



APPLICANT COPY

✓ice.

Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Section 17(1)

Name: Leslie Beard _____ Employee Number: _____

Position: Vice-President, Public Affairs _____ Cost Centre: 201-9000-71110400005-62410000 _____

Department: Public Affairs _____ Bus. Phone: 407-7188 _____

Period from December 2, 2004 – March 18, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			/		
Meals			160.36		127.25 33.08
Registration Fees			✓ 960.00 - 555.00	✓	
Transportation (including parking)			✓ 60.25	W	
Other (9500 = 227.74 w 18.05 n)			✓ 379.57		
Mileage (800 = 133.75 n rem)			✓ 132.65	W	
TOTAL			1692.83		\$
Less Cash Advance					
NET			1692.83	(1287.83)	✓

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Mar. 18/05.

Approved by
Print Name Shonda Weatherill Title President & CEO

Signature [Signature] Date March 27, 2005.

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (University of Alberta Hospital Site, Clinical Sciences Building, Room CSB 7-112, or for CCPH staff only to Plaza 124).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

EXPENSE CLAIM DIARY

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec - Mar	Rotary - Dec. 2, Dec. 9, Dec. 23, Dec. 30, Jan. 6, Jan 13, Jan 20, Jan 27, Feb. 3, Feb. 10, Feb. 17, Mar 10			120.00 no receipts			
Dec. 7			27.00 ^{23.54} _{3.46}				
Dec. 14							12
Dec. 14		Non-Responsive			115.92 18.08	134.00	
Dec. 17							16
Dec. 20							12
Dec. 29			32.62 ^{28.62} _{4.00}				
Jan. 05	Travel to Jasper & 109 Street and return						10
Jan. 6	Travel to AMHB & return to UAH re: AMHB meeting						12
Jan. 12	Travel from UAH to Ft. Sask & return re: meeting						86
Jan. 12	Coffee for M. Bateman meeting - 2 lattes		7.81 no receipt				
Jan. 13	Travel from UAH to Faculty Club & return re: meeting						2
Jan. 14	Coffee for meeting with Bart Johnston - 2 lattes		7.81 no receipt				
Jan. 19	Travel from UAH to 1975-111 Street re: Weight Wise Launch						9
Jan. 24	Travel from UAH to Criterion office 10241 109 St. & return re: Lois Hole focus groups						11
Jan. 26	Travel from UAH to Crowne Plaza & return re: Chamber of Hearts event						10
Jan 26	Imperial Parking - Crowne Plaza				5.50 w		
Feb. 2	Travel from UAH to Ricky's & return re: meeting						10
Feb. 2	Travel from UAH to 10241-109 Street re: Lois Hole focus groups						11
Feb. 8	Travel from UAH to RAH & return re: meeting						16
Feb. 14	Travel from UAH to Ft. Saskatchewan re: meeting						86
Feb. 17	Conference registration - Health Boards Conference			405.00			
Feb. 24	Grant MacEwan - parking				5.25 w		
Feb. 25	Course Fee - Leading in a Changing Workplace			30.00			
Feb. 28	Grant MacEwan - parking				5.25 w		
Mar. 2	Bernard Callebaut Chocolaterie, staff appreciation					111.82 w	
Mar. 4	Hospitality Food Service - Coffee for meeting with M. Bateman		3.32 w				
Mar. 7	Subscription for Canadian Women in Communications					133.75	

APPLICANT COPY EXPENSE CLAIM DETAILS

Mar. 8	Travel to RAH & return re: meeting						16
Feb. 17	BUKSA - Health Boards Conference registration		✓ 405.00				
Mar. 14	Library Parkade - parking			✓ 12.00			
Mar. 14	Travel to Westin Hotel & return						12
Mar. 15	Travel to AMHB offices & return re: Exec. meeting						12
Mar. 15	Grant MacEwan - parking			✓ 12.25			
Mar. 15	Travel to AMHB offices & return re: Intranet meeting						12
Mar. 15	Grant MacEwan - parking			✓ 4.00			
Mar. 16	Travel to Union Bank Inn and return re: meeting						12
Mar. 16	Grant MacEwan - parking			✓ 7.00			
Mar. 16	Union Bank Inn - Lunch meeting with Peter Maser, Edmonton Journal	81.80	71.80				
			10.00				
Mar. 16	Grant MacEwan - parking			✓ 9.00			
Mar. 18	Travel to AMHB offices & return re: AMHB Board meeting						12
							379.00
Total km							
							@
							\$0.35
TOTALS TO FRONT OF FORM							1160.36 960. 60.25 379.57 132.65

- EXPENSE LIMITS**
 127.28
 33.08
- 1. Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
 - Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
 - 2. Travel**
 - Use of personal automobile - From April 1, 1999, reimbursement at the rate of \$0.30 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.28 for each kilometer thereafter. Business car insurance is reimbursable up to \$100 per year with receipts in accordance with Capital Health Policy.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
 - 3. Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.
 - 4. Hosting Expenses**
 Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Parking

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL PARKING

05JAN26 19101 001 012
05JAN26 16158 01
/ 2105 1034910
--01000114
DAY RATE \$5.50
TOTAL \$5.50
CASH \$10.00
CHANGE \$4.50

FOR INQUIRIES CALL
766 426 1976

Best copy available

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 93568
03/14/05 14:52 LH 2 AM 6 Txn#326185
03/14/05 08:40 In 03/14/05 14:52 Out
Tkt# 093349
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 12.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

APPLICANT COPY

Parking

Faint, illegible text in the top left quadrant.

Faint, illegible text in the top right quadrant.

Faint, illegible text in the middle left quadrant.

Faint, illegible text in the middle right quadrant.

Best copy available

ABMH

AMHB

Faint, illegible text in the bottom left quadrant.

Faint, illegible text in the bottom right quadrant.

Faint, illegible text in the bottom left quadrant.

Faint, illegible text in the bottom right quadrant.

APPLICANT COPY

Peter Maen

*Peter Maen
Leslie Beard
Charlie Fleet*

UNION BANK INN RESTAUR
7053 JASPER AVE T5J1S5
MONTON AB 2287464

Name: BEARD LESLIE
acct # [REDACTED]

Date: 05/03/16 Time: 13 40 25
Exp Date: [REDACTED] Auth #: 299191
Card Type: VI Tran Code: 01
422874644001 00147601

Section 17(1),(4)(e.i)

Ap ID: 009

Invoice No.: 8190

Subtotal \$71.80
Tip 10.00
Total 81.80

Signature X _____
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchan

Course Confirmation

GLENROSE
Rehabilitation Hospital



Healthier people in healthier communities

Education Services

February 25, 2005

Leslie Beard
Capital Health

Edmonton, AB
Canada

#0601, 10230-111 Avenue
Edmonton, AB
Canada T5K 2L9
Tel: (780) 471-7912
Fax: (780) 471-7924

Your registration is confirmed for:

Leading in a Changing Workplace

17-May-2005 7:00 AM to 17-May-2005 8:20 AM

Fantasyland Hotel, 17700 - 87 Avenue, Edmonton, AB (Bordeaux Room - #9)

We are pleased to confirm that we have received and processed your registration for the above event.

If you have any questions or require additional information, please do not hesitate to contact me. Thank you and we look forward to seeing you there!

Tracy Niehaus
Education Services

Tel: 735-7999 ext. 2189

Fax: 735-7924

email: tracyniehaus@cha.ab.ca

Continental Breakfast will be served.



RECEIPT

Payment Date: 25-Feb-2005

Number: 2028
Received from: Leslie Beard
The sum of: \$30.00
On account of: Leading in a Changing Workplace
Payment by: VISA

APPLICANT COPY

DelVega, Montana

From: CANADIAN WOMEN IN COMMUNICATIONS[SMTP:cwcafc@cwcafc.com]
Sent: Monday, March 07, 2005 10:04 AM
To: Beard, Leslie
Subject: Payment Receipt: 3246 Confirmation from CANADIAN WOMEN IN COMMUNICATIONS

Canadian Women In Communications Canadian Dollar Total Receipt

Merchant Number: 4714
S.O. #: 3246
Transaction Time Stamp: 03/07/2005 12:04:36
Bank authorization number: 591916
Credit card type: Visa
IS Transaction Number: 1134561826.7169

Your Transaction was approved.

Code	Quantity	Description	Unit Price	Subtotal
089	1	Renew Membership (1 Year)	133.75	133.75

Canadian Dollar Total 133.75

The billing information is...

Name: Leslie Beard
Company: Capital Health
Address: Capital Health, 8440 - 112 street
City: Edmonton
Province/State: AB
Postal Code/Zip Code: T6G 2B7
Country: Canada
Phone Number: 7804077188
Full E-mail Address: lbeard@cha.ab.ca

APPLICANT COPY



YOU ARE NOW IN THE INTERNET SECURE AREA, AFTER PAYMENT YOU DIRECTED BACK TO THE CWC-AFC MAIN SITE

Thank You!

TRANSACTION APPROVED

03/07/2005 12:04:36

Your payment has been authorized by your bank.

Please print this transaction receipt for your records.
You will also receive an email confirmation of this transaction.

This receipt confirms that a payment has been made to Canadian Women In Communications. Please *print and keep* this receipt for use in any future correspondence. This transaction will appear on your statement as **CANADIAN WOMEN IN COMMUNICATIONS.**

To contact CWC-AFC please send E-Mail to cwcafc@cwcafc.com,
campbell@cwcafc.com

AP/AP/Approved

InternetSecure Receipt Number: 1134561826.7169
Sales Order no:3246
Bank Authorization is:591916
This order was charged using your:Visa

Cardholder information is as follows:

Name: Leslie Beard

Company: Capital Health

Address: Capital Health, 8440 - 112 street

Edmonton

AB

T6G 2B7

Canada

Phone Number: 7804077188

E-mail Address: lbeard@cha.ab.ca

Code	Quantity	Description	Unit Price	Subtotal
089	1	Renew Membership (1 Year)	133.75	133.75
Canadian Dollar Total				133.75

Click on

[Click here to complete payment](#)

to return to the CWC-AFC website.



