



APPLICANT COPY Travel Expense Claim Form

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

(Please Print or Type)

Name Marguerite Rowe Employee Number [REDACTED] s.17(1)

Position Chief Operating Officer Oracle Cost Centre ~~20100071111010108~~

Department Community Care, Rehabilitation & Mental Health Bus. Phone 413-5120

Period from Jan 1/05 to Jan 31/05 CAROL AT 413-5124.

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.

attached →

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			12.20 ✓	W	
Registration Fees					
Transportation (including parking)					
Other <u>Calgary trip - Jan 31st - cabs x 2</u>			200 ✓	W	
Mileage			147.30 ✓	W	
			48.30 ✓	V	
TOTAL			\$		\$
Less Cash Advance					
NET			\$		\$

Capital Health RECEIVED
FEB 17 2005
ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date Feb 2, 2005

Approved by
Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089 - 62412000 = 147.30 (P)
Date _____

62410000 = 50.30 (P)
69600000 = 12.20 (P)

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

DECEMBER

PER DIEM TRAVEL EXPENSES

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km	
Dec. 1	Plaza to Corp Corp to Plaza						7	
2	Corp to Plaza Plaza to Petroleum Club						7 6	
3	Plaza to Corp.						7	
13	Corp to Plaza						7	
15	109 St to Plaza Plaza to GRH. GRH to Plaza						5 5 5	
16	Corp to Plaza Plaza to GRH						7 5	
17	Corp to Plaza Plaza to Corp Corp to Plaza						7 7 7	
							Total km	75
							@	\$0.35
TOTALS TO FRONT OF FORM								26.25

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer thereafter. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

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

lunch on day
APPLICATION COPY
Colleen Enns
(farewell lunch).

MANOR CAFE

10109 125 ST EDMONTON

ID: A4004165
SLIP #: 4407
STORE: 4004165

MERCHANT/MERCHANT

PRE-AUTH \$12.20

PROPORE/TIP \$ _____

TOTAL \$ _____

SIGNATURE X _____

Visa _____ *S

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

APPROVED AUTH 035689
SEQ 338001001075 ISO -001
Jan 07 2005 1:14 pm

MERCHANT COPY

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER

07/01 07:54 AM
\$ 2.00
16530000 07:06 AM

RECEIPT

2614856



NON TRANSFERABLE 2614856



DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

07/01 07:54 AM

AMOUNT PAID

\$ 2.00
16530000 07:06 AM

January 31
Trip to Calgary

Re: Alberta Provincial Mental Health Council

ACCOUNT NO.

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

KER CABS (EDMONTON) INC. (780) 484-8888

Barrel TAXI LTD. (780) 489-7777 (780) 465-8500

MARGUERITE ROWE

AUTH. NO.	DRIVER	UNIT NO.
	2	955
TIME	DAY	MO. YR.
	31	01/05

0864529

G.S.T. #

FROM Home

TO 1 AP

PRINT NAME

CUSTOMER'S SIGNATURE M Rowe

caRoute	<input type="checkbox"/>	FARE	58.00
MasterCard	<input type="checkbox"/>	INT'L	
VISA	<input checked="" type="checkbox"/>	GRATUITY	5.00
AMERICAN EXPRESS	<input type="checkbox"/>	TOTAL	63.00

CUSTOMER COPY

- cab

KER CABS (EDMONTON) INC. (780) 484-8888

Barrel TAXI LTD. (780) 489-7777 (780) 465-8500

MARGUERITE ROWE

AUTH. NO.	DRIVER	UNIT NO.
	2	955
TIME	DAY	MO. YR.
	31	01/05

0864525

G.S.T. #

FROM Home

TO 1 AP

PRINT NAME

CUSTOMER'S SIGNATURE M Rowe

caRoute	<input type="checkbox"/>	FARE	59.00
MasterCard	<input type="checkbox"/>	INT'L	
VISA	<input checked="" type="checkbox"/>	GRATUITY	5.00
AMERICAN EXPRESS	<input type="checkbox"/>	TOTAL	64.00

CUSTOMER COPY

- cab

cab

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

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

ISSUS DE CETTE LIGNE:

AUTHORIZATION NO./N° D'AUTORISATION	
BILL NO. DE NOTE	
DATE	CLERK-COMMIS
01/31/05	

EXPIRY DATE CHECKED. DATE D'EXPIRATION VERIFIEE

05 123

1 1234567890

SALES DRAFT CHARGEX FACTURE

CARDHOLDER'S SIGNATURE DU TITULAIRE

M Rowe

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE AMOUNT AGREEMENT WITH THE CARDHOLDER. LE DEBITEUR DE LA CARTE MENTIONNEE CI-DESSUS PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CHARGE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DEBITEUR DE LA CARTE.



TOTAL \$ CDN CAN

AMOUNT MONTANT	30.30
TAX TAXE	
TIPS POURBOIRE	4.00

34.30

PLEASE RETAIN THIS AS RECORD OF YOUR TRANSACTION. VEUILLEZ REMPLIR LES CASES COMME SUIT. PRELIEVE DE VOTRE TRANSACTION.

CUSTOMER COPY COPIE DU CLIENT



APPLICANT COPY
Travel Expense Claim Form

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

Vice

(Please Print or Type)

Name Marguerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Oracle Cost Centre 201000771110101
 Department Community Care, Rehabilitation + Mental Health Bus. Phone 413-5120
 Period from JAN 10/05 to JAN 11/05 or Call at 413-5124

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.

TRIP TO MINNESOTA - MAYO CLINIC

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation	232.58	1.242	288.86 232.58	✓	
Meals	55.34	1.242	68.73 55.34	✓	
Registration Fees					
Transportation (including parking)			111.60	✓	
Other					
Mileage					
TOTAL			\$ 399.52		\$
Less Cash Advance					
NET			\$ 469.19		

RECEIVED
FEB 17 2005
ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date Jan. 25/05

Approved by
Print Name Sheila Weatherill Title President/CEO

Signature [Signature] Date _____
Print Name _____ Title _____

Signature 201-0007-71110101089-62414000 Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
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- Out of province expenses also require approval of Chief Operating Officer or Vice President.

= 399.52. (T)
[Signature]

JAN. 10 - 11, 2005
 Minnesota Trip (Rochester)

APPLICANT COPY to Mayo Clinic.

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

ACCOUNT NO. [REDACTED]

BECKER CABS (EDMONTON) INC. (780) 484-8888

Barrel TAXI LTD. (780) 489-7777 (780) 465-8500

MARGUERITE ROWE

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	2	958
TIME	DAY	MO. YR.
	10	01 05

FROM: Home

TO: 1 RD

PRINT NAME: M. Rowe

CUSTOMER'S SIGNATURE: M. Rowe

0802244

FARE	57.80
INT'L	
GRATUITY	7.00
TOTAL	64.80

CUSTOMER COPY

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

HMSHost RVC #430
 SPLIT ROCK BAR AND GRILL
 MSP AIRPORT

CHECK: 3088
 TABLE: 144 / 1
 SERVER: 4569 Amy
 DATE: JAN 11 '05 8:31PM
 CARD TYPE: VISA AO 4*
 ACCT #: [REDACTED]
 EXP DATE: [REDACTED]
 AUTH CODE: 050874
 MARGUERITE ROWE

SUBTOTAL: 55.34
 I agree to comply with the card holder agreement.

Tip: 7.00

Total: _____

Signature: _____

Dinner: Katty Trepani
 Dylan Taylor
 Bill Pickout
 M. Rowe

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

CHARGE TO: [REDACTED]

MARGUERITE ROWE

DELLOM (780) 462-3456
FIRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	11	01 05

FROM: Goodhart

TO: [REDACTED]

PRINT NAME: M. Rowe

CUSTOMER'S SIGNATURE: M. Rowe

1434144

FARE	53.80
INT'L	
GRATUITY	6.20
TOTAL	60.00

CUSTOMER COPY

Section 17(1)

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APPLICANT COPY

Marriott
 ROCHESTER
 MAYO CLINIC AREA

101 S.W. First Avenue
 Rochester, MN 55902
 (507) 280-6000
 (507) 280-8531 Fax
 Marriott.com

GUEST FOLIO

524 ROWE/MARGUERITE/MS 199.00 01/11/05 08:37 2596
 ROOM NAME RATE DEPART TIME ACCT#
 NSKG 01/10/05 20:48
 TYPE ARRIVE TIME
 13 PASSPORT:

[REDACTED]

MR#:

ROOM CLERK ADDRESS PAYMENT

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
01/10	ROOM 524, 1	199.00		
01/10	STATETAX 524, 1	21.89		
01/11	RM SERV 3766 524	11.69		
01/11	CCARD-BK		232.58	
SETTLED TO: VISA				
				.00

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

[REDACTED]

Marriott
 ROCHESTER
 MAYO CLINIC AREA

101 S.W. First Avenue
 Rochester, MN 55902
 (507) 280-6000
 (507) 280-8531 Fax
 Marriott.com

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290



APPLICANT COPY
Travel Expense Claim Form

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

1601

(Please Print or Type)

Section 17(1)

Name Marguerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Oracle Cost Centre 201000771110101089
 Department Community Care, Rehabilitation + Mental Health Bus. Phone 413-5120
 Period from JAN. 14/05 to JAN 15/05 TRIP to Calgary - Minister's

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			140.00	✓	133.75 w 6.25 n
Meals					
Registration Fees					
Transportation (including parking)			153.60	✓ w	
Other					
Mileage					
TOTAL			\$ 293.60		\$
Less Cash Advance					
NET			\$		

Capital Health RECEIVED
FEB 17 2005
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 M Rowe Date Jan 25/05

Approved by
Print Name Sheila Weatherill Title President/CEO

Signature [Signature] Date _____
Print Name _____ Title _____

Signature 201-0007-71110101089-62412000 Date _____
= 293.60 (T)

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
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- Out of province expenses also require approval of Chief Operating Officer or Vice President.

[Handwritten initials]

JAN 14-15/05

TRIP To Calgary -
APPLICANT COPY Meet with Minister of
Health, Sheila W.
etc

CHARGE TO: [REDACTED] ACCOUNT NO. [REDACTED]

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

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

MARGUERITE ROWE

AUTH. NO.	DRIVER	UNIT NO.
	2	358
TIME	DAY	MO. YR.
	14	01 05

1019486

G.S.T.# [REDACTED]

FROM Home

TO IAP

PRINT NAME

CUSTOMER'S SIGNATURE M Rowe

X

<input type="checkbox"/>	FARE	58.50
<input type="checkbox"/>	INTL	
<input checked="" type="checkbox"/>	GRATUITY	5.00
<input type="checkbox"/>	TOTAL	64.50

CUSTOMER COPY

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

CHARGE TO: [REDACTED]

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

MARGUERITE ROWE

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	2	958
TIME	DAY	MO. YR.
	15	01 05

1019482

G.S.T.# [REDACTED]

FROM IAP

TO Home

PRINT NAME

CUSTOMER'S SIGNATURE M Rowe

X

<input type="checkbox"/>	FARE	58.00
<input type="checkbox"/>	INTL	
<input checked="" type="checkbox"/>	GRATUITY	5.00
<input type="checkbox"/>	TOTAL	63.00

CUSTOMER COPY

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

MARGUERITE ROWE

Service Establishment / Etablissement de service [REDACTED]

Date of charges / Date des frais 01/14/05

GST Reg # / N° inscr. / TPS [REDACTED]

Establishment agrees to transmit to Amex Bank of Canada (Amexco) or Authorized Representative for payment. Merchandise and / or service purchased on this card shall not be resold or returned for cash refund.

Cardmember Signature / Signature du Titulaire M Rowe

X

Invoice No. / N° de la facture 10 309143

Expiration Date Checked / Date d'expiration vérifiée

Approval Code / Code d'autorisation	Am't. of Delayed Chg. / Mont. des frais retardés
Check or Bill Number / N° de votre facture	Revised Total / Nouveau Total
MERCH/SERV / MARCH/SERV	37.00
GST / TPS	
PST / TVP	
TIPS/MISC / POURBOIRES/DIVERS	5.00
TOTAL	41.00
DOLLARS	CENTS/SOUS

Cardmember Copy / Exemplaire du titulaire

THE Fairmont PALLISER

133 - 9TH AVENUE S.W.
 CALGARY, AB CANADA
 T2P 2M3
 PH: 403 262 1234 FAX: 403 260 1260
 G.S.T. Registration # 139445290

APPLICANT COPY

ARRIVAL/ARRIVÉE 14JAN, 05 FOLIO NUMBER/N° DOSSIER 011471
 DEPARTURE/DÉPART 15JAN, 05 BALANCE/SOLDE .00

NAME/NOM	NIGHTS/NUITS	STATUS/STATUT	DATE	TIME/HEURE	ID
Ms Marguerite Rowe	1	Reg	14JAN, 05	5:50pLG	
ADDRESS/ADRESSE	0644	[REDACTED]		[REDACTED]	
		REMARKS/REMARQUES			

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	14JAN	01/0644	Room Charge	Rm 0644	125.00+	
002	14JAN	01/0644	Room Tax Prov.	Rm 0644	6.25+	
003	14JAN	01/0644	Room Tax GST	Rm 0644	8.75+	
004	15JAN	01/0644		per quest	6.96+	
005	15JAN	01/0644	Visa	[REDACTED]	146.96-	
					140.00	

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

B
 8.75+
 8.75+

Guest's signature _____
 Signature du client X _____

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

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

For information or reservations visit us at www.fairmont.com or call
Fairmont Hotels & Resorts from:
 North America 1 (800) 441-1414
 Japan 0120 711 018
 Australia 1 (800) 804 456
 United Kingdom (44) 20 7025 1625
 France 0800 907 253
 Germany 0800 181 1462

Pour information et réservations visitez notre site web au www.fairmont.com ou téléphoner au:
Hôtels Fairmont de:
 Amérique du Nord 1 (800) 441-1414
 Japon 0120 711 018
 Australie 1 (800) 804 456
 Royaume Uni (44) 20 7025 1625
 France 0800 907 253
 1 Allemagne 0800 181 1462



APPLICANT COPY Expense Claim Form

(In Canadian Dollars)

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

Revised

(Please Print or Type)

Section 17(1)

Name Marguerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Oracle Cost Centre _____
 Department Community Care, Rehabilitation + Mental Health Bus. Phone _____
 Period from Jan. 10, 2005 to Jan. 11, 2005 TRIP TO MINNESOTA, MAYO CLINIC.

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT US
Accommodation					
Meals					
Registration Fees					
Transportation (including parking)					
Other					
Mileage					
TOTAL					
Less Cash Advance				8.69	
NET			\$ <u>74.47</u>	<input checked="" type="checkbox"/>	

(See attached)

Capital Health
RECEIVED
 MAY 19 2005
 ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date Apr. 20/05

Approved by
Print Name Sheila Weatherill Title President + CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature _____ Date _____

NOTE: 201-0007-71110101089-62414000 = 74.47 [initials]

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- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Revised Expense Claim

Marguerite Rowe
Jan 10, 2005 to January 11, 2005
Trip to Minnesota, Mayo Clinic

Meals –

Incorrect amount recorded on original expense claim

Should be \$62.34 – (tip was omitted)

Difference from original (54.34) is

$$\$7.00 \times 1.242 = 8.69$$

Meals should read:

76.60 (Canadian dollars) 62.34 (US dollars)

Difference owing is

~~\$14.26~~ *Previously*
Adj; previously } *See*
Adj; attached

Accommodation should read:

285.79 (Canadian dollars) 285.79 (US dollars)

Difference owing is

~~\$58.21~~

TOTAL (REVISED)

~~\$74.47~~

8.69.



APPLICANT COPY Travel Expense Claim Form

(In Canadian Dollars)

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

Vice

(Please Print or Type)

Section 17(1)

Name Marguerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Oracle Cost Centre 2010007711 0101
 Department Community Care, Rehabilitation + Mental Health Bus. Phone 413-5120-239
 Period from JAN 10/05 to JAN 11/05 or Cost of 413-5124

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.

TRIP TO MINNESOTA - MAYO CLINIC

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			232.58		
Meals			55.34		
Registration Fees					
Transportation (including parking)			111.60		
Other					
Mileage					
TOTAL			\$ 399.52		\$
Less Cash Advance					
NET			\$		\$

attached

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Employee Signature M Rowe Date Jan. 25/05

Approved by

Print Name Sheila Weatherill Title President/CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Vice



APPLICANT COPY

Travel Expense Claim Form

(In Canadian Dollars)

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

(Please Print or Type)

Name Marguerite Rowe Employee Number [REDACTED]

Position Chief Operating Officer Oracle Cost Centre 20100077110101
289

Department Community Care, Rehabilitation + Mental Health Bus. Phone 413-5120
or Care of 413-5124

Period from JAN 10/05 to JAN 11/05

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.

TRIP TO MINNESOTA - MAYO CLINIC

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation	232.58	1,242	288.86 232.58	✓	
Meals	55.34	1,242	68.73 55.34	✓	
Registration Fees					
Transportation (including parking)			111.60	✓	
Other					
Mileage					
TOTAL			399.52		\$
Less Cash Advance					
NET			469.19		\$

Capital Health
RECEIVED
FEB 17 2005
ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date Jan. 25/05

Approved by Print Name Sheila Weatherill Title President/CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089-62414000 Date _____

= 399.52 (T) [Signature]

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

JAN. 10 - 11, 2005
 Minnesota Trip (Rochester)

to Mayo Clinic.

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

CHARGE TO: [REDACTED] ACCOUNT NO: [REDACTED]

CKER CABS (EDMONTON) INC. (780) 484-8888

Barrel TAXI LTD. (780) 489-7777 (780) 465-8500

MARGUERITE ROWE

AUTH. NO. DRIVER UNIT NO.
 TIME 10/01/05

FROM: Home
 TO: 1 RD

PRINT NAME: M. ROWE

CUSTOMER'S SIGNATURE: M. ROWE

0802244

FARE	57.00
INT'L	3.00
GRATUITY	7.00
TOTAL	67.00

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

HMSHost RVC #430
 SPLIT ROCK BAR AND GRILL
 MSP AIRPORT

CHECK: 3088
 TABLE: 144/1
 SERVER: 4569 Amy
 DATE: JAN 11 '05 8:31PM
 CARD TYPE: VISA AO 4*
 ACCT #: [REDACTED]
 EXP DATE: XX/XX
 AUTH CODE: 050874
 MARGUERITE ROWE

SUBTOTAL: US 55.34
 I agree to comply with the card holder agreement.

Tip 7.00

Total

Signature

Dinner: Kathy Trepani
 Dylan Taylor
 Bill Pickout
 M. Rowe

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

CHARGE TO: [REDACTED]

ELLENOR CABS (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 485-8500

MARGUERITE ROWE

AUTH. NO. DRIVER UNIT NO.
 TIME 11/01/05

FROM: Airport
 TO: [REDACTED]

PRINT NAME: [REDACTED]

CUSTOMER'S SIGNATURE: M. ROWE

1434144

FARE	53.80
INT'L	
GRATUITY	6.20
TOTAL	60.00

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

Section 17(1)



APPLICANT COPY Form

(In Canadian Dollars)

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

(Please Print or Type)

Name Marguerite Rowe Employee Number [REDACTED]

Position Chief Operating Officer Oracle Cost Centre 201000771110101089

Department Community Care, Rehabilitation + Mental Health Bus. Phone 413-5120

Period from Feb 1, 2005 to Feb 28, 2005 413-5124-CROL

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals					
Registration Fees					
Transportation (including parking)	(195 x .35)		68.25	✓	
Other (long distance call to office)			2.52	✓	
Mileage					
TOTAL FAX (Home line)			\$ 93.38	✓	\$
Less Cash Advance					
NET TOTAL			\$ 164.15		

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 M Rowe Date Apr 20 2005

Approved by

Print Name Sheila Weatherill Title President + CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089, 62410000 Date 68.25 ✓

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

February - 2003

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
1	Plaza to GRH.						5
	GRH to Plaza						5
	Plaza to GRH						5
2	Symposium to Plaza						10
	Plaza to Symposium						10
	Symposium to GRH						7
3	Plaza to UofA						7
4	Plaza to Corp						7
7	Corp to Plaza						7
	Plaza to Corp						7
8	Plaza to Corp						7
9	Corp to Plaza						7
	Plaza to MtH (109st)						5
10	Plaza to Corp						7
	Corp to Plaza						7
14	Corp to Plaza						7
16	109st to Plaza						4
	Plaza to Corp						7
	Corp to Plaza						7
17	Corp to Plaza						7
	Plaza to MtH						8
18	Plaza to Corp						7
	Corp to Plaza						7
	Plaza to Corp						7
24	Plaza to Corp						7
	Corp to Plaza						7
	Corp to Plaza						7
28	Plaza to GRH						5
	GRH to Plaza						5
	[REDACTED]						5
	[REDACTED]						5
	[REDACTED]						5
	[REDACTED]						5
	[REDACTED]						5
	Total km						68.25
TOTALS TO FRONT OF FORM							68.25

EXPENSE LIMITS

1. **Meal Allowances**
When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

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

 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
 - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
Travel advance may be requested provided travel expenses are likely to exceed \$500.
4. **Hosting Expenses**
Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

TELUS® Your TELUS Statement

TELUS Communications Inc.

Feb 04, 2005 APPLICANT COPY

Page 1 of 2

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE [redacted] Section 17(1)

Your account number [redacted] Your TELUS Account ID [redacted]

Section 17(1)

Here's what you owe this month: \$93.38

1 Residence Line Touchtone from Feb 04 to Mar 03	23.86
1 Number Non-Published Residence from Feb 04 to Mar 03	2.00
1 Name Display - Private Name from Feb 04 to Mar 03	.00
Additional Charges and Credits (see details below)	61.44
GST (Registration 100652692) at 7%	6.08

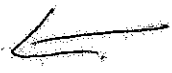
Total new charges

93.38

Total amount due by Feb 23

\$93.38

paid



Additional Charges and Credits

61.44

Change in Residence Line Touchtone (for 30 days from Jan 04 to Feb 04)	\$23.86
Change in Number Non-Published Residence (for 30 days from Jan 04 to Feb 04)	2.00
Connection Charge Jan 04 #89830	35.00
E9-1-1 Municipal Call Answer Fee Feb 03	.44
E9-1-1 Provincial Network Fee Feb 03	.14
Total additional charges and credits	\$61.44

Tear off here



Y.M.T.O.S. APR
TRAVEL EXPENSE CLAIM FORM
 (In Canadian Dollars)
 (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Section 17(1)

Name Marguerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Oracle Cost Centre 201000771110101089
 Department Community Care, Rehabilitation & Mental Health Bus. Phone 413-5124
 Period from Mar. 1 / 2005 to March 31 / 2005 (CARD)

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT US
Accommodation	(SEE ATTACHED)		309.62	✓	
Meals			67.41	✓	
Registration Fees					
Transportation (including parking)			353.40		
Other <u>Park Fee 28.00</u> <u>Home Fax 28.26</u>			56.26	✓	
Mileage					
TOTAL			788.79		
Less Cash Advance					
NET			786.69		

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 M Rowe Date Apr 20 / 05

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature Sheila Weatherill for SW Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089-61020003 Date 62410000

NOTE: 201-0007-62412000-68403 600.12 50.1
 69600000
 67.41 w
 786.69

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

MARCH 11 11:49

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
1	Plaza to Corp						7
	Corp to Plaza						7
2	Plaza to GRH						5
3	Corp to Plaza						7
	Plaza to U/A						7
	Plaza to Men. He.						5
	Men. He to GRH						5
4	GRH to Plaza						5
	Plaza to Corp						7
	Corp to Plaza						7
7	Plaza to Corp						7
9	GRH to Corp						5
	Corp to Plaza						7
	Plaza to GRH						5
	GRH to Plaza						5
10	Corp to Plaza						7
11	Corp to Plaza						7
14	Plaza to Corp						7
15	Plaza to Corp						7
17	Corp to Plaza						7
21	Corp to Plaza						7
22	Plaza to Corp						7
23	GRH to Corp						6
	Corp to Plaza						7
	Plaza to Corp						7
24	Corp to Plaza						7
	Plaza to Corp						7
	Corp to GRH						6
30	Men. He to GRH						5
	GRH to GRH						1
31	Corp to Plaza						7
	Plaza to GRH						5
	GRH to Corp						6
	Total km						210.204
	@						\$0.35
TOTALS TO FRONT OF FORM							73.80

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

- Use of personal automobile - From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer thereafter. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

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

210.204
71.40

APPLICANT COPY

**DETAILED EXPENSES
for Marguerite Rowe**

(March 1 – March 31, 2005)

Jasper, AB (Workshop – March 11-13)

• Accommodations (with GST and tax)	-	\$309.62 ✓ X	259.25 w	50.37,
• National Park Fee	-	\$ 28.00 ✓ w		
<u>Luncheon Meetings</u>				
March 6 th (S. Aglukark and Carmen Parent)	-	✓ \$ 41.84 ✓ w		
March 23 rd (AMHB)	-	✓ \$ 25.57 ✓ w		X
<u>Transportation (including parking)</u>				
Mileage to and from Jasper (750km x 0.35)	-	\$262.50 w		
Mileage (daily meetings – 210 x 0.35)	-	✓ \$ 73.50 71.40 ✓ w		
Mileage airport and back (50km x 0.35)	-			
March 6 th (flight to Calgary)	-	\$ 17.50 ✓		
Parking	-	✓ \$ 2.00 ✓ w		
<u>Home Fax</u>	-	✓ \$ 28.26 w		
TOTAL		\$788.79		
		786.69		

Prepared by
Carol Mickanuk,
Executive Secretary

APPLICANT COPY

S. Aslukav
 Carmer Parent)
 Nisku Inn
 Martinique

SUN MARCH 2005
 CHECK #419734-2

TABLE #48
 DUPLICATE

BREAKFAST
 1 MISC. sides \$0.50
 1 Chicken Quesadilla \$9.95
 1 Clubhouse \$9.95
 1 Toasted Denver Sand. \$6.50
 2 Coffee \$3.50
 1 Soft Drink \$1.75

LUNCH
 1 Cheese Cake
 SUB-TOTAL \$11.44
 Gst #R102501764
TOTAL \$41.84

Room: _____ Tip: _____

Total.
 (AmthB - R. Brown)

MANOR CAFE

Table 1

Station 001
 SERVER: JOSIE
 Wednesday 3/23/05 12:55 pm
 Check - 4
 Guests 2

2 RISU \$20.00
 2 DRINK \$3.50
 Sub Totl 23
 G.S.T. 1

Total 24.57

Please pay server

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME

03/23 12:44 PM

AMOUNT PAID
 \$ 2.00 16070000 12:14 PM

UNIVERSITY OF ALBERTA
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
 AUTHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF
 ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
 OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE



PARTIAL
 NATIONAL PARK
 11.03.2005

Valid/
 Valide-
 13.03.2005
 -16.00h

2.00 x 14.00
 DAY:AD GR/JR:GR ADULTE 28.00
Total 28.00
 GST/TPS 1.83
 MasterC/VISA 28.00
 21:31 Clerk 2 375
 GATE/BARRIERE-JASPER

GST#/No de TP'

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 03/23/05 12:14 PM \$ 2.00

CREDIT CARD NUMBER

University of Alberta

24 RECEIPT



TELUS Your TELUS Statement
Mar 04, 2005

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

fax

Here's what you owe this month: \$28.26

Amount of your last bill	\$93.38
Payment we processed on Feb 23 - Thank You	-93.38
Amount overdue from your last bill	.00

• Thank you for keeping
your account up to date.

1 Residence Line Touchtone from Mar 04 to Apr 03	23.86
1 Number Non-Published Residence from Mar 04 to Apr 03	2.00
1 Name Display - Private Name from Mar 04 to Apr 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82
Total new charges	28.26

Total amount due by Mar 26 \$28.26

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Mar 04	\$.44
E9-1-1 Provincial Network Fee Mar 04	.14
Total additional charges and credits	\$.58

News from TELUS

Get Phone Numbers and Addresses

Directory Assistance is a quick and easy way to get published phone numbers, addresses and postal codes for your local calling area and anywhere within Canada and the U.S. Service is available 24 hours a day, 7 days a week. Dial 411 from your home, business, or wireless phone. Charges apply.

Tear off here



APPLICANT COPY

JASPER PARK LODGE

JASPER PARK LODGE, P.O. BOX 40
JASPER, AB CANADA T0E 1E0
T 780 852 3301 F 780 852 5107
G.S.T. Registration # 100769686

Arrival/Arrivée FRI 11MAR, 05 Folio Number/N° Dossier 008112

Departure/Départ SUN 13MAR, 05 Balance/Solde .00

MWW05 MWW NO 371

Mrs Marguerite Rowe

Nights/Nuits 2 Date Ck-Out 13MAR, 05 10:23a DA

Capital Health
10216 - 124 St Nw
Suite 300
Edmonton

AB T5N 4A3 CA

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

Line No. N° Ligne	Date	Room Chambre	Description	Reference Référence	Amount Montant	ID
001	11MAR	1 /371	Room/Pkg Charge	Rm 371	148.00+	CO
002	11MAR	1 /371	AB Hotel Tax	Rm 371	6.45+	CO
003	11MAR	1 /371	Room GST	Rm 371	9.03+	CO
004	11MAR	1 /371	Package Tax/GST	Rm 371	1.33+	CO
005	12MAR				25.00+	
006	12MAR			Non-Responsive	1.54+	
007	12MAR				25.00+	
008	12MAR				1.47+	
009	12MAR				24.50+	
010	12MAR				1.72+	
011	12MAR	1 /371	Room/Pkg Charge	Rm 371	148.00+	CO
012	12MAR	1 /371	AB Hotel Tax	Rm 371	6.45+	CO
013	12MAR	1 /371	Room GST	Rm 371	9.03+	CO
014	12MAR	1 /371	Package Tax/GST	Rm 371	1.33+	CO
015	13MAR			Non-Responsive	24.00+	
016	13MAR				1.47+	

329.62
~~24.00~~
-20.00
\$ 309.62

329.62 → 18.06 GST
309.62 → 16.96 GST
then

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. Overdue balance subject to a surcharge at the rate of 1.5% per month (19.58% per annum). All accounts deemed delinquent may be subject to finance charges, legal fees and all other costs associated with the bill. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels).

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois (19,58% par année). Des frais d'administration et de l'intérêt seront ajoutés sur tout compte passé dû. 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.)

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 informations et réservations visitez notre site web au www.fairmont.com ou téléphonez aux Hôtels Fairmont: 1 800 441 1414 à partir des États-Unis ou du Canada

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



KMT-05-APR
APPLICANT COPY
Travel Expense Claim Form
 (In Canadian Dollars)
 (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name Marguerite Rowe Employee Number [Redacted]
 Position Chief Operating Officer Oracle Cost Centre 201000771110101089
 Department Community Care, Rehabilitation & Mental Health Bus. Phone 413-5124 (Car)
 Period from _____ to _____

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals					
Registration Fees					
Transportation (including parking)					
Other <u>CCHSE member fees</u>					
Mileage <u>(receipt enclosed)</u>					
TOTAL			\$ <u>385.00</u>		\$
Less Cash Advance					
NET			\$		

Capital Health
RECEIVED
 MAY 09 2005
 ACCOUNTS
 PAYABLE 385.00

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 M Rowe Date Apr. 20/05

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature _____ Date _____

NOTE: 201-0007-71110101089-61030000 = 385.00 NT

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



Canadian College of
Health Service Executives
Collège canadien des
directeurs de services de santé

MERCI
APPLICANT COPY

THANK
YOU

RECEIPT REÇU

March 31, 2005



Customer Number: 14

Received from / reçu de :

Marguerite L Rowe, CHE
COO/Community Care Rehab Division
Capital Health Authority
10216 124th Street 3rd Floor
Edmonton, AB T5N 4A3

Date	Invoice / Facture	Description	Amount / Montant
14-Feb-2005	2005-015810	CCHSE Member Fees	\$385.00

TOTAL RECEIVED / TOTAL REÇU : \$385.00

RECEIVED
Capital Health

APR 06 2005

Chief Operating Officer
CCRMH Division



PU: ICMT-05-APK-2005-001 ✓

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

(Please Print or Type)

Section 17(1)

Name Marguerite Rowe Employee Number [Redacted]
Position Chief Operating Officer Oracle Cost Centre 201000771110101089
Department Community Care, Rehabilitation + Mental Health Bus. Phone 413-5124
Period from April, 2005 to April 30, 2005 (Carol)

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT US
Accommodation			1552.50	✓	1485.00 67
Meals			191.89	✓	W
Registration Fees					271.00
Transportation (including parking)			338.40		6244 6240 62510 57
Other			18.00	✓	W
Mileage					
TOTAL			\$		\$
Less Cash Advance					
NET			\$	✓	2100.79

Capital Health
RECEIVED
JUN 01 2005
ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date May 19, 2005

Approved by
Print Name Spaile Weatherill Title President + CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089-62410000 = 57.40 (P) Date _____

Signature 62414000 = 2043.39 (P) Date _____

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Please ensure that the expense claim is properly authorized.
 - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Expenses – April, 2005
Marguerite Rowe

ACCOMMODATION (Toronto – Westin Harbour Castle)
(includes PST, GST and marketing fee)

April 29	258.75	/	247.50 w	11.25 n
April 30	258.75	/		
May 1	258.75	/		
May 2	258.75	/		
May 3	258.75	/		
May 4	258.75	/		
TOTAL	\$1552.50	/	1485.00	67.50 n

MEALS
(Toronto)

	26.80 – hotel bill	/		
	17.39 – hotel bill	/		
	16.00 – hotel bill	/		
	22.70 – hotel bill	/		
	3.00 – hotel bill	/		
	46.00 – receipt provided	/		
	25.00 – receipt provided	/		w
	25.00 – receipt provided	/		w
	10.00 (no receipt)	/		
TOTAL	\$191.89	/		w

OTHER

Business Calls while in Toronto \$12.00

6.00
28.00

TRANSPORTATION

Cabs in Toronto	25.00 – receipt provided	/		
	29.00 - receipt provided	/		
	45.00 – receipt provided	/		
	12.00 – receipt provided	/		
	47.00 – receipt provided	/	43.00	4.00
Airport (Toronto)	47.00 – receipt provided	/		
	12.00 (no receipt)	/		
	64.00 – receipt provided	/	58.00	6.00
TOTAL	\$281.00			

271.00
10.00

Plus \$53.90 for mileage in April

APPLICANT COPY

214, King Street West
 Toronto (Ontario)
 M5H 1S6
 Tel. (416) 599-5262

DATE	SERVE	TABLE	NO. PERSONS	
		18	2	114577

**** Customer Copy ****
IL FORNELLO
 Tab: 252

Terri I. 05/03/2005 8:40:05 PM

Transaction # 89218

Visa

Amount \$48.35

25.00

TIP : _____

TOTAL : _____

BENTHANA
 THE FAIRMONT ROYAL YORK
 100 FRONT STREET WEST, TORONTO
 ONTARIO, CANADA M5J 1E3
 TEL 568 2511
 GST# R30445290

260002 Maryanne

Chk 6490 33 Gst 3
 May04'05 08:20PM

- 1 Ice Tea 3.00
- 2 Miso Soup @ 5.00 10
- 1 Age Dashi Tofu 7.50
- 1 App Shrimp Temp 9.50
- 1 Sushi Sampler 11.50
- 1 Avacodo/Cucumber 6.00

44.50
 3.00
 8.33
 3.80
 09:05 AMT DUE + 54 63
46.00

GRATUITY: 6.00
 Gratuity not included in AMT DUE

TOTAL: 60.63

ROOM#: _____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

G. Red &
 Pop & &

25.00
 ↑
 Claim
 this
 amount
 only.

\$10.00 for meeting
 with Pamela Adams
 (no receipt as
 billing went to
 room after
 check out)

APPLICANT COPY .
THE WESTIN
HARBOUR CASTLE
 TORONTO

ONE HARBOUR SQUARE, TORONTO, ONTARIO, CANADA M5J 1A6
 TEL: (416) 869-1600 GUEST FAX: (416) 869-0573 EMAIL: HARCA@WESTIN.COM
 VISIT WESTIN.COM/HARBOURCASTLE OR CALL 1-800-WESTIN-1

Ms. Marguerite Rowe
 Cap. Health 10216 124th St. Suite 300
 Edmonton AB T5N 4A3

Arrival 04/29/05
 Departure 05/05/05
 Payment Method VA

Room 1045
 Cashier KKLINAKI 25
 Page 1
 Preferred Guest # [REDACTED]
 Airline Partner # [REDACTED]

Section 17(1)

INFORMATION The Westin Harbour Castle Toronto, 05/05/05

Date	Description	Room	Charges	Credits
04/29	e-Health 2005	1045	225.00	
04/29	Destination Marketing Fe		6.30	
04/29	Room PST 5%		11.25	
04/29	Room GST 7%		16.20	
04/30	e-Health 2005		225.00	
04/30	Destination Marketing Fe		6.30	
04/30	Room PST 5%		11.25	
04/30	Room GST 7%		16.20	
04/30	Mizzen #1045 : CHECK #9455		50.60	25.30
04/30	Mizzen Gratuity		3.00	1.50
[REDACTED]				
05/01	e-Health 2005		225.00	
05/01	Destination Marketing Fe		6.30	
05/01	Room PST 5%		11.25	
05/01	Room GST 7%		16.20	
05/01	Room Service #1045 : CHECK #8710		16.39	
05/01	Room Service Gratuity		1.00	
	->#1045 : CHECK #8710			

Non Responsive

THANK YOU FOR CHOOSING THE WESTIN HARBOUR CASTLE.
 WE HOPE TO SEE YOU AGAIN!

