a result of the Canada Post work disruption, this TELUS paper bill may be arriving to you later than usual. If you have already paid it through your online account, please simply store this for your records.

To avoid any future mail disruptions, sign up for e.bill. You'll be able to easily view and pay your bills from the convenience of your computer or phone then print them for your records. To sign up, log into your online account at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) then select "Billing".

**Go paper free and save a tree**

TELUS e.Bill is convenient, reduces clutter and best of all - it saves trees. With e.Bill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text notifications. To view your e.Bill visit [telusmobility.com/ebill](http://telusmobility.com/ebill).

PTLPS01A 17774 HRI - 3 - 1 - 14 - - 128811

MOBILITY BILL SUMMARY	
<b>CURRENT CHARGES</b>	
Contract Term : 3 yr	
iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 22.70
Data and Other Services	\$ 0.75
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.62
Total Taxes	\$ 7.62
<b>Total Current Charges</b>	<b>\$ 160.07</b>

YOUR LAST BILL	
Amount of Last Bill 16-Jun-11	\$ 161.28
Payments	\$ -175.00
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ -13.72</b>
<b>Payment received after 13-Jul-11 may not be reflected on this invoice.</b>	
For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	
<b>Total Amount Due</b>	<b>\$ 146.35</b>



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Aug-11
	16-Jul-11	\$ 146.35

Additional fees apply for late payments

PTLPS01A E S 17774 s.17(1), 17(4)(g)(i)  
 000000085 205(T)  
 CHRIS J. EAGLE

*HOID*  
*Reimburse*

**Amount of Payment**  
*146.35*

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)





s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
CHRIS J. EAGLE	s.17(1), 17(4)(g)(i)
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Jul 17 to Aug 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	653:00	135:00	518:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	427:00	0:00	200:00	227:00	22.70
<b>Total</b>					<b>\$ 22.70</b>

Data and Other Services

Service	Total Events	Event Type	Total
Text Messaging - Sent	3	Msg	0.45
Data Usage	103.941	MB	0.00
Text Messaging - Received	2	Msg	0.30
<b>Total</b>			<b>\$ 0.75</b>

Value Added Services

Service	Total
200 mins Cdn LD @ 10¢ (Jul 17 to Aug 16)	20.00
3 GB included data (Jul 17 to Aug 16)	Free
Feature Bundle - Small (Jul 17 to Aug 16)	7.00
Visual Voicemail for iPhone (Jul 17 to Aug 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	7.62
<b>Total</b>	<b>\$ 7.62</b>

**Total Current Charges \$ 160.07**

PTLPS01A 17774 HRI -- 3-2-14 -- 128813

22

CHECK NUMBER  
737227

# THE FACULTY CLUB

OF THE UNIVERSITY OF ALBERTA  
EDMONTON

PH: (780) 492-4231 FAX: (780) 492-4199

DATE Aug 3, 2011

ACCOUNT NUMBER					CASH	CHARGE

PRINTED NAME  
EAGLE

MEMBERS SIGNATURE  
[Signature]

### MEMBER'S RECEIPT - PLEASE KEEP TOP COPY

QUAN.	ITEM	CODE	PRICE	TOTAL
2	Lunch		21	42.00
	Lunch - Stephen Dockett			
	Please reimburse			
			SUBTOTAL	710
			G.S.T.	210
			TOTAL	4410

NO. SERVER <u>2</u>	SERVER <u>P</u>	G.S.T. # 108081795RT
------------------------	--------------------	-------------------------

entered  
August 10/11



### Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): s.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: <u>CHRIS EAGLE</u>	Employee #:	Union Name:
Position (Title): <u>President CFO</u>	Department:	Location: <u>11th Floor S&amp;S Edmonton</u>
Business Phone #: <u>780.342.2223</u>	Travel Period From: _____ to _____	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
<u>101</u>	<u>0923</u>	<u>7111010158</u>	<u>62400000</u>			<u>25.00</u>
			<u>69600000</u>			<u>62.95</u>
			<u>62300200</u>			<u>239.40</u>
			<u>64020000</u>			<u>161.28</u>
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						<u>488.63</u>

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: July 26, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>Ken Hughes</u>	Title: <u>Chair, AHS Board</u>	Phone #
Signature: <u>[Signature]</u>	Date: <u>July 29/11</u>	
Approved By (please print):	Title:	Phone #
Signature:	Date:	

**NOTE:**

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
8/6/11	MEAL AHS Board Meeting				19.20				
9/6/11	MEAL AHS Board Meeting				29.25				
15/6/11	Lunch - Calgary Meeting				14.50				
21-22/6/11	Calgary Meetings P2P, Clinical Management Team, Mayor Nenshi								.38¢ x 630 KM
24/6/11	Parking (Telus Plaza)						25.00		
16/6/11	Telus	7.68						153.60	
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>		7.68			62.95		25.00	153.60	239.40
Note: Record the total amount for each expense categories from above to the summary table on page 1									

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

pls reimburse

IMPARK LOT #101  
TELLUS PLAZA PARKADE  
GST #R9731 5630 RT0006

06-24-2011 FRI NL

5 HOUR	25.00
TOTAL	25.00
CATEND	25.00
CHANGE	0.00

ITEM	1
ICL	15:00 13:48PM

*Tri-lateral MASTER AGREEMENT Meeting*



# MOXIE'S CLASSIC GRILL

MOXIE'S CLASSIC GRILL  
MARKET MALL  
0223 Table 31 #Party 1  
189\*TIM P SvrCk: 13 18:44 08/09/11  
DINING ROOM

8OZ WOLF BL Y LAB CAB-SAU	11.00	✓X
QUARTER SPRING MIX SALAD	5.75	✓
W-PLF GLAZED SALMON, w/wild rice	13.50	✓
Sub Total:	30.25	
GST	2.01	
08/09 19:18 TOTAL:	42.26	

GREAT DRINK SPECIALS EVERY DAY OF THE WEEK  
Moxie's gift cards available  
\*\*\*Please pay your server\*\*\*  
G.S.T.#868413642

Reimbur  
2925

Best Copy Possible

MEMORIAL BY ESTABLISHED BY 1972  
 Moxie's Classic Grill  
 0223 Table 31 #Party 1  
 189\*TIM P SvrCk: 13 18:44 08/09/11  
 DINING ROOM

8OZ WOLF BL Y LAB CAB-SAU	11.00	✓
QUARTER SPRING MIX SALAD	5.75	✓
W-PLF GLAZED SALMON, w/wild rice	13.50	✓
Sub Total:	30.25	
GST	2.01	
TOTAL	32.26	✓
TIP	4.50	
GROSS TOTAL	36.76	
⊖ 945		
NET PAY	19.20	

Reimbur 1920

AHS Board Meeting

Best Copy Possible

U OF C - BISTRO  
2500 UNIVRSITY DR NW RM110  
CALGARY AB T2N1N4  
403-220-6290

TERM ID: 002  
VISA ID: 16880231261

SALE

XXXXXXXXXXXXXXXX6893  
VISA ENTRY METHOD: CHIP  
06/15/11 20: 27  
INV #: 000021 APPR CODE: 338  
BATCH #: 000153  
REF #: 021

AMOUNT \$33.60  
TIP 5.00  
TOTAL 38.60

\*\*\*\*\*

Faint, illegible text, possibly a receipt or document fragment.

Faint, illegible text, possibly a receipt or document fragment.

Rimban \$14.00

**Mileage – Dr. Chris Eagle**  
**June 21-22, 2011**  
**Calgary Meetings**

1. OR Nurse Clinician Group (Foothills Medical Centre)
2. FMC Clinical Management Team Meeting
3. Mayor Nenshi

630 km x .38¢ = \$239.40





**Important TELUS rate changes**

**411 Directory Assistance**  
Starting August 10, 2011 the TELUS 411 Directory Assistance rate will increase from \$2/listing to \$2.50/listing. TELUS 411 Directory Assistance gives you quick and easy access to published phone numbers and addresses within Canada and the U.S.

**Pay per use text message rate**  
As of August 10, the pay per use rate for sending and receiving text messages within Canada will increase from \$0.15/message to \$0.20/message. This new rate also applies to text messages that are sent from Canada to the U.S.

Don't currently have a text messaging package? Add one to your account today and text for less. Visit [telusmobility.com/textmessaging](http://telusmobility.com/textmessaging) or call us at 1-866-558-2273 to learn how you can save with our text packages.

**Access your account online**  
Managing your account online is as free as it is simple! With a TELUS online account, you have secure 24-hour access to your information, bills and account activity in real-time. You can also update your rate plan and features and switch to paperless billing. To register or login to your online account, visit [telusmobility.com/youraccount](http://telusmobility.com/youraccount).

**Every customer helps us give where we live.**  
Over \$211 million given to help our neighbours across Canada. Find out how at [telus.com/community](http://telus.com/community)

MOBILITY BILL SUMMARY	
<b>CURRENT CHARGES</b>	
Contract Term : 3 yr	
iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 24.30
Data and Other Services	\$ 0.30
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.68
Total Taxes	\$ 7.68
<b>Total Current Charges</b>	<b>\$ 161.28</b>

YOUR LAST BILL	
Amount of Last Bill 16-May-11	\$ 159.86
Payments	\$ -159.86
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>
<b>Payment received after 13-Jun-11 may not be reflected on this invoice.</b>	
For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	
<b>Total Amount Due</b>	<b>\$ 161.28</b>

PTLPS01A 17217 HRI -- 3-1-12 - 125165



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received
	16-Jun-11	by 11-Jul-11 \$ 161.28

Additional fees apply for late payments

PTLPS01A E S 17217  
000000082 205(V)

*Reimburse*  
*16/28*  
s.17(1), 17(4)(g)(i)

**Amount of Payment**

Please make cheques payable to TELUS  
Please do not staple



ACCOUNT DETAIL	
CHRIS J. EAGLE	s.17(1), 17(4)(g)(i)
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Jun 17 to Jul 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	824:00	115:00	709:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	443:00	0:00	200:00	243:00	24.30
<b>Total</b>					<b>\$ 24.30</b>

Data and Other Services Service

Service	Total Events	Event Type	Total
Text Messaging - Sent	1	Msg	0.15
Data Usage	140,633	MB	0.00
Text Messaging - Received	1	Msg	0.15
<b>Total</b>			<b>\$ 0.30</b>

Value Added Services Service

Service	Total
200 mins Cdn LD @ 10¢ (Jun 17 to Jul 16)	20.00
3 GB included data (Jun 17 to Jul 16)	Free
Feature Bundle - Small (Jun 17 to Jul 16)	7.00
Visual Voicemail for iPhone (Jun 17 to Jul 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	7.68
<b>Total</b>	<b>\$ 7.68</b>

**Total Current Charges \$ 161.28**

PTLPS01A 17217 HRI -- 3 - 2 - 12 - - 125167

Entered July 5/11



Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): S.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: Chris Eagle	Employee #:	Union Name:
Position (Title): President CEO	Department:	Location: 14th Floor 7th Street/Lo2A
Business Phone #: 780-342-2003	Travel Period From:	to
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0903	711:0101058	623 00 200			508.44
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						508.44

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Date: June 21, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Alan Hughes	Title: Chair AHS Board	Phone #
Signature:		Date: June 24/11
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:  
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
8-11/6/11	Edmonton - Calgary RETURN + TRAVEL IN Calgary 678 KM @ .38 BOARD MEETING						257.64		
15-17/6/11	Edmonton - Calgary RETURN + TRAVEL IN Calgary 660 KM @ .38 U of C Southwest Children's Hospital						250.80		
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>							508.44		

Note: Record the total amount for each expense categories from above to the summary table on page 1

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

entered Aug 9/11



### Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): s.17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: <u>CHRIS FABLE</u>	Employee #:	Union Name:
Position (Title): <u>PRESIDENT / CEO</u>	Department: <u>EXECUTIVE</u>	Location: <u>14th St EDMONTON</u>
Business Phone #:	Travel Period From:	to
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0923	711010158	66021000			8,968.56
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						8,968.56

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: JULY 25, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>Ken Hughes</u>	Title: <u>Chair, AHS Board</u>	Phone #
Signature: <u>[Signature]</u>		Date: <u>July 29/11</u>
Approved By (please print):	Title:	Phone #
Signature:		Date:

**NOTE:**  
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

[Signature]

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
31/5/11	MEMBERSHIP FEE ROYAL GLENORA CLUB (per EMPLOYMENT CONTRACT)							8,968.56	
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
<b>Totals</b>									8,968.56
Note: Record the total amount for each expense categories from above to the summary table on page 1									

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

1. **Meal Expenses and Allowances**  
 Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.
  - a) Breakfast = B \$10
  - b) Lunch = L \$12
  - c) Dinner = D \$21
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.
  
2. **Accommodation Expense and Allowances**  
 Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.
  
3. **Travel**
  - Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
  - Vehicle owners are responsible for any losses that may arise.
  - Business car insurance is reimbursable up to \$500 per year with receipts.
  - Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
  - Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.
  
4. **Advance**  
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

Dr. Chris Eagle

MEMBER NUMBER	STATEMENT DATE
	May 31/11

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

BALANCE DUE

AMOUNT ENCLOSED: \$ \_\_\_\_\_

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE GRATUITY	G.S.T.	TOTAL CHARGE
May 10/11	March	Transfer Balance	-8,604.57	0.00	0.00	-8,604.57 *
May 10/11	000003	Debit May Active Dues	305.00	0.00	15.25	320.25 *
May 10/11	000004	Debit May Capital Levy	41.66	0.00	2.08	43.74 *

s.17(1), 17(4)(g)(i)

*\$8,968.56*

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FINANCE



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

PLEASE DO NOT USE ENTER KEY TO NAVIGATE THIS FORM. → USE TAB, ARROW KEYS OR MOUSE

**SECTION A – Employee Details (for AHS Staff ONLY)**

→ Enter Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system.  
 → Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system.  
 → If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).

Employee # (old): \_\_\_\_\_ Employee # (E-People): \_\_\_\_\_ Name: Chris Eagle

Position (Title): President & CEO Location: 7<sup>th</sup> Street Plaza Dept: Corporate Out-of-Province Travel:

Union Name: 17(1), 17(4)(g)(i) Business Phone #: 780.342.2003 Travel Period from: 27/09/11 to 23/10/11

What former entity payroll system is the employee currently being paid from? (Please ✓ one from below)

AADAC  Calgary Health  East Central  
 Alberta Cancer Board  Capital Health  Northern Lights *Call / AHS Does / no doc*  
 Alberta Mental Health Board  Chinook  Palliser Health  
 Asper  David Thompson  Peace Country

**SECTION B – Finance Coding & Total Claim – Complete separate Page 2 for each Functional Centre**

Finance Code / Accounting Distribution → Expense Object Code (EOC) secondary code not required in this section

Bal Unit (3 char)	Location (4 char)	Functional Centre (FC) (11 char)	pg	Travel \$	pg	Other \$	Total	
101	0923	71110101058	2A	\$330.60	3		\$330.60	
			2B	\$1,146.32	3		\$1,146.32	
	Alberta Health Services Accounts Payable		2C		3	\$114.35	\$114.35	
			2D		3			
				Converted Foreign Currency \$				
				Less Cash Advance if applicable				
→ Claim should include a minimum of 2 pages + receipts							<b>TOTAL CLAIM</b>	\$1,581.27

**IMPORTANT NOTE → Applicable to all Sections A to F**  
 If this form is not filled in correctly, legibly and completely, the form will be returned.  
 In order to facilitate processing of this claim, please review the following notes –

- Email approvals, physical signature stamp or similar device are not acceptable
- Employee # refers to the number indicated on employee's pay stub
- Out-of-Province Travel – the approver **MUST** ensure all documentation and approval levels are compliant as per the Travel Policy **BEFORE** submission to Accounts Payable

**SECTION F - Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions, contact can be easily made.  
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Joyce C. Murray Phone # 780.342.2011

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: Oct 20 2011

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04) provided claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Ken Hughes DOFA level \_\_\_\_\_ Position # 00000001 Phone 943-1149

Signature: *[Signature]* Title: Chair, AHS Board Date: Oct 20, 2011

Approved By (PRINT ONLY) \_\_\_\_\_ DOFA level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies



**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding as per page 1</b> →	101. 0923.71110101058 bal unit (3 char), location (4 char), and functional centre (11 char)	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC. Label this first page with A, and each additional page continue labeling with B, C etc. →	Page 2 (enter A, B or C as required)
---	--	---	---

<b>SECTION C</b>	<b>Travel &amp; Education Expenses</b>	<b>NOTE: If expenses do not fall into these categories, go to SECTION D</b>
------------------	--	---

Ensure separate lines are used for claim items that differ in province of expense. Enter total \$ amount on slip. **DO NOT** separate GST. Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

Date (dd/mm/yy)	Purpose of Travel/Education	Prov. of Exp (ie AB, BC, etc)	Hotel \$	Meals \$ (Type B, L, D or A for All)			Taxi \$	Transportation \$				Course Reg / Material \$	Mileage (km)
				Type	w/receipt	w/o receipt or per diem		Airfare	Bus	Parking	Rental Car		
27/09/11	Mileage Edmonton/Calgary/ Leduc/Edmonton. Various Meetings - Sept. 27-29												870.00
1/10/11	AMA/CMA Membership Fee (Per Employment Contract)											1146.32	
(sum applicable columns) SUBTOTALS												1146.32	Total Kms 870.00

**TRAVEL EXPENSE LIMITS** - (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)  
**Meal Expenses & Allowances**  
 Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.  
 a) Breakfast → \$10    b) Lunch → \$12    c) Dinner → \$21

Enter \$0.605 <u>OR</u> rate per Union Agreement:	0.380
Mileage \$s	330.60
Travel \$'s Subtotal	
Enter on page 1 TOTAL TRAVEL \$s	1476.92

Please enter above total for each page 2 separately onto page 1, Section B

**EXPENSE CLAIM DETAILS**

<b>SECTION D</b>	<b>Other Expenses</b>	<b>NOTE: If expenses are for travel or education (courses etc) go to SECTION C</b>
------------------	-----------------------	--

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

**Subtotal "Other Expenses" for each functional centre separately  
and enter each subtotal on page 1**



Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie: 4100000)	If GST is included on bill slip/receipt, enter total amount into column A. If not included enter amount into column B		TOTAL Other \$s
				A-GST on receipt	B-GST not on receipt	
16/9/11	Telus Mobility	101.0923.71110101058	64020000	6.85		114.35

<b>SECTION E</b>	<b>Foreign Currency</b>	<p><b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.</b></p> <p>All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.</p>
------------------	-------------------------	---

Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie: 4100000)	Foreign Currency Amt (\$)	For AP use ONLY	
					Exch Rate	CDN Value
Total Converted \$s						

**Expenses Paid (Retain a copy for your records)**  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.



Staying connected when traveling just got easier

At TELUS, we've reduced our data and voice international rates by up to 60% until September 30. Plus, you'll no longer need an international pass or passport. For more information visit [www.telusmobility.com/intl](http://www.telusmobility.com/intl)

Do you have a complaint regarding your telecommunications services?

If so, call us at 1-866-558-2273 or \*611 from your mobile phone. If we can't resolve your complaint, the independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you; [www.ccts-cprst.ca](http://www.ccts-cprst.ca) or 1-888-221-1687.

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3yr

iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 4.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.65
Total Taxes	\$ 6.65
<b>Total Current Charges</b>	<b>\$ 139.65</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Aug-11	\$ -25.30
Payments	\$ 0.00
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ -25.30</b>

Payment received after 13-Sep-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 114.35**



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Oct-11
	16-Sep-11	\$ 114.35

Additional fees apply for late payments

PTLPS01A E S 17795  
000000086 205(W)  
CHRIS J. EAGLE

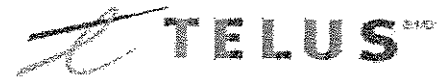
*Reimburse*

Amount of Payment  
*114.35*

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)



ACCOUNT DETAIL	
CHRIS J. EAGLE	s.17(1), 17(4)(g)(i)
<b>Current Charges - Detail</b>	

Contract Term : 3 yr

Monthly Service Plans Sep 17 to Oct 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service	*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, 911 and In Network Calling				Total
	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	
Phone (minutes)	269:00	55:00	214:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
	Domestic Phone	188:00	0:00	188:00	0:00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services Service	Total Events	Event Type	Total
	Text Messaging - Sent	6	Msg
Data Usage	123.752	MB	0.00
Text Messaging - Received	14	Msg	2.80
<b>Total</b>			<b>\$ 4.00</b>

Value Added Services Service	Total
200 mins Cdn LD @ 10¢ (Sep 17 to Oct 16)	20.00
3 GB included data (Sep 17 to Oct 16)	Free
Feature Bundle - Small (Sep 17 to Oct 16)	7.00
Visual Voicemail for iPhone (Sep 17 to Oct 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	6.65
<b>Total</b>	<b>\$ 6.65</b>

**Total Current Charges \$ 139.65**

## Payment Confirmation



ALBERTA  
MEDICAL  
ASSOCIATION

*Need to get  
reimbursed*

Thank you, your was paid successfully. Please refer to your payment transaction details below.

<b>Member #</b>	s.17(1), 17(4)(g)(i)	<b>AMA/CMA Membership</b>	
<b>Member Name</b>	CHRISTOPHER J. EAGLE	<b>Fees (inc GST: \$34.11)</b>	\$1,146.32
<b>Order #</b>	mhp1747967301	<b>TOTAL PAYMENT</b>	<b>\$1,146.32</b>
<b>Card Type</b>	V		
<b>Card #</b>	***6893	s.17(1), 17(4)(g)(i)	
<b>Card Expiry</b>	1012		
<b>Auth. Date</b>	2011-10-01		
<b>Auth. #</b>	027		

Alberta Medical Association  
12230 106 Ave  
Edmonton AB T5N 3Z1  
T 780.482.2626  
TF 1.800.272.9680  
F 780.482.5445  
[www.albertadoctors.org](http://www.albertadoctors.org)

**YOUR MEMBER CARD/RECEIPT WILL BE ISSUED AFTER OCT 1, 2011  
AND PLEASE RETAIN THE LETTER FOR TAX PURPOSES.**

[Print This Page](#)

[Return To AMA Home](#)

KATHY  
Oct-05 PAP



**Travel & Employee Expense Claim Form**

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: <u>Chris Eagle</u>	Employee #:	Union Name:
Position (Title): <u>President &amp; CEO</u>	Department: <u>17(1), 17(4)(g)(i)</u>	Location: <u>14th Floor S&amp;S, Edmonton</u>
Business Phone #: <u>780-742-2003</u>	Travel Period From:	to
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
<u>101</u>	<u>0923</u>	<u>71110101058</u>	<u>62300200</u>			<u>357.20</u>
			<u>69600000</u>			<u>11.00</u>
	Alberta Health Services Accounts Payable		<u>64020000</u>			<u>129.50</u>
	<u>SEP 26 2011</u>					
Total GST	<b>RECEIVED</b>					<u>7.03</u>
Subtotal						
Less Cash Advance (if applicable)						
<b>Total</b>						<u>504.73</u>

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: Sept. 16, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): <u>Ken Hughes</u>	Title: <u>Chair, AHS Board</u>	Phone #
Signature: <u>[Signature]</u>		Date: <u>Sept 22/11</u>
Approved By (please print):	Title:	Phone #
Signature:		Date:

**NOTE:**

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

**EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
16-18/08/11	Calgary Meetings								
	Mileage								940 @ .38¢
18/08/11	Secord Cup	.55			11.00				
16/08/11	Telus Mobility	6.48						129.50	
<b>Total KM</b>									
<b>Applicable Mileage rate @</b>									
Totals		7.03			11.00			129.50	357.20

Note: Record the total amount for each expense categories from above to the summary table on page 1

**EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).**

**1. Meal Expenses and Allowances**

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

**2. Accommodation Expense and Allowances**

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

**3. Travel**

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

**4. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

## Second Cup

Calgary T2G 0M3  
2025 16th Avenue NW

(403)282-6778

DUPLICATE RECEIPT

9393 1 1 13319

---

LG Latte	4.3
LG Latte	4.3
LG Coffee	2.3
GST	.5
TN CAFE	11.5
CASH \$20	20.0
Change	8.4

GST NUMBER: 862045770RT0001  
2011-08-18 6:58 A



**Mileage – Dr. Chris Eagle**  
**August 16-18, 2011**  
**Calgary Meetings**

1. OR Nurse Clinician Group, Dr. Norm Campbell, Don Johnson
2. Jack Davis
3. Irene Lewis, SAIT
4. Chen Fong
5. Meeting with Physicians & Staff – Strathmore
6. Meeting with Physicians and Staff – High River
7. Meeting with Physicians and Staff – Black Diamond

940 km @ .38¢ = \$357.20



**Questions about your bill?**

If you have any questions about your bill, dial \*611 on your phone. Sign up for paperless billing and get 24/7 secure access to your bill, tools to manage your account and email or text reminders when your bill is ready - all while helping the environment. Register for paperless billing by logging into your account at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) and selecting "go paperless".

**Staying connected when traveling just got easier**

At TELUS, we've reduced our data and voice international rates by up to 60% until September 30. Plus, you'll no longer need an international pass or passport. For more information visit [www.telusmobility.com/intl](http://www.telusmobility.com/intl)

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 0.50
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.48
Total Taxes	\$ 6.48
<b>Total Current Charges</b>	<b>\$ 135.98</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Jul-11	\$ 146.35
Payments	\$ -307.63
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ -161.28</b>

Payment received after 13-Aug-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ -25.30**

PTLPS01A 17820 HRI -- 3 - 1 - 15 - 4 - 128727



s.17(1), 17(4)(g)(i)

PTLPS01A E S 17820  
000000086 205(P)  
CHRIS J. EAGLE

*As reimburse  
\$ 135.98*

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 12-Sep-11
	16-Aug-11	\$ -25.30

Additional fees apply for late payments

**Amount of Payment**

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)



s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
CHRIS J. EAGLE	s.17(1), 17(4)(g)(i)
<b>Current Charges - Detail</b>	

Contract Term : 3 yr

Monthly Service Plans Aug 17 to Sep 16		Total
Service Plan Name		
iPhone 100 - Double mins		100.00
<b>Total</b>		<b>\$ 100.00</b>

Additional Local Airtime Service	*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, *911 and In Network Calling				Total
	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	
Phone (minutes)	289:00	24:00	265:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
	Domestic Phone	174:00	0:00	174:00	0:00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services Service	Total Events	Event Type	Total
	Text Messaging - Sent	1	Msg
Data Usage	108.82	MB	0.00
Text Messaging - Received	2	Msg	0.35
<b>Total</b>			<b>\$ 0.50</b>

Value Added Services Service	Total
200 mins Cdn LD @ 10¢ (Aug 17 to Sep 16)	20.00
3 GB included data (Aug 17 to Sep 16)	Free
Feature Bundle - Small (Aug 17 to Sep 16)	7.00
Visual Voicemail for iPhone (Aug 17 to Sep 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	6.48
<b>Total</b>	<b>\$ 6.48</b>

**Total Current Charges \$ 135.98**

PTLPS01A 17820 HR1 - 3 - 2 - 15 - 4 - 128729

Alberta Health Services  
 Accounts Payable  
 NOV 29 2011  
 RECEIVED

**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

<b>EAGLE, CHRIS</b>	<b>PRESIDENT &amp; CEO</b>	<b>Billing Reporting Period:</b>	<b>20/10/2011</b>
Cardholder's Name	Cardholder's Position/Title	<b>Total Statement Amount:</b>	<b>\$9,116.22</b>
Cardholder's Dept	<b>SEVENTH STREET PLAZA</b>	Cardholder's Site/Location	
Cardholder's e-mail address	<b>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</b>	Last 6 digits of the P-Card #:	<b>XXXXXXXXXX189747</b>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2011	266216730	AIR CAN 0142199733750, AIR CANADA	515.81	CAD	515.81	.00	.00	AMA Meeting Calgary
21/09/2011	266323666	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	45.85	CAD	45.85	1.85		Lunch Meeting Dr. D. Mador
26/09/2011	266708280	AIR CAN 0142199994204, AIR CANADA	610.31	CAD	610.31	.00	.00	Board Meeting Fort McMurray
27/09/2011	266821803	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	140.00	CAD	140.00	5.67		Transportation - AMA Meeting
28/09/2011	266928369	RED WATER RUSTIC GRILL, EATING PLACES, RESTAURANTS	156.50	CAD	156.50	6.50		Dinner - Staff Meeting
29/09/2011	267098056	WESTJET, Westjet Airlines	7.35	CAD	7.35	.00	.00	CCHL Meeting Victoria
29/09/2011	267098057	WESTJET, Westjet Airlines	7.35	CAD	7.35	.00	.00	CCHL Meeting Victoria
29/09/2011	267098058	WESTJET, Westjet Airlines	492.36	CAD	492.36	.00	.00	Speaker - CCHL Meeting
30/09/2011	267098055	UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL	353.84	CAD	353.84	16.85		Hotel - Senior Leaders Meeting
03/10/2011	267466575	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	151.78	CAD	151.78	7.23	.00	Hotel Charged in Error
03/10/2011	267466576	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	-151.78	CAD	-151.78	-7.23	.00	Refund
03/10/2011	267466577	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	215.85	CAD	215.85	8.85	.00	Dinner - David Levine & Jay Ramotar
05/10/2011	267576466	Canitas Health03/10 15, AUTOMOBILE PARKING LOTS AND GARAGES	12.25	CAD	12.25	.56		Parking Misericordia Hospital Tour
07/10/2011	267735649	LONDON DRUGS 14, DRUG STORES, PHARMACIES	33.59	CAD	33.59	3.60		Headset
07/10/2011	267902227	AIR CAN 0142160370876, AIR CANADA	4,969.81	CAD	4,969.81	.00	.00	CIHI Board Meeting (Reimbursed by CIHI)
12/10/2011	268092807	CHATEAU NOVA FORT MCMU, LODGING HOTELS, MOTELS, RESORTS	178.56	CAD	178.56	7.31	.00	Board Meeting - Dinner Oct. 12/11
13/10/2011	268467288	STOLLERY CHILD HOSP FD, ORGANIZATIONS, CHARITABLE AND	700.00	CAD	700.00	.00		Tickets - Stollery Children's Hospital Foundation Gala
14/10/2011	268553962	CHATEAU NOVA FORT MCMU, LODGING HOTELS, MOTELS, RESORTS	412.02	CAD	412.02	18.90	.00	Hotel - Board Meeting
18/10/2011	268572567	FUTURE SHOP #10, ELECTRONICS SALES	114.77	CAD	114.77	5.74		

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
13/10/2011	268235708	QE II HOSPITAL FOUNDAT, ORGANIZATIONS, CHARITABLE AND	150.00	CAD	150.00	.00		Waiting for receipt <i>attached</i>

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>Joyce L. Murray</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
<u>Joyce L. Murray</u> Signature of Cardholder Designate	<u>October 26, 2011</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
<u>Chris Eagle</u> Signature of Cardholder	<u>26/10/2011</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver</li> </ul>		
<u>Patti Grier</u> Name of Approver Designate	<u>VP &amp; Chief of Staff, AHS Board</u> Approver Designate Position/Title	
<u>Patti Grier</u> Signature of Approver Designate	<u>28, 2011</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Ken Hughes</u> Name of Approver	<u>Chair, AHS Board</u> Approver Position/Title	
<u>Ken Hughes</u> Signature of Approver	<u>Nov. 25 / 11</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: <u>Chris Eagle</u>	Date: <u>NOV 30, 11</u>

Joyce Murray

AMA REPRESENTATIVE FORUM

From: Air Canada [confirmation@aircanada.ca]  
 Sent: Monday, September 19, 2011 3:26 PM  
 To: Joyce Murray  
 Subject: Air Canada - 24-Sep: Edmonton - Calgary (booking ref: PLMIQR) - seat selected

GUEST SPEAKER

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

## Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



- Looking for Travel Insurance?** Protect yourself and your family against unforeseen circumstances.
- Need a hotel in Calgary?** Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.
- Need ground transportation, sightseeing or attractions?**
- Need a car in Calgary?** Great rates and additional Aeroplan Miles.

## Booking Information



Booking Reference: **PLMIQR**

### Customer Care

Electronic Ticketing confirmed. This is your official itinerary/receipt.

**Main Contact:**

Dr Christopher Eagle  
 joyce.murray@albertahealthservices.ca  
 Mobile:  
 Home:  
 Work: 1-780-3422029

s.17(1), 17(4)(g)(i)

**Air Canada**  
 1-888-247-2262

**Flight Arrivals and Departures**  
 1-888-422-7533

### Online Services

**Manage** my booking online (view/change my booking; select seats\*).

**Request an upgrade**

**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
AC8139 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Sat 24-Sep 2011 10:00	Calgary (YYC) Sat 24-Sep 2011 10:51	0	0hr51	DH3	Tango Plus W	
AC284	Calgary (YYC) Sat 24-Sep 2011 17:30	Edmonton, Edmonton Int'l (YEG) Sat 24-Sep 2011 18:19	0	0hr49	E90	Tango Plus W	

Operated by:

<sup>1</sup> Air Canada Express - Jazz



## Passenger Information

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142199733750

Air Canada - Aeroplan : s.17(1), 17(4)(g)(i) Meal Preference : None  
Credit Card: xxxx-xxxx-xxxx-9747 Special Needs: None  
Seat Selection: AC8139 8C , AC284 22D

## Purchase Summary

### Fare Summary

Passenger Type	Adult
Departing Flight - <u>Tango Plus</u>	204.00
Return Flight - <u>Tango Plus</u>	204.00
Surcharges	24.00
<b>Taxes, Fees and Charges</b>	
<u>Canada Airport Improvement Fee</u>	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	24.56
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	515.81
Number of passengers	1
Total	515.81
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$515.81</b>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$515.81 (Airfare - per ticket)

Ticket number(s): 0142199733750

## Fare Rules

**Departing Flight** Edmonton (YEG) To Calgary (YYC) - **Tango Plus**

**Return Flight** Calgary (YYC) To Edmonton (YEG) - **Tango Plus**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.

- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.

- Earn 100% Air Canada Status Miles for Air Canada-operated flights.

Please read important information and notices regarding Air Canada's general conditions of carriage.



111 SUSAN T  
 -----  
 Tbl 54/1    Chk 1942    Gst 2  
 Sep21 11 12:20PM  
 -----  
 2 SOFT DRINK @ 3.00    6.00  
 1 KOBE BURGER    15.00  
 1 PAUL'S BURGER    16.00  
  
 Subtotal    37.00  
 37.00 GST Percent    1.85  
 Amount Due    38.85

WILDFLOWER RESTAURANT  
 10009 107th Street  
 Edmonton, AB  
 T5J 1J1  
 780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 10663

Check #: 1942  
 Employee #: 111  
 Employee Name: SUSAN T  
 Workstation #: 1

MasterCard  
 Pre-Auth Purchase  
 xxxxxxxxxxxx9747 S

Amount    \$38.85

Tip \$ 7.00

TOTAL \$ 45.85

APPROVED 150143  
 00-001 150143  
 S0001T0001/WILDFC01  
 268001001002  
 2011/09/21 13:01:43

Customer Copy

*Lunch DR. DAVID MADOR*



Joyce Murray

AHS BOARD MEETING

From: Air Canada [confirmation@aircanada.ca]
Sent: Monday, September 26, 2011 1:26 PM
To: Joyce Murray
Subject: Air Canada - 12-Oct: Edmonton - Fort McMurray (booking ref: PZHV6Z) - seat selected

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



- Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.
Need a hotel in Fort McMurray? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.
Need a car in Fort McMurray? Great rates and additional Aeroplan Miles.

Booking Information



Booking Reference: PZHV6Z

Customer Care

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Dr Christopher Eagle
joyce.murray@albertahealthservices.ca
Mobile: s.17(1), 17(4)(g)(i)
Home:
Work: 1-780-3422029

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Online Services

- Manage my booking online (view/change my booking; select seats\*).
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

Table with columns: Flight, From, To, Stops, Duration, Aircraft, Fare Type, Meal. Rows include AC8380 and AC8389 flights between Edmonton and Fort McMurray.

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142199994204



Air Canada - Aeroplan :	Meal Preference :	<b>None</b>
Credit Card: <b>xxxx-xxxx-xxxx-9747</b>	Special Needs:	<b>None</b>
Seat Selection: <b>AC8380 7D , AC8389 5D</b>		

## Purchase Summary

### Fare Summary

Passenger Type	Adult
Departing Flight - <b>Tango Plus</b>	<b>224.00</b>
Return Flight - <b>Tango Plus</b>	<b>269.00</b>
<b>Surcharges</b>	24.00

### Taxes, Fees and Charges

<b>Canada Airport Improvement Fee</b>	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	29.06
<b>Air Travellers Security Charge (ATSC)</b>	14.25
<b>Total airfare and taxes before options (per passenger)</b>	<b>610.31</b>
Number of passengers	1
<b>Total</b>	<b>610.31</b>
RBC Travel Insurance (declined)	0.00

**Grand Total - Canadian dollars** **\$610.31**

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$610.31 (Airfare - per ticket)

Ticket number(s): 0142199994204

## Fare Rules

**Departing Flight** Edmonton (YEG) To Fort McMurray (YMM) - **Tango Plus**

**Return Flight** Fort McMurray (YMM) To Edmonton (YEG) - **Tango Plus**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.

Please read important information and notices regarding Air Canada's general conditions of carriage.

## Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262

s.17(1), 17(4)(e.1)

AMVIS Eagle  
AD HEALTH SERVICES

CC Receipt  
AMATAHE

EXPIRY DATE CHECKED: 09 24 11  
DATE D'EXPIRATION VERIFIEE: 09 24 11

AUTHORIZATION NO./N° D'AUTORISATION: 107  
DEPT.: 301

CHECK-COMMIS: [ ]  
TAKEN EMPORSE: [ ]  
DELIVERED LIE: [ ]

DESCRIPTION	AMOUNT - MONTANT
	120 00
SALES DRAFT / FACTURE	
TAX TAXE	
TIP POURBOIRE	20 00

CARDHOLDER'S SIGNATURE DU TITULAIRE: [Signature]

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.  
LE DÉTENTEUR DE LA CARTE MENTIONNÉE CI-DESSUS PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT INDICÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

VISA MasterCard

TOTAL \$ CDN CAN 140 00

CUSTOMER COPY OF YOUR TRANSACTION / COPIE DE VOTRE TRANSACTION / COPIE DU CLIENT

AMA Representative Forum, Calgary

STOPS  
MEETING

REDWATER RUSTIC  
GRILLE

9223 MacLeod Tr. South  
Calgary, Alberta

MasterCard  
Type : PreAuth  
Card Number : xxxxxxxxxxxx9747  
Date : 09/28/2011 07:49:06 PM  
Reference # : 66126691 0010014180 S  
Check : 223621  
Server Name : S-Katrina  
Table : 241  
Approval # : 214906

Sub Total: \$136.50

Tip: \$ 20.00

Total: \$ 156.50

01 Approved - Thank You 027

\* Customer Copy \*

REDWATER RUSTIC  
GRILLE

9223 MacLeod Tr. South  
Calgary, Alberta  
Tel: 403-253-4266  
Check #: 223621

Duplicate

Server: S-Katrina Date: 09/28/2011  
Table: 241 -1 Time: 19:45  
Client: 3

3	Half Romaine Hearts	21.00
3	Halibut	99.00
1	Cappucino	5.00
2	Decaf Coffee	5.00

SUB-TOTAL: 130.00  
GST: 6.50

TOTAL: 136.50

Please call for  
Reservations 253.4266  
GST#819584947RT0001



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12 hrs display

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TRIP TO: VICTORIA BC, CANADA  
 PREPARED FOR: MR CHRIS EAGLE  
 RESERVATION CODE: JVVWYD  
 TRAVEL DATES: Nov 10 - Nov 14

Overview | Air

Thursday Nov 10	<b>YEG</b> EDMONTON INTL AB, CANADA	<b>YYJ</b> VICTORIA BC, CANADA
<b>WESTJET</b> WS 0373	<b>Departing At</b> 4:45pm <b>Terminal</b> Not Available	<b>Arriving At</b> 5:26pm <b>Terminal</b> Not Available
<b>PASSENGER NAME</b>	<b>Seats</b>	
MR CHRIS EAGLE	11D / PREMIUM / On Request	
<b>Status</b>	Confirmed	
<b>Aircraft</b>	BOEING 737-600 JET	<b>Gate</b> <a href="#">Check for latest information</a>
<b>Smoking</b>	No	<b>Distance (in Miles)</b> 0542
Please verify flight times prior to departure		

**NEXT STEPS**

- [Print Itinerary](#)
- [E-mail Itinerary](#)
- [Add to Calendar](#)
- [Add to Calendar with Infuzer](#)
- [View eTicket Receipt](#)
- [Add to MyTrips](#)

Please create or log in to your profile to

Save your trip | Receive flight notifications | Update your social network

Log In

Monday Nov 14	<b>YYJ</b> VICTORIA BC, CANADA	<b>YEG</b> EDMONTON INTL AB, CANADA
<b>WESTJET</b> WS 0192	<b>Departing At</b> 7:30pm <b>Terminal</b> Not Available	<b>Arriving At</b> 9:59pm <b>Terminal</b> Not Available
<b>PASSENGER NAME</b>	<b>Seats</b>	
MR CHRIS EAGLE	07D / PREMIUM / On Request	
<b>Status</b>	Confirmed	
<b>Aircraft</b>	BOEING 737-700 JET	<b>Gate</b> <a href="#">Check for latest information</a>
<b>Smoking</b>	No	<b>Distance (in Miles)</b> 0542
Please verify flight times prior to departure		

**Where do you want to go?**

Maps | Directions

**Notes**  
 YOUR FEE HAS BEEN PROCESSED  
 SEAT FEE OF 7.35 CHARGED IN EACH DIRECTION.

[Privacy Policy](#) | [Copyright and Trademark Notices](#) | [Terms and Conditions](#)



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 12 hrs display | Sign up Now

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Print e-Ticket

eTicket Receipt

Prepared For  
 EAGLE/CHRIS MR

WESTJET RESERVATION CODE	JVJWYD
TICKET ISSUE DATE	29Sep2011
TICKET NUMBER	8382176417623
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
10Nov	WESTJET WS 373	EDMONTON INTL AB, CANADA  Time 4:45pm	VICTORIA BC, CANADA  Time 5:26pm	Seat Number 11D PREMIUM (WAIVED) Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis LBRO1 Not Valid Before 10 NOV Not Valid After 10 NOV
14Nov	WESTJET WS 192	VICTORIA BC, CANADA  Time 7:30pm	EDMONTON INTL AB, CANADA  Time 9:59pm	Seat Number 07D PREMIUM (PAID) Conf: 8380615874871 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis LBRP1 Not Valid Before 14 NOV Not Valid After 14 NOV

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : XXXXXXXXXXXX 9747
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YEA WS YYJ189.00LBRO1 WS YEA199.00LBRP1 CAD388.00END
Fare	CAD 388.00
Taxes / Fees / Charges	CAD 14.25 CA (AIR TRANSPORTATION TAX) CAD 22.91 XG (GOODS AND SERVICES TAX GST) CAD 67.20 XT (COMBINED TAXES)
Total Fare	CAD 492.36
Additional Fees not included in Fare	CAD 0.00 - YEG YYJ - (PREMIUM SEAT FEE) CAD 7.00 (0.35 XG) - YYJ YEG - IK XXXXXXXXXXXX9747 (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.

# HOTEL ALMA

100 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1 403.220.3203 T 403.220.3205 F 403.284.4184  
 UNIVERSITY OF CALGARY HOTELALMA.CA

*Senior Leaders Meeting*

SUCHOWERSKY, OKSANA

Room Number: 705

Daily Rate: 154.00

Room Type: OBKL

No. of Guests: 1 / 0

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
26-Sep-11	29-Sep-11	XXXXXXXXXX9747	AHS	COR	20090119822

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
26-Sep-11	705	PARKING	PARKING CHARGE	\$8.00
26-Sep-11	705	ROOM CHARGE	#705 SUCHOWERSKY, OKSANA	\$144.00
26-Sep-11	705	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.45
26-Sep-11	705	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.76
27-Sep-11	705	PARKING	PARKING CHARGE	\$8.00
27-Sep-11	705	ROOM CHARGE	#705 SUCHOWERSKY, OKSANA	\$154.00
27-Sep-11	705	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
27-Sep-11	705	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
28-Sep-11	705	PARKING	PARKING CHARGE	\$8.00
28-Sep-11	705	ROOM CHARGE	#705 SUCHOWERSKY, OKSANA	\$154.00
28-Sep-11	705	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
28-Sep-11	705	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
29-Sep-11	705	DIRECT BILL	DIRECT BILL #20090119822	(\$154.21)
29-Sep-11	705	MASTERCARD	MASTERCARD	(\$353.84)

**TOTAL DUE:**                      \$0.00

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDIVIDUAL OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGE.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

UNION BANK INN-REST  
10053 JASPER AVENUE  
EDMONTON AB T5J1S5  
780-423-3600

MERCHANT ID: 97016120024 TERM ID: 001  
OP ID: 13

**SALE**

XXXXXXXXXXXXXXXX9747  
MASTERCARD ENTRY METHOD: CHIP  
10/03/11 21:10:13  
INV #: 000022 APPR CODE: 231012  
BATCH #: 000012  
REF #: 022

AMOUNT \$131.78  
TIP \$20.00  
=====

TOTAL \$151.78

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY  
APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TID: 00 00 00 00 00

UNION BANK INN-REST  
10053 JASPER AVENUE  
EDMONTON AB T5J1S5  
780-423-3600

MERCHANT ID: 97016120024 TERM ID: 001  
OP ID: 13

**REFUND**

XXXXXXXXXXXXXXXX9747  
MASTERCARD ENTRY METHOD: CHIP  
10/03/11 21:12:48  
INV #: 000023 APPR CODE:  
BATCH #: 000012  
REF #: 023

AMOUNT \$151.78

I AGREE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

X \_\_\_\_\_  
MERCHANT SIGNATURE  
CARDHOLDER COPY  
APPROVED

APPLICATION LABEL: MasterCard

*Charged in error to C. Eagle's MASTERCARD  
Refund processed.*



UNION BANK INN-REST  
10053 JASPER AVENUE  
EDMONTON AB T5J1S5  
780-423-3600

MADISON'S GRILL  
10053-Jasper Ave  
Edmonton, Alberta  
780-401-2222

MERCHANT ID: 97016120024 TERM ID: 001  
OP ID: 13

Server: Kat  
Table 10/1  
Guests: 3  
Reprint #: 1

10/03/2011  
9:11 PM  
10020

**SALE**

XXXXXXXXXXXXXXXX9747  
MASTERCARD ENTRY METHOD: CHIP  
10/03/11 21:13:57  
INV #: 000024 APPR CODE: 231356  
BATCH #: 000012  
REF #: 024

AMOUNT \$185.85  
TIP \$30.00  
=====

TOTAL \$215.85

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

MERCHANT COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TVR: 00 00 00 00 00  
TS1: ER 00

SCR Tenderloin 7 oz 47.00  
Coffee Tea (2 @3.50) 7.00  
Espresso 4.00  
Glass Pinot Gris 11.00  
Beet Salad (2 @12.00) 24.00  
Four Whistle Duck Breast 39.00  
Soft Drink 3.50  
Mahi Mahi 41.00

Subtotal 177.00

GST Exclusive Tax 8.85

Total 185.85

Balance Du \$ 185.85

GRATUITY : \_\_\_\_\_

TOTAL : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

ROOM #: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

THANK YOU  
Please Come Again Soon

DINNER DAVID LEVINE, JAY RAMOTAR

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

03/10/11 18:37

03/10/11 15:07 \$ 12.25

AMOUNT PAID

\$ 12.25 164800000 15:07

90900

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

64082764



RECEIPT 64082764

Tour Misericordia Hospital.

LOOKING FOR WORK? www.londonrugs.com

SAMSUNG HEADSET 29.99 H  
CUSTOMER NUMBER 49001000001  
\*\*\* TAX 3.60 BAL 33.59  
VF Mastercard 33.59  
XXXXXXXXXXXX9747  
AUTH: 163806  
CHANGE .00  
(L)ST .00  
(H)ST 3.60  
10/07/11 13:38 0014 14 0252 47096  
(L)ST = LOWER HST TAX RATE  
LONDON DRUGS LIMITED HST #R103378972

-----  
CREDIT CARD TRANSACTION RECORD  
-----

LONDON DRUGS #14  
127-3995 QUADRA ST.  
VICTORIA, BC  
V8X 1J8

CASH REF.: 014 EMPLOYEE: 47096 1

NO.: XXXXXXXXXXXX9747

AMOUNT \$33.59

Mastercard PURCHASE

10/07/11 13:38:06 AUTH: 163806  
REFERENCE: 66173038 0013391340 C

APL: MasterCard  
APN:  
AID: 0000000041010  
TVR: 08000

APPROVED - THANK YOU 027

IMPORTANT:  
Retain this copy for your records.

0014 014 47096 0252

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



AIR CANADA

### Booking Information

**Booking Reference:** **NAQ8MA**
**Customer Care**
**Electronic Ticketing confirmed. This is your official itinerary/receipt.**
**Air Canada**  
1-888-247-2262

**Main Contact:**  
Mr Christopher Eagle  
joyce.murray@albertahealthservices.ca  
**Mobile:**  
**Home:** s.17(1), 17(4)(g)(i)  
**Work:** 1-780-3422029

**Flight Arrivals and Departures**  
1-888-422-7533

*Reimbursed by CIHI*

### Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC126	Edmonton, Edmonton Int'l (YEG) Wed 23-Nov 2011 11:00	Toronto, Pearson Int'l (YYZ) Wed 23-Nov 2011 16:35 - Terminal 1	0	3hr35	320	Executive Class Flexible C	M
AC127	Toronto, Pearson Int'l (YYZ) Fri 25-Nov 2011 15:00 - Terminal 1	Edmonton, Edmonton Int'l (YEG) Fri 25-Nov 2011 17:02	0	4hr02	319	Executive Class Flexible C	M

M: Meal (Non Specific)

### Passenger Information

s.17(1), 17(4)(g)(i)

**1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142100370976**
**Air Canada - Aeroplan :**  
**Credit Card:** xxxx-xxxx-xxxx-9747  
**Seat Selection:** AC126 2D , AC127 2D  
**Meal Preference:** Regular  
**Special Needs:** None

### Purchase Summary

Fare Summary	
Passenger Type	Adult
Departing Flight - Executive Class Flexible	2313.00
Return Flight - Executive Class Flexible	2313.00
Surcharges	46.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	235.31
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	3.25
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	4969.81
Number of passengers	1
Total	4969.81
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$4969.81</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	\$4969.81 CAD

### Fare Rules

**Departing Flight** Edmonton (YEG) To Toronto (YYZ) - Executive Class Flexible

**Return Flight** Toronto (YYZ) To Edmonton (YEG) - Executive Class Flexible

**Changes:**

- Changes are permitted and a change fee does not apply.

Bono  
Dinner



CHATEAU NOVA

3, COMP 9, RR .  
Murray, AB  
R5  
(780) 5682

Patrick

Tbl 1/1 Chk 3417 Gst 5  
Oct12'11 09:15PM

1 Milk	2.50
1 Side Caesar	5.95
Salami	12.00
Eye	29.95
New York	
95	65.85
Breaker Burger	
00	30.00

1.48

CHATEAU NOVA  
# 500 159 AIRPORT RD  
EDMONTON, AB T5G 0W6  
780-791-6682  
99149965727

TERM ID: F9914996

BATCH#: 251  
SHIFT#: 004

Pre-Auth

INVT: 000000057

MCARD

Manual

SEQ#: 251001001057

\*\*\*\*\*9747

Amount: \$ 153.56

Tip: \$ 25.00

Total: CAD\$ 178.56

APPROVED 002216  
001/00

12-Oct-11

22:22:16

## Susan Best

**From:** Terri MacKenzie  
**Sent:** Thursday, October 13, 2011 3:42 PM  
**To:** Susan Best  
**Subject:** 2011 Snowflake Gala Registration Receipt  
**Attachments:** Tax\_Receipt.pdf

If this HTML email does not render correctly, click here for the [online version](#).

Don and Maria Chermak present  
**SNOWFLAKE** / 2011  
*gala* / 15 years

Oct 13, 2011

Chris Eagle  
Alberta Health Services  
10030 - 107 Street  
Edmonton, AB T5J 3E4  
780-342-2021  
[susan.best@albertahealthservices.ca](mailto:susan.best@albertahealthservices.ca)

---

### RECEIPT

---

Thank you for supporting the 2011 Snowflake Gala! Attached you will find an official tax receipt for the charitable portion of your ticket purchase. Please print this receipt for year end purposes as a paper receipt will not be issued. Should you have any questions or concerns or if you did not complete all attendee information, please contact Maria Pigarowa at (780) 431-4616 or [marie.pigarowa@stollerykids.com](mailto:marie.pigarowa@stollerykids.com).

**Registration ID:** 8007323

**Topic:** 15th Annual Snowflake Gala

**Date:** Dec 12 2011 6:00PM - 11:00PM

**Location:** Shaw Conference Centre, 9797 Jasper Avenue, Edmonton, Alberta

**Payment Information:**

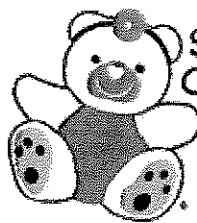
**Receipt No.:** 20168253

**Confirmation Code:** 174137

**Payment Method:** creditcard

Item	Price	Qty	Total
Adults	350.00	2	700.00
<b>Sub-Total</b>			<b>\$ 700.00</b>
<b>Total GST</b>			<b>\$ 0.00</b>
<b>Total Amount</b>			<b>\$ 700.00</b>

Regards,



STOLLERY  
CHILDREN'S  
HOSPITAL  
FOUNDATION

© Copyright Stollery Children's Hospital Foundation 2010  
1502 College Plaza, 8215 - 112 Street, Edmonton, AB T6G 2C8  
Phone: 780.433.5437 • Fax: 780.431.1076 • E-mail:



NOVA HOTELS

Chateau Nova Hotel  
Mod 3, Comp 9, RR 1  
Fort McMurray Airport  
Fort McMurray, AB T9H 5B5  
P:780-791-6682 F:780-743-0560  
Toll Free 1-866-924-6682  
Arrive 10/12/11 Depart 10/14/11

EAGLE CHRIS

ALBERTA HEALTH SERVICES  
Room # 1301 Invoice # 20778

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
10/12/11	NK	2-Accommodat		189.00
10/12/11	NK	3-Room Tax	On Accommodation	7.56
10/13/11	NK	2-Accommodat		189.00
10/13/11	NK	3-Room Tax	On Accommodation	7.56
10/14/11	NK	92-MasterCard		-412.02
			GST On Accommodatio	18.90
			Tax Reg. # 856465620RT0001	

CHATEAU NOVA  
FORT McMURRAY  
MOD 3, COMP 9, RR 1  
FORT McMURRAY, AB T9H5B5  
99149965727

TERM ID: 09914996 BATCHN: 019  
EMPLOYEE ID: 1 SHIFTH: 001

Completion

INV# : 000000736  
MCARD  
SEQ#: 019001001008  
Application Label: MasterCard  
AID: A0000000041010  
TVR:00 00 00 00 00  
TSI:E8 00  
XXXXXXXXXXXX3747

Total: CAD\$ 412.02

APPROVED 165819  
000/00

14-Oct -11 06:28:33

CUSTOMER COPY  
THANK YOU

BALANCE DUE → 0.00

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.

SIGNATURE

X

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Saskatchewan – Kindersley  
NWT & Nunavut – Inuvik, Iqaluit



cc Receipt

Thank you for shopping at  
**Future Shop Saanich**  
exciting stuff

3450 Uptown Boulevard, Saanich  
250-419-7670

Keep your receipt



Val #: 1355-5273-3688-5179

0010 005 8928 10/18/11 15:05 E1XY

SALES

10143631 DX-C114195	29.99
DYNEX 10FT USB 2 A/B	
Associate # E1XY	
10068757 103267	5.99
HAMM PAPER 500 SHEET	
Associate # E1XY	
10158920 ML-1865	59.99
SAMSUNG ML-1865	
Associate # E1XY	
10091594 BC EHF PRIN	6.50
BC EHF PRINTERS	
Associate # E1XY	

SUBTOTAL	10.
HST BC	12.50
=====	
TOTAL	114.77

Transaction Record SALE  
 xxxxxxxxxxxx9747 C MASTERCARD 114.77  
 Approved 180540  
 TERM: 0010 005 C  
 SEQ NO: 001001001994  
 ACI/ISO 001/00  
 10/18/2011 15:05:39  
 AID: A0000000041010  
 APN: MasterCard

FUTURE SHOP

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## Thank You

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## Thank You

### Payment Overview

**Class/Event:**

Festival of Trees Gala  
November 17, 2011  
Dr. Chris Eagle [ 1 x C \$150.00]

---

**Primary Registrant:**

Dr. Chris Eagle


**Payment Type:**

CC

**Payment Date:**

October 11, 2011

**Amount Paid/Owed:**

C \$150.00 

**Payment Status:**

Completed

**Registration ID:**

4ebc1acd640bc6.92566216

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**Festival of Trees Gala  
November 17, 2011 6:00 pm**

TEC Centre



Dr. Chris Eagle (ID:  
4ebc1acd640bc6.92566216

s.17(1), 17(4)(g)(i)

Presenting Sponsor:

**C \$150.00**



STRONGER COMMUNITIES TOGETHER™

Gala Sponsor:



Canadian Natural

Corporate Sponsor:



**Festival of Trees Gala  
November 17, 2011 6:00 pm**

Dr. Chris Eagle (ID:  
4ebc1acd640bc6.92566216  
**C \$150.00**

DEC 12 2011

RECEIVED

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2011</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,447.82</u>
		Last 6 digits of the P-Card #: <u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/10/2011	268834509	MONK OFFICE ROYAL OAK, STATIONERY, OFFICE SUPPLIES, PRINTING	20.57	CAD	20.57	.98		
24/10/2011	269166790	WESTJET, Westjet Airlines	296.36	CAD	296.36	14.11	.00	Board Meeting Grande Prairie
29/10/2011	269590717	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	55.25	CAD	55.25	2.25		Lunch - Fay Orr MH Patient Advocate
02/11/2011	269908639	IMPARK00020001U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking - Glenrose Hospital
04/11/2011	270090609	IMPARK00020001U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95	.00	Parking - albertaREHAB Conference
04/11/2011	270229879	HOTEL MCDONALD F/B, EATING PLACES, RESTAURANTS	48.00	CAD	48.00	.00	.00	Meeting with Andre Picard
06/11/2011	270229878	FOUR POINTS CALGARY AI, LODGING HOTELS, MOTELS, RESORTS	111.15	CAD	111.15	.00	.00	
08/11/2011	270397489	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	167.86	CAD	167.86	7.99		Late Cancellation Charge
08/11/2011	270519968	WESTJET, Westjet Airlines	3.15	CAD	3.15	.00	.00	Seat Selection
08/11/2011	270519969	WESTJET, Westjet Airlines	190.05	CAD	190.05	.00	.00	Fare Difference GP to YYC
08/11/2011	270519970	WESTJET, Westjet Airlines	208.03	CAD	208.03	.00	.00	Calgary Feeling Better Symposium
09/11/2011	270718624	PAYPAL *PURENORTHSE, PROFESSIONAL SERVICES NOT	199.00	CAD	199.00	9.48		Symposium Tickets
14/11/2011	271069829	ROBBINS PKG, AUTOMOBILE PARKING LOTS AND GARAGES	4.75	CAD	4.75	.23		Parking - Victoria BC
15/11/2011	271236600	RED DEER LODGE, LODGING HOTELS, MOTELS, RESORTS	105.60	CAD	105.60	.00	.00	Executive Planning Session

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/10/2011	269166789	WESTJET, Westjet Airlines	6.30	CAD	6.30	.00	.00	Seat Selection
14/11/2011	270958254	WESTJET, Westjet Airlines	-3.15	CAD	-3.15	.00		No Receipt - Seat Refund
14/11/2011	270958255	WESTJET, Westjet Airlines	-3.15	CAD	-3.15	.00		No receipt - Seat Refund
14/11/2011	270958256	WESTJET, Westjet Airlines	11.20	CAD	11.20	.00	.00	Seat Selection
17/11/2011	271236601	WESTJET, Westjet Airlines	-3.15	CAD	-3.15	.00		No receipt - Seat Refund

<b>Signatures</b>		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>JOYCE C. MURRAY</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
<u>Joyce C. Murray</u> Signature of Cardholder Designate	<u>NOV. 25 2011</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
<u>Chris Eagle</u> Signature of Cardholder	<u>NOV. 29 2011</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>Patti Grier</u> Name of Approver Designate	<u>VP &amp; Chief of Staff, AHS Board</u> Approver Designate Position/Title	
<u>Patti Grier</u> Signature of Approver Designate	<u>DEC 2, 2011</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Ken Hughes</u> Name of Approver	<u>AHS Board Chair</u> Approver Position/Title	
<u>Ken Hughes</u> Signature of Approver	<u>Dec 6, 2011</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

**Signatures**

**Cardholder Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Joyce C. Murray  
Name of Cardholder Designate

Joyce C. Murray  
Signature of Cardholder Designate

EXECUTIVE ASSISTANT  
Cardholder Designate Position/Title

NOV. 25, 2011  
Date of Signature

**Cardholder**  
By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
Name of Cardholder

CHRIS EAGLE  
Signature of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

NOV 29, 2011  
Date of Signature

**Approver Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Date of Signature

**Approver**  
By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

\_\_\_\_\_  
Name of Approver

\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
Approver Position/Title

\_\_\_\_\_  
Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
---	--

**Accounts Payable only:**

Reference #: _____	Reviewed by: <u>AM</u>	Date: <u>Dec 11</u>
--------------------	------------------------	---------------------

MONK OFFICE #24  
 101-4430 WEST SAANICH RD  
 VICTORIA, BC V8Z 3E9  
 Store Phone# 250.477 8663

Number: 240000 - 0001  
 K CASH SALES  
 101 WEST SAANICH RD  
 VICTORIA, BC V8X 4V1  
 250.8663

Time Order no. Invoice no.  
 11/14/15 84101030-000 24377862  
 Person: TABETHA B

Description	Amount
SELF SEAL #8 PLAIN 65/BX	3.39
3710 1 @ 3.39	
TIC EXPANDING FILE LTR B	12.99
0112BK 1 @ 12.99	
LIGHTER BASICS YLW #EACH	1.98
1305207EA 2 @ .99	
<b>total</b>	<b>18.36</b>
	.00
TAX/HST	2.21
<b>total</b>	<b>20.57</b>
TAIL MASTERCARD	20.57
<b>total Paid</b>	<b>20.57</b>

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 MONK OFFICE SUPPLY LTD.  
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MONK OFFICE ROYAL OAK  
 109-4430 WEST SAANICH RD  
 VICTORIA, BC, V8Z 3E9  
 MONK OFFICE  
 (250) 479-8663

TERM ID: A4257022 BATCH#: 155  
 SHIFT#: 001

**Sale**

INV#: 000000018  
 CARD Chip  
 SEQ#: 155001001018  
 Region Label: MasterCard  
 ID: A0000000041018  
 R: 00 00 00 00 00  
 T: E8 00  
 \*\*\*\*\*9747

**total: CAD\$ 37**

APPROVED 171551  
 001/00

Oct -11 14:15:51

CUSTOMER COPY

*CC Receipt*



English   
 12 hrs display

Log In  
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Print e-Ticket

### eTicket Receipt

Prepared For  
 EAGLE/CHRISTOPHER MR

WESTJET RESERVATION CODE	GBEKMW
TICKET ISSUE DATE	24Oct2011
TICKET NUMBER	8382176973674
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW

### Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
17Nov	WESTJET WS 167	EDMONTON INTL AB, CANADA  Time 1:35pm	GRANDE PRAIRIE AB, CANADA  Time 2:34pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis PARO1 Not Valid Before 17 NOV Not Valid After 17 NOV
18Nov	WESTJET WS 302	GRANDE PRAIRIE AB, CANADA  Time 3:10pm	EDMONTON INTL AB, CANADA  Time 4:09pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis PARP1 Not Valid Before 18 NOV Not Valid After 18 NOV

### Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : XXXXXXXXXXXX 9747
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YEA WS YQU99.00PARO1 WS YEA109.00PARP1 CAD208.00END
Fare	CAD 208.00
Taxes / Fees / Charges	CAD 14.25 CA (AIR TRANSPORTATION TAX) CAD 14.11 XG (GOODS AND SERVICES TAX GST) CAD 60.00 XT (COMBINED TAXES)
Total Fare	CAD 296.36





105 ERIN S

01 54/1 Chk 1714 Gst 2  
Oct28'11 12:04PM

1 COFFEE	4.00
1 CHICKPEA SALAD	14.00
1 ADD CHICKEN	5.00
1 LN BEET & SPIN	15.00
1 ADD SALMON	7.00

Subtotal	45.00
45.00 GST Percent	2.25
Amount Due	<b>47.25</b>

WILDFLOWER RESTAURANT  
10009 107th Street  
Edmonton, AB  
T5J 1J1  
780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 28616

Check #: 1714  
Employee #: 105  
Employee Name: ERIN S  
Workstation #: 1

MasterCard  
Pre-Auth Purchase  
xxxxxxxxxxxx9747 S

Amount \$47.25

Tip \$ 8.00

TOTAL \$ 55.25

APPROVED 145048  
00-001 145048  
S0001T0001/WILDFC01  
342001001005  
2011/10/28 12:50:48

Customer Copy

*FAY ORR  
MENTAL HEALTH PATIENT ADVOCATE*

PLACE FACE UP ON DASH

Impark Lot 1

Expiration Date/Time

EXP 08:42AM

NOV 02, 2011

Purchase Date/Time: 06:42am Nov 02, 2011

Total Parking: \$9.52

Total gst: \$0.48

Total Due: \$10.00

Total Paid: \$10.00

#\*\*\*\*-9747, MasterCard

Ticket #: 09996610

S/N #: 10008460018

Setting: Lot 1

Mach Name: Meter 2

GST #887315638RT0001

Rate: \$10.00 - 2 hours  
Payment Type: Card

Auth #: 084242

CC Receipt

RECEIPT

Impark Lot 1

Expiration Date/Time: 08:42am Nov 02, 2011

Purchase Date/Time: 06:42am Nov 02, 2011

Total Parking: \$9.52

Total gst: \$0.48

Total Due: \$10.00

Total Paid: \$10.00

MasterCard

Ticket #: 09996610

Setting: Lot 1

Mach Name: Meter 2

Rate: \$10.00 - 2 hours  
Payment Type: Card

Auth #: 084242

RESEARCH BREAKFAST  
Glenrose Rehab Hospital Foundation

**PLACE FACE UP ON DASH**  
Impark Lot 1  
Expiration Date/Time  
**EXP 10:25AM**  
**NOV 04, 2011**

Purchase Date/Time: 06:25am Nov 04, 2011  
Total Parking: \$19.04  
Total gst: \$0.96  
Total Due: \$20.00      Rate: \$20.00 - 4 hours  
Total Paid: \$20.00      Payment Type: Card  
#\*\*\*\*-9747, MasterCard  
Ticket #: 00021770      Auth #: 082600  
S/N #: 100008460018  
Setting: Lot 1  
Mach Name: Meter 2  
GST #887315638RT0001



**RECEIPT**  
Impark Lot 1

Expiration Date/Time: 10:25am Nov 04, 2011  
Purchase Date/Time: 06:25am Nov 04, 2011  
Total Parking: \$19.04  
Total gst: \$0.96  
Total Due: \$20.00      Rate: \$20.00 - 4 hours  
Total Paid: \$20.00      Payment Type: Card  
MasterCard  
Ticket #: 00021770      Auth #: 082600  
Setting: Lot 1  
Mach Name: Meter 2

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

*Parking - alberta REHAB Conference*

Fairmont Hotels & Resorts  
Fairmont Hotel Macdonald  
The Harvest Room  
10065-100 Street  
Edmonton, Alberta T5J0N6  
(780) 424 5181

CHECK: 1516  
TABLE: 306/1  
SERVER: 155 Douglas  
DATE: NOV04'11 7:23AM  
CARD TYPE: MASTERCARD  
ACCT #: XXXXXXXXXXXX9747  
EXP DATE: XX/XX  
AUTH CODE: 092345  
CHRIS. EAGLE

SUBTOTAL: 42.00  
GRATUITY 6.00  
TOTAL 48.00  
SIGNATURE [Signature]

PLEASE RETURN A SIGNED COPY  
TO YOUR SERVER

Fairmont Hotel Macdonald  
The Harvest Room

155 Douglas

306/1          CHK 1516    GST 2  
NOV04'11    6:52AM

1 ALPINE BRKFST          15.00  
1 VANILLA OATML          11.00  
1 COFFEE                  4.00  
2 ORANGE JUICE          10.00

Food                      40.00  
40.00 GST                  2.00  
Total Due .. \$42.00

FAIRMONT HOTEL MACDONALD  
GST# 846543619

GRATUITY \_\_\_\_\_  
TOTAL 48.00  
ROOM # \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

NOT A CREDIT CARD VOUCHER  
PLEASE PAY YOUR SERVER

Meeting - Andre Picard

Four Points By Sheraton Calgary Airport  
 2875 Sunridge Way NE  
 Calgary, AB T1Y7K7  
 Canada  
 Tel: 403-648-3180 Fax: 403-648-3179

Christopher Eagle

Page Number : 1 Invoice Nbr: 111383  
 Guest Number: 77158 Arrive Date: 04-NOV-11 14:44  
 Folio ID : EX-A Depart Date: 05-NOV-11  
 No. Of Guest: 1  
 Room Number : 329  
 Room Rate : 99.00  
 Club Account: SPG -

s.17(1), 17(4)(g)(i)

Email: CHRIS.EAGLE@ALBERTAHEALTH  
 SERVICES.CA  
 ABHEAL - Alberta Health Service

s.17(1), 17(4)(g)(i)

Tax ID: 829610872 RT0001  
 Four Points Calgary 05-NOV-11 02:08 KLESTER

Date	Reference	Description	Amount
04-NOV-11	RT329	Room Charge	99.00
04-NOV-11	RT329	GST	4.95
04-NOV-11	RT329	Tourism Levy	3.96
04-NOV-11	RT329	DMF Tax	3.24
05-NOV-11	MC	MasterCard / Dinners Intl	-111.15
		** Total Charges	111.15
		** Total Credits	-111.15
		*** Balance	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page

# HOTEL ALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, CHRIS

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

Room Number:  
 Daily Rate: 154.00  
 Room Type: OBKL  
 No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
08-Nov-11	09-Nov-11	XXXXXXXXXXXX9747	AHS	COR	20090120532

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
07-Nov-11		CANCELLED	CANCELLATION CHARGE	\$154.00
07-Nov-11		GST	GST	\$7.70
07-Nov-11		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
07-Nov-11		MASTERCARD	MASTERCARD	(\$167.86)

CREDIT DUE:                      (\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864



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[Print e-Ticket](#)

## eTicket Receipt

Prepared For  
 EAGLE/CHRISTOPHER MR

WESTJET RESERVATION CODE	GBEKMW
TICKET ISSUE DATE	08Nov2011
TICKET NUMBER	8382177293557
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/GJF

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
17Nov	WESTJET WS 167	EDMONTON INTL AB, CANADA  Time 1:35pm	GRANDE PRAIRIE AB, CANADA  Time 2:34pm	Seat Number 04D PREMIUM (PAID) Conf: 8380616084745 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis PARO1 Not Valid Before 17 NOV Not Valid After 17 NOV
18Nov	WESTJET WS 302	GRANDE PRAIRIE AB, CANADA  Time 3:10pm	CALGARY INTL AB, CANADA  Time 5:30pm	Seat Number 04D PREMIUM (WAIVED) Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis QBR Not Valid Before 18 NOV Not Valid After 18 NOV

## Payment/Fare Details

**Form of Payment**

CREDIT CARD - MASTERCARD : XXXXXXXXXXXXX 9747

Endorsement / Restrictions

CAD333.00 NONREFUNDABLE NONREF - FEE FOR CHG/C)

Fare Calculation Line

YEA WS YQU99.00PARO1 WS YYC234.00QBR  
CAD333.00END

**Exchanged Ticket**

8382176973674

**Fare**

CAD 333.00

**Taxes / Fees / Charges**

CAD 14.25 CA (AIR TRANSPORTATION TAX)

CAD 20.66 XG (GOODS AND SERVICES TAX GST)

CAD 66.00 XT (COMBINED TAXES)

**Total Fare**

CAD 433.91

**Total Additional Collection**

CAD 190.05

*Change transfer to 0.19.00*

**Additional Fees not included in Fare**

CAD 3.00 (0.15 XG) - YEG YQU - CA XXXXXXXXXXXXX9747  
(PREMIUM SEAT FEE)

CAD 0.00 - YQU YYC - (PREMIUM SEAT FEE) + 3.15

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

GST # 1202807956TQ0001    GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in





English  
12 hrs display

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Print e-Ticket

## eTicket Receipt

Prepared For  
EAGLE/CHRIS MR

WESTJET RESERVATION CODE	GSLGDU
TICKET ISSUE DATE	08Nov2011
TICKET NUMBER	8382177294112
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/GJF

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
20Nov	WESTJET WS 167	CALGARY INTL AB, CANADA  Time 12:10pm	EDMONTON INTL AB, CANADA  Time 12:59pm	Seat Number 04D PREMIUM (PAID) Conf: 8380616244608 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis QAR Not Valid Before 20 NOV Not Valid After 20 NOV

## Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : XXXXXXXXXXXXX 9747
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YYC WS YEA154.00QAR CAD154.00END
Fare	CAD 154.00

**Taxes / Fees / Charges**

**CAD 7.12 CA (AIR TRANSPORTATION TAX)**

**CAD 9.91 XG (GOODS AND SERVICES TAX GST)**

**CAD 37.00 XT (COMBINED TAXES)**

**Total Fare**

✓ **CAD 208.03**

**Additional Fees not included in Fare**

✓ **CAD 3.00 (0.15 XG) - YYC YEG - IK XXXXXXXXXXXXX9747  
(PREMIUM SEAT FEE)**

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

**QST # 1202807956TQ0001 GST # 866112535**

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our [airlines partners](#) as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please [click here](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.



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**Pure North S'energy Foundation**

Secure payments by **PayPal**

**Payment Receipt**

**Receipt ID**  
3518-4115-8959-0239

**Total**  
\$199.00 CAD  
transaction will appear on your statement as PayPal \*PURENORTHSE.

We'll send a confirmation email to [chris.eagle@albertahealthservices.ca](mailto:chris.eagle@albertahealthservices.ca). This

**Paid to**  
Pure North S'energy Foundation  
[kara.lipischak@purenorth.ca](mailto:kara.lipischak@purenorth.ca)  
4039845078

**Shipped to**  
Chris Eagle  
14th Floor Seventh Street Plaza  
10030 - 107 Street  
Edmonton Alberta T5J 3E4  
Canada

**Your shopping cart**

Description	Price	Quantity	Amount
Alberta Health Symposium Tickets	\$199.00	1	\$199.00
		<b>Item total</b>	<b>\$199.00</b>
		Tax	\$0.00
		<b>Total</b>	<b>\$199.00 CAD</b>

Cc Receipt



ROYAL JUBILEE HOSPITAL  
VICTORIA BC

Computer Number:		Id
Station:		25
Transaction Number:		11/14/2011 0
Entered:		11/14/2011 1
Printed:		Dispenser #3
Ticket #64771		Li
Rate:		Rate
Rate:		VarRate
Parking Fee:		\$ 4.00
Total Fee:		\$ 4
InterCard	A	\$ 4
InterCard Number:		*****g
Total Paid:		\$ 4

Thank you

CCHK PRESENTATION NOV. 14/11 VICTORIA  
PARKING CHARGES



Date 11/16/11  
Time 07:14  
Page 1

RED DEER LODGE  
4311 49 AVE  
RED DEER, ALBERTA T4N 5Y7  
1-800-661-1657  
(403) 346-8841

Acct# P08973-00  
Room# 660

Rate Code PG  
Group  
Room Type TNK  
Room Rate 96.00

Arrive NOV 15 11 21:58  
Depart NOV 16 11

EAGLE, CHRIS

*CV Receipt*

ARR 3PM  
ALBERTA HEALTH SERVICES  
10030 107 ST  
EDMONTON AB T5J 3E4

Payment MC XXXXXXXXXXXXX9747 Exp: 06/14

Date	Description	Reference	Room	Charges	Credits
NOV 15	ROOM CHARGE			96.00	
NOV 15	G.S.T.			4.80	
NOV 15	TOURISM LEVY			3.84	
NOV 15	DESTINATION MARK FEE			.96	
NOV 16	MASTERCARD	THANK YOU			105.60
=====G.S.T.=subtotal:		4.80			
TOURIS subtotal:		3.84	Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy: you may opt-out of having certain personal information collected. G.S.T. #865650352 Direct Bill Signature: \_\_\_\_\_

RED DEER LODGE  
4311 - 49TH AVENUE  
RED DEER, AB T4N5Y7  
403-346-8841  
TERM ID: 019  
TERCARD ID: 27502760085  
**FORCE SALE**  
XXXXXXXXXXXX9747  
EMV CARD ENTRY METHOD: MANUAL  
11/16/11 06:17:55  
000002 APPR CODE: 235302  
BATCH #: 000379  
REF #: 002  
JNT \$105.60  
CARDHOLDER COPY

*Executive Strategic Planning Session  
Nov. 15-16, 2011*

CANADIAN INSTITUTE FOR HEALTH INFORMATION

DATE 12/01/17 CHEQUE # 104074

VENDOR 101781

INVOICE#	INVOICE DATE	AMOUNT	TRANSACTION #	NET AMOUNT
C Eagle BOD Travel Nov	11/11/23	5,036.81	1006662	5,036.81
<b>TOTAL</b>		5,036.81		5,036.81

*CHI Reimbursement*

Canadian Institute  
for Health Information  
Institut canadien  
d'information sur la santé

495 Richmond Road  
Suite 600  
Ottawa, Ontario K2A 4H6  
Tel: (613) 241-7880

495 chemin Richmond  
bureau 600  
Ottawa (Ontario) K2A 4H6  
Fax: (613) 241-8120

TD CANADA TRUST  
55 King Street West  
Toronto, ON M5K 1A2  
004-10202

CHEQUE NO. 104074

DATE 20120117  
YYYYMMDD

**PAY ONLY Alberta Health Services \$ 5,036.81**

FIVE THOUSAND THIRTY SIX DOLLARS AND 81 CENTS

\$\*\*\*5,036.81

TO THE ORDER OF

Alberta Health Services  
10030 - 107 St NW,  
14th floor North Tower  
Edmonton, AB T5J 3E4

s.17(1), 17(4)(e.1)

*L. Ogilvie*  
*P. Cayes*

**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

<b>EAGLE, CHRIS</b> Cardholder's Name	<b>PRESIDENT &amp; CEO</b> Cardholder's Position/Title	Billing Reporting Period:	<b>20/10/2011</b>
Cardholder's Dept	<b>SEVENTH STREET PLAZA</b> Cardholder's Site/Location	Total Statement Amount:	<b>\$9,116.22</b>
CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: <b>XXXXXXXXXX189747</b>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2011	266216730	AIR CAN 0142199733750, AIR CANADA	515.81	CAD	515.81	.00		AMA Meeting Calgary
21/09/2011	266323688	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	45.85	CAD	45.85	1.85		Lunch Meeting Dr. D. Mador
26/09/2011	266708280	AIR CAN 0142199994204, AIR CANADA	610.31	CAD	610.31	.00		Board Meeting Fort McMurray
27/09/2011	266821803	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	140.00	CAD	140.00	6.67		Transportation - AMA Meeting
28/09/2011	266928369	RED WATER RUSTIC GRILL, EATING PLACES, RESTAURANTS	156.50	CAD	156.50	8.50		Dinner - Staff Meeting
29/09/2011	267098056	WESTJET, Westjet Airlines	7.35	CAD	7.35	.00		CCHL Meeting Victoria
29/09/2011	267098057	WESTJET, Westjet Airlines	7.35	CAD	7.35	.00		CCHL Meeting Victoria
29/09/2011	267098058	WESTJET, Westjet Airlines	492.36	CAD	492.36	.00		Speaker - CCHL Meeting
30/09/2011	267098055	UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL	353.84	CAD	353.84	16.85		Hotel - Senior Leaders Meeting
03/10/2011	267466575	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	151.78	CAD	151.78	7.23		Hotel Charged in Error
03/10/2011	267466576	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	-151.78	CAD	-151.78	-7.23		Refund
03/10/2011	267466577	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	215.85	CAD	215.85	8.85		Dinner - David Levine & Jay Ramotar
05/10/2011	267576468	Caritas Health03/10 15, AUTOMOBILE PARKING LOTS AND GARAGES	12.25	CAD	12.25	.58		Parking Misericordia Hospital Tour
07/10/2011	267735849	LONDON DRUGS 14, DRUG STORES, PHARMACIES	33.59	CAD	33.59	3.60		Headset
07/10/2011			4,969.81	CAD	4,969.81	.00		CCHI Board Meeting (Reimbursed by CCHI)
12/10/2011	268092807	CHATEAU NOVA FORT MCMU, LODGING HOTELS, MOTELS, RESORTS	178.56	CAD	178.56	7.31		Board Meeting - Dinner Oct. 12/11
13/10/2011	268487288	STOLLERY CHILD HOSP FD, ORGANIZATIONS, CHARITABLE AND	700.00	CAD	700.00	.00		Tickets - Stollery Children's Hospital Foundation Gala
14/10/2011	268353962	CHATEAU NOVA FORT MCMU, LODGING HOTELS, MOTELS, RESORTS	412.02	CAD	412.02	18.90		Hotel - Board Meeting
18/10/2011	268572567	FUTURE SHOP #10, ELECTRONICS SALES	114.77	CAD	114.77	5.74		

s.17(1), 7(4)(g)(i)

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
13/10/2011	268235708	QE II HOSPITAL FOUNDAT, ORGANIZATIONS, CHARITABLE AND	150.00	CAD	150.00	.00		Waiting for receipt

101-0923-71110-01358. 12020000.