APPLICANT COPY



MONOZUMA JAPANESE REST
8467 112 ST EDMONTON AB

ID 4400867
SIGN 4008567 CLIP # 4577

PRE AMT \$23 54

COURTOISE/CLIP \$ 3.46

TOTAL \$ 27.00

SIGNATURE *[Handwritten Signature]*

VISA

Section 17(1),(4)(e.i)

EQ 426001001005 AUTH 304278 ISO -001

APPROVED

DATE Dec 07 2004 TIME 12 50 pm

APPLICANT COPY

THE DRUID
11606 JASPER AVENUE
EDMONTON AB

The Druid
11606 Jasper Ave
(780454-9928)
GST# 87348 0669 RT0001
Table #1

ID NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 4558
DATE/TIME 2004/12/14 18:17:42
SERIAL NUMBER 13
RECEIPT NUMBER S80577555-131-014
AUTHORIZATION [REDACTED]
AMOUNT \$115.92
TAX 18.08
TOTAL AMOUNT 134.00

Trans#: 720629 Serv: Alysha
12/14/04 6:09:50 PM # Cust:1

Quan	Descript	Cost
1	Glass-House White	\$3.27
1	Keith'	\$3.97
1	Honey: own	\$3.97
3	Coke	\$5.55
1	Ginger Ale	\$1.85
2	Iced Tea	\$4.00
1	Cranberry Juice	\$2.00
1	Screwdriver	\$4.91
2	Jackie Parker	\$9.82
1	IRISH POTATO NACHOS	\$9.00
3	BUILD YOUR OWN	\$60.00

01 APPROVED 027 AUTH. # 381132
THANK YOU

Net Total: \$108.00
GST \$7.00

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

TOTAL : \$115.9

Food: \$83.73
Beverage: \$13.40
Liquor: \$11.21

Leslie Beard
LESLIE BEARD

GUEST RECEIPT	
DATE	AMOUNT
26-7-04	26.75
TAX	1.87
TOTAL	28.62

Thanks You!

© 2005
The Druid
Ask your server for details
www.thedruid.ca

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

OR KING AND I THAI CUISINE
8288 107 STREET
EDMONTON, AB
(780) 433-2222
merchant ID: 4041040
serv ID: 0941100
lift #: 1

Pre Auth [REDACTED]
Entry Method: Swiped
Batch #: 000001
Invoicell: 000411
Amount: \$ 28.62
Tip: 4.00
Total: 32.62
Leslie Beard
Approval Code: 166141
NO SIGNATURE REQUIRED

20/12/04 13:13:37
Customer Copy

APPLICANT COPY

RECEIVED
 FOOD SERVICE
 PHONE 438-0100

HEALTHY CHOICES CASHIERS
 1-000 31 HW
 EDMONTON AB

03/02/05

Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
 EXPIRY DATE [REDACTED]
 CARD TYPE VISA 3169
 DATE PURCHASED 03/02/05 11:52:10
 RECEIPT NUMBER 00010278 719-00-
 PURCHASE
 TOTAL AMOUNT 111.82

360 2.00
 5600 BAR 72.00
 140 1.25
 LOLLIPOP 17.50
 DELIVERY T 15.00
 SUBTOTAL 104.50
 S.S.T. 7.32
 TOTAL 111.82
 C.CARD 111.82
 CHANGE 0.00

ALL APPROVED BY AUTH. # 727508
 THANK YOU

51 PURC CTR

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
 TO CARD ISSUER ACCORDING TO CARDHOLDER
 AGREEMENT.

0012A 12:17
 GET# R124669896

[Handwritten Signature]
 CARDHOLDER SIGNATURE

*Meeting: M. Bakman
 re: HSALC
 Sign -*

Capital Health Authority
 Hospitality Food Service

270

Host: MS Early	03/04/2005
270	3:33 PM
	20270
Area: Mr. Sub	
Dasani 591ml (2 @1.55)	3.10
#Items 1 Sub Total	3.10
Tax	0.22
Order Total	3.32
Cash	5.00

University of Alberta Hospital

APPLICANT COPY

HBC
SK

BUKSA ASSOCIATES INC
10328 81 AVE NWH307T6E1X2
EDMONTON AB 22199265

Name:
Acct # [REDACTED]

Section 17(1).(4)(e.i)
Date 05/02/17 Time 11 23 20
Exp Date [REDACTED] Auth # 148221
Card Type VI Tran Code 00
N22199265001 001762094

Subtotal
Tax
Total \$405.00

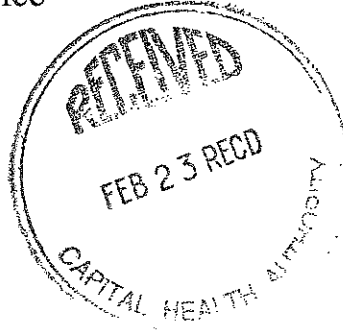
Signature X on file
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

APPLICANT COPY



2005 Health Boards Conference
 March 13 - 14, 2005
 The Westin Edmonton Hotel
 Edmonton, Alberta



RECEIPT

GST # R106693534

Date	Receipt No.
02/17/2005	H000021

Payer:

Leslie Beard
 1J2.50, 8440-112 Street
 Edmonton, AB T6R 2B7

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000026	Registration for Leslie Beard for the event: <i>CCHSE Power Breakfast Tickets</i>	\$30.00		\$30.00
H0000026	Registration for Leslie Beard for the event: <i>Health Boards Conference 2005</i>	\$375.00		\$375.00

GST =	\$0.00	Total Fees w/Tax	\$405.00
Visa [REDACTED]		Total Paid	\$405.00
Section 17(1),(4)(e.i)		Total Applied	\$405.00
		Unapplied Balance	0.00

Thank you for your payment received on 02/17/2005.

Note: If you paid by credit card, your statement will read *BUKSA Assoc. (780) 436-0983 Edm.*

2005 Health Boards Conference
 c/o BUKSA Conference Management and Program Development
 Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
 Phone: (780) 436-0983 ext. 229 Fax: (780) 437-5984 E-mail: health@buksa.com

APPLICANT COPY



It's all about people

2005 Health Boards Conference
March 13 - 14, 2005
The Westin Edmonton Hotel
Edmonton, Alberta

February 17, 2005

Confirmation Notice
GST # R106693534

Ms. Leslie Beard
Vice President, Public Affairs
Capital Health
1J2.50, 8440-112 Street
Edmonton AB T6R 2B7
Fax:(780) 407-7601

Dear Ms. Beard,

We are pleased that you will be attending the 2005 Health Boards Conference at the Westin Edmonton Hotel (10135 - 100 Street) in Edmonton, Alberta, March 13 - 14, 2005.

Your registration information is as follows:

Begin Date	Start Time	Event		Fee Description	Fee	Total
14 February	7:00 am	CCHSE Power Breakfast Tickets	1	CCHSE Ticket	30.00	30.00
13 March	5:30 pm	Health Boards Conference 2005	1	Regular Registration	375.00	375.00

Your payment information is as follows:

Total Fee:	\$405.00
Paid:	\$405.00
Amount Due:	\$0.00

Please Note: If you paid by credit card, your statement will read "BUKSA Assoc. (780) 436-0983 Edm."

Your conference materials will be available for pick-up during the following hours at the registration desk:

Sunday, March 13, 2005	5:30 - 8:30 p.m.
Monday, March 14, 2005	7:00 a.m.

Your nametag is listed as: **Leslie Beard**
Capital Health

If this is not how you would like your conference nametag to read, please notify us by fax or e-mail at your earliest convenience with requested changes. Please specify **Health Boards Conference**.

For details including session descriptions and start times, please refer to the Advance Program available for download at: www.buksa.com.

We look forward to seeing you at the Conference!

Yours Sincerely,

Sean Jones
Database and Registration Manager

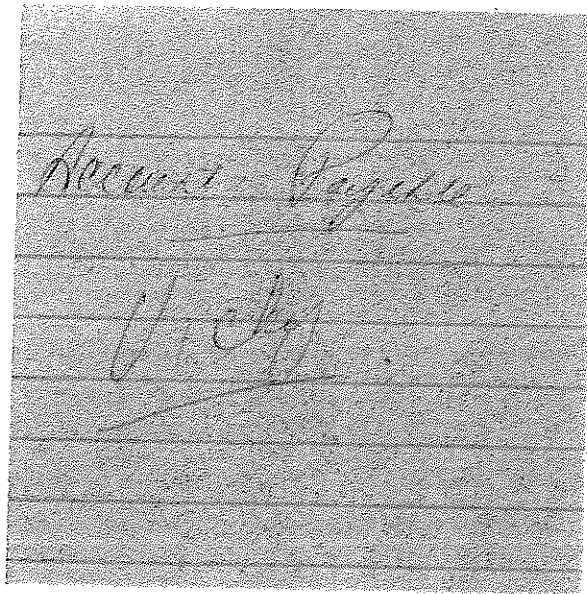
Items w/o
receipts
highlighted in
orange.

Note: This has been
entered in Oracle.
K. [Signature]

Trudy
The attached highlighted
items require to be
initialled as they do not
have receipts

Thanks

Vukuy



Account Papers
J. [Signature]



Travel Expense Claim Form
(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Section 17(1)

Name: Leslie Beard _____ Employee Number: _____
 Position: Vice-President, Public Affairs _____ Cost Centre: 201-9000-71110400005-62410000 _____
 Department: Public Affairs _____ Bus. Phone: 407-7188 _____
 Period from March 24 – May 19, 2005

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation ^{202.23} 62412 = 7.56	69.23		1096.84	✓	
Meals			333.83	✓	311.13 22.70
Registration Fees			928.27	✓	---
Transportation (including parking)	62414 = 140.70 12.00 62410 = 69.75		222.45	✓	
Other 69600 = 115.15 8.00 69500 = 64.14 249.00			436.29	✓	
Mileage		✓	188.30 w		
TOTAL		✓	3205.98		\$
Less Cash Advance					
NET					

Capital Health
RECEIVED
 JUN 06 2005
ACCOUNTS PAYABLE

The information on this form is collected under Section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date May 31/05
 Approved by _____
 Print Name Sheila Weatherill Title President & CEO
 Signature [Signature] Date June 2, 2005
 Print Name _____ Title _____
 Signature _____ Date _____

