

APPLICANT COPY

DAMPERS PLACE
1027 170TH STREET
FERRENTON, ALBERTA
TEL: (709) 701-1723

001 5 4 L E 9 3 2 5 1 1 7 7 4 4

STATION #: 01 DATE: Apr 25 14:45
SERIES #: STUART INR EB20700

CODE DESCRIPTION

*PAID For By
ARST/1
Jmc*

Non-Responsive

Best copy available

1.00 9	210.70	(219.78)
1.110	STOLEN TO JODLER 40 BT.	
1.00 8	107.99	107.99
1.001	CEGAL LANTERN OCLAR RECH. 1/2A	
1.00 9	129.99	129.99

VISA	472.16	SUBTOTAL	457.70
		GST	32.00
			6.00
		TOTAL	472.16

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

VISA # [REDACTED]
Approval # 027816 *# 272-18*

PLEASE RETAIN RECEIPT FOR REFUNDS IN CASE
HANDS UP TO 21 DAYS *OK*

SIGNATURE _____

INDOOR/OUTDOOR
BEAR SALE
MAY APR 14 - 17



Aerogold VISA

Account number [redacted]

Transaction details

Trans date	Post date	Description	Amount (\$)
		EDMONTON AR	
		14	
		14	
		14	
		14	
		E1	
		EY	
		19	
		142	
		140	
		140	
		140	
		EN	
APR 29	MAY 2	CAMPERS VILLAGE EDMONTON AB	492.16
MAY 6	MAY 9	CENTURY GRILL AND BAK LTD EDMONTON AB	232.46

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

If you find an error in this statement you must tell us within 60 days after the statement date. If you do not, the statement will be regarded as final (except for improper credits). The statement date is the closing date of the statement period shown on the front.

How we apply your payments We apply your payments to your Aerogold VISA account in the following order: (a) interest, (b) fees (shown as "Other" in this statement); (c) Previously Billed items in the order: (i) Balance Transfers, (ii) Cash Advances, (iii) Promotions, (iv) Purchases (d) items on this statement in order as Previously Billed items. Credit balances are debited items in the order in which they are posted. Multiple transactions, the payment will be applied to which bear interest at the lowest rate first.

Large interest interest, the daily interest rate displayed on the statement is multiplied by the interest-bearing balance at the end of each day.

Different daily rates, each rate is multiplied by the interest-bearing balance to which it applies.

Interest on new purchase if you pay your new balance in full by the payment due date and you have paid the full balance shown on your previous monthly statement by the payment due date. For Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date. For residents of all provinces and territories, if interest is charged on purchases, it will be charged retroactively from the transaction date until you pay all of your new balance and the interest.

(b) On cash advances (including Aerogold VISA Convenience Cheques and balance transfers): We charge interest on a cash advance from the day you receive the advance until you make a payment which covers the amount of the advance and the interest charged on that advance. We charge interest on an Aerogold VISA Convenience Cheque or balance transfer from the date we post it to your Aerogold VISA account until you make a payment which covers the amount of the cheque or balance transfer and the interest charged on that cheque or balance transfer.

Minimum payment due Your current amount due is 3% of your new balance or \$50, whichever is greater. This amount must be paid by the payment due date.

Payment period extensions: If you did not make full payment of the balance on your last month's statement, your payment due date was extended this month by 3 days to give you extra time to make your payment. Interest will continue to accrue for the extended period. When you pay your balance in full, your payment due date will revert back to your regular payment due date.

Available credit This section shows the credit you had available at the end of the statement period, and does not reflect transactions you've made since this statement was issued.

**Denotes transaction in foreign currency. You have been charged the same conversion rate CIBC is required to pay, plus an administration fee of 2.5% of the converted amount. This fee applies to both debits and credits.

* Visa Int'l/CIBC, Air Canada, Inc users @ Aerogold and Aeroplan are registered trade-marks of Air Canada CIBC is an authorized licensee of the marks.

① * APR 29 MAY 2 CAMPERS VILLAGE EDMONTON AB 492.16
MAY 6 MAY 9 CENTURY GRILL AND BAK LTD EDMONTON AB 232.46

Merchandise
Other purchases

Gas
Cash

* Note Campers Village 492.16
less (PAID BY STAFF) (219.98)

Apr 29 PAID - Corp Gift = 272.18
May 6 PAID - Retirement lunch = 232.46
Total Expenditures = 504.64

Jane



APPLICANT COPY
HOTEL
GRAND PACIFIC

463 Belleville Street, Victoria, BC, Canada V8V 1X3 Tel: (250) 386-0450 Guest Fax: (250) 380-4473

Reservations 1-800-663-7550
Member of Preferred Hotels® & Resorts Worldwide

Mr. John McPhail
1J2, 17 Walter C. Mackenzie Ctr
8440-112 Street
Edmonton, AB T6G 2B7
CANADA

Company: Western Canada Health Authority
Arrival 04/06/05
Departure 04/08/05

Room 1037
Cashier 68
Page 1
Time 10:16:37
Conf.# 241573
Invoice# 148171

Hotel Grand Pacific, Victoria, 04/08/05

Guest: McPhail

Date	Description	DEBIT	CREDIT
04/06/05	Pacific Restaurant		
04/06/05	#1037 : CHECK #1314	48.14	
04/06/05	Room Charge		
04/06/05	Room Tax *Room Charge	100.00	
04/06/05	GST Room Tax *Room Charge	10.00	
04/07/05	Room Charge		
04/07/05	Room Tax *Room Charge	100.00	
04/07/05	GST Room Tax *Room Charge	10.00	
04/08/05	Visa Card	7.00	
04/08/05			282.14

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

Balance: \$0.00

Total Room GST - \$14.00
Total Other GST - \$0.00
GST # 122212624

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: _____





Aerogold[®] VISA^{*}

Statement from
Mar 16 to Apr 15, 2005

2 (X) 00098
JOHN D MCPHATI

015097

Account number
[REDACTED]

Section 17(1)

Questions? Moving?

How we apply your payments

We apply your payments to your Aerogold VISA account in the following order: (a) interest, (b) fees (shown as "Other Charges" on this statement), (c) Previously Billed items in the following order: (i) Balance Transfers, (ii) Cash Advances, (iii) Purchase Promotions, (iv) Purchases (d) items on this statement in the same order as Previously Billed items. Credit balances are applied to Unbilled items in the order in which they are posted. Within each category of items referred to in (c) and (d) where there are multiple transactions, the payment will be applied to those items which bear interest at the lowest rate first.

How we charge interest

To calculate interest, the daily interest rate displayed on the front of this statement is multiplied by the interest-bearing balance at the end of each day.

If there are different daily rates, each rate is multiplied by the portion of the interest-bearing balance to which it applies.

a) On purchases: For non-Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date and you have paid the full balance shown on your previous monthly statement by the payment due date. For Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date. For residents of all provinces and territories, if interest is charged on purchases, it will be charged retroactively from the transaction date until you pay all of your new balance and the interest.

b) On cash advances (including Aerogold VISA Convenience Cheques and balance transfers): We charge interest on a cash advance from the day you receive the advance until you make a payment which covers the amount of the advance and the interest charged on that advance. We charge interest on an Aerogold VISA Convenience Cheque or balance transfer from the date we post it to your Aerogold VISA account until you make a payment which covers the amount of the cheque or balance transfer and the interest charged on that cheque or balance transfer.

Minimum payment due

Your current amount due is 3% of your new balance or \$50, whichever is greater. This amount must be paid by the payment due date.

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* This is a CIBC, an Canada, Inc. users

** Aerogold and Aerogold are registered trademarks of Air Canada. CIBC is an authorized licensee of the marks.

Expenses

*HR Leader Meeting
Victoria, BC
April 6th & April 8th inclusive*

APR 9	APR 12	HOTEL GRAND PACIFIC	VICTORIA	BC	282.14
APR 7	APR 12	MARINA RESTAURANT	VICTORIA	BC	28.00

Continued on next page

John Phati

EXPERT PARKING
 GST 896391380
 LOT: 129 METER: 1
 10765 Jasper Ave
 Ticket Expires:
04:09 PM THU
2004 Aug 26

Ticket: 0000003859
 Time: 02:09 PM Thu
 Date: 2004 Aug 26
 Price: \$4.00
 Cash: \$4.00

DISPLAY FACE
UP-ON-DASH
SYSTEMS

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

Expenses
Althea

Thank You For
 Parking At Commerce
 Place Parkade

04APR29 16:26 019 002
 04APR29 14:11 02
 / 2:15 #024787

80077441565
 RATE 7.50
 TOTAL 7.50
 Cash 20.00
 CHANGE 12.50

TICKET
 IMPARK
 IMPERIAL PARKING

IMPERIAL PARKING
 IMPARK
 IMPERIAL PARKING

Ticket: 0000003697
 Time: 04:06 PM Tue
 Date: 2004 Aug 24
 Price: \$4.00
 Cash: \$4.00

DISPLAY FACE
UP-ON-DASH
SYSTEMS

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

EXPERT PARKING
 GST 896391380
 LOT: 129 METER: 1
 10765 Jasper Ave
 Ticket Expires:
06:06 PM Tue
2004 Aug 24

Ticket: 0000003697
 Time: 04:06 PM Tue
 Date: 2004 Aug 24
 Price: \$4.00
 Cash: \$4.00

DISPLAY FACE
UP-ON-DASH

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

TICKET
 IMPARK
 IMPERIAL PARKING

IMPERIAL PARKING
 IMPARK
 IMPERIAL PARKING

Ticket: 0000004516
 Time: 11:50am 2004 Jul 19
 Price: \$4.00
 Cash: \$4.00

DISPLAY FACE
UP-ON-DASH

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

EXPERT PARKING
 GST 896391380
 LOT: 129 METER:
 HIROS HAIR

Ticket Expires:
1:50 PM Mon
Jul 19 2004
 Ticket: 0000004516
 Time: 11:50am 2004 Jul 19
 Price: \$4.00
 Cash: \$4.00

DISPLAY FACE
UP ON DASH

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

UP DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS

APPLICANT COPY

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 77616
11/15/04 19:25 L# 2 A# 36 Txn#271935
11/15/04 17:25 In 11/15/04 19:25 Out
Tkt# 436089
Regular Rate \$ 4.67
Total Tax \$ 0.33
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash Tender \$ 5.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Rcpt# 52731
04/28/04 22:12 L# 2 A# 35 Txn#191947
04/28/04 17:14 In 04/28/04 22:12 Out
Tkt# 926009
Regular Rate \$ 4.67
Total Tax \$ 0.33
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash Tender \$ 20.00
Change Due \$ 15.00
THANK YOU
COME AGAIN

Parking

Express

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 786
03/13/05 20:35 L# 1 A# 12 Txn# 6254
03/13/05 18:07 In 03/13/05 20:35 Out
Tkt# 093218
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

Rcpt# 93621
03/14/05 18:09 L# 2 A# 35 Txn#326294
03/14/05 17:32 In 03/14/05 18:09 Out
Tkt# 093614
Regular Rate \$ 2.80
Total Tax \$ 0.20
Total Fee \$ 3.00
CASH PAID \$ 3.00-
Cash Tender \$ 3.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

APPLICANT COPY

EDMONTON AIRPORTS

Parking

Grant MacEwan C.C.
13700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Car #
Receipt
015
06.04
Length

Best copy available

Transaction Date: 25/11/2004 17:54:31
Subtotal: \$9.50
Amount Given: \$9.50
Change: \$0.00
TOTAL: \$9.50

Thank You. Have a nice day!

Thank

*Expenses
At Commerce
Parkade*

Thank You For
Parking At Commerce
Place Parkade

04DEC01 09:35 019 002
04DEC01 07:28 01
/ 2:07 #083964

80062525338
RATE 7.50
TOTAL 7.50
Cash 10.00
CHANGE 2.50

GST #897727657RT
Have a Nice Day

Expenses

Thank You For
Parking At Commerce
Place Parkade

04AUG03 13:13 019 002
04AUG03 11:38 01
/ 1:35 #051461

80052172363
RATE 4.50
TOTAL 4.50
Cash 5.00
CHANGE 0.50

GST #897727657RT
Have a Nice Day

**DO NOT LEAVE
ITEMS VISIBLE IN
VEHICLE**

100947

IMPERIAL PARKING CANADA CORPORATION 10239 - 107th STREET EDMONTON, ALBERTA 420-1976	LIC. NO.
OUT: 2009-01-01	IN: 1-8:53
AMOUNT: 2.00	

READ CONDITIONS CAREFULLY

- Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
- Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 48 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

**PLACE THIS SIDE
UP ON DASH**

DETACH THIS PORTION FOR VALIDATION

IMPERIAL PARKING CANADA CORPORATION 10239 - 107th STREET EDMONTON, ALBERTA 420-1976	LIC. NO.:
AMOUNT:	

100947

RECYCLABLE THIS FEE INCLUDES G.S.T. REG. #98731 5638 RT0001 VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY



CAR AND CONTENTS LEFT AT OWNER'S RISK No 79311

IN 16:00	Amount PD
OUT	Amount PD
Please leave this pass with parking lot attendant on exit	

APPLICANT COPY

2.00 For slot
**442917
FACE UP
ON DASH**

**WARNING
YOUR RISK
SEE BACK OF TICKET** ↓

*April 15/05
2.00
CASHING*
**441678
FACE UP
ON DASH**

**WARNING
YOUR RISK
SEE BACK OF TICKET** ↓

Imperial Parking Canada Corporation

1.00
588810
**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK** ↓

Parking
OXFORD TOWER
GST# 123845679 RT 0018

04-11-2005 MON #0
3 HOUR 9.00
TOTAL 9.00
CATEND 20.00
CHANGE 11.00

ITEM 1
ICL 2786 14:21TH

Intaric
OXFORD TOWER
GST# 123845679 RT 0018

04-27-2005 WED #0
3 HOUR 9.00
CASH 9.00
ITEM 1
ICL 4497 17:45TH

Parking
OXFORD TOWER
GST# 123845679 RT 0018

04-29-2005 FRI #0
2 1/2 HOUR 7.50
CASH 7.50
ITEM 1
ICL 4837 17:30TH

Name _____
Amount Pd: *3:00*
Licence _____ Prov. *ON*
Make _____ Color *CHC*
Date _____

No 60832

Name _____
Amount Pd: *2.00*
Licence _____ Prov. *ON*
Make _____ Color _____
Date _____

No 81275

DETACH RECEIPT FROM TICKET


DATE ISSUED: _____ TIME ISSUED: _____ AMOUNT PAID: _____

CREDIT CARD NUMBER: _____

Y. Macewan

University of Alberta

RECEIPT



Name _____

Amount Pd: _____

Licence _____ Prov. _____

Make _____ Color _____

Date _____

№ 84490

Name Y. Macewan

Amount Pd: 13:57

Licence _____ Prov. AB

Make _____ Color _____

Date APR 13 2005

№ 80989

APPLICANT COPY

Name _____

Amount Pd: _____

Licence _____ Prov. _____

Make _____ Color _____

Date _____

№ 73202

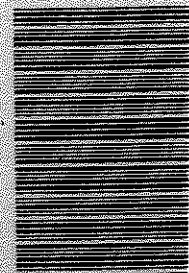
GRANT MACEWAN
ENTER: 16/12/04 16:20
 Exp. time: 7:15:00 PM
 Ticket : 317K7A900

AMOUNT	: \$5.00
CASH	: \$5.00
CHANGE	: \$0.00
CREDIT	: \$0.00



GRANT MACEWAN
ENTER: 16/08/04 07:38
 Exp. time: 08:25:00
 Ticket : 217JG3500

AMOUNT	: \$3.00
CASH	: \$3.00
CHANGE	: \$0.00
CREDIT	: \$0.00



Name _____

Amount Pd: _____

Licence _____ Prov. _____

Make _____ Color _____

Date _____

№ 84682

Handwritten scribble

THANK YOU FOR PARKING
IMPERIAL PARKING
MACDONALD ESTATES

04DEC02 16:35 001 002 #086913
EARLYBIRD \$7.50
TOTAL \$7.50
CASH \$7.50

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED

SCOTIA PLACE PARKADE
65TH 121791016

04JUN07 13:25 001 001
04JUN07 11:39 001 001 #031513
/ 1:46 #031513
=170864
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00

Handwritten scribble

TELUS PARKADE
65T INC. R#122388333

05MAR14 11:30 001 001
05MAR14 08:51 01
/ 2:39 #099099
=01001711
RATE 1 \$9.00
TOTAL \$9.00
CASH \$9.00

MANAGED BY
IMPERIAL PARKING

TELUS PARKADE
65T INC. R#122388333

04DEC14 12:53 001 001
04DEC14 09:42 66
/ 3:11 #091708
=66055984
RATE 1 \$10.00
TOTAL \$10.00
CASH \$10.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

Expert Parking
GST 896391380
LOT 107 METER #4
Expert Lot 107

Ticket Expires:
**11:46 AM Tue
Apr 26 2005**

Ticket: 0000012268
Time: 10:46am 2005 Apr 26
Price: \$4.00
Cash: \$4.00

**DISPLAY FACE
UP ON DASH**

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

ON DASH PLACE THIS SIDE UP ON DASH PLACE
IMPERIAL PARKING
IMPERIAL - 6600
IMPERIAL PARKING
IMPERIAL
TICKET VOID IF RE-SOLD
4 JAN 14 05
IMPERIAL FRI
IMPERIAL
TICKET VOID IF RE-SOLD
TICKET VOID IF RE-SOLD

ON DASH PLACE THIS SIDE UP ON DASH PLACE
IMPERIAL PARKING
IMPERIAL - 6600
IMPERIAL PARKING
IMPERIAL
TICKET VOID IF RE-SOLD
8:25AM THU
FEB 10 05
IMPERIAL
TICKET VOID IF RE-SOLD
TICKET VOID IF RE-SOLD

APPLICANT COPY

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

Ticket Expires:
10:25 AM Mon
Apr 18 2005

Ticket: 0000011396
Time: 8:55am 2005 Apr 18
Price: \$6.00
Cash: \$6.00

DISPLAY FACE
UP ON DASH

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

DATE 02/28/05
MID 45172234124
TIME 12:55
422234124

CON'S STEAK & FISH HOUSE
10309 81 AVE.
EDMONTON, AB.
T6E 1X3
780-439-0041

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

VISA
AUTH 046240 TABLE 30 CHECK 5324

PURCHASE DINING ROOM

AMOUNT 33.42
G.S.T. 2.34

SUBTOTAL \$ 35.76

TIP \$ 6.00

41.76

[Signature]

CUSTOMER

DATE 06/28/04
MID 4537281486
81486
TIME 13:11
2

CENTURY GRILL
3975 Calgary Trail South
Edmonton, Alberta
T6J 6S6

(780) 431-0303 Section 17(1),(4)(e.i)

VISA
AUTH 018353 TABLE 60 CHECK 6230

PURCHASE RESTAURANT ALLISON

AMOUNT 143.00
TAX 10.01

SUBTOTAL \$ 153.01

TIP \$ 20.00

TOTAL \$ 173.01

[Signature]

CUSTOMER COPY

APPLICANT COPY

** CUSTOMER COPY **

TRANSACTION RECORD 050126/08:47

RAMADA EDMONTON INN
11830 KINGSWAY AVEN
EDMONTON, AB
T56 0X5

CARD #

OP ID: 022

Section 17(1).(4)(e-i)
ACCOUNT TYPE: VISA
REFERENCE #: 0008832

PURCHASE

AMOUNT \$19.85

TIP : \$

TOTAL : \$

(001) APPROVED
AUTH #029200
THANK YOU

TERMINAL ID: 02462888
MERCHANT #: 00459792

Denny's
Denny's RESTAURANT
DOWNTOWN EDMONTON
EDMONTON AB

CARD NUMBER

EXPIRY DATE

CARD TYPE VISA

DATE/TIME

CLERK NUMBER

RECEIPT NUMBER

PRE-AUTHORIZATION

AMOUNT \$20.58

TIP

TOTAL AMOUNT

01 APPROVED - 027 AUTH, # 010553
THANK YOU

CARDHOLDER COPY

APPLICANT COPY

DATE 05/05/05
MID 4537281486
81486

TIME 13:47
2

Paterson
Century Grill
CENTURY GRILL
3975 Calgary Trail South
Edmonton, Alberta
T6J 6S6
(780) 431-0303
5/05

VISA
AUTH 035800
PURCHASE RESTAURANT MIKE S
AMOUNT 219.10
TAX 13.36

TABLE DU CHECK 1139

SUBTOTAL \$ 232.46
TIP \$ *23.24*
TOTAL \$ *255.70*

CUSTOMER COPY

DATE 04/05
MID 9711

18

Paterson

Best copy available

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

VISA
AUTH
PURCHASE
AMOUNT
SUBTOTAL \$
TIP \$ *28.00*
TOTAL \$

Paterson

APPLICANT COPY

DATE 04/15/05 TIME 13:38
MID 451220639910 20639910

CHIANTI'S-EDMONTON
10501 32ND AVE.
EDMONTON, AB.
T6E 2A3
780-439-9829
G.S.T #R100947316

Spencer

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

UIC [REDACTED]
AUTH 07777 TABLE 11 CHECK 3224

PURCHASE Restaurant TROY

AMOUNT 27.56
G.S.T. 1.93

SUBTOTAL \$ 29.49
TIP \$ 4.00
TOTAL \$ 33.49

CUSTOMER COPY

DATE 02/08/05 TIME 12:58
MID 451220639910 20639910

CHIANTI'S-EDMONTON
10501 32ND AVE.
EDMONTON, AB.
T6E 2A3
780-439-9829
G.S.T #R100947316

Spencer

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

UIC [REDACTED]
AUTH 003268 TABLE 19 CHECK 1835

PURCHASE Restaurant Allen Z

AMOUNT 28.92
G.S.T. 2.02

SUBTOTAL \$ 30.94
TIP \$ 4.50
TOTAL \$ 35.44

CUSTOMER COPY

APPLICANT COPY

John McPhail Expense Summary
 2005-2006
 Functional Centre: 201.9000.71120200001

Accounting Period	Invoice Number	CATEGORY							Total	Comments
		Taxi 62410001	Travel- Local/Parking 52410000	Travel in Province 62412000	Travel-Out of Province 62414000	Miscellaneous 69500000	Meals 69600000	GST		
JUN-06	REIMBURSE-31MAY05	14.02	347.90			273.07	555.60	80.43	1,271.02	MILE/PARK/MEALS/CAB/MISC MAY26/04-MAY31/05
	1st Quarter Total	14.02	347.90	-	-	273.07	555.60	80.43	\$ 1,271.02	
SEP-06	REIMBURSE-15SEP05	77.57	143.97		853.73		194.49	84.85	1,354.61	WINNIPEG/HAMILTON/MEALS/MILE - JUN01-SEP15/05
	2nd Quarter Total	77.57	143.97	-	853.73	-	194.49	84.85	\$ 1,354.61	
DEC-06	REIMBURSE-30NOV05		299.16	193.62			179.66	43.84	\$ 716.28	MILEAGE/PARK/MEALS/CALGARY- SEP16-NOV 30/05
	3rd Quarter Total	-	299.16	193.62	-	-	179.66	43.84	\$ 716.28	
JAN-06	REIMBURSE-31DEC05			30.62			53.05	5.26	88.93	MEALS/PARK/MILE DEC01-31/05
FEB-06	REIMBURSE-31JAN06		75.33				5.27	5.27	80.60	PARKING/MILEAGE DEC21-JAN30/06
MAR-06	REIMBURSE-28FEB06		61.21				4.29	4.29	65.50	MILEAGE/PARKING FEB01-28/06
	4th Quarter Total	-	75.33	30.62	-	-	53.05	10.53	\$ 169.53	
	Total to Date	91.59	866.36	224.24	853.73	273.07	982.80	219.65	\$ 3,511.44	

J. McPhail



APPLICANT COPY

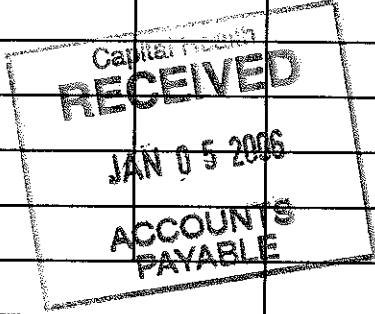
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: December 1, 2005 to December 31, 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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$88.93	<input checked="" type="checkbox"/>
			- 32.76w				<input type="checkbox"/>
		69600 =	47.67w 8.50w				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>



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: *J McPhail* Date: January 3, 2005

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

CHECK # 2409 DATE 12/07/05
TABLE # 10 TIME 12:27
=====

-- RESTAURANT : CHARLENE --

ITEMS ORDERED	AMOUNT
1 YESTERDAYS BOWL	6.00
1 SPINACH SALAD	9.00
1 Grilled chicken	5.00
1 side butter	0.00
1 side bread	0.00
1 COFFEE	2.50
1 TEA	

SUBTOTAL
TAX

TOTAL 26.76

"We've Raised the Steaks"
Join us at our newest concept
LUX Steakhouse + Bar
101 & 101 Street

How Do You Get Your Jollies?
Purchase Our Holiday Gift Certificates!
Available in \$20, \$50, and \$100 Denoms.
The Gift Everyone Will Enjoy Returning

3975 Calgary Trail South
Edmonton
GST #865789382

lular centurysgrill.com

DATE 12/07/05 TIME 12:32
MID 4537281486 2
81486

CENTURY GRILL
3975 Calgary Trail South
Edmonton, Alberta
T6J 6S6

Section 17(1),(4)(e.1)
481-0303

V.I.S.A.
AUTH 053465

TABLE # 10 CHECK 2409

PURCHASE BY UNIT CHARLENE

AMOUNT 26.00
TAX 1.13

SUBTOTAL \$ 26.76

TIP \$ 4.50

TOTAL \$ 31.26

COPY

APPLICANT COPY

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

CHECK # 9921
TABLE # 14

DUPLICATE CHECK *****

DATE 12/09/05
MID 451220639910

TIME 13:08
20639910

-- Restaurant : TROY

CHIANTI'S-EDMONTON
10501 82ND AVE.
EDMONTON, AB.
T6E 2A3
780-439-9829
G.S.T #R100947316

De 9/25 AP
Don
Ex
A.H.V.