Receipt to 001. 9000. 0 - 01136099 - Legacy  
101 0006 0 - 01135500 - R12

71115 \_\_\_\_\_

71120 \_\_\_\_\_

71125 \_\_\_\_\_

71135 \_\_\_\_\_

71140 \_\_\_\_\_

71155 \_\_\_\_\_

65 \_\_\_\_\_



\*\* ALBERTA HEALTH SERVICES \*\*  
 CORPORATE OFFICE - CAPITAL HEALTH AUTHORITY

30-JAN-12

SUNDRY CASH

PAGE 1

RECEIPT NO 0440969

PROCESSED BY E06440  
 RECEIPT DATE 30-JAN-12

REFUNDED/RECEIVED FROM CIHI

**POSTED**  
 MAR 15 2012

ITEM	PARTICULARS MIS CODE	SITE CODE	AMOUNT
------	-------------------------	-----------	--------

001	C EAGLE BOD TRAVEL NOV CHQ104074 01F 11499	CO K CASH RECEIPT CLEARING	5,086.81
-----	---	-------------------------------	----------

TOTAL AMOUNT 5,086.81

**CODES**

A - AMERICAN EXPRESS	F - FOREIGN CURRENCY	P - PREAUTHORIZED WITHDRAWAL
C - CASH	I - INTERAC	T - TRANSFER
D - DIRECT DEPOSIT	K - CHEQUE	V - VISA
E - EXCHANGE	M - MASTERCARD	W - WRITE OFF

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/12/2011</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,788.87</u>
		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/11/2011	271478632	UNIVERSITY OF CALGARY., COLLEGES, UNIVERSITIES, PROFESSIONAL	651.25	CAD	651.25	29.05		Calgary Meetings
21/11/2011	271570894	CALGARY PARKING AUTHOR, AUTOMOBILE PARKING LOTS AND	5.00	CAD	5.00	.24		Symposium Parking
21/11/2011	271570895	CALGARY PARKING AUTHOR, AUTOMOBILE PARKING LOTS AND	22.00	CAD	22.00	1.05		
23/11/2011			67.00	CAD	67.00	3.19	.00	To be reimbursed by CIHI
25/11/2011	271919986	YELLOW CAB, LIMOUSINES AND TAXICABS	241.45	CAD	241.45	11.50	.00	October Trips
25/11/2011	271919987	YELLOW CAB, LIMOUSINES AND TAXICABS	517.65	CAD	517.65	24.65	.00	September Trips
06/12/2011	272675069	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	22.06	CAD	22.06	.00	.00	Book
14/12/2011	273634305	MPARK00030179U, AUTOMOBILE PARKING LOTS AND GARAGES	8.38	CAD	8.38	.40	.00	Parking - Report to the Community
15/12/2011	273634303	BARCLAY S/ IS/BANQUETS, EATING PLACES, RESTAURANTS	39.65	CAD	39.65	1.89		
15/12/2011	273634304	UNIVERSITY OF CALGARY., COLLEGES, UNIVERSITIES, PROFESSIONAL	180.62	CAD	180.62	7.70		Hotel - Calgary Meetings
16/12/2011	273779092	UNION BANK INN-RESTAUR, EATING PLACES, RESTAURANTS	33.81	CAD	33.81	1.61	.00	Breakfast Meeting - Dr. Corriveau



**Alberta Health Services**

Alberta Health Services  
Accounts Payable  
JAN 18 2012  
RECEIVED

P-Card  
details Online @  
Cardholder Statement Report

Signatures		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>Joyce C. Murray</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Dec 23, 2011</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
 Signature of Cardholder	<u>December 28, 2011</u> Date of Signature	
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>PATTI GRIER</u> Name of Approver Designate	<u>VP, Chief of Staff, Corp Sec, Board.</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Jan 2, 2012</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Catherine Koozen</u> Name of Approver	<u>Board Chair</u> Approver Position/Title	
 Signature of Approver	<u>Jan 06 2012</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original Itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by: <u>[Signature]</u>	Date: <u>Jan 19/12</u>

# HOTEL ALMA

*CC  
Receipt*



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, DR CHRIS

**Room Number:** 707  
**Daily Rate:** 154.00  
**Room Type:** OBKL  
**No. of Guests:** 1 / 0

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
16-Nov-11	20-Nov-11	XXXXXXXXXXXX9747	AHS	COR	20090122233

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
16-Nov-11	707	ROOM CHARGE	#642 EAGLE, DR CHRIS	\$119.00
16-Nov-11	707	GST	GST	\$5.95
16-Nov-11	707	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$3.68
16-Nov-11	707	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$4.76
17-Nov-11	707	ROOM CHARGE	#707 EAGLE, DR CHRIS	\$154.00
17-Nov-11	707	GST	GST	\$7.70
17-Nov-11	707	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
17-Nov-11	707	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
18-Nov-11	707	ROOM CHARGE	#707 EAGLE, DR CHRIS	\$154.00
18-Nov-11	707	GST	GST	\$7.70
18-Nov-11	707	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
18-Nov-11	707	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
19-Nov-11	707	ROOM CHARGE	#707 EAGLE, DR CHRIS	\$154.00
19-Nov-11	707	GST	GST	\$7.70
19-Nov-11	707	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
19-Nov-11	707	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
20-Nov-11	707	MASTERCARD	MASTERCARD	(\$651.25)

**TOTAL DUE:**                      \$0.00

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

184

*Calgary Meetings  
 Nov 17, 18, 19, 20/11  
 62312006*

Best Copy Possible

CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY

FRIDAY 18 NOV 11  
5:00 PM

cc Receipt

CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY

CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY

FRIDAY 19 NOV 11  
5:00 PM

cc Receipt

CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY

Feeling Better, Living Longer Symposium  
Calgary, Nov. 18, 19/11  
Parking Fees

Aéroport Limousine  
NorthYork, ON M3H 2S5  
416-225-1555

Date: 11/23/11 17:39  
Trx: 1336718  
Card: MC 9747  
Aprv: 174250  
Fare: 60.00  
Tip: 7.00  
Total: 67.00  
Veh: 0047/4722

*ON OF CV.*

Thank You for Using  
Our Service

*CIHI BOARD MEETING*

s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO.

**YELLOW CAB (780) 462-3456**  
**PRESTIGE CABS (780) 462-4444**  
 ADMINISTRATION (780) 465-8500

1740246 30154183 PRE (Deregulation) 80008 All rights reserved -- 9855

**G.S.T # 85660 1729**

FROM: Transportation for the  
 TO: Month of September 2011

PRINT NAME

CUSTOMER'S SIGNATURE  
 X DR. CHRIS EAGLE

AUTH. NO. 173330 DRIVER TJ UNIT NO. 815  
 TIME DAY 30 MC. 09 YR. 2011

**3888168**

FARE  
 INTL  
 GRATUITY  
 TOTAL 517 65

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

MERCHANT COPY

CHARGE TO: ACCOUNT NO. s.17(1), 17(4)(e.1)

**YELLOW CAB (780) 462-3456**  
**PRESTIGE CABS (780) 462-4444**  
 ADMINISTRATION (780) 465-8500

1740246 30154183 PRE (Deregulation) 80008 All rights reserved -- 9855

**G.S.T # 85660 1729**

FROM: Transportation for the  
 TO: month of October 2011

PRINT NAME

CUSTOMER'S SIGNATURE  
 X DR. CHRIS EAGLE

AUTH. NO. 173405 DRIVER TJ UNIT NO. 815  
 TIME DAY 31 MC. 10 YR. 2011

**3888169**

FARE  
 INTL  
 GRATUITY  
 TOTAL 241 45

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

MERCHANT COPY

**STATEMENT FOR THE MONTH OF OCTOBER 2011**

<b>NO</b>	<b>DATE</b>	<b>TIME</b>	<b>NAME</b>	<b>DESTINATION</b>	<b>AMOUNT</b>
1	06	09:00	Dr.Eagle	Telus to AHS to Airport	\$76.70 ¢
2	12	05:30	Dr.Eagle	Residence to Airport	\$74.75 ¢
3	14	18:00	Dr.Eagle	Airport to Residence to Shaw	\$90.00 ¢
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$241.45</b>



**STATEMENT FOR THE MONTH OF SEPTEMBER 2011**

<b>NO</b>	<b>DATE</b>	<b>TIME</b>	<b>NAME</b>	<b>DESTINATION</b>	<b>AMOUNT</b>
1	01	08:30	Mrs & Mr.Gould	Airport to SSP to Westin	\$76.70
2	01	16:30	Mr.Gould	SSP to Westin	\$50.00
3	02	19:30	Mr.Gould	Westin to SSP	\$50.00
4	03	18:15	Mrs & Mr.Gould	Westin to Airport	\$66.70
5	14	18:15	Dr.Eagle	Residence to Airport	\$74.75
6	15	16:15	Dr.Eagle	Municipal airport to SSP	\$50.00
7	24	08:30	Dr.Eagle	Residence to Airport	\$74.75
8	24	18:20	Dr.Eagle	Airport to Residence	\$74.75
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$517.65</b>

SW



**Amazon.com.ca, Inc.**  
 c/o ACFSI  
 6363 Millcreek Drive  
 Mississauga, ON L5N 1L8  
 Canada

**Billing Address/Adresse de correspondance:**  
**Jennifer Hamstra**  
 Alberta Health Services  
 10180 101 Street NW Suite 700  
 Edmonton, Alberta T5J 3S4  
 Canada

**Shipping Address/Adresse d'expédition:**  
**Jennifer Hamstra**  
 Alberta Health Services  
 10180 101 Street NW Suite 700  
 Edmonton, Alberta T5J 3S4  
 Canada

**Invoice for/Bon de livraison pour**

**Your order of/Votre commande du: December 5, 2011**  
**Order ID/N° commande: 701-0653504-8638630**

Invoice number/N° bon de livraison DGVBlmBR December 5, 2011

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
1	Designing Health Care: Using Operations Management to Improve Performance and Delivery <b>(** E-8 **) 142217560X</b>	Hardcover	CDN\$ 13.53	CDN\$ 13.53
		Subtotal/Sous-total		CDN\$ 13.53
		Shipping and Handling/Frais de port		CDN\$ 7.48
		GST/HST/TPS/TVH		CDN\$ 1.05
		PST/TVP		CDN\$ 0.00
		Order Total/Montant total		CDN\$ 22.06
		Paid via/Payé par Mastercard		CDN\$ 22.06
		Balance Due/Montant dû		CDN\$ 0.00

**This shipment completes your order.**

You can always check the status of your orders from the "Your Account" link on our home page.

**Thanks for shopping at Amazon.ca, and please come again!**

**Cette livraison complète votre commande.**

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

**Merci de faire confiance à Amazon.ca Revenez nous voir!**

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001

41090006



TI

ASH

Receipt

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

IMPARK LOT 179  
PHONE 403-299-7275

Meter **impark**

Time: 3:13P DEC 14  
To pay by phone  
CALL 403-299-7275  
Price: \$ 8.38  
GST Included

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

Card: \*\*\*\*  
Expires:

6:00AM THU  
DEC 15 2011

**impark**  
INSTALLED BY BACK  
GST REG # R102465200  
www.impark.com  
www.imparkwireless.com

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

IMPARK LOT 179  
PHONE 403-299-7275

TEAR PORTION  
PRESENT TO SUMO LOUNGE  
FOR VALIDATION  
Meter: LOT 179

Time: 3:13P DEC 14  
To pay by phone  
CALL 403-299-7275  
Price: \$ 8.38  
GST Included  
Card: \*\*\*\*

VOID IF RE-SOLD

PLACE THIS SIDE

Expires:  
6:00AM THU  
DEC 15 2011

Dinner c Kent Hughes

# Barclay's

# Barclay's

Sheraton Suites Calgary  
GST #846543619RT0002

Sheraton Suites Calgary  
Alberta, Canada  
G.S.T. # 846543619RT0002  
CHECK: 4453  
TABLE: 62/1  
SERVER: 127 KATIE  
DATE: DEC14'11 5:26PM  
CARD TYPE: MASTERCARD  
ACCT #: XXXXXXXXXXXXX9747  
EXP DATE: XX/XX  
AUTH CODE: 192647  
CHRIS. EAGLE

127 KATIE

62/1                      CHK 4453    GST 2  
DEC14'11 5:13PM

1 *SM COFFEE	4.25
1 *SOFT DRINKS	3.75
1 CALAMARI	13.00
1 HUMMUS	12.00
FOOD	29.25
MINERAL	3.75
GST .....	1.65
Total Due ..	\$34.65

SUBTOTAL: 34.65  
 GRATUITY 5.00  
 TOTAL 39.65  
 SIGNATURE *CEP*

GRATUITY \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 ROOM # \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 NOT A CREDIT CARD VOUCHER  
 PLEASE PAY YOUR SERVER

PLEASE RETURN A SIGNED COPY  
TO YOUR SERVER

# HOTEL ALMA

cc  
Receipt



169 UNIVERSITY GATE NW  
CALGARY, ALBERTA, CANADA T2N 1N4  
1.877.498.3203 T 403.220.3203 F 403.284.4184  
W HOTELALMA.CA

EAGLE, DR CHRIS

Room Number: 711

14TH FLOOR NORTH TOWER  
EDMONTON, AB T5J 3E4 CA

Daily Rate: 154.00

Room Type: OBKL

No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
14-Dec-11	15-Dec-11	XXXXXXXXXXXX9747	AHS	COR	20090121809

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
14-Dec-11	711	PARKING	PARKING CHARGE	\$8.00
14-Dec-11	711	ROOM CHARGE	#711 EAGLE, DR CHRIS	\$154.00
14-Dec-11	711	GST	GST	\$7.70
14-Dec-11	711	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
14-Dec-11	711	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
15-Dec-11	711	MASTERCARD	MASTERCARD	(\$180.62)

CREDIT DUE: \_\_\_\_\_ (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
GST R#108102864

62312000

CC Receipt  
Breakfast à la Carte

UNION BANK INN-REST  
10053 JASPER AVENUE  
EDMONTON AB T5J1S5  
780-423-3600

MERCHANT ID: 97016120024 TERM ID: 001  
OP ID: 8

**SALE**

XXXXXXXXXXXXXXXX9747

MASTERCARD            ENTRY METHOD: CHIP  
12/16/11              08:01:08  
INV #:    000002        APPR CODE: 100108  
                              BATCH #: 000086  
                              REF #:    002

AMOUNT	\$29.40
TIP	\$4.41
	=====
<b>TOTAL</b>	<b>\$33.81</b>

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TUR: 00 00 00 80 00  
TS1: E8 00        69600000

Office of the President and Chief Executive Officer of Alberta Health Services

**Dr. Chris Eagle, President and CEO**

Expenses submitted during the period of October 1 - December 31, 2011

**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. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

**4) Other**

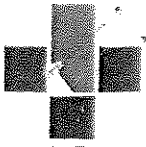
Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm -odation	Other Travel	Professional Development	Hosting and Hospitality	Other
5-Oct	16-Aug		Monthly cellular charges-Aug							135.98
5-Oct	Aug 16-18	Calgary AB	Calgary operational meetings; Site Tour Strathmore, High River, Okotoks		11.55		357.20			
20-Dec	1-Sep	Edmonton, AB	Travel to various meetings				126.70			
20-Dec	2-Sep	Edmonton, AB	Travel to various meetings				50.00			
20-Dec	3-Sep	Edmonton, AB	Travel to various meetings				66.70			
20-Dec	Sept 14-16	Medicine Hat AB	September AHS Board Meeting				124.75			
4-Nov	16-Sep		Monthly cellular charges-Sept							114.35
20-Oct	19-Sep	Edmonton AB	Lunch meeting with employee (2 people)						45.65	
20-Oct	24-Sep	Calgary AB	Calgary - Guest speaker at AMA Representative Forum	515.81						
20-Dec	24-Sep	Calgary AB	Calgary - Guest speaker at AMA Representative Forum				149.50			

20-Oct	Sept 26-29	Calgary AB	Calgary operational meetings			353.84	140.00		
4-Nov	Sept 26-29	Calgary AB	Calgary operational meetings				330.60		
20-Oct	29-Sep	Calgary AB	Dinner with Staff (3 people)					156.50	
4-Nov	1-Oct		AMA/CMA Membership Fee						1146.32 *
20-Oct	3-Oct		Office supplies						33.59
20-Oct	3-Oct	Edmonton AB	Lunch with government official (3 people)					215.85	
	6-Oct	Edmonton AB	Edmonton operational meetings				76.70		
20-Oct	Oct 12-14	Fort McMurray AB	October AHS Board meeting dinner with Board Members (5 People)	610.31		412.02		178.56	
	Oct 12-14	Fort McMurray AB	October AHS Board meeting				164.75		
20-Oct	13-Oct	Edmonton AB	Tickets for 2 Foundation event						700.00
20-Oct	18-Oct		Office supplies						114.77
20-Nov	18-Oct		Office supplies						20.57
20-Nov	24-Oct		Airfare Cancelled - Credit Applied	296.36					
20-Nov	28-Oct	Edmonton AB	Lunch with public agency official (2 people)					55.25	
	4-Nov	Edmonton AB	Lunch with private organization (2 people)					48.00	
20-Nov	Nov 4-5	Calgary AB	Travel to Calgary for operational meetings			111.15			
20-Nov	7-Nov	Calgary AB	Travel expense			167.86			
20-Nov	8-Nov		Airfare Cancelled - Credit Applied	190.05					
20-Oct	Nov 10-14	Victoria BC	CCHL Meeting-Guest Speaker	518.26					
20-Nov	15-Nov	Red Deer AB	Travel to Red Deer operational meetings then continue on to Calgary to attend Operational meetings and conference				105.60		
20-Oct	17-Nov		Two tickets for Foundation event						150.00
20-Nov	Nov 16-19	Calgary AB	Feeling Better and Living Longer Symposium	208.03				199.00	
20-Dec	Nov 16-19	Calgary AB	Feeling Better and Living Longer Symposium			651.25			



20-Dec	Nov 23-25	Toronto ON	CIHI Board Meeting	4969.81			67.00				**
20-Dec	5-Dec		Educational materials-Books							22.06	
	16-Dec	Edmonton AB	Breakfast with government official (2 people)							33.81	
20-Dec	Dec 14-15	Calgary AB	Travel to Calgary operational meetings and lunch with Board Chair		39.65	180.62					
	Oct-Dec		Various local parking expenses to attend meetings/sessions				82.38				
				7308.83	51.20	1982.34	1736.28	199.00	733.82	2437.64	14448.91



**Instruction:**

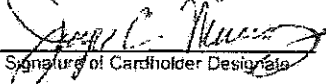



- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/01/2012</u>
<u>SEVENTH STREET PLAZA</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,190.22</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <u>XXXXXXXXXX189747</u>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/12/2011	274175313	ALLEGRO ITALIAN KITCHEN, EATING PLACES, RESTAURANTS	✓ 291.12	CAD	291.12	9.65		Staff Christmas Lunch
28/12/2011	274481529	YELLOW CAB, LIMOUSINES AND TAXICABS	✓ 290.95	CAD	290.95	13.85	.00	
09/01/2012	275063184	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	✓ 46.95	CAD	46.95	1.95		Lunch - Sheila Weatherill
13/01/2012	275404963	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	✓ 544.23	CAD	544.23	.00	.00	Books - Governance as Leadership
19/01/2012	275963897	RICKY S ALL DAY GRILL, EATING PLACES, RESTAURANTS	✓ 16.97	CAD	16.97	.70		Breakfast - Guy Smith AUPE

Alberta Health Services  
Accounts Payable  
FEB 07 2012  
RECEIVED

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>JOHN C. MURPHY</u> Name of Cardholder Designate	<u>Exclusive Assistant</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Jan 26, 2011</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Jan 30, 2011</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>Patti Grier</u> Name of Approver Designate	<u>V.P. Chief of Staff, Corp Secretary</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Jan 30, 2011</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>CATHY ROOZEN</u> Name of Approver	<u>INTERIM CHAIR</u> Approver Position/Title	
 Signature of Approver	<u>Feb 02/2012</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: <u>H. [Signature]</u>	Date: <u>Feb 7/12</u>

XMAS LUNCH

ALLEGRO ITALIAN TOHEN  
10011 10th Street  
EDMONTON AB

Allegro Italian Kitchen  
10011-109th Street  
Edmonton, Alberta  
780-424-2644

CARD \*\*\*\*\*  
CARD TYPE MASTERCARD  
DATE 2011/12/23  
TIME 8302 13:43:45  
RECEIPT NUMBER  
006103813-001-225-017-0

Your GST# 896140894

122 JENNY

Check: 1165

Guest

12/23/2011 12:12PM

PURCHASE  
AMOUNT \$253.15  
TIP \$37.97  
TOTAL

**\$291.12**

MasterCard  
A0000000041010  
3DCBBEEAFB19365A  
0000008000  
ED6E21CF41FCAEAE

2	MINISTRONE DI VERDUR	17.90
2	ZITTI CON POLLO	33.90
2	TAGG BOLOGNESE	38.00
1	FETT VENEZIA	22.00
1	Cardinale	19.00
2	INSALATA DI MARE	40.00
2	DOUBLE EXPRESSO	6.50
1	TEA	3.25
2	CAPPUCINO	8.50
	COFFEE	3.90
	Auto-Gratuity	50.55

Subtotal 192.95  
G.S.T. 9.65  
Service Chrg 50.55

**Total Due \$253.15**

APPROVED

-027

\*\*Please Pay Server\*\*

s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO:

**VEAN (780) 462-3456**  
**PRESTIGE (780) 462-4444**  
CABS  
ADMINISTRATION (780) 465-0500

**G.S.T # B5660 1700**

ALPH. NO.	ORDER	UNIT NO.
091829	71	815

YEAR	DAY	MO	HR
	30	11	2011

**4084440**

FROM: Transportation for Co  
TO: month of November 2011  
PRICE PAID:

CUSTOMER'S SIGNATURE  
X DR. CHRIS EAGLE

CASH	REF.	TOTAL
		290 95

THE ISSUES OF THE CARD REGISTERED ON THIS REEF IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION & PROMISE TO PAY EACH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT CONTAINED THE USE OF EACH CARD.

**"The Preferred Choice"**

MERCHANT COPY

**STATEMENT FOR THE MONTH OF NOVEMBER 2011**

<b>NO</b>	<b>DATE</b>	<b>TIME</b>	<b>NAME</b>	<b>DESTINATION</b>	<b>AMOUNT</b>
1	11	14:45	Dr.Eagle & Dr.Oksana	Residence to Airport	\$74.75
2	15	10:45	Dr.Eagle	Airport to Residence	\$74.75
3	23	09:00	Dr.Eagle	AHS to Airport	\$66.70
4	25	15:00	Dr.Eagle	Airport to Residence	\$74.75
<i>All prices are inclusive of GST</i>					
<b>TOTAL</b>					<b>\$290.95</b>

WILDFLOWER RESTAURANT  
10009 107th Street  
Edmonton, AB  
T5J 1J1  
780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 710

Check #: 1094  
Employee #: 103  
Employee Name: ALLISON  
Workstation #: 1

MasterCard  
Pre-Auth Purchase  
xxxxxxxxxxxx9747 S

Amount \$40.95

Tip \$ 6.00

TOTAL \$ 46.95

APPROVED 144551  
00-001 144551  
S0001T0001/WILDFC01  
488001001001  
2012/01/09 12:45:51

Customer Copy

*Sheila Weatherill*



103 ALLISON

Tbl 33/1 Chk 1094 Gst 3  
Jan09'12 12:10PM

1 SOFT DRINK	3.00
1 SIDE JUICE	1.00
1 TEA	5.00
2 MIXED VEG SALAD	
@ 15.00	30.00
Subtotal	39.00
39.00 GST Percent	1.95
Amount Due	40.95



**Amazon.com.ca, Inc.**  
 c/o ACFSI  
 6363 Millcreek Drive  
 Mississauga, ON L5N 1L8  
 Canada

**Billing Address/Adresse de correspondance:**

**Joyce Murray**  
 10030 107 Street NW  
 14th Floor North Tower  
 Edmonton, Alberta T5J 3E4  
 Canada

**Shipping Address/Adresse d'expédition:**

**Joyce Murray**  
 10030 107 Street NW  
 14th Floor North Tower  
 Edmonton, Alberta T5J 3E4  
 Canada

**Invoice for/Bon de livraison pour**

**Your order of/Votre commande du: January 10, 2012**  
**Order ID/N° commande: 701-3170600-8809016**

Invoice number/N° bon de livraison DCTHp2mIR January 11, 2012

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
9	Governance as Leadership: Reframing the Work of Nonprofit Boards <b>(** C-5 : C-6 **) 0471684201</b>	Hardcover	CDN\$ 57.59	CDN\$ 518.31
		Subtotal/Sous-total		CDN\$ 518.31
		Shipping and Handling/Frais de port		CDN\$ 0.00
		GST/HST/TPS/TVH		CDN\$ 25.92
		PST/TVP		CDN\$ 0.00
		Order Total/Montant total		CDN\$ 544.23
		Paid via/Payé par Mastercard		CDN\$ 544.23
		Balance Due/Montant dû		CDN\$ 0.00

**We've sent this portion of your order separately at no extra charge to give you the speediest service possible. The other items in your order are shipping separately, and your total shipping charges for this order will not exceed the amount we originally promised.**

You can always check the status of your orders from the "Your Account" link on our home page.

**Thanks for shopping at Amazon.ca, and please come again!**

**Nous avons envoyé cette partie de votre commande séparément, sans frais supplémentaires, afin de vous donner le service le plus rapide qui soit. Les autres articles seront expédiés séparément, et les frais de port pour cette commande ne dépasseront pas le montant promis à l'origine.**

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

**Merci de faire confiance à Amazon.ca Revenez nous voir!**

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001





RICKY'S ALL DAY GRILL  
 10140 109TH ST T5J1M7  
 EDMONTON AB  
 22996043

++++ PURCHASE +++++  
 01-19-2012 08:21:36  
 Acct # .....9747 C  
 Exp Date \*\*/\*\* Card Type MC  
 Name: CHRIS EAGLE  
 A0000000041010 MasterCard

Trace # 150006 Operator 555  
 FB2299604301  
 Inv. # 476  
 Auth # 102137 RRN 001247005

Purchase \$14.76  
 Tip \$2.21  
 Total \$16.97

(00) APPROVED-THANK YOU  
*Gary Smith, AVE*  
 Retain this copy for your records

\*\*\*\*\*  
 CHECK # 922 DATE 01/19/12  
 TABLE # 25 TIME 7:36  
 =====

-- RICKY'S : ERNIE 555 --

ITEMS ORDERED	AMOUNT
1 EGG MUFF N HASH	5.99
1 TOAST	2.49
2 COFFEE	5.58

\*\*\*\*\*

SUBTOTAL	14.06
GST	0.70
<b>TOTAL</b>	<b>14.76</b>

# OF GUESTS 2

RICKY'S ALL DAY GRILL  
 PHONE 421 - 7546  
 PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

G.S.T. #899060974



**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/02/2012</u>
<u>Cardholder's Dept</u>	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,578.56</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>XXXXXXXXXX189747</u>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/01/2012	276401508	AIR CAN 0142103994412, AIR CANADA	830.81	CAD	830.81	39.56	.00	Calgary Meetings
28/01/2012	276716007	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	172.62	CAD	172.62	7.70		Hotel Alma
31/01/2012	276896451	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	270.00	CAD	270.00	12.86		Transportation Charges
06/02/2012	277435009	AIR CAN 0142104453442, AIR CANADA	260.53	CAD	260.53	12.41	.00	Air Fare
10/02/2012	277929949	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	44.60	CAD	44.60	1.80		Lunch - Ruby Brown



<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>TONY C. MURRAY</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
<u>[Signature]</u> Signature of Cardholder Designate	<u>Feb 22, 2012</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>Feb 23, 2012</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>Patti Grier</u> Name of Approver Designate	<u>VP, Chief of Staff &amp; Corporate Secretary</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>Feb 24, 2012</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Catherine Rozen</u> Name of Approver	<u>Interim Chair, AHS Board</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>March 16, 2012</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by: <u>[Signature]</u>	Date: <u>Mar 12/12</u>

# Joyce Murray

**From:** Air Canada [confirmation@aircanada.ca]  
**Sent:** Wednesday, January 25, 2012 12:51 PM  
**To:** Joyce Murray  
**Subject:** Air Canada - 26-Jan: Edmonton - Calgary (booking ref: PXYZFA) - seat selected

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

## Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



- Looking for Travel Insurance?** Protect yourself and your family against unforeseen circumstances.
- Need a hotel in Calgary?** Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.
- Need ground transportation, sightseeing or attractions?**
- Need a car in Calgary?** Great rates and additional Aeroplan Miles.



## Booking Information

**Booking Reference:** PXYZFA

### Customer Care

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Mr Christopher Eagle  
joyce.murray@albertahealthservices.ca  
Mobile:  
Home: s.17(1), 17(4)(g)(i)  
Work: 1-780-3422029

**Air Canada**  
1-888-247-2262

**Flight Arrivals and Departures**  
1-888-422-7533

### Online Services

- Manage** my booking online (view/change my booking; select seats\*).
- 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
AC8149 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Thu 26-Jan 2012 15:00	Calgary (YYC) Thu 26-Jan 2012 15:53	0	0hr53	DH3	Tango Plus, M	
AC8150 <sup>1</sup>	Calgary (YYC) Fri 27-Jan 2012	Edmonton, Edmonton Int'l	0	0hr54	DH3	Tango Plus, V	

15:30

**(YEG)**

Fri 27-Jan 2012

16:24

Operated by:

<sup>1</sup> Air Canada Express - Jazz**Passenger Information** s.17(1), 17(4)(g)(i)**1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142103994412**

Air Canada - Aeroplan :		Meal Preference :	<b>None</b>
Credit Card:	xxxx-xxxx-xxxx-9747	Special Needs:	<b>None</b>
Seat Selection:	AC8149 <b>5F</b> , AC8150 <b>7C</b>		

**Purchase Summary****Fare Summary**

Passenger Type	<b>Adult</b>
Departing Flight - <u>Tango Plus</u>	<b>479.00</b>
Return Flight - <u>Tango Plus</u>	<b>224.00</b>
<u>Surcharges</u>	24.00
<b>Taxes, Fees and Charges</b>	
<u>Canada Airport Improvement Fee</u>	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	39.56
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	<b>830.81</b>
Number of passengers	1
Total	<b>830.81</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$830.81</b>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$830.81 (Airfare - per ticket)

Ticket number(s): 0142103994412

**Fare Rules****Departing Flight** Edmonton (YEG) To Calgary (YYC) - **Tango Plus****Return Flight** Calgary (YYC) To Edmonton (YEG) - **Tango Plus**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger,

# HOTELALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, DR CHRIS  
  
 14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

**Room Number:** 716  
**Daily Rate:** 154.00  
**Room Type:** OBKB  
**No. of Guests:** 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
26-Jan-12	27-Jan-12	XXXXXXXXXXXX9747	AHS	COR	20090121336

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
26-Jan-12	716	ROOM CHARGE	#716 EAGLE, DR CHRIS	\$154.00
26-Jan-12	716	GST	GST	\$7.70
26-Jan-12	716	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
26-Jan-12	716	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
27-Jan-12	716	MASTERCARD	MASTERCARD	(\$172.62)

**CREDIT DUE:**                      (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

s.17(1), 17(4)(e.1)

SALES DRAFT - CHARGEX - FACTURE

PARIS EAGLE  
HEALTH SERVICES

DATE OF EXPIRATION  
VERIFIEE

DESSUS DE CETTE LIGNE

AUTHORIZATION NUMBER / NO D'AUTORISATION

012712

5592913

CLERK/COMMIS	BILL NO.-NO DE NOTE
AMOUNT MONTANT	= 240 00
TIPS POURBOIRE	30 00

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER  
ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.  
LE TITULAIRE S'ENGAGE A REMBOURSER L'EMETTEUR DE LA CARTE DU  
MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA  
CONVENTION REGISSANT L'UTILISATION DE LA CARTE.

VISA

MasterCard

TOTAL  
\$  
CDN  
CAN

\$270.00

PLEASE RETAIN THIS COPY AS RECORD OF  
YOUR TRANSACTION  
CONSERVEZ CETTE COPIE COMME PREUVE  
DE VOTRE TRANSACTION

CUSTOMER COPY  
COPIE DU CLIENT

Collins Limousine Ltd.

## Joyce Murray

---

**From:** Joyce Murray  
**Sent:** Wednesday, January 25, 2012 1:43 PM  
**To:** 'collinslimo@telus.blackberry.net'  
**Subject:** RE: REVISED AGAIN - Transportation for Dr. Chris Eagle - Thursday January 26th and Friday, January 27th

Hi George,

Yes, should have reconfirmed. Thanks, J.

---

**From:** [collinslimo@telus.blackberry.net](mailto:collinslimo@telus.blackberry.net) [mailto:[collinslimo@telus.blackberry.net](mailto:collinslimo@telus.blackberry.net)]  
**Sent:** Wednesday, January 25, 2012 1:42 PM  
**To:** Joyce Murray  
**Subject:** Re: REVISED AGAIN - Transportation for Dr. Chris Eagle - Thursday January 26th and Friday, January 27th

Hi Joyce,  
I have the pick up at YYC for Thursday at 3:53pm. I take it the morning trips on Friday (7:15 & 9:00) are still a go?  
Thanks,  
George  
Sent on the TELUS Mobility network with BlackBerry

---

**From:** Joyce Murray <[Joyce.Murray@albertahealthservices.ca](mailto:Joyce.Murray@albertahealthservices.ca)>  
**Date:** Wed, 25 Jan 2012 13:35:26 -0700  
**To:** 'collinslimo@telus.blackberry.net' <[collinslimo@telus.blackberry.net](mailto:collinslimo@telus.blackberry.net)>  
**Subject:** REVISED AGAIN - Transportation for Dr. Chris Eagle - Thursday January 26th and Friday, January 27th

Hi George,

Chris is now flying to Calgary.

### Thursday, January 26, 2012 - NEW

Arriving 3:53 p.m. Pick up at Calgary International Airport AC8149 for drop off at the Hotel Alma

### Friday, January 27, 2012

NO CHANGE 1:30 p.m. Pickup from 906 - 8th Avenue SW (UofC Downtown Campus) for drop off at the Calgary International Airport, departing AC8150 3:30 p.m.

Can you accommodate these changes? Thank you.

Regards, Joyce

---

**From:** [collinslimo@telus.blackberry.net](mailto:collinslimo@telus.blackberry.net) [mailto:[collinslimo@telus.blackberry.net](mailto:collinslimo@telus.blackberry.net)]  
**Sent:** Monday, January 23, 2012 1:24 PM



**To:** Joyce Murray  
**Subject:** Re: REVISED SCHEDULE - Transportation for Dr. Chris Eagle - Friday, January 27th

Hi Joyce,  
I have changed the pick up time to 1:30 (it was 2:30)  
Thanks,  
George  
Sent on the TELUS Mobility network with BlackBerry

---

**From:** Joyce Murray <Joyce.Murray@albertahealthservices.ca>  
**Date:** Mon, 23 Jan 2012 13:21:41 -0700  
**To:** 'collinslimo@telus.blackberry.net' <collinslimo@telus.blackberry.net>  
**Cc:** Susan Best <Susan.Best@albertahealthservices.ca>  
**Subject:** REVISED SCHEDULE - Transportation for Dr. Chris Eagle - Friday, January 27th

Hi George,

Could you pick Dr. Eagle up at **1:30 p.m.** on Friday for drop off at Hotel Alma? Location remains the same. Thank you.

Regards, Joyce  
780.342.2011

---

**From:** collinslimo@telus.blackberry.net [mailto:collinslimo@telus.blackberry.net]  
**Sent:** Thursday, January 19, 2012 1:30 PM  
**To:** Susan Best  
**Subject:** Re: Transportation for Dr. Chris Eagle - Friday, January 27th

Hi Susan,  
I have reserved the pick ups for Dr. Eagle.  
Thanks,  
George  
Collins Limousine Ltd  
403-681-1200  
Sent on the TELUS Mobility network with BlackBerry

---

**From:** Susan Best <Susan.Best@albertahealthservices.ca>  
**Date:** Thu, 19 Jan 2012 13:06:57 -0700  
**To:** 'collinslimo@me.com' <collinslimo@me.com>  
**Subject:** Transportation for Dr. Chris Eagle - Friday, January 27th

Hi George,

Dr. Eagle is going to be in Calgary on **Friday, January 27<sup>th</sup>** and needs some transportation to and from his meetings he has booked that day. Could I please make the following arrangements for him:

**7:15 a.m.** - Pick up at front doors Hotel Alma, (UofC, 169 University Gate NW) going to #800, 326 – 11 Avenue SW for 8:00 a.m. appointment.

**9:00 a.m.** - Pick up from 326 – 11 Avenue SW going to 906 - 8th Avenue SW (UofC Downtown Campus) for 9:30 a.m. appointment.

**2:30 p.m.** - Pick up from 906 - 8th Avenue SW and take back to Hotel Alma.

Will this work ok for you that day?

Thanks a bunch!