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Please ensure that the expense claim is properly authorized.
 - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (University of Alberta Hospital Site, Clinical Sciences Building, Room CSB 7-112, or for CCPH staff only to Plaza 124).
 - Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY
EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Feb	Electronic Editions -- Feb. 26 1 item, and Feb. 25 2 items (VISA statement)					✓ 32.07 w	
Feb 12	Impark Lot (VISA statement)				✓ 9.00 w		
Feb. 18	Crown Plaza -- Hosting re: Health Boards Conference (VISA statement)					✓ 219.00 -	
Feb. 25	Education Services, Glenrose (VISA statement)					✓ 30.00 -	
Mar., Apr., May	Rotary -- Mar. 24, Mar. 31, Apr. 7, Apr. 14, Apr. 21, Apr. 28, May 5, May 12, May 19			90.00 L.B.			
Apr. 5	Packrat Louie, 10335-83 Ave., Lunch with James Baxter, Legislature Reporter				56.88 8.00	✓ 64.88	
Apr. 5	Travel to 10335-83 Ave and return						4
Apr. 8	Travel to Plaza 124 and return re: LPCI meeting						16
Apr. 11	Travel to Hotel Macdonald & return						12
Apr. 12	2 Coffees for meeting with Calder Bateman	7.80		L.B.			
Apr 13	Impark Parking (VISA)				✓ 3.75 w		
Apr. 18	CPRS Award Entry Fee		✓ 200.00 -				
Apr. 18	CPRS Award Entry Fee		✓ 200.00 -				
Apr. 19	Travel to 11160 River Valley Rd and return re: Board meeting						8
Apr. 20	Coffee for Gord Rosko meeting	3.90		L.B.			
Apr. 20	KRM Information Services -- Registration for Video Conference (VISA Statement)		✓ 297.04 no tax				
Apr. 20	KRM Information Services -- Background materials (VISA statement)		✓ 141.23 no tax				
Apr. 21	Expert Parking - meeting				✓ 6.00 w		
Apr 22	Universal Parking (VISA)				✓ 6.00 w		
Apr 26 & 27	Electronic Edition -- 3 charges (VISA Statement)					✓ 32.07 w	
Apr. 28	Travel to Airport				28.80		30
Apr 28	Taxi from Airport to Hotel			✓ 32.80	4.00		
Apr. 28	Meals -- all day	244.88	✓ 35.00 w				
Apr. 29	Hotel - Ottawa ✓	255.78 10.90					
Apr. 29	Meals -- Breakfast & Lunch		✓ 18.00 w				
Apr. 29	Parking at Airport				✓ 24.00 w		
Apr. 29	Travel from Airport to UAH						24
May 2	Travel to Calgary & return re: AHI evening event						295
May 2	Meal - dinner	202.23	✓ 17.00 w				
May 3	Westin Calgary ✓	209.79 7.56					
May 3	Meal - breakfast		✓ 8.00 w				
May 3	Travel to 109 St & Jasper Ave and return						10
May 3	Lunch -- Rickys All Day Grill re: meeting		✓ 27.08 24.08 3.00				
May 5	Travel to Hardware Grill and return						10

The GM Card

APPLICANT COPY

Section 17(1)

Previous Statement

Feb/07/05

Account Number

Available Credit

Credit Limit

Statement Date

Mar/08/05

Questions? Call The GM Card Customer Centre at 1 800 461-3279 (416-982-3279 in Toronto). For TTY (text telephone for customers who are deaf) inquiries, call 1 866 704-3194.

Transaction Summary

Page 1 of 2

Post. Date M/D	Trans. Date M/D	Description	Amount \$
----------------	-----------------	-------------	-----------



02/18	02/17	BUKCA	EDMONTON AB	465.00
02/18	02/17	IMPARK	EDMONTON AB	9.00
02/21	02/18	CHOWNEPLAZA	EDMONTON AB	219.00
02/28	02/26	ELECTRONIC EDITION	NORTH YORK ON	10.69
02/28	02/25	ELECTRONIC EDITION	NORTH YORK ON	10.69
02/28	02/25	ELECTRONIC EDITION	NORTH YORK ON	10.69
02/28	02/25	EDUCATION SERVICES	EDMONTON AB	30.00

*020572/TDRE()

Claimed Feb.

ACCOUNT SUMMARY

Previous Balance +
Purchases +
Cash Advances +
Credits -
Payments -
Other Charges +
Interest Charges +

New VISA Balance =

Payment Due Date
Past Due Amount
Minimum Payment

Interest Rates	Daily	Annual	Charges \$
Cash	0.05067%	18.50%	.00
Purchases	0.05067%	18.50%	.00

EARNINGS SUMMARY

Previous Balance
Earnings this Period
Partner
Other Activity
Total Earnings this period

New Total Earnings =

Your Card History
Anniversary Date
Earnings this Anniv. Year
Lifetime Redeemed

Non Responsive

3% GM CARD EARNINGS ON EVERY PURCHASE

(Please detach and return lower portion with payment and retain top portion for your records. Do not staple or clip your Cheque to this form.)

ACCT #

Section 17(1),(4)(e.i)

Address billing questions and correspondence to:

The GM Card
P.O. Box 4079 Postal Station "A"
Toronto, Ontario M5W 2E4
Phone 1-800-461-3279



Non Responsive

LESLIE BEARD

Section 17(1)

New VISA Balance
Payment Due Date
Minimum Payment

Make cheques payable to: TD Visa

Payment Enclosed

TD Bank P.O. Box 4200 Postal Station "D"
Scarborough, ON M1R 5H5

Section 17(1),(4)(e.i)



APPLICANT COPY

LESLIE BEARD



Section 17(1)

The GM Card®

Previous Statement
Apr / 07 / 05

Section 17(1),(4)(e.i)

Account Number | Available Credit | Credit Limit | Statement Date

Questions? Call The GM Card Customer Centre at 1 800 461-3279 (416-982-3279 in Toronto).
For TTY (text telephone for customers who are deaf) inquiries, call 1 866 704-3194.

Transaction Summary

Page 1 of 2

Post. Date M/D	Trans. Date M/D	Description		Amount \$
04/14	04/13	IMPARK 0265 LOT# 08APR0	EDMONTON AB	3.75
04/14	04/13	IMPARK 0001 LOT# 11APR0	EDMONTON AB	6.00
04/22	04/20	KRM INFORMATION SERVICES 800-8162640	WI	297.04
		04/29/05 235.00 USD		
04/27	04/26	ELECTRONIC EDITION	NORTH YORK ON	10.69
04/27	04/26	ELECTRONIC EDITION	NORTH YORK ON	10.69
04/28	04/27	ELECTRONIC EDITION	NORTH YORK ON	10.69
05/02	04/29	CHATEAU LAURIER/ED	OTTAWA ON	255.78
05/02	04/29	KRM INFORMATION SERVICES 800-8162640	WI	141.23
		04/29/05 110.00 USD		
05/02	04/29	EDMONTON REGIONAL AIRPORT	EDMONTON AB	24.00
05/03	04/30	WAL-MART 3026	EDMONTON, CAP AB	40.10
05/03	05/02	TAXI/TAR INC	OTTAWA ON	32.80

Receipt ✓

Non Responsive

Receipt attached ✓

Non Responsive

Receipt ✓
Receipt attached ✓
Receipt ✓

Receipt ✓ Non Responsive

*7005442(DREC)

3 % G M C A R D E A R N I N G S O N E V

(Please detach and return lower portion with payment and retain top portion for your records.)

Address billing questions
and correspondence to:

The GM Card
P.O. Box 4079 Postal Station "A"
Toronto, Ontario M5W 2E4
Phone 1-800-461-3279

LESLIE BEARD



Section 17(1)

APPLICANT COPY



Packing Slip

Media Relations Strategies During Crisis: Interesting, Different, Powerful, Cool Strategies (10161)
Materials Distr - CDA

Sold To:

Beard, Leslie
iJ2.50 WMC
8440 112 St
Edmonton, AB T6G 2B7
Canada

Ship To:

Leslie Beard
Capital Health
iJ2.50 WMC
8440 112 St
Edmonton, AB T6G 2B7
Canada

Order: 37732

Start-End: Wed 04/27/2005 11:00 AM - 12:30 PM (CT)

Description	Dates	Rate	Units	Charges
Beard, Leslie				
Audio CD - Participant (Mixed-Mode CDA (contains event audio and materials))		110.00 EA	1.00 EA	110.00
International Fees (International Phone Fees)		15.00 EA	1.00 EA	15.00
Materials Delivery Preference (Electronic Delivery)		0.00 EA	1.00 EA	
Registration (Member Site License)		220.00 EA	1.00 EA	220.00
			Charges:	345.00

Date Payment

Card / Check #

04/20/2005	Visa		-235.00
04/20/2005	Visa		0.00
04/29/2005	Visa		-110.00
		Payments:	-345.00
		Net:	0.00

US Dollars

Return Instructions

If you received a DEFECTIVE, DAMAGED or INCORRECT PRODUCT, call us at 1-800-775-7654 or 715-833-5426 between the hours of 7 AM and 5 PM Central Time so we can quickly correct the situation. You can also email us at custserv@krm.com.

Please let us know why you are return this merchandise:

I already have one

This is not what I expected because _____

Other. Please comment: _____

Contact Person _____ Daytime phone # (_____)

PLEASE ENCLOSE THIS PACKING SLIP and all related correspondence in your package. Address your package to:

KRM Information Services, Inc.
Attention: Customer Service
200 Spring Street, Suite F
Eau Claire, WI 54703

Order Number	ER Account	Charges	Credits	Due
37732	0041562	345.00	-345.00	0.00

APPLICANT COPY



Confirmation / Receipt

Media Relations Strategies During Crisis: Interesting, Different, Powerful, Cool Strategies
 (10161)
 International Association of Business Communicators

Leslie Beard
 Capital Health
 iJ2.50 WMC
 8440 112 St
 Edmonton, AB T6G 2B7
 Canada

Start-End:
 Wed 04/27/2005 12:00 PM - 01:30 PM Eastern Time
 Wed 04/27/2005 11:00 AM - 12:30 PM Central Time
 Wed 04/27/2005 10:00 AM - 11:30 AM Mountain Time
 Wed 04/27/2005 09:00 AM - 10:30 AM Pacific Time

NOTE: Times reflect Daylight Saving Time.
 If your area does NOT observe Daylight Saving Time, the time will be one hour earlier.

Description	Rate	Units	Charges
Order: 37732 Order Date: 04/20/2005			
Audio CD - Participant (Mixed-Mode CDA (contains event audio and materials))	110.00 EA	1.00 EA	110.00
International Fees (International Phone Fees)	15.00 EA	1.00 EA	15.00
Materials Delivery Preference (Electronic Delivery)	0.00 EA	1.00 EA	
Registration (Member Site License)	220.00 EA	1.00 EA	220.00
		Charges:	345.00

Date	Payment	Card / Check #	
04/20/2005	Visa		-235.00
04/20/2005	Visa		0.00
	Payments:		-235.00
	Net:		110.00

Please Note:

This confirmation will act as your receipt. If a product has been ordered, it will ship two weeks after the date of the seminar.

If paying by Credit Card, your statement will show the charge being made to the service provider of this event: KRM Information Services, Inc., Eau Claire, WI. For any questions, please call our Customer Service Dept. at 1.800.775.7654 or 1.715.833.5426

April 5

PACRAT LOUIE
1005A-124 STREET
EDMONTON AB

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 1607
DATE/TIME	2005/04/05 18:22:10
CLERK NUMBER	3
RECEIPT NUMBER	880136047-777-018
AUTHORIZATION	
AMOUNT	456.88

TIP

TOTAL AMOUNT

4.00
6.48

01 APPROVED 027 AUTH. # 287241
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

Leslie Deane
LESLIE DEANE

Apr. 11

DISPLAY TAG UPON DASH RECEIPT

Impark Lot 0002-0001

Machine Serial #:4002002ACCOA

EXPIRY DATE AND TIME

EXP 01:54pm

APR 11, 2005

TICKET# 00019353 LOT# 00020001

Section 17(1), (4)(e.i)

CC \$0006.00 VISA MACHINE 001
FOLLOW INSTRUCTIONS FOR BEST RESULTS

EXP 01:54pm

APR 11, 2005

CC [REDACTED]

LOT# 00020001

MACHINE 001

TICKET# 00019353

CC \$0006.00

APR 11, 2005

01:54pm

Machine

Park 2 hours \$6.00

Questions/Comments?