APPLICANT COPY
**THE WESTIN
 HARBOUR CASTLE**
 TORONTO

ONE HARBOUR SQUARE, TORONTO, ONTARIO, CANADA M5J 1A6
 TEL: (416) 869-1600 GUEST FAX: (416) 869-0573 EMAIL: HARCA@WESTIN.COM
 VISIT WESTIN.COM/HARBOURCASTLE OR CALL 1-800-WESTIN-1

Ms. Marguerite Rowe
 Cap. Health 10216 124th St. Suite 300
 Edmonton AB T5N 4A3

Arrival	04/29/05	Room	1045
Departure	05/05/05	Cashier	KKLINAKI 25
Payment Method	VA	Page	2
		Preferred Guest #	[REDACTED]
		Airline Partner #	[REDACTED]

Section 17(1)

INFORMATION The Westin Harbour Castle Toronto, 05/05/05

Date	Description	Room	Charges	Credits
	->#1045 : 7809823510			
05/02	e-Health 2005		225.00	
05/02	Destination Marketing Fe		6.30	} Accommodation
05/02	Room PST 5%		11.25	
05/02	Room GST 7%		16.20	
X 05/02	Room Service #1045 : CHECK #8841		22.76	} 15.00 } Meal
X 05/02	Room Service Gratuity		1.00	
	->#1045 : CHECK #8841			
✓ 05/02	Mizzen #1045 : CHECK #9941		20.70	} Meal
✓ 05/02	Mizzen Gratuity		2.00	
	->#1045 : CHECK #9941			
05/03	e-Health 2005		225.00	
05/03	Destination Marketing Fe		6.30	} Accommodation
05/03	Room PST 5%		11.25	
05/03	Room GST 7%		16.20	
05/03	Telephone-Local		2.00	
	->#1045 : [REDACTED]			
05/03	Telephone-Local		2.00	} Other
	->#1045 : [REDACTED]			
05/03	Telephone-Local		2.00	
	->#1045 : 4166407900			
[REDACTED]				
05/04	e-Health 2005		225.00	
05/04	Destination Marketing Fe		6.30	} Accommodation
05/04	Room PST 5%		11.25	
05/04	Room GST 7%		16.20	
				Non Responsive
[REDACTED]				

THANK YOU FOR CHOOSING THE WESTIN HARBOUR CASTLE.
 WE HOPE TO SEE YOU AGAIN!

APPLICANT COPY
**THE WESTIN
 HARBOUR CASTLE**
 TORONTO

ONE HARBOUR SQUARE, TORONTO, ONTARIO, CANADA M5J 1A6
 TEL: (416) 869-1600 GUEST FAX: (416) 869-0573 EMAIL: HARCA@WESTIN.COM
 VISIT WESTIN.COM/HARBOURCASTLE OR CALL 1-800-WESTIN-1

Ms. Marguerite Rowe
 Cap. Health 10216 124th St. Suite 300
 Edmonton AB T5N 4A3

Arrival 04/29/05
 Departure 05/05/05
 Payment Method VA

Room 1045
 Cashier KKLINAKI 25
 Page 3
 Preferred Guest # [REDACTED]
 Airline Partner # [REDACTED]
 Section 17(1)

INFORMATION The Westin Harbour Castle Toronto, 05/05/05

Date	Description	Room	Charges	Credits
X 05/04	Mizzen Gratuity ->#1045 : CHECK # 189		3.00	meal
05/04	Telephone-Local ->#1045 : [REDACTED]		2.00	Other
05/04	Telephone-Local ->#1045 : [REDACTED]		2.00	
05/04	Telephone-Long Distance ->#1045 : [REDACTED]		2.00	
05/04	Telephone-Long Distance ->#1045 : [REDACTED]	Section 17(1)	2.00	
05/04	Telephone-Long Distance ->#1045 : [REDACTED]	Section 17(1)	2.00	
05/04	Telephone-Long Distance ->#1045 : [REDACTED]	Section 17(1)	2.00	
X 05/05	[REDACTED]		[REDACTED]	
X 05/05	[REDACTED]		[REDACTED]	
X 05/05	[REDACTED]		[REDACTED]	
X 05/05	[REDACTED]		[REDACTED]	
X 05/05	[REDACTED]		[REDACTED]	

Total

Balance

[REDACTED] CAD

Non Responsive

Room GST [REDACTED]
 Food GST [REDACTED]
 Other GST [REDACTED]
 Total GST [REDACTED]
 GST Vendor R121830244

Non Responsive

THANK YOU FOR CHOOSING THE WESTIN HARBOUR CASTLE.
 WE HOPE TO SEE YOU AGAIN!

TORONTO AMBASSADORS

APPLICANT COPY

RECEIPT

Cab.No.: 1072 G.S.T.#: _____

From: _____

To: _____

Date: _____ Amount: 25 (GST In _____)

Signature: [Signature]

Toll Free 1-866-470-1110

ROYAL TAXI (416) **777-9222**

www.royaltaxi.ca

DATE MAY 4, 2005 AMT. \$ 29.20

FROM _____

TO _____

DRIVER'S NAME RASH GST# _____

CAB# 2861 FARE INCLUDES GST

Driver is an Independent Contractor, any GST input credit may be claimed "donational" or applied to the driver's GST registered number, not Royal Taxi

THANK YOU

Operator # _____ License # _____

Date: 5/5/05

Amount: \$ 5.05

From: _____

OPERATOR IS RESPONSIBLE FOR ALL TRANSACTIONS

IF ANY DISPUTE, FULL I.D. OF DRIVER OR CORRECT LICENSE PLATE NO. IS REQUIRED. AIR ROYAL IS NOT RESPONSIBLE FOR ANY OTHER UNKNOWN OPERATORS USING OUR NAME.

Received with thanks



www.diamondtaxi.on.ca

416-366-6868

DATE _____ AMT. \$ 12.00

FROM _____

TO _____

DRIVER'S NAME Peter GST# _____

CAB# 3383 FARE INCLUDES GST

THANK YOU

Car No. 45 Date Apr 12 2005

From TI

to Hotel

Fare Amount \$ _____

TST No. _____ Tip _____

Total 47.00

Received with Thanks

Signature _____

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

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

ACCOUNT NO. _____

MARGUERITE ROWE

CKER CABS (EDMONTON) INC. (780) 484-8888

Barrel TAXI LTD. (780) 489-7777 (780) 466-8500

ADMINISTRATION
AUTH. NO. _____ DRIVER 958 UNIT NO. _____
TIME DAY 29 MO. 04 YR. 05

G.S.T.# _____
FROM Home
TO 17th
PRINT NAME _____
CUSTOMER'S SIGNATURE M Rowe

0655360
FARE 58.00
INT'L _____
GRATUITY 6.00
TOTAL 64.00

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

CLERK-COMMISS
BILL NO.-NO DE NOTE
AMOUNT MONTANT 48.00
TIPS POURBOIRE 4.00
TOTAL \$ 52.00
CDN CAN

SIGNATURE - SIGNATURE DU TIEN
I PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO AGREEMENT WITH CARD ISSUER.
JE PAIE A REMBOURSER L'EMETTEUR DE LA CARTE DU MONTANT SUR CETTE FACTURE, CONFORMEMENT A LA POLITIQUE D'UTILISATION DE LA CARTE.
of the Canadian Olympic Association
de la L'Association olympique canadienne





Capital Health

Community Care, Rehab & Mental Health Division

FAX

To: Judy

From: Carol Mickanuk
Executive Secretary to
Chief Operating Officer
300, 10216 - 124 Street
Edmonton, AB T5N 4A3

Fax: 407 - 7556

Date: June 8/05

Phone: (780) 413-5124
Fax: (780) 413-5126
E-Mail: carolmickanuk@cha.ab.ca

No. of pages incl. cover 2

Programs and Services:

- Community Care Services
- Community Rehabilitation Program & Aids to Daily Living
- Glenrose Rehabilitation Hospital
- Mental Health

COMMENTS:

As requested -
explanations for
M. Lewis 2
expensed items that
do not have receipts.
@

CONFIDENTIALITY WARNING

The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. If you have received this communication in error, please notify us immediately by collect telephone (see above) and return the original to us by regular mail. Thank you.

APPLICANT COPY

**Expenses – April, 2005
Marguerite Rowe**

**ACCOMMODATION (Toronto – Westin Harbour Castle)
(includes PST, GST and marketing fee)**

CAPITAL HEALTH AUTHORITY
VICE PRESIDENT FINANCE & ADMIN

JUN 0 8 2005

April 29	258.75
April 30	258.75
May 1	258.75
May 2	258.75
May 3	258.75
May 4	<u>258.75</u>

TOTAL **\$1552.50**

**MEALS
(Toronto)**

- 26.80 – hotel bill
- 17.39 – hotel bill
- 16.00 – hotel bill
- 22.70 – hotel bill
- 3.00 – hotel bill
- 46.00 – receipt provided
- 25.00 – receipt provided
- 25.00 – receipt provided

TOTAL **\$191.89**

10.00 (no receipt) – receipt pending.
- we can provide later - or we will request reimbursement when receipt received. M. Rowe had a meeting and provided lunch for this individual.

OTHER

Business Calls while in Toronto **\$12.00**

TRANSPORTATION

Cabs in Toronto	25.00 – receipt provided
	29.00 - receipt provided
	45.00 – receipt provided
	12.00 – receipt provided
Airport (Toronto)	47.00 – receipt provided
	47.00 – receipt provided
	12.00 (no receipt)
	64.00 – receipt provided
TOTAL	\$281.00

cabs taken but receipt not provided - forgot to ask for it. (dinner on Sherlas behalf)

Plus \$53.90 for mileage in April



Capital Health

Travel Expense Claim Form

(In Canadian Dollars)

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [REDACTED]

Position Chief Operating Officer Cost Centre 201-001-711001089

Department CCRMH Bus. Phone 413-5123 - Contact: Enri Sarro, Executive Secretary

Period from September 1, 2005 to September 30, 2005

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals	\$12.79		12.79	✓	
Registration Fees					
Transportation (including parking)	\$10.50		10.50	✓	
Other (Home Fax)					
Mileage	163	.38	61.94		
TOTAL	Capital Health RECEIVED				\$61.94
Less Cash Advance					
NET	OCT 25 2005				\$85.23

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.

ACCOUNTS PAYABLE

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 M Rowe Date Oct 14/05

Approved by Print Name Sheila Weatherill Title President & CEO, Capital Health

Signature [Signature] Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089-62410000 Date 72.44

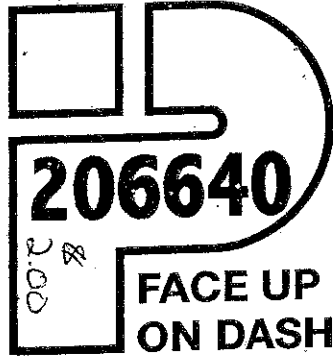
NOTE: 69600000 - 12.79

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Date	Particulars	Accommodation \$	Meals \$	Registration \$	Transportation \$	Other \$	Mileage km
Sept. 1	Corporate to Plaza						7
	Plaza to CH						2
Sept. 6	Plaza to CH						2
	CH to Plaza						2
	Plaza to Corporate						7
Sept. 7	St. Joseph to Plaza						17
	Plaza to Dr. White						2.5
	Dr. White to Plaza						2.5
	Plaza to GRH						4.5
	GRH to Mayfair Golf Club						5.
Sept. 8	Corporate to Plaza						7
Sept. 9	Corporate to Plaza						7
	Plaza to GRH						4.5
	GRH to Plaza						4.5
	Plaza to Shaw Conference						4
Sept. 12	Corporate to ATB						3
	ATB to Plaza						2
	Plaza to GRH						4.5
Sept. 13	Mental Health to Plaza						3
	Plaza to Petroleum Club						3
Sept. 14	Plaza to GRH						4.5
Sept. 15	Corporate to Plaza						7
Sept. 20	Plaza to U of A						7
Sept. 21	ATB to Plaza						2
	Plaza to Dr. White						2
	Dr. White to Plaza						2
	Plaza to Characters Restaurant						3
Sept. 22	Corporate to Mental Health						3
	Mental Health to Plaza						3
	Plaza to ATB						2
Sept. 26	Corporate to Plaza						7
	Plaza to Mayfair Golf Club						2
Sept. 27	Plaza to Corporate						7
Sept. 28	Plaza to Dr. White						2
	Dr. White to U of A						8
Sept. 29	Plaza to Inn on 7 th						2.5
Sept. 30	Inn on 7 th to U of A						5
	Total km @.38 cents						163 ✓
Sept 30	Lunch		12.79 ✓				
	Parking				10.50 ✓		\$61.94 ✓
	Registration			0.00			\$0.00
	Meals						\$0.00
	Other						\$0.00
TOTALS TO FRONT OF FORM			12.79		10.50		\$61.94

EXPENSE LIMITS

Imperial Parking Canada Corporation



WARNING - YOUR RISK
SEE BACK

206640
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #R102466000
Sept 30
Imperial Parking
♻️

WHITE

Name _____

Amount Pd: 8.50

Licence _____ Prov. _____

Make _____ Color _____

Date _____

No 97499

Inn on 7th
Fri Sep 30/05 @ 11:57
48803 Table 2 Seat 4

1 LUNCH BUFFET 11.95

Sub total 11.95
GST R106198229 0.84

Sub Total 12.79

Gratuity

Total

Room Number

Name

Signature

CAROL Thanks You

PLEASE PAY SERVER



APPLICANT COPY
Travel & Employee Expense Claim Form
 (In Canadian Dollars)

Capital Health
 Director, Accounting Services

Section 17(1)

Name: <u>Marquerite Rowe</u>	Employee Number: [REDACTED]	Union Name: <u>JAN 03 2005</u>
Position: <u>VP + COO</u>	Department: <u>CCRMH</u>	
Business Phone: <u>413-5120</u>	Period From: <u>Dec 1</u> to <u>Dec. 15/05</u>	

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
<u>201</u>	<u>0007</u>	<u>71110101089</u>					<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						<u>889.03</u>	<input type="checkbox"/>

Capital Health
RECEIVED
 JAN 03 2005
 ACCOUNTS
 PAYABLE

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

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

Employee Signature: M Rowe Date: Dec. 16/05

Approved By: (Print name) <u>Shaila Weatherill</u>	Title: <u>CEO</u>	Phone #
(Signature) <u>[Signature]</u>		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.

EXPENSE CLAIM DETAILS APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec 1	Mileage Corporate to Plaza						7
Dec 2	Travel to Winnipeg for LTC mtg						
Dec 2	Cab home to airport				67.26		
Dec 2	Cab airport to hotel				18.00		
Dec 2	Cab hotel to airport				20.00		
Dec 2	Cab airport to home				60.40		
Dec 5	Corporate to Plaza						7
Dec 5	Plaza to Corporate						7
Dec 7	Corporate to Plaza						7
Dec 7	Plaza to GRH						5
Dec 8	Corporate to Plaza						7
Dec 9	Plaza to Corporate						7
Dec 12	Plaza to Corporate						7
Dec 12	Cab Uof A to Capital Care				12.00		
Dec 12	Parking - Uof A				11.25		
Dec 12	Lunch - Capital Care	120.90					
Dec 13	Plaza to Corporate & return						14
Dec 13	Plaza to GRH						5
Dec 13	GRH to Corporate						10
Dec 13	Lunch - D. Reports & support	543.12					
Dec 19	Corporate to Plaza						7
Dec 15	Plaza to GRH						5
							95
Total km							36.10
	@						\$0.38 (except where collective agreement specifies otherwise)
		664.02			188.91		

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. Travel

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

3. Advance

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

69600 561.17
102.85

179.91
9.00

62410

DISPLAY THIS SIDE UP ON DASHBOARD



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

EXPIRATION DATE

12/12 12:30 AM

EXPIRATION TIME

AMOUNT PAID

\$ 11.25 175200000 07:55 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

12/12/05 07:55 AM \$ 11.25

CREDIT CARD NUMBER

000000



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

Merchant ID: 0077736
Term ID: A407736
Shift #: 1

Pre Auth Exp: 07/08

Entry Method: Swiped
Batch #: 000001
Invoice #: 004697

Seq #: 216001001011

Amount: \$
Tip:

100.90
20.00
120.90

Total:

Approval Code: 006116

NO SIGNATURE REQUIRED

12/12/05

Customer Copy

14:05:40

PLEASE FINISH

Date 06-12-05 Amount 12.00
From/De Moutant
To/A 9925-109 st. GST Included

To/A
Driver KE Car # 648
Chaufeur 425-8310 Voiture 425-2525
www.co-optaxi.com

APPLICANT COPY

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

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

Date: Dec13'05 02:02PM
 Card Type: VISA
 Acct #:
 Exp Date:
 Auth Code: 026591 Section 17(1),(4)(e.i)
 Check: 6360
 Table: 101/1
 Server: 110 SNOW S
 MARGUERITE ROWE

Subtotal:
 GRATUITY _____
 TOTAL _____
 SIGNATURE _____
 ** Merchant Copy **

110 SNOW S

Tbl 101/1 Chk 6360 Gst 20
 Dec13'05 11:27AM

2 CALAMARI @ 7.00	14.00
1 SALAD GREENS	6.00
2 @ 6.00	
ROMAINE SALAD	12.00
3 @ 13.00	
CHAR VEG PIZZA	39.00
1 PRAWN PIZZA	15.00
1 STEAK SANDWICH	17.00
4 TORTELLINI @ 16.00	64.00
1 PENNE	16.00
5 @ 15.00	
SPINACH MAIN	75.00
2 @ 7.00	
SPINACH SALAD	14.00
1 HALIBUT	17.00
1 SEARD SALMON	16.00
1 COLD PEAN	8.00
@ 6.00	
CHOCOLATE CAKE	24.00
3 FIG BRULE @ 6.00	18.00
3 @ 6.00	
BANANA CR PIE	18.00
1 FRUIT PLATE	6.00
MERLOT	

new →
 1 LEMON PIE 6.00

4 POP @ 2.75 11.00

new →
 14 COFFEE @ 2.75 38.50

18 %
 Gratuity 18% 105.57

Subtotal 586.50
 Service Chrg 105.57
 GST 41.06

01:44 Amount Du
 593.12

WELCOME TO CHARACTERS!
 & HAVE A GREAT DAY!!

APPLICANT COPY

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

110 SNOW S

Tbl 101/1 Chk 6360 Gst 20
 Dec13'05 11:27AM

2 CALAMARI @ 7.00	14.00
1 SALAD GREENS	6.00
2 @ 6.00	
ROMAINE SALAD	12.00
3 @ 13.00	
CHAR VEG PIZZA	39.00
1 PRAWN PIZZA	15.00
1 STEAK SANDWICH	17.00
4 TORTELLINI @ 16.00	64.00
1 PENNE	16.00
5 @ 15.00	
SPINACH MAIN	75.00
2 @ 7.00	
SPINACH SALAD	14.00
1 HALIBUT	17.00
1 SEARD SALMON	16.00
1 COLD PRAWN	8.00
4 @ 6.00	
CHOCCLATE CAKE	24.00
3 FIG BRULE @ 6.00	18.00
3 @ 6.00	
BANANA CR PIE	18.00
1 FRUIT PLATE	6.00
MERLOT	

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

10007 JUDY

Chk 6480 Dec15'05 04:28PM Gst 0

[REDACTED]	190.01-V
[REDACTED]	190.01-
Service Chrg	190.01-
TOTAL PAID	190.01-

WELCOME TO CHARACTERS!
 & HAVE A GREAT DAY!!

[REDACTED]	
1 LEMON PIE	6.00
4 POP @ 2.75	11.00
14 COFFEE @ 2.75	38.50

Non Responsive

[REDACTED]	
18 %	
Gratuity 18%	105.57

Non Responsive

VISA	733.13
Section 17(1),(4)(e.i)	
Subtotal	586.50
Service Chrg	105.57
GST	41.06
TOTAL PAID	733.13

543.12 - new total
Remove wine AMTS.
152 -
10.64
27.37
657
1802 GRAT

-----110 Check Closed
 -----Dec13'05 02:51PM

WELCOME TO CHARACTERS!
 & HAVE A GREAT DAY!!

190.01

APPLICANT COPY

CHARACTERS FINE DINING

10257 - 105 STREET
EDMONTON, AB T5J 1E3
PH. 471 -2842 FAX 471-2842

FACSIMILE TRANSMITTAL SHEET

TO	GILLIAN	FROM:	JUDY
COMPANY:	CAPITAL HEALTH	DATE	DEC 16/05
FAX NUMBER:	413-5126	TOTAL NO. OF PAGES INCLUDING COVER:	
PHONE NUMBER:	413-5123	SENDER'S REFERENCE NUMBER:	

RE YOUR ATTACHED LETTER

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

c/o MARGUERITE ROWE

HI GILLIAN

ATTACHED PLS FIND CREDIT APPLIED
TO VISA YESTERDAY.

SORRY FOR THE MIX-UP WITH THE WIND.

THANKS FOR YOUR SUPPORT!

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

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

Capital Health
Director, Accounting Services

(Please Print or Type)

Section 17(1)

Name Marquerite Rowe Employee Number [REDACTED]
 Position Vice President & Chief Operating Officer Oracle Cost Centre 2010007 71110101089
 Department CCRMH Bus. Phone 413-5120
 Period from Nov 7/05 to Nov 30/05

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals					
Registration Fees					
Transportation (including parking)					
Other	✓ 12.27				
Mileage	80.18	82.84			
TOTAL	92.45		\$		\$
Less Cash Advance		95.11			95.11 ✓
NET			\$		92.45

Capital Health RECEIVED

JAN 03 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 M Rowe Date Dec 15/05

Approved by _____

Print Name Sheila Weatherill Title _____

Signature [Signature] Date _____

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (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	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Nov 7	mileage UofA → Plaza						7
7	Plaza to UofA (Corporate)						7
Nov 8	Plaza to Corporate						7
8	Corporate to Plaza						7
Nov 9	Plaza to Glenrose & return						10
9	Plaza to Corporate						7
Nov 10	Corporate to Plaza						7
10	Plaza to Glenrose & return						10
10	Plaza to Corporate						5
Nov 14	Plaza to Corporate						7
Nov 16	Plaza to Corporate & return						14
Nov 17	Corporate to Plaza						7
17	Plaza to Corporate						7
Nov 18	Plaza to Corporate						7
	Corporate to Plaza						7
Nov 21	Plaza to Corporate						7
	Corporate to Plaza						7
Nov 22	Plaza to Corporate						7
Nov 23	Plaza to multihealth offices & return						6
Nov 23	Plaza Plaza to Corporate						7
Nov 23	Corporate to Plaza						7
Nov 24	Corporate to Plaza						7
24	Plaza to Glenrose						5
24	GRH to Plaza						5
24	Plaza to Corporate						7
	Corporate to multihealth						5
Nov 25	Plaza to GRH & return						10
Nov 28	Plaza to GRH & return						10
Nov 29	GRH to Plaza						5
Nov 29	Plaza to Corporate						7
Nov 30	Supplies				12.27		
Total km							211
@					12.27		\$0.38
TOTALS TO FRONT OF FORM							

W
218

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

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

3. Advance

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

4. Hosting Expenses

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

APPLICANT COPY

Supplies
Sheila's
11-30-15 X-Mas
Party

	1.99	0
	0.00	0
	*5.10	14
	*0.18	11
	1.40	11
	*11.47	ST
	*0.80	14
	*12.27	TL
	*0.50	11
	*0.00	02

00-1111
* 0-10

APPLICANT COPY Payment Requisition

I PAYEE INFORMATION (Check one only) Vendor Patient Employee (EE number)

Invoice Date	Invoice Number
Vendor Number (or S.I.N.)	Payee Name Marguerite Rowe
Address	
Province/State	Postal Code
	Country

II PAYMENT DETAILS

Reason for payment **mileage** PO #

Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No

If this is a contract payment, what is the contract date? Number

Have goods / services been received? Yes, When? No

Are original attachments to be mailed with cheque? (Note 2) Yes No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0007	71110101689	62410000			133.29
		69600 : 22.90 4.00				
		62410 : 106.39 w				
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other				TOTAL		

Capital Health
RECEIVED
FEB 21 2006
**ACCOUNTS
PAYABLE**

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name)	Phone #
(Signature)	Date
Approved by (Print name) see attached	Phone #
(Signature)	Date
Approved by (Print name)	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

- Notes:
- 1) All employee payments will be made electronically based on payroll banking information.
 - 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
 - 3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
 - 4) **Incomplete/improperly authorized payment requisitions will be returned without processing**



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

No Access

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehab & Mental Health
Business Phone: 413-5120	Period From: Dec 20, 2005 to January 31 st , 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	0007	71110101089	62410000				<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						\$133.29	<input type="checkbox"/>

37.15 PKG
253k

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.

MEDSERV.

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>M. Rowe</i>	Date: <i>February 3/06</i>
---	-----------------------------------

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: President & CEO	Phone # 407-8004
<i>(Signature)</i> <i>[Signature]</i>		Date
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.
 - 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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km	
Dec 20/05	Mileage Plaza/Cap Care/ret.						6	
Dec 20/05	Mileage Plaza to AHE/return						40	
Dec 21/05	Mileage Plaza/Cap Cap/ret.						6	
Dec 22/05	Mileage Corporate to Plaza						7	
Jan 4/06	Mileage Plaza/M.Health/return						6	
Jan 5/06	Mileage Plaza/Corp/return						14	
Jan 6/06	Mileage Corp/Plaza/return						14	
Jan 6/06	Mileage Plaza to GRH						5	
Jan 9/06	Mileage Plaza/Corp/return						14	
Jan 10/06	Mileage Plaza/GRH/return						10	
Jan 10/06	Parking UAH							
Jan 10/06	Mileage Plaza to Corporate					✓ 5.75	7	
Jan 11/06	Mileage Plaza to GRH						5	
Jan 11/06	Lunch - Mary Pat Skene		26.90					
Jan 12/06	Mileage Corp. to Plaza						7	
Jan 12/06	Mileage Plaza to GRH						5	
Jan 13/06	Mileage Plaza to Corp.						7	
Jan 16/06	Mileage Plaza to Corp.						7	
Jan 17/06	Mileage Plaza/Corp/return						14	
Jan 17/06	Mileage Plaza to GRH						5	
Jan 19/06	Mileage Corp to Plaza						7	
Jan 20/06	Mileage Plaza to Corp						7	
Jan 23/06	Mileage Plaza to Corp						7	
Jan 23/06	Mileage Plaza to GRH						5	
Jan 24/06	Mileage Plaza to Corp/return						14	
Jan 25/06	Mileage Plaza/M.Health/return						6	
Jan 27/06	Mileage Plaza/Corp/return						14	
Jan 27/06	Parking - U of A					✓ 2.50		
Jan 30/06	Mileage Plaza/Corp/return & Parking					✓ 2.00	14	
Total km								253
	@		26.90	22.90 4.00		10.25	\$0.38 (except where collective agreement specifies otherwise)	

253
= 296.14 ✓

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. Travel

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

3. Advance

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

APPLICANT COPY



Mary Pat
Skene

The Glenora Grill
12327-102 Ave
Edmonton, AB
(780) 482-3531

Server: [unclear]	01/11/2006
Table: 1571	12:34 PM
Server: [unclear]	T0013
Food (incl. 17.75)	17.50
Tip (12 @ 1.95)	3.90
Sub Total	21.40
GST-Exclusive Tax	1.50
Total	22.90
Balance Due	\$ 22.90

Thank You!
Hope to see you again soon!

* 4.00
26.90

<p>DISPLAY THIS SIDE UP ON DASHBOARD</p> <p>11/01 12:00 AM</p> <p>AMOUNT PAID \$ 5.00 17530000 04:02 PM</p> <p> UNIVERSITY OF ALBERTA</p> <p>NON-TRANSFERABLE</p>	<p>DETACH RECEIPT FROM TICKET</p> <p>10/01/06 04:02 PM \$ 5.00</p> <p>CREDIT CARD NUMBER</p> <p>plus 75¢</p> <p> UNIVERSITY OF ALBERTA</p> <p>RECEIPT</p> <p>GST # R102102831</p>
---	---


UNIVERSITY OF ALBERTA
 PARKING SERVICES
DAILY PARKING PERMIT
 L 381480
 GST # R108102831
 Customer Receipt \$ 2.50

DETACH RECEIPT
 506558

\$2.00
 Jan 30

506558
FACE UP
ON DASH

WARNING
YOUR RISK
SEE BACK OF TICKET ↓

U OF A PARKING SERVICES GST# R108102831 01-27-2006 FRI #111 DP-18 GST CASH 10.00 0.45 10.00 1CL 2048 07:31PM	U OF A PARKING SERVICES GST# R108102831 01-27-2006 FRI #111 DP-19 GST CASH 7.50 0.49 7.50 1CL 2057 06:29PM
---	---



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care Services & Rehabilitation	
Business Phone: 413-5120	Period From: January 16 th , 2006 and February 1st to February 28 th , 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	0007	71110101089	62410000			81.17	<input type="checkbox"/>
✓	✓	✓	69600000	113.42 15.00		128.42	<input checked="" type="checkbox"/>
✓	✓	✓	69500000			110.21	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$319.80	<input type="checkbox"/>

Capital Health
RECEIVED

MAR 29 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: *M Rowe* Date: *March 20/06*

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: Chief Executive Officer	Phone # 413-8004
<i>(Signature)</i> <i>Sheila Weatherill</i>		Date
Approved By:	Title:	Phone #
<small>(Print name)</small>		
<small>(Signature)</small>		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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Jan 16/06	Parking					\$2.75	
Feb 1/06	Mileage Plaza/Corp/return						14
Feb 2/06	Mileage Corp/Plaza/return						14
Feb 3/06	Mileage GRH to Plaza						5
Feb 3/06	Mileage Plaza/Corp/return						14
Feb 6/06	Mileage Plaza/Corp/return						14
Feb 6/06	Mileage Plaza/Corporate						7
Feb 8/06	Mileage Corp/Plaza						7
Feb 8/06	Mileage Plaza/Corp/return						14
Feb 8/06	Northern Images					\$110.21	7
Feb 9/06	Mileage Corp/Plaza						7
Feb 10/06	Mileage Corp/M. Health/ret.						6
Feb 13/06	Mileage Corp/Plaza/Parking					2.50	7
Feb 15/06	Mileage Corp/Plaza/Parking					\$12.00 & \$2.00	7
Feb 15/06	Breakfast Mtg		128.42				
Feb 22/06	Mileage Plaza/Corp/return						14
Feb 27/06	Mileage Corporate/Plaza						7
			128.42				
						129.46	144
Total km							
(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43
Totals			\$128.42			\$129.46	61.92

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

NORTHERN
IMAGES
WEST EDM. MALL

1266/18#00

nton Mall
rect,
T5T 3J7
(780) 481-0530

5th
Season
Project

02/08/06

Q-PRODUCT 110.00
102
ITEM DC -11.00
Q-PRODUCT 4.00
SUBTOTAL 103.00
R.S.T. 7.21
L/CARD 110.21
2*

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

PURCHASE
AMOUNT \$110.21
K YOU AUTH #190035

PAY ISSUER SUCH
WITH ISSUER'S
SLIP

2 ITEMS

MS. ELIZABTH
9704 1 17:09
GST#R100250794

SIGNATURE

UNIT PRICE	AMOUNT
110	00
4	00
-11	00
SUB TOTAL 103 00	
GST 7 21	
TOTAL 110 21	
DEPOSIT	
CLERK	CASH
LAYAWAY	CHARGE
ON ACCT.	MOSE RETD.
PAID OUT	BALANCE DUE

GST # R100250794

CLERK	CASH	LAYAWAY	CHARGE	ON ACCT.	MOSE RETD.	PAID OUT	BALANCE DUE
AR	MC						

CANARCTIC GRAPHICS LTD.

SORRY, NO CASH REFUNDS. EXCHANGE OR STORE CREDIT ONLY.

37404

The CAPITAL CARE Group
LEADERS IN CONTINUING CARE
CAPITAL CARE Lynnwood

METER PRIVILEGES
JAN 1 2006 Valid: JAN 1 6 2006

From *paid 2.75 in meter* to *MCROW*

License Plate

**DISPLAY FACE UP ON DASH
SO DATES ARE VISIBLE**

UNIVERSITY OF ALBERTA
 PARKING SERVICES
 DAILY PARKING DEPARTMENT
 271048
 U OF A
 PARKING SERVICES
 02-13-2006 MON Bill
 10.00 \$
 0.45
 10.00
 3097 09:01TH
 10.00

043012

U OF A
 PARKING SERVICES
 02-13-2006 MON Bill

02-13-2006 MON Bill

DP10 -7.50 \$
 GST -0.49
 CASH -7.50

10.00
 3097 09:01TH
 \$2.50 only

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Report# 30634
 02/15/06 20:29 LN 2 AM 28 Txn#102489
 02/15/06 19:00 In 02/15/06 20:29 Out
 Tkt# 566063
 Regular Rate \$ 1.97
 Total Tax \$ 0.13
 Total Fee \$ 2.00
 CASH PAID \$ 2.00
 Cash Tender \$ 5.00
 Change Due \$ 3.00
 THANK YOU
 COME AGAIN

Report# 30512
 02/15/06 15:52 LN 2 AM 12 Txn#102261
 02/15/06 05:46 In 02/15/06 15:52 Out
 Tkt# 565835
 Regular Rate \$ 11.21
 Total Tax \$ 0.79
 Total Fee \$ 12.00
 CASH PAID \$ 12.00
 Cash Tender \$ 20.00
 Change Due \$ 8.00
 THANK YOU
 COME AGAIN

APPLICANT COPY

Best only
at Phycia n
Coverage

THE WESTIN EDMONTON = *Reserved*
Pradera Cafe & Lounge
GST# 861336493RT0005 *Unit for*
Unit

10 Lolina

TBL 12/1 1633 GST 1
15FEB'06 7:27AM

2 @ 13.00	
Eggs Benedict	26.00
1 Frt Pit/Brd/Yog	10.00
1 Muffin	4.00
1 Side Toast	4.00
2 @ 17.00	
Brkfst Buffet	34.00
5 Coffee @ 4.00	20.00
2 Tomato Juice @ 4.00	8.00

FOOD	106.00
Tax	7.42
Total Due	\$113.42 + tip
	15.00

Gratuity: 128.42

Total : _____

Room # _____

Name Print _____

Signature _____

Cote, Darla

From: Sarro, Enri
Sent: Monday, February 27, 2006 1:28 PM
To: Cote, Darla
Subject: FW: Marquerite Rowe Expenses

Attachments: CHCFIN1920060227130334.pdf Capital Health
Director, Accounting Services

*Lorraine,
SW initialed.*



MAR 07 2006

CHCFIN192006022
7130334.pdf (11...

Hi Darla; can you please have Sheila initial the "*" for the lunch with Dr. Coke? Please and thank you.

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

From: Chopin, Gillian
Sent: Monday, February 27, 2006 1:22 PM
To: Sarro, Enri
Subject: FW: Marquerite Rowe Expenses

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

From: Tailleir, Lorraine
Sent: Monday, February 27, 2006 1:15 PM
To: Chopin, Gillian
Subject: FW: Marquerite Rowe Expenses

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Gillian

Please find attached an expense claim that was submitted for Marquerite, could you please provide additional details on items that are marked with a "*" or have Sheila or Allaudin initial.

Thanks

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

The contents of this email and any accompanying documents are CONFIDENTIAL. If the reader is not the intended recipient or its agent, be advised that any dissemination, distribution or copying of the content of this email is prohibited. If you have received this communication in error, please notify us immediately and delete the original email and any accompanying documents. Thank you.



Capital Health

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [redacted] Section 17(1)
Position Chief Operating Officer
Cost Centre 201-001-711001089
Department CCRMH Bus. Phone 413-5123 - Contact: Enri Sarro, Executive Secretary
Period from August 2, 2005 to August 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.