Susan

---

**Susan Best**

Executive Assistant  
Office of the President & Chief Executive Officer  
**Alberta Health Services**  
14th Floor, Seventh Street Plaza  
10030 - 107 Street, North Tower  
Edmonton, AB T5J 3E4  
Phone: 780-342-2021 Fax: 780-342-2060  
E-mail: [susan.best@albertahealthservices.ca](mailto:susan.best@albertahealthservices.ca)

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Search Select Review Passengers Purchase Seats **Itinerary**

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



### Booking Information

AIR CANADA 

Booking Reference: **MF7I2M**

#### Customer Care

Electronic Ticketing confirmed. This is your official itinerary/receipt.

**Air Canada**  
1-888-247-2262

#### Main Contact:

Dr Christopher Eagle  
joyce.murray@albertahealthservices.ca

Mobile:

Home:

Work: 1-780-3422029

s.17(1), 17(4)(g)(i)

#### Flight Arrivals and Departures

1-888-422-7533

### Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8152 <sup>1</sup>	Calgary (YYC) Tue 21-Feb 2012 16:30	Edmonton, Edmonton Int'l (YEG) Tue 21-Feb 2012 17:24	0	0hr54	DH3	Tango Plus, W	

Operated by:

<sup>1</sup> Air Canada Express - Jazz

### Passenger Information s.17(1), 17(4)(g)(i)

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142104453442

Air Canada -  
Aeroplan :

Meal Preference: **None**

Credit Card:

xxxx-xxxx-xxxx-9747

Special Needs: **None**

Seat Selection:

AC8152 3C

### Purchase Summary

#### Fare Summary

Passenger Type	Adult
Departing Flight - Tango Plus	204.00
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	12.41
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	260.53
Number of passengers	1
<b>Total</b>	<b>260.53</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$260.53</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	\$260.53 CAD

### Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - **Tango Plus**

#### • Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD

per direction, per passenger. Same-day flights only.

- o **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- o Flights can only be used in sequence from the place of departure specified on the itinerary.

● **Cancellations:**

- o Tickets are **non-refundable and non-transferable**.
  - o **Cancellations** can be made up to 45 minutes prior to departure.
  - o Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - o Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.
- Read complete fare rules applicable to this fare.
- 

**Links**

Manage my booking online: <http://www.aircanada.com/mybookings>  
Flight Departure & Arrivals: <http://www.aircanada.com/flightstatus>  
General conditions of carriage: <http://www.aircanada.com/conditionsofcarriage>  
Information and Services <http://www.aircanada.com/travelinfo>

THE MARC RESTAURANT  
GROUP LTD.  
9940 106 ST NW  
EDMONTON AB



9940 106 Street  
Edmonton, AB  
780-429-2828  
www.themarc.ca  
GST#807555859

CARD \*\*\*\*\*9747  
CARD TYPE MASTERCARD  
DATE 2012/02/10  
TIME 0073 13:00:16  
RECEIPT NUMBER  
C06100654-001-108-007-0

PURCHASE  
AMOUNT \$37.80  
TIP \$6.80  
TOTAL  
**\$44.60**

MasterCard  
A0000000041010  
47924988651755AA  
0000008000  
AC3E552EEBDAB2E3

*Ruby Beaud*  
**APPROVED**  
AUTH# 150016 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETURN TO:

106 BRANDI  
-----  
Check: 1665 Guests: 2  
Table: 12-1  
02/10/2012 12:23PM  
-----  
2 COFFEE 6.00  
2 FISH DE JOUR 30.00  
Subtotal 36.00  
G.S.T. 1.80  
**Total Due \$37.80**

**\*\*PLEASE PAY SERVER\*\***  
Thank You



**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/03/2012</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$4,949.81</u>
		Last 6 digits of the P-Card #: <u>XXXXXXXXXX189747</u>





**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/02/2012	278760537	AIR CAN 0142104453442, AIR CANADA	78.75	CAD	78.75	.00	.00	Change Fee
22/02/2012	278760536	UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL	172.62	CAD	172.62	7.70		Hotel - Calgary Meetings
22/02/2012	278918032	RICKY S ALL DAY GRILL, EATING PLACES, RESTAURANTS	45.68	CAD	45.68	1.88		Meeting - Heather Smith
27/02/2012	279158398	AIR CAN 0142105246385, AIR CANADA	527.36	CAD	527.36	.00	.00	Senior Leaders Meeting
29/02/2012	279367822	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	200.00	CAD	200.00	9.52		Calgary Meetings
29/02/2012	279367823	WLDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	48.00	CAD	48.00	2.00		Lunch - James Conway
01/03/2012	279539138	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	506.00	CAD	506.00	24.10		2012 Membership Fee
04/03/2012	279704420	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	160.00	CAD	160.00	7.62		Senior Leaders Meeting Transportation
05/03/2012	279914432	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	68.25	CAD	68.25	3.25	.00	CD Forum Registration Fee
07/03/2012	280018813	AIR CAN 0142105597244, AIR CANADA	1,100.16	CAD	1,100.16	.00	.00	Montebello Symposium
09/03/2012	280324849	YELLOW CAB, LIMOUSINES AND TAXICABS	241.45	CAD	241.45	11.50	.00	Transportation Feb. 2012
09/03/2012	280324850	YELLOW CAB, LIMOUSINES AND TAXICABS	13.40	CAD	13.40	.64	.00	Transportation Jan. 2012 Amount should be \$133.40
09/03/2012	280324851	AIR CAN 0142105684712, AIR CANADA	1,354.82	CAD	1,354.82	.00	.00	Montebello Symposium
09/03/2012	280324852	AIR CAN 0142105684712, AIR CANADA	105.00	CAD	105.00	5.00	.00	Change Fee
13/03/2012	280505268	SOUNDVIEW EXEC BOOK SU, DIRECT MARKETING - OTHER DIRECT	199.00	USD	202.42	.00	.00	Subscription Renewal - Soundview
16/03/2012	280763632	DIGITAL NEWSPAPER, DIRECT MARKETING CONTINUITY/SUBSCRIPTION	125.90	CAD	125.90	6.00		Calgary Herald Digital

**AHS - Edmonton  
Accounts Payable**

**APR 17 2012**

Q & C - Completed  
Initials *[Signature]*

Signatures		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>Joyce L. Murray</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>MAR. 26, 2012</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
 Signature of Cardholder	<u>MAR. 26, 2012</u> Date of Signature	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             AHS - Edmonton              Accounts Payable               APR 17 2012   <b>RECEIVED</b> </div>		
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>Patti Grier</u> Name of Approver Designate	<u>Chief of Staff Corporate Secretary</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>MAR 28, 2012</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>		
<u>Catherine Roozen</u> Name of Approver	<u>AHS Board Chair</u> Approver Position/Title	
 Signature of Approver	<u>April 3, 2012</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

PASSENGER ITINERARY FOR  
CHRISTOPHER EAGLE

AIR CANADA  
CALGARY  
CANADA  
21 FEBRUARY 12

BOOKING REFERENCE  
MF712M

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRAVEL ARRANGEMENTS

AIR CANADA	AC8150	W ECONOMY	CONFIRMED
DEPART	TUE 21 FEBRUARY 12	CALGARY	1530
ARRIVE	TUE 21 FEBRUARY 12	EDMONTON INTERNATIONAL	1624

LATEST CHECK IN IS 60 MINUTES BEFORE DEPARTURE  
THIS FLIGHT IS OPERATED BY JAZZ

\*\*FREQUENT TRAVELLER\*\*

FORM OF PAYMENT - PASSENGER 1 CA\*\*\*\*\*9747  
 REPORT SAME DAY CHANGE FEE  
 NUMBER OF FEES - 1  
 TOTAL PER PERSON ~~\$75.00CAD~~ - 3.75X6  
 GRAND TOTAL \$78.75CAD 21FEB2012/CC  
 THANK YOU FOR CHOOSING AIR CANADA



# HOTEL ALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, DR CHRIS  
 14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

Room Number: 701  
 Daily Rate: 154.00  
 Room Type: OBKL  
 No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
20-Feb-12	22-Feb-12		AHS	COR	20090124124

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
20-Feb-12	701	ROOM CHARGE	#701 EAGLE, DR CHRIS	\$154.00
20-Feb-12	701	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.76
20-Feb-12	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.16
21-Feb-12	701	GST	GST	\$7.70
21-Feb-12	701	MASTERCARD	MASTERCARD	(\$172.62)

*Calgary Meeting*

CREDIT DUE: \_\_\_\_\_ (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

RICKY'S ALL DAY GRILL  
 10140 109TH ST T5J1M7  
 EDMONTON AB  
 22996843

\*\*\*\* PURCHASE \*\*\*\*  
 02-22-2012 08:21:12  
 Acct # \*\*\*\*\*9747 C  
 Exp Date ' / ' Card Type MC  
 Name: CHRIS EAGLE  
 A0000000041010 MasterCard

Trace # 490007 Operator 654  
 FB2299684301  
 Inv: # 2169  
 Auth # 102113 RRN 001201007

Purchase \$39.72  
 Tip \$5.96  
**Total \$45.68**

(00) APPROVED-THANK YOU

Retain this copy for your

\*\*\*\*\*  
 CHECK # 5501 DATE 02/22/12  
 TABLE # 44 TIME 8:12  
 =====

-- RICKY'S : TRANG 654 --

ITEMS ORDERED	AMOUNT
1 VEGGIE OMLETTE	10.49
2 3 CHEESE OMELET	18.98
3 COFFEE	8.37

\*\*\*\*\*

SUBTOTAL	37.84
GST	1.88
<b>TOTAL</b>	<b>39.72</b>

# OF GUESTS 3

RICKY'S ALL DAY GRILL  
 PHONE 421 - 7546  
 PLEASE PAY SERVER

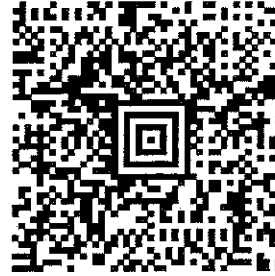
THANK YOU FOR YOUR PATRONAGE

G.S.T. #899060974

*MEETING with Heather Smith, UVA*

Search Select Review Passengers Purchase Seats **Itinerary**

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



## Booking Information

Booking Reference: **PNT6NZ**

### Customer Care

**Air Canada**  
1-888-247-2262

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Flight Arrivals and Departures**  
1-888-422-7533

### Main Contact:

Mr Christopher Eagle  
susan.best@albertahealthservices.ca  
Work: 1-780-3422021

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8360 <sup>1</sup>	<b>Edmonton, Edmonton Int'l (YEG)</b> Thu 01-Mar 2012 07:30	<b>Calgary (YYC)</b> Thu 01-Mar 2012 08:23	0	0hr53	DH3	Tango Plus, W	GD
AC8160 <sup>1</sup>	<b>Calgary (YYC)</b> Thu 01-Mar 2012 18:30	<b>Edmonton, Edmonton Int'l (YEG)</b> Thu 01-Mar 2012 19:24	0	0hr54	DH3	Tango Plus, W	L 3D

Operated by:

<sup>1</sup> Air Canada Express - Jazz

## Passenger Information

**1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142105246385**

Frequent Flyer Pgm : **None**

Meal Preference: **None**

Credit Card: **xxxx-xxxx-xxxx-9747**

Special Needs: **None**

Seat Selection: **AC8360 9C , AC8160 9C**

## Purchase Summary

### Fare Summary

Passenger Type	Adult
Departing Flight - Tango Plus	207.00
Return Flight - Tango Plus	207.00
Surcharges	24.00

SENIOR LEADER'S  
MEETING

### Taxes, Fees and Charges

Canada Airport Improvement Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	25.11
Air Travellers Security Charge (ATSC)	14.25
<b>Total airfare and taxes before options (per passenger)</b>	<b>527.36</b>
Number of passengers	1
<b>Total</b>	<b>527.36</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$527.36</b>

The following charges (tax inclusive) will appear on your credit card statement:

- Air Canada: \$527.36 (Airfare - per ticket)

Ticket number(s): 0142105246385

## Fare Rules

**Departing Flight** Edmonton (YEG) To Calgary (YYC) - **Tango Plus**

**Return Flight** Calgary (YYC) To Edmonton (YEG) - **Tango Plus**

### • Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

### • Cancellations:

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase

s.17(1), 17(4)(e.1)

SALES DRAFT - CHARGEX - FACTURE

ERIC EAGLE  
HEALTH SERVICES

DATE OF EXPIRATION / VERIFIEE

DESSUS DE CETTE LIGNE

AUTHORIZATION NUMBER / NO D'AUTORISATION

02 21 17

5591982

3) trips x60

CLERK-COMMS	BILL NO.-NO DE NOTE	
AMOUNT MONTANT	180	—
TIPS POURBOIRE	20	00

CARDHOLDER'S SIGNATURE / SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.  
LE TITULAIRE S'ENGAGE A REMBOURSER L'ÉMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMÉMENT À LA CONVENTION RÉGISSANT L'UTILISATION DE LA CARTE.

VISA

MasterCard

TOTAL \$  
CDN CAN

18200.00

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION / CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

CUSTOMER COPY / COPIE DU CLIENT

Collins Limo Service  
Calgary Meetings

## Joyce Murray

---

**From:** Collinslimo [collinslimo@telus.blackberry.net]  
**Sent:** Tuesday, February 14, 2012 12:36 PM  
**To:** Joyce Murray  
**Subject:** Re: UPDATE - Transportation for Dr. Eagle

Hi Joyce,  
I have cancelled only the 11:30 pick up on Tuesday February 21st. I have kept everything the same.  
Thanks,  
George

On 2012-02-13, at 5:14 PM, Joyce Murray wrote:

Hi George,

Dr. Eagle will NOT need you to pick him up at Southport Tower at 11:30 a.m. Everything else remains the same. Thank you.

Regards, Joyce

---

**From:** Joyce Murray  
**Sent:** Monday, February 06, 2012 2:20 PM  
**To:** 'collinslimo@telus.blackberry.net'  
**Subject:** Transportation for Dr. Eagle

Good Day George,

Can you accommodate the following trips?

**Monday, February 20, 2012**

1. **8:30 p.m.** pickup (Chris & Oksana) at the Calgary International Airport, arriving WestJet502 from Victoria at 8:21 p.m. for drop off at the Alma Hotel, 169 University Gate NW.

**Tuesday, February 21, 2012**

1. **6:30 a.m.** pickup at the Alma Hotel for drop off at The Loop Breakfast House, 2015 – 33<sup>rd</sup> Avenue SW
2. **PICK UP NOT REQUIRED 11:30 a.m.** pickup at Southport Tower (10301 Southport Lane SW) for drop off at 3330 Hospital Drive NW, Health Research Innovation Centre (HRIC) Atrium, Faculty of Medicine, University of Calgary

3. **2:00 p.m.** pickup at 3330 Hospital Drive for drop off at Calgary International Airport departing AC8152 at 4:30 p.m.

Thank you.

Regards, Joyce

<Picture (Device Independent Bitmap) 1.jpg>

Joyce Murray  
Executive Assistant  
Office of the President & CEO  
Tel: 780-342-2011  
Fax: 780-342-2063

14th Floor North Tower, Seventh Street Plaza  
10030 - 107 Street NW Edmonton, AB T5J 3E4

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<Picture (Device Independent Bitmap) 1.jpg>

WILDFLOWER RESTAURANT  
10009 107th Street  
Edmonton, AB  
T5J 1J1  
780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 4642

Check #: 1559  
Employee #: 109  
Employee Name: CHRISTIN  
Workstation #: 1

MasterCard  
Pre-Auth Purchase  
xxxxxxxxxxxx9747 S

Amount \$42.00

Tip \$ 6.00

TOTAL \$ 48.00

APPROVED 145156  
00-001 145156  
SC001T0001/WI:DFC01  
592001001002  
2012/02/29 12:51:38

Customer Copy



109 CHRISTIN

Tbl 51/1 Chk 1559 Gst 2  
Feb29'12 12:09PM

1 VIRGIN COCKTAIL	5.00
1 CHICKPEA SALAD	14.00
1 ADD PRAWNS	5.00
1 SIGNATURE CHILI	16.00

Subtotal	40.00
40.00 GST Percent	2.00
Amount Due	42.00

LUNCH JAMES CONWAY





CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

# RECEIPT REÇU

March 9, 2012

Received from / reçu de :

12964

Dr Chris Eagle  
President and CEO  
Alberta Health Services  
14th Floor, SSP 10030 - 107 Street  
Edmonton, AB T5J 3E4

Date	Invoice / Facture	Description	Amount / Montant
Mar-01-2012	2012-033937	CCHSE Member Fees	\$506.00

**TOTAL RECEIVED / TOTAL REÇU : \$506.00**

6602 0000

s.17(1), 17(4)(e.1)

CHRIS EAGLE  
 AB HEALTH SERVICES

EXPIRY DATE CHECKED  
 DATE D'EXPIRATION VERIFIEE

AUTHORIZATION NO./N° D'AUTORISATION

DATE 0301 12	DEPT fcm
CLERK/CAISSIER 1975	TAKEN EMPORTE <input type="checkbox"/> DELIVERED LIVRE <input type="checkbox"/>

Signature: *[Handwritten Signature]*

Card No: *5812 6380 41*

DESCRIPTION	AMOUNT - MONTANT
	140 00
	—
	—
TAX TAXE	—
TIP POURBOIRE	20 00

SALES DRAFT / FACTURE

CARDHOLDER'S SIGNATURE / DU TITULAIRE: *[Handwritten Signature]*

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.  
 LE DETENEUR DE LA CARTE MENTIONNEE CI-DESSUS PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENEUR DE LA CARTE.

VISA MasterCard

TOTAL \$ CDN CAN: \$ 160 00

CUSTOMER COPY / COPIE DU CLIENT

PLEASE RETAIN THIS AS RECORD OF YOUR TRANSACTION. / PRENEZ VOTRE COPIE DE LA TRANSACTION.

Senior LEADERS MEETING Colgroy  
 March 1, 2012

## Susan Best

---

**From:** collinslimo@telus.blackberry.net  
**Sent:** Monday, February 27, 2012 3:27 PM  
**To:** Susan Best  
**Subject:** Re: Transportation for Dr. Chris Eagle - Thursday March 1st

Hi Susan,  
I have entered the pick ups into my calendar.  
Thanks,  
George  
Sent on the TELUS Mobility network with BlackBerry

---

**From:** Susan Best <[Susan.Best@albertahealthservices.ca](mailto:Susan.Best@albertahealthservices.ca)>  
**Date:** Mon, 27 Feb 2012 13:27:10 -0700  
**To:** 'collinslimo@me.com' <[collinslimo@me.com](mailto:collinslimo@me.com)>  
**Subject:** Transportation for Dr. Chris Eagle - Thursday March 1st

Hi George,

Could I please make the following transportation arrangements for Dr. Eagle & Lorinda Prociuk on Thursday, March 1<sup>st</sup>:

**8:30 a.m.** - Pick up at Calgary Airport (arriving on A/C #8360 at 8:23 a.m.) and take to Delta Hotel South

**4:30 p.m.** - Pick up at Delta Hotel South and take to airport (leaving on A/C #8160 at 6:30 p.m.)

Thanks a bunch!  
Susan

---

### Susan Best

Executive Assistant  
Office of the President & Chief Executive Officer  
**Alberta Health Services**  
14th Floor, Seventh Street Plaza  
10030 - 107 Street, North Tower  
Edmonton, AB T5J 3E4  
Phone: 780-342-2021 Fax: 780-342-2060  
E-mail: [susan.best@albertahealthservices.ca](mailto:susan.best@albertahealthservices.ca)

---

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

**Joyce Murray**

---

**From:** Lorinda Prociuk  
**Sent:** Monday, March 05, 2012 1:50 PM  
**To:** Joyce Murray  
**Subject:** FW: Institute of Corporate Directors Purchase Confirmation / Confirmation d'achat

-----Original Message-----

**From:** [admin@icd.ca](mailto:admin@icd.ca) [<mailto:admin@icd.ca>]  
**Sent:** Monday, March 05, 2012 1:02 PM  
**To:** Chris Eagle  
**Subject:** Institute of Corporate Directors Purchase Confirmation / Confirmation d'achat

You are registered for the following:

Attendee / Participant: Dr Chris Eagle  
Attendee / Participant ID: 126696  
Title / Titre: President & CEO  
Company / Société/organisme: Alberta Health Services Address / Adresse: 14th Floor, North Tower 10030 107 Street NW Edmonton, AB T5J 3E4

Phone / No de téléphone: (780) 342-2003  
Email / Courriel: [chris.eagle@albertahealthservices.ca](mailto:chris.eagle@albertahealthservices.ca)

\*Total Charges: / \*Frais totaux: \$68.25  
Charged to CC / Montant imputé à la carte de crédit: XXXXXXXXXXX9747

\*total charges include everything paid for in this transaction including dues, buying products, events, registering for multiple events and registering multiple people for events.  
\*Les frais totaux correspondent à l'ensemble des frais payés à l'égard de cette transaction incluant l'achat de produits, l'inscription à une activité ou à plusieurs activités et inscription de plusieurs personnes à des activités.

=Authorization / Autorisation=====

Authorization Code / Code d'autorisation: 150219 Order-ID / Code-commande :  
20120305150213CHRIS126696VDVP3EDA5E94

=Event & Functions / Activité et autres événements=====

Event Code / Code de l'activité: EDBK120315 Event Title / Titre de l'activité: Finding Your Passion Changes Everything Event Total / Frais totaux pour l'activité: \$65.00

Function Code / Code de l'activité: EDBK120315/REG Function Title / Titre de l'activité :  
ICD Edmonton Breakfast Session Function Description / Description de l'activité:  
Begin Date / Date de début de l'activité: 03/22/2012 Begin Time / L'activité commence à:  
08:00 AM End Date / Date à laquelle se termine l'activité: 03/22/2012 End Time / Heure à  
laquelle se termine l'activité: 10:00 AM Quantity Ordered / Quantité commandée: 1 Function  
Price / Coût de l'activité: 65.00 Function Total Price / Coût total de l'activité: 65.00

**Joyce Murray**

**From:** Air Canada [confirmation@aircanada.ca]  
**Sent:** Wednesday, March 07, 2012 11:20 AM  
**To:** Joyce Murray  
**Subject:** Air Canada - 16-Apr: Edmonton - Ottawa (booking ref: NH3UPM) - seat selected

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*

## Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



- Looking for Travel Insurance?** Protect yourself and your family against unforeseen circumstances.
- Need a hotel in Ottawa?** Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.
- Need ground transportation, sightseeing or attractions?**
- Need a car in Ottawa?** Great rates and additional Aeroplan Miles.



## Booking Information

**Booking Reference:** **NH3UPM**

### Customer Care

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Dr Christopher Eagle  
joyce.murray@albertahealthservices.ca  
Mobile: s.17(1), 17(4)(g)(i)  
Home:  
Work: 1-780-3422029

**Air Canada**  
1-888-247-2262

**Flight Arrivals and Departures**  
1-888-422-7533

### Online Services

**Manage** my booking online (view/change my booking; select seats\*).

**Request an upgrade**

**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
AC104	Edmonton, Edmonton Int'l (YEG) Mon 16-Apr 2012 08:15	Ottawa, Ottawa Int'l (YOW) Mon 16-Apr 2012 13:59	0	3hr44	E90	Tango Plus, S	<input type="checkbox"/> F

AC143	<b>Ottawa, Ottawa Int'l (YOW)</b> Tue 17-Apr 2012 19:55	<b>Edmonton, Edmonton Int'l (YEG)</b> Tue 17-Apr 2012 22:10	0	4hr15	E90	Tango Plus, Q	 F
-------	---	---	---	-------	-----	---------------	--

 F: Food for purchase onboard All Onboard Café purchases made on board Air Canada flights are payable only with Visa, MasterCard and American Express credit cards.

### Passenger Information

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142105597244**

Air Canada - Aeroplane :	s.17(1), 17(4)(g)(i)	Meal Preference :	<b>None</b>
Credit Card :	xxxx-xxxx-xxxx-9747	Special Needs :	<b>None</b>
Seat Selection :	AC104 15D ; AC143 15D		

### Purchase Summary

#### Fare Summary

Passenger Type	<b>Adult</b>
Departing Flight - <u>Tango Plus</u>	<b>384.00</b>
Return Flight - <u>Tango Plus</u>	<b>557.00</b>
Surcharges	46.00

#### Taxes, Fees and Charges

Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	51.31
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	2.60
Air Travellers Security Charge (ATSC)	14.25
<b>Total airfare and taxes before options (per passenger)</b>	<b>1100.16</b>
Number of passengers	1
<b>Total</b>	<b>1100.16</b>
RBC Travel Insurance (declined)	0.00

**Grand Total - Canadian dollars** **\$1100.16**

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$1100.16 (Airfare - per ticket)

Ticket number(s): 0142105597244

### enRoute City Guide

## Ottawa

Long tagged "the town that fun forgot," Canada's capital has made an art of defending itself against its reputation. While the postcard view - the Ottawa River, Parliament Hill, the politicians - tends to dominate the collective consciousness, that's only the beginning...

 [Read the complete guide](#)

**What do you think** of our new City Guide feature?

### STATEMENT FOR THE MONTH OF FEBRUARY 2012

<b>NO</b>	<b>DATE</b>	<b>TIME</b>	<b>NAME</b>	<b>DESTINATION</b>	<b>AMOUNT</b>
1	21	17:24	Dr.Eagle	Airport to Residence	\$74.75
2	28	21:55	Dr.Jim Conway	Airport to hotel Macdonald	\$66.70
3	29	08:00	Dr.Jim Conway	Hotel Macdonald to SSP	\$50.00
4	29	16:30	Dr.Jim Conway	UofA to hotel Macdonald	\$50.00
<b>TOTAL</b>					<b>\$241.45</b>

s.17(1), 17(4)(e.1)

**"The Preferred Choice"**  
PLEASE CONTACT THE Director OF THE ST. JOHN'S REGIONAL COUNCIL

CHARGE TO: ACCOUNT NO.

**YELLOW CAB (780) 462-3456**  
**PRESTIGE CABS (780) 462-4444**  
ADMINISTRATION (780) 455-0500

AUTH. NO.	DRIVER	UNIT NO.
121815	71	815
TIME	DAY	MO. YR.
	29	02 2012

G.S.T.#

FROM  
Transportation for the

TO  
month of February 2012.

PRINT NAME

CUSTOMER'S SIGNATURE  
X DR. CHRIS PAUL

3888248

FARE	
TAX	
GRATUITY	/
TOTAL	241 45

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY GIVEN TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT GOVERNING THE USE OF SUCH CARD.

MERCHANT COPY



## STATEMENT FOR THE MONTH OF JANUARY 2012

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	26	13:30	Dr.Eagle	AHS to Airport	\$66.70
2	27	16:24	Dr.Eagle	Airport to AHS	\$66.70
<p><i>NOTE:</i></p> <p><i>Master Card paid \$13.40</i></p> <p><i>INSTEAD OF \$133.40</i></p> <p><i>TOBIAS TO CONTACT</i></p> <p><i>Mastercard.</i></p> <p><i>MLR 27/12</i></p>					
				<b>TOTAL</b>	
				<b>\$133.40</b>	

s.17(1), 17(4)(e.1)

1249998 01151483 011 Copyright © 2010 All rights reserved. — 8555

**"The Preferred Choice"**

CHARGE TO: ACCOUNT NO.

**DW CAB (780) 462-3456**  
**RESTIGE (780) 462-4444**  
CABS  
ADMINISTRATION (780) 415-8505

ALPH. NO.	DRIVER	UNIT NO.
095937	TJ	815
TIME	DAY	MO. YR.
	31	01 2012

3888243

FARE	
TAX	
GRATUITY	
TOTAL	133 40

FROM: TO: PRINT NAME: CUSTOMER'S SIGNATURE: X DR. CHRIS EAGLE

TRANSPORTATION for the month of January 2012

FARE:  TAX:  GRATUITY:

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL, TOGETHER WITH ANY OTHER CHARGES DUE THEREON, SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

MERCHANT COPY

**Fare Summary**

**Passenger: 1 Ticket number 014 2105 684712**

<b>Date of issue</b>	09-Mar 2012
<b>Fare Amount in Canadian dollars:</b>	2,273.00
<i>(including navigational &amp; other charges)</i>	
<b>Taxes, Fees &amp; Charges</b>	
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	64.30
Combined Taxes *see fare calculation below (XT)	4.52

**Total Fare in Canadian dollars:** ~~1,354.82A~~

**Options**

Change fee in Canadian dollars  
 Canada Goods and Services Tax (GST/HST #10009-2287) (XG)  
 Ticket particularities:  
 AC ONLY

*Change fee* ~~100.00~~  
~~5.00~~

*\*Fare calculation:*

16APR12YEA AC YOW Q23.00R809.00AC X/YTO AC YEA  
 Q23.00R1418.00CAD2273.00 END ROE1.00 XT0.52RC4.00SQ PD14.25CA  
 51.31XG2.60RC45.00SQ

*Canadian tax registration numbers:*

XG Canada Goods and Service Tax (GST) #10009-2287  
 RC Canada Harmonized Sales Tax (HST) #10009-2287  
 XQ Quebec Sales Tax (QST) #1000-043-172

**Fare Rules**

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

**Important Information**

This is your E-ticket itinerary/receipt. Keep this document for your travel. Your flight coupons are stored in our reservation system. The Conditions of Contract and other legal notices are provided with this itinerary/receipt.

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

**Travel Documents**

Air Canada is required by federal government regulations to check identification at the departure gate for all passengers who appear to be 18 years of age or older. The name on the identification must match the name used on the reservation or ticket. The passenger must present: one (1) piece of government-issued ID with photo or two (2) pieces of government-issued ID without photo. For **air travel between Canada and the United States**, all passengers including Canadian and U.S. citizens, are required to present a valid passport or other valid travel document such as a Nexus card. Nexus members are required to carry appropriate immigration and identity documents in addition to their Nexus card. In addition, passengers must present this Itinerary/receipt to immigration authorities upon request. For **air travel to a foreign country**, passengers must ensure that they have all necessary travel documents such as a passport or visa, as directed by embassies and consulates. All passengers are advised to view the [Travel documentation](#) page for important information on documentation required for travel.

**YOU CANNOT TRAVEL IF YOU DO NOT HAVE ALL REQUIRED TRAVEL DOCUMENTS, SUCH AS PASSPORT AND VISA (if applicable).**

**Susan Best**

---

**From:** Lorinda Prociuk  
**Sent:** Monday, March 12, 2012 9:37 AM  
**To:** Susan Best  
**Subject:** FW: Soundview Confirmation for Order #270153

-----Original Message-----

**From:** Chris Eagle  
**Sent:** Sunday, March 11, 2012 5:27 PM  
**To:** Lorinda Prociuk  
**Subject:** FW: Soundview Confirmation for Order #270153

cc receipt

---

**From:** [service@summary.com](mailto:service@summary.com) [service@summary.com]  
**Sent:** March 11, 2012 5:24 PM  
**To:** Chris Eagle  
**Subject:** Soundview Confirmation for Order #270153

[[http://www.summary.com/\\_resources/www/soundview/images/email/logo.gif](http://www.summary.com/_resources/www/soundview/images/email/logo.gif)] <<http://www.summary.com/>>  
Shipments & Items

1.  
Shipment #1 s.17(1), 17(4)(g)(i)

Shipping To:  
Chris Eagle Alberta Health Services

Shipping Via:  
USPS Ground  
Items

Product	Price	Quantity	Total
Subscription Renewal - Premium Online	\$199.00	1	\$199.00

Totals  
Subtotal: \$199.00 *US FUNDS*  
Shipping: \$0.00  
Tax: \$0.00  
Total: ~~\$199.00~~ *\$202.42*

View Details for Order #270153 <[https://www.summary.com/account/orders/?customerOrder\\_ID=4ffd7595-cdde-4402-aff6-ab870df68040](https://www.summary.com/account/orders/?customerOrder_ID=4ffd7595-cdde-4402-aff6-ab870df68040)>

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Susan Best

**From:** calgaryherald@reachcanada.com  
**Sent:** Friday, March 16, 2012 6:26 AM  
**To:** s.17(1), 17(4)(g)(i)  
**Subject:** Calgary Herald Digital - Your Subscription



Dear Chris Eagle,

Welcome and thank you for subscribing to the **Calgary Herald Digital Edition**. Being an online subscriber gives you access to news and events 24 hours a day, anytime - anywhere.

---

## Your Subscription

Please take a few moments to review the following information about your subscription

YOUR SUBSCRIPTION	
Subscription Date:	16 Mar 2012
User Name:	s.17(1), 17(4)(g)(i)
Billing Address:	14th Floor, 10030 107 St Edmonton, AB Canada T5J 3E4
Item(s) purchased:	12 Month Term
Expiry Date:	06/2014
Card #:	.... .... 9747
Card Type:	MasterCard
Amount:	\$119.90
GST:	\$6.00
Purchase Total:	\$125.90
Invoice #:	MRBC1CZMKWD1

As per the terms of the offer, a charge of the purchase total has been applied to your credit card. This charge will be identified on your statement as "Digital Newspaper".

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For subscriber services please contact us at [calgaryherald@reachcanada.com](mailto:calgaryherald@reachcanada.com) or toll free in Canada at 1-800-372-9219

Thank you,

KOSALINA - JAN 01



**Alberta Health Services**

**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM**

PLEASE DO NOT USE ENTER KEY TO NAVIGATE THIS FORM → USE TAB, ARROW KEYS OR MOUSE

**SECTION A - Employee Details (for AHS Staff ONLY)**

→ Enter Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system.  
 → Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system.  
 → If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).

Employee # (old): / Employee # (E-People): Name: Chris Eagle

Position (Title): President & CEO Location: 7<sup>th</sup> Street Plaza Dept: Corporate Out-of-Province Travel:

Union Name: 17(1), 17(4)(g)(1) Business Phone #: 780.342.2003 Travel Period from: Nov/11 to Dec/11

What former entity payroll system is the employee currently being paid from? (Please check one from below)

AADAC  Calgary Health  East Central  
 Alberta Cancer Board  Capital Health  Northern Lights  
 Alberta Mental Health Board  Chinook  Palliser Health  
 Aspen  David Thompson  Peace Country

**SECTION B - Finance Coding & Total Claim - Complete separate Page 2 for each Functional Centre**

Finance Code / Accounting Distribution → Expense Object Code (EOC) secondary code not required in this section

Bal Unit (3 char)	Location (4 char)	Functional Centre (FC) (11 char)	pg	Travel \$s	pg	Other \$s	Total	
101	0923	71110101058	2A	\$250.80	3		\$250.80	
			2B		3			
			2C		3			
			2D		3	\$480.69	\$480.69	
Converted Foreign Currency \$s								
Less Cash Advance if applicable								
→ Claim should include a minimum of 2 pages + receipts							<b>TOTAL CLAIM</b>	\$731.49

**IMPORTANT NOTE** → Applicable to all Sections A to F  
 If this form is not filled in correctly, legibly and completely, the form will be returned.  
 order to facilitate processing of this claim, please review the following notes:  
 • Email approvals, physical signature stamp or similar device are not acceptable  
 • Employee # refers to the number indicated on employee's pay stub  
 • Out-of-Province Travel - the approver **MUST** ensure all documentation and approval levels are compliant as per the Travel Policy **BEFORE** submission to Accounts Payable

Alberta Health Services  
 Accounts Payable  
 DEC 23 2011  
**RECEIVED**

**SECTION F - Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions, contact can be easily made.  
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Joyce C. Murray Phone # 780.342.2011

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: December 19, 2011

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Ken Hughes	DOFA level	Position #	Phone #
Signature: <i>[Signature]</i>	Title: <i>Chair</i>	Date: <i>Dec 22/11</i>	
Approved By (PRINT ONLY)	DOFA level	Position #	Phone #
Signature:	Title:	Date:	

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies  
 - 1 of 3 -

**EXPENSE CLAIM DETAILS**

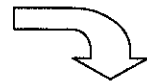
<b>SECTION D</b>	<b>Other Expenses</b>	<b>NOTE: If expenses are for travel or education (courses etc) go to SECTION C</b>
------------------	-----------------------	--

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

**Subtotal "Other Expenses" for each functional centre separately**  
**and enter each subtotal on page 1**



Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie: 4100000)	If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B		TOTAL Other \$\$
				A-GST on receipt	B-GST <u>not</u> on receipt	
16/11/11	Telus Mobility	101.0923.71110101058	64020000	7.51 ✓		157.71
29/11/11	Dinner Meeting	101.0923.71110101058	69600000	11.93		290.43
9/12/11	Office Supplies		41090000	1.55		32.55

<b>SECTION E</b>	<b>Foreign Currency</b>	<p><b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.</b></p> <p>All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.</p>
------------------	-------------------------	---

Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie: 4100000)	Foreign Currency Amt (\$)	For AP use ONLY	
					Exch Rate	CDN Value
<b>Total Converted \$\$</b>						

**Expenses Paid (Retain a copy for your records)**  
**Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.**

**Mileage – Dr. Chris Eagle**  
**December 14 – 15, 2011**  
**Calgary Meetings**

1. Report to the Community
2. Libin Cardiovascular Institute of Alberta
3. Joint Meeting with AHS/U of C
4. Ann McCaig
5. Jim Gray

660 km @ .38¢ = \$250.80





**Roaming text messages are \$0.60/msg**

The roaming text message rate to send/receive messages when you're outside of Canada is \$0.60/msg. Starting November 27, 2011 this charge will be applied to your bill under "Roaming Txt Msg". To enjoy international passes and reduced rates, visit [telusmobility.com/travel](http://telusmobility.com/travel)

**Give where you live through Fundchange, sponsored by TELUS**

Fundchange uses the latest social media tools to reshape the face of fundraising. Visit [Fundchange.com](http://Fundchange.com) to learn more.

**Do you have a complaint regarding your telecommunications services?**

If so, call us at 1-866-558-2273 or \*611 from your mobile phone. If we can't resolve your complaint, the independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you: [www.ccts-cprst.ca](http://www.ccts-cprst.ca) or 1-888-221-1687.

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 20.60
Data and Other Services	\$ 0.60
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.51
Total Taxes	\$ 7.51
<b>Total Current Charges</b>	<b>\$ 157.71</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Oct-11	\$ 137.66
Payments	\$ -137.66
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

**Payment received after 13-Nov-11 may not be reflected on this invoice.**

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 157.71**

PTLPS01A 17536 HRI -- 3 - 1 - 1 - - 126265



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 12-Dec-11
	16-Nov-11	\$ 157.71

Additional fees apply for late payments

PTLPS01A E S 17536  
00000085 205(X)  
CHRIS J. EAGLE

*Reimburse*

*PAID*

**Amount of Payment**  
*157.71*

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE

CLIENT N° :



BILL DATE : 16-Nov-11  
PAGE 3 of 3

s.17(1), 17(4)(g)(i)

**ACCOUNT DETAIL**

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

Contract Term : 3 yr

**Monthly Service Plans Nov 17 to Dec 16**

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

**Additional Local Airtime**

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	541:00	228:00	313:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Long Distance Charges**

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	406:00	0:00	200:00	206:00	20.60
<b>Total</b>					<b>\$ 20.60</b>

**Data and Other Services**

Service	Total Events	Event Type	Total
Text Messaging - Sent	2	Msg	0.40
Data Usage	439.934	MB	0.00
Text Messaging - Received	1	Msg	0.20
<b>Total</b>			<b>\$ 0.60</b>

**Value Added Services**

Service	Total
200 mins Cdn LD @ 10¢ (Nov 17 to Dec 16)	20.00
3 GB included data (Nov 17 to Dec 16)	Free
Feature Bundle - Small (Nov 17 to Dec 16)	7.00
Visual Voicemail for iPhone (Nov 17 to Dec 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

**Other Charges and Credits**

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

**Taxes**

Taxes	Total
GST	7.51
<b>Total</b>	<b>\$ 7.51</b>

**Total Current Charges \$ 157.71**

PTLPS01A 17536 HRI -- 3 - 2 - 1 - - 126267

*Pam Limban*

Royal Mayfair Golf Club

----- Chit Details -----

Member: \_\_\_\_\_  
Server: Sophia 22  
Area: Dining Room  
Table#: 1  
Chit #: 02030140

s.17(1), 17(4)(g)(i)

Covers: 5

Date: Nov 29/11 Time: 8:24pm

Fab Pinot Gri 8oz Gl	8.00
Joel Gott Sauv Bl 8oz	10.75
2 Caesar	10.50
2 Fountain Juice	4.00
2 Lakt Onion Soup	18.00
2 DR Caesar Salad	16.00
2 Full Jumbo Prawns	64.00
Escabeche Salmon	30.00
Potato Crust Halibut	30.00
Full Beef Tenderloin	39.00
Coffee	2.00
2 Tea	4.00
Fountain Pop	1.75

Sub-Total: 238.50  
TAX # 119322980 11.93

Chit Total: \$250.43

Gratuity: 40.00  
Total: \$290.43

Signature Number: \_\_\_\_\_

*[Handwritten Signature]*

Signature: \_\_\_\_\_

Christmas Family Buffet  
December 11th. To reserve  
call 780.432.0066 ext 225

*Meeting with  
Dr. Verna Yiu,  
Carol Amrhein  
Colleen Skidmore  
Dr. Dave Megran*

Reimburse  
STYLUS  
11538 102 Ave.  
PO (780)421-0191

12/09/2011 27PM 01  
000000#490/ (11/05/11)

2 x \$10.00  
Ink Refills \$20.00  
GST \$1.50  
BUSF ST \$1.00  
GST \$0.50

TAXS 30  
TOTAL \$32.55  
C.A. \$40.00  
Change \$7.45

GST#: 8046364/ORT0001  
Returns/Exchanges - 7 Days

WAYNE - MAR 13



Best Copy Possible

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

ALBERTA HEALTH SERVICES

**SECTION A - Employee Details (for AHS Staff ONLY)**

→ Enter Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system.  
 → Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system.  
 → If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).