Call 780-420-1976

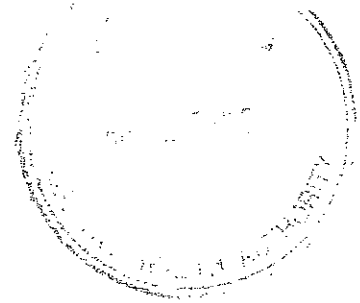
DISPLAY TAG UPON DASH RECEIPT

Receipt / Reçu

APPLICANT COPY

April 18, 2005

Membership No.: [redacted] Section 17(1)
ID Membre: [redacted]



Leslie Beard, APR
Vice-President, Public Affairs
Capital Health Public Affairs
1J2.54-8440 112 Street NW
Edmonton AB T6G 2B7

2005 Awards of Excellence

Print Projects -- Your Health Magazine

Item / Montant	Unit Price / Montant	Qty / Montant	Amount / Montant
Awards of Excellence Entry Fee	\$200.00	1	\$200.00
SUB-TOTAL / SOUS-TOTAL			\$200.00
GST /			\$0.00

Total received / Total reçu	\$200.00
------------------------------------	-----------------



The Canadian Public Relations Society, Inc.
La Société canadienne des Relations publiques, Inc.

National Office / Bureau national

Suite 346, 4195 Dundas Street West, Toronto, Ontario M8X 1Y4 • Telephone: 416-239-7034 • Fax: 416-239-1076 www.cprs.ca • admin@cprs.ca
Bureau 346, 4195, rue Dundas ouest, Toronto, Ontario M8X 1Y4 • Téléphone: 416-239-7034 • Téléc.: 416-239-1076 www.cprs.ca • admin@cprs.ca

Official receipt / Reçu officiel

Membership No.: [redacted]
ID Membre: [redacted]

2005 Awards of Excellence

Member society: **Edmonton**
Société membre:

Received from:
Reçu de:

Total received: **\$200.00**
Total reçu:

Leslie Beard, APR
Vice-President, Public Affairs
Capital Health Public Affairs
1J2.54-8440 112 Street NW
Edmonton AB T6G 2B7

GST Registration No.: 10807 5607 RT001
No. d'enregistrement de TPS: 10807 5607 RT001

Per *Karen Dalton, APR*
Executive Director / Directrice générale



The Canadian Public Relations Society, Inc.
La Société canadienne des Relations publiques, Inc.

National Office / Bureau national

8-1467

Suite 346, 4195 Dundas Street West, Toronto, Ontario M8X 1Y4 • Telephone: 416-239-7034 • Fax: 416-239-1076 www.cprs.ca • admin@cprs.ca
Bureau 346, 4195, rue Dundas ouest, Toronto, Ontario M8X 1Y4 • Téléphone: 416-239-7034 • Téléc.: 416-239-1076 www.cprs.ca • admin@cprs.ca

April 18, 2005

Membership No.: [redacted] Section 17(1)
ID Membre: [redacted]

Leslie Beard, APR
Vice-President, Public Affairs
Capital Health Public Affairs
1J2.54-8440 112 Street NW
Edmonton AB T6G 2B7

2005 Awards of Excellence

Internal Communications -- Get Caught in the Act Campaign

Item / Montant	Unit Price / Montant	Qty / Montant	Amount / Montant
Awards of Excellence Entry Fee	\$200.00	1	\$200.00
SUB-TOTAL / SOUS-TOTAL			\$200.00
GST /			\$0.00

Total received / Total reçu			\$200.00
------------------------------------	--	--	-----------------



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National Office / Bureau national

Suite 346, 4195 Dundas Street West, Toronto, Ontario M8X 1Y4 • Telephone: 416-239-7034 • Fax: 416-239-1076 www.cprs.ca • admin@cprs.ca
Bureau 346, 4195, rue Dundas ouest, Toronto, Ontario M8X 1Y4 • Téléphone: 416-239-7034 • Téléc.: 416-239-1076 www.cprs.ca • admin@cprs.ca

Official receipt / Reçu officiel

2005 Awards of Excellence

Received from:
Reçu de:

Leslie Beard, APR
Vice-President, Public Affairs
Capital Health Public Affairs
1J2.54-8440 112 Street NW
Edmonton AB T6G 2B7

Membership No.: [redacted]
ID Membre: [redacted]

Member society:
Société membre: **Edmonton**

Total received:
Total reçu: **\$200.00**

GST Registration No.: 10807 5607 RT001
No. d'enregistrement de TPS: 10807 5607 RT001

Per *Heleen Dalton, APR*
Executive Director / Directrice générale



The Canadian Public Relations Society, Inc.
La Société canadienne des Relations publiques, Inc.

National Office / Bureau national

Suite 346, 4195 Dundas Street West, Toronto, Ontario M8X 1Y4 • Telephone: 416-239-7034 • Fax: 416-239-1076 www.cprs.ca • admin@cprs.ca
Bureau 346, 4195, rue Dundas ouest, Toronto, Ontario M8X 1Y4 • Téléphone: 416-239-7034 • Téléc.: 416-239-1076 www.cprs.ca • admin@cprs.ca

Apr. 21

Expert Parking Limited
GST896391380

LOT: 129 METER: 1
Lot 129 10765 Jas Ave

Ticket Expires:
10:19 AM Thu
2005 Apr 21

Ticket: 0000001910
Time: 07:19 AM Thu
Date: 2005 Apr 21
Price: \$6.00
Charge: \$6.00
Card: XXXXXXXXXX

Section 17(1),(4)(e.i)

Auth #: 35842L

DISPLAY FACE
UP ON DASH

Charges are for use of parking
space only. This company is not
responsible for loss or damage
to

APPLICANT COPY

Apr. 20

Section 17(1),(4)(e.i)

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

APR 20 1980

AUTHORIZATION NUMBER / N° D'AUTORISATION			AMOUNT - MONTANT	
DATE	M	D-J	Y-A	TAKEN EMPORTE <input type="checkbox"/>
CLERK COMMIS	DEPT. RAYON		DELIVERED LIVRE	<input type="checkbox"/>

EXPIRY DATE CHECKED DATE D'EXPIRATION VÉRIFIÉE

5 566

DESCRIPTION	AMOUNT - MONTANT
	28.80
	/
SALES DRAFT CHARGEX FACTURE	4.00
CAN \$	32.80
CDM	

CUSTOMER COPY / COPIE DU CLIENT

RECEIPT / RECEPTE

[Signature]
CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

RECEIPT / RECEPTE

© Official Mark Canadian Olympic Association / Marque officielle Association olympique canadienne

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 CHARGEX MENTIONNÉE PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

Fairmont CHÂTEAU LAURIER

1 Rideau Street
Ottawa, ON K1N 8S7
T 613 241 1414 F 613 562 7030
G.S.T. Registration #139445290

Consortia American Expres
Leslie Beard

Canada

APPLICANT COPY

Room/Chambre # : 0390
Folio # : 17706
Cashier/Caissier # : 220
Page # : 1 of 1

Arrival/Arrivée : 04-28-05
Departure/Départ : 04-29-05

Date	Description	Additional Information Supplémentaire	Charges	Credits
04-28-05	Telephone Long Distance	17:46 #7390 : [00:01:00]	3.93	
04-28-05	Room Charge	s.17(1), 17(4)(g)(i)	219.00	
04-28-05	Room P.S.T. (5%)		10.95	
04-28-05	Room G.S.T. (7%)		15.33	
04-28-05	Destination Marketing Fee		6.14	
04-28-05	DMF - G.S.T. (7%)	Section 17(1),(4)(e.i)	0.43	
04-29-05	Visa	XXXX		255.78
Total			255.78	255.78
Balance/Solde			0.00	

G.S.T. Summary / Sommaire

Room/Chambre	15.76
F&B/Restauration	0.00
Other/Autres	0.26
Total	16.02

Guest signature

Signature du client X _____

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,60\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

Merci d'avoir choisi les Hôtels Fairmont

April 29

EDMONTON AIRPORTS

EDMONTON AIRPORTS

Car park

Receipt

01/04/2005
28.04
Length

Total

EDMONTON REGIONAL AIRPORT AUTH
MAIN STATION (INT'L AIRP
EDMONTON AB

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 0421
DATE/TIME	2005/04/29 12:04:50
RECEIPT NUMBER	S80543694-028-036
PURCHASE	-----
TOTAL AMOUNT	\$24.00

01 APPROVED 027 AUTH. # 223941
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

LESLIE BEARD

APPLICANT COPY

THE WESTIN CALGARY
 320 4th Avenue SW
 Calgary, Alberta
 Canada T2P 2S6
 403-266-1611

Ms. Leslie Beard

Section 17(1)

Arrival 05/02/05 Room 1018
 Departure 05/03/05 Cashier 30
 Payment Method VA Page 1
 Invoice 425980 Starwood Preferred Guest #
 Airline Partner #

The Westin Calgary, 05/03/05

Date	Text	Room	Charges	Credits
05/02	Room Charge	1018	189.00	
05/02	Tourism Levy 4%		7.56	
05/02	Room GST 7%		13.23	
05/02	Cash			209.79
Total			209.79	209.79
Balance				0.00 \$

Room GST 13.23
 F&B GST 0.00
 Other GST 0.00
 Total GST 13.23
 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!
 You can earn up to 25,000 Starpoints in your first year. So apply today at
 SPG.com/MBNA or ask the front desk for an application. This offer is available
 for residents of Canada only.

APPLICANT COPY

May 3
Meeting

... NY'S ALL DAY W/ID
10120 149TH ST 15A1M7
EDMONTON AB
T.996843

*** PRE AUTH PURCHASE *****

2005 13:44:13

acct # [redacted] Section 17(1),(4)(e.i)

Exp to

Acct

Phone # Operator #

1.996841001

99994

Month Purchase

Exp 3.00

27.08

... 1004

APPLICANT COPY

May 9

Section 17(1),(4)(e.i)

ESLIE BEARD

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

5 677

DESCRIPTION AMOUNT-MONTANT

	25.95
SALES DRAFT CHARGEX FACTURE	4.00
CAN \$	29.95
CDN	

CUSTOMER COPY
COPIE DU CLIENT

Cardholder's Signature: *Esli Beard*

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

LE DETENTEUR DE LA CARTE CI-HAUTE MENTIONNEE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

Section 17(1),(4)(e.i)

ESLIE BEARD

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

5 101

DESCRIPTION AMOUNT-MONTANT

	25.95
SALES DRAFT CHARGEX FACTURE	4.00
CAN \$	29.95
CDN	

CUSTOMER COPY
COPIE DU CLIENT

Cardholder's Signature: *Esli Beard*

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

LE DETENTEUR DE LA CARTE CI-HAUTE MENTIONNEE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

May 10

MAC-LE CAFE - CNA
53 ELGIN
OTTAWA ON

ORDER
DATE [REDACTED]
TYPE VISA 09/10
TIME 2005/05/10 21:51:14
CARD NUMBER 56052700-208-077
TERMINAL IDENTIFICATION

AMOUNT 456.21

AMOUNT 8.00
664.21

APPROVED 027 AUTH. # 028727
YOU

ISSUER WILL PAY TOTAL AMOUNT SHOWN
ON RECEIPT ACCORDING TO CARDHOLDER
AGREEMENT.