ITEMS ORDERED AMOUNT
1 DI CESARE 5.99
1 1/2 MISTA 2.59
1 1/2 LING SALUTE 4.99
1 DIET COKE 1.99
2 COFFEE 3.98

VISA
AUTH 040393
TABLE 14 CHECK 9921

PURCHASE Restaurant TROY

SUBTOTAL 19.54
G.S.T. 1.37

AMOUNT 19.54
G.S.T. 1.37

TOTAL DUE 20.91

SUBTOTAL \$ 20.91

CHIANTI CAFE & RESTAURANT GST#106189202
PLEASE PAY SERVER

TIP \$ 4.00

TOTAL \$ 24.91

* THANK YOU FOR YOUR PATRONAGE *
* * *
* PLEASE COME AGAIN *

CUSTOMER COPY

APPLICANT COPY

*Self Pk
Downtown
Chickens*

Grant MacEwan C.C.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date: 01/12/2005 17:39:41
Subtotal: \$3.00
Amount Given: \$3.00
Change: \$0.00
TOTAL: \$3.00

Name: _____
Amount Pd: 3.00
Licence: _____ Prov. 9
Make: DEC 09 2004 Color: _____
Date: _____
No 85415

Name: Intervent
Amount Pd: 13:35
Licence: CHC Prov. 00
Make: _____ Color: NOV 30 2005
Date: _____
No 86064

Name: _____
Amount Pd: 2.00
Licence: CHC Prov. _____
Make: 7 Color: _____
Date: _____
No 87157

Name: _____
Amount Pd: 8.50
Licence: _____ Prov. ✓
Make: DEC 13 2005 Color: 12:07
Date: _____
No 85603

*5016 mtd
LATA 00.0*

DETACH RECEIPT
503043

**503043
FACE UP
ON DASH**

**WARNING
YOUR RISK
SEE BACK OF TICKET ↓**

RED



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: January 1, 2006 to January 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000		✓	\$80.60	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
 FEB 09 2006
 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: *J McPhail* **Date:** *February 2, 2006*

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: President and CEO	Phone # 407-8008
<i>(Signature)</i> <i>Weatherill</i>		Date <i>Feb. 8/06.</i>
Approved By: <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ JAN 16 2005 _____
Date _____ No 88958

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ JAN 23 2005 _____
Date _____ No 87582

APPLICANT COPY

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____ No 87355

TICKET VOID IF RE-SOLD
 IMPARK
APPLICANT COPY
 IMPERIAL PARKING
 UP ON DASH

PLACE THIS SIDE UP ON DASH
 IMPARK
 Meter: 02020501
 1910: 020700
 Time: 4:00 PM JAN 11
 Price: \$ 2.00
 Pieces:
4:30 PM WED
JAN 11 06
 INSTRUCTIONS ON BACK
 Please remember the
 parkade will close 4:30

Name _____
 Amount Pd: 4.00 CAC
 Licence _____ Prov. 15101
 Make JAN 06 Color _____
 Date _____
 No 87974

DISPLAY THIS SIDE UP ON DASHBOARD
 EXPIRATION DATE EXPIRATION TIME

10/01/06 14:58

AMOUNT PAID
 \$ 5.00 24570000 13:28

DETACH RECEIPT FROM TICKET
 DATE ISSUED TIME ISSUED AMOUNT PAID

10/01/06 13:28 \$ 5.00

CREDIT CARD NUMBER

Capital PARKING RECEIPT **Capital PARKING**
 NON-TRANSFERABLE 061314 061314
 CAC

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

**DO NOT LEAVE
 ITEMS VISIBLE IN
 VEHICLE**



Rcpt# 27763
 01/26/06 21:03 LH 2 AR 15 TAX 12200
 01/26/06 17:23 In 01/26/06 21:03 5.00
 Tkt# 250185
 Regular Rate \$ 4.67
 Total Tax \$ 0.33
 Total Fee \$ 5.00 ←
 CASH PAID \$ 5.00
 Cash Tender \$ 5.00
 Change Due \$ 0.00
 THANK YOU
 COME AGAIN

**CAR AND
 CONTENTS LEFT
 AT OWNER'S RISK** No **89514**

IN 16:00
OUT
 JAN 20 2006
 Paid

Please leave this pass with parking lot attendant on exit
 Amount PD ✓

Charlotte

JAN

Meeting Feb 23/06

HSA officer - Re
Attn
HOA / Radiation Tech.
Council

PARKING

\$ 3.00

[Signature]

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking
 Lot 02-32
 GST #88731 5638 RT0001 *CHK*
 Machine Serial #:000005071051

EXPIRY DATE AND TIME EP 10:27am
 JAN 10,2006 JAN 10,2006

EXP 10:27am

JAN 10,2006

TICKET# LOT#
00015958 00020032

C \$0006.00 MACH# 001
 FOLLOW INSTRUCTIONS ON SIGNS POSTED 06:56am
 Purchase Time

Life# 00020032
 MACH# 001
 T# 00015958
 C \$0006.00
 JAN 10,2006
 06:56am
 Purchase Time

Park 1 1/2 Hr \$6.00

Questions/Comments?
 Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

Charlotte

Parking

Jan 25/06

\$ 5.00

@

CHC

✓

Charlotte

Meter Parking @ CHC

Jan 30/06 (Monday)

\$ 4.00

APPLICANT COPY

van Gelder, Charlotte

From: Tailleur, Lorraine
Sent: Thursday, February 16, 2006 12:00 PM
To: van Gelder, Charlotte
Cc: Tailleur, Lorraine
Subject: FW: John McPhail

Capital Health
Director, Accounting Services

FEB 17 2006

Attachments: CHCFIN1920060216111057.pdf



CHCFIN19200
16111057.pdf (1

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Charlotte

Please find attached an expense claim that was submitted for John McPhail. Could you please provide additional details on the attached items or have Sheila or Allaudin initial and return to myself.

Lorraine Tailleur
Administrative Assistant
Capital Health
Accounting Services
CHC, 10th Floor North Tower
10030-107 Street
Edmonton, AB T5J 3E4
Phone: 735-0348
Fax: 735-0347

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Pauea -

*Can you please ask Sheila is
to sign the last 3 pages. This was
John's for meter parking so he didn't
have receipts.*

*Thanks,
Charlotte.*

APPLICANT COPY



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: January 1, 2006 to January 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (Including GST)	✓ if GST included
201	9000	71120200001	62410000			\$80.60	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
 FEB 09 2006
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: *J McPhail* Date: *February 2, 2006*

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date Feb. 8/06.
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Bankette

JAW

Meeting ~~for~~ 2/23/06

HSA Officer - Pa

HSA ^{ATM} Reduction Fund Council

PANKING

\$ 3.00

✓

Not a real receipt.

SW


Sheila Weatherill's
Initials

Sheila

Milton Park Inc @ CHC

Jan 30/06 (Monday)

\$ 4.00



Not a real receipt



Sheila Weatherill
Initials

Handwritten notes including:
CITC
@ 5.00
5/21/06
CMT/K...
C.../06

Not a real receipt.

SW
Sheila Weatherill's
Initial

APPLICANT COPY



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: January 1, 2006 to January 31, 2006	

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201	9000	71120200001	62410000			\$80.60	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
FEB 09 2006
ACCOUNTS
PAYABLE

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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: *J McPhail* Date: *February 2, 2006*

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: President and CEO	Phone # 407-8008
<i>[Signature]</i>		Date Feb. 8/06.
Approved By:	Title:	Phone #
<small>(Signature)</small>		Date

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Bankette

JAW

Meeting ~~ET~~ 23/06

HSA Office - R

HP ~~HP~~ ^{Atto} Radcliffe Hall
Council

PARKING

3.00

R

Check the

Meter Parking @ CHC

Jan 30/08 (Monday)

\$⁴ 4.00

[Signature]

APPLICANT COPY



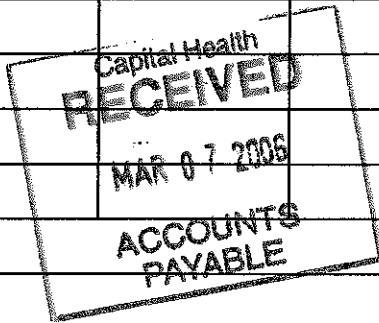
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: February 1, 2006 to February 28, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$65.50	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>



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: *J McPhail* **Date:** March 1, 2006

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

Charlotte

Parking CASH - Meter

Wed Feb 22, 2006.

CAC

\$ 8.00

*in lieu of
meter receipt*

X

Approved.

Sheila Weatherill

Sheila Weatherill
President & CEO

B

Name C.O.
Amount Pd: _____
Licence EE Prov. 1 0000
Make CHC Color _____
Date No 92649 B

Name 10.0
Amount Pd: _____
Licence _____ Prov. 08/2006
Make _____ Color Blue
Date No 91612 B

Name F. J. 16:38
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date FEB 27 2000
No 93476

APPLICANT COPY
Name CHC
Amount Pd: 10.00
Licence _____ Prov. 12:5
Make FEB 24 2000
Date _____
No 93328

2006
FEB 24 2006
Adult \$2.25
Expires FEB 01/06 14:05
000000275-1-01
Health Science Station TMS0050
This side up, insert this end.

2006
FEB 24 2006
Adult \$2.25
6#01 1555 *ET\$
#102



LOCAL TRAVEL EXPENSE CLAIM

From: June 1, 2005 To: September 15, 2005

Employee's Name: John McPhail
 Position: Vice President - Human Resources
 Department: Human Resources
 Cost Centre: 201 9000 71120200001 62410000

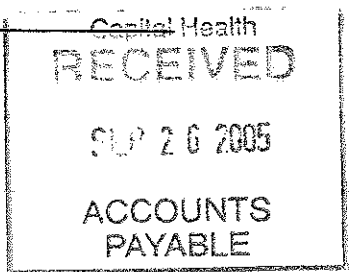
Reimbursable Expenses:

Mileage (from reverse page)	\$	98.04	✓
Parking (from reverse page - receipts attached)	\$	56.00	✓
Meals (receipts attached) 174.93w 31w	\$	205.93	✓
Cab Fare (receipts attached)	\$	83.00	✓
Other (Retirement Gift and Magazines) 885.26w 26.38w 62414000 Winnipeg/Hamilton	\$	911.64	
TOTAL CLAIM:	\$	1,354.61	

COMMENTS: "OTHER" includes reimbursement of return airfare to Winnipeg and hotel accommodation costs.

Employee's Signature: [Signature]
 Authorization: [Signature]

Date: 09/15/05
 Date: Sept. 21/05



630.60



FLY/VOI 0107 GALT/PR1 G

23AUG05
MCPHAIL/JOHN

BOARDING TIME 03:00 PM
HEURE D'EMBARQUEMENT 03:00 PM
SEC

DEP WINNIPEG

04:20PM

ARR EDMONTON

06:10PM

FARE/TARIF

257.00 FEEY HADIF

4.67

FUEL/INS/NAV/ASS/CAR

18.00 TAXI FEE

9.66

GST/HST/TPS/TVH (866112535)

20.63 AEF/RAWINNIPEG

11.00

TOTAL/TOTALES

315.30



FLY/VOI 0000

16

23AUG05
MCPHAIL/JOHN

BOARDING TIME 09:35 AM
HEURE D'EMBARQUEMENT 09:35 AM
SEC

DEP EDMONTON

10:05AM

ARR WINNIPEG

01:45PM

FARE/TARIF

4.67

FUEL/INS/NAV/ASS/CAR

18.00

9.66

GST/HST/TPS/TVH (866112535)

20.63 TAXI FEE

11.00

AEF/RAEDMONTON

11.00

TOTAL/TOTALES

77.30

APPLICANT COPY

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FLIGHTS • WESTJET GUEST • TRAVEL TIPS • REWARDS & AIRMILES • TRAVEL OFFERS • ABOUT US • THE EXPERIENCE

travel itinerary



To protect the confidential information you have entered while booking this flight, please ensure you close all browser windows before leaving this computer unattended.

Confirmation

Booking date: 21 Aug 05

Confirmation number:

OIEMBN CONFIRMED

Status:

Your online reservation is now complete. An email confirmation is already on its way to you if you selected this option in the payment form. Thank you for flying with WestJet.

This confirmation number confirms your booking. Please record this number or print this page for your records.

What would you like to do next?

- >> Save My Info
>> Print This Itinerary
>> Book Another Flight
>> Book a Hotel
>> Book a Car
>> RBC Travel Insurance

(One Air Time Charge)

Click here to view customs document requirements for between Canada

Departing

From Edmonton, AB (YEG) to Winnipeg, MB (YWG) -

Tuesday, 23 Aug 05

Flight WS 62

Depart Edmonton, AB (YEG) at 10:05 and arrive in Winnipeg, MB (YWG) at 13:45

(Air Time 2:40 Min)

Returning

From Winnipeg, MB (YWG) to Edmonton, AB (YEG) -

Tuesday, 23 Aug 05

Flight WS 107

Depart Winnipeg, MB (YWG) at 16:20 and arrive in Edmonton, AB (YEG) at 18:10

Do you have special needs?

Please call our Sales Centre at 1-800-561-5611 if you have any special needs including oxygen, medication, wheelchair, etc.

(Air Time 1:50 Min)

Who is Booking

MCPHAIL

Section 17(1)

Who is travelling

1 Guest:
Guest 1: JOHN MCPHAIL

Booking for 10 or more guests? WestJet offers great rates to 10 or more people travelling on the same itinerary. You can take advantage of group fares on our jet aircraft, and you'll enjoy the friendly WestJet service.

Total Cost

Table with 2 columns: Description and Price. Total for 1 Guest: \$630.60 CAD.

Billing Information

Payment via Credit Card
Form of payment: CONFIRMED
Cardholder name: John McPhail
Card Number: [Redacted]
Payment amount: \$630.60 CAD

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

One-way fares - savings!

We don't penalize you for booking only one way. You'll get the same fair price.

Is your child flying?

WestJet will supercharge Unaccompanied Minors. Meet by the design...

Rules & Other Stuff

APPLICANT COPY

Fare Rules:

- REGULAR FARES:
- Change and cancellation guidelines are based on the fare which is being changed or cancelled.
- After the day of booking, changes to this fare are subject to a minimum \$30.00 CAD/USD change fee (plus tax) and any difference in fare, per person. Name changes are subject to \$30.00 CAD/USD fee (plus tax).
- After the day of booking, all fares, taxes, and fees are non-refundable, however, they may be used as credit towards a future flight with WestJet.
- Cancellations are subject to a \$30.00 CAD/USD cancellation fee (plus tax) per person.
- Credit files are created for the remainder of the funds, and will expire after one year.
- Changes and cancellations are accepted up to 2 hours prior to flight, however, guests who do not show up for a flight do not receive a credit or a refund.

parent/guardian u
at their destinatio
flight, children wil
at the front of the
supervised by a fr
WestJet Flight Att

Terms & Conditions:

- For Domestic Flights: Identification will be checked for adults 16 years of age and older. Please check-in a minimum of 60 minutes prior to scheduled departure. Although we will do our best to assist, guests arriving less than 20 minutes prior to the scheduled departure may be denied boarding.
- For Flights to/from the U.S: all guests will need to meet entrance requirements at customs for identification and proof of citizenship. Please check-in a minimum of 2 hours prior to scheduled departure.
- In Toronto, you'll find WestJet at Terminal 3 at Pearson International Airport
- Changes or cancellations may be made up to two hours prior to departure time; and, depending on the fare being changed, may be subject to a \$30 CAD/USD fee per person plus the upgrade in fare. All monies paid to WestJet in the form of fares, fees, surcharges, and taxes are non-refundable but may be credited to a WestJet credit file, to expire one year from the cancellation date.
- Some promotional fares may have additional fare rules specified at time of booking; for example, WestJet and Mosaik(R)Mastercard(R)* Companion flights can not be changed or cancelled.
- Missed flights are non-refundable and non-creditable.
- WestJet charges \$1 per headset on all of our flights offering live satellite television. WestJet encourages you to bring your own headsets, as our live satellite television is compatible with most commercial electronic devices. If you do decide to purchase WestJet headsets, please take them home for your own personal use, and remember to bring them with you on your next WestJet flight. Not all of WestJet's aircraft are currently equipped with live seatback television.
- On flights less than 2.5 hours long, light snacks and beverages will be served by our friendly flight attendants. Guests are also more than welcome to bring their own food onboard. On most flights more than 2.5 hours long, WestJet offers a food service program called Buy on Board. Food items sold onboard range from \$2 to \$5.
- WestJet's baggage allowance is two checked bags (max wt 32kg/70lb per bag with total length+width+height 155cm /62") plus two pieces of carry-on baggage which must fit into each of the sizing devices (1 item at 55cmX23cmX40cm / 21.5"X9"X15.5" and 1 item at 43cmX16cmX33cm /16.5"X6"X13"; max wt 10kg/ 22lb per piece) per person.
- In the carriage of baggage, the liability of WestJet in the case of destruction, loss or damage is limited to \$250.00 CAD per ticket per incident, for Domestic flights. For flights to or from the United States to Canada, the liability of WestJet in the case of destruction, loss or damage is limited to 1,000 Special Drawing Rights ("SDRs") per person per incident as dictated by the Montreal Convention. 1000 SDRs is equivalent to approximately \$1,900.00 CAD or \$1,500.00 USD. WestJet assumes no liability for fragile, valuable or perishable articles, or if damage results from the inherent defect, quality or vice of the baggage. Guests may be asked to complete a Luggage Liability Release Form upon checking such items in. WestJet does not compensate for zippers, scuffs, scratches, nicks, dents, missing straps, feet, clips and wheels, exterior tube handles, or similar damage attributable to normal wear and tear. Damage resulting from a suitcase being over-packed or overweight is not covered. Please inform us of any loss or damage to luggage within 1 hour of your arrival.
- Most Airport Improvement Fees (AIF) are collected by WestJet at the time of booking. The Moncton AIF is collected at the airport upon departure.
- GST (7%) is collected on all flights.
- HST (15%) is collected for flights/services out of Atlantic Canada.
- QST (7.5%) is collected for flights/services out of Quebec.
- A Security Tax (Air Traveller's Security Charge) of \$4.68 CAD (plus GST or HST) per person, per one way flight, is collected on all flights.
- A Nav Canada/Insurance Surcharge is collected on all flights. On U.S. originating flights, the Nav Canada Surcharge is included in the basefare.
- For travel to and from the United States, the following taxes and fees may be added: U.S. International Tax, U.S. INS Fee, Passenger Facility Charge (PFC), U.S. September 11 Security Fee, and the U.S. Transportation Tax.
- Remember - if you booked online and entered your AIR MILES(R) Collector Number, the reward miles you earned for this transaction will be credited to your Collector Account within two to four weeks of when your travel is completed.
- Visit www.airmiles.ca or call AIR MILES at 1-888-AIR-MILES (1-888-247-6453) for details about your collector account.
- WestJet is pleased to offer further travel assistance with the following list of our preferred partners and

APPLICANT COPY

their toll free numbers. Contact them today for services across North America. Budget Car & Truck Rental 1-800-220-0485 National Car Rental 1-888-354-2322 Ramada Hotels 1-866-511-2777 Travelodge Hotels 1-866-860-0285 Delta Hotels (Canada Only) 1-866-674-8461
- Don't forget to pack your insurance while travelling. Purchase travel insurance offered by RBC Travel Insurance Company by calling 1-866-812-3935 or online at www.westjet.com. WestJet is not offering insurance or acting as the agent of RBC Insurance.

[book another trip](#)

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westjet_release_2005_1_content_4_branch_3_1_0_209_2005_08_17_18_52_13_342

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APPLICANT COPY

KITTLING RIDGE WINERY INN
4 WINDHORD DRIVE GRIMSBY ON
ID: A5289632
STORE: 5289632 SLIP #: 9240
PRE-AUTH ~~\$300.00~~

CUSTOMER/CLIENT

POURBOIRE/TIP \$ _____

TOTAL \$ 281.04

SIGNATURE X _____
Section 17(1),(4)(e.i)

VISA _____ M

SEQ 499001001004 AUTH 072963 ISO -001
APPROVED
DATE Sep 11 2005 TIME 1 28 pm

Kittling Ridge Winery Inn
4 Windward Drive
Grimsby, ON
L3M 4E8

Telephone: 905-309-7171 Fax: 905-309-7172

John McPhail

Page # 1
 Res. # 060562
 Checked in Sun Sep 11/05 - 7:28 pm
 Checked out Tue Sep 13/05 - 11:56 am
 Nights 2
 Room Rate 119.00
 Room 511

Section 17(1)

Group: Hamilton Health Sciences

Date	Description	Reference	Charges	Credits
Sep11	Group Rates		119.00	
Sep11	GST		8.33	
Sep11	PST		5.95	
Sep12	Group Rates		119.00	
Sep12	GST		8.33	
Sep12	PST		5.95	
Sep13	Dining Room Charge	Chit# 1011	14.48	
Sep13	PAID BY VISA - Thank you			281.04
			0.00	-----
			281.04	281.04

Thank you for choosing Kittling Ridge Winery Inn and Suites

Our G.S.T. # is 881057822

Charge Summary:

GST
 PST

16.66
 11.90

254.66 w
 26.38 n

APPLICANT COPY

Name _____
 Amount Pd: \$ 12:42
 Licence _____ Prov. _____
 Make _____ Color _____
 Date JUL 28 2005
No 91175

Name _____
 Amount Pd: 1.00
 Licence _____ Prov. _____
 Make _____ Color _____
 Date _____
No 92653

Name _____
 Amount Pd: \$ 17:16
 Licence _____ Prov. CAC
 Make _____ Color _____
 Date JUL 23 2005
No 91010

Name _____
 Amount Pd: 12:52
 Licence \$ _____ Prov. _____
 Make _____ Color _____
 Date AUG 04 2007
No 91860

Name _____
 Amount Pd: \$ 16:15
 Licence _____ Prov. CAC
 Make _____ Color _____
 Date JUL 13 2005
No 90623

Name _____
 Amount Pd: CAC 1.00
 Licence _____ Prov. _____
 Make Epson 14:46
 Date JUN 1 2002
No 87987

APPLICANT COPY



RECEIPT FOR CAB FARE

Date Sept 11/05
 Amount 65.00

From Falony's Amcater
 To Killing Ridge
 Cab No. 828 Driver LW

(G.S.T INCL.)
 GST# R100552058

525-BLUE

THANK YOU



RECEIPT FOR CAB FARE

Date Sept 11/05
 Amount 1.8

From Ham Park
 To 534 Garner Rd E. Anc
 Cab No. 199 Driver S Ahmed

(G.S.T INCL.)
 GST# R100552058

525-BLUE

THANK YOU

Parking
 OXFORD TOWER
 GST# 123845679 RT 0018

07-19-2005 TUE #0

1 HOUR CASH 3.00
 3.00

ITEM 1
 ICL 3742 11:44AM

Parking
 OXFORD TOWER
 GST# 123845679 RT 0018

08-02-2005 TUE #0

1 HOUR CASH 3.00
 TOTAL 3.00
 ATTEND 3.00
 CHANGE 7.00

ITEM 1
 ICL 5748 11:40AM

Parking
 OXFORD TOWER
 GST# 123845679 RT 0018

07-19-2005 TUE #0

2 1/2 HOUR CASH 7.50
 7.50

ITEM 1
 ICL 3741 11:44AM

TICKET VOID IF RE-SOLD

Parking

INFERIAL PARKING

38036621

11:21 AM FRI

AUG 12 05

INSTRUCTIONS: Please refer to the back of this ticket for full details.