Employee # (old): \_\_\_\_\_ Employee # (E-People): \_\_\_\_\_ Name: CHRIS EAGLE

Position (Title): President & CEO Location: 7<sup>th</sup> ST. PLAZA Dept: CORPORATE Out-of-Province Travel:

Union (Name): 17(4)(g)(i) Business Phone #: 780 342 2003 Travel Period from: DAU to JUN 12

What former entity payroll system is the employee currently being paid from? (Please check one from below)

<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Paliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

**SECTION B - Finance Coding & Total Claim -** Complete separate Page 2 for each Functional Centre

Finance Code / Accounting Distribution → Expense Object Code (EOC) secondary code not required in this section

Bal Unit (3 char)	Location (4 char)	Functional Centre (FC) (11 char)	pg	Travel \$s	pg	Other \$s	Total	
<u>101</u>	<u>0933</u>	<u>71110101003</u>	<u>2A</u>	<u>12.50</u>	<u>3</u>		<u>12.50</u>	
			<u>2B</u>		<u>3</u>	<u>406.72</u>	<u>406.72</u>	
			<u>2C</u>		<u>3</u>	<u>53.42</u>	<u>53.42 US</u>	
			<u>2D</u>		<u>3</u>			
Converted Foreign Currency \$s								
Less Cash Advance if applicable								
→ Claim should include a minimum of 2 pages + receipts							<b>TOTAL CLAIM</b>	<u>472.64</u>

**IMPORTANT NOTE** → Applicable to all Sections A to F

If this form is not filled in correctly, legibly and completely, the form will be returned. In order to facilitate processing of this claim, please review the following notes -

- Email approvals, physical signature stamp or similar device are not acceptable
- Employee # refers to the number indicated on employee's pay stub
- Out-of-Province Travel - the approver **MUST** ensure all documentation and approval levels are compliant as per the Travel Policy **BEFORE** submission to Accounts Payable

**SECTION F - Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions, contact can be easily made.

Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): John GURRY Phone # 780 342 2011

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: Feb 29, 2012

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) <u>Catherine Roozen</u>	DOFA level	Position #	Phone # <u>403 943 1128</u>
Signature: <u>[Signature]</u>	Title: <u>Interim Chair</u>	Date: <u>Mar 6, 2012</u>	
Approved By (PRINT ONLY)	DOFA level	Position #	Phone #
Signature:	Title:	Date:	

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding as per page 1</b> →	101. 0923.71110101058 bal unit (3 char), location (4 char), and functional centre (11 char)	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC. Label this first page with A, and each additional page continue labeling with B, C etc. →	<b>Page 2</b> (enter A, B or C as required)
---	--	---	--

<b>SECTION C</b>	<b>Travel &amp; Education Expenses</b>	<b>NOTE: If expenses do not fall into these categories, go to SECTION D</b>
------------------	--	---

Ensure separate lines are used for claim items that differ in province of expense. Enter total \$ amount on slip, **DO NOT** separate GST. Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

Date (dd/mm/yy)	Purpose of Travel/Education	Prov of Exp (ie AB,BC, etc)	Hotel \$	Meals \$ (Type B, L, D or A for All)			Taxi \$	Transportation \$				Course Reg / Material \$	Mileage (km)
				Type	w/receipt	w/o receipt or per diem		Airfare	Bus	Parking	Rental Car		
27/09/11	Mileage Edmonton/Calgary												250.80
(sum applicable columns) SUBTOTALS													Total Kms 660.00

**TRAVEL EXPENSE LIMITS** – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)  
**Meal Expenses & Allowances**  
 Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.  
 a) Breakfast → \$10    b) Lunch → \$12    c) Dinner → \$21

Enter \$0.505 <u>OR</u> rate per Union Agreement	0.380
Mileage \$s	250.80
Travel \$'s Subtotal	
Enter on page 1 TOTAL TRAVEL \$s	250.80

Please enter above total for each page 2 separately onto page 1, Section B

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding as per page 1</b> →	bal unit (3 char), location (4 char), and functional centre (11 char)	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC. Label this first page with A, and each additional page continue labeling with B, C etc. →	<b>Page 2</b> (enter A, B or C as required)
---	---	---	--

**SECTION C | Travel & Education Expenses**      **NOTE: If expenses do not fall into these categories, go to SECTION D**

Ensure separate lines are used for claim items that differ in province of expense. Enter total \$ amount on slip. **DO NOT** separate GST.  
Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

Date dd/mm/yy)	Purpose of Travel/Education	Prov of Exp (ie AB,BC, etc)	Hotel \$	Meals \$ (Type B, L, D or A for All)			Taxi \$	Transportation \$				Course Reg / Material \$	Mileage (km)
				Type	w/receipt	w/o receipt or per diem		Airfare	Bus	Parking	Rental Car		
13/1/12	PARKING									7.50			
17/1/12	PARKING									5.00			
(sum applicable columns) SUBTOTALS										12.50			Total Kms

**TRAVEL EXPENSE LIMITS** – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)  
**Meal Expenses & Allowances**  
 Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.  
**a) Breakfast → \$10    b) Lunch → \$12    c) Dinner → \$21**

Enter \$0.505 <u>QR</u> rate per Union Agreement	
Mileage \$\$	
Travel \$'s Subtotal	
Enter on page 1 TOTAL TRAVEL \$\$	12.50
Please enter above total for each page 2 separately onto page 1, Section B	

**EXPENSE CLAIM DETAILS**

**SECTION D Other Expenses** **NOTE: If expenses are for travel or education (courses etc) go to SECTION C**

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

**Subtotal "Other Expenses" for each functional centre separately  
and enter each subtotal on page 1**



Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie. 4100000)	If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B		TOTAL Other \$s
				A-GST on receipt	B-GST not on receipt	
16/12/11	Telus Mobility	101.092.71110101058	64020000	7.02		147.42
16/12/11	Telus Mobility		64020000	5.95		124.95
12/1/12	DINNER - MINISTER FRED HOENE		69600000	5.35		134.35
						406.72

**SECTION E Foreign Currency** **ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.**  
All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.

Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.71355000007)	Secondary/Expense Code (ie. 4100000)	Foreign Currency Amt (\$)	For AP use ONLY	
					Exch Rate	CDN Value
14/12/11	BOOK - AMAZON	101.092.71110101058	41090000	13.49 US		
14/12/11	BOOK - AMAZON	" "	"	12.99 US		
28/12/11	BOOK - AMAZON	" "	"	26.94 US		
				53.42		
<b>Total Converted \$s</b>						

**Expenses Paid (Retain a copy for your records)**  
**Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.**



Dinner @ Fred Horne

Royal Mayfair Golf Club

----- Chit Details -----

Member:  
Server: Glenn S; s.17(1), 17(4)(g)(i)  
Area: Dining Room  
Table#: 4 Covers: 2  
Chit #: 02030639

Date: Jan 12/12 Time: 7:35pm

Mountain Juice	2.25
Mountain Juice	2.25
! Caesar Salad	8.00
! Caesar Salad	8.00
potato Crust Halibut	30.00
potato Crust Halibut	30.00
coffee	2.00
sa	2.00
Del Gott Chard 8oz	11.75
Del Gott Sauv Bl 8oz	10.75

Sub-Total:	107.00
GST # 119322980	5.35

Chit Total: \$112.35

Gratuity: 22.00

Total: 134.35

Reimburs

Member Number: s.17(1), 17(4)(g)(i)

Signature: \_\_\_\_\_

Happy New Year!

s.17(1), 17(4)(g)(i)



**Do you have a complaint regarding your telecommunications services?**

If so, call us at 1-866-558-2273 or \*611 from your mobile phone. If we can't resolve your complaint, the independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you: www.ccts-cprst.ca or 1-888-221-1687.

**Updated sections on your bill**

Effective November 27, we're making the roaming and international message charges on your bill even easier to understand.

Roaming text message charges were previously on your bill as a \$0.20/msg domestic charge and a \$0.40/msg roaming charge. As of November 27, these have been combined to appear as a single \$0.60/msg charge under "Roaming text msg".

International text message charges were previously on your bill as a \$0.20/msg domestic charge and a \$0.15/msg international charge. As of November 27, these have been combined to appear as a single \$0.35/msg charge under "CAN to Int'l Text Msg".

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 9.40
Data and Other Services	\$ 2.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.02
Total Taxes	\$ 7.02
<b>Total Current Charges</b>	<b>\$ 147.42</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Nov-11	\$ 157.71
Payments	\$ -157.71
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Dec-11 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 147.42**

PTLPS01A 17575 HRI - 3 - 1 - 10 - - 126505



s.17(1), 17(4)(g)(i)

PTLPS01A E S 17575  
000000085 205(A)  
CHRIS J. EAGLE

Payable online or through most financial institutions

<b>Mobility Client Number</b>	<b>Bill Date</b>	<b>Total Amount if received by 11-Jan-12</b>
	16-Dec-11	\$ 147.42

Additional fees apply for late payments

*Reimburse*

**Amount of Payment**  
147.42

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE

CLIENT N° :

BILL DATE : 16-Dec-11  
PAGE 3 of 3

s.17(1), 17(4)(g)(i)



**ACCOUNT DETAIL**

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

Contract Term : 3 yr

**Monthly Service Plans Dec 17 to Jan 16**

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

**Additional Local Airtime**

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	549:00	74:00	475:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Long Distance Charges**

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	294:00	0:00	200:00	94:00	9.40
<b>Total</b>					<b>\$ 9.40</b>

**Data and Other Services**

Service	Total Events	Event Type	Total
Text Msg - Sent	2	Msg	0.40
Data Usage	480.269	MB	0.00
Text Msg - Received	8	Msg	1.60
<b>Total</b>			<b>\$ 2.00</b>

**Value Added Services**

Service	Total
200 mins Cdn LD @ 10¢ (Dec 17 to Jan 16)	20.00
3 GB Included data (Dec 17 to Jan 16)	Free
Feature Bundle - Small (Dec 17 to Jan 16)	7.00
Visual Voicemail for iPhone (Dec 17 to Jan 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

**Other Charges and Credits**

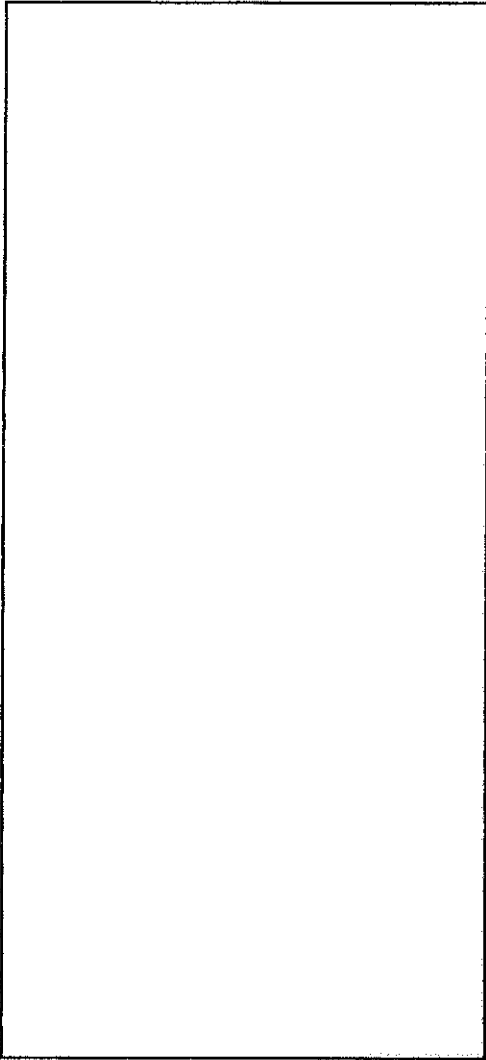
Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	7.02
<b>Total</b>	<b>\$ 7.02</b>

**Total Current Charges \$ 147.42**

PTLPS01A 17575 HRI--3-2-10--126507

s.17(1), 17(4)(g)(i)



**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ -8.00
Taxes	
GST/HST	5.95
Total Taxes	\$ 5.95
<b>Total Current Charges</b>	<b>\$ 124.95</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Jan-12	\$ 137.55
Payments	\$ -137.55
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Feb-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 124.95**

PTLPS01A 17436 HRI -- 3 - 1 - 6 - - 125693



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 13-Mar-12
	16-Feb-12	\$ 124.95

Additional fees apply for late payments

PTLPS01A E S 17436  
000000085 205(G)  
CHRIS J. EAGLE

*Reimburse*

Amount of Payment  
*124.95*

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE

CLIENT N° :



BILL DATE : 16-Feb-12  
PAGE 3 of 3

s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
403-861-3022	CHRIS J. EAGLE
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Feb 17 to Mar 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime

\*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	277:00	42:00	235:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	168:00	0:00	168:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services

Service	Total Events	Event Type	Total
Data Usage	526.007	MB	0.00
<b>Total</b>			<b>\$ 0.00</b>

Value Added Services

Service	Total
200 mins Cdn LD @ 10¢ (Feb 17 to Mar 16)	20.00
3 GB included data (Feb 17 to Mar 16)	Free
Feature Bundle - Small (Feb 17 to Mar 16)	7.00
Visual Voicemail for iPhone (Feb 17 to Mar 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Network Outage	-10.00
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ -8.00</b>

Taxes

Taxes	Total
GST	5.95
<b>Total</b>	<b>\$ 5.95</b>

**Total Current Charges \$ 124.95**

PTLPS01A 17436 HRI - 3-2-6 - 125695

City of Edmonton  
Liberty Parkade

Receipt # 28577

01/17/12 2017

Ticket # 204833

Cash Paid \$5.00

Reimburse

IMPARK LOT #101  
TELLUS PLAZA PARKADE  
GST #88731 5638 RT0006

01-13-2012 FRI #1

1 1/2 HOUR	7.50
TOTAL	7.50
CATEND	10.00
CHANGE	2.50

ITEM 1  
ICL 5961 15:48TM

Dinner  
75.00

Meeting with Marcio Nelson;  
Peter Watson

Dinner with Boredis  
Executives, Bill Koffas  
Chris Mazurkewich

Subject: Your Amazon.com Order (D01-3659163-4885945)  
 From: "Amazon.com" <digital-no-reply@amazon.com>  
 Date: Wednesday, December 14, 2011 7:28 am  
 To:

s.17(1), 17(4)(g)(i)



[YOUR ACCOUNT](#) | [HELP](#)

Thanks for your order, chris!

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

Order Information:

E-mail Address:

s.17(1), 17(4)(g)(i)

Billing Address:

Chris Eagle

Order Grand Total: \$13.49

Order Summary:

Details:

Order #: D01-3659163-4885945  
 Subtotal of items: \$13.49  
 -----  
 Total before tax: \$13.49  
 Sales Tax: \$0.00  
 -----  
**Total for this Order: \$13.49**

*Reimburse  
Note USD*

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

**Good Strategy Bad Strategy: The Difference and Why It Matters [Kindle Edition]**

\$13.49

Sold By: Amazon Digital Services, Inc.



The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

Subject: Your Amazon.com Order (D01-9996821-0623565)  
 From: "Amazon.com" <digital-no-reply@amazon.com>  
 Date: Wednesday, December 14, 2011 7:26 am  
 To:

s.17(1), 17(4)(g)(i)


[YOUR ACCOUNT](#) | [HELP](#)

Thanks for your order, chris!

Did you know you can view and edit your orders online, 24 hours a day? Visit [Your Account](#).

Order Information:

E-mail Address:

Billing Address: s.17(1), 17(4)(g)(i)  
 Chris Eagle

Order Grand Total: **\$12.99**

Order Summary:

Details:

Order #: D01-9996821-0623565  
 Subtotal of items: \$12.99  
 -----  
 Total before tax: \$12.99  
 Sales Tax: \$0.00  
 -----  
**Total for this Order: \$12.99**

*Reimburse  
 Note USD*

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the [Manage Your Kindle](#) page at Amazon.com.

**Change Anything: The New Science of Personal Success** [Kindle Edition] \$12.99  
 Sold By: Hachette Book Group



The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.



Subject Your Amazon.com Order (D01-6144431-4892303)  
From "Amazon.com" <digital-no-reply@amazon.com>  
Date Wednesday, December 28, 2011 10:10 am  
To



s.17(1), 17(4)(g)(i)

[YOUR ACCOUNT](#) | [HELP](#)

Thanks for your order, chris!

Did you know you can view and edit your orders online, 24 hours a day? Visit [Your Account](#).

Order Information:

E-mail Address:

Billing Address:

Chris Eagle

s.17(1), 17(4)(g)(i)

*These  
reimburse  
26.94 @ current  
exchange rate*

Order Grand Total: \$26.94

*CE*

Order Summary:

Details:

Order #: D01-6144431-4892303

Subtotal of items: \$26.94

Total before tax: \$26.94

Sales Tax: \$0.00

Total for this Order: \$26.94 *W/D*

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

*\** **Governance as Leadership: Reframing the Work of Nonprofit Boards** [Kindle Edition] \$26.94  
Sold By: Amazon Digital Services, Inc. *ja*



The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

WAYNE - MAR 13



**Alberta Health Services**

**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM**

PLEASE DO NOT USE ENTER KEY TO NAVIGATE THIS FORM → USE TAB, ARROW KEYS OR MOUSE

<b>SECTION A - Employee Details (for AHS Staff ONLY)</b>							
→ Enter Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system. → Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system. → If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).							
Employee # (old):		Employee # (E-People):		Name: <i>CHRIS EAGLE</i>			
Position (Title): <i>PRESIDENT</i>		Location: <i>ST. ALBERTA</i>		Dept: <i>CORPORATE</i>		Out-of-Province Travel: <input type="checkbox"/>	
Unions Name: <i>17(1), 17(4)(g)(i)</i>		Business Phone #: <i>780.347.2025</i>		Travel Period from: <i>Jan to Feb 2012</i>			
What former entity payroll system is the employee currently being paid from? (Please ✓ one from below)							
<input type="checkbox"/> AADAC		<input checked="" type="checkbox"/> Calgary Health		<input type="checkbox"/> East Central			
<input type="checkbox"/> Alberta Cancer Board		<input type="checkbox"/> Capital Health		<input type="checkbox"/> Northern Lights			
<input type="checkbox"/> Alberta Mental Health Board		<input type="checkbox"/> Chinook		<input type="checkbox"/> Palliser Health			
<input type="checkbox"/> Aspen		<input type="checkbox"/> David Thompson		<input type="checkbox"/> Peace Country			
<b>SECTION B - Finance Coding &amp; Total Claim -</b>				<b>Complete separate Page 2 for each Functional Centre</b>			
Finance Code / Accounting Distribution → Expense Object Code (EOC)/secondary code not required in this section							
Bal Unit (3 char)	Location (4 char)	Functional Centre (FC) (11 char)	pg	Travel \$s	pg	Other \$s	Total
<i>101</i>	<i>0923</i>	<i>71110101058</i>	<i>2A</i>	<i>168.00</i>	<i>3</i>		<i>168.00</i>
			<i>2B</i>		<i>3</i>	<i>1,533.87</i>	<i>1,533.87</i>
			<i>2C</i>		<i>3</i>		
			<i>2D</i>		<i>3</i>		
Converted Foreign Currency \$s							
Less Cash Advance if applicable							
→ Claim should include a minimum of 2 pages + receipts						<b>TOTAL CLAIM</b> <i>\$1,701.87</i>	

**IMPORTANT NOTE → Applicable to all Sections A to F**  
 If this form is not filled in correctly, legibly and completely, the form will be returned.  
 In order to facilitate processing of this claim, please review the following notes -

- Email approvals, physical signature stamp or similar device are not acceptable
- Employee # refers to the number indicated on employee's pay stub
- Out-of-Province Travel - the approver **MUST** ensure all documentation and approval levels are compliant as per the Travel Policy **BEFORE** submission to Accounts Payable

<b>SECTION F - Authorization</b>			
If applicable, <u>print</u> the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions, contact can be easily made.			
Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.			
Claim Prepared by (PRINT ONLY) <i>JAMES C. MURRAY</i>		Phone # <i>780-749-2011</i>	
I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.			
Employee Signature: <i>[Signature]</i>		Date: <i>FEB. 15, 2012</i>	
I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.			
Approved By (PRINT ONLY) <i>C. ROOZEN</i>		DOFA level	Position #
Signature: <i>[Signature]</i>		Title: <i>Interim Chair, AHS Board</i>	
Approved By (PRINT ONLY)		DOFA level	Position #
Signature:		Date:	

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding as per page 1</b> →	bal unit (3 char), location (4 char), and functional centre (11 char)	Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC. Label this first page with A, and each additional page continue labeling with B, C etc. →	Page 2 (enter A, B or C as required)
---	---	---	---

<b>SECTION C</b>	<b>Travel &amp; Education Expenses</b>	<b>NOTE: If expenses do not fall into these categories, go to SECTION D</b>
------------------	--	---

Ensure separate lines are used for claim items that differ in province of expense. Enter total \$ amount on slip, **DO NOT** separate GST.  
Secondary/Expense codes are not required to be indicated in this section as they are pre-determined by the system.

Date (dd/mm/yy)	Purpose of Travel/Education	Prov of Exp (ie AB,BC, etc)	Hotel \$	Meals \$ (Type B, L, D or A for All)			Taxi \$	Transportation \$				Course Reg / Material \$	Mileage (km)
				Type	w/receipt	w/o receipt or per diem		Airfare	Bus	Parking	Rental Car		
17/2/12	WESTJET Change fee Calgary MONTREAL							168.00					
(sum applicable columns) <b>SUBTOTALS</b>								168.00					Total Kms

**TRAVEL EXPENSE LIMITS** – (Refer to CF-04 for terms and conditions, except where collective agreement specifies otherwise.)  
**Meal Expenses & Allowances**  
 Actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST to a maximum (with or without receipt) as indicated below.  
 a) Breakfast → \$10    b) Lunch → \$12    c) Dinner → \$21

Enter \$0.505 <u>OR</u> rate per Union Agreement	
Mileage \$s	
Travel \$'s Subtotal	
Enter on page 1 <b>TOTAL TRAVEL \$s</b>	168.00

Please enter above total for each page 2 separately onto page 1, Section B

**EXPENSE CLAIM DETAILS**

<b>SECTION D</b>	<b>Other Expenses</b>	<b>NOTE: If expenses are for travel or education (courses etc) go to SECTION C</b>
------------------	-----------------------	--

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

→ If no "Other" expenses are being claimed, this page does not have to be submitted.

→ Gas receipts & business insurance are claimed here in Section D – Other Expenses.

**Subtotal "Other Expenses" for each functional centre separately  
and enter each subtotal on page 1**



Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.7135500007)	Secondary/Expense Code (ie: 4100000)	If GST is included on till slip/receipt, enter total amount into column A, if not included enter amount into column B		TOTAL Other \$s
				A-GST on receipt	B-GST not on receipt	
1/3/12	AHS Board Dinner	101.0923.71110101058	69600000	58.29		1,224.13
12/2/12	Zagg Fold Keyboard	101.0923.71110101058	41090000	6.00		125.99
16/1/12	Telus Mobility	101.0923.71110101058	64020000	6.55		137.55
15/8/11	Lunch Good Wink	101.0923.71110101058	69600000	2.20		46.20
						1,533.87

<b>SECTION E</b>	<b>Foreign Currency</b>	<p><b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.</b></p> <p>All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document.</p>
------------------	-------------------------	---

Date (dd/mm/yy)	Purpose of Expense	Functional Centre (ie. 101.0767.7135500007)	Secondary/Expense Code (ie: 4100000)	Foreign Currency Amt (\$)	For AP use ONLY	
					Exch Rate	CDN Value
<b>Total Converted \$s</b>						

**Expenses Paid (Retain a copy for your records)**  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

# Royal Mayfair Golf Club

## Chit Details

Member:

Anthony 21

Catering

05014706

s.17(1), 17(4)(g)(i)

Feb 17/12

Time: 9:01pm

5 Butter Squash Soup	45.00
9 DR Caesar Salad	72.00
2 Pork Tenderloin	56.00
1 Potato Crust Halibut	150.00
4 Full Beef Tenderloin	156.00
Half Beef Tenderloin	28.00
Half Beef Tenderloin	28.00
Open Food	26.00
7 VEG	
2 Mayfair Creme Brule	18.00
Ginger Spice Cake	10.00
Chocolate Pecan Pie	9.00
NY Style Cheesecake	9.00
Sliced Fruit Side	3.00
Sliced Fruit Side	3.00
4 Navarro Lopez Btl	100.00
3 Hendrick's Chard Btl	75.00
Food Rental	

05014706

**Best Copy Possible**

Chit Total: \$1,224.13

Member Charge 1,224.13

Gratuity: \_\_\_\_\_

Total: \_\_\_\_\_

Member Number:



s.17(1), 17(4)(g)(i)

*New IPAD Keyboard  
No Receipt*



LD LONDON CENTER 780 944 4523  
LOOKING FOR WORK? www.londondrugs.com

BRITA FILTER 17.99 6

\*\*\*\* TAX 6.90 BAL 144.88  
VF MasterCard 144.88  
XXXXXXXXXXXX0069  
AUTH: 08243S  
CHANGE .00  
(P)ST .00  
(G)ST 6.90  
02/12/12 13:59 0003 880 0013 41946  
\*\* THANK YOU \*\*  
LONDON DRUGS I.T. #R103378972

*AST 6.00*

*\$125.99*

s.17(1), 17(4)(g)(i)

CREDIT CARD TRANSACTION RECORD

LONDON DRUGS 23  
111111 AVENUE  
MONTON, AB  
T6H0K5

EMPLOYEE: 41946 1

NO.: XXXXXXXXXXXX0069

AMOUNT \$144.88

MasterCard PURCHASE

02/12/12 13:59:42 AUTH: 08243S  
REFERENCE: 66172394 0014790130 C

APL: MASTERCARD  
APN:  
AID: A0000000041010  
TVR: 000008000

01 APPROVED - THANK YOU 027

IMPORTANT:  
Retain this copy for your records.



**Changes to the U.S. roaming rates**

As of March 11, 2012 the pay per use rates while roaming in the U.S. are changing. The calling pay per use rate is increasing from \$1.45/min to \$1.50/min and the data pay per use rate is increasing from \$3/MB to \$5/MB.

You could save up to 82% on your U.S. travel rates with a U.S. Travel Pass. To learn more or purchase your pass today visit [telusmobility.com/travel](http://telusmobility.com/travel), call 1-866-558-2273 or text 'SAVE' to 7626 from your mobile phone.

PTLPS01A 17446 HRI --3-1-1-125627

MOBILITY BILL SUMMARY	
<b>CURRENT CHARGES</b>	Contract Term : 3 yr
iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 2.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.55
Total Taxes	\$ 6.55
<b>Total Current Charges</b>	<b>\$ 137.55</b>

YOUR LAST BILL	
Amount of Last Bill 16-Dec-11	\$ 147.42
Payments	\$ -147.42
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>
<b>Payment received after 13-Jan-12 may not be reflected on this invoice.</b>	
For inquiries please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	<b>Total Amount Due \$ 137.55</b>

*Reimburse*



s.17(1), 17(4)(g)(i)

Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 13-Feb-12
	16-Jan-12	\$ 137.55

Additional fees apply for late payments

PTLPS01A E S 17446  
000000086 205(A)  
CHRIS J. EAGLE

Amount of Payment  
*137.55*

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)



s.17(1), 17(4)(g)(i)

**ACCOUNT DETAIL**

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

Contract Term : 3 yr

**Monthly Service Plans Jan 17 to Feb 16**

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

**Additional Local Airtime** \*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*811 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	167:00	24:00	143:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Long Distance Charges**

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	144:00	0:00	144:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Data and Other Services**

Service	Total Events	Event Type	Total
Text Msg - Sent	5	Msg	1.00
Data Usage	543,893	MB	0.00
Text Msg - Received	5	Msg	1.00
<b>Total</b>			<b>\$ 2.00</b>

**Value Added Services**

Service	Total
200 mins Cdn LD @ 10¢ (Jan 17 to Feb 16)	20.00
3 GB included data (Jan 17 to Feb 16)	Free
Feature Bundle - Small (Jan 17 to Feb 16)	7.00
Visual Voicemail for iPhone (Jan 17 to Feb 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

**Other Charges and Credits**

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

**Taxes**

Taxes	Total
GST	6.55
<b>Total</b>	<b>\$ 6.55</b>

**Total Current Charges \$ 137.55**

PTLPSO1A 17446 HRI - 3-2-1 - 125629



CHECK NUMBER  
737402

**THE FACULTY CLUB**  
OF THE UNIVERSITY OF ALBERTA  
EDMONTON

PH: (780) 492-4231 FAX: (780) 492-4199

DATE Aug 15, 2011

ACCOUNT NUMBER					CASH	CHARGE
7	6	1	6	5	W	

PRINTED NAME  
EDGEW

MEMBERS SIGNATURE  
[Signature]

MEMBER'S RECEIPT - PLEASE KEEP TOP COPY 52

QUAN.	ITEM	CODE	PRICE	TOTAL
2	Buffet	4	21-	42-
1	prep	1		2-
<u>Reimburse</u>				
SUBTOTAL				44-
G.S.T.				2.00
TOTAL				46.20

NO. SERVER  
2

SERVER  
[Signature]


G.S.T. #  
108081795RT

TICKET ISSUE DATE

03Feb2012

s.17(1), 17(4)(g)(i)

**Total Additional Collection**

**CAD 168.00** 

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

\*\* ALBERTA HEALTH SERVICES \*\*  
 ROYAL ALEXANDRA HOSPITALS

10-AUG-12

SUNDRY CASH

PAGE 1

RECEIPT NO 0454143

PROCESSED BY E06440  
 RECEIPT DATE 10-AUG-12

REFUNDED/RECEIVED FROM CIHI

ITEM	PARTICULARS MIS CODE	SITE CODE	AMOUNT
001	RHA5 101.0923.71110101058 TRAVEL CHQ107202 01F 11499	RA K	388.76
TOTAL AMOUNT			<u>388.76</u>

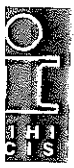
Non-Responsive

**CODES**

A - AMERICAN EXPRESS	F - FOREIGN CURRENCY	P - PREAUTHORIZED WITHDRAWAL
C - CASH	I - INTERAC	T - TRANSFER
D - DIRECT DEPOSIT	K - CHEQUE	V - VISA
E - EXCHANGE	M - MASTERCARD	W - WRITE OFF

INVOICE#	INVOICE DATE	AMOUNT	TRANSACTION #	NET AMOUNT
BOD Mtg Reg Jun	12/06/21	388.76	1011905	388.76
<p><i>Aug 7/12</i></p> <p><i>Cheque for \$388.76 rec'd from CIHI for reimbursement of Dr Eagle's travel to Regina June 20-22/12 to attend CIHI meetings</i></p> <p><i>(Original travel paid on bus PCard)</i></p> <p><i>Cost centre deposit</i></p> <p><i>DZing</i></p>		<p><i>Nella</i></p> <p><i>Can you please provide to Deb or have the appropriate person deal w this?</i></p> <p><i>Donnet</i></p> <p><i>let me know if you require more info.</i></p> <p><i>101.0923</i></p> <p><i>F.C</i></p> <p><i>7/11/01/01058</i></p> <p><i>OUT of Province travel</i></p>		
<b>TOTAL</b>		388.76		388.76

no-juer #7-1230 Altac (800) 333-5180 (949) 727-1248 Fax (949) 727-1253



Canadian Institute for Health Information

495 Richmond Road Suite 800 Ottawa, Ontario K2A 4H6 Tel: (613) 241-7860

485 chemin Richmond bureau 800 Ottawa (Ontario) K2A 4H6 Fax: (613) 241-8120

institut canadien d'information sur la santé

TD CANADA TRUST 55 King Street West Toronto, ON M5K 1A2 004-10202

CHEQUE NO. 107202

DATE 20120801

YYYYMMDD

**PAY ONLY** Alberta Health Services **\$388.76**

THREE HUNDRED EIGHTY EIGHT DOLLARS AND 76 CENTS

\*\*\*388.76

PAY TO THE ORDER OF

Alberta Health Services 10030 - 107 St, 14th floor North Tower Edmonton, AB T5J 3E4

*L. Ogilvie*  
*Charlene Parrier*

TICKET ISSUE DATE

11Apr2012

s.17(1), 17(4)(g)(i)

Document released under the Access to Information Act / Document divulgué en vertu de la Loi sur l'accès à l'information

**Total Fare**

**CAD 367.76**

**Additional Fees not included in Fare**

**CAD 10.00 (0.50 XG) - YEG YQR - CA**  
**XXXXXXXXXXXX5369 (PREMIUM SEAT FEE)**

**CAD 10.00 (0.50 XG) - YQR YEG - CA**  
**XXXXXXXXXXXX5369 (PREMIUM SEAT FEE)**

s.17(1), 17(4)(g)(i)

\*\* ALBERTA HEALTH SERVICES \*\*  
 ROYAL ALEXANDRA HOSPITALS

14-AUG-12

SUNDRY CASH

PAGE 1

RECEIPT NO 0454510 s.17(1), 17(4)(g)(i)

PROCESSED BY E06440  
 RECEIPT DATE 14-AUG-12

REFUNDED/RECEIVED FROM C EAGLE

ITEM	PARTICULARS MIS CODE	SITE CODE	AMOUNT
001	PREMIER DINNER TRAVEL APR 16/11 CHQ477 01F 11499	RA K CASH RECEIPT CLEARING	617.35
TOTAL AMOUNT			<u>617.35</u>

Non-Responsive

**CODES**

A - AMERICAN EXPRESS	F - FOREIGN CURRENCY	P - PREAUTHORIZED WITHDRAWAL
C - CASH	I - INTERAC	T - TRANSFER
D - DIRECT DEPOSIT	K - CHEQUE	V - VISA
E - EXCHANGE	M - MASTERCARD	W - WRITE OFF





C Eaele

477

s.17(1), 17(4)(g)(i)

DATE 2012-08-14  
Y Y Y Y M M D D

STYLE 103

PAY TO THE ORDER OF ALBERTA HEALTH SERVICES \$ 617<sup>35</sup>  
Six hundred and seventeen 35/100 DOLLARS

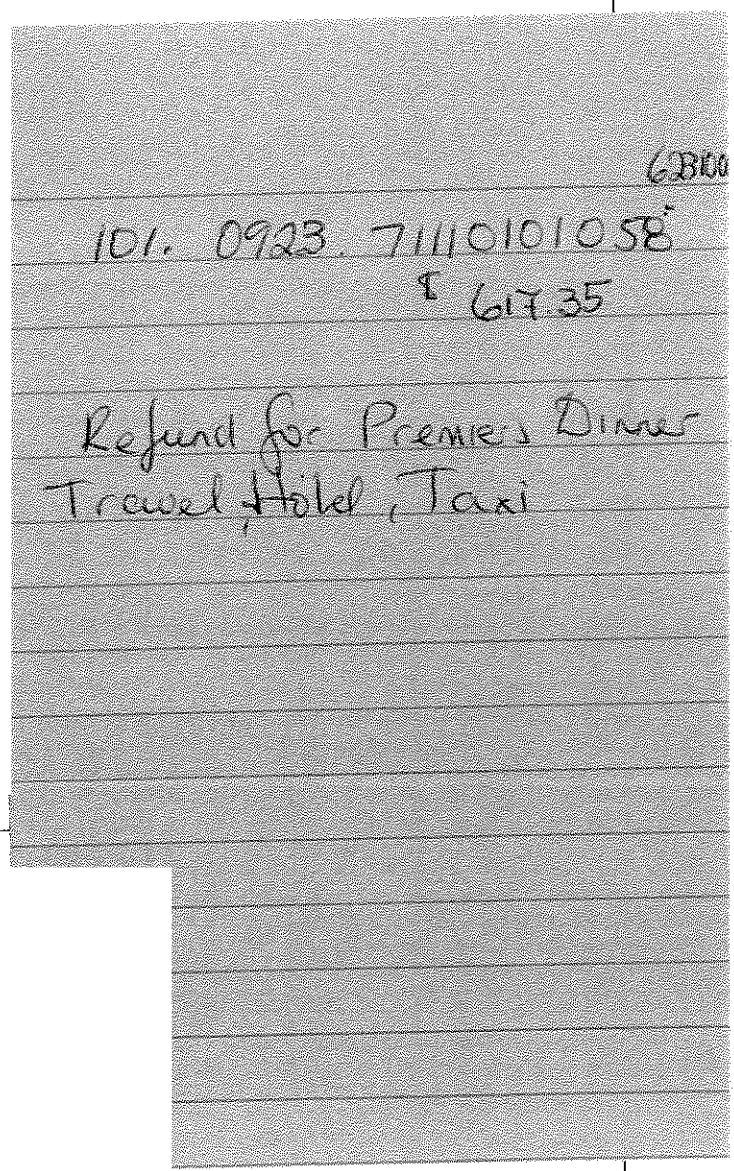
Security features included. Details on back.

s.17(1), 17(4)(e.1)

Non-Responsive

s.17(1), 17(4)(g)(i)

Flight Information



6200

101. 0923. 71110101058

\$ 617.35

Refund for Premier's Dinner  
Travel, Hotel, Taxi

Total including travel options, taxes, fees and charges

**\$239.53 CAD**

s.17(1), 17(4)(g)(i)

DATE
14-Apr-11
14-Apr-11
14-Apr-11
14-Apr-11
15-Apr-11

AMOUNT
\$154.00
\$7.70
\$4.76
\$6.16
(\$172.62)

s.17(1), 17(4)(g)(i)

CREDIT DUE:                      (\$0.00)

SIGNATURE \_\_\_\_\_

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
GST R#108102864

\*\*    A L B E R T A    H E A L T H    S E R V I C E S    \*\*  
 ROYAL ALEXANDRA HOSPITALS

10-AUG-12

SUNDRY CASH

PAGE    1

REPRINT

RECEIPT NO 0454313    s.17(1), 17(4)(g)(i)

PROCESSED BY E06440  
 RECEIPT DATE 10-AUG-12

REFUNDED/RECEIVED FROM C EAGLE

ITEM	PARTICULARS MIS CODE	SITE CODE	AMOUNT
001	AHS REIMBURSEMENT CHQ396 01F 11499	RA    K CASH RECEIPT CLEARING	4,725.46
TOTAL AMOUNT			4,725.46

Non-Responsive

**CODES**

A - AMERICAN EXPRESS	F - FOREIGN CURRENCY	P - PREAUTHORIZED WITHDRAWAL
C - CASH	I - INTERAC	T - TRANSFER
D - DIRECT DEPOSIT	K - CHEQUE	V - VISA
E - EXCHANGE	M - MASTERCARD	W - WRITE OFF

s.17(1), 17(4)(g)(i)

DATE 2012-08-09  
Y Y Y Y M M D D

PAY TO THE ORDER OF Alberta Health Services \$ 4725<sup>46</sup>

STYLE 138

Four thousand seven hundred twenty-five - 46/100 DOLLARS  Security features included. Details on back.