[Signature]

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

may 11

EDMONTON AIRPORTS

Edmonton, Alberta T5Y 0C6

Edmonton Regional Airport Authority (Tel: 780-439-8439)
Fax: 780-439-8929

Card # 80543694
Exp. Date 05/11
Auth. # 826585
Amount \$36.00
Total \$36.00
Best copy available

EDMONTON REGIONAL AIRPORT AUTH
MAIN STATION (INT'L AIRP
EDMONTON AB

NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
TYPE VISA 0974
TIME 2005/05/11 11:19:30
PT NUMBER S80543694-060-020
BASE -----
AMOUNT \$36.00

PROVED 027 AUTH. # 826585
YOU

OLDER WILL PAY TOTAL AMOUNT SHOWN
RD ISSUER ACCORDING TO CARDHOLDER
MENT.

LESLIE BEARD

APPLICANT COPY

Fairmont

CHÂTEAU LAURIER

1 Rideau Street
 Ottawa, ON K1N 8S7
 T 613 241 1414 F 613 562 7030
 G.S.T. Registration #139445290

Room/Chambre # : 0426
 Folio # : 20006
 Cashier/Caissier # : 211
 Page # : 1 of 2

Lesley Beard

Canada

Arrival/Arrivée : 05-09-05
 Departure/Départ : 05-11-05

Date	Description	Additional Information Supplémentaire	Charges	Credits
05-09-05	Telephone Long Distance	14:38 #7426 [REDACTED] [00:02:00]	4.92	
05-09-05	Telephone Long Distance	14:51 #7426 [REDACTED] [00:12:00]	14.79	
05-09-05	Zoe's Lounge	#0426 : CHECK #2522 Section 17(1)	126.81	
05-09-05	Business Centre	#0426 : CHECK #1454	6.42	
05-09-05	Zoe's Lounge	#0426 : CHECK #2538	18.03	
05-09-05	Package Charge		269.00	
05-09-05	Room P.S.T. (5%)		12.13	
05-09-05	Room G.S.T. (7%)		16.99	
05-09-05	Destination Marketing Fee		6.80	
05-09-05	DMF - G.S.T. (7%)		0.48	
05-10-05	Fax	04496	7.00	
05-10-05	Telephone Long Distance	10:04 #7426 [REDACTED] [00:02:00]	4.92	
05-10-05	Telephone Long Distance	10:08 #7426 [REDACTED] [00:04:00]	7.17	
05-10-05	Package Overage	#0426 : CHECK #1851	20.47	
05-10-05	Telephone Local, 1-800, Calling Card Calls	00:07 #7426 [REDACTED] [00:01:00]	1.60	
05-10-05	Telephone Long Distance	00:16 #7426 [REDACTED] [00:07:00]	9.85	
05-10-05	Telephone Local, 1-800, Calling Card Calls	00:29 #7426 [REDACTED] [00:12:00]	1.60	
05-10-05	Package Charge		269.00	
05-10-05	Room P.S.T. (5%)		12.13	
05-10-05	Room G.S.T. (7%)		16.99	
05-10-05	Destination Marketing Fee		6.80	
05-10-05	DMF - G.S.T. (7%)		0.48	
	Visa			

26.13
 144.80
 33.14
 25.17
 1.17
 3/2.34
 631.27

Guest signature
 Signature du client X _____
 For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
 United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
 États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
 Merci d'avoir choisi les Hôtels Fairmont

APPLICANT COPY

Fairmont
CHÂTEAU LAURIER

1 Rideau Street
Ottawa, ON K1N 8S7
T 613 241 1414 F 613 562 7030
G.S.T. Registration #139445290

Room/Chambre # : 0426
Folio # : 20006
Cashier/Caissier # : 211
Page # : 2 of 2

Lesley Beard

Canada

Arrival/Arrivée : 05-09-05
Departure/Départ : 05-11-05

Date	Description	Additional Information Supplémentaire	Charges	Credits
05-11-05		XXXX		834.38
Total			834.38	834.38
Balance/Solde			0.00	

G.S.T. Summary / Sommaire

Room/Chambre	34.94
F&B/Restauration	10.44
Other/Autres	2.93
Total	48.31

Guest signature

Signature du client X _____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
États-Unis ou Canada 1 800 441 1414

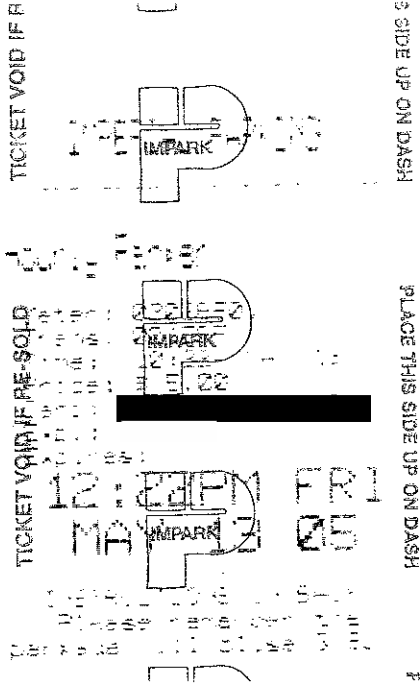
I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$5.00 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

Merci d'avoir choisi les Hôtels Fairmont

May 13



Section 17(1),(4)(e.i)

indicates
no receipts.
see pg 1 & 2 of
Expense claim
detail.

Notes: This claim has
been paid.

Trudy
Can you please
see if you can
get the highlighted
items initialed
Sharilyn
Vick



Travel Expense Claim Form
 (In Canadian Dollars)
 (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Section 17(1)

Name: Leslie Beard _____ Employee Number _____
 Position: Vice-President, Public Affairs _____ Cost Centre: 201-9000-71110400005-62410000 _____
 Department: Public Affairs _____ Bus. Phone: 407-7188 _____
 Period from May 3 – July 27, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			74.37		68.37 6.00
Registration Fees			100.00		—
Transportation (including parking)			133.50		w
Other 69500			161.44		113.37 48.07
Mileage			96.90		w
TOTAL			566.21		\$
Less Cash Advance					
NET			566.21		

Capital Health
RECEIVED
 AUG 11 2005
 ACCOUNTS
 PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Aug. 4/05

Approved by
 Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date AUG. 9/05

Print Name _____ Title _____

Signature _____ Date _____

Capital Health
RECEIVED
 SEP 08 2005
 ACCOUNTS
 PAYABLE

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (University of Alberta Hospital Site, Clinical Sciences Building, Room CSB 7-112, or for CCPH staff only to Plaza 124).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY
EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May & June	Rotary – May 26, June 2, June 9, June 16, June 23, June 30, July 7, July 14, July 21, July 28			100.00			
May 3	Taxi – Checker Cabs				✓ 10.00 w		
May 20	Staff Appreciation – lunch at Packrat Louie				113.37	129.37	
May 24	Travel to Upper Crust, 109 St for meeting with Janet Brown and return.				16.00		2
May 24	Upper Crust – Hosting Lunch with Janet Brown re: CH Reputation Survey	✓ 25.41					
May 25	Travel from UAH & Return to Spruce Grove re: meeting						32
May 26	Travel from UAH to AMHB offices and return re: meetings						12
May 26	Telus Parkade - Parking				✓ 7.50 w		
May 31	Travel from UAH to AMHB offices and return re: meeting						12
May 31	Parking – Grant MacEwan				✓ 3.50 w		
June 2	Travel from UAH to AMHB offices and return re: meeting						12
June 2	Parking – Grant MacEwan				✓ 3.00 w		
June 2	Travel – to Winspear and return re: Rod Fraser dinner w Board.						10
June 2	Parking – Library Parkade				✓ 2.00 w		
June 3	Travel from UAH to Hotel Macdonald & return re: meeting						12
June 3	The Harvest Room – Hosting Lunch meeting – Sandra Thornton re: United Way	39.06 6.00	45.06				
June 3	Impark Parking				✓ 6.00 w		
June 3	Travel to High Level Diner for meeting with Lee Elliott						2
June 7	Travel from UAH to AMHB re: meeting						8
June 7	Parking – Grant MacEwan				✓ 3.50 w		
June 7	Travel from AMHB to Upper Crust at 109 Street re: lunch meeting – Joyce Law						6
June 7	Travel from 109 St to UAH						1
June 8	Travel from UAH to Sutton Place Hotel and return re: Caritas AGM						12
June 8	Parking - Parklink				✓ 4.25 w		
June 17	Travel from UAH to Courtyard Marriott re: United Way and return						12
June 22	Travel from UAH to CHC & return						12
June 22	Expert Parking				✓ 8.00 w		

APPLICANT COPY
EXPENSE CLAIM DETAILS

June 23	Travel from UAH to 8723 – 82 Avenue, to AMHB offices, to Plaza 124 & return.						18
June 23	Parking – Grant MacEwan			✓ 4.50			
June 24	Travel from UAH to AMHB & return – early morning meeting.						12
June 24	Parking – Grant MacEwan			✓ 7.00			
June 24	Travel from UAH to AMHB & return – late morning meeting.						12
June 24	Parking – Grant MacEwan			✓ 8.75			
June 25	Electronic Edition					✓ 10.69	
June 25	Electronic Edition					✓ 10.69	
June 26	Electronic Edition					✓ 10.69	
July 6	Travel – to 10135 – 89 St and return re: United Way meeting						12
July 18	Travel – from UAH to Manor Café & return						16
July 18	Parking – Imperial Parking			✓ 5.00			
July 19	Travel from UAH to Westin, then to Upper Crust and return to UAH.						14
July 19	Parking – Library Parkade			✓ 6.00			
July 20	Travel from UAH to AMHB offices and return re: meeting						12
July 20	Parking – Crown Plaza			✓ 10.00			
July 25	Travel from UAH to 109 & 84 Ave., & return re: lunch meeting						2
July 26	Coffee for Mark Dixon meeting			3.90			
July 27	Travel from UAH to 10162 109 Street & return						12
July 27	Parking			✓ 4.50			
June	Meter Parking coin			20.00			
July	Meter Parking coin			20.00			
	Total km						255
	@						\$0.38
TOTALS TO FRONT OF FORM			74.37	100.00	133.50	161.44	96.90