Table with columns for Expense Type, Amount, and Total. Rows include Accommodation, Meals (\$59.38), Registration Fees, Transportation (including parking), Other (Home Fax) (\$28.66), Mileage (266.5, 35.38, 995.28, 101.27), TOTAL (\$181.32), Less Cash Advance, and NET (189.31, \$181.32).

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 M Rowe Date Sept 13/05

Approved by Sheila Weatherill Title President & CEO, Capital Health

Signature [Signature] Date [Date]

Print Name 201 0007 - 7110101089 - 6960000 = 59.38

Signature [Signature] Date 201-0007-7110101089-62810000 - 101.27

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
Please ensure that the expense claim is properly authorized.
For all employees on the payroll system, expense cheques will be deposited to employee bank account.
For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
See the other side of this form for expense claim limits.
Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7
Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Aug. 3	Plaza to Dr. White						2.5
	Dr. White to Plaza						2.5
Aug. 4	Plaza to Corporate						7
	Corporate to Plaza						7
	Plaza to Misericordia						15
Aug. 5	Plaza to Corporate						7
Aug. 8	Plaza to Corporate						7
	Corporate to Plaza						7
	Lunch w/ Dr. Coke		31.29				
Aug. 9	Plaza to C H						4.5
	CH to Plaza						4.5
Aug. 10	Plaza to GRH						5
Aug. 11	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 16	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to GRH						5
Aug. 17	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 18	Plaza to Corporate						7
	Corporate to GRH						6
	GRH to Plaza						5
Aug. 23	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 24	Plaza to Corporate						7
	Corporate to Dr. White						5
	Dr. White to Plaza						2.5
	Plaza to Corporate						7
Aug. 25	Plaza to Corporate						7
	Corporate to Plaza						7
	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 29	Plaza to Meadowlark						10
	Meadowlark to Plaza						10
	Lunch w/ Brian O'Brien		28.09				
	Plaza to MH						5
Aug. 30	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 31	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to CH						4.5
	CH to Plaza						4.5
	Plaza to GRH						5
	Home Fax				28.66		

	Total km	APPLICANT COPY				266.5
	@					\$0.35
						\$99.28
	Parking				\$	\$
	Registration			\$0.00		\$0.00
	Meals		59.38			
	Other					28.66
TOTALS TO FRONT OF FORM						\$181.32

38

EXPENSE LIMITS

1. Meal Allowances

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

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

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

2. Travel

- Use of personal automobile – From October 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer thereafter. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

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

Aug 9.
lunch - Dr. Brian
Coke

MANOR CAFE

18189 125 ST EDMONTON

ID: A4004165
SLIP #: 4005
STORE: 4004165

MERCHANT/MARCHANT

PRE-AUTH \$27.29

POURBOIRE/TIP \$ 4.00

TOTAL \$ 31.29

SIGNATURE X _____

Visa _____ *S

APPROVED AUTH 053227
SEQ 456001001008 ISO -001
Aug 08 2005 1:14 pm

MERCHANT COPY

MANOR CAFE

Table 11
Station 001 Check 10
SERVER: CHRISTY Guests 1
Monday 8/29/05 1:05 pm

1 CUP SOUP #2 3.95
1 STUFFED PORTABELLA 12.50
1 1/2 PEAR PECAN 7.00

Sub Tot 23.45
G.S.T. 1.64

Total 25.09

Please pay server
GST# 122827397

MANOR CAFE

18189 125 ST EDMONTON

ID: A4004165
SLIP #: 5748
STORE: 4004165

lunch with
Dr. Brian O'Brien

PRE-AUTH \$25.09

POURBOIRE/TIP \$ 3.00

TOTAL \$ _____

SIGNATURE X _____

Visa _____ *S

APPROVED AUTH 067018
SEQ 474001001006 ISO -001



Capital Health

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [redacted] Section 17(1)
Position Chief Operating Officer
Cost Centre 201-001-711001089
Department CCRMH Bus. Phone 413-5123 - Contact: Enri Sarro, Executive Secretary
Period from August 2, 2005 to August 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.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			\$59.38		
Registration Fees					
Transportation (including parking)					
Other (Home Fax)			\$28.66		
Mileage	266.5	35.38	\$93.28	101.27	
TOTAL			\$181.32		\$
Less Cash Advance					
NET			189.31	\$181.32	

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 M Rowe Date Sept 13/05

Approved by Sheila Weatherill Title President & CEO, Capital Health

Signature [Signature] Date [Date]

Print Name 201 0007 - 71100101089 - 69100000 = 59.38

Signature 201.0007. 7110101089. 62810000 - 101.27

NOTE: 61020003 = 28.66

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

Date	Particulars	Accommodation	Meal	Registration \$	Transportation \$	Other \$	Mileage km
Aug. 3	Plaza to Dr. White						2.5
	Dr. White to Plaza						2.5
Aug. 4	Plaza to Corporate						7
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	Plaza to Misericordia						15
Aug. 5	Plaza to Corporate						7
Aug. 8	Plaza to Corporate						7
	Corporate to Plaza						7
	Lunch w/ Dr. Coke			31.29			
Aug. 9	Plaza to CH						4.5
	CH to Plaza						4.5
Aug. 10	Plaza to GRH						5
Aug. 11	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 16	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to GRH						5
Aug. 17	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 18	Plaza to Corporate						7
	Corporate to GRH						6
	GRH to Plaza						5
Aug. 23	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 24	Plaza to Corporate						7
	Corporate to Dr. White						5
	Dr. White to Plaza						2.5
	Plaza to Corporate						7
Aug. 25	Plaza to Corporate						7
	Corporate to Plaza						7
	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 29	Plaza to Meadowlark						10
	Meadowlark to Plaza						10
	Lunch w/ Brian O'Brien			28.09			
	Plaza to MH						5
Aug. 30	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 31	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to CH						4.5
	CH to Plaza						4.5
	Plaza to GRH						5
	Home Fax					28.66	

	Total km					266.5
	@					\$0.35
						\$93.28
	Parking				\$	\$
	Registration			\$0.00		\$0.00
	Meals		59.38			
	Other					28.66
TOTALS TO FRONT OF FORM						\$181.32

38

EXPENSE LIMITS

1. Meal Allowances

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 Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile – From October 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

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

Aug 9.
Lunch - Dr. Brian
Coke

MANOR CAFE

10109 125 ST EDMONTON

ID: A4004165
SLIP #: 4005
STORE: 4004165

MERCHANT/MARCHAND



PRE-AUTH \$27.29

POURBOIRE/TIP \$ 4.00

TOTAL \$ 31.29

SIGNATURE X _____

Visa [Redacted] *S

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

APPROVED AUTH 053227
SEQ 456001001008 ISO -001
Aug 08 2005 1:14 pm

MERCHANT COPY

MANOR CAFE

Dr. Brian

Table 11

Station 001 Check 10
SERVER: CHRISTY Guests 1
Monday 8/29/05 1:05 pm

1 CUP SOUP #2 3.95
1 STUFFED PORTABELLA 12.50
1 1/2 PEAR PECAN 7.00

Sub Ttl 23.45
G.S.T. 1.64

Total

25.09

Please pay server
GST# 122827397

MANOR CAFE

10109 125 ST EDMONTON

ID: A4004165
SLIP #: 5748
STORE: 4004165

lunch with
Dr. Brian O'Brien

PRE-AUTH

\$25.09

POURBOIRE/TIP \$

3.00

TOTAL \$ _____

SIGNATURE X _____

Visa [Redacted] *S

APPROVED AUTH 067018
SEQ 474001001006 ISO -001



Capital Health

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [redacted]
Position Chief Operating Officer Cost Centre 201-001-711001089
Department CCRMH Bus. Phone 413-5123 - Contact: Enri Sarro, Executive Secretary
Period from August 2, 2005 to August 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.

Table with 6 columns: Expense Category, Non-Canadian Currency, Rate, Canadian \$ (including GST), GST included, and DO NOT USE. Rows include Accommodation, Meals (\$59.38), Registration Fees, Transportation, Other (Home Fax) (\$28.66), Mileage (266.5, 35.38, \$93.28, 101.27), TOTAL (\$181.32), Less Cash Advance, and NET (189.31, \$181.32).

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 M Rowe Date Sept 13/05

Approved by Sheila Weatherill Title President & CEO, Capital Health

Signature [Signature] Date [Date]

Print Name 201 0007 - 7110101089 - 69100000 = 59.38

Signature [Signature] Date 201.0007. 7110101089. 62410000 - 101.27

- NOTE:
- GST amounts included in the expense claims will be calculated by Accounts Payable.
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- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
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	Dr. White to Plaza						2.5
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Aug. 8	Plaza to Corporate						7
	Corporate to Plaza						7
	Lunch w/ Dr. Coke		31.29				
Aug. 9	Plaza to C H						4.5
	CH to Plaza						4.5
Aug. 10	Plaza to GRH						5
Aug. 11	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 16	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to GRH						5
Aug. 17	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 18	Plaza to Corporate						7
	Corporate to GRH						6
	GRH to Plaza						5
Aug. 23	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 24	Plaza to Corporate						7
	Corporate to Dr. White						5
	Dr. White to Plaza						2.5
	Plaza to Corporate						7
Aug. 25	Plaza to Corporate						7
	Corporate to Plaza						7
	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 29	Plaza to Meadowlark						10
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	GRH to Plaza						5
	Plaza to Corporate						7
	Corporate to Plaza						7
Aug. 31	Plaza to GRH						5
	GRH to Plaza						5
	Plaza to CH						4.5
	CH to Plaza						4.5
	Plaza to GRH						5
	Home Fax					28.66	

	Total km					266.5
	@	APPLICANT COPY				\$0.35
						\$93.28
	Parking				\$	\$
	Registration			\$0.00		\$0.00
	Meals		59.38			
	Other					28.66
TOTALS TO FRONT OF FORM						\$181.32

38

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1. Meal Allowances

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Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

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APPLICANT COPY

Aug 9

lunch - Dr. Bill
Coke

4)

MANOR CAFE

10109 125 ST

EDMONTON

MERCHANT/MARCHANT



Need
Debit
or number

ID: A4004165
SLIP #: 4005
STORE: 4004165

PRE-AUTH \$27.29

POURBOIRE/TIP \$ 4.00

TOTAL \$ 31.29

SIGNATURE X _____

Visa _____ *S

APPROVED AUTH 053227
SEQ 456001001008 ISO -001
Aug 08 2005 1:14 pm

MERCHANT COPY

MANOR CAFE

Dr. Brian

Table 11

Station 001 Check 10
SERVER: CHRISTY Guests 1
Monday 8/29/05 1:05 pm

1 CUP SOUP #2	3.95
1 STUFFED PORTABELLA	12.50
1 1/2 PEAR PECAN	7.00

Sub Totl 23.45
G.S.T. 1.64

Total

25.09

Please pay server
GST# 122827397

MANOR CAFE

10109 125 ST

EDMONTON

ID: A4004165
SLIP #: 5748
STORE: 4004165

lunch with
Dr. Brian O'Brien

PRE-AUTH

\$25.09

POURBOIRE/TIP \$ 3.00

TOTAL \$ _____

SIGNATURE X _____

Visa _____ *S

APPROVED AUTH 067018
SEQ 474001001006 ISO -001

OK

TELUS® Your TELUS Statement
Sep 04, 2005

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$28.66

Amount of your last bill	\$28.26
Payment we processed on Aug 23 - Thank You	-28.26
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Sep 04 to Oct 03	23.86
1 Number Non-Published Residence from Sep 04 to Oct 03	2.00
1 Name Display - Private Name from Sep 04 to Oct 03	.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	.37
GST (Registration 100652692) at 7%	1.85
Total new charges	28.66
Total amount due by Sep 25	\$28.66

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Sep 03	\$.44	.58
E9-1-1 Provincial Network Fee Sep 03	.14	
Total additional charges and credits	\$.58	

Long Distance Charges

.37

Regular Long Distance

Tear off here

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

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

(Please Print or Type)

Section 17(1)

Name Marquerite Rowe Employee Number [REDACTED]
 Position Chief Operating officer Oracle Cost Centre 201-0007-711101010
 Department CCR mt Bus. Phone 413-5120
 Period from Oct 1/2005 to Nov. 4/05

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals	2		271.77		241.77 / 30.00
Registration Fees					
Transportation (including parking)					
Other			160.46		
Mileage			50.54	✓	
TOTAL			\$		\$ 482.77
Less Cash Advance					
NET			\$		482.77

Capital Health
RECEIVED
NOV 28 2005
ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date _____

Approved by

Print Name Sheila Weatherill Title CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089-62410000 Date 5864

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (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

Susan Asinkovic
Staff
Comp. Parkade
JAPANESE VILLAGE
 10126 100 ST
 EDMONTON AB

ID: 02X05214
 STORE: 111736
 EMP: JESSIE
 PR: 9136

-AUT

\$ 201.77

MOVED AUTH 000438
 132001001024 -001
 12 2005 9:29 PM
 CIBC ADVANTECH
 BONUS REWARDS HERE

THE CITY OF
Edmonton

Oct 12

No 004555

LIBRARY PARKADE

Official Receipt
 G.S.T. # 119326270 RT0001

Susan Asinkovic

Amount: **\$ 2.00**
 Evening Parking

Thank you for your patronage

751 8097

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

CHARGE TO: [REDACTED] NO.

MARGUERITE ROWE
 REACH Awards

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	27	10 05

2108989

G.S.T.#

FROM: *Hotel*

TO: *1 1/2 hours*

PRINT NAME

CUSTOMER'S SIGNATURE
 X *M Rowe*

- American Express
- Visa
- MasterCard
- Discover

FARE	5	00
INTL		
GRATUITY		50
TOTAL	5	50

CUSTOMER COPY

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

APPLICANT COPY

Non Responsive

NORTHERN IMAGES
 WEST ELM. MALL

TRANSACTION RECORD 05/10/11:34

NORTHERN IMAGES STR HQ
 2064 6770 170 STREET
 EDMONTON ALBERTA
 T5T0J7

TERM ID: 02312497
 MID: 00142125
 M/C: 8943889

CARD # [REDACTED] PURCHASE
 ACCT TYPE: DC AMOUNT: \$121.55
 REF NO: 0007017
 (201) APPROVED - THANK YOU AUTH: #123451

CARDHOLDER AGREES TO PAY ISSUED SUCH
 AS PER AGREEMENT WITH ISSUER'S
 AGREEMENT WITH CARDHOLDER

NAME

M. Ross
 CARDHOLDER SIGNATURE
 05/10/11

10/31/05

0-PRODUCT T	22.95
10%	
ITEM DC	-2.30
0-PRODUCT T	22.95
10%	
ITEM DC	-2.30
0-PRODUCT T	62.00
10%	
ITEM DC	-6.20
0-PRODUCT T	4.00
0-PRODUCT T	4.00
0-PRODUCT T	4.00

SUBTOTAL	113.60
6.5%	7.38
0/000	
TAX	4.50
	117.09
	7 ITEMS

MS. ELIZABETH
 0711 1 11:40
 63195.0250794

**northern images
gallery**

#2113 West Edmonton Mall
8770-170th Street,
Edmonton, Alberta. T5T 3J7
Ph: (780) 444-1995 Fax: (780) 481-0530

*Gifts
for
Japanese
visitors*

NAME <i>Marquerite Rowe</i>		DATE <i>Nov 01/05</i>	
ADDRESS <i>Section 17(1)</i>		PHONE	
CITY		PROV. CODE	
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	"Drum Dancers" card holder by BOMA		22 95
	- 10% corp disc.		- 2 30
1	"Drum Dancers + Truckshok" card holder by BOMA		22 95
	- 10% corp disc.		- 2 30
1	Small ivory desk box by BOMA		62 00
	- 10% corp disc.		- 6 20
3	3 N lights cards	\$4.00	12 00
1	package wrapping paper @ \$1.50		
		SUB TOTAL	113 60
		GST	7 95
		TOTAL	121 55
		DEPOSIT	- 4 50
GST # R100250794		BALANCE DUE	\$117.05
CLERK	CASH	LAYAWAY	CHARGE
AR			MC
ON ACCT.	MOUSE RET'D	PAID OUT	

Thank you! ☺

11/04/05

21.00
21.00

*Staff
Gift*

1.00
0.00
0.00
0.00
0.00
0.00

0035A
EST# 004667000

CANARCTIC GRAPHICS LTD.

SORRY, NO CASH REFUNDS. EXCHANGE OR STORE CREDIT ONLY.

37233

APPLICANT COPY

Sarro, Enri

Capital Health
Director, Accounting Services

From: Chopin, Gillian
Sent: Wednesday, December 14, 2005 8:40 AM
To: Sarro, Enri
Subject: FW: Marguerite Rowe Travel Expense Claim

Attachments: CHCFIN1920051213155010.pdf

DEC 19 2005



CHCFIN192005121
3155010.pdf (55...

Gillian Chopin
Administrative Assistant to Marguerite Rowe Vice President and Chief Operating Officer Community Care, Rehabilitation and Mental Health #300, 10216 - 124 Street Edmonton, Alberta, T5N 4A3
Phone: (780) 413-5123
Fax: (780) 413-5126
E-Mail: gchopin@cha.ab.ca

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal or privileged information. Please contact me immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed

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

From: Tailleir, Lorraine
Sent: Wednesday, December 14, 2005 8:30 AM
To: Chopin, Gillian
Subject: FW: Marguerite Rowe Travel Expense Claim

Gillian

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Please have Leila Shwed or Allaudin Merali approve/initial.

Thanks

Lorraine Tailleir
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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done - see attached

APPLICANT COPY



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

(Please Print or Type)

Section 17(1)

Name Marquerite Rowe Employee Number [Redacted]
 Position Chief Operating Officer Oracle Cost Centre 201-0007-71110101089
 Department CCRMH Bus. Phone 413-5120
 Period from Oct 1/2005 to Nov. 4/05

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			271.77		271.77 / 30.00
Registration Fees					
Transportation (including parking)					
Other			160.46		
Mileage			58.54	✓	
TOTAL			\$		\$ 482.77
Less Cash Advance					
NET			\$		482.77

Capital Health
RECEIVED
 NOV 28 2005
ACCOUNTS PAYABLE

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

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

Employee Signature M Rowe Date _____

Approved by
 Print Name Sheila Weatherill Title CEO

Signature [Signature] Date _____
 Print Name _____ Title _____

Signature 201-0007-71110101089-62410000 Date 5864

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (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

Susan Asimkark Staff's Co-partners
JAPANESE VILLAGE
10126 100 ST
EDMONTON, AB

ID: 02XJ5214
STORE: 111786
PL#: JESSIE
IPH: 9136

AUTH 0014 77

30

\$ 211.77

VISA * *S

APPROVED AUTH 000438
532001001024 -001
12 2005 9:29 PM

JOIN CIBC ADVANTEX
BONUS REWARDS HERE

ST...

Section 17(1)

Edmonton *Oct 12* No 004555
LIBRARY PARKADE

Susan Asimkark

Official Receipt
G.S.T. # 119326270 RT0001

Amount: **\$ 2.00**
Evening Parking

751 8087

Thank you for your patronage

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

CHARGE TO:		ACCOUNT NO.	
[REDACTED]		[REDACTED]	
MARGUERITE ROWE REACH Awards		(780) 462-3456 (780) 462-4444 <small>REGISTRATION (700) 495-5500</small>	
G.S.T.#		AUTH. NO.	DRIVER
			391
TIME		DAY	MO
		27	10
FROM	MVIC HOTEL		2108989
PRINT NAME	[REDACTED]		FARE
CUSTOMER'S SIGNATURE	<i>M. Rowe</i>		50
X			TOTAL
			6 10

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

CUSTOMER COPY

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Oracle Cost Centre 201-0007-7111010108
 Department CCR.mt Bus. Phone 413-5120
 Period from Oct 1/2005 to Nov. 4/05

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ # GST included	DO NOT USE
Accommodation					
Meals			291.77 <i>fl</i>		291.77 / 30.00
Registration Fees					
Transportation (including parking)					
Other			160.46 <i>fl</i>		
Mileage			58.54	/	
TOTAL			\$		\$ 482.77
Less Cash Advance					
NET			\$		482.77

Capital Health
RECEIVED
 NOV 28 2005
ACCOUNTS PAYABLE

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

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

Employee Signature *M Rowe* Date _____

Approved by

Print Name Sheila Weatherill Title CEO

Signature *[Signature]* Date _____

Print Name _____ Title _____

Signature 201-0007-71110101089-62410000 Date 5864
69600000 271.77 291.77 / 30.00
69500000 152.36

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (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

Susan Asinkart
Staff & Co-partners
JAPANESE VILLAGE
 10126 100 ST
 EDMONTON, AB

ID: 02XJ5214
 STORE: 111786
 P.L.B.: JESSIE
 IP#: 9136

AUTH *2711 77*
 30

\$ *2711.77*

VISA * [REDACTED] *S
 AUTH 000438
 532001001024 -001
 12 2005 9:29 PM

EARN CIBC ADVANTEX
 BONUS REWARDS HERE

Section 17(1)

Oct 12
Edmonton No 004555
LIBRARY PARKADE
 Official Receipt
 G.S.T. # 119326270 RT0001
 Amount: **\$ 2.00**
 Evening Parking
 Thank you for your patronage
 751 8097

Susan Asinkart

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

CHARGE TO:		ACCOUNT NO.	
[REDACTED]		[REDACTED]	
MARGUERITE ROWE		462-3456	
REACH Awards		462-4444	
G.S.T.#	FROM	TIME	DAY
	<i>Mic Hotel</i>		<i>27 10 05</i>
PRINT NAME	CUSTOMER'S SIGNATURE	FARE	INTL
	<i>M Rowe</i>	50	
		GRATUITY	50
		TOTAL	6 10

2108989

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

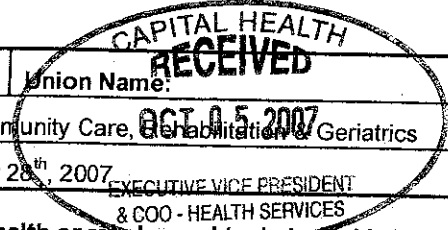
CUSTOMER COPY



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Scanned on 11/11/07

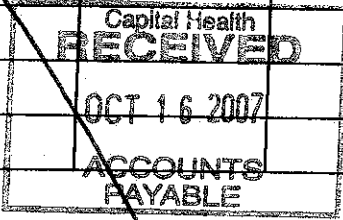
Section 17(1)



Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: Sept 4 to September 28 th , 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	0007	71110101089	62410000			\$ 23.65	<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						\$ 23.65	<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: *M Rowe* Date: *Oct 2/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date OCT - 9 2007
Approved By:	Title: <i>KB</i>	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
Travel & Employee Expense Claim Form
(In Canadian Dollars)

RECEIVED
 OCT 12 2007
 EXECUTIVE VICE PRESIDENT
 COMMUNITY CARE REHABILITATION & GERIATRICS SERVICES

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: August 1 to August 31 st , 2007 and September 28	

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	0007	71110101089	62410000			\$42.57	<input type="checkbox"/>
201	0007	71110101089	69600000			108.76	<input type="checkbox"/>
201	0007	71110101089	61220003			219.52	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$370.85	<input type="checkbox"/>

Capital Health
RECEIVED
 OCT 22 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: *M Rowe* **Date:** *Oct 10/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date <i>Oct. 15/07</i>
Approved By:	Title:	Phone #
<i>(Signature)</i>	<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

Louise Bradley

K. Polowick

C. Giblin

MANOR CAFE

MANOR CAFE

Table 50

Table 2
 Station 001
 SERVER: JENNIFER
 Monday 8/20/07
 Check 14
 Guests 2
 1:31 pm

Station 003
 SERVER: JOSIE
 Friday 8/31/07
 Check 14
 Guests 2

1 LUNCH SANDWICH 14.00
 CEASAR 7.00
 1 SMALL PEAR 7.00
 1 GRILLED SALMON 7.00
 2 COFFEE 3.90
 HST FOOD 31.90
 G.S.T 1.91

1 LUNCH SANDWICH 14.00
 CEASAR 7.00
 1 SMALL PEAR 7.00
 1 GRILLED SALMON 7.00
 2 COFFEE 3.90
 HST FOOD 31.90
 G.S.T 1.91

Total 33.81
 5.00
 38.81

Please pay
 # 12
 BY BR

Please pay
 # 12
 SUNDAY BRUNCH 11

BOTANICA

CITADEL HALIFAX HOTEL
 1960 Brunswick Street
 Halifax, NS, B3J 2G7
 PHONE: 902-422-1391

*Angie
 Harwood*

113 PAI

Check 7600 Gst 1
 Sep 07 04:10PM

2 @ 5.00
 GL PELLChard. 10.00
 Wine 10.00
 HST Liquor 1.40
 AMT DUE 11.40

GST#R596728456 3.00
 Gravity: 14.40

Phone # _____

Name: _____

Signature: _____

Please pay your server

Charges for account [REDACTED] **Section 17(1)**

Details of previous charges and credits

Balance forward		- 27.44
Amount of your last bill	\$55.05	
Payment processed Mar 07 - Thank You	-27.44	
Payment processed Mar 23 - Thank You	-55.05	
Balance forward		-\$27.44

Credit balance for [REDACTED] s.17(1), 17(4)(g)(i) **- 27.44**

Charges for [REDACTED] s.17(1), 17(4)(g)(i)

Details of your new charges

Monthly services (from Apr 04 to May 03)		25.91
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
Local Line		23.34
Total monthly services	\$25.91	
Taxes		1.53
GST (Registration 812758878) at 6%	1.53	
Total charges for [REDACTED] s.17(1), 17(4)(g)(i)		27.44



Charges for [REDACTED] **Section.17(1)**

Details of your new charges

Monthly services (from May 04 to Jun 03)		25.91
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
Local Line		23.34
Total monthly services	\$25.91	
Taxes		1.53
GST (Registration 812758878) at 6%	1.53	
Total charges for [REDACTED]		27.44

Charges for [REDACTED]

Details of your new charges

Monthly services (from Jul 04 to Aug 03)		25.91
<hr/>		
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
Local Line		23.34
<hr/>		
Total monthly services	\$25.91	
<hr/>		
Taxes		1.53
<hr/>		
GST (Registration 812758878) at 6%	1.53	
<hr/>		
Total charges for [REDACTED]		27.44

Information on this page redacted: Section 17(1)

Charges for account [REDACTED] s.17(1), 17(4)(g)(i)

Details of previous charges and credits

Balance forward		27.44
Amount of your last bill	\$27.44	
Balance forward	\$27.44	

Details of your new charges [REDACTED]

Additional charges and credits		.34
Late payment charge Aug 04	.34	
Total new charges for [REDACTED]	.34	
Total charges for [REDACTED] s.17(1), 17(4)(g)(i)		27.78

Charges for [REDACTED] s.17(1), 17(4)(g)(i)

Details of your new charges

Monthly services (from Aug 04 to Sep 03)		25.91
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
Local Line		23.34
Total monthly services	\$25.91	
Taxes		1.53
GST (Registration 812758878) at 6%	1.53	
Total charges for [REDACTED] s.17(1), 17(4)(g)(i)		27.44



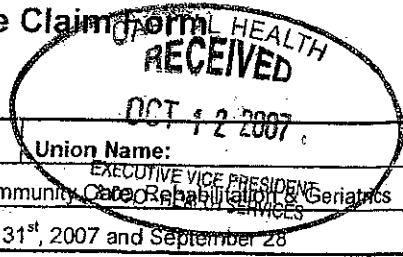
Capital Health

Oregina

WOS West
APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

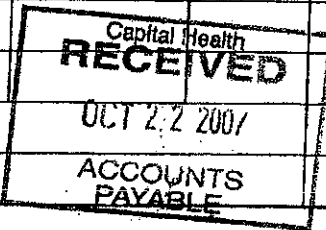
Section 17(1)



Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: August 1 to August 31 st , 2007 and September 28	

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	0007	71110101089	62410000			\$42.57	<input type="checkbox"/>
201	0007	71110101089	69600000			108.76	<input type="checkbox"/>
201	0007	71110101089	61220003			219.52	<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						\$370.85	<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: <i>M Rowe</i>	Date: <i>Oct 10/07</i>
-----------------------------------	------------------------

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>[Signature]</i> For M. Lahey		Date <i>Oct. 15/07</i>
Approved By:	Title: <i>[Signature]</i>	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

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: October 1 to October 31 st , 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	0007	71110101089	62326000		0.43	263.16	<input type="checkbox"/>
201	0007	71110101089	61020003			27.44	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						290.60	<input type="checkbox"/>

Capital Health
RECEIVED
NOV 19 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: *M. Rowe* Date: *Nov 8/07*

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>Michele Lahey</i>		Date NOV 13 2007
Approved By:	Title:	Phone #
(Signature) <i>MG</i>	<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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct 1	Mileage Plaza to Corporate						7
Oct 2	Mileage Plaza to Corporate						7
Oct 3	Mileage GRH to Plaza						5
Oct 3	Mileage Plaza/Corp/Plaza						14
Oct 4	Mileage Corporate to Plaza						7
Oct 5	Mileage Plaza to Corporate						7
Oct 9	Mileage Edm/Leduc/return for Home Care Collab Meeting						130
Oct 10	Mileage GRH to Plaza						8
Oct 11	Mileage Plaza/C. Louis/return						20
Oct 11	Mileage Plaza to Corporate						7
Oct 15	Mileage Corporate to Plaza						6
Oct 17	Mileage Cap Care/Plaza/return						7
Oct 18	Mileage Corporate to Plaza						7
Oct 22	Mileage Corporate to Plaza						14
Oct 22	Mileage Plaza to Cap Care						5
Oct 23	Mileage Corp/Plaza/return						300
Oct 24	Mileage GRH to Plaza						14
Oct 25	Mileage Edm to Red Deer for Conference/return						5
Oct 25	Mileage Plaza/Corp/return						44
Oct 25	Mileage Plaza to GRH						5
Oct 29	Mileage Plaza/Corp/return						44
Oct 30	Mileage Plaza to Corporate						7
Oct 31	Mileage Plaza/Corp/return						14
Oct/07	Fax Machine Charges					27.44	5
Total km							612
*(or alternate rate as outlined in Section 2 – Travel below) @,							.43
Totals							\$27.44

*Kathy
I made a mistake.
This should be paid @ Verne
CHC.*

263.16

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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



Charges for [REDACTED] s.17(1), 17(4)(g)(i)

Details of your new charges

Monthly services (from Oct 04 to Nov 03)		25.91
<hr/>		
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
Local Line		23.34
<hr/>		
Total monthly services	\$25.91	
Taxes		1.53
<hr/>		
GST (Registration 812758878) at 6%	1.53	
Total charges for [REDACTED]	Section 17(1)	27.44





TELUS® Your TELUS statement

TELUS Communications Company

Oct 04, 2007

Page
1 of 1

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

D M ROWE

Your account number
[REDACTED]

Total amount you owe.....\$26.95

Your TELUS Account ID
[REDACTED]

Section 17(1)

Summary of your account

Previous charges and credits

Amount of your last bill	\$52.69
Payment processed Sep 21 - Thank You	-52.69
Quality of Service Adjustment Oct 04	-.46
GST (Registration 812758878) adj	-.03
Balance forward	-.49

- Thank you for keeping your account up to date.

New charges

Monthly services	25.91
GST (Registration 812758878)	1.53
Total new charges	27.44

Total amount due by Oct 26, 2007 \$26.95

Tear off here

DEC 19 2005



**Capital
Health**

Accounting Services

Memorandum

DATE: November 30, 2005

TO: **Marguerite Rowe**
COO, CCRMH

FROM: Vicky Afacan
Senior Director Accounting Services

SUBJECT: Expense Claims

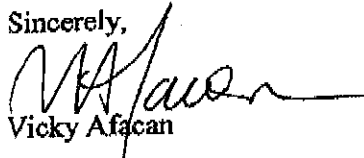
All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claim that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
July 1 – July 31	\$59.97	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver)

Attached is a copy of the above expense claim 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

✓
done
-see attached

APPLICANT COPY

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

Name Marquerite Rowe Employee Number Section 17(1)
 Position Chief Operating Officer Cost Centre 201-001-711001089
 Department CCRMH Bus. Phone 413-5124 – Contact: Carol Mickanuk, Executive Secretary
 Period from July 1, 2005 to July 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.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	Tax	FOUNDRY USE
Accommodation					
Meals			\$59.97		52.97 7.00
Registration Fees					
Transportation (including parking)			\$2.00	W	
Other (Home Fax) for April – July			\$113.04	W	
Mileage	137 km.	.35	\$47.95	W	
TOTAL					\$
Less Cash Advance			%		
NET			\$222.00		

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 *M Rowe* Date Aug 3/05
 Approved by Sheila Weatherill Title President & CEO, Capital Health
 Signature *[Signature]* Date _____
 Print Name _____ Title _____
 Signature _____ Date _____

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Please ensure that the expense claim is properly authorized.
 - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

CAFE DE VILLE LTD
10137 - 124 STREET
EDMONTON AB

July
12

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 5674
DATE/TIME 2005/07/12 12:59:05
CLERK NUMBER 50
RECEIPT NUMBER 586569503-590-003
AUTHORIZATION AMOUNT \$21.40

TIP 2.00
TOTAL AMOUNT 23.40

01 APPROVED 027 AUTH. # 077686
THANK YOU

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

MARGUERITE ROBE

21.40
3.00

DETACH RECEIPT FROM TICKET

LEAVE ON DASH - THIS SIDE UP

ISSUED DATE 16/06/06 05:38 PM
AMOUNT PAID \$ 2.00

EXPIRATION TIME 16/06/06 06:08 PM
AMOUNT PAID \$ 2.00

CREDIT CARD NUMBER

1753000005138 PM



University of Alberta

RECEIPT

University of Alberta
CHARGES ARE FOR USE OF PARKING SPACE ONLY THE
AUTHORITY ENDORSEMENTS TO PROTECT THE PROPERTY OF
ITS PATRONS BUIA... NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

Section 17(1)

CAFE DE VILLE LTD
10137 - 124 STREET
EDMONTON AB

July
21

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 5027
DATE/TIME 2005/07/21 13:21:37
CLERK NUMBER 50
RECEIPT NUMBER 586569503-607-602
AUTHORIZATION AMOUNT \$31.57

TIP 4.00

TOTAL AMOUNT 35.57

01 APPROVED 027 AUTH. # 660759
THANK YOU

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

MARGUERITE ROBE

31.57
4.00

APPLICANT COPY

Sarro, Enri

From: Chopin, Gillian
Sent: Friday, December 02, 2005 11:02 AM
To: Sarro, Enri
Subject: FW: Marguerite Row Expense Claims

Attachments: CHCFIN1920051202104129.pdf



CHCFIN192005120
2104129.pdf (89...

Gillian Chopin
Administrative Assistant to Marguerite Rowe Chief Operating Officer Community Care, Rehabilitation and Mental Health #
300, 10216 - 124 Street Edmonton, Alberta, T5N 4A3
Phone: (780) 413-5123
Fax: (780) 413-5126
E-Mail: gchopin@cha.ab.ca

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal or privileged information. Please contact me immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed

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

From: Tailleir, Lorraine
Sent: Friday, December 02, 2005 10:56 AM
To: Chopin, Gillian
Subject: FW: Marguerite Row Expense Claims

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Please have Leila Shwed or Allaudin Merali approve/initial.

Thanks

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

The contents of this email and any accompanying documents are CONFIDENTIAL. If the reader is not the intended recipient or its agent, be advised that any dissemination, distribution or copying of the content of this email is prohibited. If you have received this communication in error, please notify us immediately and delete the original email and any accompanying documents. Thank you.