ON DASH

PLACE THIS SIDE UP ON DASH

PLACE

DETACH RECEIPT FROM TICKET

DATE ISSUED	TIME ISSUED	AMOUNT PAID
29/08/05	06:22 PM	\$ 2.00

CREDIT CARD NUMBER

Affirmed

University of Alberta

RECEIPT



SEE BACK OF TICKET

July 19/05
2.00 parking

486932
FACE UP
ON DASH

WARNING
 YOUR RISK
 SEE BACK OF TICKET

EDMONTON AIRPORTS

GST# R12859775%

Car park 0900001003 Phone: (780)590-8439
Fax: (780)890-8329

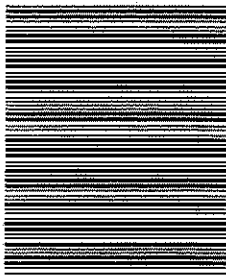
Receipt no. 0053761610307 23 06 05

015100 pay parking ticket 8.00 \$
23 08 05 08:51 - 23 08 05 09:00
Length of stay: 5 Ds 4 hrs 31 min.

total amount 8.00 \$
change 0.00 \$
Tax 7.00 \$
0.52 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

GRANT, MACEWAN
ENTER: 15/08/05 08:02
Exp. time: 08:30:00
Ticket : 217L0Z700
AMOUNT : \$2.00
CASH : \$2.00
CHANGE : \$0.00
CREDIT :



PARKING
CMI

DATE 07/19/05 TIME 12:50
MID 451220639910 20639910

CHIANTI'S-EDMONTON
10501 82ND AVE.
EDMONTON, AB.
T6E 2A3
780-439-9829
G.S.T #R100947316

VISA AUTH 014468 TABLE 20 CHECK 2561
PURCHASE Restaurant Jeff L
AMOUNT 25.90
G.S.T. 1.87
SUBTOTAL \$ 27.78
TIP \$ 5.00
TOTAL \$ 32.78

CUSTOMER COPY

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

DATE 06/23/05 TIME 13:50
MID 4537281486 81486 2

CENTURY GRILL
3975 Calgary Trail South
Edmonton, Alberta
T6J 6S6
(780) 431-0303

VISA AUTH 055345 TABLE 3 CHECK 9698
PURCHASE RESTAURANT DIANA
AMOUNT 31.00
TAX 2.18
SUBTOTAL \$ 33.18
TIP \$ 5.00
TOTAL \$ 38.18

CUSTOMER COPY

CHANGE

James H. [Signature]
4342 3 6 50016

20 JUN, 2005 THE OLIVE GARDEN 1:30 PM

Server : DANIEL H
Cashier: DANIEL H
Check : 6601
Table : 4

STORED ORDER

L CHICK PARM	9.95
* salad	
L CHICK PARM	9.95
* salad	
PIZZA CHICK ALFREDO	5
RAMEKIN OF ALFREDO	
* salad	
COFFEE	2.35
COFFEE	2.35
COFFEE	2.35

GST EAT IN 2.65 40.55

Deficit 6.00
TAKE OUT IS AVAILABLE IN SINGLE OR GROUP PORTIONS. SEE SERVER FOR DETAILS.
GST NUMBER: 8994576758

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

DATE 08/23/05
MID S05261219
61219
TIME 15:13
52

FOUR POINTS
1999 WELLINGTON AVENUE
WINNIPEG, MANITOBA
R3M 1H5
PHONE (204) 775-5222 FAX (204) 775-5333

VISA
AUTH 014411 TABLE 67 CHECK 8110

PURCHASE	LOUNGE	Share
AMOUNT		20.15
GST		1.41
PST		1.41

SUBTOTAL \$ 22.97
TIP \$ *5.00*
TOTAL \$ *27.97*

CUSTOMER COPY

APPLICANT COPY

FALONEY'S OF ANCASTER INC.
534 GARNER RD
ANCASTER ON

*Immer VIP Affairs
Candidate
Sept 11/11*

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 0545
DATE/TIME	2005/09/11 18:13:23
CLERK NUMBER	10
RECEIPT NUMBER	S80564528-050-003
AUTHORIZATION	-----
AMOUNT	\$50.45
TIP	<i>10.00</i>
TOTAL AMOUNT	<i>60.45</i>

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

01 APPROVED 027 AUTH. # 024991
THANK YOU

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

[Signature]

JOHN D MCPHAIL



Memorandum

Accounting Services

DATE: November 30, 2005

TO: *John McPhail*
Vice President Human Resources

FROM: Vicky Afacan
Senior Director Accounting Services

SUBJECT: Expense Claims

All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claims that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
June 1 – Sept 16	\$630.00	Airline ticket was not purchased through AMEX
August 2005	\$159.38	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver).

Attached are copies of the above expense claims for your reference. Please forward the necessary documentation to my attention at Capital Health Centre 10th floor Accounting Services.

Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely,

Vicky Afacan

APPLICANT COPY



Capital Health

FAX
URGENT
REGULAR

Capital Health
Director, Accounting Services



DEC 01 2005

DATE: Dec 15/05

TO: Vicky Mason

DESTINATION FAX NUMBER: 735-0347

SENDER: John McPhail, Vice President - Human Resources

Number of pages including cover: _____

MESSAGE:

Re Expense Claims

Vicky see enclosed up date.

This facsimile transmission is intended for the use of the person(s) named above ONLY and may contain information that is privileged or confidential. Any other distribution, copying or disclosure is strictly prohibited. If you are not the intended recipient, or have received this transmission in error, please notify the sender immediately by telephone at (780) 407-7297.

Human Resources
1J2.16 WMC
8440 - 112 Street
Edmonton, Alberta
T6G 2B7

Phone: (780) 407-7297
FAX: (780) 407-8701
E-Mail: cvangeld@cha.ab.ca

APPLICANT COPY



Capital Health

Accounting Services

Memorandum

DATE: November 30, 2005
TO: John McPhall, Vice President Human Resources
FROM: Vicky Afacan, Senior Director Accounting Services

SUBJECT: Expense Claims

All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claims that require additional information in order to comply with the Directive:

Table with 3 columns: Expense Claim, Amount, Information required. Rows include June 1 - Sept 16 (\$630.00) and August 2005 (\$159.38).

Attached are copies of the above expense claims for your reference. Please forward the necessary documentation to my attention at Capital Health Centre 10th floor Accounting Services.

Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely,

[Signature]
Vicky Afacan

Dec 15/05
To Vicky Afacan

1) This was a "rush" interview of a Senior Candidate for the position of V.P. Public Affairs.
2) I was requested to fly to Winnipeg by 3:00 to do an assessment of the candidate prior to leaving for U.K. leave.
J. McPhall

3) Luke has signed off on the meal expenses (see attached)
X

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travel itinerary



To protect the confidential information you have entered while booking this flight, please ensure you close all browser windows before leaving this computer unattended.

Confirmation

Booking date: 23 Aug 05

Confirmation number:

Status:

**OIEMBN
CONFIRMED**

Your online reservation is now complete. An email confirmation is already on its way to you if you selected this option in the payment form. Thank you for flying with WestJet.

This confirmation number confirms your booking. Please record this number or print this page for your records.

What would you do it

- >> Save My Info
- >> Print This It
- >> Book Another
- >> Book a Hotel
- >> Book a Car
- >> RBC Travel I

(One Air Time Charge)

Click here to view customs document requirements for between Canada

(Air Time 2:15/Day)

Departing

From Edmonton, AB (YEG) to Winnipeg, MB (YWG) -

Tuesday, 23 Aug 05

Flight WS 62

Depart Edmonton, AB (YEG) at 10:05 and arrive in Winnipeg, MB (YWG) at 13:45

Returning

From Winnipeg, MB (YWG) to Edmonton, AB (YEG) -

Tuesday, 23 Aug 05

Flight WS 107

Depart Winnipeg, MB (YWG) at 16:20 and arrive in Edmonton, AB (YEG) at 18:10

Do you have special needs?

Please call our Safe Centre at 1-800-5... you have any special including oxygen medication, wheel

(Air Time 2:15/Day)

Who is Booking

MCPHAIL

Who is travelling

1 Guest:
Guest 1: JOHN MCPHAIL

Section 17(1)

Booking for 10... WestJet offers great rates to 10 or more travelling on the same itinerary. You can take advantage of group fly in style in our jet aircraft, and with the friendly WestJet

Total Cost

Total for 1 Guest	
Fare price	\$ 514.00 CAD
Taxes, Fees and Surcharges	\$ 116.60 CAD
Total price	\$ 630.60 CAD

Billing Information

Payment via Credit Card	Section 17(1),(4)(e.i)
Form of payment	
Payment Status	CONFIRMED
Cardholder name	John McPhail
Card Number	
Payment amount	\$630.60 CAD

One-way fares - savings!
We don't penalize only one way. You same fair price.

Rules & Other Stuff

Is your child fly? WestJet will super Unaccompanied meet by the design

✓



LOCAL TRAVEL EXPENSE CLAIM

From: September 16, 2005 To: November 30, 2005

Employee's Name: John McPhail
 Position: Vice President - Human Resources
 Department: Human Resources
 Cost Centre: 201 9000 71120200001 62410000

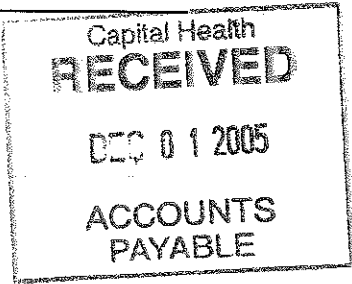
Reimbursable Expenses:

Mileage (from reverse page)	\$		117.80	
Parking (from reverse page - receipts attached)	\$		-	
Meals (receipts attached)	\$		126.25	
Cab Fare (receipts attached)	\$		-	
Other (Retirement Gift and Magazines) <i>Hotel Calgary</i>	\$	<i>65.49</i>	<i>25.00</i>	190.49
	\$		-	
	\$		75.08	61.08
	\$		-	14.00
	\$	<i>199.33</i>	<i>7.33</i>	206.66
	\$		-	
	\$		-	
TOTAL CLAIM:	\$		716.28	

COMMENTS: "OTHER" is for accommodation during attendance at Conference Board of Canada Conference, November 7 and 8, 2005

John McPhail
 Employee's Signature
[Signature]
 Authorization

November 30/05.
 Date
November 30/05
 Date



APPLICANT COPY



133 9th Avenue SW
 ALBERTA CANADA T2P 2M3
 T 403 262 1234 F 403 260 1260
 G.S.T. Registration # 139445290

Room : 0341
 Folio # : 53637
 Cashier # : 197
 Page # : 1 of 1

Group Name Conference Board of Canada - See BEO fo

The Conference Board of Canada
 John Mcphail

Arrival : 11-07-05
 Departure : 11-08-05

CA

Date	Description	Additional Information	Charges	Credits
11-07-05	Room Charge	[NA Room]	183.00	
11-07-05	Calgary Destination Marketing Fee	[Add: 1%.(B)]	1.83	
11-07-05	Alberta Tourism Levy (4%)	[Add: 4%.(S1)]	7.39	
11-07-05	Room GST (7%)	[Add: 7%.(S1)] s.17(1), 17(4)(g)(i)	12.94	
11-08-05	Telephone Other - Interface	07:37 #7341 : [00:26:00]	1.50	
11-08-05	Visa			206.66
Total			206.66	206.66
Balance Due			0.00	

GST Summary

Room	12.94
F&B	0.00
Other	0.10
Total	13.04

Handwritten signature/initials

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:
 De États-Unis or 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. (19.50% 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. (19,50% 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

Shaw Centre

DIP PARKING

TICKET VOID IF REPRODUCED

IMPERIAL PARKING

Hourly Parking *August 12th*

Meter: *124*
 Date: *SEP 30*
 Time: *2:25 PM*
 Expires: *FRI SEP 30 05*

INSTRUCTIONS ON BACK
 Please remember the parkade will close @ 5pm

PLACE THIS SIDE UP ON DASH

16-11-05
4 *5.00 ✓

SCOTIA PLACE PARKADE
THANK YOU

*5.00 TL
*20.00 KTD
*15.00 DCG

05SEP29 11:07 001 001
 05SEP29 09:54
 / 1113 H047459
 =257822
 RATE 1 \$4.50
 TL TOL \$4.50
 CASH \$4.50

8-04A
415-6513

Name _____
 Amount Pd: 4.00
 Licence _____ Prov. 14:51
 Make NOV 0 Color 2003
 Date _____
 No 81200

*18105
2.50
PARKING
CHC*

Name _____
 Amount Pd: 4.00
 Licence _____ Prov. _____
 Make NOV 0 Color 2003
 Date _____
 No 99972

Name _____
 Amount Pd: 4.00
 Licence _____ Prov. _____
 Make _____ Color 13:29
 Date _____
 No 98815

Name _____
 Amount Pd: 17.59
 Licence _____ Prov. _____

APPLICANT COPY

Name _____
Amount Pd: 6.00
Licence _____ Prov. ✓
Make _____ Color _____
Date SEP 21 2002

No 96169

Name _____
Amount Pd: 6.00
Licence _____ Prov. CAC
Make _____ Color ✓
Date _____

No 99371

Name _____
Amount Pd: 3.00
Licence _____ Prov. 14.21
Make OCT 05 2002 Color _____
Date CAC

No 97385

Name _____
Amount Pd: 3.00
Licence _____ Prov. 15.14
Make _____ Color _____
Date OCT 05 2002 CAC

No 97262

Name _____
Amount Pd: 2.00
Licence _____ Prov. _____
Make SEP 28 2002 Color _____
Date CAC

No 97057

Name # _____
Amount Pd: 6.00
Licence _____ Prov. _____
Make _____ Color CAC
Date _____

No 81775

Name _____
Amount Pd: 3.00
Licence _____ Prov. _____
Make SEP 28 2002 Color CAC
Date _____

No 99668



306961

*\$2.00
APP*

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

306961
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001

WHITE



306962

*\$2.00
APP*

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

306962
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001

BLUE



306017

*\$2.00
K*

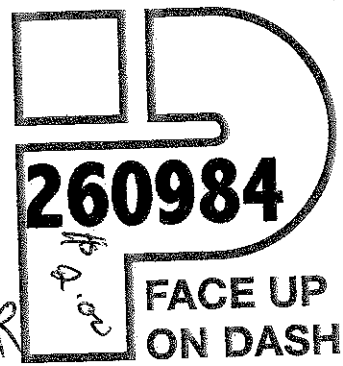
**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

306017
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001

BLUE

Imperial Parking Canada Corporation



260984

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

260984
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

Imperial Parking Canada Corporation



260985

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

260985
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000

RED



306018

\$2.00

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

306018
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001

RED

**DO NOT LEAVE
ITEMS VISIBLE IN
VEHICLE**



CAR AND CONTENTS LEFT AT OWNER'S RISK No 96480

SEP 21 2009 <i>ford</i>	IN 16:59
	OUT
Please leave this pass with parking lot attendant on exit	Amount PD <i>\$3.00</i>

**DO NOT LEAVE
ITEMS VISIBLE IN
VEHICLE**



CAR AND CONTENTS LEFT AT OWNER'S RISK No 99888

OCT 31 2009	IN 14:39
	OUT
Please leave this pass with parking lot attendant on exit	Amount PD

**DO NOT LEAVE
ITEMS VISIBLE IN
VEHICLE**



CAR AND CONTENTS LEFT AT OWNER'S RISK No 96034

<i>Leva</i> SEP 19 2009	IN 14:51
	OUT
Please leave this pass with parking lot attendant on exit	Amount PD <i>\$3.00</i>

APPLICANT COPY

*Parking
Account
A New*

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

no 3 spots

Thank You For
Parking At Commerce
Place Parkade

Rept# 4763
11/30/05 09:21 L# 3 A# 15 Txn# 59044
11/30/05 07:16 In 11/30/05 09:21 Out
Tkt# 223800

05OCT31 11:59 019 001
05OCT31 10:13 02
/ 1:46 #174094

Regular Rate \$ 5.61
Total Tax \$ 0.39
Total Fee \$ 6.00
CASH PAID \$ 6.00
Cash Tender \$ 6.00
Change Due \$ 0.00

S0093324844
RATE 6.00
TOTAL 6.00
Cash 20.00
CHANGE 14.00

THANK YOU
COME AGAIN

GST #897727657RT
Have a Nice Day

*Parking
no 3 spots*

Comp/Bal

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

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 6798
DATE/TIME 2005/11/08 20:18:58
RECEIPT NUMBER S80511967-922-021
PURCHASE
TOTAL AMOUNT \$16.00

01 APPROVED 027 AUTH. # 070812
THANK YOU

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

CARDHOLDER SIGNATURE

Nov 18/65
Charlotte
CANKING
CASH

CMC
2.50
meta
R

Expenses

CMCC Abstaining
→ CASH Nov 23 \$ 2.25
→ CASH Nov 24 \$ 2.50
CH Center 74

APPLICANT COPY

ASSOCIATED LAB AUTO LTD
 367-41 Ave N
 (604) 299-4111
 THANK YOU CALL AGAIN

DATE: 2005/11/08
 PICK-UP TIME: 10:18
 DROP OFF TIME: 10:19
 TRIP ID: 0
 LOCATION: 0
 CAR NUMBER: 1100
 CARD TYPE: VISA
 CARD: 1100
 EXPIRY: 11/08
 AUTH: [REDACTED]

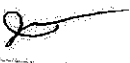
Section 17(1),(4)(e.i)

FARE (\$) 20.48
 EXTRA (\$) 0.00
 SUBTL (\$) 0.52

TIP (\$) 7.00

\$ 36.46

TOTAL (\$)

SIGNATURE: 

BE PARTICULAR INSTST
 ON THE PROFESSIONALS

CUSTOMER'S COPY

PROVIDED CUSTOMER COPY / COPIE DU CLIENT
 PLEASE PRINT THE AS REQUIRED / MERCI D'ECRIRE AU DESSUS DE CETTE LIGNE

01505 (5-99) TOTAL CAN \$

VISA

SALES DRAFT CHARGEX FACTURE

PLEASE WRITE THE DATE OF THE TRANSACTION IN THE SPACE PROVIDED IN ACCORDANCE WITH THE INSTRUCTIONS WITH THE CARDHOLDER'S NAME AND ADDRESS IN THE SPACE PROVIDED

AMOUNT MONTANT 31.60
 TAX TAX 2.00
 TIPS POURBOIRE 3.80

11234567890

BEL 50

DATE 11/08/05
 BILL NO. DE NOTE 1100
 AUTHORIZATION NO. / D'AUTORISATION 1100

EXP. DATE 11/08
 DATE 11/08
 MTS 1100
 DEPART 1100

DO NOT WRITE ABOVE THIS LINE / NE PAS ECRIRE AU DESSUS DE CETTE LIGNE

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

MURRIETA'S EDMONTON
 10612 82nd Ave.
 Tel: 780-438-4100
 Check: 9370

CNS
 Date: 10/27/2005
 Time: 13:01

Server: Crystal
 Table: 46

VISA

 MCHAI
 AUTH
 MERCHANT#

SUBTOTAL \$ 33.79
 TIP \$ 6.00
 TOTAL \$ 39.79

** CUSTOMER CUI

GST#85 / 7
 Thank you for visiting Murrieta's
 Please visit our location
 in Calgary, Alberta.

MURRIETA'S EDMONTON
 10612 82nd Ave.
 Tel: 780-438-4100
 Check 19120

Server: Crystal
 Table: 46
 Date: 11/28/2005
 Time: 13:02

VISA

 MCHAI
 AUTH
 MERCHANT#

SUBTOTAL \$ 68.57
 TIP \$ 9.00
 TOTAL \$ 77.57

** CUSTOMER CUI

GST#85 / 7
 Happy holidays from the Staff
 Murrieta's Bar & Grill.

APPLICANT COPY

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

APPLICANT COPY

NORTHERN BEAR GOLF CLU
51055 RANGE RD 222 T8C169
SHERWOOD PARKAB

22791624

*Subtotal
Expenses
Telus
BK*

Name: MCPHAIL JOHN D

Acct #

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

Dat

Car

127

Op ID: 025 TAMMY

Invoice No.: 6841

Subtotal	\$52.27
Tip	<i>7.00</i>
Total	<i>\$59.27</i>

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-merchant

3
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D
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0

FEB 02 2006

✓



LOCAL TRAVEL EXPENSE CLAIM

From: September 16, 2005 To: November 30, 2005

Employee's Name: John McPhail
 Position: Vice President - Human Resources
 Department: Human Resources
 Cost Centre: 201 9000 71120200001 62410000

Reimbursable Expenses:

- Mileage (from reverse page)
- Parking (from reverse page - receipts attached)
- Meals (receipts attached)
- Cab Fare (receipts attached)
- Other (~~Retirement Gift and Magazines~~)
Hotel - Calgary

\$	117.80
\$	-
\$	126.25
\$	-
\$	190.49
\$	-
\$	75.08
\$	-
\$	206.66
\$	-
\$	-
\$	716.28

w
61.086
14.00

TOTAL CLAIM:

COMMENTS: "OTHER" is for accommodation during attendance at Conference Board of Canada Conference, November 7 and 8, 2005

John McPhail
Employee's Signature
[Signature]
Authorization

November 30/05.
Date
November 30/05
Date

Capital Health
RECEIVED
DEC 01 2005
ACCOUNTS
PAYABLE

APPLICANT COPY

NORTHERN BEAR GOLF CLU
51055 RANGE RD 222 T8C1G9
SHERWOOD PARKAB

22791624

Name: MCPHAIL JOHN D

Acct # [REDACTED]

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

Date: [REDACTED]

Car N2% [REDACTED]

Op ID: 025 TAMMY

Invoice No.: 6841

Subtotal \$52.27
Tip 7.00
Total \$59.27

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

Top copy-customer Bottom copy

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check: 9370

Server: Nick M.
Table: 61

Date: 10/27/2005
Time: 13:01

SA [REDACTED]
MCPHAIL/JOHN D
AUTH 041469 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 33.79
TIP \$ 6.00
TOTAL \$ 39.79

** CUSTOMER COPY **

GST#857377576RT0001

Thank you for visiting Murrieta
Please visit our other locations
in Calgary at: Canmore.

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check: 13120

Server: Crystal D.
Table: 46

Date: 11/28/2005
Time: 19:02

VISA Section 17(1),(4)(e.i)
MCPHAIL/JOHN D
AUTH 075754 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 59.57
TIP \$ 9.00
TOTAL \$ 68.57

** CUSTOMER COPY **

GST#857377576RT0001

Happy holidays from the Staff of
Murrieta's Bar & Grill.