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

May 3

Driver #	<u>S 3</u>	Car #	<u>466</u>
To:	<u>Peter Conlto</u>		
From:	<u>Westin</u>		
Date:	<u>May 03 05</u>	Amount:	<u>10</u>
GST#	<u>8950139</u>		

Calgary taxi

May 20

PACKRAT LOUIE
10323 83 AVENUE
EDMONTON AB

Section 17(1),(4)(e.i)

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 5911
DATE/TIME	2005/05/20 14:07:52
CLERK NUMBER	3
RECEIPT NUMBER	580134049-810-024
AUTHORIZATION	
AMOUNT	\$119.37

TIP

TOTAL AMOUNT	<u>161.00</u>
	<u>129.37</u>

01 APPROVED 027 AUTH. # 558006
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT

Leslie Beard
LESLIE BEARD

*Leslie Beard
Larvon Anderson
Lori Weltz
Montana DelVega*

May 24

UPPER CRUST CATERERS L
10909 86 AVE TS6048
EDMONTON AB 22347500

NAME - BEARD LESLIE

DATE 05/05/24 Time 13 31 36
CARD RATE [REDACTED] Auth # 862505
CARD TYPE VI Tran Code 01
001467030 001467030

*Janet Brown
&
Lollie Beard*

001 027 THANKS

Invoice No. : 3677

Subtotal 425.81
Tip [REDACTED]
Total [REDACTED]

Signature *[Handwritten Signature]*
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-business Bottom copy-merchant

May 26 + 31

TELUS PARKADE
GST INC. R#122393333

05MAY26 15:46 001 001
05MAY26 13:16 01
/ 2:30 #105112

=01008793

RATE 1	\$7.50
TOTAL	\$7.50
CASH	\$7.50

MANAGED BY
IMPERIAL PARKING

June 2

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt#103241
06/02/05 22:20 L# 2 A# 38 Txn#359664
06/02/05 18:37 In 06/02/05 22:20 Out
Tkt# 134247
Regular Rate \$ 1.87
Total Tax \$ 0.13
Total Fee \$ 2.00
CASH PAID \$ 2.00-
Cash Tender \$ 2.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Welcome to The Harvest Room
The Harvest Hotel-Macdonald
780 429-6424

6/3/2005 12:04

THE HARVEST ROOM
Check: 113954 Table: 108
Server: GLORIA Guests: 2
Terminal: 11

REGULAR	
1 SPINACH SALAD	13.00
1 QUICHE	17.00
1 ** FRI. COURSE *	6.00
1 COFFEE	3.00
1 COMBO TEA	3.50

Total	36.50
Tax	2.56
Total	39.06

GRA TIP 6.00
45.06

ROOM NO.

PLEASE PRINT NAME

X
SIGNATURE
GST# 139-445-290

Thank You!
We Appreciate Your Business.

Sandra Thonka
re: United Way

DISPLAY FACE UP ON DASH

Impark Lot 0002-0001
Machine Serial #:4002002ACCOA

EXPIRY DATE AND TIME
EXP 01:27pm
JUN 03, 2005

TICKET# 00028105 **LOT#** 00020001
Section 17(1),(4)(e)

CC \$0006.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park 2 hours \$6.00
Questions/Comments?
Call 780-420-1976

DISPLAY FACE UP ON DASH

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME
08/06/05	08:50

DATE ISSUED	TIME ISSUED	AMOUNT PAID
08/06/05	07:30	\$ 4.25

AMOUNT PAID
\$ 4.25 24570000 07:30

CREDIT CARD NUMBER



NON TRANSFERABLE

4753235



RECEIPT

4753235

APPLICANT COPY

June 22,
23,
24

Expert Parking
GST 896391380
LOT: 107 METER: 1
Expert Lot 107

Ticket Expires:
1:28 PM Wed
Jun 22 2005

Ticket: 0000017929
Time: 11:28am 2005 Jun
Price: \$8.00
Charge: \$8.00
Card: [REDACTED]

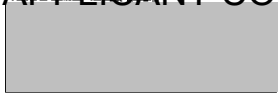
Section 17(1),(4)(e.i)

Auth #: 35842L

DISPLAY FAC
UP ON DASH



APPLICANT COPY



Section 17(1)

The GM Card®

Previous Statement
Jun / 07 / 05

Section 17(1),(4)(e.i)

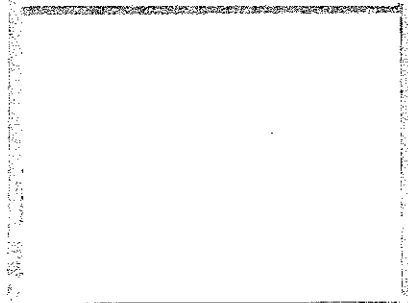
Account Number	Available Credit	Credit Limit	Statement Date
[Redacted]	[Redacted]	[Redacted]	Jul / 08 / 05

Questions? Call The GM Card Customer Centre at 1 800 461-3279 (416-982-3279 in Toronto).
For TTY (text telephone for customers who are deaf) inquiries, call 1 866 704-3194.

Transaction Summary

Page 1 of 2

Post. Date M/D	Trans. Date M/D	Description	Amount \$
Non Responsive			
[Redacted]			
06/28	06/27	EDMONTON REGIONAL AIRPORT	40.00
[Redacted]			



CHN.

*004111/TDRE()

Non Responsive

July 18-20

APPLICANT COPY

IMPERIAL PARKING 125B
10239 107TH STREET
EDMONTON AB

CITY OF EDMONTON
LIBRARY PARKADE
6ST N 119326270 RT0001

Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 9791
DATE/TIME 2005/07/18 22:05:44
RECEIPT NUMBER 580559877-872-020
PURCHASE
TOTAL AMOUNT \$5.00

Rcpt# 4487
07/19/05 11:52 LH 2 A# 39 Txn# 15742
07/19/05 10:04 In 07/19/05 11:52 Out
Tkt# 157615
Regular Rate \$ 6.00
Total Fee \$ 6.00
DASH PAID \$ 6.00-
Cash Tender \$ 20.00
Change Due \$ 14.00

01 APPROVED 027 AUTH. # 573970
THANK YOU

THANK YOU
COME AGAIN

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

Leslie Beard
LESLIE BEARD

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL PARKING

05JUL20 15:04 001 002
05JUL20 08:57
/ 6:07 #067201
DAY RATE \$10.00
TOTAL \$10.00
CASH \$10.00

FOR INQUIRIES CALL
780 420 1976

APPLICANT COPY

July 27

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119328270 RT0001

Recpt# 5384
07/27/05 13:25 LN 2 AM 37 Txn# 19950
07/27/05 11:55 In 07/27/05 13:25 Out
Tkcn# 164407
Regular Rate \$ 4.50
Total Fee \$ 4.50
CASH PAID \$ 4.50-
Cash Tender \$ 20.00
Change Due \$ 15.50
THANK YOU
COME AGAIN

Trudi -

I need Pinaudin
to sign/initial beside
each marked "VISA"
receipt, in lieu of
the actual "restaurant"
bill being submitted.

KMT-03-OCT-2005-002

MAR 01 2006

LS ✓



Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Section 17(1)

Name: Leslie Beard Employee Number: Position: Vice-President, Public Affairs Cost Centre: 201-9000-71110400005-62410000 Department: Public Affairs Bus. Phone: 407-7188 Period from July 28, 2005 - Sept. 9, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

Table with columns: Non-Canadian Currency, Rate, Canadian \$ (including GST), # GST included, DO NOT USE. Rows include Accommodation, Meals, Registration Fees, Transportation, Other, Mileage, TOTAL, Less Cash Advance, NET.

CAPITAL HEALTH RECEIVED OCT 20 2005 ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Oct. 20/05 Approved by Sheila Weatherill Title President & CEO Signature [Signature] Date Oct. 24/05

- NOTE: GST amounts included in the expense claims will be calculated by Accounts Payable. Please ensure that the expense claim is properly authorized. For all employees on the payroll system, expense cheques will be deposited to employee bank account.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Aug. 2	Travel from UAH to AMHB & return for meeting						12
Aug. 2	Grnt MacEwan - Parking at AMHB			/	2.75	✓	
Aug. 5	Travel from UAH to 124 Plaza and return re: meeting						16
Aug. 5	Imperial Parking - Parking at Plaza			/	6.25	✓	
Aug. 9	Travel from UAH to AMHB and return re: meeting						12
Aug. 9	Grant MacEwan - Parking at AMHB			/	10.50	✓	
Aug. 10	Travel to 10020 108 St., then to Venture Offices & return re: meetings						16
	Meter Parking				3.00	R.B.	
Aug. 11	Travel from UAH to 124 Plaza and return re: Wabamun meeting						16
Aug. 11	Imperial Parking			/	6.25	✓	
Aug. 11	Imperial Parking			/	6.25	✓	
Aug. 11	Travel to Wabamun & return						160
Aug. 11	Meal - ESM, Spruce Grove re: Wabamun meetings	37.28 5.72	43.00 *				
Aug. 12	Travel from UAH to AMHB offices and return re: meetings						12
	Meter Parking				2.00	R.B.	
Aug. 23	Travel from UAH to AMHB and return re: meeting.			/			12
Aug. 23	Parking - Grant MacEwan			/	7.00	✓	
Aug. 24	Travel from UAH to Upper Crust and return re: meeting with D. Frampton	20.06					2
Aug. 24	Upper Crust - Lunch meeting with D. Frampton	3.00	23.06 *				
Aug. 25	Travel from UAH to Hotel Macdonald & return re: Lunch meeting with Philips				93.63 13.00		12
Aug. 25	Hotel Macdonald, Harvest Room, Hosting re: Philips					106.63 *	
Aug. 25	Imperial Parking			/	8.00		
Aug. 30	Travel from UAH to AMHB & return re: meetings						12
Aug. 30	Parking Grant MacEwan			/	8.50	✓	
Aug. 31	Travel from UAH to CHC and return re: meeting						12
	Meter Parking				2.00	R.B.	
Aug. 31	Travel from UAH to AMHB & return re: meeting						12
Aug. 31	Parking Grant MacEwan			/	3.50	✓	
Sept. 2	Travel from UAH to AMHB & return re: meetings						12
Sept. 2	Parking Grant MacEwan			/	7.00	✓	
Sept. 6	Travel from UAH to AMHB & return re: meetings						12
Sept. 6	Parking Grant MacEwan			/	7.00	✓	
Sept. 7	Travel from UAH to 10020 108 Street & return re: United Way meeting	22.47					12
Sept. 7	Lunch meeting with Joanne Nugent at Yokozuna		25.47 *				