MEMO AHS Reimbursement



s.17(1), 17(4)(e.1)

Non-Responsive

Balancing Unit 101  
 Site Code 0923  
 Functional Centre 71110101058

Reimbursements for Dr. Eagle

s.17(1), 17(4)(g)(i)

Quarter	Date	Charge	Tax	Total	Details	Expense Code
---------	------	--------	-----	-------	---------	--------------

Q1

Q2

s.17(1), 17(4)(g)(i)

Q3

Q4

Q1

**TOTAL** \$3,981.83

**Additional Items:** s.17(1), 17(4)(g)(i)

**TOTAL** \$548.14

**Additional Items for Q2 2012 2013:**

s.17(1), 17(4)(g)(i)

**Total** \$ 195.49

**Grand Total** 4725.46

Best Copy Possible

s.17(1), 17(4)(g)(i)

DATE 2011/09/02

09/02/2011  
6:44 PM  
10055

\$311.85

50  
-----  
361.85 ✓  
-----

Balance Due \$ 311.85

s.17(1), 17(4)(g)(i)

10/03/11

21:13:57

TOTAL

\$215.85

Balance Du \$ 185.85

s.17(1), 17(4)(g)(i)



s.17(1), 17(4)(g)(i)

Date: Nov 29/11 Time: 8:24pm

s.17(1), 17(4)(g)(i)

Total: 29043

---

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

Date: Jan 12/12 Time: 7:35pm

s.17(1), 17(4)(g)(i)

Chit Total: \$112.35



s.17(1), 17(4)(g)(i)

Date: Feb 1/12

Time: 9:01pm

s.17(1), 17(4)(g)(i)

Member Charge      \$1,224.13-

s.17(1), 17(4)(g)(i)

Reimburse

Royal Mayfair Golf Club

----- Chit Details -----

s.17(1), 17(4)(g)(i)

Server: CHRIS 15  
Area: Dining Room  
Table#: 1 Covers: 3  
Chit #: 02031289

Date: Mar 12/12 Time: 8:02pm

	36.00
Baked Onion Soup	9.00
Butter Squash Soup	9.00
DR Caesar Salad	8.00
Potato Crust Halibut	30.00
2 Lg Lamb Rack	80.00
	9.75
	10.50
2 Sorbet	12.00
Coffee	2.00
Tea	2.00

Sub-Total:	208.25
GST # 119322980	10.41

Chit Total: \$218.66

Gratuity: 35.00

Total: \$253.66

s.17(1), 17(4)(g)(i)

Total price

434.83 CAD

s.17(1), 17(4)(g)(i)

[view fare rules](#)

Departure Information



Depart:

Friday, 23 March

WestJet

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

Date	Charges	Credits
06-12-2012	\$38.85 <sup>mb</sup>	
06-13-2012	\$38.85 <sup>mb</sup>	
06-13-2012	\$16.99	
06-13-2012	\$0.85	
06-14-2012		\$-77.70
06-14-2012		\$-17.84
	\$95.54	\$-95.54
	\$-0.00	
****	\$0.85	

TICKET ISSUE DATE

12Jul2012

s.17(1), 17(4)(g)(i)

**Fare**

**CAD 383.00**

s.17(1), 17(4)(g)(i)



**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

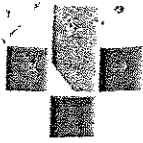
EAGLE, CHRIS Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period:	20/04/2012
CORPORATE OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$4,970.97
CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX625369

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/04/2012	283066524	WESTJET, Westjet Airlines	21.00	CAD	21.00	1.00	.00	Seat Selection
11/04/2012	283066525	WESTJET, Westjet Airlines	367.76	CAD	367.76	17.51	.00	CIHI Board Meeting
12/04/2012	283194787	AIR CAN 0142106901921, AIR CANADA	458.06	CAD	458.06	21.81	.00	Trip to Calgary
12/04/2012	283194788	AIR CAN 0142106906341, AIR CANADA	650.21	CAD	650.21	30.16	.00	Travel to Vancouver (Cancelled)
14/04/2012	283194789	IMPARK00020001U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking CPSI Board Meeting
16/04/2012	283289920	ARAMARK UNIVERSITY OF, CATERERS	154.56	CAD	154.56	7.36	.00	Catering President's Speaker Series
16/04/2012	283386883	UBC E-PAYMENT, COLLEGES, UNIVERSITIES, PROFESSIONAL	250.00	CAD	250.00	11.90	.00	Registration Fee WEDOC Conference
16/04/2012	283386885	PAYPAL *PURENORTHSE, PROFESSIONAL SERVICES NOT	129.00	CAD	129.00	6.14	.00	Registration Fee Healthy Conscious Symposium
17/04/2012	283386884	VIPHALAY, EATING PLACES, RESTAURANTS	199.25	CAD	199.25	9.25	.00	Lunch Executive Committee

Handwritten notes and calculations:

1                    10                    A C                    OT                    PD                    4.41                    0.71  
 2'                    10                                                                                                154.56                    7.50  
 352.36                                                                                                                   199.25                    12.9  
 1158.06  
 650.21  
 1493.03                    10                                                                             363.01                    57.9

17



**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/04/2012</u>
<u>CORPORATE OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$4,970.97</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>XXXXXXXXXX625369</u>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
✓ 11/04/2012	283066524	WESTJET, Westjet Airlines	21.00	CAD	21.00	1.00	.00	Seat Selection ✓
✓ 11/04/2012	283066525	WESTJET, Westjet Airlines	367.76	CAD	367.76	17.51	.00	CIHI Board Meeting ✓
12/04/2012	283194787	AIR CAN 0142106901921, AIR CANADA	458.06	CAD	458.06	21.81	.00	Trip to Calgary <i>credit</i>
12/04/2012	283194788	AIR CAN 0142106906341, AIR CANADA	650.21	CAD	650.21	30.16	.00	Travel to Vancouver (Cancelled) <i>credit</i>
✓ 14/04/2012	283194789	MPARK00020001U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking CPSI Board Meeting ✓
✓ 16/04/2012	283289920	ARAMARK UNIVERSITY OF, CATERERS	154.56	CAD	154.56	7.36	.00	Catering President's Speaker Series ✓
✓ 16/04/2012	283386883	JBC E-PAYMENT, COLLEGES, UNIVERSITIES, PROFESSIONAL	250.00	CAD	250.00	11.90	.00	Registration Fee WEDOC Conference ✓
✓ 16/04/2012	283386885	PAYPAL *PURENORTHSE, PROFESSIONAL SERVICES NOT	129.00	CAD	129.00	6.14	.00	Registration Fee Healthy Conscious Symposium ✓
✓ 17/04/2012	283386884	VIPHALAY, EATING PLACES, RESTAURANTS	199.25	CAD	199.25	9.25	.00	Lunch Executive Committee ✓

2239.84

2239.84

5124112 ~~ESent~~  
to AP

Best Copy Possible

Parent  
details Online @

Cardholder Statement Report

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<u>Tara C. Murray</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
<u>[Signature]</u> Signature of Cardholder Designate	<u>MAY 7 2012</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable)</li> </ul>		
<u>EAGLE, CHRIS</u> Name of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>MAY 7 2012</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.</li> </ul>		
<u>Patti Grier</u> Name of Approver Designate	<u>Chief of Staff, Corporate Secretary</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>MAY 8 2012</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)</li> </ul>		
<u>EMMA ROSE</u> Name of Approver	<u>CHIEF</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>MAY 7 2012</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only.</b>		
Reference #:	Reviewed by:	Date:

*COPY*

**Signatures**

**Cardholder Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Joyce C. MURRAY  
Name of Cardholder Designate

EXECUTIVE ASSISTANT  
Cardholder Designate Position/Title

Joyce C. Murray  
Signature of Cardholder Designate

MAY 7 2012  
Date of Signature

**Cardholder**  
By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
Name of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

MAY 7 2012  
Date of Signature

**Approver Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**  
By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

\_\_\_\_\_  
Name of Approver

\_\_\_\_\_  
Approver Position/Title

\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original Itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
--	--

**Accounts Payable only:**

Reference #: _____	Reviewed by: _____	Date: _____
--------------------	--------------------	-------------



**eTicket Receipt**

**Prepared For  
EAGLE/CHRIS MR**

WESTJET RESERVATION CODE      PISESS  
 TICKET ISSUE DATE                11Apr2012  
 TICKET NUMBER                    8382180721949  
 ISSUING AIRLINE                  WESTJET  
 ISSUING AGENT                    WestJet/SSW  
 FREQUENT FLYER NUMBER

s.17(1), 17(4)(g)(i)

**Itinerary Details**

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
20Jun	WESTJET WS 312	EDMONTON INTL AB, CANADA  Time 1:30pm	REGINA SK, CANADA  Time 2:42pm	Seat Number 10D PREMIUM (PAID) Conf: 8380617759561 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis GBRNDS Not Valid Before 20 JUN Not Valid After 20 JUN
22Jun	WESTJET WS 197	REGINA SK, CANADA  Time 3:15pm	EDMONTON INTL AB, CANADA  Time 4:31pm	Seat Number 10D PREMIUM (PAID) Conf: 8380617759562 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis GBRNDH Not Valid Before 22 JUN Not Valid After 22 JUN

**Payment/Fare Details**

Form of Payment	<b>CREDIT CARD - MASTERCARD : XXXXXXXXXXXXX 5369</b>
Endorsement / Restrictions	<b>NONREF - FEE FOR CHG/CXL</b>
Fare Calculation Line	<b>YEA WS YQR115.00GBRNDWS YEA140.00GBRNDH CAD255.00END</b>
Fare	<b>CAD 255.00</b>
Taxes / Fees / Charges	<b>CAD 14.25 CA (AIR TRANSPORTATION TAX) CAD 17.51 XG (GOODS AND SERVICES TAX GST) CAD 81.00 XT (COMBINED TAXES)</b>
Total Fare	<b>CAD 367.76</b>

Additional Fees not included in Fare

CAD 10.00 (0.50 XG) - YEG YQR - CA  
 XXXXXXXXXXXXX5369 (PREMIUM SEAT FEE)  
 CAD 10.00 (0.50 XG) - YQR YEG - CA  
 XXXXXXXXXXXXX5369 (PREMIUM SEAT FEE)

Positive identification required for airport check in

#21.00

Notice:

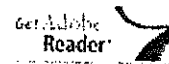
Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please [click here](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.



Important Legal Notices



Get Adobe Reader®

Joyce Murray

From: Air Canada [confirmation@aircanada.ca]  
Sent: Thursday, April 12, 2012 3:58 PM  
To: Joyce Murray  
Subject: Air Canada - 29-Apr: Edmonton - Calgary (booking ref: LQBPMA) - seat selected

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*



## Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



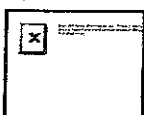
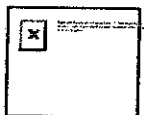
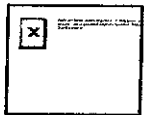
### Hotels in Calgary

From (per night)      From (per night)      From (per night)      **Why book your hotel stay at aircanada.com?**

**\$116** CAD

**\$111** CAD

**\$81** CAD

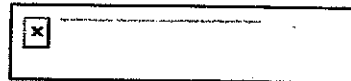


Ramada Hotel  
Downtown Calgary:

Radisson Hotel  
Calgary Airport:

Ramada Limited  
Calgary:

- **Lowest price** guaranteed
- Great choice of hotels
- Aeroplan Mile offer exclusive to aircanada.com



Hotels provided by WWTMS.

**Want travel insurance?** Protect yourself and your family against unforeseen circumstances.

**Need a car in Calgary?** Great rates and additional Aeroplan Miles.

**Looking for ground transportation or attractions?**

### Booking Information

Booking Reference: **LQBPMA**

**Customer Care**  
**Air Canada**

1-888-247-2262

**Flight Arrivals and Departures**

1-888-422-7533

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Dr Christopher Eagle

joyce.murray@albertahealthservices.ca

Mobile:

Home: s.17(1), 17(4)(g)(i)

Work: 1-780-3422029

#### Online Services

**Manage** my booking online (view/change my booking; select seats\*).

**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
AC8157 <sup>1</sup>	<b>Edmonton, Edmonton Int'l (YEG)</b> Sun 29-Apr 2012 18:00	<b>Calgary (YYC)</b> Sun 29-Apr 2012 18:52	0	0hr52	DH3	<u>Tango Plus, T</u>	
AC8138 <sup>1</sup>	<b>Calgary (YYC)</b> Mon 30-Apr 2012 10:30	<b>Edmonton, Edmonton Int'l (YEG)</b> Mon 30-Apr 2012 11:17	0	0hr47	CRJ	<u>Tango Plus, T</u>	

Operated by:

<sup>1</sup> Air Canada Express - Jazz

### Passenger Information

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142106901921**

Air Canada -  
Aeroplan :

s.17(1), 17(4)(g)(i)

Meal Preference : **None**

Credit Card: **xxxx-xxxx-xxxx-5369**

Special Needs: **None**

Seat Selection: **AC8157 4D , AC8138 4D**

### Purchase Summary

#### Fare Summary

Passenger Type

**Adult**

Departing Flight - Tango Plus

**184.00**

Return Flight - Tango Plus

**164.00**

Surcharges

24.00

#### Taxes, Fees and Charges

Canada Airport Improvement Fee

50.00

Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)

21.81

Air Travellers Security Charge (ATSC)

14.25

Total airfare and taxes before options (per passenger)

**458.06**

Number of passengers

1

Total

**458.06**

RBC Travel Insurance (declined)

0.00

**Grand Total - Canadian dollars**

**\$458.06**

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$458.06 (Airfare - per ticket)

Ticket number(s): 0142106901921

### enRoute City Guide

# Calgary





**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
AC251	Edmonton, Edmonton Int'l (YEG) Thu 26-Apr 2012 16:40	Vancouver, Vancouver Int'l (YVR) Thu 26-Apr 2012 17:13 - Terminal M	0	1hr33	E90	Tango Plus, W	
AC244	Vancouver, Vancouver Int'l (YVR) Sat 28-Apr 2012 15:25 - Terminal M	Edmonton, Edmonton Int'l (YEG) Sat 28-Apr 2012 17:52	0	1hr27	E90	Tango Plus, W	

**Passenger Information**

**1: Hon Christopher Eagle : Adult (16+), Ticket Number: 0142106906341**

Air Canada - Aeroplan : s.17(1), 17(4)(g)(i) Meal Preference : **None**  
 Credit Card: **xxxx-xxxx-xxxx-5369** Special Needs: **None**  
 Seat Selection: **AC251 24C , AC244 14C**

**Purchase Summary**

**Fare Summary**

Passenger Type	Adult
Departing Flight - <u>Tango Plus</u>	<b>259.00</b>
Return Flight - <u>Tango Plus</u>	<b>269.00</b>
<u>Surcharges</u>	36.00

**Taxes, Fees and Charges**

<u>Canada Airport Improvement Fee</u>	40.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	30.16
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	1.80
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	<b>650.21</b>
Number of passengers	1
Total	<b>650.21</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$650.21</b>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$650.21 (Airfare - per ticket)

Ticket number(s): 0142106906341

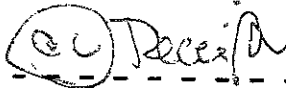
**enRoute City Guide**

Vancouver



**PLACE FACE UP ON DASH**  
Impark Lot 1  
Expiration Date/Time  
**EXP 06:00AM**  
**APR 13, 2012**

Purchase Date/Time: 06:14pm Apr 12, 2012  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00      Rate: \$10.00 overnight Gam  
Total Paid: \$10.00      Payment Type: Card  
#\*\*\*\*-5369, MasterCard  
Ticket # 10637170  
S/N #: 100008460018  
Setting: Lot 1  
Mach Name: Meter 2  
GST #887315638RT0001



**RECEIPT**  
Impark Lot 1

Expiration Date/Time: 06:00am Apr 13, 2012  
Purchase Date/Time: 06:14pm Apr 12, 2012

Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00      Rate: \$10.00 overnight Gam  
Total Paid: \$10.00      Payment Type: Card  
MasterCard  
Ticket # 10637170  
Setting: Lot 1  
Mach Name: Meter 2

*MEETING - CANADIAN PATIENT SAFETY INSTITUTE*  
*BOARD OF DIRECTORS*

RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

**Joyce Murray**

---

**Subject:** FW: President's Speaker Series - April 12th - Catering Order

**From:** Gloria Hodder  
**Sent:** Tuesday, April 10, 2012 9:28 AM  
**To:** Jennifer Hamstra  
**Subject:** President's Speaker Series - April 12th - Catering Order

Hi Jennifer,  
Would you please call Olivia Fata at 780-492-4411 with credit card payment for this order.

Thanks,  
Gloria

---

**Gloria Hodder**  
Coordinator, Networking and Exchange  
Knowledge Management, Leading Practices & Innovation  
Quality & Healthcare Improvement

Room 03-012, Seventh Street Plaza - North Tower  
Edmonton, Alberta T5J 3E4

tel: (780) 735-0350 fax: (780) 735-0850  
Email: [Gloria.Hodder@albertahealthservices.ca](mailto:Gloria.Hodder@albertahealthservices.ca)  
[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

---

**From:** Classic Fare Catering at University of Alberta Campus [mailto:orders@catertrax.com]  
**Sent:** April 10, 2012 9:06 AM  
**To:** Gloria Hodder  
**Subject:** Tracking Message Order Number 5856

### Tracking Message for order 5856

**Message From:** oliviasfata

**Date:** 4/10/2012 / Time: 9:06 AM

Hello,

**This message is to verify your order.**

**We require a method of payment on file to confirm your order. Please contact our office at 780-492-4411 with this information.**

**If you have not already done so, please sign a copy of this order and fax it to 780-492-4369 or email it to [catering@ualberta.ca](mailto:catering@ualberta.ca)**

**If there are any changes you would like to make, or if you have any questions or concerns, please feel free to contact us.**

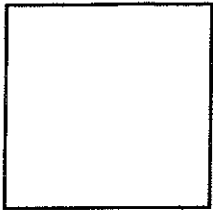
Thank you for choosing Classic Fare Catering at the University of Alberta. by admin

[Request Changes](#)

[Print Updated Order](#)

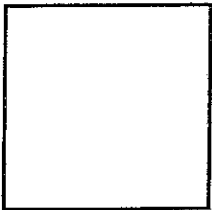
Dear Gloria Hodder,

Please do not reply to this email! Instead, please use the "Request Changes" link to respond, if needed.



Classic Fare Catering at University of Alberta Campus  
2-044 Lister Hall, Edmonton, AB T6G 2H6  
(780) 492-4411  
Fax (780) 492-4369

**Order # 5856**



Pick-up/ Delivery Date: 4/12/2012  
Food Prepared Time: 10:15 AM  
Food/Liquor Delivery Time: 10:30 AM  
Event Start Time: 11:00 AM  
Event End Time: 1:00 PM

**Order Total: \$154.56**

Grand total may be adjusted to accommodate any special requests.  
Click [here](#) to print or view an up to date version of this Order.

- [Campuses](#)
- [UBC Directories](#)
- [UBC Quick Links](#)

- 

[X] close

# The University of British Columbia

- [a place of mind](#)
- [The University of British Columbia](#)
- [Academic Systems](#)

## Payment Receipt

We recommend that you note the payment reference below or **print a copy** of this page for your records.

Amounts payable in Canadian dollar

### Item Details

**Department :** WS - UBC CPD  
**Description :** UBC CPD Conf. Registration

**Amount :** \$250.00

### Payment Status

**Status :** Approved  
**Date :** Apr 16, 2012 8:47:47 AM  
**Reference :** 6869063  
**Method :** MASTERCARD  
**Card Number:** 556909#####5369  
**Card Holder Name:** Chris Eagle

[Continue](#)



Academic Systems  
 UBC Information Technology  
 2016-1874 East Mall, Vancouver BC, V6T 1Z1  
 E-mail: [sswebsupport@exchange.ubc.ca](mailto:sswebsupport@exchange.ubc.ca)

[Emergency Procedures](#) | [Accessibility](#) | [Contact UBC](#) | © Copyright The University of British Columbia



The Division of  
Continuing Professional Development  
Faculty of Medicine

## Official Receipt

Receipt Number: 10302446

Date: April 16, 2012

Dr. Chris Eagle  
1400, Seventh Street Plaza  
10030 - 107 Street  
Edmonton AB  
Canada T5J3E4

This receipt confirms your registration and payment as follows:

<b>Event Name</b>	<b>ME8645 Western Emergency Department Operations Conference - WEDOC - Improving Patient Care - Aligning Providers, Treatment, Place and Time</b>
<b>Date</b>	<b>April 27-28, 2012</b>
<b>Location</b>	<b>Morris J. Wosk Centre for Dialogue</b>
<b>Amount Paid</b>	<b>\$250.00</b>

### Important Information

- 1 Please keep this receipt in a safe place as no duplicates will be issued.
- 2 If you are using this receipt for income tax purposes, you can only claim the registration fees on your taxes.
- 3 Refund deadlines and processing fees are listed in the course brochure.

It is hereby certified that, unless otherwise indicated, no part of the amount as shown was levied in respect of student social activities, the cost of books (other than costs which are an integral part of the fees for a correspondence course), charges for board and lodgings or any charges other than fees for tuition and the related fees for admission, use of library or laboratories, examinations and degree or diploma, and constitutes the amount of tuition paid for the purposes of paragraph 118.5(1)(a) of the Income Tax Act.

VIPHALAY  
 10523 99 AVE  
 EDMONTON, AB T5K0E7  
 7807568188

MERCHANT ID: 97326700010 TERM ID: 001

**SALE**

XXXXXXXXXXXXXXXX5369  
 MASTERCARD ENTRY METHOD: CHIP  
 04/17/12 11:36:54  
 INV #: 000001 APPR CODE: 133653  
 BATCH #: 000090  
 REF #: 001

AMOUNT \$194.25  
 TIP \$5.00  
 =====  
 TOTAL \$199.25

PIN VERIFIED BY CARD ISSUER  
 CARDHOLDER AGREES TO PAY ABOVE  
 TOTAL AMOUNT IN ACCORDANCE WITH  
 CARD ISSUER'S AGREEMENT  
 (MERCHANT AGREEMENT IF CREDIT VOUCHER)  
 RETAIN THIS COPY FOR STATEMENT  
 VERIFICATION  
 CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
 AID: 40000000041010

VIPHALAY ?  
 (780)756-8188  
 10523 99 AVE T.O  
 EDMONTON, AB

\*\*\*\*\*  
 3X @10.00  
 SALAD ROLLS 30.00  
 THAI PAPAYA 9.00  
 2X @15.00  
 PAD THAI 30.00  
 RED CURRY 14.00  
 2X @14.00  
 GPFEN 28.00  
 @14.00  
 KEANANG 28.00  
 2X @14.00  
 YELLOW CURRY 28.00  
 3X @6.00  
 COCONUT RICE LG 18.00  
 ITEM CT 16  
 TAX 9.25  
**CASH 194.25**  
 04-17-2012 11:19  
 0001 CLERK30 00010581  
 GST 844456921RT0001  
 THANK YOU COME AGAIN

*Lunch Executive Committee  
 Apr. 17, 2012*

## Pure North S'energy Foundation

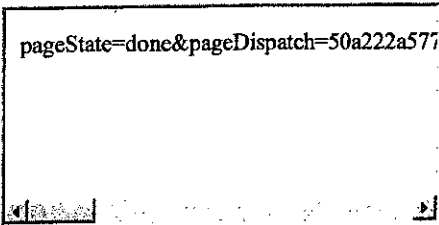
English

- [English](#)
- [Français](#)

---

### Choose a way to pay

pageState=done&pageDispatch=50a222a577



[Submit Query](#)

You just made a payment of  
**\$129.00 CAD**

[Print receipt](#)

Paid to  
Pure North S'energy Foundation  
4039845078

Ship to  
14th Flr. 7th St. Plaza  
10030 - 107 Street  
Edmonton Alberta T5J 3E4  
Canada



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

**EAGLE, CHRIS** PRESIDENT & CEO  
 Cardholder's Name Cardholder's Position/Title  
 Corporate Office SEVENTH STREET PLAZA  
 Cardholder's Dept Cardholder's Site/Location  
 CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA  
 Cardholder's e-mail address

Billing Reporting Period: 2012/04/2012  
 Total Statement Amount: 970.97  
 Last 6 digits of the P-Card #: XXXXXXXX189747

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Description
16/03/2012	281093974	RADISSON CANMORE, RADISSON HOTELS	✓ 122.37	CAD	122.37	4.49	Freight
20/03/2012	281093970	AIR CAN 0142106077526, AIR CANADA	✓ 566.08	CAD	566.08	26.96	.00 Hotel, AHS Board Meeting
20/03/2012	281093971	AIR CAN 0142106076602, AIR CANADA	✓ 892.63	CAD	892.63	42.51	.00 Meeting with Premier, Calgary
20/03/2012	281093972	AIR CAN 0142106077526, AIR CANADA	✓ 16.80	CAD	16.80	.80	.00 Meeting with Premier, Calgary
20/03/2012	281093973	AIR CAN 0142106076602, AIR CANADA	✓ 26.25	CAD	26.25	1.25	.00 Seat Selection
20/03/2012	281200022	WESTJET, Westjet Airlines	✓ 10.50	CAD	10.50	.50	.00 Seat Selection
20/03/2012	281200023	WESTJET, Westjet Airlines	✓ 424.33	CAD	424.33	20.21	.00 Seat Selection
21/03/2012	281200021	MORIARTY S BISTRO & WI, EATING PLACES, RESTAURANTS	✓ 37.08	CAD	37.08	1.77	.00 Missed Flight, Meeting with Premier ran over
25/03/2012	281503930	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	✓ 184.03	CAD	184.03	8.75	Meeting with Jay Ramotar
26/03/2012	281700947	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	✓ 45.89	CAD	45.89	1.90	.00 Books - Where to From Here?
28/03/2012	281805691	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	✓ 140.00	CAD	140.00	6.67	Lunch with John VanAerde
02/04/2012	282352692	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	✓ 30.00	CAD	30.00	1.43	Transportation - Meeting with Premier
03/04/2012	282352690	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	✓ 119.29	CAD	119.29	5.68	CCHL Registration Fee
04/04/2012	282352691	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	✓ 26.29	CAD	26.29	.00	.00 Book "Where to from Here?"
09/04/2012	282753476	FUTURE SHOP #10, ELECTRONICS SALES	✓ 89.59	CAD	89.59	4.27	.00 Book - Where to from Here? Printer Cartridge

AHS - Edmonton  
Accounts Payable  
MAY 08 2012

RECEIVED

**Signatures**

**Cardholder Designate (If Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Joyce L Murray  
Name of Cardholder Designate

Executive Assistant  
Cardholder Designate Position/Title

Joyce L Murray  
Signature of Cardholder Designate

April 23, 2012  
Date of Signature

**Cardholder**  
By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
Name of Cardholder

President & CEO  
Cardholder Position/Title

Chris Eagle  
Signature of Cardholder

April 25, 2012  
Date of Signature

**Approver Designate (If Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patricia Grier  
Name of Approver Designate

Chief of Staff & Corporate Secretary  
Approver Designate Position/Title

Patricia Grier  
Signature of Approver Designate

April 25, 2012  
Date of Signature

**Approver**  
By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Cathy Roedel  
Name of Approver

Chair  
Approver Position/Title

Cathy Roedel  
Signature of Approver

April 30, 2012  
Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
--	--

**Accounts Payable only:**

Reference #: \_\_\_\_\_ Reviewed by: [Signature] Date: May 10, 2012

Radisson

CC Receipt

Chris Eagle  
Canada

Room No. : 126  
Arrival : 03-13-12  
Departure : 03-15-12  
Page No. : 1 of 1  
Folio No. : 1068339  
Conf. No. : 1108014  
Cashier No. : 115

**INVOICE**

Membership No. :  
A/R Number :  
Group Code : 1201ALBHEA  
Company Name : Alberta Health Services

03-15-12 07:09:42 AM EST

Date	Text		Charges	Credits
03-14-12	Room Charge		109.00	
03-14-12	Destination Marketing Fee		3.27	
03-14-12	Alberta Tourism Levy %4		4.49	
03-14-12	Room %5 GST		5.61	
03-15-12	Mastercard			122.37
	XXXXXXXXXXXX9747 XX/XX			
Room GST	5.61	Other PST 7.76	Other GST	0.00
Net Amount	109.00	CAD		
<b>Total</b>			<b>122.37</b>	<b>122.37</b>
<b>Balance</b>				<b>0.00</b>

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.  
Enroll and learn more at the front desk or at clubcarlson.com

**Thank You For Staying With Us**

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature \_\_\_\_\_  
GST# 865543425

AHS Board Meeting

Radisson Hotel & Conference Center  
511 Bow Valley Trail  
Canmore, Alberta T1W 1N7  
Telephone: (403) 678-3625 Fax: (403) 678-5534

**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
AC8135 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Fri 23-Mar 2012 08:00	Calgary (YYC) Fri 23-Mar 2012 08:53	0	0hr53	DH3	Latitude, B	

Operated by:

<sup>1</sup> Air Canada Express - Jazz

## Passenger Information

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142106077526**

Frequent Flyer Pgm: **None**

Meal Preference: **None**

Credit Card: **xxxx-xxxx-xxxx-9747**

Special Needs: **None**

Seat Selection: **AC8135 1D (Preferred) Paid**

## Purchase Summary

### Fare Summary

Passenger Type	<b>Adult</b>
Departing Flight - Latitude	<b>495.00</b>
Surcharges	12.00

### Taxés, Fees and Charges

Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	26.96
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	<b>566.08</b>

### Options

Departing Flight - Latitude

<input type="checkbox"/> Advance Seat Selection (Preferred)	16.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.80
Total airfare, taxes and options (per passenger)	<b>582.88</b>
Number of passengers	1
Total	<b>582.88</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$582.88</b>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$566.08 (Airfare - per ticket)

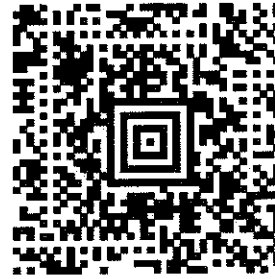
Air Canada: \$16.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142106077526

## Fare Rules

Search Select Review Passengers Purchase Seats **Itinerary**

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



## Booking Information

**Booking Reference:** **NX67YZ**

### Customer Care

**Air Canada**  
1-888-247-2262

**Flight Arrivals and Departures**  
1-888-422-7533

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

### Main Contact:

Dr Christopher Eagle  
joyce.murray@albertahealthservices.ca  
Mobile: s.17(1), 17(4)(g)(i)  
Work: 1-780-3422011

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8555 <sup>1</sup>	<b>Calgary (YYC)</b> Fri 23-Mar 2012 14:00	<b>Victoria, Victoria Int'l (YYJ)</b> Fri 23-Mar 2012 14:36	0	1hr36	CRJ	Latitude, B	

Operated by:

<sup>1</sup> Air Canada Express - Jazz

## Passenger Information

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142106076602**

Frequent Flyer Pgm : **None** Meal Preference: **None**  
Credit Card: **xxxx-xxxx-xxxx-9747** Special Needs: **None**  
Seat Selection: **AC8555 1D (Preferred) Paid**

Congratulations on your selection of a **Preferred seat**. Please read the **Terms and conditions**.

## Purchase Summary

### Fare Summary

Passenger Type	<b>Adult</b>
Departing Flight - Latitude	<b>800.00</b>
Surcharges	18.00

### Taxes, Fees and Charges

Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	42.51
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	<b>892.63</b>

### Options

Departing Flight - Latitude	
* Advance Seat Selection (Preferred)	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.25
Total airfare, taxes and options (per passenger)	<b>918.88</b>
Number of passengers	1
Total	<b>918.88</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$918.88</b>

### Grand Total

Total including travel options, taxes, fees and charges	<b>1 adult</b>
	<b>\$918.88 CAD</b>

## Fare Rules

### Departing Flight Calgary (YYC) To Victoria (YYJ) - Latitude

#### • Changes:

- Changes are permitted and a change fee does not apply.
- Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
- Lower Latitude fares may be available only at aircanada.com for selected flights and dates. **Any changes not completed on aircanada.com may result in a higher Latitude fare** than would otherwise be available.
- **Same-day standby** is permitted at no charge.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

#### • Cancellations:

- Tickets are **fully refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.

- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated

**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
AC8135 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Fri 23-Mar 2012 08:00	Calgary (YYC) Fri 23-Mar 2012 08:53	0	0hr53	DH3	Latitude, B	

Operated by:  
<sup>1</sup> Air Canada Express - Jazz

**Passenger Information**

**1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142106077526**

Frequent Flyer Pgm: **None** Meal Preference: **None**  
 Credit Card: **xxxx-xxxx-xxxx-9747** Special Needs: **None**  
 Seat Selection: **AC8135 1D (Preferred) Paid**

**Purchase Summary**

**Fare Summary**

Passenger Type	<b>Adult</b>
Departing Flight - <u>Latitude</u>	<b>495.00</b>
<u>Surcharges</u>	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	26.96
<u>Air Travellers Security Charge (ATSC)</u>	7.12
Total airfare and taxes before options (per passenger)	<b>566.08</b>

**Options**

Departing Flight - <u>Latitude</u>	
<input type="checkbox"/> Advance Seat Selection (Preferred)	16.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.80
Total airfare, taxes and options (per passenger)	<b>582.88</b>
Number of passengers	1
Total	<b>582.88</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$582.88</b>

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$566.08 (Airfare - per ticket)  
 Air Canada: \$16.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142106077526

**Fare Rules**

## Purchase Summary

<b>Fare Summary</b>	
Passenger Type	<u>Adult</u>
Departing Flight - Latitude	<b>800.00</b>
Surcharges	18.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	42.51
Air Travellers Security Charge (ATSC)	<u>7.12</u>
Total airfare and taxes before options (per passenger)	<b>892.63</b>
<b>Options</b>	
Departing Flight - Latitude	
★ Advance Seat Selection (Preferred)	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	<u>1.25</u>
Total airfare, taxes and options (per passenger)	<b>918.88</b>
Number of passengers	<u>1</u>
Total	<b>918.88</b>
RBC Travel Insurance (declined)	<u>0.00</u>
<b>Grand Total - Canadian dollars</b>	<b>\$918.88</b>
<b>Grand Total</b>	<b>1 adult</b>
Total including travel options, taxes, fees and charges	<b>\$918.88 CAD</b>

## Fare Rules

### Departing Flight Calgary (YYC) To Victoria (YYJ) - Latitude

#### • Changes:

- Changes are permitted and a change fee does not apply.
- Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
- Lower Latitude fares may be available only at aircanada.com for selected flights and dates. **Any changes not completed on aircanada.com may result in a higher Latitude fare** than would otherwise be available.
- **Same-day standby** is permitted at no charge.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

#### • Cancellations:

- Tickets are **fully refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.

#### • Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated



MISSED flight  
meeting over run  
Premier Redbird.

Your reservation code is: HJBKMB

View your itinerary at /  
[Sabre® Virtually There®](#)

Total price 434.83 CAD

[view fare rules](#)

Departure Information



Depart:	Friday, 23 March	WestJet
12:25 PM	Calgary , AB , CA (YYC)	Non-Stop / WS 0449
Arrive:	Friday, 23 March	<a href="#">flight info</a>
12:54 PM	Victoria , BC , CA (YYJ)	Seat(s): 05C

TOTAL Base Fare: 354.00 CAD

Canadian goods and services tax: 20.21 CAD

Canadian airport improvement fee(s): 25.00 CAD

Other surcharges and fees: 25.12 CAD

Regular Seat 10.00 CAD

Total Seat Taxes 0.50 CAD

Total: 434.83 CAD

\$10.50

Payment details

Amount paid with Credit Card 434.83 CAD

Guest information

1. EAGLE/CHRISTOPHER MR Adult

PRINT PAGE

MY RESERVATIONS

CHANGE TICKET (S)

REFUND

Your reservation code is: HJBKMB

View your itinerary at /  
[Sabre® Virtually There®](#)

*MISSED flight*  
*meeting over was*  
*Premier Redbird.*

Total price **434.83 CAD**

[view fare rules](#)

Departure Information



Depart:	Friday, 23 March	WestJet
12:25 PM	Calgary , AB , CA (YYC)	Non-Stop / WS 0449
Arrive:	Friday, 23 March	<a href="#">flight info</a>
12:54 PM	Victoria , BC , CA (YYJ)	Seat(s): 05C

TOTAL	Base Fare:	354.00 CAD
	Canadian goods and services tax:	20.21 CAD
	Canadian airport improvement fee(s):	25.00 CAD
	Other surcharges and fees:	25.12 CAD
	Regular Seat	10.00 CAD
	Total Seat Taxes	0.50 CAD
	<b>Total:</b>	<b>434.83 CAD</b>

*424.33*

Payment details

Amount paid with Credit Card **434.83 CAD**

Guest information

1. EAGLE/CHRISTOPHER MR Adult

- PRINT PAGE
- MY RESERVATIONS
- CHANGE TICKET  
(S)
- REFUND

CC  
Jag Demote Lunch  
MORIARTY B BISTRO & WINE BAR  
10154 100 STREET  
EDMONTON, AB

Term ID: 05225378

### Purchase

xxxxxxxxxxxx9747

MASTERCARD

Entry Method: C

Amount: \$ 33.00

Tip: \$ 4.00

Total: \$ 37.00

2012/03/21

13:03:53

Seq #: 0013700050

Appr Code: 150353

Resp Code: 01/027

MasterCard

A0000000041010

8C 18 55 C2 DF B0 1D 38

00 00 00 00 C0

E4 82 00 EA CA 43 51 36

APPROVED  
Thank You



**Amazon.com.ca, Inc.**  
 c/o ACFSI  
 6363 Millcreek Drive  
 Mississauga, ON L5N 1L8  
 Canada

**Billing Address/Adresse de correspondance:**  
**Jennifer Hamstra**  
 Alberta Health Services  
 7th Street Plaza, 10030 - 107 Street  
 Edmonton, Alberta T5J 3E4  
 Canada

**Shipping Address/Adresse d'expédition:**  
**Jennifer Hamstra**  
 AHS - 7th Street Plaza  
 14 Floor, 10030-107 Street  
 Edmonton, AB T5J 3E4  
 Canada

**Invoice for/Bon de livraison pour**

Your order of/Votre commande du: **March 13, 2012**  
 Order ID/N° commande: **701-0094159-7981801**

Invoice number/N° bon de livraison Dc6d5lmCR March 23, 2012

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
7	Where to from Here?: Keeping Medicare Sustainable <b>(** B-9 **) 155339318X</b>	Paperback	CDN\$ 25.04	CDN\$ 175.28
Subtotal/Sous-total				CDN\$ 175.28
Shipping and Handling/Frais de port				CDN\$ 0.00
GST/HST/TPS/TVH				CDN\$ 8.75
PST/TVP				CDN\$ 0.00
Order Total/Montant total				CDN\$ 184.03
Paid via/Payé par Mastercard				CDN\$ 184.03
Balance Due/Montant dû				CDN\$ 0.00

**We've sent this portion of your order separately at no extra charge to give you the speediest service possible. The other items in your order are shipping separately, and your total shipping charges for this order will not exceed the amount we originally promised.**

You can always check the status of your orders from the "Your Account" link on our home page.