APPLICANT COPY



Capital Health

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [Redacted]
 Position Chief Operating Officer Cost Centre 201-001-711001089
 Department CCRMH Bus. Phone 413-5124 – Contact: Carol Mickanuk, Executive Secretary
 Period from July 1, 2005 to July 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.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	<input checked="" type="checkbox"/> if GST included	DO NOT USE
Accommodation					
Meals			<u>\$59.97</u>	<input checked="" type="checkbox"/>	
Registration Fees					
Transportation (including parking)			<u>\$2.00</u>	<input checked="" type="checkbox"/>	
Other (Home Fax for April – July)			<u>\$113.04</u>	<input checked="" type="checkbox"/>	
Mileage	<u>137 km.</u>	<u>.35</u>	<u>\$47.95</u>	<input checked="" type="checkbox"/>	
TOTAL					\$
Less Cash Advance			<u>96</u>		
NET			<u>\$222.00</u>		

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 M Rowe Date Aug 3/05
 Approved by Print Name Sheila Weatherill Title President & CEO, Capital Health
 Signature [Signature] Date _____
 Print Name _____ Title _____
 Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

S. Johnston

CAFE DEAVILLE LTD
10137 - 124 STREET
EDMONTON AB

July
12

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 5674
DATE/TIME 2005/07/12 12:59:05
CLERK NUMBER 46
RECEIPT NUMBER SB0569503-598-003
AUTHORIZATION
AMOUNT \$21.40

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

TIP 3.00
TOTAL AMOUNT 24.40

01 APPROVED 027 AUTH. # 077686
THANK YOU

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

M. Robe
MARGUERITE ROBE

DETACH RECEIPT FROM TICKET

DATE ISSUED 16/06/06 06:08 PM
TIME AMOUNT PAID \$ 2.00

LEAVE ON DASH - THIS SIDE UP

EXPIRATION TIME 16/06/06 06:08 PM

AMOUNT PAID \$ 2.00 175300000005:00 PM

CREDIT CARD NUMBER



University of Alberta

RECEIPT



UNIVERSITY OF ALBERTA
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
AUTHORITY ENDEAVORS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

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

CAFE DE VILLE LTD
10137 - 124 STREET
EDMONTON AB

July
21

CARD NUMBER [REDACTED]
EXPIRY DATE 6007
CARD TYPE VISA
DATE/TIME 2005/07/21 13:21:37
CLERK NUMBER 50
RECEIPT NUMBER SB0569503-607-002
AUTHORIZATION
AMOUNT \$31.57

TIP

TOTAL AMOUNT 34.57

01 APPROVED 027 AUTH. # 060759
THANK YOU

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

M. Robe
MARGUERITE ROBE

TELUS® Your TELUS Statement

Apr 04, 2005

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.26
Payment we processed on Mar 24 - Thank You	-28.26
Amount overdue from your last bill	.00

Thank you for keeping your account up to date.

1 Residence Line Touchtone from Apr 04 to May 03	23.86
1 Number Non-Published Residence from Apr 04 to May 03	2.00
1 Name Display - Private Name from Apr 04 to May 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82

Total new charges 28.26

Total amount due by Apr 25

\$28.26

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Apr 04	\$.44
E9-1-1 Provincial Network Fee Apr 04	.14
Total additional charges and credits	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market
For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

APPLICANT COPY

TELUS® Your TELUS Statement

May 04, 2005

TELUS Communications Inc.

Page 1 of 2

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.26
Payment we processed on Apr 22 - Thank You	-28.26
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from May 04 to Jun 03	23.86
1 Number Non-Published Residence from May 04 to Jun 03	2.00
1 Name Display - Private Name from May 04 to Jun 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652892) at 7%	1.82

Total new charges

28.26

Total amount due by May 26

\$28.26

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee May 03	\$.44
E9-1-1 Provincial Network Fee May 03	-.14
Total additional charges and credits	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market
For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

TELUS® Your TELUS Statement

Jun 23, 2005

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE

Your account number

Your TELUS Account ID

Section 17(1)

Here's what you owe this month: \$29.60

Amount of your last bill	\$27.19
Payment we processed on Jun 20 - Thank You	-27.19
Amount overdue from your last bill	1.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jun 22 to Jul 21	23.86
Additional Charges and Credits (see details below)	1.58
Directory Assistance (see details below)	2.25
GST (Registration 100652692) at 7%	1.91

Total new charges 29.60

Total amount due by Jul 13 \$29.60

Additional Charges and Credits	1.58
1 *89 Call Return	\$1.00
E9-1-1 Municipal Call Answer Fee Jun 22	.44
E9-1-1 Provincial Network Fee Jun 22	.14
Total additional charges and credits	\$1.58

Directory Assistance 2.25

Directory Assistance

Tear off here

TELUS® Your TELUS Statement

Jul 04, 2005

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE [Redacted] Section 17(1)

Your account number [Redacted] Your TELUS Account ID [Redacted]

Section 17(1)

Here's what you owe this month: \$29.93

Amount of your last bill	\$28.26
Payment we processed on Jun 20 - Thank You	-28.26
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jul 04 to Aug 03	23.86
1 Number Non-Published Residence from Jul 04 to Aug 03	2.00
1 Name Display - Private Name from Jul 04 to Aug 03	.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	1.56
GST (Registration 100652692) at 7%	1.93

(1.56) - Personal fax

Total new charges **29.93**

Total amount due by Jul 26

\$29.93
- 1.56

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jul 04	\$.44
E9-1-1 Provincial Network Fee Jul 04	.14
Total additional charges and credits	\$.58

28.43

Long Distance Charges

1.56

Regular Long Distance

Tear off here

APPLICANT COPY

Capital Health
Director, Accounting Services

Cote, Darla

DEC 08 2005

From: Sarro, Enri
Sent: Friday, December 02, 2005 11:26 AM
To: Cote, Darla
Subject: FW: Marguerite Row Expense Claims

Attachments: CHCFIN1920051202104129.pdf



CHCFIN192005120
2104129.pdf (89...

Hi Darla. Can you please have Leila "initial" as per Vicky's memo attached? Marguerite had her "VISA" receipts for the restaurant (café de ville), but not the actual receipts from the restaurant detailing what was ordered, etc. If you could send this back to me with Leila's initials and then I can forward to Vicky. Thank you.

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

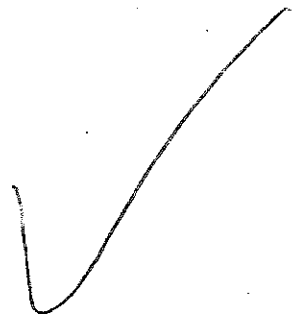
From: Tailleur, Lorraine
Sent: Friday, December 02, 2005 10:56 AM
To: Chopin, Gillian
Subject: FW: Marguerite Row Expense Claims

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Please have Leila Shwed or Allaudin Merali approve/initial.

Thanks

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





Capital Health

Memorandum

Accounting Services

DATE: November 30, 2005

TO: **Marguerite Rowe**
COO, CCRMH

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 claim that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
July 1 – July 31	\$59.97	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver)

Attached is a copy of the above expense claim 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
Travel Expense Claim Form
(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

Name Marquerite Rowe Employee Number [REDACTED]
 Position Chief Operating Officer Cost Centre 201-001-711001089
 Department CCRMH Bus. Phone 413-5124 - Contact: Carol Mickanuk, Executive Secretary
 Period from July 1, 2005 to July 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.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	Included	DO NOT USE
Accommodation					
Meals			\$59.97		\$2.97 7.00
Registration Fees					
Transportation (including parking)			\$2.00	w	
Other (Home Fax for April - July)			\$113.04	w	
Mileage	137 km.	.35	\$47.95	w	
TOTAL					\$
Less Cash Advance			96		
NET			\$222.69		

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 M Rowe Date Aug 3/05
 Approved by Sheila Weatherill Title President & CEO, Capital Health
 Signature [Signature] Date _____
 Print Name _____ Title _____
 Signature _____ Date _____

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Please ensure that the expense claim is properly authorized.
 - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
 - Out of province expenses also require approval of Chief Operating Officer of Vice President.

Schnitz
CAFE DE VILLE LTD
10137 - 124 STREET
EDMONTON AB
July 12

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 5674
DATE/TIME 2005/07/12 12:59:05
CLERK NUMBER [REDACTED]
RECEIPT NUMBER 580569503-590-009
AUTHORIZATION [REDACTED]
AMOUNT \$21.40

TIP \$2.00

TOTAL AMOUNT \$23.40 *

01 APPROVED 027 AUTH. # 077686
THANK YOU

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

M. Rome
MARGUERITE ROME

21.40
3.00

DETACH RECEIPT FROM TICKET

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE 16/06/06 06:08 PM

DATE ISSUED 16/05/05 05:38 PM
TIME AMOUNT PAID 2.00

CREDIT CARD NUMBER

AMOUNT PAID \$2.00
1753000005:38 PM



University of Alberta

RECEIPT

UNIVERSITY OF ALBERTA
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
AUTHORITY EMPLOYERS TO PROTECT THE PROPERTY OF
ITS PATRONS BLEND WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

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

Dr. Smith
CAFE DE VILLE LTD
10137 - 124 STREET
EDMONTON AB
CARD NUMBER [REDACTED]
EXPIRY DATE 08/07
CARD TYPE VISA 6077
DATE/TIME 2005/07/21 13:21:57
CLERK NUMBER 50
RECEIPT NUMBER 580569503-607-002
AUTHORIZATION [REDACTED]
AMOUNT \$31.57

TIP \$4.00

TOTAL AMOUNT \$35.57 *

01 APPROVED 027 AUTH. # 960759
THANK YOU

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

M. Rome
MARGUERITE ROME

31.57
4.00



Capital Health

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

(Please Print or Type)

Name Marquerite Rowe Employee Number [Redacted] Section 17(1)
 Position Chief Operating Officer Cost Centre 201-001-711001089
 Department CCRMH Bus. Phone 413-5124 - Contact: Carol Mickanuk, Executive Secretary
 Period from July 1, 2005 to July 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.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			\$59.97		52.97 7.00
Registration Fees					
Transportation (including parking)			\$2.00	w	
Other (Home Fax) for April - July			\$113.04	w	
Mileage	137 km.	.35	\$47.95	w	
TOTAL					\$
Less Cash Advance					
NET			\$222.69		

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 M Rowe Date Aug 3/05
 Approved by Sheila Weatherill Title President & CEO, Capital Health
 Signature [Signature] Date _____
 Print Name _____ Title _____
 Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
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- Out of province expenses also require approval of Chief Operating Officer of Vice President.



University of Alberta

RECEIPT



CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE AUTHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE

CREDIT CARD NUMBER

AMOUNT PAID \$ 2.00 175300000005:38 PM

DETACH RECEIPT FROM TICKET

LEAVE ON DASH - THIS SIDE UP

DATE ISSUED 16/06/06 06:08 PM
TIME AMOUNT PAID 06:08 PM \$ 2.00

EXPIRATION DATE 16/06 06:08 PM

S. Johnston
CAFE DE VILLE LTD
10197 - 124 STREET
EDMONTON AB July 12

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 5674
DATE/TIME 2005/07/12 12:59:05
CLERK NUMBER 16
RECEIPT NUMBER 580569503-598-003
AUTHORIZATION
AMOUNT \$21.40

21.40
3.00

TIP
TOTAL AMOUNT

01 APPROVED 027 AUTH. # 077686
THANK YOU

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

M. Kone
MARGUERITE KONE

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

CAFE DE VILLE LTD
10197 - 124 STREET
EDMONTON AB July 21
CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 6027
DATE/TIME 2005/07/21 18:21:37
CLERK NUMBER 50
RECEIPT NUMBER 580569503-607-002
AUTHORIZATION
AMOUNT \$31.57

TIP
TOTAL AMOUNT

01 APPROVED 027 AUTH. # 060759
THANK YOU

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

M. Kone
MARGUERITE KONE

31.57
4.00

TELUS Your TELUS Statement
APPLICANT COPY
Apr 04, 2005

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

D & M ROWE

Your account number

Your TELUS Account ID

Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.26
Payment we processed on Mar 24 - Thank You	-28.26
Amount overdue from your last bill	.00

- Thank you for keeping your account up to date.

1 Residence Line Touchtone from Apr 04 to May 03	23.86
1 Number Non-Published Residence from Apr 04 to May 03	2.00
1 Name Display - Private Name from Apr 04 to May 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82

Total new charges 28.26

Total amount due by Apr 25

\$28.26

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Apr 04	\$.44
E9-1-1 Provincial Network Fee Apr 04	.14
Total additional charges and credits	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market

For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

TELUS [®] **Your TELUS Statement**
 May 04, 2005

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE [Redacted] Section 17(1)

Your account number [Redacted] Your TELUS Account ID [Redacted]
 Section 17(1) Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.26
Payment we processed on Apr 22 - Thank You	-28.26
Amount overdue from your last bill	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from May 04 to Jun 03	23.86
1 Number Non-Published Residence from May 04 to Jun 03	2.00
1 Name Display - Private Name from May 04 to Jun 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82

Total new charges 28.26
Total amount due by May 26 **\$28.26**

Additional Charges and Credits	.58
E9-1-1 Municipal Call Answer Fee May 03	\$.44
E9-1-1 Provincial Network Fee May 03	.14
Total additional charges and credits	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market
 For information about the provision of competitive residential local telecommunications services in Canada,
 please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$29.60

Amount of your last bill	\$27.19
Payment we processed on Jun 20 - Thank You	-27.19
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Jun 22 to Jul 21	23.86
Additional Charges and Credits (see details below)	1.58
Directory Assistance (see details below)	2.25
GST (Registration 100652692) at 7%	1.91
Total new charges	29.60
Total amount due by Jul 13	\$29.60

Additional Charges and Credits

1.58

1 *69 Call Return	\$1.00
E9-1-1 Municipal Call Answer Fee Jun 22	.44
E9-1-1 Provincial Network Fee Jun 22	.14
Total additional charges and credits	\$1.58

Directory Assistance

2.25

Directory Assistance

Tear off here

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$29.93

Amount of your last bill	\$28.26
Payment we processed on Jun 20 - Thank You	-28.26
Amount overdue from your last bill	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Jul 04 to Aug 03	23.86
1 Number Non-Published Residence from Jul 04 to Aug 03	2.00
1 Name Display - Private Name from Jul 04 to Aug 03	.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	1.56
GST (Registration 100652692) at 7%	1.93

*(1.56) - Personal
 fax*

Total new charges 29.93

Total amount due by Jul 26 **\$29.93**

- 1.56

*26
 28.37*

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jul 04	\$.44
E9-1-1 Provincial Network Fee Jul 04	.14
Total additional charges and credits	\$.58

28.43

.58

Long Distance Charges

1.56

Regular Long Distance

Tear off here

**Capital
Health****Accounting Services****Memorandum**

DATE: November 30, 2005

TO: **Marguerite Rowe**
COO, CCRMH

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 claim that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
July 1 – July 31	\$59.97	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver)

Attached is a copy 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
Travel & Employee Expense Claim Form
(In Canadian Dollars)

✓ ✓
 65494

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: March 1 st , 2006 to March 31 st , 2006 and June 2005-Feb 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	0007	71110101089	69600000			✓ \$213.80	<input type="checkbox"/>	
201	0007	71110101089	69500000			✓ 70.00	<input type="checkbox"/>	
201	0007	71110101089	62410001			19.80 126.80	<input type="checkbox"/>	
201	0007	71110101089	62410000			✓ 82.99	<input type="checkbox"/>	
201	0007	71110101089	61020003			✓ 169.54	<input checked="" type="checkbox"/>	
			62410000			7.00	<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							✓ \$663.13	<input type="checkbox"/>

Capital Health
RECEIVED
 MAY 17 2006
 ACCOUNTS
 PAYABLE

188.80
 25.00
 109.80
 10.00

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: *M. Rowe* **Date:** Apr. 25/06

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: Chief Executive Officer	Phone # 413-8004
<i>(Signature)</i> <i>[Signature]</i>		Date
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.
- 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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Mar 1/06	Mileage Plaza/Corp/return						14
Mar 1/06	Mileage Plaza to Corp.						7
Mar 2/06	Mileage Corp/Plaza/return						14
Mar 7/06	Mileage Plaza/Corp/return						14
Mar 8/06	Mileage Glenrose to Plaza						5
Mar 9/06	Mileage Plaza/Corp/return						14
Mar 10/06	Autism Gala Tickets					70.00	0
Mar 15/06	Mileage Plaza/Corp/return						14
Mar 15/06	Mileage Cap.Care to Plaza				55.20		3
Mar 16/06	Cab to airport						
Mar 16/06	Flight Edm to Calgary for Leaders in Rehab Conference						
Mar 16/06	Cab airport to residence				64.60		
Mar 16/06	Dinner w/Rehab Group		213.80				
Mar 17/06	Mileage Plaza/Corp/return						7
Mar 20/06	Mileage GRH to Plaza						5
Mar 20/06	Mileage Plaza/Corp/return						14
Mar 21/06	Mileage Plaza/Corp/return						14
Mar 22/06	Mileage Plaza to Corporate						7
Mar 22/06	Mileage Plaza/Corp						7
Mar 27/06	Parking - no receipt avail.				7.00		
Mar 27/06	Mileage Plaza to Corporate						7
Mar 29/06	Mileage Plaza/Corp/return						14
Mar 30/06	Mileage Plaza/Corp/return						14
Mar 31/06	Mileage GRH to Plaza						5
Mar 31/06	Mileage Plaza/Corp/return						14
June 2005 - Feb 2006	Fax Machine Charges					169.54	
Total km							193
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			213.80		126.80	239.54	82.99

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance


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


APPLICANT COPY

775


Section 17(1)
MARGUERITE ROWE
 Section 17(1)

DATE 1 0 0 3 2 0 0 6
 D D M M Y Y Y Y

PAY TO THE ORDER OF Dr. K Goulden \$ 140.00
one hundred and forty dollars only /100 DOLLARS  Security features included. Details on back.

BMO  **Bank of Montreal**
 8706 - 150TH STREET TEL: (780) 441-6538
 EDMONTON, ALBERTA T5R 1E4

MEMO 2 Tickets for Autism Gala -
+membership March 10/06.

 Marguerite MP
Rowe

\$70.00 only

**AUTISM SOCIETY
OF EDMONTON
AND AREA
GALA AUCTION
& DINNER**

**35 YEARS OF
OPENING
DOORS**



**Benefit Auction for
Children & Family
Programs**

MARCH 10, 2006

COCKTAILS: 5:30

DINNER: 6:30

**ITALIAN CULTURAL CENTRE
14230-133 Avenue
(JUST OFF ST ALBERT TRAIL)**

\$100 per PERSON

CASH BAR

**CASH, CHEQUE, VISA, MASTERCARD
INTERAC ACCEPTED**

0447

**AUTISM SOCIETY
OF EDMONTON
AND AREA
GALA AUCTION
& DINNER**

**35 YEARS OF
OPENING
DOORS**



**Benefit Auction for
Children & Family
Programs**

MARCH 10, 2006

COCKTAILS: 5:30

DINNER: 6:30

**ITALIAN CULTURAL CENTRE
14230-133 Avenue
(JUST OFF ST ALBERT TRAIL)**

\$100 per PERSON

CASH BAR

**CASH, CHEQUE, VISA, MASTERCARD
INTERAC ACCEPTED**

0448



**AUTISM SOCIETY
EDMONTON & AREA**

Marquesite Rowe
Member Name

is a member of this Society and has paid dues
from July 1, 2005 to June 30, 2006

Member #

Proano
A&EA Signature

APPLICANT COPY

CHARGE TO:

ACCOUNT NO.

Compass Restaurant
Delta Calgary Airport Hotel
2001 Airport Road NE, Calgary AB
Phone:(403) 250 - 2609
GST#139445290

205 Holden

Tbl 32/1 Chk 5503 Gst 12
Mar16'06 06:58PM

2 Sicilian @ 15.00 30.00
1 Sandwich 14.00
1 Soft Drink 7.00
1 CARRIED FRTMP 51.00
1 Signature File 24.00
1 Steak Sandwich 15.00
1 Chix Sandwich 14.00
Onion rings
1 Chix Marsala .00
1 Cranberry 95
1 Soft Drink .00

Food 173.95
Beverages 2.50
Tax 12.35

08:19 AMT DUE **188.80**

GRATUITY **25.00**

TOTAL **213.80**

ROOM NUMBER _____

NAME _____

SIGNATURE _____

PLEASE PAY YOUR SERVER

CHARGE TO: [REDACTED] ACCOUNT NO. [REDACTED]

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	16	03/06

2224204

FARE	50.20
INT'L	
GRATUITY	5.00
TOTAL	55.20

FROM: EDMONTON
TO: LAP
PRINT NAME: [REDACTED]
CUSTOMER'S SIGNATURE: M. Kow
X

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

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

CHARGE TO: [REDACTED]

MARGUERITE ROWE

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	16	03/06

2025318

FARE	59.60
INT'L	
GRATUITY	5.00
TOTAL	64.60

FROM: Airport
TO: Wedge wood area
PRINT NAME: [REDACTED]
CUSTOMER'S SIGNATURE: M. Kow
X

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

TELUS® Your TELUS Statement

Jun 04, 2005 APPLICANT COPY

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE [Redacted] Section 17(1)

Your account number [Redacted] Your TELUS Account ID [Redacted]

Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.26
Payment we processed on Jun 01 - Thank You	-28.26
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Jun 04 to Jul 03	23.86
1 Number Non-Published Residence from Jun 04 to Jul 03	2.00
1 Name Display - Private Name from Jun 04 to Jul 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82
Total new charges	28.26
Total amount due by Jun 25	\$28.26

▪ Thank you for keeping your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jun 04	.58
E9-1-1 Provincial Network Fee Jun 04	\$.44
Total additional charges and credits	\$.14
	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market
 For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

TELUS® Your TELUS Statement

Aug 04, 2005

TELUS Communications Inc.

Page 1 of 1

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

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	.00
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Tear off here

TELUS® Your TELUS Statement

Oct 04, 2005

TELUS Communications Inc

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

D & M ROWE [REDACTED] Section 17(1)

Your account number [REDACTED] Your TELUS Account ID [REDACTED]

Section 17(1)

Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.66
Payment we processed on Sep 19 - Thank You	-28.66
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Oct 04 to Nov 03	23.86
1 Number Non-Published Residence from Oct 04 to Nov 03	2.00
1 Name Display - Private Name from Oct 04 to Nov 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82
Total new charges	28.26
Total amount due by Oct 26	\$28.26

• Thank you for keeping your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Oct 03	.58
E9-1-1 Provincial Network Fee Oct 03	\$.44
Total additional charges and credits	.14
	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market
 For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

TELUS® Your TELUS Statement

Nov 04, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

D & M ROWE [Redacted]
 Your account number [Redacted] Your TELUS Account ID [Redacted]
 Section 17(1) Section 17(1)

Here's what you owe this month: \$28.26

Amount of your last bill	\$28.26
Payment we processed on Oct 21 - Thank You	-28.26
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Nov 04 to Dec 03	23.86
1 Number Non-Published Residence from Nov 04 to Dec 03	2.00
1 Name Display - Private Name from Nov 04 to Dec 03	.00
Additional Charges and Credits (see details below)	.58
GST (Registration 100652692) at 7%	1.82
Total new charges	28.26
Total amount due by Nov 25	\$28.26

Thank you for keeping your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Nov 03	.58
E9-1-1 Provincial Network Fee Nov 03	\$.44
Total additional charges and credits	\$.14
	\$.58

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market
 For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

TELUS® Your TELUS Statement
Jan 04, 2006

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number

Your TELUS Account ID

Here's what you owe this month: \$28.25

Amount of your last bill	\$56.80
Payment we processed on Dec 16 - Thank You	-28.26
Payment we processed on Dec 28 - Thank You	-28.54
Amount overdue from your last bill	.00

Thank you for keeping
your account up to date.

1 Residence Line Touchtone from Jan 04 to Feb 03	23.86
1 Number Non-Published Residence from Jan 04 to Feb 03	2.00
1 Name Display - Private Name from Jan 04 to Feb 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 100652692) at 7%	1.82
Total new charges	28.25

Total amount due by Jan 26 **\$28.25**

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jan 03	\$.44	.57
E9-1-1 Provincial Network Fee Jan 03	.13	
Total additional charges and credits	\$.57	

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market

For information about the provision of competitive residential local telecommunications services in Canada,
please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Your account number [REDACTED]
 Your TELUS Account ID [REDACTED]

1

Here's what you owe this month: \$28.25

Amount of your last bill	\$28.25
Payment we processed on Jan 17 - Thank You	-28.25
Amount overdue from your last bill	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Feb 04 to Mar 03	23.86
1 Number Non-Published Residence from Feb 04 to Mar 03	2.00
1 Name Display - Private Name from Feb 04 to Mar 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 100652692) at 7%	1.82
Total new charges	28.25

Total amount due by Feb 23 \$28.25

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Feb 03	\$.44
E9-1-1 Provincial Network Fee Feb 03	.13
Total additional charges and credits	\$.57

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market

For information about the provision of competitive residential local telecommunications services in Canada,
 please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

APPLICANT COPY



AMEX CANADA INC

PHONE: 403-294-7100

[*AMEX PRIVACY STATEMENT*](#)CLICK ON THE LINK LOCATED ON THE LEFT

[E-MAIL AMEX CANADA INC](#)

[Members](#) [Privacy Policy](#) [Help](#)

[HOME](#) [ITINERARY](#) [MOBILE SERVICES](#) [DESTINATION SERVICES](#)

Language:
English

Time displayed in:
24 Hour (18:00)

- ▶ [View in date order](#)
- ▶ [eTicket receipt](#)
- ▶ [eInvoice](#)



Mobile Services

- ▶ [Add to calendar](#)
- ▶ [BlackBerry™ handheld](#)
- ▶ [Download to handheld](#)
- ▶ [Flight notification](#)
- ▶ [Web phone access](#)
- ▶ [Wireless handheld](#)

Travel Alerts

- ▶ [Travel Alerts and Information](#)
- ▶ [Answers to frequently asked questions](#)

Weather

EDMONTON INTL AB, CANADA
-12C / 10F
Partly Cloudy



▶ [Forecast](#)

CALGARY INTL AB, CANADA
1C / 33F
Partly Cloudy



Itinerary

MS MARGUERITE L ROWE
Reservation code: **JJUOSJ**



[E-mail this itinerary](#)



[View printable version](#)



[Download to handheld](#)



[Add to calendar](#)

Travel Arranger Priority Comments:

AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED PLEASE PRINT YOUR RECEIPT AND INVOICE BY SELECTING THE *E-TICKET RECEIPT* AND *E-INVOICE* LINKS LOCATED TO THE LEFT POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

FLIGHTS

[Notify me of flight changes](#)

Thu, Mar 16: WESTJET, WS 0080

From: EDMONTON INTL AB, CANADA (YEG) [map](#)

Departs: 10:10

Gate: [Check for latest information](#)

To: CALGARY INTL AB, CANADA (YYC) [map](#)

Arrives: 10:55

Class: Economy

Seat: Check-In Required

Status: Confirmed

Confirmation:

Meal:

Smoking: No

Aircraft: 73W

Mileage: 163

Flight 45 minutes

Time:

Notes: NO ADVANCE SEAT SELECTION PERMITTED FOR FARE REQUESTED.

Verify flight times prior to departure

Thu, Mar 16: AIR CANADA, AC 8158 Operated by AIR CANADA JAZZ

From: CALGARY INTL AB, CANADA (YYC) [map](#)

Departs: 21:00

Gate: [Check for latest information](#)

To: EDMONTON INTL AB, CANADA (YEG) [map](#)

Arrives: 21:56

Class: Economy

Seat: Check-In Required

Status: Confirmed

Confirmation: K8MISM

Meal:

Smoking: No

Aircraft: DEHAVILLAND DASH 8 TURBOPROP

Mileage: 163

Flight Time: 56 minutes

Section 17(1)

Frequent AIR CANADA XXXXXXXXXX
Flyer:

Notes: YOU HAVE BOOKED A TANGO FARE CLASS TICKET WITH

APPLICANT COPY

▶ [Forecast](#)

AIR CANADA AND ADVANCE SEAT SELECTION CANNOT BE BOOKED

Driving Directions

AT THIS TIME, WE RECOMMEND THAT YOU CHECK IN AT THE AIRPORT EARLY TO HAVE YOUR SEAT/SEATS ASSIGNED.

▶ [Get driving directions](#)

Verify flight times prior to departure

▶ [Find a map](#)

Shop & Book

OTHER

▶ [Accommodations](#)

Thu, Mar 16:

▶ [Car Rental](#)

City: AMERICAN EXPRESS, CANADA (PZZ)

▶ [Tours](#)

Status: Confirmed

▶ [Sedans/limos](#)

Information: WESTJET LOCATOR - E1FRBG

ARRANGER REMARKS

Notes: ...YOUR ACCESS CODE IS...S-X970/JUOSJ

FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263

*TANGO*CHANGES ARE PERMITTED FOR A 30.00CAD FEE PER DIRECTION PLUS

ANY FARE DIFFERENCE, IF THE CHANGE IS MADE PRIOR TO THE SEGMENT.

TICKETS ARE NON-REFUNDABLE AND NON-TRANSFERABLE. AFTER THE DEPARTURE

DATE, TICKETS FOR NON-REFUNDABLE FARES HAVE NO VALUE AND CANNOT BE

CHANGED, EXCHANGED OR REFUNDED FOR ANY PURPOSE.

PROOF OF IDENTIFICATION INCLUDING PHOTO IS REQUIRED.

PLEASE CHECK-IN 60 MINUTES PRIOR FOR DOMESTIC FLIGHTS.

LATE CHECK-IN MAY RESULT IN DENIED BOARDING.

THE CHECK-IN TIMES INDICATED ARE GUIDELINES ONLY. AIRPORT AND AIRLINE

CHECK-IN REQUIREMENTS ARE CHANGING FREQUENTLY AND WE RECOMMEND

YOU RECONFIRM SPECIFIC REQUIREMENTS BEFORE GOING TO THE AIRPORT.

FULL FARE 318.51 FARE PAID 177.67 LOW FARE 177.67/13MAR06

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[Privacy Policy](#) | [Copyright and Trademark Notices](#)





APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: April 1/06 to April 28 th , 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	0007	71110101089	69600000			\$115.81	<input checked="" type="checkbox"/>	
201	0007	71110101089	62410001			6.50	<input type="checkbox"/>	
201	0007	71110101089	62410000			58.48	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							180.79	<input type="checkbox"/>

102.
13.
6.00
.50

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.

ACCOUNTS
PAYABLE

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: *M Rowe* **Date:** *May 1/06*

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: Chief Executive Officer	Phone # 413-8004
<i>(Signature)</i> <i>S Weatherill</i>		Date
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.
 - 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.

Lunch with Antoine
re recruitment for

MANOR CAFE *Genatru*
Council

Table 1
 Station 001 Check 5
 SERVER: ANDREA Guests 2
 Monday *4/10/06* 1:31 pm

1 POLENTA	14.00
1 SPATZLE	11.00
2 TEA	4.50

Sub Ttl	29.50
G.S.T.	2.07

Total 31.57
 + 5.00
 Please pay server
 GST# 122827397 *57*
36.

APPROVED AUTH 074920
 SEQ 611001001006 ISO -001
 10 2006 2:23 pm

Dinner mtg with Lynn & Caroline

URBAN DINER
 www.urbandiner.com

Table 35
 Station 001 Check 74
 : NICK Guests 3
 Wednesday *4/12/06* 8:08 pm

1 BLT	10.00
SUB GREENS	1.00
1 DINER SALAD	10.00
1 SPINACH SALAD	8.00
1 ADD CHICKEN BREAST	3.00

Sub Ttl	32.00
G.S.T.	2.24

Total 34.24
 + 5.00
 Please Pay Server
 GST#122827397 *39.24*

OPEN FOR BREAKFAST
 MONDAY - FRIDAY
 7AM - 11AM

**DOWNTOWN PIZZA HUT
DELIVERY**

APPLICANT COPY

***** CHANGED *****

** FUTURE TIME **
** DUE: 04/18/06 at 12:10PM **

Ticket # 00003

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

ENTERED BY
SUNIL
R04701 04/18/06 11:02AM

CAPITAL HEALTH
10216 124 ST
3 RD FLR
EDMONTON AB

(780)413-5124

Business

xy: D-04

2 7UP/2 DP/4 PEPSI/ENRI

01	1	Large	17.99
		Pan	
		Veg Lvr	
02	1	Large	8.74
		Pan	
		Canadian	
NEW			
03	1	4 pack	2.69
		Dt Pepsi	
NEW			
04	1	4 pack	2.69
		Pepsi	

Subtotal	32.11
Delivery Chrg	2.00
PST	0.00
GST	2.39
Balance Due	36.50

HP 350

REPEAT (2)

40.00

Taken at 11:02AM

Delivered by 12:10PM

*CC Services
mtg*

GST 864787973 RT0001

Thank You

HECKER CABS
(EDMONTON) INC. (780) 484-88

Barrel TAXI LTD.

(780) 489-77
(780) 465-85

AUTH. NO.	CARD NO.	UNIT NO.	
TIME	DAY	MO.	YR.
4:24	19	04	06

0872440

FARE	6 00
INT'L	
GRATUITY	50
TOTAL	6 50

FROM	
TO	
PRINT NAME	
CUSTOMER'S SIGNATURE	

C.S.T.# FROM <i>Coastal Terres Inn</i> TO <i>99A 109 ST</i> PRINT NAME CUSTOMER'S SIGNATURE <i>M Rowe</i> X	<table border="0" style="width: 100%;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>ExtraRoute</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Master Card</td> </tr> <tr> <td><input type="checkbox"/></td> <td>VISA</td> </tr> <tr> <td><input type="checkbox"/></td> <td>AMERICAN EXPRESS</td> </tr> </table>	<input type="checkbox"/>	ExtraRoute	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	VISA	<input type="checkbox"/>	AMERICAN EXPRESS
<input type="checkbox"/>	ExtraRoute								
<input type="checkbox"/>	Master Card								
<input type="checkbox"/>	VISA								
<input type="checkbox"/>	AMERICAN EXPRESS								

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



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: April 20 to April 28 th , 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	0007	71110101089	69600000			34.00 38.00	W <input type="checkbox"/>
201	0007	71110101089	62414000			\$547.05	<input type="checkbox"/>
201	0007	71110101089	62410001			76.10	<input type="checkbox"/>
			62410000			74.60 1.50	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						657.15	<input checked="" type="checkbox"/>
Total						\$650.15	<input type="checkbox"/>

497.5
 49.50
 65.20
 9.40

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: *M Rowe* **Date:** June 7/06

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: Chief Executive Officer	Phone # 413-8004
<i>(Signature)</i> <i>[Signature]</i>		Date
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.
- 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

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

27/04/06 18:29

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

27/04/06 17:55 \$ 1.50

AMOUNT PAID

\$ 1.50 16470000 17:55

CREDIT CARD NUMBER

CARITAS HEALTH GROUP
CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.



NON TRANSFERABLE 461372



CARITAS HEALTH GROUP

CARITAS HEALTH GROUP

RECEIPT 461372

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

CHARGE TO:



MARGUERITE ROWE

YELLOW CAB (780) 462-3456

FIRESTICE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	2117293	

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X



FARE	10.00
INTL.	
GRATUITY	
TOTAL	10.00

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

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

MARGUERITE ROWE

MONNY'S TAXI & Queen City Taxi

651 PEG. RD / R100520083

ACCOUNT #

CUSTOMER'S SIGNATURE

PRINT CUSTOMER'S NAME

RECEIVERS SIGNATURE

DELIVERY FROM

DELIVERY TO

TRIP REF # 0404373892

CARD AUTH #

PICK-UP TIME	17:55
PROP OFF TIME	18:29
WAITING TIME	
FARE	7.80
TIP	2.20
TOTAL	10.00

GST INCLUDED

WHITE - CUSTOMER'S COPY / YELLOW & HARD - OFFICE COPY

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



DRIVER	DATE
AUTH. / VR. #	

C 1915842

FROM	DESCRIPTION	AMOUNT
TO		FARE
TIME		TIP
TO		TOTAL
WAITING		

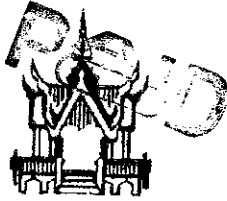
TERMS AND CONDITIONS APPLICABLE TO THE LES ARE IN ACCORDANCE WITH YOUR AGREEMENT WITH THE ISSUER OF YOUR CARD.



Company Ltd. 604-681-1111

Yellow Cab provides preferred service from the airport.