APPLICANT COPY

EXPENSE CLAIM DETAILS

Sept. 9	Travel from UAH to RAH re: Team Meeting.					8
Sept. 9	CH Parking			10.00		
	Total km					350
	Ⓢ					\$0.38
TOTALS TO FRONT OF FORM			91.53	90.00	106.63	133.00

EXPENSE LIMITS

1. **Meal Allowances**
 When travelling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 Breakfast: \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
 Lunch: \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 Dinner: \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
 - Use of personal automobile -- From April 1, 1999, reimbursement at the rate of \$0.30 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.28 for each kilometer thereafter. Business car insurance is reimbursable up to \$100 per year with receipts in accordance with Capital Health Policy.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.
4. **Hosting Expenses**
 Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Aug. 23

TRANSACTION RECORD

ESM-Spruce Grove
96 Campsite Rd.
(780) 960-3091

CARD TYPE: VISA Section 17(1),(4)(e.i)
No. [REDACTED]
ENTRY: SWIPED
Guest : LESLIE BEARD
AUTHORIZATION: 493212
TERMINAL: 1
REFERENCE: 205760

★
Amal

PURCHASE \$37.28
TIP 5.72
TOTAL 43.00

THANK YOU
AUGUST 11, 2005 20:28:44
Server's name : CY101

GUEST COPY

Aug. 24/05

UPPER CRUST CATERERS L
10969 86 AVE T6E0W8
EDMONTON AB 22347560
Name: BEARD LESLIE
Acct # [REDACTED]
Date: 05/08/24 Time: 12 52 05
Exp Date: [REDACTED] Auth # 707570
Card Type: VI Tran Code 01
#2234750001 #001544021

★
Amal

Op ID: 027 THANKS

Invoice No.: 10928

Subtotal \$29.06
Tax 3.00
Total 32.06

Signature: *[Signature]*
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

Aug-25

08/25/05 13:46
SALES DRAFT

HOTEL MACDONALD
10065 100 STREET
EDMONTON, ALBERTA, CANADA
780-424-5181

MERCH ID: 45013
CASHIER: TARA
TERMINAL: 12 THE HARVEST

VISA

NAME: BEARD/LESLIE
NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
I: 789140 Section 17(1),(4)(e.i)
INT: 93.63
K: 127338
E: 421
.: 93.63

TAX: 13.00

TOTAL: 106.63

Leslie Beard
CASHIER

*★
A Menu*

Imperial Parking Canada Corporation

106902

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK ↓

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation

106905

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK ↓

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation

106904

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK ↓

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

RED

Imperial Parking Canada Corporation

106903

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK ↓

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

Aug-25 PK9

YOKOZUNA JAPANESE REST
2 ST EDMONTON AB
308567
4008567 SLIP #: 5088
TAX \$22.47
POURBOIRE/TIP \$ 3.00
TOTAL \$ 25.47

★
J. New

CURE X
[REDACTED] *S
5001001006 AUTH 015648 ISO -001
ED
JD 07 2005 TIME 12:35 pm

*Lunch meeting with
Joanne Nugent
re: Media Position.*

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME
10/09 01:16 PM

AMOUNT PAID
\$ 10.00 15410000 01:16 PM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
09/09/05 01:16 PM \$ 10.00

CREDIT CARD NUMBER
00160

Capital Health
CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL
HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE 583740



Capital Health
RECEIPT 583740

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)



(Please Print or Type)

Name: Leslie Beard _____ Employee Number: _____

Position: Vice-President, Public Affairs _____ Cost Centre: 201-9000-71110400005-62410000 _____

Department: Public Affairs _____ Bus. Phone: 407-7188 _____

Period from July 28, 2005 – Sept. 9, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			91.53		
Registration Fees					
Transportation (including parking)			90.00	w	
Other			106.63		
Mileage			133.00	w	
TOTAL					\$
Less Cash Advance					
NET			✓ 421.66		

Capital Health
RECEIVED
OCT 28 2005
ACCOUNTS PAYABLE

173.49
~~158.58~~
24.72

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature *Leslie Beard* Date Oct. 20/05

Approved by
Print Name Sheila Weatherill Title President & CEO

Signature *S Weatherill* Date Oct. 24/05

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (University of Alberta Hospital Site, Clinical Sciences Building, Room CSB 7-112, or for CCHP staff only to Plaza 124).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Aug. 2	Travel from UAH to AMHB & return for meeting						12
Aug. 2	Grnt MacEwan - Parking at AMHB			/	2.75	✓	
Aug. 5	Travel from UAH to 124 Plaza and return re: meeting						16
Aug. 5	Imperial Parking - Parking at Plaza			/	6.25	✓	
Aug. 9	Travel from UAH to AMHB and return re: meeting						12
Aug. 9	Grant MacEwan - Parking at AMHB			/	10.50	✓	
Aug. 10	Travel to 10020 108 St., then to Venture Offices & return re: meetings						16
Aug. 10	Meter Parking				3.00	<i>R.B.</i>	
Aug. 11	Travel from UAH to 124 Plaza and return re: Wabamun meeting						16
Aug. 11	Imperial Parking			/	6.25	✓	
Aug. 11	Imperial Parking			/	6.25	✓	
Aug. 11	Travel to Wabamun & return						160
Aug. 11	Meal - ESM, Spruce Grove re: Wabamun meetings	<i>37.28</i> <i>5.72</i>	<u>43.00</u> *				
Aug. 12	Travel from UAH to AMHB offices and return re: meetings						12
Aug. 12	Meter Parking				2.00	<i>R.B.</i>	
Aug. 23	Travel from UAH to AMHB and return re: meeting.			/		✓	12
Aug. 23	Parking - Grant MacEwan			/	7.00	✓	
Aug. 24	Travel from UAH to Upper Crust and return re: meeting with D. Frampton	<i>20.06</i>					2
Aug. 24	Upper Crust - Lunch meeting with D. Frampton	<i>3.00</i>	<u>23.06</u> *				
Aug. 25	Travel from UAH to Hotel Macdonald & return re: Lunch meeting with Philips						12
Aug. 25	Hotel Macdonald, Harvest Room, Hosting re: Philips				<i>93.63</i> <i>13.90</i>	<u>106.63</u> *	
Aug. 25	Imperial Parking			/	8.00	✓	
Aug. 30	Travel from UAH to AMHB & return re: meetings						12
Aug. 30	Parking Grant MacEwan			/	8.50	✓	
Aug. 31	Travel from UAH to CHC and return re: meeting						12
Aug. 31	Meter Parking				2.00	<i>R.B.</i>	
Aug. 31	Travel from UAH to AMHB & return re: meeting						12
Aug. 31	Parking Grant MacEwan			/	3.50	✓	
Sept. 2	Travel from UAH to AMHB & return re: meetings						12
Sept. 2	Parking Grant MacEwan			/	7.00	✓	
Sept. 6	Travel from UAH to AMHB & return re: meetings						12
Sept. 6	Parking Grant MacEwan			/	7.00	✓	
Sept. 7	Travel from UAH to 10020 108 Street & return re: United Way meeting	<i>22.47</i> <i>3.00</i>					12
Sept. 7	Lunch meeting with Joanne Nugent at Yokozuna		<u>25.47</u> *				

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Sept. 9	Travel from UAH to RAH re: Team Meeting.						8
Sept. 9	CH Parking				10.00		
	Total km						350
	@						\$0.38
TOTALS TO FRONT OF FORM			91.53		90.00	106.63	133.00

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile – From April 1, 1999, reimbursement at the rate of \$0.30 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.28 for each kilometer there after. Business car insurance is reimbursable up to \$100 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Aug. 23

TRANSACTION RECORD

ESM-Spruce Grove
96 Campsite Rd.
(780) 960-3091

CARD TYPE: VISA Section 17(1),(4)(e.i)
Nu. [REDACTED]
ENTRY: SWIPED
Guest : LESLIE BEARD
AUTHORIZATION: 493212
TERMINAL: 1
REFERENCE: 205760



PURCHASE \$37.28
TIP 5.72
TOTAL 43.00

THANK YOU
AUGUST 11, 2005 20:28:44
Server's name : CYN01

GUEST COPY

Aug. 24/05

UPPER CRUST CATERERS L
10907 86 AVE T6G0W0
EDMONTON AB T2347500
Name: BEARD LESLIE
Acct # [REDACTED]
Date 05/08/24 Time 12 52 05
Exp Date [REDACTED] Auth # 707570
Card Type, VI Tran Code 01
N22347500001 001544021



Op ID: 027 THANKS

Invoice No.: 10928

Subtotal \$29.06
Tip 3.00
Total 32.06

Signature [Handwritten Signature]
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top 66 copy customer Bottom copy merchant

Aug. 25

08/25/05

13:46

SALES DRAFT

HOTEL MACDONALD
10065 100 STREET
EDMONTON, ALBERTA, CANADA
780-424-5181

MERCH ID: 45013
CASHIER: TARA
TERMINAL: 12 THE HARVEST

VISA

NAME: BEARD/LESLIE

NUMBER:

EXPIRE:

I: 789140

M: 93.63

Section 17(1),(4)(e.i)

K: 127338

E: 421

T: 93.63

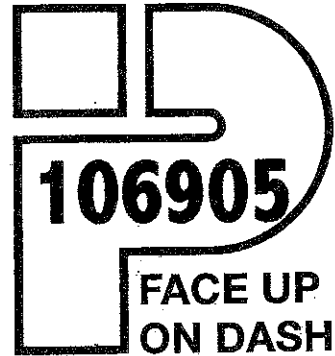
TOTAL: 13.00

TAX: 106.63

[Signature]
TURA

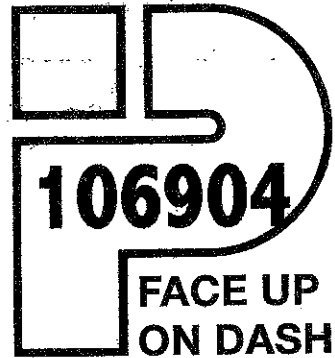


Imperial Parking Canada Corporation



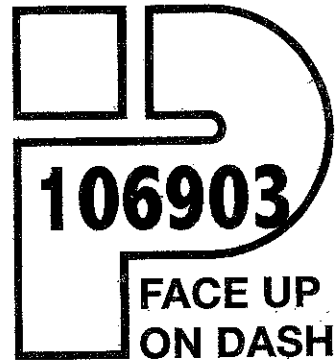
WARNING - YOUR RISK
SEE BACK

Imperial Parking Canada Corporation



WARNING - YOUR RISK
SEE BACK

Imperial Parking Canada Corporation



WARNING - YOUR RISK
SEE BACK

106905
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

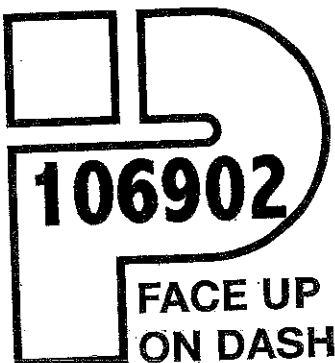
106904
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