MURRIETA'S EDMONTON
10612 82ND AVE
EDMONTON AB
T5C 2E1
2292214

AD IN TABLE [Signature]

11-22-2005
Auth # 12292214991
Auth # 070813
Auth # 001314088

Operator 881

Card Type: VISA

Exp Date: [REDACTED]

Name: JOHN D MCPHAIL

Merchant # 9999

Operator 881

Purchase \$19.86
Tip \$3.00
Total \$22.86

Customer copy [Signature]



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: March 1, 2006 to March 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$121.60	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
 APR 05 2006
 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: March 31, 2006

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: President and CEO	Phone # 407-8008
<i>(Signature)</i> <i>[Signature]</i>		Date <i>Apr 3/06</i>
Approved By: <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
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 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Name _____
Amount Pd: 8.00
Licence K Prov. CHC
Make _____ Color _____
Date MAR 29 2006
No 80376 B

Name _____
Amount Pd: 10.00
Licence _____ Prov. _____
Make _____ Color _____
Date _____
No 80276 B

Name _____
Amount Pd: 10.00
Licence _____ Prov. 12.54
Make _____ Color _____
Date MAR 10 2006
No 94987 B

Name _____
Amount Pd: 10.00
Licence _____ Prov. CHC
Make _____ Color _____
Date _____
No 95446 B

Name _____
Amount Pd: 10.00 17:38
Licence 10 Prov. _____
Make _____ Color _____
Date MAR 23 2006
No 95767 B

Name _____
Amount Pd: 15.26
Licence 10 Prov. _____
Make _____ Color _____
Date MAR 06 2006
No 94060 B

March 17th/06 # 20-03

507849
FACE UP
ON DASH

WARNING
YOUR RISK
SEE BACK OF TICKET

CITY OF EDMONTON
LIBRARY PARKADE
BST # 119326270 RT0001

Rcpt# 34664
03/13/06 18:38 L# 2 AM 36 Txn#115159
03/13/06 16:45 In 03/13/06 18:38 Out
Tkt# 277878
Regular Rate \$ 5.61
Total Tax \$ 0.39
Total Fee \$ 6.00
CASH PAID \$ 6.00-
Cash Tender \$ 6.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Health Board
Conference

CITY OF EDMONTON
LIBRARY PARKADE
BST # 119326270 RT0001

Rcpt# 34516
03/13/06 13:16 L# 2 AM 35 Txn#114895
03/13/06 08:04 In 03/13/06 13:16 Out
Tkt# 277629
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 15.00
Change Due \$ 3.00

CITY OF EDMONTON
LIBRARY PARKADE
BST # 119326270 RT0001

03/13/06 13:16 L# 2 AM 35 Txn#114895
03/13/06 08:04 In 03/13/06 13:16 Out
Tkt# 277629
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00-
CASH PAID \$ 15.00
Cash Tender \$ 15.00
Change Due \$ 3.00
THANK YOU
COME AGAIN

Health Board
Conference

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # L19326270 RT0001

Rcpt# 11458
03/12/06 20:43 L# 1 A# 36 Txn# 79846
03/12/06 18:20 In 03/12/06 20:43 Out
Tkt# 277537
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

*Health Boards
Conference*

Parking

Expense

MAR 21/06

CHC

Meter Parking

\$ 4.00

[Signature]

In lieu of parking receipt.

Approved: *[Signature]*
Sheila Weatherill
President & CEO

PARKING
Expense

Tues MAR 14th, 2006

Location CHC

Meter . \$8.00
PARKING

[Signature]

In lieu of parking receipt

Approved: *[Signature]*
Sheila Weatherill
President & CEO



Capital Health
Edmonton and area

APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: April 1, 2006 to May 12, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$136.74	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
MAY 17 2006
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 12, 2006

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature)		Date
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Name _____

Amount Pd: 10.00

Licence _____ Prov. 11-34

Make MAY 05 2006 16-30

Date _____

No 100944

Name _____

Amount Pd: 10.00 17:02

Licence _____ Prov. _____

Make _____ Color _____

Date _____

No 101449

Name _____

Amount Pd: 10.00

Licence _____ Prov. _____

Make _____ Color _____

Date _____

No 84739

Name _____

Amount Pd: 17:24

Licence _____ Prov. _____

Make _____ Color CHC

Date MAY 01 2006

No 100466

Name _____

Amount Pd: 10.00

Licence _____ Prov. _____

Make _____ Color Capital Hill Centre

Date _____

No 80575

469153
DETACH RECEIPT

*PAKING
#2000
10/10/06
10/10/06*

469153
FACE UP
ON DASH

WARNING
YOUR RISK
SEE BACK OF TICKET ↓

BLUE

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Parking
X

Parking

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

06APR25 19:03 001 002
06APR25 17:40 01
/ 1:23 #227700
=01004877
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00

FOR MONTHLY PARKING
PHONE 4201976
T INCLUED

Rcpt# 43863
05/10/06 20:09 L# 2 A# 38 Txn#141072
05/10/06 17:52 In 05/10/06 20:09 Out
Tkt# 305635
Regular Rate \$ 3.27
Total Tax \$ 0.23
Total Fee \$ 3.50
CASH PAID \$ 3.50-
Cash Tender \$ 3.50
Change Due \$ 0.00
THANK YOU
COME AGAIN

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

06MAY04 22:14 001 002
06MAY04 19:22 01
/ 8:52 #230301
=01001380
RATE 1 \$18.00
TOTAL \$18.00
CASH \$18.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED

APPLICANT COPY

DATE 05/02/06 TIME 13:04
MID 451220639910 20639910

CHIANTI'S-EDMONTON
10501 32ND AVE.
EDMONTON, AB.
T6E 2A3
780-439-9829
G.S.T #R100947316

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

UNISA
TABLE 45 CHECK 6049

PURCHASE Restaurant ORENZO

AMOUNT 20.94
G.S.T. 1.47

SUBTOTAL \$ 22.41

TIP \$ 4.00

TOTAL \$ 26.41

CUSTOMER COPY

CHECK # 6049 DATE 05/02/06
TABLE # 45 TIME 13:01

Restaurant : LORENZO

ITEMS ORDERED	AMOUNT
PIZZA . ACITELA	3.99
PIZZA	4.99
Shrimp	2.99
SO RIO	4.99
	3.98

SUBTOTAL 20.94
G.S.T. 1.47

TOTAL DUE 22.41

CHIANTI CAFE & RESTAURANT GST#106189202
PLEASE PAY SERVER

* THANK YOU FOR YOUR PATRONAGE *
* PLEASE COME AGAIN *

APPLICANT COPY



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: May 13, 2006 to May 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000		✓	\$45.03	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
 JUN 08 2006
 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: Date: June 2, 2006

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: President and CEO	Phone # 407-8008
<i>(Signature)</i>		Date
Approved By:	Title:	Phone #
<i>(Signature)</i>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

**DO NOT LEAVE
ITEMS VISIBLE IN
VEHICLE**



**CAR AND
CONTENTS
AT OWNER'S**

2685

500
MAY 23
Mord

16.00
T

**Please leave
this pass with
parking lot
attendant on exit**

Amount PD

R

PARKING

John McPhail

May 25th / 06

Meeting HBA

\$ 4.00

[Signature]

In lieu of receipt.

APPROVED:

[Signature]

Sheila Weatherill

President and CEO

APPLICANT COPY

John McPhail Expense Summary
 2006-2007
 Functional Centre: 201.9000.71120200001

CATEGORY

Accounting Period	Invoice Number	Travel-Local/Parking 62410000	Travel-Out of Province 62414000	Meals 69600000	GST	Total	Comments
APR-07	REIMBURSE-MAR06	113.64			7.96	121.60	PARK/MILE MAR01-31/06
MAY-07	REIMBURSE-10MAY06	103.11		24.94	8.69	136.74	PARK/MILE/MEAL APR 03-MAY10/06
JUN-07	REIMBURSE-31MAY06	42.08			2.95	45.03	PARK/MILE MAY13-31/06
1st Quarter Total		258.83	24.94		19.60	\$ 303.37	
JUL-07	REIMBURSE-30JUN06	170.08	464.27	3.79	43.52	681.66	HOTEL (NIAGARA)/MILE/PARK - JUN 01-30/06
AUG-07	REIMBURSE-31JUL06	92.92		168.55	14.49	275.96	MILEAGE. PARKING & MISC
SEP-07	REIMBURSE-31AUG06	31.89		73.95	5.75	111.59	MILE/PARK/MEAL - AUG02-31/06
2nd Quarter Total		294.89	464.27	246.29	63.76	\$ 1,069.21	
Total to Date		553.72	464.27	271.23	83.36	\$ 1,372.58	

J. McPhail



APPLICANT COPY

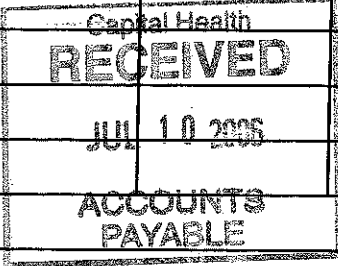
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: June 1, 2006 to June 30, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$681.66	<input type="checkbox"/>
		62414 = 479.11	16.50				<input type="checkbox"/>
		69600 = 4.06 w					<input type="checkbox"/>
		62410 = 181.99 w					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						✓ \$681.66	<input type="checkbox"/>



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: July 5, 2006

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: President and CEO	Phone # 407-8008
<i>[Signature]</i>		Date July 6/06
Approved By: <small>(Print name)</small>	Title:	Phone #
<i>[Signature]</i>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Details	Accomm.	Meals	Registration	Transportation	Other	Parking	Mileage
1-Jun-06	Mileage - CHC							7
1-Jun-06	Parking - CHC						✓ \$8.00	
2-Jun-06	Mileage - AHW							8
2-Jun-06	Parking - AHW						✓ \$7.50	
2-Jun-06	Mileage - CHC							7
5-Jun-06	Mileage - CHC							7
2-Jun-06	Parking - CHC						✓ \$8.00	
5-Jun-06	Parking - CHC						✓ \$10.00	
5-Jun-06	Mileage - RAH							6
14-Jun-06	Mileage - to airport							55
14-Jun-06	Meal		✓ \$4.06					
16-Jun-06	Hotel Charges	\$387.80						
16-Jun-06	Parking - Airport	376.30					✓ \$24.75	
16-Jun-06	Mileage - from airport	16.50						55
20-Jun-06	Mileage - Plaza 124							12
20-Jun-06	Parking - Plaza 124						✓ \$6.00	
20-Jun-06	Parking - Faculty						✓ \$2.00	
22-Jun-06	Mileage - CHC							7
22-Jun-06	Parking - CHC						\$10.00	
23-Jun-06	Mileage - CHC							40
26-Jun-06	Mileage - CHC							7
26-Jun-06	Parking - CHC						✓ \$4.00	
14-Jun-06	Niagara Airbus				✓ \$107.81			
28-Jun-06	Mileage - CHC							7
28-Jun-06	Parking - CHC						✓ \$8.00	
TOTALS:		\$ 387.80	\$ 4.06	\$ -	\$ 107.81	\$ -	\$ 88.25	\$93.74

EXPENSE LIMITS

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.

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 lunch/dinner meeting.

Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 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.

Advance

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

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

26 JUN 06 10:28 \$ 4.00

CREDIT CARD NUMBER

capital PARKING 090136 RECEIPT



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

20 JUN 06 06:25 PM \$ 2.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

CREDIT CARD NUMBER

Name: Gov
Amount Pd: CHC
Licence: Prov.
Make: JUN 01 2006 15:18
Date: No 103664

Name: [Signature]
Amount Pd: [Signature]
Licence: Prov.
Make: JUN 02 2006 14:28
Date: No 103690

Name: CHC
Amount Pd: [Signature]
Licence: Prov.
Make: JUN 28 2006 15:12
Date: No 105960

Name: [Signature]
Amount Pd: [Signature]
Licence: Prov.
Make: [Signature]
Date: No 103820

Alfa Auto

TELLUS PARKADE
65T INC. RW122388333
06JUN02 12:20 001 001
06JUN02 10:09
RATE 1 \$7.50
TOTAL \$7.50
CASH \$7.50

MANAGED BY IMPERIAL PARKING

impark

impark

TICKET VOID IF R

TICKET VOID IF R

APPLICANT COPY

impark

impark

APPLICANT COPY

Name CHC
 Amount Pd: 17:13
 Licence \$10.00 Prov. _____
 Make _____ Color _____
 Date JUN 22 2006
No 105634 6

Breakfast

DINER
 GST
 Amount \$24.75
 CASH TENDERS \$24.00
 Change \$0.75

SE NUMBER: 019000000000
 NOW HIRING SENIOR
 TO 1111111111111111
 2006-06-14 10:01 AM

EDMONTON REGIONAL AIRPORT AUTH
 MAIN STATION (INT'L AIRP
 EDMONTON AB
 Section 17(1),(4)(e.i)

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 0658
DATE/TIME	2006/06/16 18:39:32
RECEIPT NUMBER	990127568-433-030
PURCHASE	-----
TOTAL AMOUNT	\$24.75

01 APPROVED 027 AUTH. # 092647
 THANK YOU

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

JOHN D MCPHAIL



Aerogold VISA

Transaction details

If you find an error in this statement you must tell us 60 days after the statement date. If you do not, the statement will be regarded as final (except for improper credits).

Conf. Bd of Canada - Accommodation Expenses

MAY 3	MAY 4	WHITE OAKS CONF. RESORT NIAGARA	ON	184.80
-------	-------	---------------------------------	----	--------

On cash advances (including Aerogold VISA Convenience Cheques and balance transfers): We charge interest on a cash advance from the day you receive the advance until you make a payment which covers the amount of the advance and the interest charged on that advance. We charge interest on an Aerogold VISA Convenience Cheque or balance transfer from the date we post it to your Aerogold VISA account until you make a payment which covers the amount of the cheque or balance transfer and the interest charged on that cheque or balance transfer.

Minimum payment due
Your current amount due is 3% of your new balance or \$50, whichever is greater. This amount must be paid by the payment due date.

Payment period extensions: If you did not make full payment of the balance on your last month's statement, your payment due date was extended this month by 3 days to give you extra time to make your payment. Interest will continue to accrue for the extended period. When you pay your balance in full, your payment due date will revert back to your regular payment due date.

Available credit
This section shows the credit you had available at the end of the statement period, and does not reflect transactions you've made since this statement was issued.

**Denotes transaction in foreign currency. You have been charged the same conversion rate CIBC is required to pay, plus an administration fee of 2.5% of the converted amount. This fee applies to both debits and credits.

* Visa Int./CIBC, Air Canada, lic. users.
© Aerogold and Aeroplan are registered trade-marks of Air Canada.
CIBC is an authorized licensee of the marks.

120-0015514



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: July 1, 2006 to July 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$275.96	<input type="checkbox"/>
	0001	71220900015					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$275.96	<input type="checkbox"/>

Capital Health
RECEIVED
AUG 04 2006
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: August 2, 2006

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

July 10, 2006

SECOND CUP

Edmonton
(780) 890-4003
6055 121 45667

Breakfast
HOT

Cashier: Cashier 12

SM. COFFEE	1.92
RG COFF	2.11
MUFFIN	2.11

DINE IN	5.74
GST	3.34
Amount Due	9.08

CASH	12.25
Change	3.17

GST NUMBER: 123456789

NOW HIRING: www.tzebarth.com
2006-07-12

5:41 AM

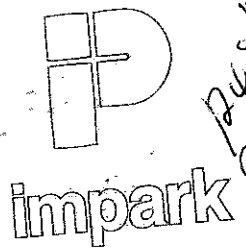
TELUS PARKADE
GST INC. #122388333

06JUL07 16:00 001 002
 06JUL07 12:46
 / 3:14 #141459
 RATE 1 \$10.50
 TOTAL \$10.50
 CASH \$10.50

MANAGED BY
IMPERIAL PARKING

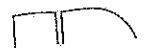
B

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

SOLD



PLACE 1

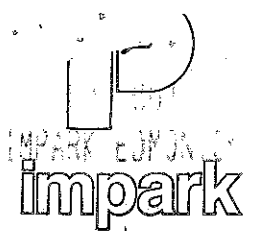
EDMONTON AIRPORT

Best copy available

Car # 91-8439
 91-8329
 Rental #
 01514
 12:07
 Length

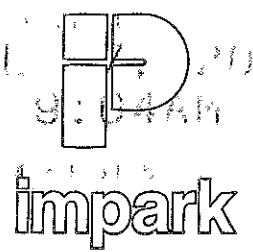
Handwritten signature

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PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

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APPLICANT COPY

Courtyard by Marriott
Edmonton Courtyard
99st & Jasper Avenue
Edmonton, AB Canada T5J2E7
790-423-9999
Restaurant

26 Lisa M

Tbl 15:11 Chk 4208 Gst 1
Jul07'08 08:44AM

Restaurant

4 Coffee 9.00
Subtotal 9.00
GST 0.54
08:44 Total 9.54

Gratuity: _____ 2.00

Total: _____ \$ 11.54

Room # _____

Print Name _____ Joseph

Signature _____

Thank you for joining us at
Courtyard by Marriott!

SDoc /
De Groote School of
Business

B

Parking

July 4/06

Cost \$ 4.00

ABA (Services) Meeting

✓ (John McPhail)

In lieu of parking receipt

Approved:

Sheila Weatherill
President & CEO

APPLICANT COPY

July 10.6

COND CUP

Edmonton
(780)890-4000

6055 4 21 45667

*Breakfast
MBA*

Cashier: Cashier 12

SM COFFEE	1.92
REG COFFEE	1.92
MUFFIN	2.11

DINE IN	5.71
GST	0.34
Amount Due	6.05

CASH	6.25
Change	0.20

GST NUMBER 123456789

NOW HIRING SEWERS
TO TZILBARTH...
2006-07-12

5:40 AM

[Handwritten signature]



APPLICANT COPY

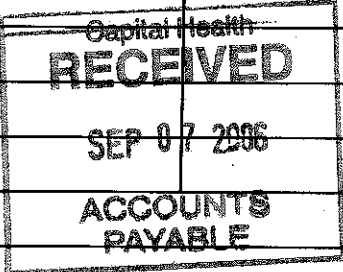
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: August 1, 2006 to August 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000	33.80		\$111.59	<input type="checkbox"/>
			69600000	67.79	10.00		<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$111.59	<input type="checkbox"/>



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: September 1, 2006

Approved By: Sheila Weatherill *[Signature]* Title: President and CEO Phone # 407-8008

(Signature) Date

Approved By: Title: Phone #

(Signature) Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

LIBRARY PARKADE

Official Receipt

G.S. 119326270 RT0001

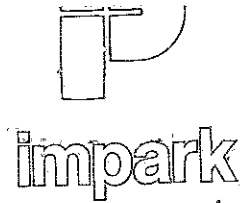
Amount: **\$ 2.00**
Evening Parking

*Tip
Onale
Wedding
Aug 15/06*

751 8097

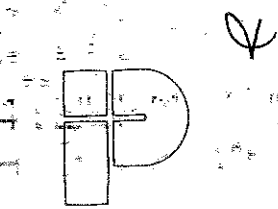
Thank you for your patronage

TICKET VOID IF RE-



HIS SIDE UP ON DASH

NET VOID IF RE-SOLD



PLACE THIS SIDE UP ON T



Northern Bear Golf Club

Chit Details

Member: Cash
Server: Kristin
Area: Bar
Table#: 5
Chit #: 01025324

IMPARK

Date: Aug 24/06 Time: 7:58pm

2 Northern Bear Burger	21.90
Chicken & Mush penne	12.95
Canadian	4.25
2 Lindemans Bin 45	12.00
Rosemount Glass	7.00
Pop	1.95
2 Coffee	3.90

Sub-Total: 63.95
GST# 871143327 3.84

Chit Total: **\$67.79**

Gratuity: _____

Total: _____

Enjoy Brunch Amid the greens
Every Sunday
From 10 - 2

End of Chit

*Telena Pers
B. B. ...
Alta Chem. Exec
G. M. ...
Peg L.P. Sola
D. 22781624*

NORTHERN BEAR GOLF CLU
51055 RANGE RD 222 T8C1G9
SHERWOOD PARKAB

Name: MCPHAIL JOHN D
Acct # _____

Section 17(1),(4)(e.i)
Date 06/08/24 Time 19 11 07
Exp Date _____ Auth # 041760
Card Type VI Tran Code 01
N22791624003 001702033

Op ID: 021 KRISTIN

Invoice No.: 9371

Subtotal \$67.79
Tip 10
Total **\$77.79**

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-merchant

APPLICANT COPY

John McPhail Expense Summary
 2006-2007
 Functional Centre: 201.9000.71120200001

CATEGORY

Accounting Period	Invoice Number	Travel-Local/Parking 62410000	Travel in Province 62412000	Travel-Out of Province 62414000	Meals 69600000	GST	Total	Comments
APR-07	REIMBURSE-MAR06	113.64				7.96	121.60	PARK/MILE MAR01-31/06
MAY-07	REIMBURSE-10MAY06	103.11			24.94	8.69	136.74	PARK/MILE/MEAL APR 03-MAY10/06
JUN-07	REIMBURSE-31MAY06	42.08				2.95	45.03	PARK/MILE MAY13-31/06
	1st Quarter Total	258.83	-	464.27	24.94	19.60	\$ 303.37	
JUL-07	REIMBURSE-30JUN06	170.08		464.27	3.79	43.52	681.66	HOTEL (NIAGARA)/MILE/PARK - JUN 01-30/06
AUG-07	REIMBURSE-31JUL06	92.92			168.55	14.49	275.96	MILEAGE. PARKING & MISC
SEP-07	REIMBURSE-31AUG06	31.89			73.95	5.75	111.59	MILE/PARK/MEAL - AUG02-31/06
	2nd Quarter Total	294.89	-	464.27	246.29	63.76	\$ 1,069.21	
OCT-07	REIMBURSE-30SEP06	45.38				2.72	48.10	MILEAGE/PARKING SEP 01-30/06
NOV-07	REIMBURSE-31OCT06	106.20		656.00		42.69	804.89	HALIFAX/MILE/PARKING OCT 01-31/06
DEC-07	REIMBURSE-30NOV06	158.81	211.48		46.48	24.12	440.89	CALGARY/MEALS/PARK/MILE NOV01-30/06
	3rd Quarter Total	310.39	211.48	656.00	46.48	69.53	\$ 1,293.88	
	Total to Date	864.11	211.48	1,120.27	317.71	152.89	\$ 2,666.46	

J. McPhail



Capital Health
Edmonton and area

APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: September 1, 2006 to September 30, 2006	

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Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$48.10	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$48.10	<input type="checkbox"/>

Capital Health
RECEIVED
 OCT 16 2006
 ACCOUNTS PAYABLE

69
✓

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: *October 2, 2006*

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date <i>Oct 13/06</i>
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

TICKET VOID IF R

TICKET VOID IF R-SOLD

VOID IF R-SOLD

Name 4 13:12
 Amount Pd: 6.00
 Licence U Prov. TX
 Make SEP 06 2005 Color 0
 Date NO 110937

Name 8 15:14
 Amount Pd: 15:14
 Licence SEP 06 2005 Prov. TX
 Make SEP 06 2005
 Date NO 111118

Simpark
 Hourly Parking
 Meter: 050205522
 Trans: 034122

Time: 11:12
 Price: \$ 2.22
 Expires: 11:15 PM
Simpark

INSTRUCTIONS: VEHICLE
 TRANSFER TO BE MADE
 WITH TICKET
 HAVE A VALID

Meter: 050205522
 Trans: 034122
 Time: 11:12
 Price: \$ 2.22



Capital Health
Edmonton and area

APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

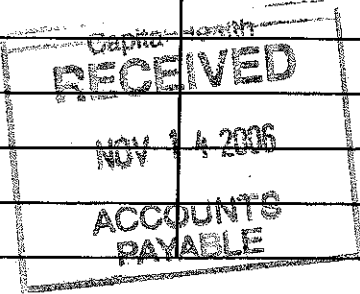
Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: October 1, 2006 to October 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000	62414		\$804.89	<input type="checkbox"/>
				62410			<input type="checkbox"/>
				67000			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

641.72
50.60
112.57



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: _____

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date Nov. 10/06
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

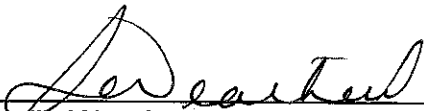
October 31, 2006

John McPhail
Vice President – Human Resources

IN LIEU OF RECEIPT

- Parking, October 31, 2006 = \$2.00

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: Nov. 10/06

EPCOR
J. Middlek
PARKING
Sum
Oct 31/06
CASH (Meter)
\$2.00
Dunn

APPLICANT COPY


October 5, 2006

John McPhail
Vice President – Human Resources

IN LIEU OF RECEIPT


- Airline Meals = \$10.00

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: Nov. 10/06.

Oct 5th/06
Airline Meals
\$ 10.00


AIRPORTER

Receipt/Reçu
Airport Bus Shuttle/Navette de l'aéroport
Operated by Airporter Inc.

Between Halifax - Dartmouth and Airport
not responsible for lost or damaged luggage
Nous ne sommes pas responsables des
bagages perdus ou endommagés

Business No. **12958 5527**
Numero d'affaires
\$16.00 Includes \$1.97 HST
T.V.H. de 1,97 \$ comprise

Handwritten: \$18.95
NO 36184

APPLICANT COPY

ACT's Letter
Lester B. ...
GGI # 6077562121

15109 ...