CAR # 143



Sala Thai
THAI RESTAURANT

Window
#W4

Sala Thai Restaurant on Burrard
102 - 888 Burrard Street
VANCOUVER, BC
Phone (604) 683-7999 Fax (604) 6837996
Business # 859096281RT0001

Date: Apr 20, 2006 Time: 09:43PM
Server: Niramol # of guests: 2
Bill: 1155829 Table: W4

1	(1) SalaThai Spring Rolls	6.99
1	(3) Mee Grab	6.99
1	(46) Pad Ped Goong	11.99
2	(64) Steam Rice	3.00
1	Diet-Coke	2.50
1	Coke	2.50
1	Sake 6oz	5.99
2	Tea	3.98

Subtotal 43.94
GST 3.08
Liquor Tax 0.60

Total 7 62

Food
Beverage
Liquor

5.99 *Claim*
817.00

Open Time : 11:00

Please Pay Your Bill

CHECK # 8509 DATE 04/21/06
TABLE # 24 TIME 21:09
***** DUPLICATE CHECK *****

-- SAVORY COAST : MATT --

ITEMS ORDERED	AMOUNT
1 MUSSELS	11.00 PRMFD
1 SEAFOOD FETUCINI	15.00
1 PEPPERONI PIZZA	11.00
1 APPLE TARTE	6.00 PRMFD
1 COFFEE	2.75
1 BOMBAY SAPHIRE	6.50
2 GLS NOBLE VINE S	17.00

PRMFD -17.00

PROMOTIONS

TYPE	AMOUNT
PRMFD	-17.00
	-17.00

TOTAL CHK 69.25

PROMO -17.00
SUBTOTAL 52.25
G S T FD 2.01
G S T LIQ 1.66
LIQUOR TAX 2.35

TOTAL DUE 58.27

OF GUESTS 2

Savory Coast Cucina Mediterranea
1133 Robson Street, Vancouver, B.C.
Tel: 604-64-COAST www.savorycoast.ca
Join us on our GARDEN TERRACE PATIO
for \$3.00 Summer patio drink specials!
G.S.T. 859852238RT0001

Claim 817.00



Ms Marquerite L Rowe



Section 17(1)

INVOICE

Membership No. :

Company Name :

Room Number : 2012
 Arrival Date : 04-20-06
 Departure Date : 04-23-06
 Page : 1 of 2
 Folio Number : 27846
 Confirmation : 765470
 Cashier : 103

GST No. : 135760569 RT 000

04-23-06

Date	Description	Charges CAD	Credits CAD
04-20-06	Telephone Local Call	1.28	
04-20-06	Telephone Local Call	1.28	
04-20-06	Telephone Local Call	1.28	
04-20-06	Telephone Local Call	1.28	
04-20-06	Room Charge	155.00	
04-20-06	Room PST	15.50	
04-20-06	Room GST	10.85	
04-21-06	Telephone Local Call	1.28	
04-21-06	Room Charge	155.00	
04-21-06	Room PST	15.50	
04-21-06	Room GST	10.85	
04-22-06	Fleuri Breakfast	3.00	
04-22-06	Telephone Local Call	1.28	
04-22-06	Telephone Local Call	1.28	
04-22-06	Telephone Local Call	1.28	
04-22-06	Telephone Local Call	1.28	
04-22-06	Telephone Local Call	1.28	
04-22-06	Telephone Local Call	1.28	
04-22-06	Telephone Local Call	1.28	
04-22-06	Room Charge	155.00	
04-22-06	Room PST	15.50	
04-22-06	Room GST	10.85	
4-23-06	Visa	10.85	



XX/XX

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

563.69

- 16.64 (Locals)

547.05



Ms Marguerite L Rowe



Section 17(1)

Room Number : 2012
 Arrival Date : 04-20-06
 Departure Date : 04-23-06
 Page : 2 of 2
 Folio Number : 27846
 Confirmation : 765470
 Cashier : 103

INVOICE

Membership No. :

Company Name :

GST No. : 135760569 RT 000

04-23-06

Date	Description	Charges CAD	Credits CAD
Total		563.69	563.69
Balance		0.00	CAD -16.64 (phone calls) = 547.05
Room GST	32.55		
F&B GST	0.00		
Misc GST	1.09		
Total	33.64		

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE GRANDE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

845 Burrard Street, Vancouver, BC Canada V6Z 2K6 Tel 604.682.5511 * 604.682.5513 * 1.866.3.SUTTON (1.866.378.8866)
email: info_vancouver@suttonplace.com website: www.suttonplace.com



APPLICANT COPY
Canadian Geriatrics Society

Annual Meeting
April 20-22, 2006
The Sutton Place Hotel, Vancouver, BC
Registration Form
(Please use one registration form per delegate)

Dr. Mr. (Ms) Last Name: ROWE First Name: MARGUERITE
 Organization: CAPITAL HEALTH, COMMUNITY CARE SERVICES + REHAB
 Street Address: #300, 10216 - 124 STREET
 City, Province, Postal Code: EDMONTON, ALTA, T5N 4A3
 Phone: (780) 413-5120 Fax: (780) 413-5126 Email: MROWE@CHA-AB-CA
 Special dietary needs: _____

Conference Registration Fees

Registration Categories:	Before February 27th	After February 27th
1. Members	\$250	<u>\$325</u>
2. Members-Fellows/Residents/Students**	Free	\$200
3. Non-Members*	\$350	\$425
4. Non-Members*-Fellows/Resident/Students**	\$175	\$250
5. Friday only-Members	\$150	\$225
6. Saturday only-Members	\$150	\$225
7. Friday only-Members-Fellows/Residents/Students**	Free	\$150
8. Saturday only-Members-Fellows/Residents/Students**	Free	\$150
9. Friday only-non-members	\$200	\$275
10. Saturday only-non-members	\$200	\$275

* We would like to invite you to become a member of the Canadian Geriatrics Society (CGS). Founded in 1981 originally as the Canadian Society of Geriatric Medicine, the CGS is a non-profit, professional organization that promotes excellence in the care of older Canadians through high standard of research in the field of geriatrics and gerontology. Health professionals and researchers in the field of aging may apply for CGS membership (\$100 annually for regular members, \$25 annually for trainees) to take advantage of the reduced registration fees afforded to members. Please contact the CGS Secretariat (contact information listed below) for a membership form.
 **A number of travel grants are available for Fellows, Residents and Medical Students who are members and would not otherwise be able to attend. Please have your Program Director contact Dr. Roger Wong, 2006 Conference Chair, at rmwong@interchange.ubc.ca. A request for travel grants MUST be made before February 1, 2006.

CGS Annual Dinner Registration, Saturday, April 22nd, 2006, 7:00 pm

Don Francisco, 860 Burrard St.

CGS Annual Dinner (CGS Members only) New members are welcome!

Member Fee \$30.00;

Guest Fee \$60.00 - Guest Name: _____

Non Responsive

Pre-Confirmation Required (No Fee): Select As Many As Possible

Satellite Symposia - Breakfast and Luncheon

Friday, April 21st, 7:00am-8:05am: Yes or No

Friday, April 21st, 12:00pm-1:30pm: Yes or No

Saturday, April 22nd, 7:00am-8:05am: Yes or No

CGS Dinner for Fellows, Residents and Students

Friday, April 21st, 7:15pm onwards: Yes or No

CIHR-Institute of Aging Lunch Symposium

Saturday, April 22nd, 12:00pm-1:30pm: Yes or No

Payment of Fees:

Please indicate registration category # _____

Registration Fee: \$ _____

Total Dinner Fees: \$ _____

Total: \$ _____

Cheque Enclosed (payable to: CGS)

Payment to follow (if sending by fax)

Charge to Visa , Amex or Mastercard

Card# _____

Exp. Date _____

Signature _____

Please include me on the delegate list: Yes No

Cancellation Policy:

Cancellations must be received, in writing, to the CGS Secretariat, on or before March 19, 2006. An administration charge of \$50.00 will apply on all refunds. No refunds will be processed after March 19, 2006.

Hotel reservations:

The Sutton Place Hotel

845 Burrard Street, Vancouver BC V6Z 2K6

1-866-378-8866

www.vancouver.suttonplace.com

Please make your hotel reservations directly with the hotel and mention that you are with the Canadian Geriatrics Society to obtain the negotiated group rate of \$177.00 per night plus taxes, for single or double occupancy. The block will be released by March 19, 2006.

Please send completed registration form to:
Canadian Geriatrics Society, 232-329 March Rd.,
Box 11, Kanata, ON K2K 2E1

Tel: 613-592-7111, Fax: 613-599-7027

Email: info@cgscg.ca



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CGS • SCG

Canadian Geriatrics Society - Société canadienne de gériatrie

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EVENTS

Annual General Meetings - 2006 Annual General Meeting

PUBLICATIONS

2006 Annual General Meeting

GERIATRICS LINKS

Schedule at a Glance*

AGM

[Download PDF Version](#)

EDUCATION CENTER

RESEARCH CENTER

AWARDS/FELLOWSHIPS

JOBS/CLASSIFIEDS

Time	Session	Room	Ticket**
Thursday, April 20, 2006			
4:30 pm - 5:00 pm	Geriatric Educators Workshop:	Le Versailles Ballroom	
	Geriatric Educational Material Swap	Dr. Janet Gordon Dr. Janet Kushner-Kow	
4:30 pm - 5:00 pm	Canadian Medical Association Journal CGS 25th Anniversary Special Lecture:	Le Versailles Ballroom	
	How To Write Up Your Paper So That It Gets Published	Dr. John Hoey	
6:00 pm - 6:30 pm	Official Opening Ceremony:	Le Versailles Ballroom	
	Presidential Welcoming Remarks	Dr. Howard Bergman and Guests	
6:30 pm - 7:15 pm	CGS Opening Address	Le Versailles Ballroom	
	Geriatric Medicine and Research in Canada: How Do You Succeed?	Dr. Alexandra Papaioannou	
7:15 pm - 8:15 pm	CGS Presidential Reception	Chateau Lafite and Mouton Rothschild	

Time	Session	Room	Ticket**

APPLICANT COPY

Friday, April 21, 2006

7:00 am 8:05 am	Breakfast Satellite Symposium:	Salon Pommard	T
	New and Emerging Concepts in Alzheimer's Disease (AD): Mixed Dementia-AD with Vascular Pathology	Dr. Christopher MacKnight Dr. Dean Foti	
8:05 am 8:15 am	Opening Remarks:	Le Versailles Ballroom	
	Program Highlights	Dr. Roger Wong	
8:15 am 9:45 am	Plenary Paper Session: Embracing The Future Of Geriatrics	Le Versailles Ballroom	
8:15 am 9:00 am 9:00 am 9:45 am	<ul style="list-style-type: none"> • The Future Of Geriatric Medicine • Training In Geriatric Medicine: Current Developments 	Dr. Jane Potter Dr. Peter Crome	
9:45 am 10:15 am	Health Break	Chateau Lafite and Mouton Rothschild	
10:15 am 12:00 pm	Plenary Symposium I: Update In Acute Care Geriatrics	Le Versailles Ballroom	
10:15 am 11:00 am 11:00 am 11:30 am 11:30 am 12:00 pm	<ul style="list-style-type: none"> • Improving Hospital Care For Older Adults • Lessons Learned From A Canadian Acute Care For Elders (ACE) Unit • Management Of Delirium In The Ambulatory And Inpatient Settings 	Dr. Seth Landefeld Dr. Roger Wong Dr. Leslie Sheldon	
12:00 pm 1:30 pm	Lunch Satellite Symposium:	Salon Pommard	T
	Herpes Zoster And Post Herpetic Neuralgia In Older Persons	Dr. David Patrick Dr. Kenneth Schmader	
1:30 pm 2:45 pm	Plenary Symposium II: Physical Performance	Le Versailles Ballroom	
1:30 pm 2:15 pm 2:15 pm 2:45 pm	<ul style="list-style-type: none"> • Fall Prevention Specific Strategies, Selected Populations • Geriatric Rehabilitation: Things That You Don't Think About 	Dr. John Campbell Dr. Jennie Wells	
2:45 pm 3:15 pm	Health Break	Chateau Lafite and Mouton Rothschild	
3:15 pm 5:15 pm	Core Curriculum I: Patient Safety And Medical Error Reduction In Geriatrics	Le Versailles Ballroom	

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3:15 pm 3:45 pm	<ul style="list-style-type: none"> • Multiple Diseases, Multiple Drugs: Understanding Interactions And Outcomes • Medical Errors And Frailty • Geriatric Examination: Errors of Omission and Commission • Medical Safety And Error Reduction In Geriatric Psychiatry 	Dr. Kerry Wilbur	
3:45 pm 4:15 pm		Dr. Christopher MacKnight	
4:15 pm 4:45 pm		Dr. Lary Dian	
4:45 pm 5:15 pm		Dr. Caroline Gosselin	
5:15 pm 6:45 pm	CGS Poster Session and Reception:	Salon Pommard	
	Poster Discussions		
7:15 pm onwards	CGS Dinner for Fellows, Residents and Students	To be announced	T

Time	Session	Room	Ticket**
Saturday, April 22, 2006			
7:00 am 8:05 am	Breakfast Satellite Symposium	Salon Pommard	T
	Challenges of Neuropathic Pain in the Elderly with Co-morbid Conditions		
8:05 am 8:15 am	Opening Remarks:	Le Versailles Ballroom	
	Program Highlights	Dr. Roger Wong	
8:15 am 9:45 am	Core Curriculum II: Prevention In The Older Person	Le Versailles Ballroom	
8:15 am 8:45 am	<ul style="list-style-type: none"> • Metabolic Syndrome: A Model For Multi-level Prevention • New Developments In Vaccination For Older Persons • Preventing Functional Decline, Disability, and Frailty: What's Gender Got To Do With It? 	Dr. Graydon Meneilly	
8:45 am 9:15 am		Dr. Janet McElhaney	
9:15 am 9:45 am		Dr. Nahid Azad Dr. Arlene Bierman	
9:45 am 10:15 am	Health Break	Chateau Lafite and Mouton Rothschild	
10:15 am 11:30 am	Meet the Experts Panel: The Many Faces Of Geriatric Care In Canada: Contemporary Issues In Ethnogeriatrics	Le Versailles Ballroom	
10:15 am 10:30 am	<ul style="list-style-type: none"> • Establishing Do Not Resuscitate Orders In The Culturally Sensitive Setting • Ethnogeriatric Considerations In Long Term Care • Special Aspects Of Dementia Care In Ethnogeriatrics 	Dr. Michael Gordon	
10:30 am		Dr. Deviani Maher	
10:45 am		Dr. Gabriel Chan	
10:45 am 11:00 am		Dr. David Hogan	Panel

APPLICANT COPY

11:00 am 11:15 am 11:15 am 11:30 am	<ul style="list-style-type: none"> • Responsiveness Of The Geriatric Health System To Ethnogeriatric Needs • Discussion Forum 		
11:30 am 12:00 pm	CGS 25th Anniversary Special Presentation	Le Versailles Ballroom	
	25 years of Canadian Geriatrics, a Personal Memory	Dr. Barry Goldlist	
12:00 pm 1:30 pm	Canadian Institute of Health Research Institute of Aging Lunch Symposium	Salon Pommard	T
	The Relevance and the Challenge of Studying Quality of Life in Alzheimer's Disease	Dr. Gary Naglie	
1:30 pm 3:00 pm	Kaufman, CIHR-IA, Thompson Prize Paper Sessions	Le Versailles Ballroom	
	Podium Presentations By Fellows, Residents, And Medical Students		
3:00 pm 3:30 pm	Health Break	Chateau Lafite and Mouton Rothschild	
3:30 pm 5:00 pm	Scientific Paper Session	Le Versailles Ballroom	
	Podium Presentations By Faculty Staff		
5:00 pm 6:30 pm	CGS Annual General Meeting	Salon Pommard	
	Society Business Meeting		
7:00 pm onwards	CGS Annual Dinner	To be announced	F

* The details outlined are based on information available as at the time of publication and subject to further revisions. ** T = ticket required (no fee), F = additional fee and ticket required.

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www.canadiangeriatrics.com

updated: Dec 28, 2005



APPLICANT COPY Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: 	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: May 1 to May 31 st , 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	0007	71110101089	62410000			\$66.65	<input type="checkbox"/>	
201	0007	71110101089	62410000			261.10	<input type="checkbox"/>	
		45.50 62410 Park 193.60 22.00 Taxi					<input type="checkbox"/>	
		66.65 62410 Mile					<input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Capital Health RECEIVED JUN 09 2006 </div>							<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total						✓ \$327.75	<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: *M. Rowe* Date: June 5/06

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: Chief Executive Officer	Phone # 413-8004
(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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 1	Parking @ U of A				✓ \$5.75		
May 1	Parking @ U of A				✓ 8.75		
May 1	Mileage U of A to Plaza						10
May 2	Mileage Plaza to downtown						4
May 3	Parking - Library				✓ 14.00		
May 3	Mileage Plaza to downtown						4
May 4	Parking - Library				✓ 14.00		
May 4	Mileage Plaza to downtown						4
May 5	Mileage GRH to Plaza/return						10
May 8	Mileage Corporate to Plaza						7
May 10	Mileage GRH to Plaza/return						10
May 10	Mileage Plaza/Corp/return						14
May 11	Mileage Corp/Plaza/return						14
May 12	Mileage GRH/Plaza/return						10
May 15	Mileage Corp to Plaza						7
May 16	Parking				✓ 3.00		
May 16	Mileage Plaza to Corporate						7
May 17	Mileage Corp to Plaza						7
May 18	Cab residence to airport for mtg with Calgary Health Reg.			49.40 7.00	56.40		
May 18	Cab airport to Calgary offices			44.20 5.00	49.20		
May 18	Cab Calg. offices to airport			55.00 5.00	60.00		
May 18	Cab airport to residence			45.00 5.00	50.00		
May 24	Mileage Plaza/Corp/return						14
May 24	Mileage Plaza to GRH						5
May 30	Mileage Corp/Plaza/return						14
May 31	Mileage Plaza/Corp/return						14
Total km							155
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					\$261.10		66,65

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
 01/05 09:37 AM

AMOUNT PAID
 \$ 5.75 17520000 07:37 AM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 01/05/06 07:37 AM \$ 5.75

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
 01/05 12:57 PM

AMOUNT PAID
 \$ 8.75 17520000 09:27 AM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 01/05/06 09:27 AM \$ 8.75

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

CITY OF EDMONTON
 LIBRARY PACKAGE
 GST # R108102831

CITY OF EDMONTON
 LIBRARY PACKAGE
 GST # R108102831

Best copy available

Best copy available

05/03/06 20:35 05/03/06 20:32
 05/03/06 09:37 05/03/06 20:32
 TICKET NUMBER
 Regular Rate \$ 13.00
 Total Tax \$ 0.92
 Total Fee \$ 14.00
 Total Paid \$ 14.00
 Cash Refund \$ 10.00
 Balance Due \$ 4.00
 Thank You
 City of Edmonton

05/03/06 20:35 05/03/06 20:32
 05/03/06 09:37 05/03/06 20:32
 TICKET NUMBER
 Regular Rate \$ 13.00
 Total Tax \$ 0.92
 Total Fee \$ 14.00
 Total Paid \$ 14.00
 Cash Refund \$ 10.00
 Balance Due \$ 4.00
 Thank You
 City of Edmonton

CHARGE TO: [Redacted]

ELLOW CARD (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

MARGUERITE ROY

AUTH. NO.	DRIVER	UNIT NO.
	W.H. ROY	
TIME	DAY	MO. YR.
	19	05 06

G.S.T.# 14655715

FROM Edmonton

TO

PRINT NAME

CUSTOMER'S SIGNATURE *M. Roy*

X



FARE	40.00
INT'L	
GRATUITY	7.00
TOTAL	47.00

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

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDONALD ESTATES

06MAY16 18:25 001 002
06MAY16 17:33 01
/ 0:52 #233967

=01001592
RATE 1 \$3.00
TOTAL \$3.00
CASH \$3.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED

CUSTOMER COPY

[Redacted]

ELLOW CARD (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

MARGUERITE ROY

AUTH. NO.	DRIVER	UNIT NO.
	M.H.E.	951
TIME	DAY	MO. YR.
	19	05 06

G.S.T.# 125 366 237

FROM AIRPORT

TO D.O.S.

PRINT NAME

CUSTOMER'S SIGNATURE *M. Roy*

X



FARE	45.00
INT'L	
GRATUITY	5.00
TOTAL	50.00

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

CUSTOMER COPY

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

AMERICAN EXPRESS

172300

Cardmember Copy
Exemplaire du titulaire

Service/établissement
Etablissement de service

Nom du Titulaire
MARGUERITE ROY

NE PAS ECRIRE AU-DESSUS

Date de charges
05/18/06

GST Reg. # / N° Inscr. / TPS

Establishment agrees to transmit to Amex Bank of Canada (Amexco) or Authorized Representative for payment. Merchant, date and / or service purchased on the card shall not be returned for cash refund.

Cardmember Signature / Signature: *M. Roy*

Approval Code	Code d'approbation	Amount of Original Chrg. Mont. des frais révisés
Check or Bill Number N° de votre facture		Revised Total Nouveau Total
GST / TPS		55.00
PST / T/P		5.00
TOTAL		60.00

RECEIVED
Date de réception vérifiée

RECEIVED
Date de réception vérifiée

[Redacted]

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

DESSUS DE CETTE LIGNE

DATE	AMOUNT-MONTANT	TAKEN EMPORTÉ
05 18 06		<input type="checkbox"/>
CLERK COMMIS	DEPT. RAYON	DELIVERED LIVRE
		<input type="checkbox"/>

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

5 101

DESCRIPTION	AMOUNT-MONTANT
	144.20
	5.00
	49.20
	99.20

SALES DRAFT CHARGE X FACTURE

CAN \$

X *M. Roy*

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

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 DETENEUR 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 DETENEUR DE LA CARTE.

CUSTOMER COPY
COPIE DU CLIENT



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: June 1 to June 23 rd , 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	0007	71110101089	69600000			✓ 331.61	<input type="checkbox"/>	
201	0007	71110101089	61030000			✓ 630.00	<input type="checkbox"/>	
201	0007	71110101089	62410000			✓ 37.50	<input checked="" type="checkbox"/>	
201	0007	71110101089	69500000			✓ 181.88	<input checked="" type="checkbox"/>	
201	0007	71110101089	62410000			✓ 96.75	<input checked="" type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							\$1,277.74	<input type="checkbox"/>

269.11
62.50

RECEIVED
JUL 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: *M. Rowe* Date: *June 23/06*

Approved By: *Michelle Lahey* Title: Executive VP & COO - Health Services Phone # 407-8884

(Signature) *Michelle Lahey* Date *June 28/06*

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.

CITY OF EDMONTON
 LIBRARY PARKWAY
 GST # R108102831

Acct# 47101
 01/02/06 08:55 AM 2 A136 T00153773
 06/02/06 07:54 PM 06/02/06 08:54 PM
 Tkt# 390835
 Regular Rate \$ 4.00
 Total Tax \$ 0.29
 Total Fee \$ 4.00
 CASH PAID \$ 4.50
 Cash Tender \$ 5.00
 Change Due \$ 0.50
 THANK YOU
 DONE



UNIVERSITY OF ALBERTA
 NON-TRANSFERABLE

EXPIRATION DATE
 06/02/06 07:54 PM
 AMOUNT PAID
 \$ 4.50



UNIVERSITY OF ALBERTA
 RECEIPT

DEFACH RECEIPT FROM TICKET
 DATE ISSUED TIME ISSUED AMOUNT PAID
 06/02/06 07:54 PM \$ 4.50
 CREDIT CARD NUMBER

GST # R108102831

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256
 EDMONTON, AB.
 GST #88731 5638 RT0001
 Machine #000005071052

EXPIRY DATE AND TIME
 EXP 05:25pm
 JUN 08, 2006

TICKET# LOT#
 00009102 00020256

C \$0004.00 MACH# 001
 FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park 1 Hr. \$4.00
 Questions/Comments?
 Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

CH. Dinner
for W. Hill

IL PORTICO
EDMONTON, ALBERTA
G.S.T. # R128503854

14 LUANN

TBL 6/1 CHK 943 GST 0
JUN 09 '06 04:56PM

1 *OPEN FOOD	21.00
1 *OPEN FOOD	21.00
1 *OPEN FOOD	21.00
1 *OPEN FOOD	21.00
1 *OPEN FOOD	21.00
1 *OPEN FOOD	21.00-V
1 *OPEN FOOD	21.00-V
1 *OPEN FOOD	14.00
1 *OPEN FOOD	14.00
1 OPEN WHITE WINE	30.00
1 OPEN WHITE WINE	30.00
1 OPEN WHITE WINE	30.00
1 OPEN RED WINE	30.00
1 *COFFEE	2.50

SUBTOTAL 213.50
G.S.T. 14.95
TOTAL DUE 228.45

PLEASE PAY SERVER
258.45

GST
Transit 100/W. Hill
SALES

868 BROWNS AT HOLT RENFREW

HOLT RENFREW
10180 100th Ave
EDMONTON
(780) 427-4500
6/09/2006



Inv. : 680112939
GST 100667518

Register # : 6801

6308500 7 B *1 \$198.00 \$169.98
7633 x14.15 Discount

Sub Total	\$169.98
GST	\$11.90
Total	\$181.88

Payment(s)
CASH \$181.88

Exchange or refund at Holt Renfrew with invoice within 15 days, if the merchandise is not worn.

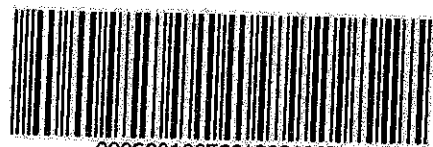
Thanks for your visit. NOT A BILL - INVENTORY PURPOSES ONLY

Your sales Consultant

7633
Thank You HOLT RENFREW

Thank you for shopping at Holt Renfrew

It has been our pleasure to serve you.



00062013056616081067

Customer Copy



Halifax 6: The C
Safety Management
 October 19 to 21, 2006
 Vancouver, British Columbia

APPLICANT COPY

BUKSA ASSOCIATES
 SUITE 307, 10328-81 AVE
 EDMONTON AB
 Section 17(1),(4)(e.i)
 CARD [REDACTED]
 CARD TYPE VISA
 DATE 2006/06/16
 TIME 0782 11:29:15
 RECEIPT NUMBER
 M34537598-001-082-084-0

PURCHASE TOTAL-CAD
\$630.00

APPROVED
 AUTH# 075514 01-027
 THANK YOU

Symposium
RECEIPT
 The Canadian Healthcare Safety Symposium
 GST # 81157 7345 RT0001

Date	Receipt No.
06/16/2006	H000082

Payer:
 Marguerite Rowe
 Suite 300, 10216 - 124 Street
 Edmonton, AB T5N 4A3

CARDHOLDER COPY

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000030	Registration for Marguerite Rowe for the event: <i>Halifax 6: The Canadian Healthcare Safety Symposium</i>	\$630.00		\$630.00

GST = \$0.00	Total Fees w/Tax	\$630.00
Visa: [REDACTED]	Total Paid	\$630.00
Section 17(1),(4)(e.i)	Total Applied	\$630.00
	Unapplied Balance	0.00

Thank you for your payment received on 06/16/2006.

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

RECEIVED
Capital Health
 JUN 23 2006
 Vice President &
 Chief Operating Officer Office
 CCRG Division

Halifax 5: Advancing the Culture of Safety Registration
 c/o BUKSA Conference Management and Program Development
 Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
 Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: halifax5@buksa.com

APPLICANT COPY

Date June 15, 2006


Received from M. Rowe

Twenty Seven ⁵⁰ 100 Dollars


AAG Dinner / speaker

\$ 27.50 No. J. Blum

Tax Reg. No. _____



RECEIPT

69201 

\$ 13.00

ARRIVAL FORESTAL DEPARTURE _____

GUEST NAME _____

CAR MAKE & COLOUR BN

LICENSE # JUNE 20th

Fairmont Hotel Macdonald
The Harvest Room

121 GLORIA

204/1 CHK 1373 GST 3
JUN20'06 7:38AM

1 ALPINE BRKFST	13.00
1 GRANOLA w/FRUIT	7.00
1 CEREAL	5.00
1 ENGLISH MUFFIN	3.00
2 COFFEE	6.00
1 ORANGE JUICE	4.00
Food	38.00
38.00 GST	2.66
Total Due ..	\$40.66

FAIRMONT HOTEL MACDONALD
GST #139445290

GRATUITY 5.00

TOTAL 45.66

ROOM # _____

PRINT NAME _____

SIGNATURE M. Rowe

NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

Breakfast ~~and~~
Aga Khan - Dean of Nursing
and Nursing Affairs Staff
Rachael Ind...

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

21/06 01:46 PM

AMOUNT PAID

\$ 3.00 17520000 12:46 PM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

21/06/06 12:46 PM \$ 3.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

22/06 02:05 PM

AMOUNT PAID

\$ 3.00 17520000 01:05 PM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

22/06/06 01:05 PM \$ 3.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

U OF A
PARKING SERVICES
GST# R108102831

06-22-2006 THU 01:11

TYPE
GST
CASH

16.00 \$
0.45
16.45

101

789 12:46PM

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 1/06	Mileage Corporate/Plaza						7
June 1/06	Mileage Plaza/GRH/return						10
June 2/06	Mileage Downtown/Plaza						3
June 2/06	Parking				✓ 4.50		
June 2/06	Mileage Plaza/GRH/return						10
June 5/06	Mileage Plaza to Corporate						7
June 7/06	Mileage Plaza/Corp/return						14
June 8/06	Mileage Plaza/Corp/return						14
June 8/06	Parking	228.45			✓ 4.00		
June 9/06	Dinner mtg - W. Hill et al	30.00	258.45				
June 9/06	Misc. supplies					✓ 181.88	2
June 12	Mileage Corp/Plaza/return					✓	21
June 13	Mileage Corp/Plaza						7
June 14	Mileage Plaza/Corp/return						14
June 15	Mileage Corp/Plaza/return						14
June 15	AAG Annual Dinner Mtg		✓ 27.50	-			7
June 16	Registration - Halifax 6 October 19-21, 2006			✓ 630.00	-		
June 18	Mileage res to AB Vietnamese Community Stone Laying Ceremony & return						42
June 19	Mileage Corp/Plaza/return						14
June 20	Bkst mtg - Dean Yasmin Amarsi, R. Hunter	40.66	45.66				
June 20	Parking	5.00			✓ 13.00		
June 20	Mileage Corporate/Plaza						7
June 21	Parking				✓ 3.00		7
June 21	Mileage Plaza/GRH/return						10
June 22	Parking (2 receipts)				✓ 13.00		10
June 23	Mileage GRH/Plaza						5
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$331.61	\$630.00	\$37.50	\$181.88	225

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: June 13 & 30 to July 28 th , 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	0007	71110101089	69600000			250.93	<input checked="" type="checkbox"/>
201	0007	71110101089	62410001			59.00	<input type="checkbox"/>
201	0007	71140101089	69500000			119.71	<input type="checkbox"/>
201	0007	71110101089	62410000			53.26	<input type="checkbox"/>
Capital Health RECEIVED							<input type="checkbox"/>
AUG 22 2006							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$304.19	<input type="checkbox"/>

CAPITAL HEALTH
RECEIVED
 AUG 15 2006
 SENIOR VICE PRESIDENT
 HEALTH SERVICES

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: *M. Rowe* Date: *Aug 14/06*

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>Michele Lahey</i> <small>(Signature)</small>		Date
Approved By:	Title:	Phone #
 <small>(Signature)</small>		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.

(T) 256.38
 (NT) 47.81

EXPENSE ACCOUNTS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 13	N. Images Carving					\$105.93	
June 30	Parking (no receipt available)				3.00		
July 10	Lunch - M. Warring - Donation		27.45				
July 12	Parking				4.00		
July 12	Mileage GRH/Plaza						5
July 13	Lunch - Juanita Barrett & Lynne Mansell re: Nfld Inter.	5.00	37.75				
July 13	Mileage Plaza to GRH						5
July 14	Mileage Plaza/Corp/return						14
July 18	Parking				11.00		
July 18	Mileage Plaza/CHC/return						8
July 19	Mileage Plaza/Corp/return						14
July 20	Mtg @Norwood - Refresh.					37.81	
July 20	Mileage Plaza to Norwood						5
July 21	Mileage Corp/Plaza						7
July 24	Lunch - Dr. Chris Lord	5.00	41.99				
July 25	Mileage Plaza/GRH/return						10
July 26	Mileage Plaza/Corp/return						14
Total km							82
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$107.19		\$18.00	\$143.74	35.26

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

*Lund M Warming
re donation*

MANOR CAFE

Table 50
Station 003 Check 6674
SERVER: AUSTIN Guests 2
Monday 7/10/06 12:55 pm

2 COFFEE 3.90
2 QUICHE 22.00

Sub Ttl 25.90
G.S.T. 1.55

Total 27.45

Please pay server
GST# 122827397

APPROVED AUTH 040741
SEQ 641001001008 ISO -001
Jul 10 2006 1:01

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256
EDMONTON, AB.
GST #88731 5638 RT0001
Machine Serial #.000005071052

EXPIRY DATE AND TIME EXP 04:49pm
JUL 12, 2006

TICKET# LOT#
00012596 00020256

C \$0004.00 MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park 1 Hr. \$4.00
Questions/Comments?
Call 780-420-1976

EXP 04:49pm
JUL 12, 2006
LOT# 00020256
MACH# 001
TIC# 00012596
C \$0004.00
JUL 12, 2006
03:49pm
Purchase Time

DISPLAY FACE UP ON DASH

*1 cool Juanita Barrett AS 106
Lynne Mansell interview*

MANOR CAFE

Table 40
Station 001 Check to
SERVER: JOSIE Guests
Thursday 7/13/06

1 PEAR PECAN SALAD
2 MANOR SPINACH
2 COFFEE

Sub Ttl
G.S.T.

Total 32.75 +

Please pay server 5.00
GST# 122827397

37.75

APPROVED AUTH 043786
SEQ 641001001223 ISO -001

9th & Jasper
 100% MONEY BACK GUARANTEE
 receipt required please
 G.S.T. #R846980878
 Visit www.saveonfoods.com

SAVE-ON-MORE SAVES YOU \$

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256
 EDMONTON, AB.
 GST #88731 5638 RT0001
 Machine Serial #:000005074052

EXPIRY DATE AND TIME EXP 06:00pm
 JUL 18, 2006

EXP 06:00pm
JUL 18, 2006

TICKET# LOT#
00013161 00020256

CC \$0011.00 Visa MACH# 001
 FOLLOW INSTRUCTIONS ON SIGNS POSTED Purchase Time 12:02pm

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

Park All Day \$11.00
 Questions/Comments?
 Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

3 ICE CRM 7.68
 ICE CRM 7.68
 ICE CRM 7.68
 JNDAE 4.29
 ICE CREAM 3.99
 WC ICE CREAM 6.49

Sub Total 37.81

BALANCE DUE 37.81
 Visa 37.81
 [S] 0000 00* *** **3 281

CUSTOMER COPY

TRANSACTION RECORD

STORE 6613 TERM 06613C0E
 SLIP # 0008145415 REG 8

** Purchase - Visa Swipe
 CARD # EXP ****

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

REF # AUTH # RESP 001
 269001001006 024820 ISO

DATE	TIME	AMOUNT
07/20/2006	14:54:04	\$ 37.81

APPROVED

CHANGE 0.00
 TOTAL TAX 0.00

Total items purchased = 6

 By being a Save on More Cardholder
 You could have saved \$6.27
 You could have earned 32

*Save-On-More Opening Balance 0

CASHIER NAME: Roi W
 C0104 #7472 14:54:18 20JUL2006
 S06613 R008

APPLICANT COPY

MANOR CAFE

Table 10

Station 003 Check 16
SERVER: JOSIE Guests 1
Monday 7/24/06 1:00 pm

1 MOROCCAN 15.00
1 MANOR SPINACH 9.00
1 GRILLED SALMON 7.00
2 COFFEE 3.90

Sub Ttl 34.90
G.S.T. 2.09

Total 36.99

Please pay server

5.00

GST# 122827397

41.99

APPROVED AUTH 052396
SEQ 647001001004 ISO -001
24 2006 12:58 pm



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: August 14 to September 5/06	

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	0007	71110101089	69600000			\$129.08	<input type="checkbox"/>
201	0007	71110101089	62410000			54.61	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$183.69	<input type="checkbox"/>

116.08
13.00

Capital Health
RECEIVED
 SEP 19 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: *M. Rowe* **Date:** *Sept 7/06*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i>		Date
Approved By: <i>Michele Lahey</i> <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.
- 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.