RED

106903
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

Imperial Parking Canada Corporation



WARNING - YOUR RISK
SEE BACK

106902
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Aug. 25
AKG

APPLICANT COPY

YOKOZUNA JAPANESE REST
2 ST EDMONTON AB

308567
4008567 SLIP #: 5088

ITH \$22.47

POURBOIRE/TIP \$ 3.00

TOTAL \$ 25.47



CARD X



5001001006 AUTH 015648 ISD -001
ED

07 2005 TIME 12:35 pm

*Lunch meeting with
Joanne August
re: Medical Position.*

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

10/09 01:16 PM

AMOUNT PAID
\$ 10.00 1541000001:16 PM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

09/09/05 01:16 PM \$ 10.00

CREDIT CARD NUMBER
00160



Capital Health
CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL
HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE 583740



Capital Health
RECEIPT 583740

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Section 17(1)

Name: Leslie Beard Employee Number:

Position: Vice-President, Public Affairs Cost Centre: 201-9000-71110400005-62410000

Department: Public Affairs Bus. Phone: 407-7188

Period from July 28, 2005 – Sept. 9, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			91.53		
Registration Fees					
Transportation (including parking)			90.00		
Other			106.63		
Mileage			133.00		
TOTAL					\$
Less Cash Advance					
NET			✓ 421.16		

Capital Health
 RECEIVED
 OCT 20 2005
 ACCOUNTS PAYABLE

173.49
~~152.28~~
 24.72

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature *Leslie Beard* Date Oct. 20/05

Approved by
 Print Name Sheila Weatherill Title President & CEO

Signature *Sheila Weatherill* Date Oct. 24/05

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (University of Alberta Hospital Site, Clinical Sciences Building, Room CSB 7-112, or for CCPH staff only to Plaza 124).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY
EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Aug. 2	Travel from UAH to AMHB & return for meeting						12
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Aug. 5	Travel from UAH to 124 Plaza and return re: meeting						16
Aug. 5	Imperial Parking - Parking at Plaza			/	6.25	✓	
Aug. 9	Travel from UAH to AMHB and return re: meeting						12
Aug. 9	Grant MacEwan - Parking at AMHB			/	10.50	✓	
Aug. 10	Travel to 10020 108 St., then to Venture Offices & return re: meetings						16
Aug. 10	Meter Parking				3.00	R.B.	
Aug. 11	Travel from UAH to 124 Plaza and return re: Wabamun meeting						16
Aug. 11	Imperial Parking			/	6.25	✓	
Aug. 11	Imperial Parking			/	6.25	✓	
Aug. 11	Travel to Wabamun & return						160
Aug. 11	Meal - ESM, Spruce Grove re: Wabamun meetings	37.28 5.72	43.00 *				
Aug. 12	Travel from UAH to AMHB offices and return re: meetings						12
Aug. 12	Meter Parking				2.00	R.B.	
Aug. 23	Travel from UAH to AMHB and return re: meeting.			/			12
Aug. 23	Parking - Grant MacEwan			/	7.00	✓	
Aug. 24	Travel from UAH to Upper Crust and return re: meeting with D. Frampton	20.06					2
Aug. 24	Upper Crust - Lunch meeting with D. Frampton	3.00	23.06 *				
Aug. 25	Travel from UAH to Hotel Macdonald & return re: Lunch meeting with Philips						12
Aug. 25	Hotel Macdonald, Harvest Room, Hosting re: Philips				93.63 13.00	106.63 *	
Aug. 25	Imperial Parking			/	8.00		
Aug. 30	Travel from UAH to AMHB & return re: meetings						12
Aug. 30	Parking Grant MacEwan			/	8.50	✓	
Aug. 31	Travel from UAH to CHC and return re: meeting						12
Aug. 31	Meter Parking				2.00	R.B.	
Aug. 31	Travel from UAH to AMHB & return re: meeting						12
Aug. 31	Parking Grant MacEwan			/	3.50	✓	
Sept. 2	Travel from UAH to AMHB & return re: meetings						12
Sept. 2	Parking Grant MacEwan			/	7.00	✓	
Sept. 6	Travel from UAH to AMHB & return re: meetings						12
Sept. 6	Parking Grant MacEwan			/	7.00	✓	
Sept. 7	Travel from UAH to 10020 108 Street & return re: United Way meeting	22.47 3.00					12
Sept. 7	Lunch meeting with Joanne Nugent at Yokozuna		25.47 *				

APPLICANT COPY
EXPENSE CLAIM DETAILS

Sept. 9	Travel from UAH to RAH re: Team Meeting.						8
Sept. 9	CH Parking				10.00		
							350
	Total km						
	@						\$0.38
TOTALS TO FRONT OF FORM			91.53		90.00	106.63	133.00

EXPENSE LIMITS

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3. Advance

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

4. Hosting Expenses

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Aug. 2/05

Best copy available

Aug. 9

TICKET VOID IF RE-SOLD
SIDE UP ON DASH
IMPERIAL PARKING

Hourly Parker
Meter: 02026501
Trans: 023684
Time: 12:36P AUG 05
Price: \$ 0.25
Card: [REDACTED]
xp.: [REDACTED]
Expires: 5:00PM FRI
AUG 05 05
PLACE THIS SIDE UP ON DASH

Section 17(1),(4)(e.i)

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 8pm

TICKET VOID IF RE-SOLD
SIDE THIS SIDE UP ON DASH
IMPERIAL PARKING
Hourly Parker

Meter: 02026501
Trans: 023685
Time: 11:02A AUG 11
Price: \$ 0.25
Card: [REDACTED]
xp.: [REDACTED]
Expires: 1:32PM THU
AUG 11 05
PLACE THIS SIDE UP ON DASH

Section 17(1),(4)(e.i)

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 8pm

TICKET VOID IF RE-SOLD
SIDE THIS SIDE UP ON DASH
IMPERIAL PARKING

Hourly Parker
Meter: 02026501
Trans: 023692
Time: 1:36P AUG 11
Price: \$ 0.25
Card: [REDACTED]
xp.: [REDACTED]
Expires: 4:00PM THU
AUG 11 05
PLACE THIS SIDE UP ON DASH

Section 17(1),(4)(e.i)

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 8pm

Aug. 23

TRANSACTION RECORD

ESM-Spruce Grove
96 Campsite Rd.
(780) 960-3091

CARD TYPE: VISA
Nu. [REDACTED]
ENTRY: SWIPED
Guest : LESLIE BEARD
AUTHORIZATION: 493212
TERMINAL: 1
REFERENCE: 205760



PURCHASE \$37.28
TIP 5.72
TOTAL 43.00

THANK YOU
AUGUST 11, 2005 20:26:44
Server's name : CYNBI

GUEST COPY

Aug. 24/05

UPPER CRUST CATERERS L
11404 86 AVE EDMONTON AB T2C 0N8
2234750
Guest BEARD LESLIE
Card No. [REDACTED]
Section 17(1),(4)(e.i)
Date 05/08/04 Time 12:52 PM
Exp Date [REDACTED] Auth # 707570
Card Type VI Tran Code 01
12347500001 001500021



Ca ID: 027 THANKS

Invoice No.: 10928

Subtotal \$20.00
TIP 3.00
Total 23.00

Signature [Handwritten Signature]
I agree to pay above total amount
according to my issuer agreement
Retain this copy for your records

Aug 25

08/25/05

13:46

SALES DRAFT

HOTEL MACDONALD
10065 100 STREET
EDMONTON, ALBERTA, CANADA
780-424-5181



MERCH ID: 45013
CASHIER: TARA
TERMINAL: 12 THE HARVEST

VISA

NAME: BEARD/LESITE

NUMBER: [REDACTED]

Section 17(1).(4)(e.i)

1: 789140

NT: 93.63

K: 1273.4

E: 421

2: 93.63

TAX: 13.00

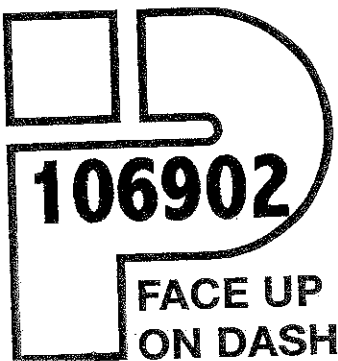
TOTAL: 106.63

Archie Beard
TUNE

Imperial Parking Canada Corporation

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

106902



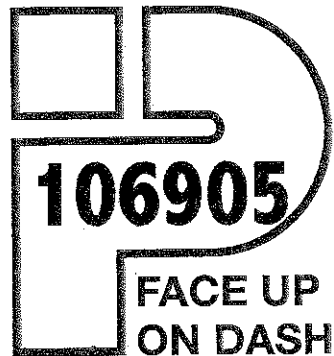
WARNING - YOUR RISK
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WHITE

Imperial Parking Canada Corporation

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

106905



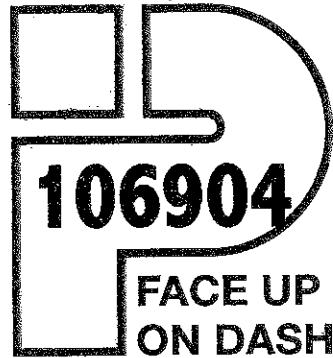
WARNING - YOUR RISK
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WHITE

Imperial Parking Canada Corporation

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

106904



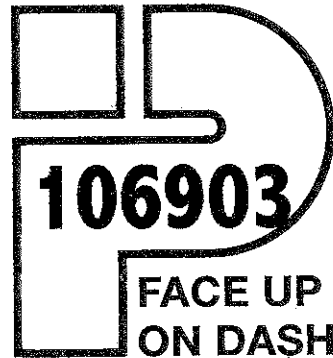
WARNING - YOUR RISK
SEE BACK

RED

Imperial Parking Canada Corporation

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

106903



WARNING - YOUR RISK
SEE BACK

BLUE

Aug 25
Aug

AMHB
meeting

Best copy available

VOKOZUNA JAPANESE REST
 2 ST EDMONTON AB
 308567
 4008567 SLIP #: 5088
 TH \$22.47
 POURBOIRE/TIP \$ 3.00
 TOTAL \$ 25.47
 VISA
 5001001006 AUTH 015648 ISO -001
 ED
 d 07 2005 TIME 12:35 pm

*Lunch meeting with
 Joanne Nugent
 re: Media Position.*

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME
 10/09 01:16 PM

AMOUNT PAID
 \$ 10.00 1541000001:16 PM

Capital Health
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE 583740



DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 09/09/05 01:16 PM \$ 10.00

CREDIT CARD NUMBER
 00160



Capital Health
RECEIPT 583740