6 3 4 ...

Best copy available

1 ...
2 ...

Handwritten: \$9.55

FUREST ...

Lester B. ...
Box 501 ...
Toronto, Ontario, Canada

Handwritten: 6

Best copy available

Handwritten: New York

SECOND COPY

Halifax
709-390-1000

1995-11-10

Cashier: Cashier
SM COFFEE
MUFFIN

DINER 1.79
GST 0.23
Amount 2.02

CASH 1.12
Change 0.90

Handwritten: \$4.02

15109 ...

2006-10-01

ICE CREAM ...
3000 ...
Halifax ...

10-01-2006

Act #
Exp Date
Name

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

Invoice #

Auth #

Name CHC
Amount Pdi: 10⁰⁰ CHC

Licence OCT 24 2006 Prov. 15:50
Make Color

Date NO 114907 B

Name CHC
Amount Pdi: H

Licence OCT 24 2006 Prov. 15:38
Make Color

Date NO 115474 B

Name CHC
Amount Pdi: 10⁰⁰

Licence OCT 10 2006 Prov. 12:03
Make Color

Date NO 113114 B



610
902-425-1987
CHECK #42452

APPLICANT COPY

Server: Debit
Table: 8 Covers: 3
10/04/2006 12:31 PM

- 1 CLUB SOUP 2.00
- 1 TONIC WATER 0.00
- 2 GIU JAVA 6.00
- 1 COLD SEAFOOD 14.00
- 1 FISH CAKES 12.00
- 1 COLD SEAFOOD 14.00

Sub Total 50.00
Gst Tax 7.00
Total **** 57.00

Information if room charge:

Gratuity: _____
Total: _____
Print Name: _____
Signature: _____
Room Number: _____

B

APPLICANT COPY

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

EDMONTON REGIONAL AIRPORT #18
MAIN STATION #18
EDMONTON AB

CARD NO. [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE [REDACTED]
DATE OF PURCHASE 10/17/06 21:51
TOTAL AMOUNT \$12.80

01 APPROVED 027 AUTH. # 087809
THANK YOU

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

CARDHOLDER SIGNATURE

b

C

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 5997
10/17/06 21:51 L# 3 A# 12 Txn# 73639
10/17/06 17:17 In 10/17/06 21:51 Out
Tkt# 089951
Regular Rate \$ 4.72
Total Tax \$ 0.28
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash Tender \$ 5.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

[Handwritten signature]

*J. P. Bell
Meeting
Chairman
J.R. Bell*

OXFORD TOWER
GSTN 123845679 RT 0018

10-24-2006 TUE #0

EDMONTON MAX
TAX 2.50
2.50

ITEM 1
ICL 4399 21:25TH

THANK YOU FOR PARKING
WITH INFERRIAL PARKING
MACDONALD ESTATES

06OCT19 16:39 001 002
#278350
EARLYBIRD \$8.00
TOTAL \$8.00
CASH \$8.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED

EDMONTON AIRPORTS

Car park 144-0000-0000 1-8439
1-8029

Receipt

015100
01.10.06
Length

Best copy available

C

C

APPLICANT COPY

PRINCE GEORGE DIST. CO.
1725 BARRET ST. P.O. BOX 100
PRINCE GEORGE, BC
V2Y 1A4

***** 00000000 *****

10-04

Ac

Ac

Ac

Ac

Ac

Ac

Pre-Auth. Order 100

1000 1000

Customer copy

Best copy available



APPLICANT COPY

The Prince George HOTEL

1725 Market Street
Halifax, Nova Scotia, Canada B3J 3N9
(902) 425-1986 Fax: (902) 429-6048 1(800) 565-1567

GUEST NAME:

John Mcphail
Capital District Health Authority

ROOM NUMBER: 405
FOLIO NUMBER: R26DC6 - 1
GROUP NUMBER:
NO. OF GUESTS: 18549
1
RATE: 159.00
CLERK: PSM

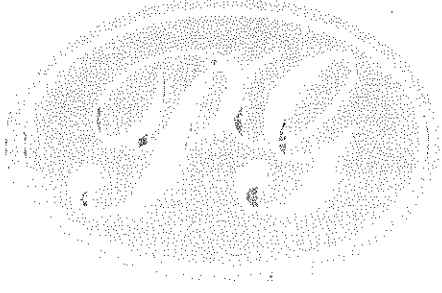
ARRIVE: 10/01/06 TIME: 09:31 PM DEPART 10/04/06 TIME: 12:58 PM STATUS: HST
CL#

Table with columns: DATE, REF #, DESCRIPTION, CHARGES, CREDITS. Rows include: 10/01/06 405 ROOM CHARGE \$ 159.00, 10/01/06 405t HRM MKTG LEVY \$ 3.18, 10/01/06 405t HST RM & LEVY \$ 22.71, 10/01/06 31061 ROOM SERVICE Rest..In Room Dining/V1 \$ 30.08, 10/02/06 405 ROOM CHARGE \$ 159.00, 10/02/06 405t HRM MKTG LEVY \$ 3.18, 10/02/06 405t HST RM & LEVY \$ 22.71, 10/03/06 405 ROOM CHARGE \$ 159.00, 10/03/06 405t HRM MKTG LEVY \$ 3.18, 10/03/06 405t HST RM & LEVY \$ 22.71, 10/04/06 Ck Out 12:58 VISA -PAYMENT

(\$584.75)

Folio Balance: \$0.00

Best copy available



H.S.T. REG. NO. 13955 0529 RT

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.

AUTHORIZED BY: _____ CHECK-OUT BY: _____
SIGNATURE

ASK ABOUT OUR RETURN GUEST PROGRAM

6



Capital Health
Edmonton and area

APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: November 1, 2006 to November 30, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000	168.34w		3029.15	<input type="checkbox"/>
			62412	216.93w 6.83			<input type="checkbox"/>
		69600 40.79 8.00	69600	Capital Health RECEIVED			<input type="checkbox"/>
				DEC 07 2006			<input type="checkbox"/>
				ACCOUNTS PAYABLE			<input checked="" type="checkbox"/>
Less Cash Advance						440.89	<input type="checkbox"/>
Total						3029.15	<input type="checkbox"/>

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: *J McPhail*

Date: November 30, 2006

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>S Weatherill</i>		Date Dec. 6/06
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

October 31, 2006

John McPhail
Vice President – Human Resources


IN LIEU OF RECEIPT

- Meter Parking, November 28, 2006 = \$2.50



John McPhail

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: Dec 5/06

EDMONTON SPORTS

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Handwritten signature

Handwritten initials: AHU

Card #

Receipt #

City

Unit

Lot

Best copy available

Rcpt# 66945
11/09/06 15:16 L# 2 A# 36 Txn#218887
11/09/06 08:55 In 11/09/06 15:16 Out
Tkt# 104488
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 12.00
Charge Due \$ 0.00
THANK YOU
COME AGAIN

TELUS PARKADE
GST INC. R#122388333

06NOV15 15:13 001 002
06NOV15 11:51
/ 3:22 #154125
RATE 1 \$14.00
TOTAL \$14.00
CASH \$14.00

MANAGED BY
IMPERIAL PARKING *B*

Handwritten 'G'

Handwritten 'G'

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

EDMONTON SPORTS
HR Committee
ABA

#377

ISSUS DE CETTE LIGNE

AUTHORIZATION NUMBER/NO D'AUTORISATION

AMOUNT/MONTANT

JOHN D. NEPHAIL

EXPIRY DATE CHECKED *06/11/06*

TAKEN AWAY

CLERK COMMISS DEPT. RAYON DELIVERED LIVRE

DATE D'EXPIRATION VERIFIEE

5 453

DESCRIPTION	AMOUNT/MONTANT
	36.00

SALLES VRAIE CHARGEX FACTURE

TIP

CAN \$ 36.00

CARDHOLDER'S SIGNATURE-SIGNATURE DU TITULAIRE

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

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

VISA

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
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.

CUSTOMER COPY
COPIE DU CLIENT

Card #

Receipt #

City

Unit

Lot

Best copy available

Handwritten initials: AB

APPLICANT COPY

JULIE'S BISTRO
 RAMADA HOTEL & CONFERENCE CENTRE
 #86565559

 RESERVATIONS
 (80) 453-7337

23 Ely
 Nov 21/1 Chk 1883
 Nov 22 '06 07:43AM

2 @ 10.99
 Full BrkftBuffet 21.98

Food 21.98
 GST Tax 1
 AMT 23.

GRATUITY \$ 4.00
 TOTAL \$ 27.30

ROOM NUMBER

NAME *John D. ...*

SIGNATURE

VISIT THE LOCKER ROOM
 EDMONTON'S BEST SPORTS BAR

For Reservation Call 7337

botaniCa*
 LIFE IS GOOD. EAT IT UP
 FEATURING STARBUCK'S COFFEE
 Tel: (780) 431-3468
 GST# R-5717755RT0001
 Please Pay Your Server

107 FANNY F
 Tbl 23/1/1 Chk 6101
 Nov 08 '06 07:34AM

2 Front & Bagel @ 4.75 9.50
 2 Cream Cheese @ 1.25 2.50
 2 Daily Coffee @ 2.25 4.50

Subtotal 16
 GST Tax 0.99
 07:42 Total 17.49

Tip: 4.00

Total: 21.49

Signature: *[Signature]*

Room #: 21.49

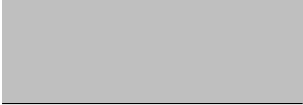
Print Name:

Thank you for dining with us!
 PLEASE PAY YOUR SERVER.

APPLY WESTIN GORY
WESTIN
 HOTELS & RESORTS

The Westin Calgary
 320 Fourth Ave SW
 Calgary, AB T2P 2S6
 403-266-1611

Mcphail, John



Page Number: 1
 Guest Number: 147505
 Folio: A
 No. Of Guests: 1
 Room Number: 1104
 Club Account: SPG -

Invoice Nbr: 1000001824
 Arrive Date: 11-06-2006
 Depart Date: 11-07-2006

Section 17(1)

Section 17(1)

Tax Invoice
 Tax Invoice

Tax ID: R861336493

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
11-06-2006	RT1104	Room Charge	\$169.00	
11-06-2006	RT1104	Good And Services Tax	\$10.24	
11-06-2006	RT1104	Destination Marketing Fee	\$1.69	
11-06-2006	RT1104	Tourism Levy	\$6.83	
11-07-2006	VI	Visa		\$-187.76
11-07-2006	VI	Visa		\$-187.76
**Total			\$187.76	\$-0.00
***Balance Due			\$0.00	\$-187.76

Continued on next page

APPROXIMATE COPY
WESTIN
HOTELS & RESORTS

The Westin Calgary
320 Fourth Ave SW
Calgary, AB T2P 2S6
403-266-1611

Mcphail, John



Page Number: 2 Invoice Nbr: 1000001824
Guest Number: 147505 Arrive Date: 11-06-2006
Folio: A Depart Date: 11-07-2006
No. Of Guests: 1
Room Number: 1104 Section 17(1)
Club Account: SPG -

Section 17(1)

Tax Invoice

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.

GST Summary

GST Room	0.00
GST Food and Beverage	0.00
Telephone	0.00
GST Other	0.00
GST Total Revenue	0.00

G.S.T # RT R861336493

As a Starwood Preferred Guest you have earned at least 0 Starpoints for this visit @. Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

Signature _____

The Westin Calgary
 320 Fourth Ave SW
 Calgary, AB T2P 2S6
 403-266-1611

Mcphail, John



Section 17(1)

Page Number: 3 Invoice Nbr: 1000001824
 Guest Number: 147505 Arrive Date: 11-06-2006
 Folio: A Depart Date: 11-07-2006
 No. Of Guests: 1
 Room Number: 1104
 Club Account: SPG -

Section 17(1)

Tax Invoice

Expense Report Summary

Currency: CAD

Date	Food & Bev	Parking	Telephone	Room & Tax	Other	Total	Payment
11-06-2006	\$0.00	\$0.00	\$0.00	\$187.76	\$0.00	\$187.76	\$0.00
11-07-2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-0.00
Total	\$0.00	\$0.00	\$0.00	\$187.76	\$0.00	\$187.76	\$-0.00

APPLICANT COPY

the westin calgary
 320 4th avenue southwest calgary, alberta t2p 2s6 canada
 phone 403.266.1611 fax 403.233.7471
 westin.com/calgary

guest _____ travel agent/charge to _____

John Mcphail
Section 17(1)

 WCK05A

room 1104
 rate 169.00
 no. pers. 1
 folio 147505 EX-A
 page 1
 arrive 06-NOV-06 17:33
 depart 07-NOV-06
 payment VI

date	reference	description	charges/credits
06-NOV-06	RT1104	Room Charge	169.00
06-NOV-06	RT1104	Good And Services Tax	10.24
06-NOV-06	RT1104	Destination Marketing Fee	1.69
06-NOV-06	RT1104	Tourism Levy	6.83
07-NOV-06	VI	Visa	187.76-
Total Charges			187.76
Total Credits			187.76-
Balance Due			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.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
06-NOV-06	187.76	0.00	0.00	0.00	0.00	187.76	0.00
Total	187.76	0.00	0.00	0.00	0.00	187.76	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!
 ** continued on the next page **

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 _____

John Mcphail
 FOLIO 147505 06-NOV-06



10.

APPLICANT COPY

the westin calgary
320 4th avenue southwest calgary, alberta t2p 2s6 canada
phone 403.266.1611 fax 403.233.7471
westin.com/calgary

guest

travel agent/charge to

John Mcphail

room 1104
rate 169.00
no. pers. 1
folio 147505 EX-A
page 2
arrive 06-NOV-06 17:33
depart 07-NOV-06
payment VI

Section 17(1)

WCK05A

date	reference	description	charges/credits
------	-----------	-------------	-----------------

GST Summary

Room	10.24
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	10.24

Vendor Number R861336493

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 _____

As a Starwood Preferred Guest you have earned at least 0 Starpoints for this visit

John Mcphail
FOLIO 147505 06-NOV-06

APPLICANT COPY

John McPhail Expense Summary
 2006-2007
 Functional Centre: 201.9000.71120200001

CATEGORY

Accounting Period	Invoice Number	Travel-Local/Parking 62410000	Travel in Province 62412000	Travel-Out of Province 62414000	Meals 69600000	GST	Total	Comments
APR-07	REIMBURSE-MAR06	113.64				7.96	121.60	PARK/MILE MAR01-31/06
MAY-07	REIMBURSE-10MAY06	103.11		24.94		8.69	136.74	PARK/MILE/MEAL APR 03-MAY10/06
JUN-07	REIMBURSE-31MAY06	42.08				2.95	45.03	PARK/MILE MAY13-31/06
	1st Quarter Total	258.83	-	24.94		19.60	\$ 303.37	
JUL-07	REIMBURSE-30JUN06	170.08		464.27	3.79	43.52	681.66	HOTEL (NIAGARA)/MILE/PARK - JUN 01-30/06
AUG-07	REIMBURSE-31JUL06	92.92			168.55	14.49	275.96	MILEAGE, PARKING & MISC
SEP-07	REIMBURSE-31AUG06	31.89			73.95	5.75	111.59	MILE/PARK/MEAL - AUG02-31/06
	2nd Quarter Total	294.89	-	464.27	246.29	63.76	\$ 1,069.21	
OCT-07	REIMBURSE-30SEP06	45.38				2.72	48.10	MILEAGE/PARKING SEP 01-30/06
NOV-07	REIMBURSE-31OCT06	106.20		656.00		42.69	804.89	HALIFAX/MILE/PARKING OCT 01-31/06
DEC-07	REIMBURSE-30NOV06	158.81	211.48		46.48	24.12	440.89	CALGARY/MEALS/PARK/MILE NOV01-30/06
	3rd Quarter Total	310.39	211.48	656.00	46.48	69.53	\$ 1,293.88	
JAN-07	REIMBURSE-31DEC06	126.91			396.44	31.16	554.51	MEALS/PARK/MILE DEC01-31/06
FEB-07	REIMBURSE-31JAN07	141.52		1,078.25	1.68	8.59	1,230.04	SAN FRANCISCO JAN20-23/07/MILE/PARK
MAR-07	REIMBURSE-28FEB07	160.07				8.83	168.90	PARK/MILE/MEALS FEB01-28/07
	4th Quarter Total	428.50	-	1,078.25	398.12	48.58	\$ 1,953.45	
	Total to Date	1,292.61	211.48	2,198.52	715.83	201.47	\$ 4,619.91	

J. McPhail



Capital Health
Edmonton and area

APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: December 1, 2006 to December 31, 2006	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	if GST included
201	9000	71120200001	62410000			\$551.50	<input type="checkbox"/>
		69600 = 415.99	4.00			554.51	<input type="checkbox"/>
		62460 = 134.52					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						554.51	<input type="checkbox"/>
Total						551.50	<input type="checkbox"/>

Capital Health
RECEIVED
JAN 02 2007
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: *J McPhail* **Date:** December 31, 2006

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

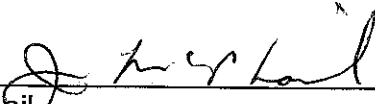
APPLICANT COPY

December 31, 2006

John McPhail
Vice President – Human Resources


IN LIEU OF RECEIPT

- Meter Parking, December 22, 2006 = \$2.00



John McPhail

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: _____

APPLICANT COPY

*ADM
E II*

RICKY'S ALL DAY GRILL
10140 109th ST. T5J1M7
EDMONTON AB
22996843

**** PRE AUTH PURCHASE ****

12-22-2006 08:10:10
Acct # [REDACTED] S
Exp Date [REDACTED] Card Type VI
Name: JOHN D MCPHAIL

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

Inv. # 29614 Operator 159
T22996843001
Auth # 009283 RRN 001406007

P.Auth Purchase \$21.05
Tip *4.00*
Total *\$25.05*

Customer: [REDACTED]

B

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

04DEC08 16:14 001 002
#293348
EARLYBIRD \$10.00
TOTAL \$10.00
CASH \$10.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED *B*

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

04DEC18 17:46 001 002
04DEC18 17:22
/ 2124 #294054
RATE 1 \$9.00
TOTAL \$9.00
CASH \$9.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED *B*

CHECK # 3249 DATE 12/22/06
TABLE # 35 TIME 8:12
=====

-- RICKY'S : DAVID159 --

ITEMS ORDERED	AMOUNT
2 DOUBLE EGGER	14.98
1 W/bavarian saus	0.50
2 COFFEE	4.38

SUBTOTAL	19.86
GST	1.19
TOTAL	21.05

OF GUESTS 2

RICKY'S ALL DAY GRILL
PHONE 421 - 7546
PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

G.S.T. #899060974

A

CENTURY GRILL
3975 Calgary Trail South
EDMONTON, AB
780.431.0303
GST# 865789382

APPLICANT COPY

CENTURY GRILL
3975 CALGARY TRAIL
EDMONTON, AB

109 BLAINE

Dec 20 2006 01:43 pm
Trans#2468

Tbl 25/1 Chk 2468 Gst 12
Dec20'06 12:02PM

TRANSACTION RECORD

Name : JOHN D MCPHAIL
Card Number:

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

Exp Date
Card Entry
Account

Trans Type :
PRE-AUTHORIZATION

Amount : \$394.94
Tip

Total : 394.94

Auth # : 014718
Sequence # : 001001307
Merchant ID: 22066647
Employee : BLAINE
Employee # : 109
Terminal # : MI2206664701
Date : 08/12/20
Time : 13:46:55

APPROVED - THANK YOU

Cardholder 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

3 GLS PENFOLD CHAR @ 8.75 26.25
2 SOFT DRINKS @ 3.00 6.00
1 BURGER 13.00
1 PHILLY 14.00
1 BRULEE 8.00
1 GLS LIBERTY CAB 10.75
1 SOFT DRINKS 3.00
1 BURGER 13.00
1 BRULEE 8.00
1 SOFT DRINKS 3.00
1 STEAK SAND 17.00
1 HALF CAESAR 6.00
1 GINGER BREAD 8.50
1 PRAWN STR FRY 16.00
1 COFFEE 3.00
1 PRAWN STR FRY 16.00
1 COFFEE 3.00
1 CHIX PENNE 16.00
1 TEA 3.00
1 LOBSTER BLTC 15.00
1 CHOC FONDUE 12.00
1 LOBSTER RAV 19.00
1 MEATLOAF 16.00
1 PRAWN STR FRY 16.00
1 THAI SALAD 14.00
1 STEAK SAND 17.00
1 PRAWN STR FRY 16.00
18 %
% SERV CHG 57.33

318.50
Service Chrg 57.33
GST 19.11
Amount Due **394.94**

WEDNESDAY IS WINES DAY
Join us in our lounge
for featured bottles

MARTOONIE THURSDAY
\$2 martinis & retro beats

HOW DO YOU GET YOUR JOLLY?
HOLIDAY GIFT CARDS FOR SALE
CENTURY HOSPITALITY GROUP
www.centuryhospitality.com



Capital Health
Edmonton and area

APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: January 1, 2007 to January 31, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000	\$890.98	USD	\$150.10	<input type="checkbox"/>
		62410 = 150.01w		899.07	USD	151.79	→ <input checked="" type="checkbox"/>
		69600 = 1.78w		Capital Health	1.1993	1078.25	<input type="checkbox"/>
		62414 = 1078.25 n		RECEIVED	(ave rate for that time)		<input type="checkbox"/>
				FEB 09 2007			<input type="checkbox"/>
				ACCOUNTS PAYABLE			<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						1230.04	CAD <input type="checkbox"/>

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: *John McPhail* **Date:** February 6, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>	Date Feb. 7, 2007	
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

EDMONTON AIRPORTS APPLICANT COPY

GST# R128599776

Sbarro

Edmonton
(780)890-4003

6955 1 11 16654

Cashier: Cashier1

MEDIUM COFFEE 1.68

DINE IN 1.68

GST .10

Amount Due \$1.78

CASH \$2.00

Change \$.22

GST NUMBER: GST#13751 2901RT0003

NOW HIRING. SEND RESUME
TO TZIEBARTH@CARA.COM

007-01-20

2:40 PM

Car park 0000001009 Phone. (780)890-8439
Fax. (780)890-8329

Receipt no. 0008/0791/00606 23.01.07

015100 pay parking ticket 53.50 \$

20.01.07 11:07 - 23.01.07 14:28

Length of stay: 3 Dy. 3 Hr. 21 Min.

total amount

53.50 \$

accepted total

53.50 \$

G.S.T. 6.00 % 3.03 \$

Thank you for your patronage!

Please Come Again!

** Open 24 hours **

** Thank you **

BUSHOUT
CAFE AND BAKERY
EDMONTON INTERNATIONAL AIRPORT

103

CHK 71

11:02AM

103

1 MUFFIN 2.60
2 COFFEE 4.78

8 103
8 103

Best copy available



SOFITEL
ACCOR HOTELS & RESORTS

San Francisco Bay
223 Twin Dolphin Drive, Redwood City, CA 94065
Telephone 650-598-9000 Facsimile 650-598-9383

John/MR McPhail

USA

Arrival 01/20/07
Departure 01/23/07
Guest Name:

Room: 824
Cashier:45
Page: 1
Time: 05:16:16
Conf #: 368491

Hotel Sofitel, San Francisco, 01/23/07

Invoice NO. 217990

Date	Description	DEBIT	CREDIT
	Section 17(1),(4)(e.i)		
12/20	Deposit Payment (Visa) [Redacted] (Conf #365002 - MCPH)		371.50
01/20	San Francisco Room	105.00	
01/20	Room Tax *San Francisco Room	10.50	
01/20	County Tourism Assessmen	1.50	
01/21	Bay 223 Breakfast #824 : CHECK #7891	29.00	
01/21	San Francisco Room	155.00	
01/21	Room Tax *San Francisco Room	15.50	
01/21	County Tourism Assessmen	1.50	
01/21	State sales tax #824 : CHECK #7891	1.98	
01/22	San Francisco Room	180.00	
01/22	Room Tax *San Francisco Room	18.00	
01/22	County Tourism Assessmen Section 17(1),(4)(e.i)	1.50	
01/23	Visa [Redacted]		147.98

Balance: \$0

To be reimbursed in U.S. Funds

APPLICANT COPY

San Francisco Bay
223 Twin Dolphin Drive, Redwood City, CA 94065
Telephone 650-598-9000 Facsimile 650-598-9383

Tracy Chalaturnik
[Redacted]

Section 17(1)

Arrival 01/21/07
Departure 01/23/07

Room: 551
Cashier:55

Guest Name: Ms. Tracy Chalaturnik

Page: 1
Time:
06:59:21
Conf #: 365004

Hotel Soffit, San Francisco, 01/23/07

Invoice NO. 218012

Date	Description	DEBIT	CREDIT
12/20	Deposit Payment (Visa) [Redacted] (Conf #365004 - CHAL		371.50
01/21	San Francisco Room Section 17(1),(4)(e.i)	155.00	
01/21	Room Tax *San Francisco Room	15.50	
01/21	County Tourism Assessmen	1.50	
01/22	San Francisco Room	180.00	
01/22	Room Tax *San Francisco Room	18.00	
01/22	County Tourism Assessmen	1.50	

Balance: \$0

To be reimbursed in U.S. funds.