EXPENSE CLAIM DETAILS APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
August 16	Mileage Plaza/Corp/return						14
August 17	Mileage Corp to Plaza						7
August 17	Lunch - Dr. Meddings		44.01				
August 21	Mileage Corp to Plaza						7
August 23	Mileage GRH/Plaza						5
August 23	Mileage Plaza/Corp/return						14
August 24	Mileage Corp/Plaza/return						14
August 24	Lunch - Dr. Coke		34.68				
August 29	Mileage Corp/Plaza/return						14
August 29	Mileage Plaza to Corporate						7
August 30	Mileage Plaza/Corp/return						14
August 30	Mileage Plaza/Glenrose/ret.						10
August 31	Mileage Corporate to Plaza						7
August 31	Lunch - Dr. Ashworth		37.71				
Sept. 5	Mileage Corp/Plaza/return						14
Sept. 5	Lunch - C. Clark/L. Mansell		12.68				
Total km							127
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$129.08				54.61

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

Dr. Muddings
MANOR CAFE

Table 64
 Station 001 Check 6678
 SERVER: AUSTIN Guests 2
 Thursday 8/17/06 1:13 pm

1 TEA	1.95
2 DIET PEPSI	3.90
1 AHI WRAP	14.00
CEASAR	
1 LUNCH SPECIAL	15.00
NO SALAD	
1 COFFEE	1.95

Sub Ttl	36.80
G.S.T.	2.21

Total 39.01 *2*
 Please pay server 5.00
 GST# 122827397 **44.01**

Risel Abd
MANOR CAFE

Table 26
 Station 001 Check 3336
 SERVER: JESSICA Guests 2
 Thursday 8/31/06 1:14 pm

1 MANOR SPINACH	9.00
1 MOROCCAN	15.00
2 PEPSI	3.90
1 TEA	1.95
1 COFFEE	1.95

Sub Ttl	31.80
G.S.T.	1.91

Total 33.71 *2*
 Please pay server 4.00
 GST# 122827397 **37.71**

Aug 31 2006 1:19 pm

Dr. Gole
MURRIETA'S EDMONTON
 10612 82nd Ave.
 Tel: 780-438-4100
 Check #: 40360

Server: Willow S. Date: 08/24/2006
 Table: 64 Time: 13:06
 Client: 2

2 Salmon Salad	23.62
1 Coffee	2.66
1 Tea	2.66

SUB-TOTAL:	28.94
GST:	1.74

TOTAL: 30.68 *2*
4.00
 GST#857377576RT0001
 Thank You **34.68**
 Murrieta's Bar & Grill.

*

GST#857377576RT0001
 Thank You
 Murrieta's Bar & Grill.

09/05/2006 11:03AM 0001
 001111#0591
 S/S/S 74 \$3.95
 S/S/S 74 \$3.95
 S/S/S 74 \$3.95
 MUSE ST \$11.85
 GST \$0.83

***TOTAL \$12.68
 CASH \$20.00
 CHANGE \$7.32
 Lynn, Caroline
 CCS Plumbing
 mty.



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: August 15/06 and Sept 5 to September 29, 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	0007	71110101089	69600000			\$159.28	<input type="checkbox"/>
201	0007	71110101089	62410000			233.06	<input type="checkbox"/>
201	0007	71110101089	69500000			13.75	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$406.09	<input type="checkbox"/>

Capital Health
RECEIVED
 OCT 12 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: *M. Rowe* Date: _____

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>[Signature]</i>		Date 02.4/06
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.

CAPITAL HEALTH
RECEIVED
 OCT 06 2006
 EXECUTIVE VICE PRESIDENT
 & COO - HEALTH SERVICES

[Handwritten initials]

EXPENSE ACCOUNT DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
August 15	Lunch - Marianne Robinson		\$29.95				
Sept 5	Mileage Corp/Plaza/Corp						14
Sept 6	Parking					3.75	
Sept 6	Mileage Corp to Plaza						7
Sept 7	Mileage Corp to Plaza						7
Sept 7	Lunch - Louise Bradley		36.28				
Sept 7	Mileage Plaza to GRH						5
Sept 8	Lunch - Debbie Barnard		25.26				
Sept 12	Mileage Edm - Red Deer/return for Mock Survey						400
Sept 13	Mileage Plaza to GRH						5
Sept 14	Parking					2.00	
Sept 14	Parking					2.00	
Sept 14	Mileage Corporate to Plaza						7
Sept 18	Lunch - P. Rushforth		34.16				
Sept 19	Lunch - D. Diletzoy		33.63				
Sept 20	Mileage Cap Care to Plaza						3
Sept 20	Mileage Plaza/Corp/Plaza						14
Sept 25	Mileage Plaza/Corp/Plaza						14
Sept 25	Mileage Plaza to Corp						7
Sept 26	Mileage Plaza to Corp						7
Sept 27	Mileage Plaza to Corp/return						14
Sept 28	Mileage Plaza/Corp/return						14
Sept 29	Mileage Plaza/Corp/return						14
Sept 29	Mileage Plaza/GRH/return						10
Sept 29	Parking					6.00	
			159.28			13.75	
Total km							542
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals							233.06

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

D. Barnard

10137 - 124 Street
(780) 488-9188
Edmonton, Ab T5N 1P5
R138889381
cafedeville.com

 M. Robinson

Cafe de Ville
10137 - 124 Street
(780) 488-9188
Edmonton, Ab T5N 1P5
R138889381
cafedeville.com

10 FRANKIE

tbl 6/1 Chk 5573 Gst 2
~~Aug 15 '06 12:48PM~~

1 ANTI BE @ 10.00 20.00
1 POP 1.95
1 FLOWER GREEN TEA 3.00

Subtotal 24.95
GST 1.50
Amount Due 26.45 ↓

PLEASE PAY SERVER 3.50
RESERVATIONS RECOMMENDED
29.95

RECEIVED: M. Rowe
MARGUERITE ROWE

11 STEVE S

tbl 14/1 Chk 7076 Gst 2
Sep 06 '06 12:02PM

1 ANTI BE 10.00
1 QUICHE 11.00

Subtotal 21.00
GST 1.26
Amount Due 22.26 ↓

PLEASE PAY SERVER 3.00
RESERVATIONS RECOMMENDED
25.26

TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.
M. Rowe
MARGUERITE ROWE

 L. Bradley

MANOR CAFE

Table 62

Station 003 Check 6667
SERVER: JESSICA Guests 2
Thursday 9/07/06 12:28 pm

2 SODA/CRANBERRY 4.50
1 THAI STYLE SALAD 14.00
1 WILD CRAB RISOTTO 10.00
1 TEA 1.95

Sub Ttl 30.45
G.S.T. 1.83

Total 32.28 ↓

Please pay server 4.00
GST# 122827397
36.28

SEQ 668001001139 ISO -001
Sep 07 2006 12:27 pm

impark
your parking authority



168944

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK** →

2.00

168944

DETACH RECEIPT

TICKET PRICE INCLUDES GST REG. #887315638RT0001

WHITE

impark
your parking authority



254229

**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK** →

2.00

254229

DETACH RECEIPT

TICKET PRICE INCLUDES GST REG. #887315638RT0001

WHITE



UNIVERSITY OF
ALBERTA
PARKING SERVICES

276472

GST # R108102831

DAILY PARKING PERMIT RECEIPT

CUSTOMER RECEIPT: \$ 3.17

DISPLAY FACE UP ON DASH

impark Lot 002-256
EDMONTON, AB
GST #88731 5638 RT0001
Machine Serial #090A0507R-02

EXPIRY DATE AND TIME
EXP 09:28am
SEP 27, 2006

TICKET# 00020172 **LOT#** 00020256

CC \$0005.00 **MACH#** 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park 1 1/2 Hr \$6.00

Questions/Comments?
Call 760-420-1975

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

EXP 09:28am
SEP 27, 2006

OT# 00020
MACH# 001
TIC# 00020
IC \$0006
SEP27, 2006
36dian
Purchase T

DISPLAY FACE UP ON DASH

P. Rushforth

Cafe de Ville
10137 - 124 Street
(780) 488-9188
Edmonton, Ab T5N 1P5
R138889381
cafedeville.com

6 DENISE D

Tbl 2/1 Chk 7724 Gst 2
Sep18'06 12:35PM

1 ANTIPE	10.00
1 RUEBEN	12.00
1 POP	1.95
1 BAMBOO TEA	2.25
1 COFFEE	2.25

Subtotal	28.45
GST	1.71
Amount Due	30.16 +

PLEASE PAY SERVER 4.00
RESERVATIONS RECOMMENDED 34.16

MARGUERITE ROME

D. Dilatoy

MANOR CAFE Capital
Carl

Table 10

Station 001 Check 3
SERVER: ALLISON Guests 2
Tuesday 9/19/06 12:48 pm

1 COFFEE	.95
1 TEA	.95
1 PEAR PECAN SALAD	9.00
1 PANCETTA PASTA	16.00

Sub Ttl	28.90
G.S.T.	1.73

Total 30.63 ↓

Please pay server 3.00
GST# 122827397

33.63

APPROVED
SEQ 671001001069 ISO -001
Sep 19 2006 12:59 pm

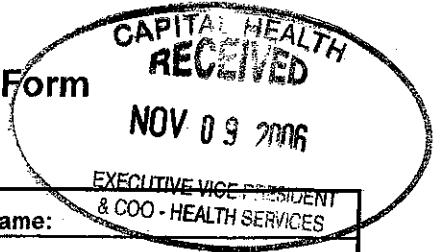


APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

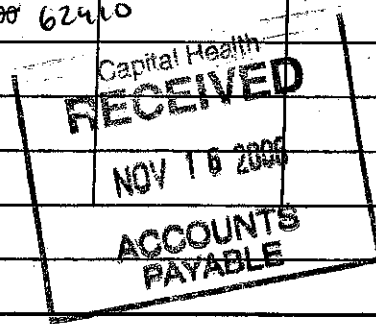


Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: Sept 29 & Oct 2 to Nov 2, 2006	

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	0007	71110101089	69600000			\$205.50	<input type="checkbox"/>
201	0007	71110101089	62410000			116.96	<input checked="" type="checkbox"/>
201	0007	71110101089	69500000 62410			15.90	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$338.36	<input type="checkbox"/>

185.50
20.00



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: *M Rowe* Date:

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>Michele Lahey</i>		Date Nov 10/06
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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct 2	Mileage Plaza to Corporate						7
Oct 4	Mileage Plaza to GRH						5
Oct 5	Mileage Corp to Plaza						7
Oct 5	Mileage Plaza to GRH						5
Oct 6	Mileage Corp to Plaza						7
Oct 11	Mileage Plaza/GRH/Plaza						10
Oct 11	Mileage Plaza/Corp/return						14
Oct 12	Mileage Corp to Plaza						7
Oct 13	Mileage Corp to Plaza						7
Oct 16	Mileage Corp to Plaza						7
Oct 17	Mileage Plaza to down/return						10
Oct 18	Mileage Cap Care to Plaza						3
Oct 18	Mileage Plaza/Corp						7
Oct 19	Mileage Corp/Plaza						7
Oct 19	Mileage Plaza to GRH						5
Oct 20	Mileage Corporate/Plaza/Ret.						14
Oct 23	Mileage 142 st to 124 st						20
Oct 23	Mileage Plaza to Corp						7
Oct 24	Mileage Corp to Plaza						7
Oct 24	Mileage Plaza/Misericordia/ret						40
Oct 24	Mileage Plaza to GRH						5
Oct 25	Mileage Plaza/Corp/return						14
Oct 26	Mileage Corp/Plaza			185.50			7
Oct 22	Dinner mtg - re: Mgmt Seminar		205.50	20.00			
Sept 29	Parking					3.00	
Nov 2	Mileage residence to airport & return for mtg in Calg & parking					12.90	50
Total km							272
(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43
Totals			\$205.50			\$15.90	116.90 <i>AL</i>

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

CAPITAL HEALTH RECEIVED
DEC 05 2006
 EXECUTIVE VICE PRESIDENT & COO - HEALTH SERVICES

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: Nov 1-30 to December 4, 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	0007	71110101089	69600000			✓ \$302.74	<input type="checkbox"/>	
201	0007	71110101089	62410000			✓ \$96.75	<input checked="" type="checkbox"/>	
201	0007	71110101089	69500000 62410			✓ 52.60	<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							\$452.09	<input type="checkbox"/>

201.71
38.01
48.60
4.08

Capital Health RECEIVED
 DEC 07 2006
 ACCOUNTS PAYABLE
 DEC 08 2006

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: *M. Rowe* **Date:** Dec 4/06

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date Dec 6/06
Approved By: [Signature] <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.
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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.

Dinner Susan Paul
 & Phyllis Hempel

MANOR CAFE

Table 2

Station 001
 Server: JASON
 Wednesday 11/15/06 6:55 pm
 Check 3
 Guests 3

1 CRANBERRY JUICE	
2 DE HUGO	
1 MOROCCAN BOWL	20.00
1 SM. PEAR/PECAN	7.00
1 BOWL SOUP 1	7.00
1 SWORDFISH	28.00
2 COFFEE	3.90
1 TEA	1.95
<hr/>	
Sub Totl	91.10
G.S.T.	5.47

Total 96.57 +
 13.00
 Please pay server
 GST# 122827397 51
 109.

APPLICANT COPY

Lunch with Calgary staff

MANOR CAFE

Table 20

Station 002
 Server: JOSIE
 Friday 11/17/06 6 pm
 Check 3339
 Guest 1

4 THAT STYLE SALAD	56.00
1 AR/PECAN	10.00
1 SALMON	7.00
2 CLUBHOUSE	28.00
CEASAR	
1 SPATZLE	15.00
5 DIET PEPSI	9.75
<hr/>	
Sub Totl	125.75
G.S.T.	7.55

Total 133.30
 20.00
 Please pay server
 GST# 122827397 30
 153.30

U OF A
 PARKING SERVICE
 GST#R100100031

11-20-2006 TUE 11

10.00
 deposit
 - 7.50 =
 2.50

DP12 -7.50 \$
 GST -0.42
 CASH -7.50
 ITEM 0 2.50
 ICL 9969 001461%

Edmonton
 GST# R120000076

0041/0771/06804 29.11.06

arriving ticket 12.00 \$
 11/20/06 12:24
 exp. 9 Oct. 3:45 Min.

total amount 12.00 \$
 amount total 12.00 \$
 G.S.T. 0.00

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

APPLICANT COPY

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



ERITE ROWE

G.S.T.# 890571763

FROM *Ernie Row*

TO *Flexall*

PRINT NAME

CUSTOMER'S SIGNATURE *[Signature]*

X

ALPH. NO. 008967	DRIVER [initials]	UNIT NO. 7
TIME 12:36 PM	DAY 03	MO. YR. 19 16

2517839

Discover

MasterCard

VISA

AMERICAN EXPRESS

FARE	33
INT'L	
GRATUITY	4
TOTAL	37

BANK COPY
YELLOW CAB LIMITED

R CAFE

26

SERVER. *[initials]* Check
Monday 12/04/06 12:36 pm
Guests 1

1 SPATZLE	15.00
1 SMALL PEAR	7.00
1 GRILLED SALMON	7.00
1 COFFEE	1.95
1 7 UP/ SPRITE	1.95
Sub Totl	32.90
G.S.T.	1.97

Total 34.87

Please pay server 5.00
GST# 122827397
39.87

SEU 01000101009 130 -001
Dec 04 2006 12:47 pm

MERCHANT COPY



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

CAPITAL HEALTH RECEIVED
JAN 02 2006
 EXECUTIVE VICE PRESIDENT
 & COO - HEALTH SERVICES

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: Dec 4 to December 22 nd , 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	0007	71110101089	69600000			\$24.65	<input type="checkbox"/>	
201	0007	71110101089	62410000			61.06	<input type="checkbox"/>	
201	0007	71110101089	62410000			94.20	<input type="checkbox"/>	
201	0007	71110101089	61020003			278.49	<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							\$458.40	<input type="checkbox"/>

20.61
 1.00
 87.20
 2.00

Capital Health RECEIVED
JAN 22 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: *M. Rowe* **Date:** *Jan 10/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date <i>JAN 12 2007</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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- 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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec 4/06	Mileage Corporate to Plaza						7
Dec 4/06	Mileage Plaza to Corporate						7
Dec 5/06	Mileage Plaza/Corp/return						14
Dec 6/06	Mileage GRH to Plaza/						5
Dec 6/06	Mileage Plaza/Corp/return						14
Dec 7/06	Mileage Corp to Plaza/return			26			14
Dec 8/06	Lunch mtg - C. Clark		24.65				
Dec 11/06	Mileage Corporate to Plaza						7
Dec 12/06	Mileage GRH/Plaza/return						10
Dec 13/06	Mileage GRH to Plaza						5
Dec 13/06	Mileage Plaza to Corp/return						14
Dec 14/06	Mileage downtown to Plaza						4
Dec 15/06	Mileage Corporate to Plaza						7
Dec 15/06	Cab to Telus Plaza				12.40		
Dec 15/06	Cab Telus Plaza to Plaza 124				11.80		
Dec 18/06	Mileage Corporate to Plaza						7
Dec 19/06	Mileage Corporate to Plaza						7
Dec 20/06	Flight to Calgary for meeting - Cab airport to residence				70.00		
Dec 21/06	Mileage Corporate to Plaza						7
Dec 21/06	Mileage Plaza to Norwood						5
Dec 22/06	Mileage Plaza to downtown/return						8
March 06 - Dec. 06	Fax Machine Charges						
						278.49	
Total km							142
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$24.65		\$94.20	\$278.49	61.06

(Sub)
Bill
Missing

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
 Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

Tarquin

URBAN DINER
www.urbandiner.com

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

Table 1
Station 002 Check 5001
TARQUIN Guests 2
Friday 12/08/06 12:24 pm

1 NUMI TEAS 2.25
1 NUMI TEAS 2.25
1 CUP PEA SOUP 4.00
1 REUBEN 10.98

Sub Tot 19.48
G.S.T. 1.17

Total 20.65
\$4.00 tip
Please Pay Server
GST#122827397 \$24.65
JOIN US FOR BRUNCH
SATURDAY AND SUNDAY
9 a.m. - 3 p.m.

CHARGE TO: [REDACTED] **ACCOUNT NO.:** [REDACTED]

YELLOW Cab (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8800

DATE: 12/08/06
TIME: 12:24

DRIVER: [REDACTED] UNIT NO.: [REDACTED]

FARE: 11.11
INT'L: [REDACTED]
GRATUITY: 1.00
TOTAL: 12.11

3059747

FROM: 100-100
TO: 102-124
PRINT NAME: [REDACTED]
CUSTOMER'S SIGNATURE: [REDACTED]

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

CHARGE TO: [REDACTED] **ACCOUNT NO.:** [REDACTED]

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

Barrel TAXI LTD. (780) 489-7777
ADMINISTRATION (780) 465-8800

DATE: 12/08/06
TIME: 12:24

DRIVER: KEVIN UNIT NO.: 115

FARE: 10.80
INT'L: [REDACTED]
GRATUITY: 1.00
TOTAL: 11.80

4282361

FROM: 10216-124 st.
TO: 100-100 st.
PRINT NAME: [REDACTED]
CUSTOMER'S SIGNATURE: M Rowe

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

CHARGE TO: [REDACTED] **ACCOUNT NO.:** [REDACTED]

MARGUERITE ROWE

PRESTIGE (780) 462-3456
ADMINISTRATION (780) 465-8800

DATE: 12/08/06
TIME: 12:24

DRIVER: [REDACTED] UNIT NO.: [REDACTED]

FARE: 65.22
INT'L: [REDACTED]
GRATUITY: 5.51
TOTAL: 70.73

2487956

FROM: 1339826811
TO: 114p00f
PRINT NAME: [REDACTED]
CUSTOMER'S SIGNATURE: [REDACTED]

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

CUSTOMER COPY

Mar 04, 2004 APPLICANT COPY

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE

Your account number
Your TELUS Account ID

Here's what you owe this month: \$28.25

Amount of your last bill	\$28.25
Payment we processed on Feb 17 - Thank You	-28.25
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Mar 04 to Apr 03	23.86
1 Number Non-Published Residence from Mar 04 to Apr 03	2.00
1 Name Display - Private Name from Mar 04 to Apr 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 100652692) at 7%	1.82
Total new charges	28.25

Total amount due by Mar 26 \$28.25

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Mar 04	\$.44
E9-1-1 Provincial Network Fee Mar 04	.13
Total additional charges and credits	\$.57

News from TELUS

CRTC Consumer guide to competition in the residential telephone service market

For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at <http://www.crtc.gc.ca/eng/consumer.htm>

Tear off here

TELUS® Your TELUS Statement

Apr 04, 2006

APPLICANT COPY

TELUS Communications Inc.

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

D & M ROWE

Your account number
Your TELUS Account ID

Section 17(1)

1

Here's what you owe this month: \$28.25

Amount of your last bill	\$28.25
Payment we processed on Mar 28 - Thank You	-28.25
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Apr 04 to May 03	23.86
1 Number Non-Published Residence from Apr 04 to May 03	2.00
1 Name Display - Private Name from Apr 04 to May 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 7%	1.82
Total new charges	28.25
Total amount due by Apr 25	\$28.25

Thank you for keeping your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Apr 04	\$.44	.57
E9-1-1 Provincial Network Fee Apr 04	.13	
Total additional charges and credits	\$.57	

News from TELUS

Thank you for choosing TELUS as your communications provider.

Tear off here

TELUS® Your TELUS Statement
 May 04, 2006

TELUS Communications Inc.

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

Page
 1 of 2

D & M ROWE

Your account number
 Your TELUS Account ID

Here's what you owe this month: \$29.23

Amount of your last bill	\$28.25
Payment we processed on Apr 24 - Thank You	-28.25
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from May 04 to Jun 03	23.86
1 Number Non-Published Residence from May 04 to Jun 03	2.00
1 Name Display - Private Name from May 04 to Jun 03	.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	.92
GST (Registration 812758878) at 7%	1.88
<hr/>	
Total new charges	29.23
Total amount due by May 26	\$29.23

▪ Thank you for keeping
 your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee May 04	\$.44	.57
E9-1-1 Provincial Network Fee May 04	.13	
<hr/>		
Total additional charges and credits	\$.57	

Long Distance Charges

Regular Long Distance

.92

Tear off here

TELUS® Your TELUS Statement

Jun 04, 2006

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

D & M ROWE

Your account number
Your TELUS Account ID

Section 17(1)

Here's what you owe this month: \$28.25

Amount of your last bill	\$29.23
Payment we processed on May 23 - Thank You	-29.23
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jun 04 to Jul 03	23.86
1 Number Non-Published Residence from Jun 04 to Jul 03	2.00
1 Name Display - Private Name from Jun 04 to Jul 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 7%	1.82
Total new charges	28.25

Total amount due by Jun 25 **\$28.25**

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jun 04	\$.44	.57
E9-1-1 Provincial Network Fee Jun 04	.13	
Total additional charges and credits	\$.57	

News from TELUS

Supporting our communities

TELUS is committed to working in an economically, environmentally and socially responsible manner. To find out how we are helping to make the future friendly, visit telus.com/socialresponsibility and view our 2005 corporate social responsibility report.

Tear off here

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

D & M ROWE

Your account number
 Your TELUS Account ID

1

Here's what you owe this month: \$54.53

Amount of your last bill	\$27.99
<hr/> Amount overdue from your last bill	<hr/> 27.99
1 Residence Line Touchtone from Aug 04 to Sep 03	23.34
1 Number Non-Published Residence from Aug 04 to Sep 03	2.00
1 Name Display - Private Name from Aug 04 to Sep 03	.00
Additional Charges and Credits (see details below)	-.26
GST (Registration 812758878) at 6%	1.46
<hr/> Total new charges	<hr/> 26.54
Total amount due by Aug 26	\$54.53

▪ Notice - Overdue is payable now. If payment has been made, thank you.

Additional Charges and Credits

-26

Change in Residence Line Touchtone (for 63 days from Jun 01 to Aug 04)	-\$1.10
E9-1-1 Municipal Call Answer Fee Aug 04	.44
E9-1-1 Provincial Network Fee Aug 04	.13
Late payment charge on overdue amount of \$26.89	.27
<hr/> Total additional charges and credits	<hr/> -\$26

Tear off here

TELUS® **Your TELUS Statement**
 Sep 04, 2006 APPLICANT COPY

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Your account number
 Your TELUS Account ID

Here's what you owe this month: \$54.96

Amount of your last bill	\$54.53
Payment we processed on Aug 17 - Thank You	-26.54
Amount overdue from your last bill	27.99
<hr/>	
1 Residence Line Touchtone from Sep 04 to Oct 03	23.34
1 Number Non-Published Residence from Sep 04 to Oct 03	2.00
1 Name Display - Private Name from Sep 04 to Oct 03	.00
Additional Charges and Credits (see details below)	.15
GST (Registration 812758878) at 6%	1.48
<hr/>	
Total new charges	26.97
Total amount due by Sep 25	\$54.96

• Notice - Overdue is payable now. If payment has been made, thank you.

Additional Charges and Credits

Quality of Service Rebate Aug 22	-\$76
E9-1-1 Municipal Call Answer Fee Sep 04	.44
E9-1-1 Provincial Network Fee Sep 04	.13
Late payment charge on overdue amount of \$27.23	.34
<hr/>	
Total additional charges and credits	\$.15

.15

Tear off here

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Your account number
 Your TELUS Account ID



Section 17(1)

Here's what you owe this month: \$83.09

Amount of your last bill	\$54.96
Amount overdue from your last bill	54.96
<hr/>	
1 Residence Line Touchtone from Oct 04 to Nov 03	23.34
1 Number Non-Published Residence from Oct 04 to Nov 03	2.00
1 Name Display - Private Name from Oct 04 to Nov 03	.00
Additional Charges and Credits (see details below)	1.26
GST (Registration 812758878) at 6%	1.53
<hr/>	
Total new charges	28.13
Total amount due by Oct 26	\$83.09

• Notice - Overdue is payable now. If payment has been made, thank you.

Additional Charges and Credits

1.26

E9-1-1 Municipal Call Answer Fee Oct 04	\$.44
E9-1-1 Provincial Network Fee Oct 04	.13
Late payment charge on overdue amount of \$54.96	.69
<hr/>	
Total additional charges and credits	\$1.26

Tear off here

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE

Section 17(1)

Your account number
 Your TELUS Account ID

Here's what you owe this month: \$27.44

Amount of your last bill	\$83.09
Payment we processed on Oct 05 - Thank You	-54.96
Payment we processed on Oct 23 - Thank You	-28.13
Amount overdue from your last bill	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Nov 04 to Dec 03	23.34
1 Number Non-Published Residence from Nov 04 to Dec 03	2.00
1 Name Display - Private Name from Nov 04 to Dec 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.53

Total new charges 27.44

Total amount due by Nov 25 \$27.44

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Nov 04	\$.44
E9-1-1 Provincial Network Fee Nov 04	.13
Total additional charges and credits	\$.57

News from TELUS

Thank you for choosing TELUS as your communications provider.

Tear off here

TELUS® Your **TELUS Statement**
Dec 04, 2006 **APPLICANT COPY**

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

D & M ROWE

Your account number
Your TELUS Account ID

Section 17(1)

Here's what you owe this month: \$27.44

Amount of your last bill	\$27.44
Payment we processed on Nov 28 - Thank You	-27.44
Amount overdue from your last bill	.00

• Season's Greetings from
TELUS.

1 Residence Line Touchtone from Dec 04 to Jan 03	23.34
1 Number Non-Published Residence from Dec 04 to Jan 03	2.00
1 Name Display - Private Name from Dec 04 to Jan 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.53

Total new charges 27.44

Total amount due by Dec 26 \$27.44

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Dec 04	\$.44
E9-1-1 Provincial Network Fee Dec 04	.13
Total additional charges and credits	\$.57

News from TELUS

Thank you for choosing TELUS as your communications provider.

Tear off here

APPLICANT COPY

Chopin, Gillian

From: Barbara Lazarenko [barbara.lazarenko@thomascook.ca]
Sent: Tuesday, October 24, 2006 2:48 PM
To: Chopin, Gillian
Subject: Ticket and Itinerary - Marguerite Rowe - 20Dec
Attachments: ThomasCook\$10Aug2006.pdf

You can print/view your ticket receipt at:

www.viewtrip.com

Your reservation number is T2HHV6

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN FLOOR
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611 FAX: (780) 426-5759
BRANCH N61107 GST REG NO. 885101915

DATE: 24 OCT 2006
AGENT: BARB
PNR LOC: T2HHV6

TO: CAPITAL HEALTH
SUITE 800 NORTH TOWER
10030 - 107 STREET
EDMONTON AB
T5J 3E4
FOR: ROWE/MARGUERITE MS

--ITINERARY--

Table with columns: FROM, TO, CARRIER, FLT/CL, DATE, DEP, ARR, ST. Itinerary details for Edmonton/Intl to Calgary and Calgary to Edmonton/Intl.

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

*****IMPORTANT REMINDER*****
AS OF JANUARY 2007 YOU WILL BE REQUIRED
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES

APPLICANT COPY

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780 425-8611 OR LOCAL THOMAS COOK/MARLIN TRVL OFFICE. WHEN
CALLING OUR *AFTER HOURS EMERGENCY* TRVL CTRE - PLS QUOTE ACCESS CODE 2EC0

Barbara Lazarenko
Marlin Travel/Thomas Cook Travel Ltd.
9929 - 108 Street
Edmonton, Alberta, T5K 1G8, Canada
tel +001 780.425.8611
fax +001 780.426.5759
<mailto:barbara.lazarenko@thomascook.ca>
<http://www.thomascook.ca>

APPLICANT COPY

Itinerary

[Print Itinerary](#) 

[LOG OFF](#)

Itinerary Information

Today's Date:	Tuesday, October 24, 2006
Reservation ID:	T2HHV6

Agency Information

MARLIN 9929 108Th St Government Ctr Edmonton, AB T5K 1G8 Canada Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-BARB
--

Traveler

Rowe, Marquerite Ms

Flight - WestJet (WS) - 28 Wednesday, December 20, 2006

Flight 28	Non-stop	
Class of Service:	X	
Depart:	Edmonton Intl Arpt (YEG) Terminal Not Available	07:45 AM Wednesday, December 20, 2006
Arrive:	Calgary Intl Arpt (YYC) Terminal Not Available	08:36 AM Wednesday, December 20, 2006
Flight Service Information +		

Status Confirmed (Passive) (GK)

Flight - Air Canada (AC) - 8144 Wednesday, December 20, 2006

Flight 8144	Non-stop	
Class of Service:	Economy (A)	
YYC to YEG Flight Operated By:	Air Canada Jazz	
Air Canada Confirmation Numbers:	M3VCTM	
Depart:	Calgary Intl Arpt (YYC) Terminal Not Available	01:30 PM Wednesday, December 20, 2006
Arrive:	Edmonton Intl Arpt (YEG) Terminal Not Available	02:25 PM Wednesday, December 20, 2006
Seat	Status	Passenger
06C	Confirmed	Rowe, Marguerite Ms
Flight Service Information +		

Status Confirmed (HK)

Other

Other
Start Location: Edmonton Intl Arpt (YEG)
Start Date: Sunday, April 01, 2007
Number of Persons: 1
Other Information +

APPLICANT COPY

Status Confirmed (HK)

 Remarks

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS
 FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
 UNDERWRITTEN BY AXA INSURANCE CANADA
 24 HOUR EMERGENCY HELP DESK
 WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
 *****IMPORTANT REMINDER*****
 AS OF JANUARY 2007 YOU WILL BE REQUIRED
 TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
 RE-ENTER THE UNITED STATES

Weather Forecast

Weather Search

Edmonton Intl Arpt (YEG)
 EDMONTON

Averages for December

Low	Mean	High	Precipitation	Days with Precipitation
3° F	13° F	21° F	* Inches	18

Calgary Intl Arpt (YYC)
 CALGARY

Averages for December

Low	Mean	High	Precipitation	Days with Precipitation
11° F	20° F	29° F	* Inches	14

Weather data © 2001-2006 CustomWeather Inc.

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**NO
PARKING
OFFERS
MORE**

value park

Affordable parking right at the airport.

**SAVE
UP TO \$10***

*Only \$6.74/day
or \$29.98/week
with coupon.

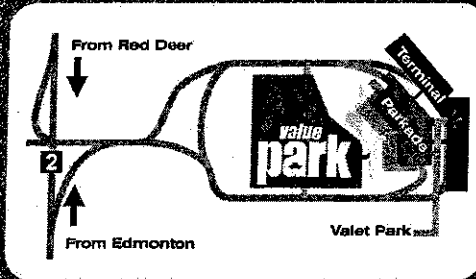
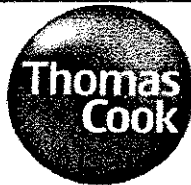
Regular rates are \$7.74 per day and
\$36.98 per week. Prices do not include
GST and may be subject to change.

- Quick check-in/out
- Free shuttle service & winter coat check
- Free plug-ins & battery boosts
- Security patrolled & paved
- Special weekly/monthly rates
- Open 24 hours

This special offer is compliments of



and



*Offer valid for \$1.00 off per day for a maximum of 10 days (\$10.00) when you park at Edmonton Airports Value Park. Please present coupon with payment. Coupon cannot be combined with any other offer. No cash value. One coupon per visit. Expires December 31, 2006.

edmontonairports.com (780) 890-8439



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

**CAPITAL HEALTH
 RECEIVED**

MAR 05 2007

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: EXECUTIVE VICE PRESIDENT & COO - HEALTH SERVICES & Geriatrics
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: Jan 1 to January 31 st , 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	0007	71110101089	69600000			\$21.97	<input type="checkbox"/>
201	0007	71110101089	62410000			64.93	<input checked="" type="checkbox"/>
201	0007	71110101089	61020003			202.44	<input type="checkbox"/>
		61030 175.00	ACCRUED				<input type="checkbox"/>
		6102003 27.44					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$289.34	<input type="checkbox"/>

(8.9)
3.62

**Capital Health
 RECEIVED
 MAR 13 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: *M. Rowe* **Date:** _____

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date MAR 05 2007
Approved By: _____ <i>(Print name)</i>	Title: _____	Phone # _____
<i>(Signature)</i> _____		Date MAR 05 2007

- 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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Jan 5/07	Mileage Plaza to Corporate						7
Jan 8/07	Mileage Plaza/Corp/return						14
Jan 9/07	Mileage Plaza/Corp/return						14
Jan 10/07	Mileage Corporate to Plaza						7
Jan 11/07	Mileage Corp/Plaza/return						14
Jan 12/07	Mileage Plaza to Corporate						7
Jan 15/07	Mileage Corporate to Plaza			18.97			7
Jan 15/07	Lunch - Mary Pat Skene		21.97	3.00			
Jan 15/07	Mileage Plaza to Glenrose						5
Jan 17/07	Mileage Cap Care to Plaza						3
Jan 17/07	Mileage Plaza to Corporate						7
Jan 18/07	Mileage Corporate to Plaza						7
Jan 18/07	Mileage Plaza to Glenrose						5
Jan 23/07	Mileage Plaza to Corporate						7
Jan 24/07	Mileage Corporate to Plaza						7
Jan 25/07	Mileage Corporate to Plaza						7
Jan 25/07	Mileage Plaza to Glenrose						5
Jan 29/07	Mileage Corporate to Plaza						7
Jan 30/07	Mileage Plaza/Corp/return						14
Jan 31/07	Mileage Plaza to Corporate						7
Jan 11/07	Future of Homecare Roundtable Registration					175.00	
Jan 4/07	Fax Machine Charges					27.44	
							64.93
Total km							151
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		\$21.97				\$202.44	

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

MANOR CAFE

Table 8

Station 001
SERVER: BEN
Monday 1/15/07
Check 1
Guests 2
12:24 pm

2 TEA 3.90
2 SMALL PEAR 14.00

Sub Totl 17.90
G.S.T. 1.07

Total 18.97 +

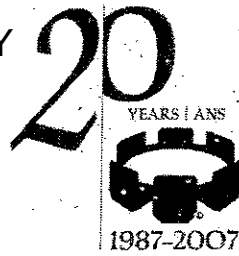
Please pay server 3.00

GST# 122827397 97
21.

10-10-07

11-10-07

APPLICANT COPY
RECEIVED
 Capital Health



Public Policy Forum
 Forum des politiques publiques

RECEIPT

Invoice No.: 7391
 Date: 08-Jan-2007
 Page: 1

FEB 09 2007

Vice President &
 Chief Operating Officer Office
 CCRG Division
 Marguerite Rowe
 VP & COO
 Community Care, Rehab & Geriatrics

Sold To:
 Capital Health
 #300, 10216-124 Street
 Edmonton, AB
 T5N 4A3

Description	GST	Amount
Roundtable on the Future of Homecare February 5, 2007 Hilton Lac Lemay 3, boulevard du Casino Gatineau, QC	E	175.00
Subtotal:		175.00

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

E - GST exempt

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

MARGUERITE ROWE

FUTURE OF HOMECARE

Feb 5/07

5798197

EXPIRY DATE / DATE D'ÉCHÉANCE: 007779

CLERK/COMMIS: 011107

DEPT./DIVISION: 5798197

AUTHORIZATION NUMBER / NO D'AUTORISATION: 5798197

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

DESCRIPTION	AMOUNT-MONTANT
INV# 7391	175.00

CUSTOMER COPY / COPIE DU CLIENT

RECHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE: [Signature]

RECHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.
 TITULAIRE S'ENGAGE À REMBOURSER L'ÉMETTEUR DE LA CARTE DU MONTANT AL FIGURANT SUR CETTE FACTURE, CONFORMÉMENT À LA CONVENTION ISSANT L'UTILISATION DE LA CARTE.