**Thanks for shopping at Amazon.ca, and please come again!**

**Nous avons envoyé cette partie de votre commande séparément, sans frais supplémentaires, afin de vous donner le service le plus rapide qui soit. Les autres articles seront expédiés séparément, et les frais de port pour cette commande ne dépasseront pas le montant promis à l'origine.**

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

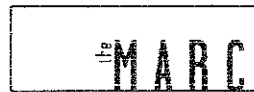
**Merci de faire confiance à Amazon.ca Revenez nous voir!**

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001



John Van Aerde

THE MARC RESTAURANT  
GROUP LTD.  
9940 106 ST NW  
EDMONTON AB



9940 106 Street  
Edmonton, AB  
780-429-2828  
www.themarc.ca  
GST#807555859

CARD \*\*\*\*\*9747  
CARD TYPE MASTERCARD  
DATE 2012/03/26  
TIME 5065 12:23:04  
RECEIPT NUMBER  
C06100654-001 147-002-0

PURCHASE AMOUNT \$39.90  
TIP \$5.99  
TOTAL

**\$45.89**

MasterCard  
A0000000041010  
63AD1F874765B239  
0000008000  
17718AE4BBE94FBA

1457 NICOLE

Check: 17-1      Guests: 2  
Table: 17-1  
03/26/2012 11:49AM

1 COFFEE 3.00  
2 FISH DE JOUR 32.00  
1 TEA 3.00

Subtotal 38.00  
G.S.T. 1.90  
Total Due \$39.90

\*\*PLEASE PAY SERVER\*\*  
Thank You

APPROVED

AUTH# 142305      01-027  
THANK YOU

CARDHOLDER COPY

UNDEBITED      :S  
                             :S

MEETING with JOHN VAN AERDE - MAR 26/12.

s.17(1), 17(4)(e.1)

SALES DRAFT - CHARGES - FACTURE

CHRIS EAGLE  
HEALTH SERVICES

*(C) Only meet with Premier*

*60x2*

DATE D'EXPIRATION / VERIFIER

DESSUS DE CETTE LIGNE

AUTHORIZATION NUMBER / NO D'AUTORISATION

03 23 12

5591967

CLERK-COMMIS	BILL NO.-NO DE NOTE	
AMOUNT MONTANT	120	<u>00</u>
TIPS POURBOIRE	20	<u>00</u>

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.  
LE TITULAIRE S'ENGAGE A REMBOURSER LES MONTANTS DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA CONVENTION REGISSANT L'UTILISATION DE LA CARTE.

VISA  
MasterCard

TOTAL  
CAN

15140.00

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION  
CONSERVEZ CETTE COPIE COMME PREUVES DE VOTRE TRANSACTION

CUSTOMER COPY  
COPIE DU CLIENT

MEETING with PREMIER

## Joyce Murray

---

**From:** Canadian College of Health Leaders [info@cchl-ccls.ca]  
**Sent:** Monday, April 02, 2012 12:09 PM  
**To:** Joyce Murray  
**Subject:** C.C.H.L. Purchase Receipt

### INTERNET PURCHASE RECEIPT - CCHL-CCLS

Order Date: 2012-04-02 2:08:17 PM  
Order Number: REG00009360  
Bank Auth Number: 140818  
Order Total: ~~30.00 CAD~~

Name on Card: Chris Eagle AB Health Services  
Card Type: MC  
Email Address: [joyce.murray@albertahealthservices.ca](mailto:joyce.murray@albertahealthservices.ca)

### BILL TO:

Name: Dr. Chris Eagle  
Address Line 1: 14th Floor North Tower 7th St. Plaza Address Line 2: 10030 - 107 Street  
NW  
City: Edmonton  
State/Province: AB  
Zip/Postal Code: T5J 3E4  
Country: CA  
Phone Number: 7803422002

### SHIP TO:

Name:  
Address Line 1:  
Address Line 2:  
City:  
State/Province:  
Zip/Postal Code:  
Country:  
Phone Number:  
Shipping Method:

### MERCHANT INFO:

Online Address: <http://www.cchl-ccls.ca>  
Merchant Name: Canadian College of Health Service Executives  
Address: 292 Somerset Street West  
City: Ottawa  
Province: ON  
Postal Code: K2P0J6  
Country: CA  
Phone Number: 613-235-7218

**Joyce Murray**

---

**From:** CCHL-CCLS [chapters@cchl-ccls.ca]  
**Sent:** Monday, April 02, 2012 12:08 PM  
**To:** Joyce Murray  
**Cc:** John.Knoch@reddeer.ca  
**Subject:** Confirmation of Event Registration: Northern Alberta Chapter Annual General Meeting

4/2/2012 11:08:22 AM - REG00009360

Event: Northern Alberta Chapter Annual General Meeting Event Date: May-15-2012  
Sponsor: Northern Alberta Chapter

Dr. Chris Eagle  
President & Chief Executive Officer  
Alberta Health Services  
Site: Corporate Office  
14th Floor, NT 7th St. Plaza, 10030 - 107 Street Edmonton, AB T5J 3E4

Email: [joyce.murray@albertahealthservices.ca](mailto:joyce.murray@albertahealthservices.ca)  
Telephone: 780.342.2002

Registration Type: CCHL Member - \$30.00

Payment by: Credit Card  
Amount Paid: \$30.00

Thanks for registering!





**Amazon.com.ca, Inc.**  
 c/o ACFSI  
 6363 Millcreek Drive  
 Mississauga, ON L5N 1L8  
 Canada

**Billing Address/Adresse de correspondance:**  
**Jennifer Hamstra**  
 Alberta Health Services  
 7th Street Plaza, 10030 - 107 Street  
 Edmonton, Alberta T5J 3E4  
 Canada

**Shipping Address/Adresse d'expédition:**  
**Jennifer Hamstra**  
 AHS - 7th Street Plaza  
 14 Floor, 10030-107 Street  
 Edmonton, AB T5J 3E4  
 Canada

**Invoice for/Bon de livraison pour**

**Your order of/Votre commande du: March 30, 2012**  
**Order ID/N° commande: 701-4525052-8675442**

Invoice number/N° bon de livraison DnnSq0msR April 2, 2012

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
4	Where to from Here?: Keeping Medicare Sustainable <b>(** E-8 **) 155339318X</b>	Paperback	CDN\$ 25.04	CDN\$ 100.16
Subtotal/Sous-total				CDN\$ 100.16
Shipping and Handling/Frais de port				CDN\$ 13.45
GST/HST/TPS/TVH				CDN\$ 5.68
PST/TVP				CDN\$ 0.00
Order Total/Montant total				CDN\$ 119.29
Paid via/Payé par Mastercard				CDN\$ 119.29
Balance Due/Montant dû				CDN\$ 0.00

**This shipment completes your order.**

You can always check the status of your orders from the "Your Account" link on our home page.

**Thanks for shopping at Amazon.ca, and please come again!**

**Cette livraison complète votre commande.**

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

**Merci de faire confiance à Amazon.ca Revenez nous voir!**

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001





http://www.amazon.ca



**Amazon.com.ca, Inc.**  
 c/o ACFSI  
 6363 Millcreek Drive  
 Mississauga, ON L5N 1L8  
 Canada

**Billing Address/Adresse de correspondance:**  
**Jennifer Hamstra**  
 Alberta Health Services  
 7th Street Plaza, 10030 - 107 Street  
 Edmonton, Alberta T5J 3E4  
 Canada

**Shipping Address/Adresse d'expédition:**  
**Jennifer Hamstra**  
 AHS - 7th Street Plaza  
 14 Floor, 10030-107 Street  
 Edmonton, AB T5J 3E4  
 Canada

**Invoice for/Bon de livraison pour**

**Your order of/Votre commande du: March 13, 2012**  
**Order ID/N° commande: 701-0094159-7981801**

Invoice number/N° bon de livraison DJnwmPR April 2, 2012

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
1	Where to from Here?: Keeping Medicare Sustainable <b>(** A-5 **) 155339318X</b>	Paperback	CDN\$ 25.04	CDN\$ 25.04
Subtotal/Sous-total				CDN\$ 25.04
Shipping and Handling/Frais de port				CDN\$ 0.00
GST/HST/TPS/TVH				CDN\$ 1.25
PST/TVP				CDN\$ 0.00
Order Total/Montant total				CDN\$ 26.29
Paid via/Payé par Mastercard				CDN\$ 26.29
Balance Due/Montant dû				CDN\$ 0.00

**This shipment completes your order.**

You can always check the status of your orders from the "Your Account" link on our home page.

**Thanks for shopping at Amazon.ca, and please come again!**

**Cette livraison complète votre commande.**

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

**Merci de faire confiance à Amazon.ca Revenez nous voir!**

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210  
 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001

Thank you for shopping at  
**Future Shop Saanich**  
exciting stuff

3450 Uptown Boulevard, Saanich  
250-419-7670

Keep your receipt



Val #: 0544-6082-5566-1398

0010 005 3710 04/09/12 10:24 CT6E

**SALES**

10166244 MLT-D104S 79.99  
SAMSUNG MLT-D104S  
Associate # CT6E

-----  
SUBTOTAL 79.99  
HST BC 9.60  
-----  
TOTAL 89.59

Transaction Record SALE  
xxxxxxxxxxxx9747 C MASTERCARD 89.59  
Approved 132445  
TERM: 0010 005 C  
SEQ NO: 001001001053  
ACI/ISD 001/00  
4/09/2012 10:24:06  
AID: A0000000041010  
APN: MasterCard

GST Reg.# R135664738

Shop your way - Order online and get  
FREE shipping\* or in-store pick up. Visit  
futureshop.ca for details.  
\*Some conditions apply.

*PRINTER Cartridge*

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/06/2012</u>
<u>CORPORATE OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$3,124.71</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <u>XXXXXXXXXX625369</u>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/05/2012	286632863	PETROCAN, FUEL DISPENSER, AUTOMATED	42.07	CAD	42.07	2.00		Gas for Calgary trip
24/05/2012	286632864	CALGARY HEALTH TRUST, ORGANIZATIONS, CHARITABLE AND	1,500.00	CAD	1,500.00	71.43		Tickets to Event that AHS needs to attend
24/05/2012	286632865	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95		Parking for event in Calgary
24/05/2012	286632867	PETROCAN, FUEL DISPENSER, AUTOMATED	28.15	CAD	28.15	1.34		Gas for trip to Calgary
25/05/2012	286632868	HOTEL LE GERMAIN-CALGA, LODGING HOTELS, MOTELS, RESORTS	263.32	CAD	263.32	12.54		Hotel stay in Calgary for events
04/06/2012	287712302	YELLOW CAB, LIMOUSINES AND TAXICABS	135.00	CAD	135.00	6.43	.00	Cab trips to event and return
04/06/2012	287712303	YELLOW CAB, LIMOUSINES AND TAXICABS	349.60	CAD	349.60	16.65	.00	Taxi travel in Edmonton on a variety of trips
06/06/2012	287875901	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	19.40	CAD	19.40	.92		Taxi while in Calgary
08/06/2012	287875900	SHERATON EAU CLAIRE SU, FAIRMONT HOTELS	592.64	CAD	592.64	28.22		Hotel stay while in Calgary
13/06/2012	288481608	PETROCAN, FUEL DISPENSER, AUTOMATED	40.24	CAD	40.24	1.92		Gas for fleet car
14/06/2012	288481609	PETROCAN, FUEL DISPENSER, AUTOMATED	17.54	CAD	17.54	.84		Gas for Fleet car
14/06/2012	288719997	CORA S BREAKFAST LUNCH, EATING PLACES, RESTAURANTS	39.05	CAD	39.05	1.86		Business meeting in Calgary
15/06/2012	288481610	SHERATON EAU CLAIRE SU, FAIRMONT HOTELS	77.70	CAD	77.70	3.70		Hotel food and items while staying

A M LC OT PP  
 42.07  
 1,500.00  
 20.00  
 28.15  
 263.32  
 135.00  
 349.60  
 19.40  
 592.64  
 40.24  
 17.54  
 39.05  
 77.70  
 938.66 650

AHS - Edmonton  
 Accounts Payable  
 JUL - 9 2012  
 O & C - Completed  
 Initials

414 07H  
 1500  
 307  
 1509.05

**Signatures**

**Cardholder Designate (if Applicable)**  
 By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Paula Finsson  
 Name of Cardholder Designate

Executive Assistant  
 Cardholder Designate Position/Title

[Signature]  
 Signature of Cardholder Designate

Jun 21/12  
 Date of Signature

**Cardholder**  
 By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
 Name of Cardholder

PRESIDENT & CEO  
 Cardholder Position/Title

[Signature]  
 Signature of Cardholder

22 June 2012  
 Date of Signature

**Approver Designate (if Applicable)**  
 By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patti Grier  
 Name of Approver Designate

Chief of Staff  
 Approver Designate Position/Title

[Signature]  
 Signature of Approver Designate

June 27, 2012  
 Date of Signature

**Approver**  
 By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Cathy Roozen  
 Name of Approver

Chair  
 Approver Position/Title

[Signature]  
 Signature of Approver

June 29/2012  
 Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services                  Accounts Payable                  7th Street Plaza                  10th Floor, North Tower, 10030-107 Street                  Edmonton, AB T5J 3E4</p>
--	--

**Accounts Payable only**

Reference #:	Reviewed by:	Date:
--------------	--------------	-------

✓  
CALGARY  
ALBERTA T2N3P9  
4032831503

GST #: 0893960419  
PC0912976:8767201

2012-05-24 06:20

PUMP 03  
REGULAR  
LITRES L 24.935  
PRICE/L \$ 1.129  
FUEL SALES \$ 28.15\*

TOTAL OWED \$ 28.15

TOTAL PAID  
CREDIT CARD \$ 28.15

\* GST INCL. \$ 1.34

MASTERCARD  
\*\*\*\*\*5369  
INVOICE 675579  
AUTH 082030  
PURCHASE  
\$ 0010010010 00 027

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 DR  
#1280

✓  
9930 109 STREET  
EDMONTON  
ALBERTA T5K1H5  
7804231429

GST #: 0885609321  
PC0143572:8598601

2012-05-23 13:20

PUMP 06  
REGULAR  
LITRES L 37.931  
PRICE/L \$ 1.109  
FUEL SALES \$ 42.07\*

TOTAL OWED \$ 42.07

TOTAL PAID  
CREDIT CARD \$ 42.07

\* GST INCL. \$ 2.00

MASTERCARD  
\*\*\*\*\*5369  
INVOICE 640923  
AUTH 152038  
PURCHASE  
\$ 0010010010 00 027

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 DR  
#1280

✓  
LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 24/05/12 EXPIRATION TIME 23:00

DATE ISSUED 24/05/12 TIME ISSUED 11:29 AMOUNT PAID \$ 20.00

AMOUNT PAID \$ 20.00 93610000 11:29

CREDIT CARD NUMBER LOT 3 EXPIRATION DATE & EXPIRATION TIME CC



UNIVERSITY OF CALGARY

TICKET VALID THIS LOT ONLY.



UNIVERSITY OF CALGARY

GST #R108102864

NON TRANSFERABLE 0294368

RECEIPT 0294368

**Paula Finnson**

---

**From:** Brianne Underwood  
**Sent:** Thursday, May 24, 2012 9:58 AM  
**To:** Paula Finnson  
**Subject:** Thank you for purchasing you ticket to Music in Motion

Dear Christopher Eagle,

Thank you for purchasing your ticket to Music in Motion.

Please print and keep this e-mail as a confirmation of your ticket purchase. We have you and your guests registered for the following events:

Music in Motion 2012 - Ticket - VIP (Attendees: 1)
Name: Christopher Eagle
Music in Motion 2012 - Ticket - VIP (Attendees: 1)
Name: Dr. Oksana Suchowersky
Email: <a href="mailto:paula.finnson@albertahealthservices.ca">paula.finnson@albertahealthservices.ca</a>

The following information was recorded for your purchase. We thank you for supporting the University of Alberta, the Alberta Bone and Joint Health Institute and the McCaig Institute. We are so grateful for your generosity and hope that you will take great pride in the important difference that your gift makes. On behalf of the entire Calgary Health Trust community, we thank you.

**Event Registrant Address: Alberta Health Services**  
**14th Flr, North Tower,**  
**Seventh Street Plaza,**  
**10030 - 107 Street**

**Edmonton AB T5J 3E4**

**Event Registrant Phone:780-342-2062**

**Purchase Amount: \$1,500.00**

**Purchase Date: 5/24/2012**

**Transaction Method:Mastercard**

Sincerely,  
Brianne Underwood  
Development Officer, Major Gifts / Sponsorships  
(403) 943-0611



Company **ALBERTA HEALTH SERVICES**

DATE: 05-24-12  
TIME: 08:09  
ROOM: 1202  
ARRIVAL: 05-23-12  
DEPARTURE: 05-24-12  
CONF. NO.: 2114094  
PAGE: 1 of 1

Dr CHRIS EAGLE  
ALBERTA HEALTH SERVICES  
14TH FLOOR NORTH TOWER  
SEVENTH STREET PLAZA, 10030-107 STREET NW  
Edmonton AB T5J3E4

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
05-23-12	Room Charge		199.00	
05-23-12	DMF - Destination Marketing Fe		5.97	
05-23-12	Alberta Tourism Tax		8.20	
05-23-12	GST		10.25	
05-23-12	Parking		38.00	
05-23-12	GST		1.90	
05-24-12	Master Card/Diners			263.32
<b>TOTAL</b>			<b>263.32</b>	<b>263.32</b>
<b>BALANCE</b>			<b>0.00</b>	<b>CAD</b>

DMF	5.97
GST: 848120796	12.15
ATT	8.20

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit [www.tripadvisor.com](http://www.tripadvisor.com) and share your Germain experience.



s.17(1), 17(4)(e.1)

Best Copy Possible

CHARGE TO

ACCOUNT NO.



LOW CAR (700) 462-3456

PRESTIGE CABS (700) 462-4444

ALUMINUM TRUCKS (700) 462-2665

METER NO.	DRIVER	TAXI NO.
121539	TJ	815
TIME	DAT	MO
16:45	07	05
		12

4385702

CITY & PROVINCE

0814

SSP > Soaring estate  
 E. Rluico

NAME

CHRIS EAGLE



<input type="checkbox"/>	PAGE	
<input type="checkbox"/>	NET	
<input type="checkbox"/>	DISCOUNT	
<input type="checkbox"/>	TOTAL	135.00

MINIMUM CODE

THE USER OF THIS CARD AGREES ON THE REVOCATION OF THIS CARD TO PAY THE AMOUNT SHOWN ON THE OPEN RECEIPT AND TO ACCEPTANCE WITH THE AGREEMENT CONTAINED THE USE OF SUCH CARD

The Preferred Choice

**STATEMENT FOR THE MONTH OF MAY 2012**

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	07	16:45	Dr.Eagle	SSP to Soaring , estates & return	\$135.00
<b>TOTAL</b>					<b>\$135.00</b>

The Preferred Choice

ACCOUNT NO. [REDACTED]

CAB (780) 462-3456  
TIGER CABS (780) 462-4444

ADMINISTRATOR (PHONE NUMBER)

ALICE NO.	DRIVER	UNIT NO.
122209	TJ	815
TIME	DAY	MO
	31	03 12

4385698

TAX	
RTE	
DISTRICT	
TOTAL	349 60

FROM: Transportation for the month of March 2012.

CUSTOMER'S SIGNATURE: X DR. CHRIS EAGLE

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT GOVERNING THE USE OF SUCH CARD.

MERCHANT COPY

**STATEMENT FOR THE MONTH OF MARCH 2012**

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	01	06:00	Dr.Jim Conway	Hotel Macdonald to Airport	\$66.70 ✓
2	01	05:45	Dr.Eagle & Lorinda	SSP to Airport	\$66.70 ✓
3	01	19:24	Dr.Eagle & Lorinda	Airport to SSP	\$66.70 ✓
4	23	06:15	Dr.Eagle	Residence to Airport	\$74.75 ✓
5	25	10:45	Dr.Eagle	Airport to Residence	\$74.75 ✓
<b>TOTAL</b>					<b>\$349.60</b>

cc

Hotel

Sheraton Suites Calgary Eau Claire  
255 Barclay Parade SW  
Calgary, AB T2P 5C2  
Canada  
Tel: 403 266 7200 Fax: 403 266 1300



Mr Christopher Eagle

Page Number : 1 Invoice Nbr : 28125048  
Guest Number : 966032  
Folio ID : EX-A  
Arrive Date : 05-JUN-12 18:24  
Depart Date : 07-JUN-12  
No. Of Guest : 1  
Room Number : 526  
Room Rate : 249.00  
Club Account : SPG -

s.17(1), 17(4)(g)(i)

Email : CHRIS.EAGLE@ALBE  
RTAHEALTHSERVICE  
S.CA  
AHSEMJ - Ab Health Svcs  
Brd Mtg (rooms

s.17(1), 17(4)(g)(i)

Information Invoice

Tax ID : 846543619 RT0002  
Sheraton Eau Claire 07-JUN-12 02:42 NAT

Date	Reference	Description	Charges	Credits
05-JUN-12	S647	Lodgenet Movies	16.99	
05-JUN-12	S647	GST (5%)	0.85	
05-JUN-12	RT526	Group Government	249.00	
05-JUN-12	RT526	DMF	7.47	
05-JUN-12	RT526	Alberta Tourism Le	10.26	
05-JUN-12	RT526	GST (5%)	12.82	
06-JUN-12	1	In-room Internet	15.70	
06-JUN-12	RT526	Group Government	249.00	
06-JUN-12	RT526	DMF	7.47	
06-JUN-12	RT526	Alberta Tourism Le	10.26	
06-JUN-12	RT526	GST (5%)	12.82	
07-JUN-12	MC	Master Card	-592.64	
		** Total	592.64	-592.64
		*** Balance	0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page

Sheraton Suites Calgary Eau Claire  
255 Barclay Parade SW  
Calgary, AB T2P 5C2  
Canada  
Tel: 403 266 7200 Fax: 403 266 1300



Mr Christopher Eagle

Page Number : 2 Invoice Nbr : 28125048  
Guest Number : 966032  
Folio ID : EX-A  
Arrive Date : 05-JUN-12 18:24  
Depart Date : 07-JUN-12  
No. Of Guest : 1  
Room Number : 526  
Room Rate : 249.00  
Club Account : SPG -

s.17(1), 17(4)(g)(i)  
Email : CHRIS.EAGLE@ALBE  
RTAHEALTHSERVICE  
S.CA  
AHSBMJ - Ab Health Svcs  
Brd Mtg (rooms)

Information Invoice  
Amount CAD

s.17(1), 17(4)(g)(i)

GST Summary

GST Room Revenue	25.64
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	1.60
Total GST	27.24

As a Starwood Preferred Guest you have earned at least 115 Starpoints for this visit A200894270

Signature \_\_\_\_\_

✓  
Ce

= TRANSACTION RECEIPT =

Checker/Yellow Cabs  
316 Meridian Road SE  
Calgary, AB T2A 1X2  
403 239-9999

ACCT TYPE: CREDIT CARD  
CARD NUMBER:  
XXXXXXXXXXXX5369  
CARD TYPE: MC  
DATE/TIME:  
12/06/06 06:34:03  
AUTH#: 083446

VEH/DRV: 0888 / 6235  
GST#: 828836544  
TXN ID: 6802128

FARE:	\$ 15.62
FLAT:	\$000.00
EXTRAS:	\$000.00
GST:	\$ 0.78

FA:FL+EX+TAX:	\$ 16.40
TIP:	\$ 3.00
DISCOUNT:	\$000.00

TOTAL:	\$ 19.40
--------	----------

SIGNATURE:

Traci To ACH

Thank You!



Cora

360, 5111 Northland Dr. NW  
Calgary, Alberta  
T2L 2J8  
(403) 288-0040

Serv: Elyse

Bill: 3

Table: 54 Order: 4 Seat: 1

#Clients: 1

2012-06-14 07:35:54

1 HAM BENEDICT	11.95
1 ODE TO OATMEAL	7.45
1 PERRIER	2.75
2 REGULAR COFFEE	4.00
1 REGULAR ORANGE JUICE	3.50
1 REGULAR TOMATO JUICE	2.30

Sub Total:	32.90
GST	1.65
835294356	0.00

Total: 34.55

Your opinion matters to us!  
[www.chezcora.com/comments](http://www.chezcora.com/comments)  
Votre opinion nous interesse!  
[www.chezcora.com/commentaires](http://www.chezcora.com/commentaires)



RELEVÉ DE TRANSACTION/TRANSACTION RECORD

TPV68698115 MARCH99950401 MC 00999504  
CORA S BREAKFAST AND  
360-5111 NORTHLAND D  
CALGARY, AB

Carte/Card: MasterCard

No. 5569 09\*\* \*\*\*\* 5369 14/06

Seq.: 0002 Lot/Batch: 274

2012/06/14 07:55 D@1

ACHAT/PURCHASE	\$34.55
POURBOIRE/TIP	\$4.50
TOTAL	\$39.05
AUTOR./AUTHOR.:	095547

X

00 APPROUVEE - MERCI



SHERATON SUITES CALGARY EAU CLAIRE  
 255 Barclay Parade S.W.  
 Calgary, Alberta T2P 5C2 Canada  
 T - 403 266 7200  
 F - 403 266 1300



GUEST/CLIENT  
 GUEST/CLIENT

TRAVEL AGENT / CHARGE TO  
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Dr. Christopher Eagle

s.17(1), 17(4)(g)(i)

ROOM / CHAMBRE **1239**  
 RATE / TARIF  
 # PERS / N° PERS. **1** s.17(1), 17(4)(g)(i)  
 FOLIO / DOSSIER **969199** **A**  
 PAGE / PAGE **1**  
 ARRIVE / ARRIVÉE **12-JUN-12 00:00**  
 DEPART / DÉPART **14-JUN-12 00:00**  
 PAYMENT / PAIEMENT **MC**

DATE / DATE	REFERENCE / RÉFÉRENCI	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CREDIT
12-JUN-12	RT1239	Parking	38.85
13-JUN-12	RT1239	Parking	38.85
13-JUN-12	S515	Lodgenet Movies	16.99
13-JUN-12	S515	GST (5%)	0.85
14-JUN-12	CA	Cash	17.84-
14-JUN-12	MC	Master Card	77.70-
***For Authorization Purposes Only***			
xxxxx5369			
Auth Date	Code	Authorized	
12-JUN-12	222921	100.00	
Balance Due			0.00-

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
12-JUN-12	0.00	0.00	0.00	38.85	38.85	0.00
13-JUN-12	0.00	0.00	0.00	56.69	56.69	0.00
14-JUN-12	0.00	0.00	0.00	0.00	0.00	95.54-
Total	0.00	0.00	0.00	95.54	95.54	95.54-

\*\* continued on the next page \*\*

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.  
 SIGNATURE Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

Dr. Christopher Eagle ROOM DEPART AGENT  
 FOLIO 969199 12-JUN-12 1239 14-JUN-12

SHERATON SUITES CALGARY BAU CLAIRE  
 255 Barclay Parade S.W.  
 Calgary, Alberta T2P 5C2 Canada  
 T - 403 266 7200  
 F - 403 266 1300



GUEST / CLIENT  
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO  
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Dr. Christopher Eagle

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

ROOM / CHAMBRE 1239  
 RATE / TARIF  
 # PERS. / N° PERS 1  
 FOLIO / DOSSIER 969199 A  
 PAGE / PAGE 2  
 ARRIVE / ARRIVÉE 12-JUN-12 00:00  
 DEPART / DÉPART 14-JUN-12 00:00  
 PAYMENT / PAIEMENT

DATE	DEBIT	REVENUE / CHARGES	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / DEBIT / CREDIT
------	-------	-------------------	---------------------------	------------------------------------

**GST Summary**

GST Room Revenue	0.00
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.85
<b>Total GST</b>	<b>0.85</b>

846543619 RT0002

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges  
 SIGNATURE Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais

As a Starwood Preferred Guest you have earned at least 34  
 Starpoints for this visit A200894270

Dr. Christopher Eagle ROOM DEPART AGENT  
 FOLIO 969199 12-JUN-12 1239 14-JUN-12

✓  
PETRO-CANADA  
9900 FAIRMOUNT DR.  
CALGARY  
ALBERTA T2J0S4  
4032712717

LOT #: 809568272  
PIN 264646:3605001

2012-06-13 09:16

PUMP 08  
REGULAR  
LITRES L 35.026  
PRICE/L \$ 1.149  
FUEL SALES \$ 40.24\*

TOTAL OWED \$ 40.24

TOTAL PAID  
CREDIT CARD \$ 40.24

\* GST INCL. \$ 1.92

MASTERCARD  
\*\*\*\*\*5369  
INVOICE 842021  
AUTH 111643  
PURCHASE  
0010010010 00 027

\*\*\*\*\*  
PETRO-POINTS  
BALANCE BEFORE  
PURCHASE 11278  
\*\*\*\*\*

SURVEY! EARN POINTS  
CHANCE TO WIN GAS  
1-866-826-7779 OR  
PETRO-CANADA.CA/HERO

✓  
PETRO-CANADA  
37553 HWY 2 SOUTH  
RED DEER  
ALBERTA T4E1B1  
4033476556

GST #: 849387162  
PC0455222:8564601

2012-06-14 09:21

PUMP 05  
REGULAR  
LITRES L 15.401  
PRICE/L \$ 1.139  
FUEL SALES \$ 17.54\*

TOTAL OWED \$ 17.54

TOTAL PAID  
CREDIT CARD \$ 17.54

\* GST INCL. \$ 1.31

MASTERCARD  
\*\*\*\*\*

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/05/2012</u>
<u>SEVENTH STREET PLAZA</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$2,030.60</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX189747</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
08/05/2012	285337720	YELLOW CAB, LIMOUSINES AND TAXICABS	-13.40	CAD	-13.40	-64	.00	
08/05/2012	285337721	YELLOW CAB, LIMOUSINES AND TAXICABS	133.40	CAD	133.40	6.35	.00	

**Signatures**

**Cardholder Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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 hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Cardholder Position/Title

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date of Signature

**Approver Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**  
By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

\_\_\_\_\_  
Name of Approver

\_\_\_\_\_  
Approver Position/Title

\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
---	--

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/05/2012</u>
<u>CORPORATE OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$2,030.60</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>XXXXXXXXXX625369</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/04/2012	284395275	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	178.35	CAD	178.35	7.35		Meeting Expenses
02/05/2012	284694325	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	330.71	CAD	330.71	13.69	.00	Board Dinner in Medicine Hat
02/05/2012	284884023	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	147.29	CAD	147.29	6.51	.00	1 night stay for Board meeting
13/05/2012	285737194	ESSO, FUEL DISPENSER, AUTOMATED	19.77	CAD	19.77	.94		Gas for the fleet car to go to Conference
13/05/2012	285737195	PETROCAN, FUEL DISPENSER, AUTOMATED	46.25	CAD	46.25	2.20		Gas for fleet car to go to Calgary
14/05/2012	285737193	HOTEL LE GERMAIN-CALGA, LODGING HOTELS, MOTELS, RESORTS	584.63	CAD	584.63	26.89		Hotel for Calgary for Conference
15/05/2012	285829368	U OF A ONLINE PAYMENT, COLLEGES, UNIVERSITIES, PROFESSIONAL	157.50	CAD	157.50	7.50		Dinner Event for Dr. Verna Yiu
15/05/2012	285932968	PETROCAN, FUEL DISPENSER, AUTOMATED	30.01	CAD	30.01	1.43		Gas for trip to calgary for meetings for fleet car
16/05/2012	286097227	REDWATER STADIUM, EATING PLACES, RESTAURANTS	43.65	CAD	43.65	1.89		Lunch for meeting while in Calgary
17/05/2012	286097226	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	372.44	CAD	372.44	15.90		Hotel while in Calgary for meetings

1-110.60

AHS - Edmonton  
Accounts Payable  
JUN 13 2012  
Q & C - Completed  
Initials   L  

AHS - Edmonton  
Accounts Payable  
JUN 12 2012  
RECEIVED

**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

PAULA FENNSON

Name of Cardholder Designate

EXECUTIVE ASSISTANT

Cardholder Designate Position/Title

[Signature]

Signature of Cardholder Designate

May 29, 2012

Date of Signature

**Cardholder**

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS

Name of Cardholder

PRESIDENT & CEO

Cardholder Position/Title

[Signature]

Signature of Cardholder

May 30, 2012

Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

PATTI GRIER

Name of Approver Designate

CHIEF OF STAFF

Approver Designate Position/Title

[Signature]

Signature of Approver Designate

May 30, 2012

Date of Signature

**Approver**

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

CATHY ROOZEN

Name of Approver

CHAIR

Approver Position/Title

[Signature]

Signature of Approver

June 7, 2012

Date of Signature

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

**Attach:**

- Original Itemized receipts
- 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

**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: \_\_\_\_\_

THE MARC RESTAURANT  
GROUP LTD.  
9940 106 ST NW  
EDMONTON AB



9940 106 Street  
Edmonton, AB  
780-429-2828  
www.themarc.ca  
GST#807555859

CARD \*\*\*\*\*5369  
CARD TYPE MASTERCARD  
DATE 2012/04/27  
TIME 9639 13:08:23  
RECEIPT NUMBER  
C06100654-001-174-012-0

PURCHASE  
AMOUNT \$154.35  
TIP \$24.00  
TOTAL

**\$178.35**

MasterCard  
A0000000041010  
31CCA2702A354CD6  
0000008000  
AB2C16083D9335E2

**APPROVED**

AUTH# 150823 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS

114 ISABELLE

Check: 1195 Guests: 6  
Table: 3-1

04/27/2012 11:52AM

1	POP	2.75
2	COFFEE	6.00
1	MINERAL WATER	5.00
2	STEAK FRITES	34.00
1	BRAISED BEEF SAND	13.00
1	SPECIAL DE JOUR	15.00
1	FISH DE JOUR	15.00
1	CHICKEN SALAD	13.00
2	CREME CARAMEL	12.00
2	SALTED CARAMEL	12.00
2	BEIGNETS	12.00
1	TEA	3.00
1	LATTE	4.25

Subtotal 147.00  
G.S.T. 7.35

**Total Due \$154.35**

**\*\*PLEASE PAY SERVER\*\***

Thank You

4/27/12 Dr. Eagle's Lunch  
mtg



*BOARD  
Dinner*

M Grill  
#478-01

Medicine Hat Lodge  
1051 RossGlen Drive SE  
Medicine Hat, AB T1B 3T8  
Phone (403)529-2222 Fax (403)528-4075

Date: May 02, 2012 Time: 09:26PM  
Server: (M)Diana  
Bill: 1246682 Table : 478

3	ar Kachkar	15.00
1	ch Salad	8.49
3	8oz Prime Rib	74.97
3	Sub Stuffed Potato	4.50
1	10oz Prime Rib	26.99
2	8ozTender in	59.98
1	Butter	13.99
1	(M)Open Food	13.99
1	FRENCH TON	7.00
1	10oz Tenderloin	32.99
1	PICK UP	
1	Pop	2.99
1	App Spring Mix Salad	5.00
1	Bra Jy reaches	7.99

Subtotal 273.88  
TAX 13.69

Total 287.57

Mountain Food 7.00  
M Grill Food 263.89  
M Grill Beverages 2.99

Open Time : May 02, 2012 08:03PM

Gratuity \_\_\_\_\_

Total \_\_\_\_\_

Room# \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

*BOARD  
Dinner*

MEDICINE HAT LODGE  
1051 ROSS GLEN DR SE  
MEDICINE HAT, AB T1B3T8  
4035028170

MERCHANT ID: 97212730030 TERM ID: 001  
CLERK: 308

SALE

XXXXXXXXXXXXXXXX5369  
MASTERCARD ENTRY METHOD: CHIP/SWIPE  
05/02/12 21:33:05  
INF 000007 APPR CODE: 233304  
BATCH #: 000870  
REF #: 007

AMOUNT \$287.57  
TIP \$43.14  
TOTAL \$330.71

SEE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION  
CARDHOLDER COPY



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

*Great Card  
Receipt*

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Chris Eagle

s.17(1), 17(4)(g)(i)

**Page #** 1  
**Res. #** 522285  
**Checked in** Wed May 2/12 - 6:21 pm  
**Checked out** Thu May 3/12 - 7:00 am  
**Nights** 1  
**Room Rate** 139.00  
**Room** 272

### Group: AB Health Services

Date	Description	Reference	Charges	Credits
May02	Hospital Rate		139.25	
May02	Room Tax		5.36	
May02	Destination Marketing Fee		2.68	
May03	PAID BY MASTERCARD - Thank you			147.29
			0.00	147.29

Thank you for staying with us. Please come again!  
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

### Charge Summary:

GST 0.25  
 Room Tax 5.36

MERCHANT ID: 87212730014  
 TERM ID: 002  
 Ref #: 069  
 1051 ROSS GLEN DR SE  
 MEDICINE HAT, AB T1B3T8  
 4035028170

### Pre-Auth Compl

XXXXXXXXXXXXXXX5369  
 MASTERCARD Entry Method: CHIP  
 05/03/12 06:53:09  
 Inv #: 000009 Appr Code: 201527  
 Apprvd Batch#: 000049

Original Pre-Auth Amount: \$ 200.00  
**Total:** \$ 147.29

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit voucher).

Retain this copy for statement verification.  
 Application Label: MasterCard  
 AID: A0000000041010  
 TVR: 00 00 00 00 00  
 TSI: E8 00

Customer Copy

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST Hospitality  
SINCE 1944



PETRO-CANADA  
37553 HWY 2 SOUTH  
RED DEER  
ALBERTA T4E1B1  
4033476556

GST #: 849387162  
PC0442921:8564601

2012-05-13 09:48

PUMP 03  
REGULAR  
LITRES L 41.707  
PRICE/L \$ 1.109  
FUEL SALES \$ 46.25\*

TOTAL OWED \$ 46.25

TOTAL PAID  
CREDIT CARD \$ 46.25

\* GST INCL. \$ 2.20

MASTERCARD  
\*\*\*\*\*5369  
INVOICE 365435  
AUTH 114803  
PURCHASE  
S 0010010010 00 027

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 OR  
PETRO-CANADA.CA/HERO

*cc Receipt*

12415 102 Avenue  
Edmonton AB T5N0M2

**ESSO EXPRESS PAY**

GLENORA ESSO  
00302296  
12415 102 AVENUE  
EDMONTON, AB T5N 0M  
URN:R121461107  
05/13/2012 721808725  
01:49:39 PM

PUMP# 4  
EREG 17.826L  
PRICE/L 1.109  
FUEL TOTAL \$ 19.77

GST in fuel \$ 0.94  
CREDIT \$ 19.77

TYPE: PURCHASE  
ACCOUNT: MCARDFLEET \$19.77  
AUTH: 154802-F INVOICE: TAD76941  
CARD NUMBER: S \*\*\*\* \* 5369  
01 Approved - Thank You 027

LOYALTY: NO  
IMPORTANT - retain this copy for your  
records

*cc Receipt*

Receipt



HOTEL GERMAIN  
CALGARY

Company ALBERTA HEALTH SERVICES

Dr CHRIS EAGLE  
ALBERTA HEALTH SERVICES  
14TH FLOOR NORTH TOWER  
SEVENTH STREET PLAZA, 10030-107 STREET NW  
Edmonton AB T5J3E4

DATE: 05-13-12  
TIME: 10:21  
ROOM: 0913  
ARRIVAL: 05-11-12  
DEPARTURE: 05-13-12  
CONF. NO.: 2106164  
PAGE: 1 of 1

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
05-11-12	Weekend Special		259.00	
05-11-12	DMF - Destination Marketing Fe		7.32	
05-11-12	Alberta Tourism Tax		10.05	
05-11-12	GST		13.32	
05-12-12	Weekend Special		259.00	
05-12-12	DMF - Destination Marketing Fe		7.32	
05-12-12	Alberta Tourism Tax		10.05	
05-12-12	GST		13.32	
05-13-12	Private Bar - Beverage	coffee	5.00	
05-13-12	GST		0.25	
05-13-12	Master Card/Diners			584.63
<b>TOTAL</b>			<b>584.63</b>	<b>584.63</b>
<b>BALANCE</b>			<b>0.00</b>	<b>CAD</b>

DMF 14.64  
GST: 848120796 26.89  
ATT 20.10

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit [www.tripadvisor.com](http://www.tripadvisor.com) and share your Germain experience.