APPLICANT COPY

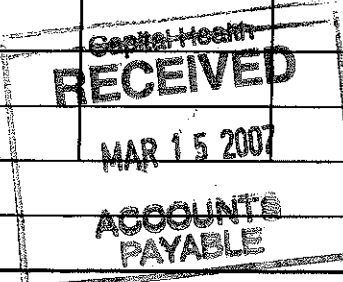
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: February 1, 2007 to February 28, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$168.90	<input type="checkbox"/>
		69600 - 70.28w					<input type="checkbox"/>
		13.00w					<input type="checkbox"/>
		62410 - 85.62					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						168.90 CB	<input type="checkbox"/>



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: *John McPhail* Date: February 6, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date March 13/07
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
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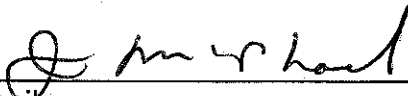
APPLICANT COPY

March 9, 2007

John McPhail
Vice President – Human Resources


IN LIEU OF RECEIPT

- Meter Parking, February 12, 2007 = \$2.00



John McPhail

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: _____

APPLICANT COPY

C. F. [Signature]

THE COPPER POT

9707 110 ST NW UNIT 101
EDMONTON, AB

ID: 012413804
STORE: 145589
SUIT: 2113

PRE-AUTH

\$24.43

TOTAL \$ 24.43
VISA # [REDACTED] \$ 5.00

APPROVED AUTH 019373

SECURITY TRANSACTION FOOT
FEB 7 2007 12:57 PM

CUSTOMER COPY

THE COPPER POT
0-5-T-88071282870001

2 WREN

TBL 22/1 OK 128 GST 0
FEB 07 12:57PM

2 COFFEE 5.96
1 CHOW/DAY 7.95
1 CHOW/COEN 9.20
SUBTOTAL 23.05
0-5-T 4.38
TOTAL DUE 24.43

OUR PLEASURE SERVING YOU

PLEASE PAY SERVER
MAN/CORP/EXT/CR

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



APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

WELCOME TO
MacEwan College
Parking Services
PLEASE KEEP THIS TICKET
WITH YOU

201061

Feb 27/07
**FACE UP
ON DASH**
WARNING - YOUR RISK
SEE BACK ↓

Rcpt# 7705
02/27/07 14:54 L# 2 AM 40 Txn# 24865
02/27/07 09:22 In 02/27/07 14:54 Out
Tkt# 164715
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00

Entered/Arrived:
2007/02/28 10:21

Ticket/Billet#: 88379177
Dur/Duree: 87:26
Paid On/Page Le:
2007/02/28 11:58

Paid/Page: \$ 4.50
Original Fee: \$ 4.50
Change: \$ 0.50

SC: \$ 0.00

Merchant ID:

GMC



THANK YOU
COME AGAIN

*WAPP/ADA
Sommers*

201146

\$1.00

**FACE UP
ON DASH**
WARNING - YOUR RISK
SEE BACK ↓



*2007
WAPP/ADA
Feb 27/07
Din
ADA*

427718

**FACE UP
ON DASH**

WARNING
YOUR RISK
SEE BACK OF TICKET ↓

201147

Handwritten notes:
2007
WAPP/ADA
Feb 27/07
Din
ADA
**FACE UP
ON DASH**
WARNING - YOUR RISK
SEE BACK ↓

100
**FACE UP
ON DASH**
WARNING - YOUR RISK
SEE BACK ↓

Feb 27/07
201060

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

06/20/07 14:40 \$ 5.00

CREDIT CARD NUMBER



RECEIPT 12070753

*Spec
Show Card
A*

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
NATIONAL ESTATE

OFFICE 14758 001 000
#808572
EQUIPMENT \$10.00
TOTAL \$10.00
CASH \$10.00

FOR MONTHLY PAYMENTS
PLEASE CONTACT
CST INCLUDED

*Edm. 12/10/07
Bank of Montreal
#808572
12/10/07*

DETACH THIS PORTION FOR VALIDATION

LIC. NO.:	<i>CHC</i>
AMOUNT:	<i>5.00</i>

imperial parking
CANADA CORPORATION
10238 - 107th STREET
EDMONTON, ALBERTA T2C 1R7

impark 754757



THIS FEE INCLUDES GST. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

Feb 12/07

John McPhail Expense Summary
 2007-2008
 Functional Centre: 201.9000.71120200001

<u>Accounting Period</u>	<u>Invoice Number</u>	<u>CATEGORY</u>				<u>Total</u>	<u>Comments</u>
		<u>Travel-Local/Parking</u> 62410000	<u>Travel-Out of Province</u> 62414000	<u>Meals</u> 69600000	<u>GST</u>		
APR-08	REIMBURSE-31MAR07	150.80	379.53		29.55	559.88	VANCOUVER/PARK/MILE MAR01-31/07
MAY-08	REIMBURSE-30APR07	67.70		30.80	5.61	104.11	MEAL/PARK/MILE APR01-30/07
JUN-08	REIMBURSE-01JUN07	102.20	423.19	57.15	31.86	614.40	KELOWNA/MILE/MEALS MAY16-JUN01/07
1st Quarter Total		320.70	802.72	87.95	67.02	\$ 1,278.39	
Total to Date		320.70	802.72	87.95	67.02	\$ 1,278.39	



Travel & Employee Expense Claim Form
 (In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: March 1, 2007 to March 31, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71120200001	62410000			\$578.64	<input type="checkbox"/>	
		62414 = 362.13 37.90				559.88	<input checked="" type="checkbox"/>	
		62410 = 159.85					<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							559.88	<input type="checkbox"/>

Capital Health
RECEIVED
 APR 03 2007
 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: March 29, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature)		Date Mar. 30/07
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

SARL P.S.C. visit

THE DIPLOMAT
2032 BRAD ST
REGINA SK Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE SA 6091
DATE/TIME 03/20 13:47:48
RECEIPT NUMBER 0-686 008
AUTHORIZAT
AMOUNT \$116.07
TIP \$ 16.07
TOTAL AMOUNT \$ 132.07

01 APPROVED 02 AUTH. # 024339
THANK YOU

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


JOHN D. MCPHAIL

Sbarro

Edmonton
(780) 890-4003

6955 1 11 12996

Cashier: Cashier1
BREAK PIZZA 3.69
MEDIUM COFFEE 1.68

DINE IN 5.37
GST .32
Amount Due \$5.69
CASH \$6.00
Change \$.31

GST NUMBER: GST#13751 2901RT0003

NOW HIRING. SEND RESUME
TO TZIEBARTH@CARA.COM
2007-03-20 7:48 AM

SELECT SERVICE
PARTNER
REGINA AIRPORT
CAFE

#109 IN
1 SPEC LA2 7.95
1 POP SM 1.22

SHTL 9.17

SST .55
TOTL 9.72
CASH 10.00
CHNG .28

THANKYOU
GST# R-123897753

CSHR CASHIER
MAR.20 07 0001
No7732 17:55 #001

APPLICANT COPY

EDMONTON AIRPORTS

GST# R128599776

Car park 0000001009 Phone. (780)890-8439
Fax. (780)890-8329

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

HBA

AAW
✓

Receipt no. 0955/0793/00807 20.03.07

015100 pay parking ticket 13.40 \$
20.03.07 05:41 - 20.03.07 21:19
Length of stay: 0 Dy. 15 Hr. 38 Min.

total amount 13,40 \$

accepted total 20,00 \$
change 6,60 \$
G.S.T. 6.00 % 0,76 \$

Rcpt# 9881
03/13/07 08:41 L# 2 A# 15 Txn# 32120
03/13/07 07:04 In 03/13/07 08:41 Out
Tkt# 172821
Regular Rate \$ 5.66
Total Tax \$ 0.34
Total Fee \$ 6.00
CASH PAID \$ 6.00-
Cash Tender \$ 6.00
Change Due \$ 0.00

TELUS PARKADE
GST INC. R#122388333
07MAR23 16:22 001 002
07MAR23 14:47
/ 1:35 #165614
RATE 1 \$8.00
TOTAL \$8.00
CASH \$8.00

THANK YOU
COME AGAIN

MANAGED BY
IMPERIAL PARKING

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

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

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

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 0000
DATE/TIME 2007/03/11 22:03:29
RECEIPT NUMBER S80583012-712-022
PURCHASE -----
TOTAL AMOUNT \$40.45

01 APPROVED 027 AUTH. # 098562
THANK YOU

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

Parking

JOHN D MCPHAIL

MERCHANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 9252
03/01/07 21:40 L# 2 A# 14 Txn# 26473
03/01/07 18:21 In 03/01/07 21:40 Out
Tkt# 166100
Regular Rate \$ 1.89
Total Tax \$ 0.11
Total Fee \$ 2.00
CASH PAID \$ 2.00-
Cash Tender \$ 2.00
Change Due \$ 0.00

HBA
X

THANK YOU
COME AGAIN

APPLICANT COPY



Hyatt Regency Vancouver
655 Burrard Street
Vancouver, BC, Canada
V6C 2R7

Telephone 604-683-1234
Facsimile 604-689-3707

BN: 11943 8240 RT

Last Name MCPHAIL		First Name JOHN	
Street ROOM 1J2.16			
8440 112 ST			
City EDMONTON	PROV AB	Postal Code T6G 2B7	
(780) 407-7297		1/0	

Folio	1	Page	1
Room	2520		
Rate	209.00		
Arrival	03/07/07 WED		
Departure	03/09/07 FRI		
Bonuses	Type CCARD		
Account	[REDACTED]		

DATE	DESCRIPTION	CHARGE/CREDIT
03/07	L s.17(1), 17(4)(g)(i)	1.00
03/07	*OTHER G.S.T.	.06
03/07	Non-Responsive	13.43
03/07	*OTHER G.S.T.	.81
03/07	GROUP ROOM	159.00
03/07	*ROOM G.S.T.	9.54
03/07	*ROOM TAX	15.90
03/07	Non-Responsive	26.42
03/07	*PARKING GST	1.59
03/08	[REDACTED]	-227.75
	Section 17(1),(4)(e.i)	39.85
	Total Due	00
SUMMARY OF G.S.T #119438240 RT		\$187.90
	Room	9.54
	Food & Beverage	.00
	Other	2.46
	Total	12.00

DATE	DESCRIPTION	CHARGE/CREDIT
	VISA [REDACTED]	
	No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.	
	Thank you for your business. For feedback and comments, please email our Quality Assurance at zdu@hyatt.com or call us at 604-683-1234. Z Du, Executive Assistant Manager, Rooms Division.	
	Lost and found inquiries: lostnfd@hyatt.com	
	Handwritten notes: 187.90 < .81 > GST Pls < 1.59 > GST Park ----- 185.50	

Signature

Charlotte pls deduct 39.85 from the Co-remote billing - Jan 2008

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 or the full amount of these charges.



APPLICANT COPY

Travel Approval Form / Request for Advance

A. TRAVEL PARTICULARS Complete this section and forward to your Travel Coordinator Section 17(1)		
Name: John McPhail	Signature: <i>[Signature]</i>	Employee #: [Redacted]
Department: Human Resources	Office Location: 1J2.16 WMC	Business Phone #: 407-7297
Program: Human Resources	Oracle Cost Centre: 201 9000 71100200001 62414000	
Destination: Vancouver, B.C.		
Dates: From (day/month) March 7 (year) 2007 to (day/month) March 11 (year) 2007		
Purpose of Trip: to attend Council of Human Resource Executives (West), The Conference Board of Canada		
Travel Coordinator's Name: Charlotte van Gelder		Business Phone #: 407.7297

APPROVALS:	
Supervisor (please print): Sheila Weatherill	Title: President and CEO
Signature: <i>[Signature]</i>	Date: Feb 5/07
Vice-President/Chief Operating Officer Signature: (for Out of Province Travel)	Date:

B. ESTIMATE OF EXPENSES (Canadian Dollars) Complete this section if your Supervisor needs to know total costs before approving travel		
1. Accommodation Charge	# 1 Nights at \$159.00	\$159.00
2. Meals		To be claimed
3. Registration		
4. Airfare or Other Travel Costs		\$300.00
5. Other Expenses (please specify)		To be claimed
Total Estimated Travel Costs		\$459.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Requested:	Date Required:

D. TICKET/TRAVEL INFORMATION TO BE COMPLETED BY TRAVEL COORDINATOR		
Date: January 31, 2007	Invoice Number:	Amount: \$300.00
Date Information Sent to Traveler: January 31, 2007		
Date Information Received from Traveler: January 31, 2007	Date Notified Travel Agent: January 31, 2007	

- Travel coordinators shall work with the Capital Health approved Travel Agency.
- The travel coordinators will forward this form with required approvals to the Travel Agency at the time of booking by faxing it to:
 - Attention: Marlin Thomas Cook Travel - Capital Health Corporate Account
 - Fax: (780) 426-5759
- If an advance is being requested the original Travel Approval Form should also be forwarded to:
 - Accounts Payable
 - Capital Health Centre
 - North Tower - 10th Floor, 10030-107 Street
 - Edmonton, AB T5J 3E4
- All out of Province travel requires VP/COO approval as depicted in SECTION A.

APPLICANT COPY



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: April 1, 2007 to April 30, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$104.11	<input type="checkbox"/>
			69600 = 27.35	5.00			<input type="checkbox"/>
			62410 = 71.76				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

PAID
MAY 21 2007
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 17, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature)		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

WNLW

AHW
X

Name CHC
 Amount Pd: 10.00
 Licence _____ Prov. _____
 Make _____ Color _____
 Date _____

TELUS PARKADE
 GST INC. R#122388333
 07APR12 16:21 001 002
 07APR12 15:11
 / 1:10 #167347
 RATE 1 \$6.00
 TOTAL \$6.00
 CASH \$6.00

THANK YOU FOR PARKING
 WITH IMPERIAL PARKING
 MACDONALD ESTATES
 07APR13 15:31 001 002
 #323060
 EARLYBIRD \$10.00
 TOTAL \$10.00
 CASH \$10.00

MANAGED BY
 IMPERIAL PARKING

FOR MONTHLY PARKING
 PHONE 4201976
 GST INCLUDED

No 129693

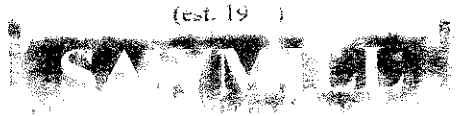
TELUS PARKADE
 GST INC. R#122388333

CH Research
Stationary

03/26/07 12:16 In 03/26/07 12:16 Out
 03/26/07 12:16 In 03/26/07 12:16 Out
 03/26/07 12:16 In 03/26/07 12:16 Out
 Rate 12.00
 Res Car Rate \$ 11.32
 03/26/07 \$ 0.68
 03/26/07 \$ 12.00
 03/26/07 \$ 12.00
 03/26/07 \$ 20.00
 03/26/07 \$ 9.00

THANK YOU
 COME AGAIN

Amey



Best copy available

Veronica Peterson
Attn: Admin

\$ 5.00
 \$ 32.35
John

APPLICANT COPY



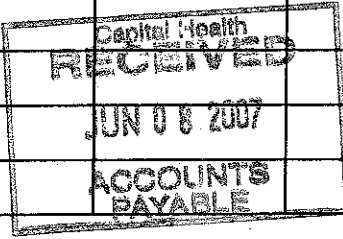
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: May 1, 2007 to June 1, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$614.40	<input type="checkbox"/>
		69600 = 50.35 9.65					<input type="checkbox"/>
		62414 = 404.17 41.90					<input type="checkbox"/>
		62410 = 108.33					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>



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: June 4, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date June 7/07.
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
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 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY
 THE
Grand
 OKANAGAN

LAKEFRONT RESORT AND CONFERENCE CENTRE
 1310 WATER STREET, KELOWNA, B.C. V1Y 9P3
 Phone: (250) 763-4590 Fax: (250) 763-4565

MCPHAIL, JOHN
 Conference Board of Canada

Room Number: 406
 Daily Rate: 169.00
 Room Type: QQNN
 No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
5/30/2007	6/1/2007		GRCON	GRCRP	10000309635

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
5/30/2007	406	ROOM CHARGE	#406 MCPHAIL, JOHN	\$169.00
5/30/2007	406	8% HOTEL TAX	8% HOTEL TAX	\$13.52
5/30/2007	406	ROOM GST	ROOM GST	\$10.14
5/30/2007	406	MUNICIPAL TAX	MUNICIPAL TAX	\$3.38
5/31/2007	406	ROOM CHARGE	#406 MCPHAIL, JOHN	\$169.00
5/31/2007	406	8% HOTEL TAX	8% HOTEL TAX	\$13.52
5/31/2007	406	ROOM GST	ROOM GST	\$10.14
5/31/2007	406	MUNICIPAL TAX	MUNICIPAL TAX	\$3.38
6/1/2007	406	VISA	VISA	(\$392.08)

Conf Board Canada

TOTAL DUE: \$0.00

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREED 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.
 GST REGISTRATION #R122632380

APPLICANT COPY

Name June CAC
 Amount Pd: 8.00
 Licence _____ Prov. _____
 Make MAY 22 2006 Color 14:65
 Date _____

N° 131,987

*A. Hancock
 J. Antonio*

IL PORTICO RESTAURANT
 10012 107 ST T5J1J2
 EDMONTON AB
 22616227

PRE AUTH PURCHASE
 05-30-2007 13 31 67
 Acct # [REDACTED]
 Exp Date [REDACTED] Card Type VI
 Name: JOHN D MCPHAIL Section 17(1),(4)(e.i)

Inv. # 24 Operator 310
 T22616227001
 Auth # 064305 RRN 001297025

P. Auth Purchase \$50.35
 Tip \$ 10.00
 Total \$ 60.35

Customer copy *[Signature]*

IL PORTICO
 EDMONTON, ALBERTA
 G.S.T.# R128503554

24 SUE

 TBL 24/1 CHK 210 GST 0
 MAY00 '07 11:42AM

 1 MIXED SALAD 6.00
 1 BEEF SAND 11.00
 1 TAG CHICK 13.00
 1 RISOTTO 12.00
 1 COFFEE 2.50
 1 CAPPUCINO 3.00

 SUBTOTAL 47.50
 G.S.T. 2.85
 TOTAL DUE 50.35

PLEASE PAY SERVER

John McPhail Expense Summary
 2007-2008
 Functional Centre: 201,9000,71120200001

CATEGORY

Accounting Period	Invoice Number	Travel-Local/Parking	Travel-Out of Province	Meals	GST	Total	Comments
APR-08	REIMBURSE-31MAR07	150.80	379.53		29.55	559.88	VANCOUVER/PARK/MILE MAR01-31/07
MAY-08	REIMBURSE-30APR07	67.70		30.80	5.61	104.11	MEAL/PARK/MILE APR01-30/07
JUN-08	REIMBURSE-01JUN07	102.20	423.19	57.15	31.86	614.40	KELOWNA/MILE/MEALS MAY16-JUN01/07
	1st Quarter Total	320.70	802.72	87.95	67.02	\$ 1,278.39	
JUL-08	REIMBURSE-29JUN07	24.16			1.45	25.61	PARK/MILEAGE JUN1-29/07
AUG-08	REIMBURSE-31JUL07	145.72		109.25	14.25	269.22	MEALS/PARK/TAXI/MILE JUN29-JUL31/07
SEP-08	REIMBURSE-31AUG07	119.03			7.14	126.17	PARKING/MILEAGE AUG07
	2nd Quarter Total	288.91	-	109.25	22.84	\$ 421.00	
	Total to Date	609.61	802.72	197.20	89.86	\$ 1,699.39	

APPLICANT COPY

J. McPhail

APPLICANT COPY



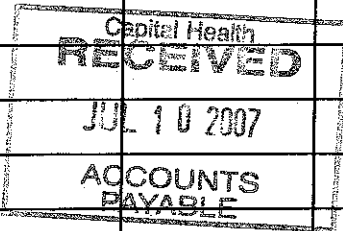
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: June 1, 2007 to June 29, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7112020001	62410000			\$25.61	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						25.61	<input type="checkbox"/>



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:	Date: July 4, 2007
---------------------	--------------------

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature)		Date July 6/07
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Name _____

Amount Pd: 6⁰⁰

Licence _____ Prov. _____

Make MINI COOPER Color 14553

Date CHC

N°133,244

Name _____

Amount Pd: 8⁰⁰

Licence _____ Prov. CHC

Make JUN 14 2004

Date [Signature]

N°133,915



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: June 29, 2007 - July 31, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7112020001	62410000			✓ \$264.72	<input type="checkbox"/>
		69600 - 97.26 12.50					<input type="checkbox"/>
		62410 = 154.46					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						269.22	✓ <input type="checkbox"/>

Capital Health RECEIVED
AUG 20 2007
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: August 7, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Details	Accomm.	Meals	Registration	Transportation	Other	Parking	Mileage
29-Jun-07	Parking - AHW						\$6.00	
6-Jul-07	Parking HBAS						\$12.00	
11-Jul-07	Parking - Copper Pot						\$1.00	
12-Jul-07	Parking - CHC						\$3.00	
16-Jul-07	Parking - CHC						\$10.00	
17-Jul-07	Parking - CHC						\$16.00	
18-Jul-07	Parking - RAH						\$10.00	
18-Jul-07	Parking - RAH						\$10.00	
24-Jul-07	Parking - CHC						\$12.00	
25-Jul-07	Parking - CHC						\$10.00	
27-Jul-07	Parking - CHC						\$12.00	
29-Jun-07	Mileage - AHW							8
6-Jul-07	Mileage - HBAS							7
11-Jul-07	Mileage - Copper Pot							6.5
12-Jul-07	Mileage - CHC							7
13-Jul-07	Mileage - Earl's							9
16-Jul-07	Mileage - CHC							7
16-Jul-07	Mileage - CCG							6.5
17-Jul-07	Mileage - CHC							7
18-Jul-07	Mileage - RAH							11
18-Jul-07	Mileage - CHC							7
18-Jul-07	Mileage - RAH							11
19-Jul-07	Mileage - CHC							7
24-Jul-07	Mileage - CHC							7
19-Jul-07	Mileage - CHC							7
25-Jul-07	Mileage - CHC							7
27-Jul-07	Mileage - CHC		54.03					7
13-Jul-07	Meals		\$48.53	46.53	7.50			
13-Jul-07	Meals		\$37.27	31.27	6.00			
31-Jul-07	Meals		\$23.46	19.46	4.00			
TOTALS:		\$ -	\$ 107.26	\$ -	\$ -	\$ -	\$ 102.00	\$ 52.46

114.76

EXPENSE LIMITS

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.

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 lunch/dinner meeting.

Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 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.

Advance

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



Parking
AHEAD
Meeting

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

12/07/07 15:30 \$ 3.00

CREDIT CARD NUMBER

CHC

421537

\$1.00 = 11/07
July

Capital
PARKING
168806

FACE UP
ON DASH

WARNING - YOUR RISK
SEE BACK

TELUS PARKADE
GST INC. R#122389333
07JUN29 15:41 001 002
07JUN29 14:30
/ 1:11 #175519
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00

RECEIPT

MANAGED BY
IMPERIAL PARKING

Name _____

Amount Pd: 10.⁰⁰ CHC

Licence _____ Prov. _____

Make _____ Color 11-53

Date JUL 16 2007

N° 135,995

TICKET VOID IF FIB.