VISA TOTAL \$ 175.00

MasterCard

Public Policy Forum GST: #105243430

Comments

Total Amount

175.00

Thank you for your Payment.

203

1405 - 130 rue Albert Street
 Ottawa ON Canada K1P 5G4
 Tel: 613.238.7160/Fax: 613.238.7990
 www.pforum.ca

TELUS® Your TELUS Statement
Jan 04, 2007

TELUS Communications Company

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

D & M ROWE

Your account number
Your TELUS Account ID

Section 17(1)

Here's what you owe this month: \$27.44

Amount of your last bill	\$27.44
Payment we processed on Dec 15 - Thank You	-27.44
Amount overdue from your last bill	.00
1 Residence Line Touchtone from Jan 04 to Feb 03	23.34
1 Number Non-Published Residence from Jan 04 to Feb 03	2.00
1 Name Display - Private Name from Jan 04 to Feb 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.53
Total new charges	27.44
Total amount due by Jan 26	\$27.44

▪ Thank you for keeping
your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jan 03	\$.44
E9-1-1 Provincial Network Fee Jan 03	.13
Total additional charges and credits	\$.57

News from TELUS

Thank you for choosing TELUS as your communications provider.

Tear off here



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: Feb 1 to February 28 th , 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	0007	71110101089	62410000			\$3.75	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000			141.90	<input type="checkbox"/>
201	0007	71110101089	61020003			577.44	<input type="checkbox"/>
			61030				<input type="checkbox"/>
			590.00				<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$723.09	<input type="checkbox"/>

Capital Health
RECEIVED
 MAR 13 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: *M Rowe* **Date:** *March 6/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date MAR 08 2007
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.
 - 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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Feb 1	Mileage Plaza/Corp/return						14
Feb 1	Mileage Plaza/Glenrose						5
Feb 2	Mileage Plaza/GRH/return						10
Feb 2	Registration for 2007 Nursing ILeadership Conference					550.00	
Feb 7	Mileage Corp/Plaza/return						14
Feb 8	Mileage Corporate to Plaza						7
Feb 9	Mileage Corporate to Plaza						7
Feb 12	Mileage Plaza to Leduc for LTC Collaborative Mtg.						40
Feb 12	Mileage Leduc to residence						40
Feb 12	Mileage Corporate to Plaza						7
Feb 13	Mileage Plaza to Nisku & return for AH&W Accreditation Workshop						80
Feb 14	Mileage Plaza/Corp/return						14
Feb 15	Mileage Corp/Plaza/return						14
Feb 15	Mileage Plaza to Glenrose						5
Feb 21	Mileage Plaza/Corp/return						14
Feb 22	Mileage Glenrose to Plaza						5
Feb 22	Mileage Plaza/Corp/return						14
Feb 26	Mileage Plaza/Corp/return						14
Feb 27	Mileage Corp to Plaza						7
Feb 27	Parking @ U of A				3.75		
Feb 28	Mileage Glenrose to Plaza						5
Feb 28	Mileage Plaza to Corp/return						14
Feb 28	Fax Machine Charges					27.44	
							141.90
Total km							330
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					\$3.75	\$577.44	141.90

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.



APPLICANT COPY
Your TELUS Statement
 Feb 04, 2007

TELUS Communications Company

Page
 1 of 2

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

D & M ROWE



Section 17(1)

Your account number
 Your TELUS Account ID

Here's what you owe this month: \$27.44

Amount of your last bill	\$27.44
Payment we processed on Feb 02 - Thank You	-27.44
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Feb 04 to Mar 03	23.34
1 Number Non-Published Residence from Feb 04 to Mar 03	2.00
1 Name Display - Private Name from Feb 04 to Mar 03	.00
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.53
Total new charges	27.44
Total amount due by Feb 23	\$27.44

• Thank you for keeping
 your account up to date.

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Feb 03	\$.44
E9-1-1 Provincial Network Fee Feb 03	.13
Total additional charges and credits	\$.57

Tear off here

U OF A
 ALUMNI SERVICES
 GST# R10410081

02-27-2007 TUE 1111

DP# 3.756
 GST 0.21
 TAX 3.75

DL 1762 19-0578

Receipt
APPLICANT COPY

Nursing Leadership Conference
Conférence sur le leadership dans la profession infirmière

Canadian Nurses Association
50 DRIVEWAY
OTTAWA ON K2P 1E2
Tel: (613) 237-2133 Fax: (613) 237-3520

MARGUERITE ROWE
300-10216 124 ST NW
EDMONTON AB T5N 4A3

Receipt Printed: 2007-03-01
Registration Number: XXXXXXXXXX
Section 17(1)

2007 Nursing Leadership Conference

Sessions for/Séances pour DAVID DYER

Title/ Titre	Date	Qty/Qté	Price/Prix
Full convention / Participation complète	2007-02-04	1	\$550.00

Total Before Taxes: \$550.00

Total Billed: \$550.00

Total Paid: \$550.00

Balance: \$0.00



CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

APPLICANT COPY

50 Driveway
 Ottawa, ON K2P 1E2
 Tel/Tél: 613-237-2133
 Direct Line/ Ligne Direct: 613-237-2159
 1-800-361-8404
 Fax/Télécopieur: 613-237-3520

FACSIMILE COVER SHEET

FACSIMILE TRANSMITTAL SHEET FEUILLE DE TRANSMISSION PAR TÉLÉCOPIEUR

To/A:	From/De:
Marguerite Rowe	Andrea Pinsent, Conference Assistant
Company/Compagnie:	Date:
	1 March 2007
Fax Number/Numéro de Télécopieur:	Total No. of Pages including Cover Sheet/ Nombre total de pages, y compris la présente:
780-413-5126	2

URGENT

FOR REVIEW/
POUR EXAMEN

PLEASE COMMENT/
VEUILLEZ FAIRE PART DE VOS
COMMENTAIRES

Message:

Receipt for conference

This communication is intended for the use of the recipient to whom it is addressed and may contain confidential, personal and or privileged information. Please contact us immediately if you are not the intended recipient of this communication and do not copy, distribute or take action replying on it. Any communications received in error, or subsequent reply, should be deleted or destroyed.

Le présent message électronique s'adresse au destinataire indiqué et peut contenir des renseignements de caractère privé ou confidentiel. Si vous n'êtes pas le destinataire de ce document, nous vous signalons qu'il est strictement interdit de le diffuser, de le distribuer ou de le reproduire. Si ce message vous a été transmis par erreur, veuillez en informer l'expéditeur et le supprimer immédiatement.

Registration Form

Duplicate form as necessary – please type or print clearly

Last Name: Rowe

First Name: MARGUERITE

If the address is a place of business, please include your position and employer.

Position: VP + COO, Community Care, Rehab + Geriatrics

Employer: Capital Health

Address: #300, 10216 - 124 Street

City: Edmonton Province/Territory: Alta Postal Code: T5N 4A3

Tel.: (bus) (780) 413-5120 Ext.: _____ Tel.: (home) _____

E-mail: MRowe@cha.ab.ca

Fax: (780) 413-5126

yes no I consent to have my personal information used to provide me with updated information on this conference.

yes no I consent to have my name and province or territory on the registration list that will be available to other registrants and sponsors at the conference.

yes no I consent to have my personal information used to provide me with information on future Nursing Leadership conferences.

Conference fees

Full Conference

- Early Bird (before January 5, 2007) **\$583.00** (~~\$550~~ + 33 GST)
- Regular (after January 5, 2007) **\$704.90** (\$665 + 39.90 GST)
- Student* **\$318.00** (\$300 + 18 GST)
(*Students must attach proof of full-time student status)

OR

One Day

- Welcoming Reception, Sunday, February 4 **\$89.04** (\$84 + 5.04 GST)
- Regular – Monday, February 5 **\$326.48** (\$308 + 18.48 GST)
- Student – Monday, February 5 **\$163.24** (\$154 + 9.24 GST)
- Regular – Tuesday, February 6 **\$326.48** (\$308 + 18.48 GST)
- Student – Tuesday, February 6 **\$163.24** (\$154 + 9.24 GST)

Total Registration Fee (payment enclosed) \$ 550.00

Method of Payment

- MasterCard Visa Cheque made payable to Canadian Nurses Association

GST exempt letter attached

Card Number: _____

Expiry Date: _____

Name of Cardholder (print): MARGUERITE ROWE Section 17(1),(4)(e.i)

Signature of Cardholder: M Rowe

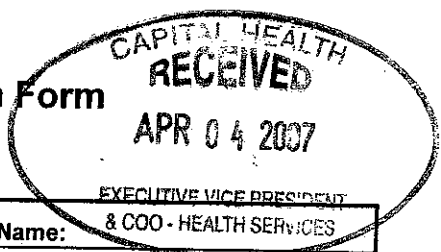
Note: If you prefer to register online, credit card information is encrypted for security. The cost of the welcoming reception on Sunday and breakfast and luncheon on each of Monday and Tuesday are included in the registration fee.

Please complete this form and return with payment to: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 • Fax: 613-237-3520

For conference registration information please call: 1-800-361-8404, ext. 214, fax: 613-237-3520, e-mail: conferences@cna-aicc.ca or visit CNA's website: www.cna-aicc.ca



APPLICANT COPY
Travel & Employee Expense Claim Form
 (In Canadian Dollars)



Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: EXECUTIVE VICE PRESIDENT & COO - HEALTH SERVICES
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 413-5120	Period From: Jan 31 & March 1/07 to March 30/07	

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	0007	71110101089	62410000			\$251.45	<input type="checkbox"/>
201	0007	71110101089	62410000			68.37	<input checked="" type="checkbox"/>
201	0007	71110101089	69600000			514.81	<input type="checkbox"/>
				Capital Health RECEIVED			<input type="checkbox"/>
				APR 11 2007			<input type="checkbox"/>
				ACCOUNTS PAYABLE			<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						✓ \$834.63	<input type="checkbox"/>

226.41
25.00
464.81
50.00

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>M Rowe</i>	Date: <i>April 3/07</i>
--	--------------------------------

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i>		Date <i>Apr 5/07</i>
Approved By: <i>Michele Lahey</i> <i>(Print name)</i>	Title:	Phone # <i>407-1671</i>
<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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Jan 31	Parking @ UofA				✓ \$2.00		
March 1	Mileage Corporate to Plaza						7
March 1	Mileage Plaza to GRH						5
March 1	Mileage GRH to Corporate						10
March 2	Mileage Corporate to Plaza						7
March 5	Mileage to Touchmark & return						30
March 6	Mileage GRH/Corp/return						17
March 7	Cab to airport for LTC meeting in Calgary				✓ 46.00		
March 7	Cab airport to U of A				✓ 64.00		
March 7	Parking @UofA				✓ 11.25		
March 8	Mileage Corporate to Plaza						7
March 8	Appreciation & Recognition Dinner - S. Kashuba		✓ 514.81				
March 10	Cab to airport				✓ 54.40		
March 19	Mileage Corp/Plaza/GRH						15
March 21	Mileage Corp/Plaza/return						14
March 22	Parking & Mileage to Cap Cafe				✓ 5.00		3
March 23	Cab Plaza to Telus Plaza				✓ 16.20		
March 23	Cab Telus to GRH				✓ 9.60		
March 23	Cab GRH to Telus Plaza				✓ 12.00		
March 23	Cab Telus Plaza to 124 St.				✓ 11.00		
March 26	Mileage downtown to Plaza & Parking				✓ 12.00		3
March 27	Mileage Corp to Plaza						7
March 28	Mileage Corp to Plaza						7
March 29	Mileage Corp to Plaza						7
March 29	Mileage Plaza/C Care to Plaza						6
March 20	Mileage Corp/Plaza/return				8.00		14
March 29	Parking						
Total km							159
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$514.81		\$251.45		68,57

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

31/01 11:59 PM

AMOUNT PAID

\$ 2.00 19740000 05:59 PMLOTU



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

31/01/07 05:59 PM \$ 2.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

07/03 12:30 AM

AMOUNT PAID

\$ 11.25 15210000 09:04 AM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

06/03/07 09:04 AM \$ 11.25

CREDIT CARD NUMBER

06001



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

CUSTOMER COPY

7M CAB (780) 462-3456
 (780) 462-4444

ADMINISTRATION (780) 465-6500

AUTH. NO. TIME 6925 050507
 DRIVER UNIT NO. K9R 37
 DAY MO YR 07 03 07

2511863

FARE	11.25
INTL	
GRATUITY	0.00
TOTAL	11.25



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

FROM: IAC to Kluhbas
 TO: UoFA
 PRINT NAME: UoFA
 CUSTOMER'S SIGNATURE: [Signature]
 X

ACCOUNT NO.

CUSTOMER COPY

AIRPORT (780) 890-7070

ADMINISTRATION LINE: 780-890-7890
 AUTH. NO. TIME 0167285
 DRIVER UNIT NO. 74 378
 DAY MO YR 06 03 07

FARE	5.34
INTL	
GRATUITY	1.00
TOTAL	6.34



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

FROM: IAC to Kluhbas
 TO: UoFA
 PRINT NAME: UoFA
 CUSTOMER'S SIGNATURE: [Signature]
 X

APPLICANT COPY

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

PERSON B

104/1 Chk 7938 Gst 7
Mar08'07 07:12PM

2 CRAB CAKE @ 13.00	26.00
1 MUSSEL SOUP	8.00
1 QUAIL BREASTS	11.00
2 @ 9.00	
ROMAINE SALAD	18.00
3 LAMB @ 36.00	108.00
1 BEEF TENDERLN	37.00
1 VEAL	38.00
1 DUCK BREAST	33.00
1 BABY BACK RIBS	10.00
2 @ 8.50	
1GL.FACELLI FUME	17.00
1 1GL.ELIZ.TROCARD	7.00
1 1GL.LANGMEIL	9.00
2 CHEESECAKE @ 8.00	16.00
2 B. LANGMEIL @ 42.00	84.00
6 COFFEE @ 2.75	16.50

Subtotal 438.50

GST 26.31

09:11 Amount Du **464.81** +

50.00

WELCOME TO CHARACTERS!

& HAVE A GREAT DAY!!

514.81

APPLICANT COPY

Recognition + Appreciation Dinner

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

Sherri Kashuba
Lynne Mansell
Marg Murney
Eunice Sloan
Eleanor Risling
Sunja Taylor

Date: Mar08'07 09:40PM
Card Type: VISA
Acct #:
Exp Date:
Auth Code: 067562
Check: 7938 Section 17(1),(4)(e.i)
Table: 104/1
Server: 168 BABSON B
MARGUERITE ROWE

Subtotal: 464.81
GRATUITY 50.00
TOTAL
SIGNATURE

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

CHARGE TO:
MARGUERITE ROWE

EDMONTON INC. (780) 484-8888
Bartel TAXI LTD. (780) 489-7777
ADMINISTRATION (780) 465-8900

AUTH. NO.	DRIVER	UNIT NO.
		9111
TIME	DAY	MO. YR.
	10	3 07

4386389

FARE	40.10
INT'L	
GRATUITY	5.00
TOTAL	54.10

G.S.T.# Section 17(1)

TO: *At Airport*

PRINT NAME: *Marguerite Rowe*

CUSTOMER'S SIGNATURE: *Marguerite Rowe*

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

CHARGE TO:

ACCOUNT NO.

APPLICANT COPY

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

0774 10 000001
10000000000000000000
10000000000000000000

W/CARB (780) **462-3456**
TIGER (780) **462-4444**
ADMINISTRATION (780) 465-8500

05/22/07 21:08 L# 2 4# 28 Trn# 37301
05/22/07 21:08 In 05/22/07 21:08 Out
TAXI # 678949
Regular Rate \$ 4.72
TAX \$ 0.29
Total Fare \$ 5.00
Cash Tender \$ 5.00
Change Due \$ 0.00

AUTH. NO.		DRIVER		UNIT NO.	
TIME		DAY	MO.	YR.	

G.S.T.#
867297723

FROM
CANTON 124

TO
TAXI

PRINT NAME

CUSTOMER'S SIGNATURE
X *J.R. Rowe*

- Discover Card International
- MasterCard
- VISA
- AMERICAN EXPRESS

2364697

FARE	
INT'L	
GRATUITY	
TOTAL	16.00

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

THANK YOU
COME AGAIN

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

[Redacted]

W/CARB (780) **462-3456**
FIRESTIGE (780) **462-4444**
ADMINISTRATION (780) 465-8500

ARGUERITE ROWE

AUTH. NO.		DRIVER		UNIT NO.	
TIME		DAY	MO.	YR.	

G.S.T.#

FROM
1616 D

TO
162411 1201 ST

PRINT NAME

CUSTOMER'S SIGNATURE
X *J.R. Rowe*

- Discover Card International
- MasterCard
- VISA
- AMERICAN EXPRESS

2504727

FARE	10.00
INT'L	
GRATUITY	2.00
TOTAL	12.00

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

APPLICANT COPY

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

425-2525 ALBERTA CO-OP TAXI LINE

ROSEVERITE SCWE

EXPIRY DATE CHECKED

AUTHORIZATION NO# 022072

DATE 02 21 07

CAB # 413

<input checked="" type="checkbox"/>	FARE	
<input type="checkbox"/>	GRATUITY	
<input type="checkbox"/>	TOTAL	
<input type="checkbox"/>	Other	

CAN \$ 11.00

205800 CX0002

M. A. Rose

Cardholder's signature - Signature du titulaire

Top Copy - Customer
Second Copy - Co-op Taxi
Third Copy - Bank

Cardholder will pay to the issuer of the charge card presented herewith the amount stated hereon in accordance with the issuer's agreement with the cardholder.
Le Détenantur de la carte ci-haut mentionné paiera à l'émetteur de la carte le montant ci-indiqué conformément aux conditions de la convention entre l'émetteur et le détenteur de la carte

CITY OF EDMONTON
LIBRARY PARKADE
BET # 119026170 RT0001

Receipt 12251
03/26/07 15:07 LP 3 06 10 Date 3931
03/26/07 07:26 In 03/26/07 18:07 Out
TRN 689925
Regular Rate \$ 11.00
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 20.00
Change Due \$ 8.00

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

425-2525 ALBERTA CO-OP TAXI LINE

ROSEVERITE SCWE

EXPIRY DATE CHECKED

AUTHORIZATION NO# 022074

DATE 02 23 07

CAB # 413

<input checked="" type="checkbox"/>	FARE	7.60
<input type="checkbox"/>	GRATUITY	2.00
<input type="checkbox"/>	TOTAL	
<input type="checkbox"/>	Other	

CAN \$ 9.60

05880 CX0002

M. A. Rose

Cardholder's signature - Signature du titulaire

Top Copy - Customer
Second Copy - Co-op Taxi
Third Copy - Bank

Cardholder will pay to the issuer of the charge card presented herewith the amount stated hereon in accordance with the issuer's agreement with the cardholder.
Le Détenantur de la carte ci-haut mentionné paiera à l'émetteur de la carte le montant ci-indiqué conformément aux conditions de la convention entre l'émetteur et le détenteur de la carte

THANK YOU
COME AGAIN

EXP 09:32am

MAR 29, 2007

LOT# UJD20256

1-887-5636

Edmonton, AB / 80-428-1925

GST # 88731 5636 FT0585

Machine Serial #4000507032

EXP 09:32am

MAR 29, 2007

TI# 01020286

MACH# 000378850

IC# 01004

1/2007

217

1-887-5636

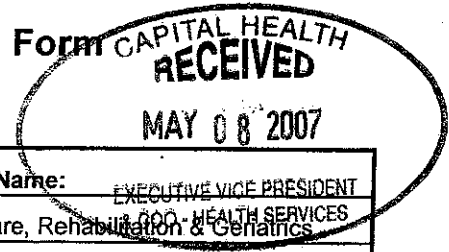
Edmonton, AB / 80-428-1925

GST # 88731 5636 FT0585

Machine Serial #4000507032



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)



Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: EXECUTIVE VICE PRESIDENT
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: April 2 nd , 2007 to April 30 th , 2007 and January 18/07	

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	0007	71110101089	62410000			\$21.00	<input type="checkbox"/>
201	0007	71110101089	62410000			88.58	<input type="checkbox"/>
201	0007	71110101089	69600000			73.99	<input type="checkbox"/>
201	0007	71509000003	69600000			480.48	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$664.05	<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: *M Rowe* **Date:** *May 7/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date <i>May 9/07</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.
 - 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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Apr 2/07	Mileage Corp/Plaza return						14
Apr 2/07	Lunch - Queenie Choo		45.55				
Apr 3/07	Mileage Edmon/ Leduc & return for LTC Collabor mtg						80
Apr 4/07	Mileage Corp/Plaza return						14
Apr 5/07	Mileage Corp to Plaza						7
Apr 10/07	Mileage Plaza/GRH/Plaza						10
Apr 11/07	Cab to Varscona Hotel				15.00		
Apr 12/07	Mileage Corp/Plaza						7
Apr 12/07	Mileage Plaza/GRH/return						10
Apr 16/07	Dinner mtg - LG Elite Group		480.48				
Apr 17/07	Mileage Plaza/GRH/Plaza						10
Apr 18/07	Mileage Cap Care to Plaza						3
Apr 19/07	Mileage Plaza/GRH/Plaza						10
Apr 23/07	Mileage Plaza/GRH/return						10
Apr 24/07	Mileage CHC to Plaza						4
Apr 25/07	Mileage GRH to Plaza						5
Apr 26/07	Mileage Corp to Plaza						7
Apr 26/07	Lunch - L. Ramotar		28.44				
Apr 30/07	Mileage ATA Bldg to Plaza						15
Jan 18/07	Parking				6.00		
Total km							206
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$554.47		\$21.00		88.58

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

Thank You for calling **Capital Taxi.ca**

Date: April 11-07 Amount: 8-15-00
From: Verscona Hotel - 89 Ave
To: Plaza 124 - Jasper Ave - 194 St
Unit: 125 Driver: J.S GST:

423-2425 24 Hour Service
VISA MASTERCARD

MANOR CAFE

Lunch w/ D. Choo

Table 8

Out Allison 1/02/07 1:58

TEA 1.95
SOUP 2 2.25
STYLE SALAD 14.00
PEAR 7.00

Sub Tot 39.20
G.S.T. 2.35

41.55

+ 4.00
Please pay server 45.55
GST# 122827397

MANOR CAFE

L. Ramotar

Table 10

Station 001 Check 10
SERVER: ALLISON Guests 2
Thursday 4/26/07 1:06 pm

1 SMALL PEAR 7.00
1 GRILLED SALMON 7.00
1 LGE SPINACH 10.00

GST FOOD 24.00
G.S.T. 1.44

Total 25.44

+ 3.00
Please pay server 28.44
GST# 122827397
SUNDAY BRUNCH 1

RT

Topica Ramotar
6944 The Loop
Edmonton AB T6C 1A1
Phone: 780-441-1111

LG Elite

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

*mtg
LG ELITE
from Korea,
USA, Alberta
Science &
Innovation
- for grant
funding*

3A
E-AUTH

\$ 450.00

GRATUITY: 60.00
TOTAL: 480.48

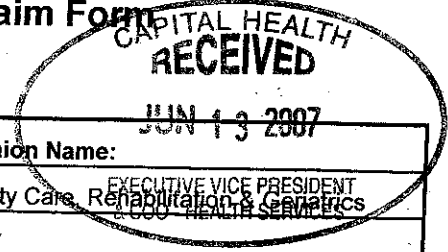
Cardholder will pay card amount above amount pursuant to Cardholder Agreement.

OO APPROVED THANK YOU OUT



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

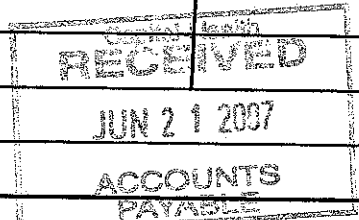


Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: May 1st to May 31 st , 2007	

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	0007	71110101089	62410000			\$98.04	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000			113.30	<input type="checkbox"/>
201	0007	71110101089	69600000			523.04	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$734.38	<input type="checkbox"/>

106.30
7.00
459.30
63.74



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: *M. Rowe* **Date:** *June 12/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date JUN 14 2007
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.
 - 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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 2	Mileage Corporate to Plaza						7
May 2	Mileage Plaza/Corporate/Plaza						21
May 3	Mileage Corporate to Plaza						7
May 3	Parking				3.50		
May 7	Taxi residence to airport for LTC Collaborative mtg				55.80		
May 8	Mileage Plaza to GRH/return						10
May 8	Dinner Mtg		129.48				
May 9	Mileage GRH/Plaza						5
May 9	Mileage Plaza/Corp/return						14
May 10	Mileage Corporate/Plaza						7
May 10	Mileage Plaza/GRH/return						10
May 11	Mileage Fantasyland Hotel to Plaza (Nursing Conference)						20
May 14	Mileage Corporate to Plaza						7
May 15	Parking				4.50		
May 15	Mileage Plaza/Westin/Plaza						7
May 16	Mileage C. Care to Plaza						2
May 17	Mileage Plaza to GRH						5
May 22	Mileage Corporate to Plaza						7
May 23	Mileage GRH to Plaza						5
May 23	Mil. Plaza/Corp/Plaza/Corp						21
May 24	Mileage Corporate/Plaza						7
May 28	Safety Conference - Westin to Plaza/return						6
May 28	Parking				2.00		
May 28	Parking				7.50		
May 28	Dinner mtg - D. Barnard/Lynne		81.02				
	CONTINUED ON NEXT PAGE						
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals							

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 29	Mileage to residence to Westin						20
May 29	Parking				14.00		
May 30	Parking				14.00		
May 30	Mileage residence to Westin						20
May 30	Dinner mtg with Nanomax Group from Korea		312.54				
May 31	Mileage residence to Westin						20
May 31	Parking				12.00		
Total km							228
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$523.04		\$113.30		98.04

EXPENSE LIMITS


1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
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 - Driving to and from work is not considered business travel and cannot be claimed.

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

APPLICANT COPY

Itinerary

[Print Itinerary](#) 

[Log Off](#)

Itinerary Information

Today's Date: Tuesday, April 24, 2007
 Reservation ID: Q0V07Q

Agency Information

MARLIN
 9929 108Th St Government Ctr
 Edmonton, AB T5K 1G8
 Canada
 Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN

Traveler

Rowe, Marguerite Ms Section 17(1)

Flight - Air Canada (AC) - 8139 Monday, May 07, 2007

Flight 8139	Non-stop	
Class of Service:	Economy (A)	
YEG to YYC Flight Operated By:	Air Canada Jazz	
Air Canada Confirmation Number:	LYKWVA	
Depart:	Edmonton Intl Arpt (YEG) Terminal Not Available	10:00 AM Monday, May 07, 2007
Arrive:	Calgary Intl Arpt (YYC) Terminal Not Available	10:54 AM Monday, May 07, 2007
Seat	Status	Passenger
09D	Confirmed	Rowe, Marguerite Ms

[Flight Service Information +](#)

Flight - Air Canada (AC) - 8152 Status Confirmed (HK)
Monday, May 07, 2007

Flight 8152	Non-stop	
Class of Service:	Economy (V)	
YYC to YEG Flight Operated By:	Air Canada Jazz	
Air Canada Confirmation Number:	LYKWVA	
Depart:	Calgary Intl Arpt (YYC) Terminal Not Available	05:30 PM Monday, May 07, 2007
Arrive:	Edmonton Intl Arpt (YEG) Terminal Not Available	06:16 PM Monday, May 07, 2007
Seat	Status	Passenger
22D	Confirmed	Rowe, Marguerite Ms

[Flight Service Information +](#)

Status Confirmed (HK)

 Remarks

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
 FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
 UNDERWRITTEN BY AXA INSURANCE CANADA
 24 HOUR EMERGENCY HELP DESK
 WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
 *****IMPORTANT REMINDER*****
 AS OF JANUARY 2007 YOU WILL BE REQUIRED
 TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
 RE-ENTER THE UNITED STATES

APPLICANT COPY

Chopin, Gillian

From: Gonzalez, Karen [karen.gonzalez@marlintravel.ca]
Sent: Tuesday, April 24, 2007 10:04 AM
To: Chopin, Gillian
Subject: Itinerary confirmation for Rowe/Marguerite Ms-7 May-Calgary

You can print your electronic ticket at;

www.viewtrip.com

Your confirmation number is: Q0V07Q

Thanks
Karen

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611
BRANCH: N61107
PNR LOC: Q0V07Q
AGENT: KAREN

FAX: (780) 426-5759
GST REG NO. 885101915
DATE: 24 APR 2007

TO: CAPITAL HEALTH
SUITE 800 NORTH TOWER
10030 - 107 STREET
EDMONTON AB
T5J 3E4

FOR: ROWE/MARGUERITE MS

Section 17(1)

--ITINERARY--

Table with columns: FROM, TO, CARRIER, FLT/CL, DATE, DEP, ARR, ST. Itinerary details for flights from Edmonton/Intl to Calgary and Calgary to Edmonton/Intl.

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
*****IMPORTANT REMINDER*****
AS OF JANUARY 2007 YOU WILL BE REQUIRED
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE.
WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2ECO

This e-mail may contain confidential information and any rights to privilege have not been waived.

Le présent courriel peut contenir de l'information confidentielle et aucune renonciation aux droits découlant du secret professionnel ne doit en être inféré.

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
EST # 119326270 RT0001

Receipt 19532
05/03/07 22:07 LH 2 AM 12 Txn 57705
05/03/07 17:51 In 05/03/07 22:07 Out
TID 702324
Regular Rate \$ 3.30
Total Tax \$ 0.20
Total Fee \$ 3.50
CASH PAID \$ 3.50-
Cash Tender \$ 4.00
Change Due \$ 0.50

THANK YOU
COME AGAIN

MANOR CAFE
18189 125 ST
EDMONTON, AB
T5N 1S7
780-482-7577

Genetic
mtg

4004165 Batch#: 016
04004165 Shift #: 001
Employee ID: 12

Pre-Auth

VISA
Card #: 00000000947 Seq#: 016001001015

Amount: \$ 114.48
Tip: \$ 15.00

Total: CAD\$ 129.48

001/ APPROVED 002936

08-Mar-07 20:29:00

Customer Copy
www.manorcafe.com

CITY OF EDMONTON
LIBRARY PARKADE
EST # 119326270 RT0001

Receipt 19566
05/15/07 10:35 LH 2 AM 29 Txn 42737
05/15/07 09:20 In 05/15/07 10:35 Out
TID 703784
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50-
Cash Tender \$ 5.00
Change Due \$ 0.50

THANK YOU
COME AGAIN

CHARGE TO: ACCOUNT NO.

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

PRESTIGE (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

JERITE ROWE

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.

2321005

FARE	48.80
INTL	
GRATUITY	7.00
TOTAL	55.80

CUSTOMER COPY

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

APPLICANT COPY

MIKADO RESTAURANT
DOWNTOWN EDMONTON
10350 - 109st.
EDMONTON, AB T5J 4X9

Date: 30 May 2007 20:50:48

TYPE: PRE-AUTHORIZATION

TableTransId: 8010485
TransId : 8011023
Server : MADONNA L
Table : R6
Seats : 1

Account : VISA
Acct # :
Auth. # : 014415
Ref. # : 66090668 0010750680 S

Dinner
mtg
w/ Nanomax
- Group from
~~Korea~~ Japan

Displays@
Society conference

AMOUNT \$ 273.80

Grat \$ 38.74

TIP \$ _____

TOTAL \$ 312.54

X _____
SIGNATURE :

01/027 APPROVED - THANK YOU

Cardholder will pay card issuer
above amount pursuant to
Cardholder Agreement.

CUSTOMER COPY

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 21926
05/29/07 21:03 L# 2 A# 37 Txn# 70046
05/29/07 07:19 In 05/29/07 21:03 Out
Tkt# 711790
Regular Rate \$ 13.21
Total Tax \$ 0.79
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00

Rcpt# 22142
05/30/07 18:40 L# 2 A# 3 Txn# 70677
05/30/07 07:49 In 05/30/07 18:40 Out
Tkt# 712199
Regular Rate \$ 13.21
Total Tax \$ 0.79
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 15.00
Change Due \$ 1.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 22348
05/31/07 15:31 L# 2 A# 12 Txn# 71240
05/31/07 07:42 In 05/31/07 15:31 Out
Tkt# 712676
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 22.00
Change Due \$ 10.00

THANK YOU
COME AGAIN



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: June 1st to June 29 th , 2007 & May 7th	

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	0007	71110101089	62410000			\$137.60	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000			64.00	<input type="checkbox"/>
201	0007	71110101089	69600000			63.58	<input checked="" type="checkbox"/>
201	0007	71509000003	69600000			397.41	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$662.59	<input type="checkbox"/>

58.00
6.00
362.41
35.00

Capital Health

RECEIVED

JUL 10 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: *M. Rowe* Date: _____

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>G. Lahey</i> FULL MICHELE LAHEY		Date <i>July 5/07</i>
Approved By: <i>[Signature]</i>	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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 7	Cab airport to residence (Attended LTC mtg in Calgary)				\$56.00	56.00 6.00	
June 1	Mileage Corporate to Plaza						7
June 4	Mileage Plaza to Leduc/return for LTC Collaborative Mtg						130
June 5	Mileage Corporate to Plaza						7
June 5	Mileage Plaza to Glenrose						5
June 6	Mileage Plaza to Glenrose						5
June 6	Mileage Plaza/Corp/return						14
June 6	Mileage Plaza to GRH						5
June 7	Mileage Corporate to Plaza						7
June 8	Mileage Corporate to Plaza						7
June 11	Mileage Corporate to Plaza						7
June 12	Mileage Plaza to Corporate						7
June 13	Mileage Plaza/Corp/Plaza/Cor						21
June 14	Mileage Corporate to Plaza						7
June 18	Mileage Corporate to Plaza						7
June 19	Dinner mtg re: Recruitment for LG Coordinator		240.37				
June 20	Mileage Plaza to Corp/return						14
June 21	Mileage Corp to Plaza, then Plaza to ATA Bldg.						30
June 23	Thank you gift for staff		63.58				
June 25	Dinner mtg - re: LG Elite		157.04				
June 25	Mileage Corp to Plaza						7
June 26	Mileage Corp to Plaza						7
June 27	Mileage Plaza/Corp/return						14
June 27	Mileage GRH to Plaza						5
June 28	Mileage Corp to Plaza						7
June 28	Metor Parking - no receipts				8.00		320
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$460.00		\$64.00		137

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

9th & Jasper
 100% MONEY BACK GUARANTEE
 receipt required please
 G.S.T. #R846980878
 Visit www.saveonfoods.com

MANOR CAFE

Table 2

Station 001 Check 1
 SERVER: AIMEE Guests 5
 Tuesday 6/19/07 7:42 pm

1 ICED TEA	2.25
1 BTL CHAMINE RED	4.00
2 CINQUE TERRA	5.00
3 SALMON	30.00
1 BREAD PUDDING	8.00
1 CREME BRULEE	3.00
1 LATTE	3.75
2 COFFEE	3.90

GST FOOD 167.90
 GST BAR 40.00
 G.S.T. 12.47

Total 220.37

Please pay server 20.00

GST# 122827397
 SUNDAY BRUNCH 11-2

*LG Coordinator Dinner mtg
 Lynne Mansell Recruitment
 David Boeking
 Joanel O'Gorman
 Ginny Holtby
 -201 0007 7150900003*

*Thank-You
 to staff
 at Regional
 Transport
 office*

SAVE-ON-MORE SAVES YOU \$

CLASSIC DESSERT 19.99
 FRUIT TRAY 16" 39.99

Sub Total 59.98

BALANCE DUE 63.58
 Visa 63.58
 [S] 0000 00* *** **3 222

CUSTOMER COPY

TRANSACTION RECORD

STORE 6613 TERM 06613630
 SLIP # 0030114700 REG 30

** Purchase - Visa Swipe
 CARD [REDACTED] EXP ****

AUTH # RESP 001
 2001001006 010620 ISO 00

TE TIME AMOUNT
 6/23/2007 12:46:49 \$ 63.58

APPROVED

CHANGE 0.0

AX-CODE TAXABLE-VAL TAX-VALI
 GST 59.98 3.1

Total items purchased = 2

 By being a Save on More Cardholder
 You could have saved \$
 You could have earned \$

ve-On-More Opening Balance

HIER NAME: Service Desk 30
 30 #0168 11:47:05 23JUN2007
 S06613 R030

APPLICANT COPY

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

CHARGE TO: [REDACTED] ACCOUNT NO. [REDACTED]

VISA (780) 462-3456
 MASTERCARD (780) 462-4444
 ADMINISTRATION (780) 465-8500

IDENTIFICATION CODE

AUTH. NO.	DRIVER	UNIT NO.
	RTR	317
TIME	DATE	MO. YR.
	07	05 07

G.S.T.# Section 17(1)

TO AIRPORT

PRINT NAME

CUSTOMER'S SIGNATURE M. Rowe

2465488

FARE	50.00
TAX	
GRATUITY	6.00
TOTAL	56.00

CUSTOMER COPY

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

MANOR

Table

Station 1
 SERVER: LAROLYN
 Monday 8/07 7:43 pm

4 guests

1.8	38.00
3.4	96
0.0	96.00
0.0	38.00
	8.00
	142.04
	15.00
	<u>157.04</u>

Please pay
 GST# 127 1357.04
 SUNDAY BRUNCH 11 2

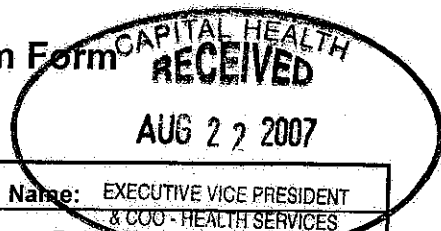
Section 17(1)

LG [REDACTED]

Recountment - Dr Charles Kim
 - Joanne O'Gorman
 M. Rowe



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

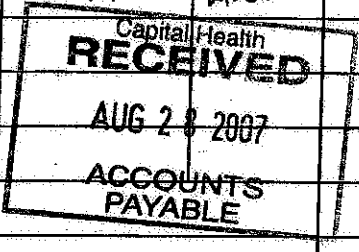


Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: EXECUTIVE VICE PRESIDENT & COO - HEALTH SERVICES & Geriatrics
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 413-5120	Period From: July 3rd to July 31st, 2007 and June 18	

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	0007	71110101089	62410000			\$55.04	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000	1/2.00	10.00	122.00	<input type="checkbox"/>
201	0007	71110101089	69600000	144.21	21.00	165.21	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$342.25	<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: *M Rowe* **Date:** *August 20/07*

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>Michele Lahey</i>		Date <i>Aug 23/07</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.
- 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.