**Paula Finnson**

---

**From:** jkrieger@cardio.med.ualberta.ca  
**Sent:** Tuesday, May 15, 2012 5:45 PM  
**To:** Paula Finnson  
**Subject:** Recognition Dinner for Dr. Verna Yiu

Thank you for registering in Recognition Dinner for Dr. Verna Yiu. For all registration and refund questions please refer to the Registration Summary email message which will be sent to you shortly.

-----

University of Alberta, Dean of Medicine Online Payment Receipt

Dean of Medicine  
University of Alberta, 2-132 Li Ka Shing Centre for Health Research Innovation University of Alberta  
Edmonton, AB T6G 2E1  
<http://www.med.ualberta.ca>

Phone: 780-492-0591

-----

Purchase Transaction Details

Card Holder Name: Christopher Eagle  
Card Number: XXXX XXXX XXXX 5369  
Card Brand/Type: MC  
Order ID: 200764067  
Date/Time: Tue May 15 17:45:00 MDT 2012  
Sequence Number: 242092-0\_55  
Approval Code: 194501  
Response / ISO Code: 1 / 01  
Amount (Canadian Dollars): \$157.50

-----

Purchase Item Description & Amount

Recognition Dinner Ticket - 1 @ \$150.00 (plus \$7.50 GST)	\$157.50
Total (Canadian Dollars):	\$157.50

cc  
Receipt

Trip to  
Calgary

Dundie & Kobay

PETRO-CANADA  
10120 ELBOW DR. SW.  
CALGARY  
ALBERTA T2M1E7  
4032553775

GST #: 031051184  
PC0224241:0950801

2012-05-15 06:22

PUMP 05  
REGULAR  
LITRES L 26.351  
PRICE/L \$ 1.139  
FUEL SALES \$ 30.01\*

TOTAL OWED \$ 30.01

TOTAL PAID  
CREDIT CARD \$ 30.01

\* GST INCL. \$ 1.43

MASTERCARD  
\*\*\*\*\*5369  
INVOICE 049720  
AUTH 082216  
PURCHASE  
S 0010010010 00 027

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 OR  
PETRO-CANADA.CA/HERO

REDWATER STADIUM  
1935 UXBRIDGE DRIVE NW  
CALGARY AB

CARD \*\*\*\*\*5369  
CARD TYPE MASTERCARD  
DATE 2012/05/16  
TIME 5029 12:56:03  
SERV ID 7318  
CHECK # 153255  
TABLE # 165  
RECEIPT NUMBER  
006102677-001-103-002-0

PURCHASE  
AMOUNT \$37.96  
TIP \$5.69  
TOTAL

**\$43.65**

MasterCard  
A0000000041010  
3F0DFBC0CC458DF3  
0000008000  
5DE20734295DBCFC

APPROVED

AUTH# 145603 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
RECORDS

# HOTELALMA



169 UNIVERSITY GATE NW  
 CALGARY, ALBERTA, CANADA T2N 1N4  
 1.877.498.3203 T 403.220.3203 F 403.284.4184  
 W HOTELALMA.CA

EAGLE, DR CHRIS

**Room Number: 720**

14TH FLOOR NORTH TOWER  
 EDMONTON, AB T5J 3E4 CA

**Daily Rate: 159.00**

**Room Type: OBKC**

**No. of Guests: 1 / 0**

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
14-May-12	16-May-12	XXXXXXXXXXXX5369	GOV	DIS	20090127662

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
14-May-12	720	PARKING	PARKING CHARGE	\$8.00
14-May-12	720	ROOM CHARGE	#720 EAGLE, DR CHRIS	\$159.00
14-May-12	720	GST	GST	\$7.95
14-May-12	720	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.91
14-May-12	720	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.36
15-May-12	720	PARKING	PARKING CHARGE	\$8.00
15-May-12	720	ROOM CHARGE	#720 EAGLE, DR CHRIS	\$159.00
15-May-12	720	GST	GST	\$7.95
15-May-12	720	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.91
15-May-12	720	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$6.36
16-May-12	720	MASTERCARD	MASTERCARD	(\$372.44)

**TOTAL DUE: \$0.00**

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL  
 GST R#108102864

From May Flatfile

Card Holder	AMT	Aut	Description 1
EAGLE, CHRIS	-13.4	4121	LIMOUSINES AND TAXICABS
EAGLE, CHRIS	133.4	4121	LIMOUSINES AND TAXICABS
EAGLE, CHRIS	178.35	5812	EATING PLACES, RESTAURANTS
EAGLE, CHRIS	330.71	7011	LODGING HOTELS, MOTELS, RESORTS
EAGLE, CHRIS	147.29	7011	LODGING HOTELS, MOTELS, RESORTS
EAGLE, CHRIS	584.63	7011	LODGING HOTELS, MOTELS, RESORTS
EAGLE, CHRIS	19.77	5542	FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	46.25	5542	FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	157.5	8220	COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS
EAGLE, CHRIS	30.01	5542	FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	372.44	8220	COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS
EAGLE, CHRIS	43.65	5812	EATING PLACES, RESTAURANTS
Total	2030.6		





AP Expense Claim Verification Form

Name Dr. Chris Eagle

Period Q1 2012-2013

PCARD

PCARD Month April Amount Verified by AP \$ 4970.97 Matches submission yes, see note  
 PCARD Month May Amount Verified by AP \$ 2030.60 Matches submission yes, see note  
 PCARD Month June Amount Verified by AP \$ 3124.71 Matches submission yes

Expense Claim

Expense Claim \$ 1192.36 Amount Verified by AP \$ 1192.36 Matches submission yes  
 Expense Claim \$ 4606.31 Amount Verified by AP \$ 4606.31 Matches submission yes  
 Expense Claim \_\_\_\_\_ Amount Verified by AP \_\_\_\_\_ Matches submission \_\_\_\_\_  
 Expense Claim \_\_\_\_\_ Amount Verified by AP \_\_\_\_\_ Matches submission \_\_\_\_\_  
 Expense Claim \_\_\_\_\_ Amount Verified by AP \_\_\_\_\_ Matches submission \_\_\_\_\_  
 Expense Claim \_\_\_\_\_ Amount Verified by AP \_\_\_\_\_ Matches submission \_\_\_\_\_

Notes: April and May Pcard submissions span over 2 statements because of card replacement.

Checked by \_\_\_\_\_

AP Supervisor \_\_\_\_\_

**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

<u>EAGLE, CHRIS</u> Cardholder's Name	<u>PRESIDENT &amp; CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/03/2012</u>
<u>Cardholder's Dept</u>	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$4,949.81</u>
<u>CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>XXXXXXXXXX189747</u>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/02/2012	278760537	AIR CAN 0142104453442, AIR CANADA	78.75	CAD	78.75	.00	.00	Change Fee
22/02/2012	278760536	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	172.62	CAD	172.62	7.70		Hotel - Calgary Meetings
22/02/2012	278918032	RICKY S ALL DAY GRILL, EATING PLACES, RESTAURANTS	45.68	CAD	45.68	1.88		Meeting - Heather Smith
27/02/2012	279158398	AIR CAN 0142105246385, AIR CANADA	527.36	CAD	527.36	.00	.00	Senior Leaders Meeting
29/02/2012	279367822	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	200.00	CAD	200.00	9.52		Calgary Meetings
29/02/2012	279367823	WILDFLOWER RESTAURANT, EATING PLACES, RESTAURANTS	48.00	CAD	48.00	2.00		Lunch - James Conway
01/03/2012	279539138	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	506.00	CAD	506.00	24.10		2012 Membership Fee
04/03/2012	279704420	COLLINS LIMOUSINE LTD., LIMOUSINES AND TAXICABS	160.00	CAD	160.00	7.62		Senior Leaders Meeting Transportation
05/03/2012	279914432	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	68.25	CAD	68.25	3.25	.00	CD Forum Registration Fee
07/03/2012	280018813	AIR CAN 0142105597244, AIR CANADA	1,100.16	CAD	1,100.16	.00	.00	Montebello Symposium
09/03/2012	280324849	YELLOW CAB, LIMOUSINES AND TAXICABS	241.45	CAD	241.45	11.50	.00	Transportation Feb. 2012
09/03/2012	280324850	YELLOW CAB, LIMOUSINES AND TAXICABS	13.40	CAD	13.40	.64	.00	Transportation Jan. 2012 Amount should be \$133.40
09/03/2012	280324851	AIR CAN 0142105684712, AIR CANADA	1,354.82	CAD	1,354.82	.00	.00	Montebello Symposium
09/03/2012	280324852	AIR CAN 0142105684712, AIR CANADA	105.00	CAD	105.00	5.00	.00	Change Fee
13/03/2012	280505268	SOUNDVIEW EXEC BOOK SU, DIRECT MARKETING - OTHER DIRECT	199.00	USD	202.42	.00	.00	Subscription Renewal - Soundview
16/03/2012	280763632	DIGITAL NEWSPAPER, DIRECT MARKETING CONTINUITY/SUBSCRIPTION	125.90	CAD	125.90	6.00		Calgary Herald Digital

**Signatures**

**Cardholder Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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 hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Cardholder Position/Title

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date of Signature

**Approver Designate (if Applicable)**  
By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**  
By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

\_\_\_\_\_  
Name of Approver

\_\_\_\_\_  
Approver Position/Title

\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
Date of Signature

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

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
---	--

**Accounts Payable only:**

Reference #: _____	Reviewed by: _____	Date: _____
--------------------	--------------------	-------------

## STATEMENT FOR THE MONTH OF JANUARY 2012

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	26	13:30	Dr.Eagle	AHS to Airport	\$66.70
2	27	16:24	Dr.Eagle	Airport to AHS	\$66.70
<b>TOTAL</b>					<b>\$133.40</b>

*MDL27/12  
Tobias TO  
CONTACT MASTER CARD*

*13.40 PD*

*\$120.00 owe  
Amount should  
be \$133.40*

s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO.

**OW CAR (780) 462-3456**  
**RESTIGE CABS (780) 462-4444**  
ADMINISTRATION (780) 425 8500

AUTH NO	DRIVER	UNIT NO
095937	JI	815

TIME	DAY	MO	YR.
	31	01	2012

G.S.T.#

FROM: *Transportation for the*

TO: *months of January 2012*

PRINT NAME

CUSTOMER'S SIGNATURE  
*X DR. CHRIS EAGLE*

3888243

FARE	INTL	GRATUITY	TOTAL
			133 40

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

**"The Preferred Choice"**  
18402048 2011/04/01 PREP. COMPANY ©2008. All rights reserved. — 82553

MERCHANT COPY

**Dr. Chris Eagle, President and CEO**

Expenses submitted during the period of ~~January 1 - March 31, 2012~~

*April 1 - June 30/2012*

**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. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

**4) Other**

Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm -odation	Other Travel	Professional Development	Hosting and Hospitality	Other
7-May	12-Mar	Edmonton AB	Dinner with educators (UAH)						253.66	
20-Apr	Mar 13-15	Canmore AB	March AHS Board Meeting			122.37				
7-May	16-Mar		Monthly cellular charges-March							151.20
20-Apr	20-Mar		Airfare Cancelled - Credit Applied	434.83						
20-Apr	21-Mar	Edmonton AB	Breakfast with government official						37.08	
20-Apr	23-Mar		Educational materials-books							184.03
20-Apr	23-Mar		Meeting with Premier	1501.76						
20-Apr	26-Mar	Edmonton AB	Lunch with potential employee						45.89	
20-Apr	28-Mar		Travel to Various Meetings				140.00			
7-May	2-Apr		Annual Dues-Royal College of Physicians and Surgeons							787.50

\*

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accommodation	Other Travel	Professional Development	Hosting and Hospitality	Other
20-Apr	2-Apr		Canadian College of Health Organizations Registration Fee							30.00
20-Apr	2-Apr		Educational materials-Book							145.58
	9-Apr		Office supplies							89.59
20-Apr	12-Apr	Edmonton AB	President's Speaker Series Catering						154.56	
20-Apr	12-Apr	Vancouver, BC	Airfare Cancelled - Credit Applied	650.21						
20-Apr	12-Apr	Calgary AB	Airfare Cancelled - Credit Applied	458.06						
20-Apr	16-Apr	Vancouver, BC	Registration fee for Western Emergency Department Operations Conference					250.00		
	17-Apr	Edmonton AB	Lunch Operational Meeting						199.25	
20-May	27-Apr	Edmonton AB	Lunch Operational Meeting (6 people)						178.35	
17-May	30-Apr	Edmonton AB	Membership-Royal Glenora							4398.45 *
20-May	2-May	Medicine Hat, AB	Board Dinner (9 people)			147.29			330.71	
17-May	9-May		Operational Meetings				28.54			
17-May	11-May		Monthly cellular charges - Apr							135.87
20-Apr	May 11-13	Edmonton AB	Healthy Conscious Living Conference					129.00		
20-May	May 11-13	Edmonton AB	Healthy Conscious Living Conference			584.63	66.02			
20-May	12-May	Edmonton AB	Dinner with potential employee						157.50	
20-May	May 14-16	Calgary AB	Calgary operational business meetings & lunch	30.45		372.44	30.01		43.65	
20-Jun	May 23-24	Calgary AB	Calgary operational business meetings			263.32	70.22			
20-Jun	24-May		Calgary Health Trust Event Tickets							1500.00
20-Jun	4-Jun		Travel to Various Meetings (March)				349.60			
20-Jun	4-Jun	Edmonton AB	Travel to Various Meetings				135.00			
22-Jun	11-Jun		Monthly cellular charges - May							136.08
20-Jun	June 5-7	Calgary AB	June AHS Board meeting			592.84	19.40			
20-Jun	June 13-14	Calgary AB	Calgary operational business meetings			77.70	57.78		39.05	
20-Apr	June 20-22	Regina SK	CIHI Board Meeting-Governance Meeting	388.76						**

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm -odation	Other Travel	Professional Development	Hosting and Hospitality	Other
	Apr - Jun		Various local parking expenses to attend meetings/sessions				43.00			

3464.07      0.00      2160.39      939.57      379.00      1439.70      7558.30      15941.03

\* Expenses have been reimbursed in accordance with the CEO's employment contract.

\*\* All expenses to AHS have been reimbursed by CIHI



From April Flatfile

Cardholder		
EAGLE, CHRIS	566.08	3009 AIR CANADA
EAGLE, CHRIS	892.63	3009 AIR CANADA
EAGLE, CHRIS	16.8	3009 AIR CANADA
EAGLE, CHRIS	26.25	3009 AIR CANADA
EAGLE, CHRIS	122.37	3649 RADISSON HOTELS
EAGLE, CHRIS	37.08	5812 EATING PLACES, RESTAURANTS
EAGLE, CHRIS	10.5	3180 Westjet Airlines
EAGLE, CHRIS	424.33	3180 Westjet Airlines
EAGLE, CHRIS	184.03	4816 COMPUTER NETWORK/INFORMATION SERVICES
EAGLE, CHRIS	45.89	5812 EATING PLACES, RESTAURANTS
EAGLE, CHRIS	140	4121 LIMOUSINES AND TAXICABS
EAGLE, CHRIS	119.29	4816 COMPUTER NETWORK/INFORMATION SERVICES
EAGLE, CHRIS	26.29	4816 COMPUTER NETWORK/INFORMATION SERVICES
EAGLE, CHRIS	30	8398 ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE
EAGLE, CHRIS	89.59	5732 ELECTRONICS SALES
EAGLE, CHRIS	21	3180 Westjet Airlines
EAGLE, CHRIS	367.76	3180 Westjet Airlines
EAGLE, CHRIS	458.06	3009 AIR CANADA
EAGLE, CHRIS	650.21	3009 AIR CANADA
EAGLE, CHRIS	10	7523 AUTOMOBILE PARKING LOTS AND GARAGES
EAGLE, CHRIS	154.56	5811 CATERERS
EAGLE, CHRIS	250	8220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS
EAGLE, CHRIS	199.25	5812 EATING PLACES, RESTAURANTS
EAGLE, CHRIS	129	8999 PROFESSIONAL SERVICES NOT ELSEWHERE CLASSIFIED
Total	4970.97	

From June's Flatfile

Card Holder	AMT	Aut	Description 1
EAGLE, CHRIS	42.07		5542 FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	1500		8398 ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE
EAGLE, CHRIS	20		7523 AUTOMOBILE PARKING LOTS AND GARAGES
EAGLE, CHRIS	263.32		7011 LODGING HOTELS, MOTELS, RESORTS
EAGLE, CHRIS	28.15		5542 FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	135		4121 LIMOUSINES AND TAXICABS
EAGLE, CHRIS	349.6		4121 LIMOUSINES AND TAXICABS
EAGLE, CHRIS	592.64		3590 FAIRMONT HOTELS
EAGLE, CHRIS	19.4		4121 LIMOUSINES AND TAXICABS
EAGLE, CHRIS	40.24		5542 FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	17.54		5542 FUEL DISPENSER, AUTOMATED
EAGLE, CHRIS	77.7		3590 FAIRMONT HOTELS
EAGLE, CHRIS	39.05		5812 EATING PLACES, RESTAURANTS
Total	3124.71		

**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM**

**SECTION A - Employee Details (for AHS Staff ONLY)**

Travel Period from: 1-Mar-12 to 1-Apr-12

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A to 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)

Name: Dr. Chris Eagle Position (Title): President & Chief Executive Officer Employee # (E-People): s.17(1), 17(4)(g)(i) Employee # (Legacy):

Location: 14th Flr. 7th St. Plaza Dept: Executive Office Union: Business Phone #: 780.342.2003 Ext: Out-of-Province Travel

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu: Calgary Health

**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**

Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A				
2B				
2C				
2D				

**Total - Section C&D - Other & Foreign Expenses - Pg 3**

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total
101	0923	71110101058	64020000	151.20 ✓
101	0923	71110101066	69600000	253.66 ✓
101	0923	71110101058	66020000	787.50 ✓
				<b>\$1,192.36</b>

**\*\*User to enter Coding & \$ amounts**

**TOTAL REIMBURSEMENT**

Total Section B	
Total Section C&D	\$1,192.36
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$1,192.36</b>

**SECTION F Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Joyce Murray Phone #: 780.342.2011 Ext:

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: April 17, 2012

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Catherine Roozen DOFA Level: 1 (Board Chair) Position #: ? Phone #: 403.943.1128 Ext:

Signature: *[Signature]* Title: Chair, Alberta Health Services Board Date: May 7, 2012

Approved By (PRINT ONLY): Catherine Roozen DOFA Level: Position #: Phone #: Ext:

Signature: Title: Date:

AHS - Edmonton  
Accounts Payable  
MAY 08 2012  
RECEIVED

**EXPENSE CLAIM DETAILS s.17(1), 17(4)(g)(i)**

<b>SECTION C Other Expenses</b>	Emp # (E-People)	Emp # (Legacy)	Page <b>3</b>
---------------------------------	------------------	----------------	---------------

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

**Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E**

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is <b>ON</b> till slip/receipt, enter total amount in this column <b>WITH GST</b>	GST is <b>NOT</b> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
16-Mar-12	Telus Mobility	101	0923	71110101058	64020000		\$151.20	\$151.20 ✓	
12-Mar-12	Dinner with Dr. P. Raggl, Dr. V. Yiu, Dr. C. Amrhein	101	0923	71110101058	69600000		\$253.66	\$253.66 ✓	
2-Apr.12	Annual Dues - Royal College of Physicians & Surgeons of Canada	101	0923	71110101058	68020000		\$787.50	\$787.50 ✓	

<b>SECTION D Foreign Currency</b>		<b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)</b> If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.	
Please click on the following link for the Bank of Canada exchange rate using the date of expense	<a href="#">Bank of Canada Currency Converter</a>	→	Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

**Expenses Paid (Retain a copy for your records)**  
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization  
 - 3 of 3 -



**Did you know that TELUS has Enhanced 911 (E911) services?**

We care about the safety of our customers and want to make sure that your mobile phone can be used as a public safety tool during an emergency. With E911 services, emergency operators can pinpoint the phone's location to direct emergency personnel more precisely and can also identify a mobile phone number to call back if needed. To learn more please visit [telusmobility.com/e911](http://telusmobility.com/e911)

**Do you have a complaint regarding your telecommunications services?**

If so, call us at 1-866-558-2273 or \*611 from your mobile phone. If we can't resolve your complaint, the independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you: [www.ccts-cprst.ca](http://www.ccts-cprst.ca) or 1-888-221-1687.

**Go paper free and save a tree**

Sign up for paperless billing and get 24/7 secure access to your bill, tools to manage your account and email or text reminders when your bill is ready - all while helping the environment. Register for paperless billing by logging into your account at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) and selecting "go paperless".

Thank you for choosing TELUS.

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 14.00
Data and Other Services	\$ 1.00
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.20
Total Taxes	\$ 7.20
<b>Total Current Charges</b>	<b>\$ 151.20</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Feb-12	\$ 124.95
Payments	\$ -124.95
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Mar-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 151.20**

PTLPS01A 17249 HRI - 3 - 1 - 14 - - 124355



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Apr-12
	16-Mar-12	\$ 151.20

Additional fees apply for late payments

PTLPS01A E S 17249 s.17(1), 17(4)(g)(i)  
000000084 205(H)  
CHRIS J. EAGLE

*Reimbu*

Amount of Payment  
151.20

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)



**ACCOUNT DETAIL**

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

Contract Term : 3 yr

**Monthly Service Plans Mar 17 to Apr 16**

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

**Additional Local Airtime** \*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*611 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	401:00	154:00	247:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Long Distance Charges**

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	340:00	0:00	200:00	140:00	14.00
<b>Total</b>					<b>\$ 14.00</b>

**Data and Other Services**

Service	Total Events	Event Type	Total
Text Msg - Sent	1	Msg	0.20
Data Usage	98.132	MB	0.00
Text Msg - Received	4	Msg	0.80
<b>Total</b>			<b>\$ 1.00</b>

**Value Added Services**

Service	Total
200 mins Cdn LD @ 10¢ (Mar 17 to Apr 16)	20.00
3 GB included data (Mar 17 to Apr 16)	Free
Feature Bundle - Small (Mar 17 to Apr 16)	7.00
Visual Voicemail for iPhone (Mar 17 to Apr 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

**Other Charges and Credits**

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

**Taxes**

GST	Total
	7.20
<b>Total</b>	<b>\$ 7.20</b>

**Total Current Charges \$ 151.20**

PTLPS01A 17249 HRI - 3 - 2 - 14 - - 124357

- Reimburse -

### Royal Mayfair Golf Club

----- Chit Details -----

Member:  
Server: CHRIS 15  
Area: Dining Room  
Table#: 1                      Covers: 3  
Chit #: 02031289

s.17(1), 17(4)(g)(i)

Date: Mar 12/12                      Time: 8:02pm

Mt Vern Sauv Blan Bt	36.00
Baked Onion Soup	9.00
Butter Squash Soup	9.00
DR Caesar Salad	8.00
Potato Crust Halibut	30.00
2 Lg Lamb Rack	80.00
Moores Crk Sh 8oz G1	9.75
Luigi Bos Mal 8oz G1	10.50
2 Sorbet	12.00
Coffee	2.00
Tea	2.00

Sub-Total: 208.25  
GST # 119322980 10.41

Chit Total: \$218.66

Gratuity: 35.00  
Total: \$253.66

P. Raggi, V. Yia, C. Amrhein

Member Number:



s.17(1), 17(4)(g)(i)

Royal Mayfair

# Royal College of Physicians & Surgeons of Canada

Subject RCPSC Annual Dues Payment On-line  
 From On Line Annual Dues Payment <dues@rcpsc.edu>  
 Date Monday, April 2, 2012 4:32 pm  
 To , Financial Services <finance@rcpsc.edu> , IMIT <ichatterjee@rcpsc.edu>  
 s.17(1), 17(4)(g)(i)

This message is confirmation that Christopher John Eagle paid annual dues on-line using the RCPSC website.

Here's the information submitted:

Christopher John Eagle  
 RCPSC Number:  
 Email Address: s.17(1), 17(4)(g)(i)

Annual Dues Payment amount: 787.50

Total Amount of Transaction: 787.50  
 Paid by: MC  
 Authorization Reference #: 9383250  
 Authorization Result: 07373S \$787.50



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

**SECTION A - Employee Details (for AHS Staff ONLY)** Travel Period from: 9-May-12 to 14-May-12

- 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)

s.17(1), 17(4)(g)(i)

Name: Dr. Chns Eagle Position (Title): President & CEO Employee # (E-People): Employee # (Legacy):  
 Location: 14th Flr, SSP, Edmonton Dept: Executive Office Union: n/a Business Phone #: 780-342-2062 Ext: Out-of-Province Travel: No

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu → Calgary Health

**SECTION E Finance Coding & Total Claim**

**CAPITAL PROJECT CODING ONLY →** Project Number: Expenditure Organization: Project Task Number: Expenditure Type:

Total - Section B - Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0923	71110101058	\$71.99
2B				
2C				
2D				
				\$71.99

Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0923	71110101058	66021000	4,398.45
101	0923	71110101058	64020000	136.87
				\$4,534.32

TOTAL REIMBURSEMENT	
Total Section B	\$71.99
Total Section C&D	\$4,534.32
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$4,606.31</b>

\*\*User to enter Coding & \$ amounts  
 NOTE: These flags do not automatically fill for Section C&D

**SECTION F Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.

Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Paula Fimson Phone # 780-342-2062 Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: *MAY 28 2012*

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).  
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Catherine Roozen Phone # 403-943-1128 Ext

Signature: *[Signature]* Title: AHS Board Chair Date: Jun 7/12

Approved By (PRINT ONLY) Phone # Ext

Signature: Title: Date:

AHS - Edmonton  
 Accounts Payable  
 JUN 12 2012  
**RECEIVED**

AHS - Edmonton  
 Accounts Payable  
 JUN 13 2012  
 Q & C - Completed  
 Initials: *NRW*

### TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

<b>SECTION A - Employee Details (for AHS Staff ONLY)</b>	Travel Period from: 9-May-12 to 14-May-12
--	---

- 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)
- s.17(1), 17(4)(g)(i)

Name Dr. Chris Eagle	Position (Title) President & CEO	Employee # (E-People)	Employee # (Legacy)
Location 14th Flr, SSP, Edmonton	Dept Executive Office	Union n/a	Business Phone # 780-342-2062 Ext Out-of-Province Travel No

What is your former legacy region (prior to AHS consolidation)?	Please click in cell and select from dropdown menu
	Calgary Health

#### SECTION E Finance Coding & Total Claim

<b>CAPITAL PROJECT CODING ONLY →</b>	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	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total			
2A	101	0923	71110101058	\$71.99	101	0923	71110101058	66021000	4,398.45	Total Section B \$71.99 ✓		
2B					101	0923	71110101058	64020000	135.87	Total Section C&D \$4,534.32 ✓		
2C										Less Cash Advance		
2D										<b>TOTAL CLAIM \$4,606.31</b>		
				\$71.99	**User to enter Coding & \$ amounts				\$4,534.32			

NOTE: These fields do not automatically fill for Section C&D

#### SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Paula Finsson	Phone # 780-342-2062 Ext
--	--------------------------

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature	Date 17 May 2012
--------------------	------------------

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Catherine Roozen	DOFA Level 1	Position #	Phone # 403-943-1128	Ext
---	--------------	------------	----------------------	-----

Signature	Title AHS Board Chair	Date
-----------	-----------------------	------

Approved By (PRINT ONLY)	DOFA Level	Position #	Phone #	Ext
--------------------------	------------	------------	---------	-----

Signature	Title	Date
-----------	-------	------



EXPENSE CLAIM DETAILS

s.17(1), 17(4)(g)(i)

<b>SECTION C Other Expenses</b>	Emp # (E-People)	Emp # (Legacy)	Page <b>3</b>
---------------------------------	------------------	----------------	---------------

ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

**Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E**

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column <b>WITH GST</b>	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
30-Apr-12	Royal Glenora Club membership	101	0923	71110101058	66021000		\$4,398.45	\$4,398.45 ✓	
11-May-12	Telus - monthly charges	101	0923	71110101058	64020000		\$135.87	\$135.87 ✓	

<b>SECTION D Foreign Currency</b>	<b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)</b> If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.		
Please click on the following link for the Bank of Canada exchange rate using the date of expense	<a href="#">Bank of Canada Currency Converter</a>	→	Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization  
- 3 of 3 -

Reimburse

№ 387276

Calgary Stampede

CALGARY STAMPEDE

PLEASE LEAVE FACE UP ON DASH

PARKING

READ CONTRACT ON OTHER SIDE

GOOD FOR ONE ENTRY ONLY

PLEASE PARK AS DIRECTED

\$13.00  
GST R118823467

Reimburse  
AR  
30-

Redwater Rustic Grille Stadium Plaza

1935 Uxbridge Dr. NW  
Calgary, Alberta  
Tel: (403) 220-0222  
Check #: 153167

Server: Wes Date: 05/14/2012  
Table: 21 Time: 20:41  
Client: 1

2	G1- Atalon	27.00
1	Half Garden Greens	5.50
1	Organic Salmon	24.95

30.45

SUB-TOTAL: 57.45  
GST: 2.87

TOTAL: 60.32

May 12/12  
Healthy Living  
Conference  
Parking

Thank you for dining with us!

Follow us on Twitter!  
@RedwaterStadium

GST # 587684799

Dinner  
for CE  
after  
traveling  
to Calgary

PETRO-CANADA  
9936 109 STREET  
EDMONTON  
ALBERTA T5K1H5  
7804231429

GST #: 0885609321  
PC0132652:8598601

2012-05-09 18:12

PUMP 07  
REGULAR  
LITRES L 25.734  
PRICE/L \$ 1.109  
FUEL SALES \$ 28.54\*

TOTAL OWED \$ 28.54

TOTAL PAID  
CREDIT CARD \$ 28.54

\* GST INCL. \$ 1.36

MASTERCARD  
\*\*\*\*\*0069  
INVOICE 634620  
AUTH 068729  
PURCHASE  
S 0010010010 00 027

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 OR  
PETRO-CANADA.CA/HERO

fill up of  
corporate vehicle  
pls reimburse

Gas for  
car for  
city mtg

Dr. Chris Eagle

MEMBER NUMBER	STATEMENT DATE
	Apr 30/12

s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

AMOUNT ENCLOSED: \$ \_\_\_\_\_

BALANCE DUE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE GRATUITY	G.S.T.	TOTAL CHARGE
Apr 29/12	80	FITDrop-inClass	10.00	0.00	0.50	10.50
Apr 30/12		Capital Levy - Annual	500.00	0.00	25.00	525.00
Apr 30/12		Active couple 30-64 years	3,489.00	0.00	174.45	3,663.45
Apr 30/12		Mens locker - large	110.00	0.00	5.50	115.50
Apr 30/12		Womens locker	80.00	0.00	4.00	84.00

Your April stmt reflects the annual fee change of the Board approved 2% increase for 2012/13 fiscal year. The capital levy program had no increase or change. This is consistent with the comm'ns at the of its inception 2 years ago. A comprehensive Q&A document have been published recently and is a good source of further information on this and other subjects at the Club. Thank-you for your continued support at the Club.

*\$4398.45  
Contract  
article #21*

A SERVICE CHARGE OF 2% PER MONTH (26.82% PER ANNUM)  
CHARGED ON ALL ACCOUNTS NOT SETTLED WITHIN 25 DAYS  
OF STATEMENT DATE.

**TOTALS ▶**

G.S.T. R122357312

ACCOUNTS ARE DUE AND PAYABLE WHEN RENDERED

MEMBER NUMBER	CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE

s.17(1), 17(4)(g)(i)

ROYAL GLENORA CLUB EDMONTON, ALBERTA ACCOUNT INQUIRIES: (780) 482-0385

*Do not reimburse*



s.17(1), 17(4)(g)(i)

**Your overseas travel has never been more affordable**

You wanted to stay connected while you travel, so we made it more affordable. We've just reduced our regular international data roaming rates for Mexico, Western Europe and Australia by 80%. And the best part? All you need to do is take your phone with you and you'll automatically enjoy the new rates - no pass or bundle required. For more details visit [telusmobility.com/travel](http://telusmobility.com/travel)

**Go paper free and save a tree**

Sign up for paperless billing and get 24/7 secure access to your bill, tools to manage your account and email or text reminders when your bill is ready - all while helping the environment. Register for paperless billing by logging into your account at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) and selecting "go paperless".

Thank you for choosing TELUS.

PTLPS01A 17124 HRI - 3 - 1 - 9 - 124285

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 0.40
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.47
Total Taxes	\$ 6.47
<b>Total Current Charges</b>	<b>\$ 135.87</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Mar-12	\$ 151.20
Payments	\$ -151.20
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Apr-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 135.87**



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-May-12
	16-Apr-12	\$ 135.87

s.17(1), 17(4)(g)(i)

Additional fees apply for late payments

PTLPS01A E S 17124  
000000084 205(R)

*Reimburse*

**Amount of Payment**  
135.87

Please make cheques payable to TELUS  
Please do not staple

s.17(1), 17(4)(g)(i)





s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	
CHRIS J. EAGLE	s.17(1), 17(4)(g)(i)
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Apr 17 to May 16

<b>Service Plan Name</b>	<b>Total</b>
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

<b>Additional Local Airtime Service</b>	<small>*Free Airtime includes: bonus minutes, birthday calling, evenings &amp; weekends, free incoming, *611 and In Network Calling</small>				<b>Total</b>
	<b>Total Airtime</b>	<b>*Free Airtime</b>	<b>Included Airtime</b>	<b>Chargeable Airtime</b>	
Phone (minutes)	152:00	30:00	122:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

<b>Long Distance Charges Service</b>	<b>Total LD Minutes</b>	<b>Free LD Minutes</b>	<b>Included LD Minutes</b>	<b>Chargeable LD Minutes</b>	<b>Total</b>
Domestic Phone	109:00	0:00	109:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

<b>Data and Other Services Service</b>	<b>Total Events</b>	<b>Event Type</b>	<b>Total</b>
Data Usage	855.815	MB	0.00
Text Msg - Received	2	Msg	0.40
<b>Total</b>			<b>\$ 0.40</b>

<b>Value Added Services Service</b>	<b>Total</b>
200 mins Cdn LD @ 10¢ (Apr 17 to May 16)	20.00
3 GB included data (Apr 17 to May 16)	Free
Feature Bundle - Small (Apr 17 to May 16)	7.00
Visual Voicemail for iPhone (Apr 17 to May 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

<b>Other Charges and Credits Charges and Credits</b>	<b>Total</b>
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

<b>Taxes</b>	<b>Total</b>
GST	6.47
<b>Total</b>	<b>\$ 6.47</b>

**Total Current Charges \$ 135.87**

PTLPS01A 17124 HRI - 3-2-9 - 124287



**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM**

**SECTION A - Employee Details (for AHS Staff ONLY)**

Travel Period from: 16-May-12 to 30-May-12

- 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)

s.17(1), 17(4)(g)(i)

Name	Dr. Chris Eagle	Position (Title)	President & CEO	Employee # (E-People)		Employee # (Legacy)	
Location	14th Flr, SSP, Edmonton	Dept	Executive Office	Union	n/a	Business Phone #	780-342-2082 Ext
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown-menu			Calgary Health		

**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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0923	71110101058	
2B				
2C				
2D				

Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0923	71110101058	64020000	136.08
**User to enter Coding & \$ amounts				\$136.08

TOTAL REIMBURSEMENT	
Total Section B	
Total Section C&D	\$136.08
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$136.08</b>

NOTE: These fields do not automatically fill for Section C&D

**SECTION F Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.  
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Paula Finnson Phone # 780-342-2062 Ext \_\_\_\_\_

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature Date 22/06/2012

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).  
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Catherine Roozen DOFA Level 1 Position # \_\_\_\_\_ Phone # 403-943-1128 Ext \_\_\_\_\_

Signature \_\_\_\_\_ Title AHS Board Chair Date \_\_\_\_\_

Approved By (PRINT ONLY) \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

EXPENSE CLAIM DETAILS

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<b>SECTION C Other Expenses</b>	Emp # (E-People)	Emp # (Legacy)	Page 3
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ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

**Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E**

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is <b>ON</b> till slip/receipt, enter total amount in this column <b>WITH GST</b>	GST is <b>NOT</b> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
11-Jun-12	Telus Monthly Charges	101	0923	71110101058	64020000		\$136.08	\$136.08	

<b>SECTION D Foreign Currency</b>	ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.	
Please click on the following link for the Bank of Canada exchange rate using the date of expense	<a href="#">Bank of Canada Currency Converter</a> →	Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)  
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization  
- 3 of 3 -



**Special invitation: Your chance to win a \$100,000 small business grant!**

Tell us the biggest challenge your business faces today and how a \$100,000 grant would help you overcome it. The most compelling entry will win \$100,000, courtesy of TELUS, in addition to being profiled in The Globe and Mail's Report on Business section. Contest entry closes on May 26, 2012. Enter today at [www.globeandmail.com/thechallenge](http://www.globeandmail.com/thechallenge).

**We're making updates to our local area recognition system**

On May 1, 2012 we'll be updating our systems to improve recognition of local calling areas. This will ensure that your local and long distance areas are being properly recorded and charged. To learn more about local and long distance calling, please visit [telusmobility.com/billing](http://telusmobility.com/billing), click on "Billing How to" then select "Understanding local and long distance calls"

**Enjoy more great Wagjag deals for less**

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Partnering with Wagjag is just another way that we're working to put you first and improve your experience every day. To sign up for Wagjag and get your \$10 credit please visit [wagjag.com/telus](http://wagjag.com/telus)

**Thank you for choosing TELUS.**

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 0.60
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.48
Total Taxes	\$ 6.48
<b>Total Current Charges</b>	<b>\$ 136.08</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Apr-12	\$ 135.87
Payments	\$ -135.87
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-May-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 136.08**

PTLPS01A 17129 HRI - 2-1-14 - 091889



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Jun-12
	16-May-12	\$ 136.08

Additional fees apply for late payments

PTLPS01A E S 17129  
000000082 205(D)  
CHRIS J. EAGLE

s.17(1), 17(4)(g)(i)

*Phone number*

**Amount of Payment**  
136.08

Please make cheques payable to TELUS  
Please do not staple

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**ACCOUNT DETAIL**

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

**Current Charges - Detail**

Contract Term : 3 yr

**Monthly Service Plans May 17 to Jun 16**

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service	*Free Airtime includes: bonus minutes, birthday calling, evenings & weekends, free incoming, *911 and In Network Calling				Total
	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	
Phone (minutes)	329:00	63:00	266:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
	Domestic Phone	186:00	0:00	186:00	0:00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services Service	Total Events	Event Type	Total
	Text Msg - Sent	1	Msg
Data Usage	220.118	MB	0.00
Text Msg - Received	2	Msg	0.40
<b>Total</b>			<b>\$ 0.60</b>

Value Added Services Service	Total
	200 mins Cdn LD @ 10¢ (May 17 to Jun 16)
3 GB included data (May 17 to Jun 16)	Free
Feature Bundle - Small (May 17 to Jun 16)	7.00
Visual Voicemail for iPhone (May 17 to Jun 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits Charges and Credits	Total
	Summary Paper Bill Fee
<b>Total</b>	<b>\$ 2.00</b>

Taxes	Total
GST	6.48
<b>Total</b>	<b>\$ 6.48</b>

**Total Current Charges \$ 136.08**

PTLPA01A 17129 HRI - 2 - 2 - 14 - - 091891

Best to  
Lorraine Jaukes  
July 6/12