THIS SIDE UP ON DASH

Name _____

Amount Pd: 12.⁰⁰

Licence _____ Prov. _____

Make _____ Color 13-52

Date JUL 24 2007

N° 136,682

Early Bird Parker
Meter: 02025902
Trans: 012551
Time: 13:49 JUL 06
Price: \$12.00
Card: [REDACTED]
Exp.: [REDACTED]
impark
6:00 PM FRI
JUL 06 07
Section 17(1),(4)(e.i)

TICKET VOID IF FIB SOLD

PLACE THIS SIDE UP ON DASH

INSTRUCTIONS ON BACK

OLD

PLACI

APPLICANT COPY

Name Suby SF107
 Amount Pd: 12,000
 Licence CHC Prov. ✓
 Make ✓ Color ✓
 Date _____
N° 136,589

Name CHC
 Amount Pd: 1000
 Licence _____ Prov. _____
 Make JUL 25 2016 12:16
 Date _____
N° 136,720

Name CHC
 Amount Pd: 1600
 Licence _____ Prov. _____
 Make 13x18
 Date _____
N° 136,130

Name _____
 Amount Pd: 10,000
 Licence CHC Prov. _____
 Make _____ Color _____
 Date _____
N° 136,276

APPLICANT COPY

*Porter
Lyfts*

OFFER NO. 8815AUR
107 110TH SN2L4
EDMONTON AB
22727088

DATE OF PURCHASE 11/11

QTY 12 59:23

Acct # [REDACTED]

Exp Date [REDACTED] Type VI

Name JOHN P.

Trace # 10000

Inv. # 1000

Auth # 884555 1005

P. Auth Purchase \$16.53

Tip 7.50

Total \$ 54.03

Customer copy

Best copy available

APPLICANT COPY

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

CHFC
TAX
DATE 07/07
TIME 1:33

RICKY ANIE.65

ITEMS ORDERED

1 BREAKFAST 5.99
1 COFFEE 7.99
1 DEE 1.19
2.19

Subtotal 11.06
GST 1.10
TOTAL 12.16

OF GUESTS

RICKY'S ALL DAY GRILL
22896843001
PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

6.021. #8990 1/4

RICKY'S ALL DAY GRILL
10140 109TH ST. T5J1N7
EDMONTON AB
22896843

PRE AUTH PURCHASE
07-31-2007 08:06:11
Acct # [REDACTED]
Exp Date [REDACTED] Card Type VI
Name: JOHN D MCPHAIL

Inv. # 47795 Operator 555
T2296843001
Auth # 092476 RRN 001631005
P.Auth Purchase \$19.46

TIP
Total \$ 14.00
\$ 23.46
Customer copy 176

APPLICANT

earls
GREAT FOOD GREAT PEOPLE

MSM
earls
GREAT FOOD GREAT PEOPLE

67 MARK M.
Tbl 41/1 Chk 1374
13Jul'07 11:47AM

Date: 13Jul'07 12:51PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 043471
Check: 1374
Table: 41/1
Server: 67 M
JOHN D
CIL

2 POP @ 2.50 5.00
2 POP REFILL 11.25
1 BURGER 1.25
1 GREENS\CHOW 12.00

Subtotal 29.50
GST Tax 1.77
12:49 Total 31.27

PLEASE PAY YOUR SERVER

Robert Aoki, Managing Partner
Dean Mitchell, Head Chef

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

Subtotal: 31.27
Tip: \$ 6.00
Total: \$ 37.27

Signature: *[Signature]*
I agree to pay above total according to card issuer agreement.

****Merchant Copy****

GST#R101544



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: August 1, 2007 – August 31, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$126.17	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
AUG 29 2007
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: <i>John McPhail</i>	Date: August 31, 2007
-----------------------------------------	-----------------------

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date Aug. 24/07
Approved By:	Title:	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Name _____
 Amount Pd: 800
 Licence CHC
 Make PROX
 Date AUG 02 2009
 Color 14:54
 N°137,336

Name _____
 Amount Pd: 1200
 Licence CHC
 Make PROX
 Date AUG 02 2009
 Color 14:54
 N°137,612

Name _____
 Amount Pd: 800
 Licence CHC
 Make PROX
 Date AUG 16 2009
 Color 14:54
 N°136,277

Name _____
 Amount Pd: 600
 Licence CHC
 Make PROX
 Date AUG 03 2009
 Color 15:31
 N°137,424

Name _____
 Amount Pd: 1600
 Licence CHC
 Make PROX
 Date AUG 14 2009
 Color 14:54
 N°137,869

APPLICANT COPY

ABA

Adrian Edun
✓

IMPERIAL PARKING

Early Bird Parker

Meter: 03025902

Trans: 002241

Time: 8:51A AUG 08

Price: \$12.00

Expires: ✓

6:00PM MON
AUG 13 07

Thank You For
Parking At Commerce
Place Parkade

07AUG09 11:59 019 002
07AUG09 09:36 02
/ 2:23 #350357

50086151447
RATE 10.00
TOTAL 10.00
Cash 10.00

GST #897727657RT
Have a Nice Day

INSTRUCTIONS ON BACK

*Garic
Aug 07*

WELCOME TO
MacEwan College
Parking Services
PLEASE KEEP THIS TICKET
WITH YOU

Entered/Arrivee:
2007/08/08 09:48

Ticket/Billet#: 8052511353
Dur/Duree: 85:06
Paid On/Paye Le:
2007/08/08 11:14

Paid/Paye:\$ 4.50
Original Fee:\$ 4.50
Change:\$ 0.50

SG:\$ 0.00

Merchant ID:

✓

John McPhail Expense Summary
 2007-2008
 Functional Centre: 201.9000.71120200001

CATEGORY

Accounting Period	Invoice Number	Travel-Local/Parking	Travel in Province	Travel-Out of Province	Meals	GST	Total	Comments
APR-08	REIMBURSE-31MAR07	150.80		379.53		29.55	559.88	VANCOUVER/PARK/MILE MAR01-31/07
MAY-08	REIMBURSE-30APR07	67.70			30.80	5.61	104.11	MEAL/PARK/MILE APR01-30/07
JUN-08	REIMBURSE-01JUN07	102.20		423.19	57.15	31.86	614.40	KELOWNA/MILE/MEALS MAY16-JUN01/07
	1st Quarter Total	320.70	-	802.72	87.95	67.02	\$ 1,278.39	
JUN-08	REIMBURSE-29JUN07	24.16				1.45	25.61	PARK/MILEAGE JUN1-29/07
AUG-08	REIMBURSE-31JUL07	145.72			109.25	14.25	269.22	MEAL/S/PARK/TAXI/MILE JUN29-JUL31/07
SEP-08	REIMBURSE-31AUG07	119.03				7.14	126.17	PARKING/MILEAGE AUG07
	2nd Quarter Total	288.91	-	-	109.25	22.84	\$ 421.00	
NOV-08	REIMBURSE-30NOV07	416.43	225.76			37.71	679.90	PARK/MILE/HOTEL OCT01-NOV30/07
	3rd Quarter Total	416.43	225.76	-	-	37.71	\$ 679.90	
	Total to Date	1,026.04	225.76	802.72	197.20	127.57	\$ 2,379.29	

APPLICANT COPY

J. McPhail

APPLICANT COPY



Capital Health
EDMONTON AREA

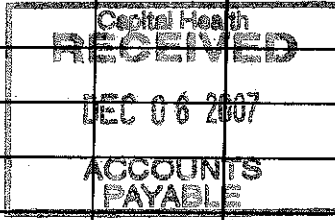
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: October 1, 2007 to November, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7112020001	62410000			\$679.90	<input type="checkbox"/>
		62312 = 231.64	7.23				<input type="checkbox"/>
		62410 = 434.63	6.40				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>



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:** December 3, 2007

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
<i>[Signature]</i>		Date Dec 4/07
Approved By: (Print name)	Title:	Phone #
<i>[Signature]</i>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EDMONTON AIRPORTS

GST# R128599776

Car park 0000001009 Phone. (780)890-8439
Fax. (780)890-8329

Receipt no. 0489/0771/00804 09.11.01

015100 pay parking ticket 16,80 \$
08.11.07 15:43 - 09.11.07 18:11
Length of stay: 1 Dy. 2 Hr. 28 Min.

total amount 16,80 \$
accepted total 16,80 \$
G.S.T. 6.00 % 0,95 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

FORM D RCPHAIL

DESSUS DE CETTE LIGNE
AUTHORIZATION NUMBER/NO D'AUTORISATION

BILL NO.-NO. DE NOTE	38
DATE CHECKED	11.08.07
DATE D'EXPIRATION VERIFIEE	5 249

CUSTOMER COPY
COPIE DU CLIENT

4000	AMOUNT MONTANT
	TIPS POURBOIRE
46.00	\$ CDN CAN

CARDHOLDER'S SIGNATURE-SIGNATURE DU TITULAIRE
J. D. ...

CHARGE EX SALES DRAFT
CHARGE EX FACTURE

VISA

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 HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DETENTEUR DE LA CARTE CI-HAUT 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.

TRANSACTION RECEIPT =

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

ACCT TYPE: CREDIT CARD
CARD NUMBER:

CARD TYPE: VISA
DATE/TIME:

AUTHORIZATION: 081932.

VEH/DRV: 0133 / 1054
GST#: 127261279
TXN ID: 2565727

AMOUNT: \$ 28.60
TIP: \$ 6.40
TOTAL: \$ 35.00

GUEST FOLIO

801 MCPHAIL/JOHN 179.00 11/09/07 12:00 19512 20716
 ROOM NAME RATE DEPART TIME ACCT# GROUP
 GK
 TYPE 77 1J2 8440 10012TH STR PASSPORT:
 ARRIVE 11/08/07 18:01
 TIME

ROOM ED MONT ON AB T6G2B7 PAYMENT MR#:
 CLERK ADDRESS

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
11/08	OTHR GRP	801, 1 179.00		
11/08	DM FEE	801, 1 1.79		
11/08	ROOM GST	801, 1 10.85		
11/08	T LEVY	801, 1 7.23		
11/09	BK CARD			
			\$198.87	

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING CALGARY MARRIOTT HOTEL. TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- SUMMARY OF TAXES -----

DESCRIPTION	TAXED AMOUNT	TAX
A DESTINATION MKT FEE	.00	1.79
B 5% GST ROOM	.00	10.85
C 6% GST OTHER	.00	.00
D 6% GST INCLUSIVE	.00	.00
I 4% TOURISM LEVY	.00	7.23
NET CHARGES	179.00	TAX 19.87
		CREDITS .00
		FOLIO 198.87

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Name _____

Amount Pd: 6 **APPLICANT COPY**

Licence _____ Prov. _____

Make J Color 15:45

Date NOV 21 2007

Nº 4,753

Name _____

Amount Pd: 16.00

Licence _____ Prov. CHC

Make OCT 10 2007 Color 12:55

Date _____

Nº 2,543

Name _____

Amount Pd: 16.00

Licence _____ Prov. CHC

Make SEP 25 2007 Color 12:14

Date _____

Nº 0,732

Name _____

Amount Pd: 6.00

Licence _____ Prov. CHC

Make OCT 15 2007 Color 12:13

Date _____

Nº 2,125

Name _____

Amount Pd: 10.00

Licence _____ Prov. _____

Make J Color 11:59

Date OCT 30 2007

Nº 3,194

Name _____

Amount Pd: 16.00

Licence _____ Prov. CHC

Make J Color _____

Date _____

Nº 1,651

Name _____

Amount Pd: 12.00

Licence _____ Prov. 13:13

Make SEP 28 2007 Color _____

Date CHC

Nº 1,097

Name _____

Amount Pd: 8.00

Licence _____ Prov. _____

Make OCT 18 2007 Color 12:05

Date _____

Nº 2,439

Name _____
Amount Pd: 6.00 **APPLICANT COPY**
Licence _____ Prov. 14:39
Make OCT 31 2007 Color _____
Date _____
N^o **3,331**

Name _____
Amount Pd: 15:45
Licence _____ Prov. CHC
Make NOV 13 2007 Color _____
Date _____
N^o **3,437**

Name _____
Amount Pd: 8.00
Licence _____ Prov. 13:30
Make NOV 23 2007 Color _____
Date _____
N^o **4,976**

Name _____
Amount Pd: 8.00
Licence _____ Prov. CHC
Make NOV 19 2007 Color 13:55
Date _____
N^o **4,559**

Name _____
Amount Pd: 10.00
Licence _____ Prov. _____
Make CHC Color _____
Date _____
N^o **2,198**

Name _____
Amount Pd: 8.00
Licence _____ Prov. _____
Make NOV 20 2007 Color 14:43
Date NOV 20 2007
N^o **4,656**

Name _____
Amount Pd: 10.00
Licence _____ Prov. _____
Make _____ Color CHC
Date _____
N^o **4,104**

Name _____
Amount Pd: 6.00
Licence _____ Prov. _____
Make _____ Color CHC
Date _____
N^o **4,993**

15M
YOUR RECEIPT
THANK YOU

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

07NOV07 19:08 001 002
07NOV07 17:46
/ 1:22 #373522
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED

Name _____
Amount Pd: **2.00**
Licence _____ Prov. _____
Make **NOV 2** Color **13**
Date _____
No **5,266**

Name _____
Amount Pd: **14.50**
Licence _____ Prov. _____
Make _____ Color _____
Date **NOV 11 2007**
No **3,522**

TELUS PARKADE
GST INC. R#122388333

07OCT22 09:56 001 001
07OCT22 07:47
/ 2:09 #194952
RATE 1 \$10.00
TOTAL \$10.00
CASH \$10.00

MANAGED BY
IMPERIAL PARKING

TELUS PARKADE
GST INC. R#122388333

07NOV15 17:09 001 002
07NOV15 13:43
/ 3:26 #187277
RATE 1 \$14.00
TOTAL \$14.00
CASH \$14.00

MANAGED BY
IMPERIAL PARKING

Allen

TIK
TICKET VOID IF RE-SOLD
IMPERIAL PARKING
IMPARK EDMONTON
MACHINE # 055716
#373522
impark
\$6.00
PLACE THIS SIDE UP ON DASH

PRE-SOLD
OCT 18, 2007
6:00AM
impark
PLACE THIS SIDE UP ON DASH

TIK
TICKET VOID IF RE-SOLD
IMPARK EDMONTON
MACHINE # 055716
#373522
impark
\$14.00
PLACE THIS SIDE UP ON DASH

PRE-SOLD
NOV 21 07
impark
PLACE THIS SIDE UP ON DASH

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

*Meeting
ETL
K*

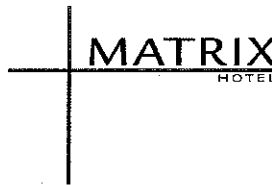
Thank You For
Parking At Commerce
Place Parkade

07NOV29 16:18 019 002
07NOV29 14:46 01
/ 1:32 #383710

30062292396
RATE 6.00
TOTAL 6.00
Cash 6.00

GST #897727657RT
Have a Nice Day

**DO NOT LEAVE
APPLICANT'S COPY
ITEMS VISIBLE IN
VEHICLE**



**CAR AND
CONTENTS LEFT NO 5,371
AT OWNER'S RISK**

<i>5.00 NOV 29 2007 Park</i>	IN 16:25
	OUT

**Please leave
this pass with
parking lot
attendant on exit**

Amount PD

CITY OF EDMONTON
LIBRARY PARKADE
BET # 11/30/270 RT0001

Receipt 57659
10/10/07 21:48 Lp 2 AM 41 Tx# 25418
10/10/07 18:03 In 10/10/07 21:48 Lt
Tx# 25417
Regular Rate \$ 2.85
Total Tax \$ 0.17
Total Fee \$ 3.00
CASH PAID \$ 3.00
Cash Tender \$ 3.00
Change Due \$ 0.00

THANK YOU
COM? AGAIN

*impaired
return*

H But

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

IMPERIAL PARKING
LOT 259
Hourly Parking

Metan: 02025901
Trans: 019702

Impark

Time: 8:40A NOV 30
Price: \$12.00

Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

12:40PM FRI
NOV 30 07

INSTRUCTIONS ON BACK
Impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON

[Handwritten signature]

Thank You For
Parking At Commerce
Place Parkade

07NOV16 17:01 019 002
07NOV16 14:56 01
/ 2:05 #380046

30061169830
RATE 8.00
TOTAL 8.00
Cash 8.00

GST #897727657RT
Have a Nice Day

CITY OF EDMONTON
LIBRARY PARKADE
GST # R19336270 RT0001

0.00

RCPT# 13425
10/24/07 21:20 LH 1 AM 6 TXNH 88464
10/24/07 17:37 In 10/24/07 21:20 Out
TXNH 094289
Reseller Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50-
Cash Tender \$ 4.50
Change Due \$ 0.00



THANK YOU
DONE AGAIN

CITY OF EDWARDS
LIBRARY PARKADE
GST # R19336270 RT0001

RCPT# 13425
10/24/07 15:42 LH 1 AM 36 TXNH 57807
10/24/07 15:42 In 10/24/07 15:42 Out
TXNH 094289
Reseller Rate \$ 9.92
Total Tax \$ 0.39
Total Fee \$ 16.50
CASH PAID \$ 16.50-
Cash Tender \$ 16.50
Change Due \$ 0.00

THANK YOU
DONE AGAIN

*Prabhjy. Muthim
Dty.*

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 23/10 05:54 PM

AMOUNT PAID \$ 3.50 1521000000 04:36 PM



UNIVERSITY OF ALBERTA 1095339

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED: 23/10/07 04:36 PM AMOUNT PAID \$ 3.50

CREDIT CARD NUMBER

1521000000



UNIVERSITY OF ALBERTA 1095339

RECEIPT

GST # R108102831

APPLICANT COPY

Best copy available

Alberta Collage

Terminal#:1 Cashier#:2
05/11/07 09:50
05/11/07 11:19 - 01:30
60201042 / #050862
Rate1 : \$ 6.00
TOTAL : \$ 6.00
 : \$ 21.00
CHANGE : \$ 15.00

*EPCOR
Hans Martin*

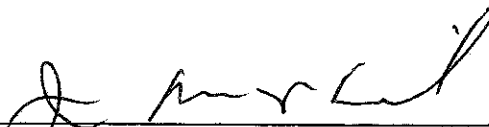
APPLICANT COPY

December 3, 2007

John McPhail
Vice President – Human Resources

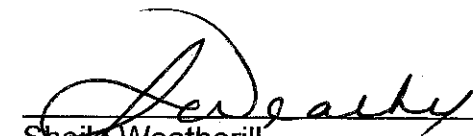
IN LIEU OF RECEIPT

- Parking, November 28, 2007 = \$2.00



John McPhail

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: December 4/07

John McPhail Expense Summary
2007-2008
Functional Centre: 201,9000,71120200001

CATEGORY

Accounting Period	Invoice Number	Travel-Local/Parking	Travel in Province	Travel-Out of Province	Catering	GST	Total	Comments
APR-08	REIMBURSE-31MAR07	150.80		379.53		29.55	559.88	VANCOUVER/PARK/MILE MAR01-31/07
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	1st Quarter Total	320.70		802.72	87.95	67.02	\$ 1,278.39	
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AUG-08	REIMBURSE-31JUL07	145.72			109.25	14.25	269.22	MEALS/PARK/TAX/MILE JUN29-JUL31/07
SEP-08	REIMBURSE-31AUG07	119.03				7.14	126.17	PARKING/MILE JUNE 30/07
	2nd Quarter Total	288.91			109.25	22.84	\$ 421.00	
DEC-08	REIMBURSE-30NOV07	416.43	225.76			37.71	679.90	PARK/MILE/HOTEL OCT01-NOV30/07
	3rd Quarter Total	416.43	225.76			37.71	\$ 679.90	
JAN-08	REIMBURSE-31DEC07	108.12				6.49	114.61	PARKING/MILE JUNE 30/07
FEB-08	REIMBURSE-31JAN08	103.44				6.85	148.97	PARK/MILE/MEAL JAN08
MAR-08	REIMBURSE-29FEB08	75.33				26.84	567.64	MEALS/PARK/MILE JUNE 30/07
	4th Quarter Total	286.89				40.18	\$ 831.22	
	Total to Date	1,312.93	225.76	802.72	197.20	167.75	\$ 3,210.51	

J. McPhail

APPLICANT COPY



Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: December 1 to December 31, 2007	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62/10000 3			\$114.61	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						114.61	<input checked="" type="checkbox"/>

Capital Health
RECEIVED
JAN 10 2008
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: *J McPhail* Date: January 7, 2008

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>S Weatherill</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

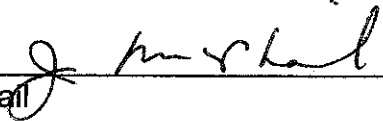
APPLICANT COPY

December 3, 2007

John McPhail
Vice President – Human Resources


IN LIEU OF RECEIPT

- Parking, December 3, 2007 = \$2.00



John McPhail

Approved for payment/reimbursement by:



Sheila Weatherill
President and CEO

Date: January 7, 2008

Name _____
Amount Pdi: 1600
Licence _____ Prov. CHC
Make _____ Color _____
Date _____
Nº 6,524

Amount Pdi: 1200
Licence _____ Prov. CHC
Make _____ Color _____
Date DEC 10 2007
Nº 5,963

Name _____
Amount Pdi: 600
Licence _____ Prov. CHC
Make _____ Color _____
Date _____
Nº 5,503

Name _____
Amount Pdi: 1000
Licence _____ Prov. _____
Make _____ Color 1200
Date _____
Nº 6,711

Name _____
Amount Pdi: 600
Licence _____ Prov. CHC
Make _____ Color _____
Date _____
Nº 6,412

APPLICANT COPY

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

RC02H156009 LA 2 AM 43 TX06137685
12/06/07 16:58 In 12/06/07 16:58 Out
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 12.00
STAMPS DUE \$ 0.00
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

42215

[Handwritten mark]

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

Handwritten notes:
2005/06
2005/07

RC02H156850 LA 2 AM 43 TX06137674
12/05/07 12:17 In 12/05/07 12:17 Out
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 12.00
STAMPS DUE \$ 0.00
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

[Handwritten mark]

Handwritten:
Kenny
P

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
WEDONALD ESTATES
07DBE04 17.44 001 001
#380250 \$12.00
EARLYBIRD \$12.00
TOTAL \$20.00
CASH \$20.00
CHANGE \$0.00
FOR MONTHLY PARKING
PHONE 4301976
GST INCLUDED

APPLICANT COPY

Handwritten:
Orndy

Best copy available

APPLICANT COPY



Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form
(In Canadian Dollars)

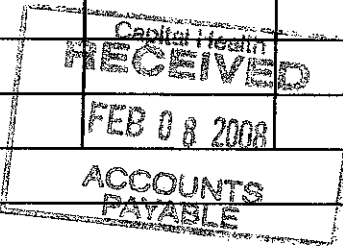
Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: January 1, 2008 to January 31, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	7112020001	62110000			\$148.97	<input type="checkbox"/>	
			62300 : 35.32 w 5.04n				<input type="checkbox"/>	
			62310 : 108.61 w				<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							148.97	<input type="checkbox"/>

590
651



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: February 5, 2008

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date Feb. 6/08
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

APPLICANT COPY

N^o 8,613

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

14/01 11:00 AM

AMOUNT PAID

\$ 5.00 1974000008:57 AM LOTV



UNIVERSITY OF ALBERTA

0931238

NON TRANSFERABLE

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

N^o 8,555

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

N^o 8,345

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

N^o 7,816

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

N^o 7,751

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

N^o 7,431

Name _____
Amount Pd: _____
Licence _____ Prov. _____
Make _____ Color _____
Date _____

N^o 7,337

APPLICANT COPY

AHP ✓

✓

DISPLAY/EXCHANGE/ON/DISK

TELUS PARKADE
GST INC. R#122388333

TELUS PARKADE
GST INC. R#122388333

08JAN19 10:57 001 001
08JAN19 08:47
/ 2:10 #192587
RATE 1 \$10.00
TOTAL \$10.00
CR.CARD \$10.00

07DEC21 11:22 001 001
07DEC21 09:43
/ 1:39 #190561
RATE 1 \$8.00
TOTAL \$8.00
CASH \$8.00

CLAS

Best copy available

MANAGED BY
IMPERIAL PARKING

MANAGED BY
IMPERIAL PARKING

*M...
with
CLAS*

THE PANTRY
159 AIRPORT ROAD
EDMONTON AB

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

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 6503
DATE/TIME 2008/01/17 07:43:18
CLERK NUMBER 001
RECEIPT NUMBER S80535809-873-002
AUTHORIZATION -----
AMOUNT \$35.32

TIP \$ 5.00
TOTAL AMOUNT \$ 40.32

01 APPROVED 027 AUTH. # 074390
THANK YOU *[Signature]*

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

CARDHOLDER SIGNATURE

APPLICANT COPY



Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: February 1, 2008 to February 29, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$595.54	<input type="checkbox"/>
		62300 = 484.54	4.00				<input type="checkbox"/>
		62310 = 79.10	w				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						567.64	<input type="checkbox"/>

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: March 5, 2008

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>	Date March 6/08	
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

59

IMPARK LOT #101
 TELLUS PLAZA PARKING
 GST #B8731 5638 RT0006
 02-15-2008 FRI #1
 02-15-2008 01CLB708
 1 1/2 HOUR 6.00
 CASH
 ITEM 1
 ICL 8708 11:12AM

Name _____
 Amount Pd: 15,333
 Licence CAC Prov. _____
 Make _____ Color _____
 Date _____
 N^o 10,595

Name _____
 Amount Pd: 16.00 CAC
 Licence _____ Prov. _____
 Make FEB Color 12109
 Date _____
 N^o 8,982

APPLICANT COPY

Name _____
 Amount Pd: _____
 Licence _____ Prov. _____
 Make _____ Color _____
 Date _____
 N^o 9,237

Name _____
 Amount Pd: _____
 Licence _____ Prov. _____
 Make _____ Color _____
 Date _____
 N^o 9,615

Name _____
 Amount Pd: _____
 Licence _____ Prov. _____
 Make _____ Color _____
 Date _____
 N^o 9,256

**DO NOT LEAVE
 ITEMS VISIBLE IN
 VEHICLE**

MATRIX HOTEL
 CAC

CAR AND
 CONTENTS LEFT
 AT OWNER'S RISK
 N^o 10,241

IN 5.00
 16:20
 2007

APPLICANT COPY

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

CHECK # 128145
TABLE # 31
DATE 2/19/08
TIME 12:57PM

DATE 2/19/08
MID 451220639910
TIME 12:59PM

RESTAURANT : Lindsey
ITEMS ORDERED AMOUNT
1 RAVIOLI BOLOGNES 7.99
1 V PARMIGIANA 13.99
2 COFFEE 4.58

CHIANTI'S-EDMONTON
10501 82nd Ave
Edmonton, Alberta
T6E 2A3
780-439-9829
GST #R100947316

Fraser
Lindsey

SUBTOTAL 26.56
GST PLUS 1.34

VISA
AUTH 0855669
PRE-AUTH
TBL 31 CHECK 128145
RESTAURANT Lindsey

TOTAL DUE 27.90

AMOUNT 26.56
GST PLUS 1.34

CHIANTI CAFE & RESTAURANT
PLEASE PAY SERVER

* THANK YOU FOR YOUR PATRONAGE *
* PLEASE COME AGAIN *

SUBTOTAL \$ 27.90
TIP \$ 4.00
TOTAL \$ 31.90

CUSTOMER COPY

GST#: R108189202

APPLICANT COPY

CENTURY GRILL
3975 CALGARY TRAIL
EDMONTON, AB

Feb 14 2014 01:45 pm
TX

TRANSACTION RECORD

Card Number: [REDACTED]

Exp Date: [REDACTED]
Card Entry: 991
Account: VISA

Trans Type:
PRE-AUTHORIZATION

Amount: [REDACTED]
Tip: [REDACTED]

Total: **456.64**

Auth #: 094841
Sequence #: 001001348
Merchant ID: 666647
Employee: KHART
Terminal #: M12206864703
Date: 08/02/14
Time: 13:43:51

APPROVED - THANK YOU

[Signature]
Cardholder 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

*Belated HR Senior
Management Team
Christmas Luncheon*

CENTURY GRILL
3975 Calgary Trail South
EDMONTON, AB
780.431.0303
GST# 865783382

102 MATT

Tbl: 61.1 Chk 1404 Gst 0
Feb14'08 11:35AM

1 ICED TEA	3.00
2 SOFT DRINKS @ 2.75	5.50
1 VOSS SPRK 800ML	8.00
1 CUP FEATURE	5.00
1 BEET SALAD	15.00
2 TEA @ 3.50	7.00
1 VOSS SPRK 800ML	8.00
1 SOFT DRINKS	2.75
1 SHEPHERDS PIE	17.00
1 TEA	3.50
1 COFFEE	3.50
2 SOFT	5.50
1 SAND	18.00
	4.25
	9.00
1 SOFT DRINKS	2.75
1 SK SAND	18.00
1 COFFEE	3.50
1 APPLE CRUMBLE	9.00
1 SAND	18.00
1 TEA	3.50
1 TIRAMISU	9.00
1 COFFEE	3.50
1 BRULEE	5.00
1 STEAK SAND	18.00
1 TEA	3.50
1 SAND	18.00
1 SALMON	19.00
1 LAMB BURGER	16.00
1 SHEPHERDS PIE	17.00
1 CUP FEATURE	5.00
1 BEET SALAD	15.00
1 SALMON	19.00
1 STEAK SAND	18.00
18 %	
% SERV CHG	66.83
	371.25
Service Chrg	66.83
GST	18.56
Amount Due	456.64

MARTONIE THURSDAYS
\$2 MARTINIS & RETRO SEATS

WINE WEDNESDAY
1/2 PRICE WINE TO GO

Vancouver
 APPLICANT COPY ~~no hand approved~~
 BC



Travel & Employee Expense Claim Form
 (In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: March 1 to 31, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$414.34	<input type="checkbox"/>
							<input type="checkbox"/>
		62414 = 177.45	16.90				<input type="checkbox"/>
		62310 = 201.09					<input type="checkbox"/>
		62300 = 23.90	5.00				<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						424.34	<input type="checkbox"/>

Capital Health
 RECEIVED
 APR 01 2008
 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.

(1) 392 ~~404~~ (15) 2/90

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: *John McPhail* Date: March 31, 2008

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date March 28/08
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
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- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

TICKET VOID IF RE-SOLD

CAC
IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: *Impark*

Trans: 00001154
Time: 2:35P MAR 20
Price: \$ 5.00
Expires: *27*

3:35PM THU
MAR 20 08
INSTRUCTIONS ON BACK
GST NO. 887315638R1000

Impark

TICKET VOID IF RE-SOLD

APPLICANT COPY

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: LOT 383

Trans: 00000805
Time: *10:53 AM to 12:00 PM*
10:53A MAR 12
Price: *Section 17(1), (4)(e.i)*

12:00PM WED
MAR 12 08
INSTRUCTIONS ON BACK
GST NO. 887315638R10001

TICKET VOID IF RE-SOLD

HSVA SIDE UP ON DASH

HSVA SIDE UP - ON DASH

AHOW
IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: LOT 8

Trans: 00001154
Time: 9:53A MAR 14
Price: \$ 4.00
Expires: *✓*

10:53AM FRI
MAR 14 08
INSTRUCTIONS ON BACK
GST NO. 887315638R10001

HSVA SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OF VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA, 420-1976
Impark
126997
THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

LIC. NO.: *CAC*
AMOUNT: *12.00*

VOID IF RE-SOLD

Price: \$ 5.00
Expires: *5:00 PM*
4:48PM MON
MAR 24 08
INSTRUCTIONS ON BACK
GST NO. 887315638R1000

TICKET VOID IF RE-SOLD

CAC
IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: *Impark*
Time: 3:48P MAR 24
Trans: 00001111

PLACE THIS SIDE UP

PLACE THIS SIDE UP ON DASH

Rec# 1011
03/19/08 14:24 LH 3 AM 6 7PM 15:55
03/19/08 11:26 In 03/19/08 14:24 Out
TAX 796823
Regular Rate \$ 11.43
Total Tax \$ 0.57
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 20.00
Change Due \$ 8.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 R10001

Approved by
[Signature]

see 2 front day!

14121
2
DATE 3/18/08
TIME 7:30AM

DRIVER : Honey

IN
RA
FEE
10.99
8.99
4.78

APPLICANT COPY

TOTAL 22.76
GST 1.14
TOTAL 23.90

Restaurant

OR JOINING US! SEE YOU AGAIN!

C 3037312

CUSTOMER COPY

DRIVER: *J.D. McPhail* DATE: *11/3/08*

DATE CHECKED:

DESCRIPTION			AMOUNT	
FROM:			FARE	
TO:			TIP	
TIME	TO	WAITING	TOTAL	
/M	/M	/M	<i>36.35</i>	

STOMER SIGNATURE: *J.D. McPhail*

GST INCLUDED: YELLOW MC VISA AMEX OTHER

YELLOW Cab Company Ltd. 604-681-1111

Yellow Cab provides preferred service from the airport.

Best copy available

THE
ADDRESS OF THE CARDHOLDER
AND THE CARD

Best copy available

SALE *UM*

03/18/08
INVOICE NUMBER: 000552
APPROVAL: 900628

Amount: 23.90
Tip: *5.00*
Total: 28.90

Best copy available

DATE: 03/18/08
TIME: 7:30AM

AMOUNT: 23.90
TIP: 5.00
TOTAL: 28.90

APPLICANT COPY



900 WEST GEORGIA STREET
 VANCOUVER, BC V6C 2W6
 T 604 684 3131 F 604 662 1929
 G.S.T. Registration # 83253 2816

Room : 0561
 Folio # :
 Cashier # : 149
 Page # : 1 of 1

Group Name : Council of Human Resources Executive

The Conference Board of Canada
 John Mcphail
 Edmonton, AB T6G 2D7
 CA

Arrival : 03-10-08
 Departure : 03-11-08

Date	Description	Additional Information	Charges	Credits
03-10-08	Room Charge		169.00	
03-10-08	Room Tax	Section 17(1),(4)(e.i)	16.90	
03-10-08	Room GST		8.45	
03-11-08	Visa			194.35
Total			194.35	194.35
Balance Due			0.00	

GST Summary

Room	8.45
F&B	0.00
Other	0.00
Total	8.45

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. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$0.75 (Mon-Fri) and \$1.50 (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. (18,00% 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 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ 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
HOTEL VANCOUVER

Please do not respond to this e-mail. Inquiries should be directed to the specific hotel or please call 1-800-441-1414

The information contained within this e-mail is the same as the information displayed on the web site.

Dear Mr John Mcphail,

Thank you for choosing The Fairmont Hotel Vancouver! Here you will find the details of your reservation. If you have any questions about your stay, please call 1-800-441-1414 or if you are calling internationally, please call direct to 1-506-863-6310.

The Fairmont Hotel Vancouver

900 West Georgia St
Vancouver, BC V6C2W6
CA

T 604 684 3131

F 604 662 1929

Your room reservation details are as follows: **RESERVED**

Confirmation Number: 42674564
Arrival Date: 03/10/08
Number of Nights: 1
Departure Date: 03/11/08
Room Details: Fairmont King NS
Nightly Room Rate: 169.00 CAD (May Not Include Taxes)
Company Name: The Conference Board of Canada
Hotel Check-in Time: 15:00
Hotel Check-out Time: 12:00

Cancellation policies and penalties will vary. If you would like more information on these policies, please contact us at 1-800-441-1414 within North America or 1-506-863-6310 if calling internationally.

Sincerely,
Reservations Department

Experience Fairmont your way and enroll into Fairmont President's Club. Our exclusive guest recognition program offers special benefits and privileges including a personalized travel profile to customize your stay, express check-in and check-out to save time, 500 airline miles per qualifying stay, complimentary high-speed Internet access and local calls, exclusive travel savings with Great Rates- Great Dates, complimentary TaylorMade golf club rentals at select locations and more.

To enroll visit www.fairmont.com/fpc





Duffy

APPLICANT COPY Travel Approval Form / Request for Advance

A. TRAVEL PARTICULARS		
Complete this section and forward to your Travel Coordinator		Section 17(1)
Name: John McPhail	Signature: <i>John McPhail</i>	Employee #: [REDACTED]
Department: Human Resources	Office Location: 1J2.16 WMC	Business Phone #: 407-7287
Program: Human Resources	Oracle Cost Centre: 201 8000 7112020001 82414000	
Destination: Vancouver, B.C.		
Dates: From (day/month) March 9 (year) 2008 to (day/month) March 11 (year) 2008		
Purpose of Trip: to attend Council of Human Resource Executives (West), The Conference Board of Canada		
Travel Coordinator's Name: Charlotte van Gelder		Business Phone #: 407-7297
APPROVALS:		
Supervisor (please print): Sheila Weatherill		Title: President and CEO
Signature: <i>Sheila Weatherill</i>	Date:	
Vice President/Chief Operating Officer Signature: (for Out of Province Travel)		Date:
B. ESTIMATE OF EXPENSES (Canadian Dollars)		
Complete this section if your Supervisor needs to know total costs before approving travel		
1. Accommodation Charge	# 1 Nights at \$169.00	\$169.00
2. Meals		To be claimed
3. Registration		
4. Airfare or Other Travel Costs		\$200.00
5. Other Expenses (please specify)		To be claimed
Total Estimated Travel Costs		\$369.00
C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)		
Advance Requested:	Date Required:	
D. TICKET/TRAVEL INFORMATION TO BE COMPLETED BY TRAVEL COORDINATOR		
Date: February 14, 2008	Invoice Number:	Amount: \$200.00
Date Information Sent to Traveler: February 14, 2008		
Date Information Received from Traveler: February 14, 2008		Date Notified Travel Agent: February 14, 2008

- Travel coordinators shall work with the Capital Health approved Travel Agency.
- The travel coordinators will forward this form with required approvals to the Travel Agency at the time of booking by faxing it to:
 - Attention: Martin Thomas Cook Travel – Capital Health Corporate Account
 - Fax: (780) 426-5750
- If an advance is being requested the original Travel Approval Form should also be forwarded to:
 - Accounts Payable
 - Capital Health Centre
 - North Tower – 10th Floor, 10030-107 Street
 - Edmonton, AB T5J 3E4
- All out of Province travel requires VP/COO approval as depicted in SECTION A.

APPLICANT COPY



Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

CAPITAL HEALTH

Section 17(1)

AUG 1 3 2008

EXECUTIVE VICE PRESIDENT

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: July 1, 2008 – July 31, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$79.44	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
						Capital Health	<input type="checkbox"/>
						Director, Technology Services	<input type="checkbox"/>
						AUG 0 0 2008	<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

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: August 1, 2008

Approved By: <i>[Signature]</i> (Signature)	Print name) Allaudin Merli	Title: EVP & CFO	Phone # 407-3652
Approved By: <i>[Signature]</i> (Signature)	Print name)	Title:	Date Aug 5/08
			Phone #
			Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



July 8/07
356588

FACE UP ON DASH
WARNING - YOUR RISK SEE BACK



July 8/07
356589

FACE UP ON DASH
WARNING - YOUR RISK SEE BACK



impark
PHONE 420-1976

HOURLY PARKER
Meter: 101583

Trans: 022891
Time: 9:57A JUL 14

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

Price: \$ 4.00
Expires: 10:57AM MON JUL 14 08

impark
JUL 10 08

INSTRUCTIONS ON BACK
GST NO. 88731563

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

APPLICANT COPY

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: 101583

Trans: 022891
Time: 9:57A JUL 14

Price: \$ 4.00
Expires: 10:57AM MON JUL 14 08

impark
JUL 14 08

INSTRUCTIONS ON BACK
GST NO. 88731563

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: 255

Trans: 027505
Time: 5:24P WED JUL 09 08

impark
JUL 09 08

INSTRUCTIONS ON BACK
Please remember the parkade will close @ 5pm

TICKET VOID IF RE-SOLD

impark
JUL 02 08

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

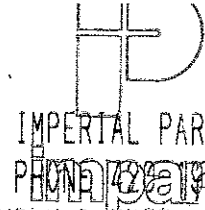
PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD



IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: 101583

Trans: 00000000
Time: 9:01A JUL 11

Section 17(1),(4)(e.i)
Price: \$ 4.00
Card: [REDACTED]
Exp: [REDACTED]
Expires: 11:01AM FRI JUL 11 08

impark
INSTRUCTIONS ON BACK
GST NO. 88731563



IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: 255

Trans: 027505
Time: 5:24P WED JUL 09 08

impark
JUL 09 08

INSTRUCTIONS ON BACK
Please remember the parkade will close @ 5pm

impark
JUL 09 08

INSTRUCTIONS ON BACK
GST NO. 88731563

TICKET VOID IF RE-SOLD

impark
JUL 02 08

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

impark
A H B S

APPLICANT COPY



Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: June 1, 2008 – June 30, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$89.17	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						89.17	<input type="checkbox"/>

Capital Health
RECEIVED
JUL 07 2008
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: June 30, 2008

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature)		Date July 3/08
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: 101 383
Trans: 00007838
Time: 1:28P JUN 16
Section 17(1),(4)(e.i)
Price: \$7.50
Card: [REDACTED]
Exp.: [REDACTED]
Expires: 9.5.00

2:28PM MON
JUN 16 08
INSTRUCTIONS ON BACK
GST NO. 887315638RT000

DISPLAY FACE UP ON DASH RECEIPT
Imperial Parking 780-420-1976
Lot 02-32
GST #88731 5638 RT0001
Machine Serial #:000005071051
EXPIRY DATE AND TIME
EXP 11:39am JUN 03,2008
TICKET# 00093833 LOT# 00020032
CC \$0010.00 Visa ****-6368 MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED
Purchase Time
2 Hours \$10.00
Pay from your cell phone.
423-1922 Location 9802.
goto www.ImparkWireless.com
DISPLAY FACE UP ON DASH RECEIPT

IMPERIAL PARKING
Impark
HOURLY PARKER
Meter: 101 383
Trans: 00007838
Time: 11:41AM FRI JUN 20 08
Section 17(1),(4)(e.i)
Price: \$7.50
Card: [REDACTED]
Exp.: [REDACTED]
Expires: 9.5.00

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 9pm
GST NO. 887315638RT000

IMPERIAL PARKING
PHONE 420-1976
Impark
Meter: 101 383
Trans: 00008447
Time: 8:04A JUN 25
Price: \$18.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

6:00PM WED
JUN 25 08
INSTRUCTIONS ON BACK
GST NO. 887315638RT000

IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter: 101 383
Trans: 00007490
Time: 1:07P JUN 10
Impark
Price: \$7.50
Card: [REDACTED]
Exp.: [REDACTED]
Expires: 9.5.00
Section 17(1),(4)(e.i)

2:37PM TUE
JUN 10 08
INSTRUCTIONS ON BACK
GST NO. 887315638RT000

IMPERIAL PARKING
PHONE 420-1976
Impark
Meter: 101 383
Trans: 00008447
Time: 8:04A JUN 25
Price: \$18.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

6:00AM Thu
JUN 25 2008
INSTRUCTIONS ON BACK
GST NO. 887315638RT000

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Receipt # 73694
06/18/08 19:34 LH 2 AM 12 TXN#237892
06/18/08 17:14 In 06/18/08 19:34 Out
TK# 415417
Regular Rate \$ 6.67
Total Tax \$ 0.33
Total Fee \$ 7.00
CASH PAID \$ 7.00
Cash Tender \$ 7.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

APPLICANT COPY



Capital Health
EDMONTON AREA

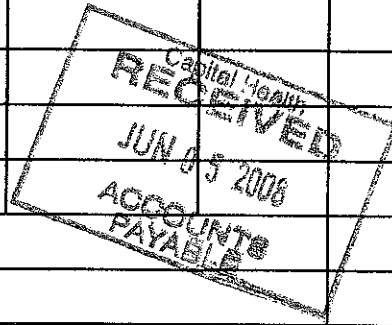
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources	Department: Human Resources	
Business Phone: 780 407 3266	Period From: April 1, 2008 – May 31, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$457.31	<input type="checkbox"/>
		69600 = 294.79	80.54				<input type="checkbox"/>
		62310 = 76.98 w					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>



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: June 2, 2008

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date June 4, 2008
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

Il Portico Restaurant

Invoice

Date: 22 May '08

For: Capital Health

Food & Beverages: \$ 280.75

G.S.T.: \$ 14.04

Room Charge: \$ 30.00

18% gratuity: \$ 50.54

Screen Rental: \$

Grand Total \$ 375.33

IL PORTICO
 EDMONTON, ALBERTA
 G.S.T. # R128503524

TBL 103/1 CHK 272 GST 0
 MAY22'08 11:11AM

3 *COFFEE 7.50
 5 *POP 12.50
 1 FRITTATA 10.00
 1 SPINACH SALAD 12.00
 1 SOUP BOWL 6.00
 1 CHICKEN 17.00
 7 PASTA SPEC 126.00
 1 SPAGHETTI 13.00
 2 PENNE HOT 26.00
 1 DESSERT SPEC 5.00
 2 TIRAMI SU 16.00
 1 CHOC-TRUFFLE 7.00
 1 PANNA COTTA 8.00
 3 CAFE LATE 9.75
 2 *TER 5.00

SUBTOTAL 280.75
 G.S.T. 14.04
 TOTAL DUE 294.79

PLEASE PAY SERVER

Thank you for choosing il Portico for your special event. We look forward to seeing you again in the future.

VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

APPLICANT COPY
 IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 7:21A MAY 30
 Price: \$15.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 7:21A MAY 30
 Price: \$15.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

IMPARK LOT #101
 TELUS PLAZA PARKAGE
 GST #88731 5638 RT0006

03-03-2008 MON #1
 03-03-2008 01CL0058
 1 HOUR 4.00
 CASH 4.00

ITEM 1
 0054 11:09TL

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

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 3:44P APR 08
 Price: \$ 5.00
 Expires: [REDACTED]

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 1:52P MAY 22
 Price: \$ 5.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT0001

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 1:52P MAY 22
 Price: \$ 5.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT0001

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

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

4:44PM TUE
 APR 08 08
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 6:00AM FRI
 Price: \$ 5.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 6:00AM FRI
 Price: \$ 5.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

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

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 1:53PM TUE
 Price: \$ 5.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter : 101 383
 Trans : 000062/3
 Time : 10:53A MAY 06
 Price: \$ 5.00
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]
 INSTRUCTIONS ON BACK
 GST NO. 887315638RT000

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

APPLICANT COPY

IL PORTICO RESTAURANT
19012 107 ST TSU1J2
EDMONTON AB

22816227

PRE AUTH PURCHASE

05-22-2008

13:36:35

Acct #

Exp Date

Card Type VI

Name: JOHN D MCPHAIL

Trace # 890034 Operator 131

FS2261622701

Inv. # 16478

Auth # 090039

RRN 001287034

P Auth Purchase

\$376.33

Tip

Total

Customer copy



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

PLACE THIS SIDE UP ON DASH

IMPETAL PARKING
HOURLY PARKER
Meter 101 : 383
991 00000 : 383
TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

0001883991518798 . ON LSP
BACK
80 M WED
5:05:17
TICKET VOID IF RE-SOLD

Travel & Employee Expense Claim Form

(In Canadian Dollars)

CAPITAL HEALTH
SEP 12 2008
EXECUTIVE VICE-PRESIDENT

Section 17(1)

Name: John McPhail	Employee Number: [REDACTED]	Union Name: N/A
Position: Vice President - Human Resources		Department: Human Resources
Business Phone: 780 407 3266	Period From: August 1, 2008 - August 31, 2008	

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.

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71120200001	62410000			\$55.18	<input checked="" type="checkbox"/>
			3				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						55.18	<input type="checkbox"/>

Capital Health
RECEIVED
SEP 04 2008
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: *J McPhail* **Date:** September 2, 2008

Approved By: Print name Colleen Purdy	Title: ACTING CFO	Phone # 407-7846
(Signature) <i>Colleen Purdy</i>		Date Sept. 3/08
Approved By: Print name	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements 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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

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

TICKET VOID IF RE-SOLD
 PLACE THIS SIDE UP ON DASH
 IMPERIAL PARKING
 PHONE 420-1976
 DAILY RATE
 Meter: 000
 Trans: 000
 Time: 8:10A AUG 11
 Imperial
 Card: [REDACTED]
 Expires:
 6:00PM MON
 AUG 11 08
 INSTRUCTIONS ON BACK
 GST NO. 88731533R1006
 RE-SOLD

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

TICKET VOID IF RE-SOLD
 PLACE THIS SIDE UP ON DASH
 IMPERIAL PARKING
 PHONE 420-1976
 DAILY RATE
 Meter: LOT 259
 Trans: 025100
 Time: 8:48A AUG 14
 Price: \$19.00
 Card: [REDACTED]
 Expires:
 6:00AM FRI
 AUG 15 08
 Imperial
 INSTRUCTIONS ON BACK
 RE-SOLD