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
July 3/07	Mileage Corp/Plaza/return						14
July 4/07	Mileage Plaza to Cap Care						3
July 5/07	Mileage Plaza to Corp						7
July 9/07	To Calgary for LTC Collab Mtg						
July 11/07	Mileage GRH to Plaza						5
July 11/07	Mileage Plaza to Corporate						7
July 12/07	Mileage Plaza to Corporate						7
July 13/07	Mileage Plaza to Corporate						7
July 16/07	Mileage Plaza/Cap Care/return						6
July 16/07	Mileage Plaza to CHC						3
July 18/07	Mileage Plaza/Corp/return						14
July 18/07	Mileage Plaza to CHC/return						6
July 19	Mileage GRH/Corp/Plaza						17
July 20	Mileage Plaza/CHC/return						6
July 24	Mileage Corp to Plaza						7
July 25	Mileage GRH to Plaza						5
July 26	Mileage Corp to Plaza						7
July 31	Mileage Corp to Plaza						7
July 9	Cab residence/airport/return				108.00		
July 10	Lunch - G. Cummings		38.81				
July 12	Lunch - G. Coleman/Miller		34.68				
July 17	Lunch - K. Powell/C. Giblin		35.69				
July 23	Lunch - Jane Drummond and Joanne Profetto-McGrath		56.03				
June 18	U of A Parking				10.00		
Aug 13	Meter Parking (no receipt)				4.00		
Total km							128
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$165.21		\$122.00		55.04

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

ECONOMY/E TANGO PLUS
ETKT0145976098649

Frequent Flyer/Voyageur assidu

Cabin/Cabine
Y

Flight/Vol
AC 8150 09JUL

From/De
CALGARY



Destination
EDMONTON-YEG

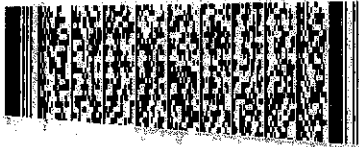
Flight/Vol
AC 8150
EDMONTON-YEG

Boarding Time/Heure d'embarquement: 15:55 Gate/Porte A01 Seat/Place 08D

Seat/Place
08D AISLE/COULOIR

Departure Time/Heure de depart 16:30

Airline Use/A usage interne 0026 KYC413



Remarks/Observations

Boarding Pass | Carte

AIR CANADA

A STAR ALLIANCE MEMBER
MEMBRE DU RESEAU STAR ALLIANCE

APPLICANT COPY

CHARGE TO: _____ ACCOUNT NO. _____

VOYAGER (780) 462-3456
TRIP (780) 462-4444
ADMINISTRATION (780) 465-8500

MARGUERITE ROWE

FROM: _____ TO: _____

G.S.T.# Section 17(1)

CUSTOMER'S SIGNATURE: *M. Rowe*

2463424

FARE: 49.00
 GRATUITY: 5.00
 TOTAL: 54.00

Debit Card
 MasterCard
 VISA
 AMERICAN EXPRESS

CUSTOMER COPY

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

CHARGE TO: Section 17(1),(4)(e.1) ACCOUNT NO. _____

VOYAGER (780) 462-3456
TRIP (780) 462-4444
ADMINISTRATION (780) 465-8500

MARGUERITE ROWE

FROM: _____ TO: _____

G.S.T.# _____

CUSTOMER'S SIGNATURE: *M. Rowe*

2463426

FARE: 49.00
 GRATUITY: 5.00
 TOTAL: 54.00

Debit Card
 MasterCard
 VISA
 AMERICAN EXPRESS

CUSTOMER COPY

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

... ..

... ..

... ..

... ..

... ..

... ..

MANOR CAFE

Table 62

Station 001 Check 666
 SERVER: ALLISON Guests
 Tuesday 7/10/07 1:00 pm

2 SMALL PEAR	14.00
2 GRILLED SALMON	14.00
2 COFFEE	3.90
GST FOOD	31.90
G.S.T.	1.91
Total	33.81

*Erin Cummings
 Recruitment
 Reliance*

Please pay server 5.00
 GST# 12282739 38.81
 SUNDAY BRUNCH 11-2

MANOR CAFE

Table 62

Station 003 Check 667
 SERVER: ALLISON Guests: 2
 3/11/07 12:00 pm

COFFEE	28.00
COFFEE	28.00
G.S.T.	1.68
Total	29.68

*Glenda Coleman
 m. h. h.*

Please pay server 5.00
 GST# 12282739 34.68
 SUNDAY BRUNCH 11-2

MANOR CAFE

Table 3

Station 001 Check 668
 SERVER: ALLISON Guests
 7/17/07 1:00 pm

1 SMALL PEAR	7.00
1 GRILLED SALMON	7.00
GST FOOD	28.95
G.S.T.	1.74
Total	30.69

*Karen
 Estabrook
 & Cathy
 Gubler
 Rec
 A. McGee*

Please pay server 5.00
 GST# 12282739 35.69
 SUNDAY BRUNCH 11-2

MANOR CAFE

Table 51

Station 001 Check 6670
 SERVER: ALLISON Guests: 1
 7/23/07 1:01 pm

COFFEE SANDWICH	42.00
COFFEE	1.95
COFFEE	3.25
GST FOOD	47.20
G.S.T.	2.83
Total	60.03

*Jane
 Drummond
 &
 Joanne
 Probert
 m. h. h.*

Please pay server 6.00
 GST# 12282739 56.03
 SUNDAY BRUNCH 11-2

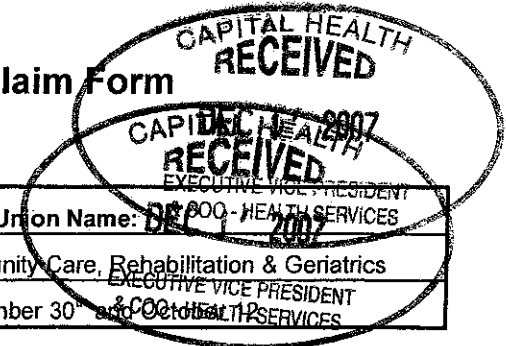


APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

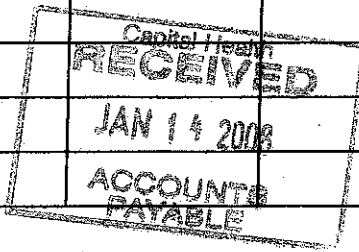
Section 17(1)



Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: DEC 7 2007
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: November 1st to November 30	

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	0007	71110101089	62310000			\$105.78	<input checked="" type="checkbox"/>
201	0007	71110101089	✓			15.50	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$121.28	<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: *M Rowe*

Date: *Dec 20/07*

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>Michele Lahey</i>		Date JAN -7 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.

APPLICANT COPY

CITY OF EDMONTON
 TRUCK COMPANY
 REF: 1000-070-0000

 2007-11-29
 10:00 AM - 11:00 AM (1 HOUR)
 10:00 AM - 11:00 AM (1 HOUR)
 10:00 AM - 11:00 AM (1 HOUR)
 10:00 AM - 11:00 AM (1 HOUR)
 10:00 AM - 11:00 AM (1 HOUR)
 10:00 AM - 11:00 AM (1 HOUR)
 10:00 AM - 11:00 AM (1 HOUR)

Best copy available



(780) 462-4444

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2
GST# 100403070

Date: Nov. 29.07 Amount: 9.00

Driver: [Signature] Car #: _____

From: _____ To: _____

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

29/11 05:00 PM

DATE ISSUED TIME ISSUED AMOUNT PAID

29/11/07 04:15 PM \$ 2.00

AMOUNT PAID
\$ 2.00 1753000004:15 PM

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA 834880



UNIVERSITY OF ALBERTA 834880

NON TRANSFERABLE

RECEIPT

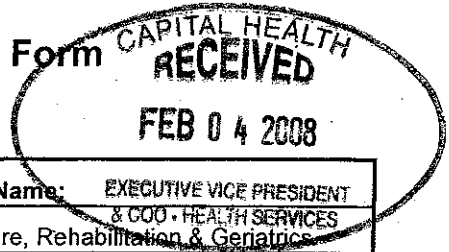
GST # R108102831



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)



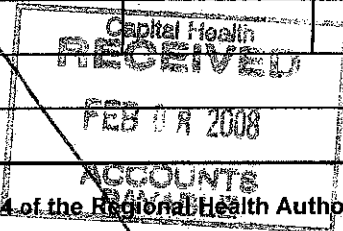
Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: EXECUTIVE VICE PRESIDENT & COO - HEALTH SERVICES & GERIATRICS
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: July 6/07, Oct 13/07 and December 1st to December 21st, 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

6% GST

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	0007	71110101089	62410000			\$42.14	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000			42.10	<input type="checkbox"/>
201	0007	71110101089	69600000			98.28	<input type="checkbox"/>
201	0007	71110101089	61220003			31.22	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$213.74	<input type="checkbox"/>

35.60
6.50
86.28
12.00



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: *M. Rowe* Date: February 11/08

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>Michele Lahey</i>		Date FEB - 5 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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec 3	Mileage Plaza/Corp/return						14
Dec 4	Mileage Plaza/Petroleum Club						5
Dec 5	Mileage Touchmark/Plaza						20
Dec 6	Mileage Corp to Plaza						7
Dec 7	Mileage Corp to Plaza/return						14
Dec 10	Mileage Corp to Plaza						7
Dec 13	Mileage Corp to Plaza						7
Dec 18	Mileage Plaza/Corp/return						14
Dec 19	Mileage C. Care to Plaza						3
Dec 20	Mileage Corp to Plaza						7
July 6/07	Lunch - D. Barnard - CPSI		54.65	48.65	6.00		
Dec 4	Fax Machine					✓ 31.22	w
Dec 7	Lunch - Amie Douell - Mentorship		43.63	37.63	6.00		
Oct 13	Cab to 142 & 133 (Opening Doors Event)				15.70	13.20 2.50	
Dec 13	Cab to Telus				11.40	9.40 2.00	
Dec 13	Cab to Northlands				15.00	13.00 2.00	
Total km							98
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$98.28		\$42.10	\$31.22	42.14

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

TELUS® Your TELUS statement
Dec 04, 2007

TELUS Communications Company

For Customer Service please call 310-2255
 From outside the province call Toll-free 1-888-811-2323

D M ROWE

Your account number [REDACTED]

Your TELUS Account ID [REDACTED]

Total amount you owe.....\$31.22

Summary of your account (details start on page 3)

Previous charges and credits

Amount of your last bill \$27.44
 Payment processed Dec 04 - Thank You -27.44
 Balance forward00

New charges

Monthly services 29.16
 Additional charges and credits 34
 GST (Registration 812758878) 1.72
 Total new charges 31.22

Total amount due by Dec 31, 2007

\$31.22

APPLICANT COPY

* Thank you for keeping your account up to date.

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

MANOR CAFE
10189 125 ST
EDMONTON, AB
T5N 1S7
780-482-7577

*D. Barina
CPSI*

ID: 4004165 Batch#: 050
B4004165 Shift #: 001
ID: 6

Pre-Auth

Seq#: 050001001009

Amount: \$ 49.65
Tip: \$ 6.00
Total: CAD\$ 54.65

APPROVED 047454

1-07

13-11-05

Customer Copy
www.manorcafe.com

MANOR CAFE
10189 125 ST
EDMONTON, AB
T5N 1S7
780-482-7577

*Amie Dowell
RCHSE*

Merchant ID: 4004165 Batch#: 109
Term ID: B4004165 Shift #: 001
Employee ID: 8

Pre-Auth

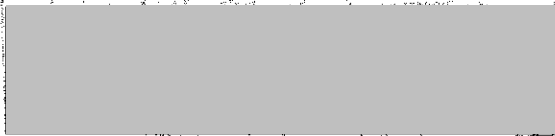
VISA
Inv #: 0000008655 Seq#: 109001001115

Amount: \$ 37.63
Tip: \$ 6.00
Total: CAD\$ 43.63

001/ 044318

13-30-07

Copy
Coi



MARGUERITE ROWE

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

G.S.T.#

FROM 10210-1845

TO

PRINT NAME Section 17(1)

CUSTOMER'S SIGNATURE *M Rowe*

X

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	13	10 07

2714881

- Discover Card
- MasterCard
- VISA
- AMERICAN EXPRESS

FARE	13 00
INT'L	0
GRATUITY	0
TOTAL	13 00

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

CHARGE TO: ACCOUNT NO.



MARGUERITE ROWE

YELLOW CAB (780) 484-8888

Barrel TAXI LTD. (780) 489-7777
ADMINISTRATION (780) 465-8500

G.S.T.#

FROM *10210*

TO *10210*

PRINT NAME *M Rowe*

CUSTOMER'S SIGNATURE *M Rowe*

X

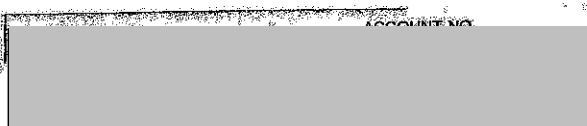
AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	13	12 07

4210550

- Discover Card
- MasterCard
- VISA
- AMERICAN EXPRESS

FARE	9 00
INT'L	0
GRATUITY	2 00
TOTAL	11 00

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



MARGUERITE ROWE

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

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

G.S.T.#

FROM *Telus*

TO *Northlands*

PRINT NAME

CUSTOMER'S SIGNATURE *M Rowe*

X

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	13	12 07

2372757

- Discover Card
- MasterCard
- VISA
- AMERICAN EXPRESS

FARE	13 00
INT'L	0
GRATUITY	2 00
TOTAL	15 00

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

CUSTOMER COPY

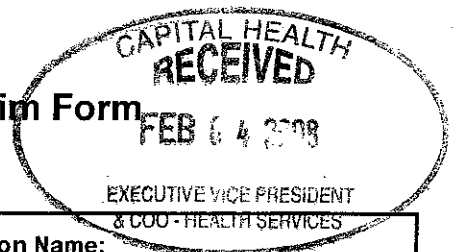
CUSTOMER COPY

CUSTOMER COPY



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)



Section 17(1)

EXECUTIVE VICE PRESIDENT
& COO - HEALTH SERVICES

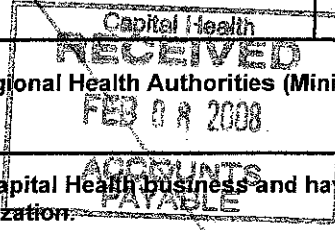
Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: January 2 nd , 2008 to January 31 st , 2008	

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	0007	71110101089	62310000		590	\$45.48	<input checked="" type="checkbox"/>	
201	0007	71110101089	62310000		651	299.40	<input type="checkbox"/>	
201	0007	71110101089	69600000			48.43	<input type="checkbox"/>	
201	0007	71110101089	61220003	ACCRUED		30.28	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							\$423.69	<input type="checkbox"/>

590
269w
30.4w
40.43w
9.00w

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 1/08

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) [Signature]		Date FEB - 5 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.
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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.

EXPENSE CLAIM FORMS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Jan 3	Mileage Corporate to Plaza						7
Jan 4	Fax Machine Charges					30.28	
Jan 7	Cab residence to airport for LTC Collaborative & Home Care Collaborative Mtgs				/ 65.00		
	Cab Calgary airport to 10101 Southport Road				/ 51.40		
	Cab Southport to downtown				/ 25.40		
	Cab downtown to airport				39.20		
	Cab Edm airport to residence				/ 66.00		
Jan 8	Mileage Corp to Plaza						7
Jan 8	Mileage Plaza to Glenrose						5
Jan 9	Mileage Plaza to Glenrose						5
Jan 10	Mileage Corp to Plaza						7
Jan 10	Mileage Plaza to Glenrose						5
Jan 14	Westin to Plaza						3
Jan 14	Parking				/ 8.00		
Jan 14	Mileage Plaza to Corp						7
Jan 16	Mileage Plaza/Corp/Plaza						14
Jan 17	Mileage Corp to Plaza						7
Jan 17	Mileage Plaza to GRH						5
Jan 21	Mileage Plaza to Corp						7
Jan 22	Lunch - M. Robinson - CARNA		48.43				
Jan 23	Mileage GRH/Plaza/Corp/Plaz						20
Jan 24	Cab 112 St. to Univ. Hall				/ 5.00		
Jan 24	Mileage Corp/Plaza						7
Jan 25	Cab Plaza to Greenwood Inn				/ 22.00		
Jan 25	Cab Greenwood to Telus				/ 17.40		
Total km							106
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$48.43		\$299.40	\$30.28	45,58

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.
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- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

Charges for account [REDACTED] Section 17(1)

Details of previous charges and credits

Balance forward	31.22
Amount of your last bill	\$31.22
Balance forward	\$31.22

Details of your new charges

Additional charges and credits	.39
Late payment charge Jan 05	.39
Total new charges for [REDACTED] s.17(1)	.39
Total charges for [REDACTED]	31.61

Charges for [REDACTED]

Details of your new charges

Monthly services (from Jan 04 to Feb 03)	28.86
Unlisted Directory Charge	\$2.00
E9-1-1 Municipal Call Answer Fee	.44
E9-1-1 Provincial Network Fee	.13
LD Network Access Charge (from Jan 04 to Feb 03)	2.95
Local Line	23.34
Total monthly services	\$28.86
Taxes	1.42
GST (Registration 812758878)	1.42
Total charges for [REDACTED] s.17(1)	30.28

Jan 04, 2008

APPLICANT COPY

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

D M ROWE

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$61.89

Summary of your account (details start on page 3)

Previous charges and credits

Amount of your last bill	\$31.22
Balance forward	31.22

New charges

Monthly services	28.86
Additional charges and credits	.39
GST (Registration 812758878)	1.42
Total new charges	30.67

Total amount due by Jan 26, 2008 \$61.89

• Notice - Overdue is payable now. If payment has been made, thank you.

Tear off here

APPLICANT COPY

Chopin, Gillian

From: Peterson, Marg [Marg.peterson@marlintravel.ca]
Sent: Wednesday, December 12, 2007 4:10 PM
To: Chopin, Gillian
Subject: Itinerary for Marguerite Rowe

You can print your e ticket at www.viewtrip.com Reservation number JXV2ZI

E ticket 0144984770500

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611
BRANCH: N61107
PNR LOC: JXV2ZI
AGENT: 2EC0PM

FAX: (780) 426-5759
GST REG NO. 885101915
DATE: 12 DEC 2007

TO: CAPITAL HEALTH
SUITE 800 NORTH TOWER
10030 - 107 STREET
EDMONTON AB
T5J 3E4

FOR: ROWE/MARGUERITE MS

Section 17(1)

--ITINERARY--

Table with 8 columns: FROM, TO, CARRIER, FLT/CL, DATE, DEP, ARR, ST. It lists flight details for Edmonton/Intl to Calgary and Calgary to Edmonton/Intl, both operated by Air Canada Jazz.

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE. WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2EC0

VERITE ROWE

462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO. DRIVER UNIT NO.
 2101302

TIME DAY MO YR
 07/10/08

G.S.T.# 133926311 Section 17(1)

FROM [REDACTED]

PRINT NAME [REDACTED]

CUSTOMER'S SIGNATURE M Rowe

2705210

FARE 60.00
 INT'L
 GRATUITY 5.00
 TOTAL 65.00

MasterCard
 VISA
 AMERICAN EXPRESS

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

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

MARGUERITE ROWE

462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO. DRIVER UNIT NO.
 2101302

TIME DAY MO YR
 07/10/08

G.S.T.# 133926311 Section 17(1)

FROM [REDACTED]

PRINT NAME [REDACTED]

CUSTOMER'S SIGNATURE M Rowe

2705213

FARE 60.00
 INT'L
 GRATUITY 6.00
 TOTAL 66.00

MasterCard
 VISA
 AMERICAN EXPRESS

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

DO NOT WRITE ABOVE THIS LINE

DATE 07/08

IDENTIFICATION

DATES DE VALIDATION ET D'EXPIRATION VÉRIFIÉES. VALID AND EXPIRY DATES CHECKED.

N° D'AUTORISATION AUTHORIZATION NO.

RAYON - DEPARTMENT: COMMS - CLERK

5919236

000000

QTY DESCRIPTION MONTANT - AMOUNT

		22.40
TYP - GST		3.00
TYP - PST		
TOTAL		25.40

SIGNATURE DU CLIENT - CUSTOMER'S SIGNATURE M Rowe

LES CONDITIONS ET MODALITÉS APPLICABLES À CETTE VENTE SONT CONFORMES À L'ENTENTE AVEC L'ÉMETTEUR DE VOTRE CARTE. TERMS AND CONDITIONS APPLICABLE TO THIS SALE ARE IN ACCORDANCE WITH YOUR AGREEMENT WITH THE ISSUER OF YOUR CARD.

MasterCard

CONSERVEZ CETTE COPIE POUR VOS DOSSIERS. PLEASE RETAIN THIS COPY FOR YOUR RECORDS.

FACTURE - SALES SLIP
 COPIE DU CLIENT - CUSTOMER'S COPY

MARGUERITE ROWE

DELTA CAB LTD
 4655 54 AVE NE 304
 CALGARY, AB
 T2C 2T7A-9999

SALES PRATRI CHARGES FACTURE

DATE D'EXPIRATION VÉRIFIÉE

DATE 07/08

AMOUNT/MONTANT 5.301

DESCRIPTION 304

AMOUNT/MONTANT 45.40

FARE 6.00

CAN \$ 51.40

DATE 07/08

AMOUNT/MONTANT 5.301

DESCRIPTION 304

AMOUNT/MONTANT 45.40

FARE 6.00

CAN \$ 51.40

CUSTOMER COPY
 COPIE DU CLIENT

CUSTOMER COPY
 COPIE DU CLIENT

TRANSACTION RECEIPT

Mayfair Taxi Ltd
 7003 Banfill Rd SE
 Calgary, Alberta T2H-
 400 265 6555

ACCT TYPE: CREDIT CARD
 CARD NUMBER [REDACTED]

CARD TYPE: VISA
 DATE/TIME: 07/10/08 13:11
 AUTHORIZATION: 062389.

VIB/DEV: 5000 1458
 CASH: 0000
 TXN ID: 00027

AMOUNT 34.2
 TIP \$ 5.0
 TOTAL \$ 39.2

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

M. Robinson
TARNA
MAIN CAPE
18109 125 ST
EDMONTON, AB
T5N 1S7
780-482-7577
004165
4165
11

Batch#: 122
Shift #: 001

8
sts 2
1:07 pm

Rcpt# 51324
01/14/08 09:36 LH 2 AM 37 Txn#168474
01/14/08 07:49 In 01/14/08 09:36 Out
Tkt# 775500
Regular Rate \$ 7.62
Total Tax \$ 0.38
Total Fee \$ 8.00
CASH PAID \$ 8.00
Cash Tender \$ 20.00
Change Due \$ 12.00

Pre-Auth

Amount: \$ 40.40
Tip: \$ 8.00
Total: CAD\$ 48.43

2.25
20.00
14.00
2.25
38.50
1.93
43
00

48.43
2

001 APPROVED 01675
22-Jan-08

THANK YOU
COME AGAIN

Date JAN 24 2008 Amount \$ 5
Moutant GST Induced
From/De 7:40 AM
To/A 112 Street x 84 Ave
To/A University Hall
Driver JACK Car # 383
Chauffeur Voiture

425-8310 www.co-optaxi.com

425-2577

CHARGE TO: [REDACTED]

PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

MARGUERITE ROWE

G.S.T.#	FROM	TO	PRINT NAME	CUSTOMER'S SIGNATURE
	10716-124 st	Greenwood Inn		M. Rowe

2423006

FARE	18.60
INT'L	
GRATUITY	3.90
TOTAL	22.50

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

CHARGE TO: [REDACTED]

PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

MARGUERITE ROWE

G.S.T.#	FROM	TO	PRINT NAME	CUSTOMER'S SIGNATURE
855074513	Greenwood Inn	Telus D.T.		M. Rowe

2423620

FARE	15.40
INT'L	
GRATUITY	2.00
TOTAL	17.40

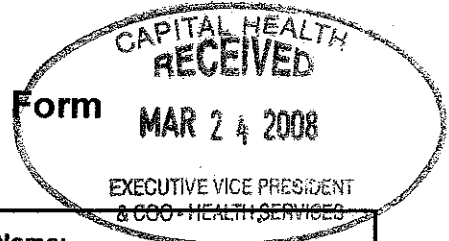
THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)



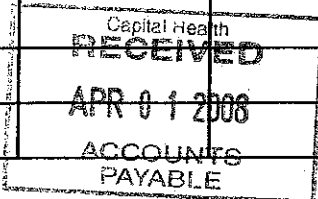
Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: February 1 st to February 29 th , 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	0007	71110101089	62410000			\$91.95	<input type="checkbox"/>
201	0007	71110101089	62410000			111.37	<input checked="" type="checkbox"/>
201	0007	71110101089	69600000			96.58	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$299.90	<input type="checkbox"/>

60.15 w
31.80 w
44.05 w
52.53 w



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: *M. Rowe* Date: *March 20/08*

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>Michele Lahey</i>		Date MAR 26 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.

EXPENSE ACCOUNT

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Feb 1	Lunch - D. Romy		\$47.53	no receipt			
Feb 4	Mileage Edm to Leduc & return for LTC Collaborative & Home Care Collaborative Meetings						130
Feb 5	Cab to Westin for ROOPH Awards Luncheon				✓ 17.40	no receipt	
Feb 5	Cab Westin to Plaza 124				✓ 13.40		
Feb 6	Mileage Plaza/Corp/return						14
Feb 5	Mileage Plaza to GRH						5
Feb 7	Mileage Corp to Plaza						7
Feb 8	Mileage Plaza/Corp/return						14
Feb 11	Mileage Corp to Plaza						7
Feb 11	Mileage Plaza/Corp/return						14
Feb 13	Mileage Plaza to Corp						7
Feb 14	Mileage Corp to Plaza						7
Feb 19	Mileage Corp to Plaza						7
Feb 19	Mileage Plaza to CapitalCare						3
Feb 20	Mileage CapitalCare to Plaza						3
Feb 20	Mileage Plaza to Corp						7
Feb 21	Mileage Plaza to Corp						7
Feb 22	Mileage GRH to Plaza						5
Feb 26	Mileage Westin to Plaza						4
Feb 27	Mileage Westin to Plaza						4
Feb 27	Mileage Plaza to Corp						7
Feb 28	Mileage Corp to Plaza						7
Feb 21	Parking - U of A Interviews				✓ 22.15		
Feb 22	Cab to Telus				✓ 11.00	10.00 (L-50)	
Feb 26-27	Parking @Westin			44.05	✓ 28.00		
Feb 29	Lunch - S. Bookhalter/C. Giblin		49.05	5.00			
Total km							259
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$96.58		\$91.95		111.37

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
21/02 11:59 PM

AMOUNT PAID
\$ 10.00 17520000 08:02 AM



UNIVERSITY OF
ALBERTA 690769

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
21/02/08 08:02 AM \$ 10.00

CREDIT CARD NUMBER
06001



UNIVERSITY OF
ALBERTA 690769

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
21/02 01:35 PM

AMOUNT PAID
\$ 4.05 17520000 12:05 PM



UNIVERSITY OF
ALBERTA 690774

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
21/02/08 12:05 PM \$ 4.05

CREDIT CARD NUMBER
06001



UNIVERSITY OF
ALBERTA 690774

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
21/02 06:45 AM

AMOUNT PAID
\$ 8.10 17520000 03:20 PM



UNIVERSITY OF
ALBERTA 690766

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
20/02/08 03:20 PM \$ 8.10

CREDIT CARD NUMBER
06001



UNIVERSITY OF
ALBERTA 690766

RECEIPT

GST # R108102831

total
\$ 22.15

APPLICANT COPY

425-2525



BUS DE CETTE LIGNE

AUTHORIZATION NO#

DATE 2 22 8

CAB #

checked

- VISA
- M.C.
- AMERICAN EXPRESS
- Other

FARE	10.00
GRATUITY	1.00
TOTAL	
EBN \$	11.00

ARGUER, J.E. ROWE

29132382 AB
32670657400=CP
DOM. NTN AB-TAXI
25880 EX0022

X *M Rowe*
Cardholder's signature - Signature du titulaire

Top Copy - Customer
Second Copy - Co-op Taxi
Third Copy - Bank

Cardholder will pay to the issuer of the charge card presented herewith the amount stated hereon in accordance with the issuer's agreement with the cardholder.
Le Detenteur de la carte ci-haut mentionné paiera à l'émetteur de la carte le montant ci-indiqué conformément aux conditions de la convention entre l'émetteur et le détenteur de la carte.

*\$8.00
Total*

Best copy available

[Faint, illegible text]

*S. Bodchalter
C. Giblin
MANOR CAFE*

Table 3

Station 001 Check 8
SERVER: JOSIE Guests 1
Friday 2/29/08 1:27 pm

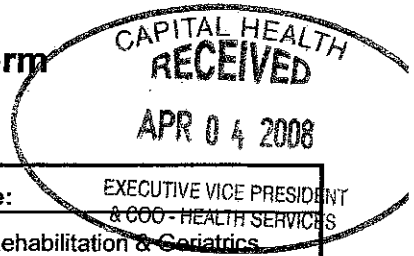
1 LGE PEAR/PECAN	10.00
1 SMALL PEAR	8.00
2 CARIC. PRAWN	14.00
1 M. SPINA	8.00
1 DIET PEPSI	1.95
GST FOOD	41.95
G.S.T.	2.10

Total 44.05 +
5.00
Please pay server 49.05
GST# 122827397
SUNDAY BRUNCH 11-2



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

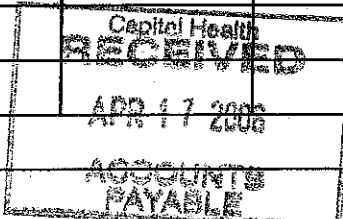


Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 735-3440	Period From: March 1st to 31st, 2008	

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	0007	71110101089	62310000			\$53.75	<input checked="" type="checkbox"/>
201	0007	71110101089	69600000			114.68	<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						\$168.43	<input type="checkbox"/>

101.68
13.00



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: *M Rowe* **Date:**

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<i>(Signature)</i> <i>G... for M. Lahey</i>		Date APR 04 2008
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.
 - 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.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
March 3	Mileage to Corporate						7
March 14	Mileage to Corporate/return						14
March 18	Mileage to Corporate/return						14
March 19	Mileage Corporate to Plaza						7
March 20	Mileage Plaza to Corporate						7
March 20	Mileage Corp/GRH/Plaza			24.50			15
March 24	Breakfast with Mentoring Student		27.50	3.00			
March 25	Mileage Plaza to Corp						7
March 25	Mileage Corporate to Misericordia/return						20
March 26	Mileage Plaza to EGH/return						8
March 26	Mileage Plaza to Glenrose						5
March 27	Mileage Corporate to Plaza						7
March 27	Mileage Plaza/Corp/return			77.18			14
March 27	Dinner mtg with Mr. Nori Saito - Japan/Alberta office		87.18	10.00			
Total km							125
(or alternate rate as outlined in Section 2 -- Travel below) @							\$0.43
Totals			\$114.68				53.75

EXPENSE LIMITS

1. **Meal Allowances**

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

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

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

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.

2. **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 250 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.

3. **Advance**

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

APPLICANT COPY

Breakfast with
mentoring
student

MADISON'S GRILL
10053 JASPER AVE NW
EDMONTON, AB
T5J 1S5
(780) 423-3600

Merchant ID: 4140679 Batch#: 070
Term ID: B4140679 Shift #: 001
Employee ID: 6

Pre-Auth 1/2006
VISA 31 AM
Inv. #: 00000001201
Seq#: 070001001001 10002

Amount: \$ 24.50 5.50
Tip: \$ 3.00 3.00
Total: CAD\$ 27.80 10.00

001/ APPROVED 053623 24.50
24-Mar-08 08:49:22 0.00
Customer Copy
THANK YOU! 24.50

Balance Du \$ 24.50

GRATUITY : _____

TOTAL : _____

SIGNATURE : _____

ROOM #: _____

PRINT NAME _____

THANK YOU
Please Come Again Soon
GST #R997343794

Dinner with Mr Souto - Japan
Alberta
office

MANOR CAFE

Table 9

Station 001 Check 7
SERVER: TARQUIN Guests 2
Thursday 3/27/08 9:02 pm

1 "AAA" TENDERLOIN 39.00
1 SALMON 30.00
2 TEA 4.50

GST FOOD 73.50
G.S.T. 3.68

Total 77.18

Please pay server 10.00
GST# 122827397 87.18
SUNDAY BRUNCH 11-2



APPLICANT COPY

Travel & Employee Expense Claim Form
(In Canadian Dollars)

CAPITAL HEALTH
RECEIVED

MAY 07 2008

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name: EXECUTIVE VICE PRESIDENT & COO - HEALTH SERVICES & Geriatrics
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: March 4 & 25; April 1-11; to April 21-30 and May 1	

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	0007	71110101089	62410000			\$82.56	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000			29.25	<input checked="" type="checkbox"/>
201	0007	71110101089	69600000			116.96	<input type="checkbox"/>
201	0007	71110101089	61220003			293.27	<input type="checkbox"/>
			69500 = 2500				<input type="checkbox"/>
			6102 0003 =				<input type="checkbox"/>
			30.27				<input type="checkbox"/>
Less Cash Advance						62410 = 13.00 w	<input type="checkbox"/>
Total						\$522.04	<input type="checkbox"/>

10396
13.00

Capital Health RECEIVED
MAY 15 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: *M Rowe* Date: *May 6/08*

Approved By: Michele Lahey (Print name)	Title: Executive VP & COO - Health Services	Phone # 407-8884
(Signature) <i>Michele Lahey</i>		Date MAY 08 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.

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
March 4	Fax machine charges					✓ \$30.27	W
March 25	Parking				✓ 3.00		
April 1	Mileage Plaza to GRH/return			32.03			10
April 1	Lunch mtg - N. Elford		37.03	5.00			
April 2	Mileage Corporate to Plaza						7
April 2	Mileage Plaza to GRH						5
April 3	Mileage Corporate to Plaza						7
April 4	Parking & mileage Plaza/Corp				✓ 7.25		7
April 7	Mileage Plaza/Corporate						7
April 8	Parking and mileage Plaza/GRH/return				✓ 5.00		10
April 9	Mileage Plaza/Corp/return						14
April 10	Mileage River Cree Resort to Corporate/Plaza/GRH						40
April 11	Parking				✓ 14.00		
April 11	Mileage Plaza/Corp/return						14
April 21	Mileage Corp/Plaza			10.50			7
April 23	Lunch mtg - I. Neumann		11.50	1.00			
April 23	Parking					✓ 10.00	
April 23	Mileage Ft. Edm Park to Westin/Plaza						25
April 24	Parking					✓ 3.00	
April 24	Mileage Corporate to Plaza						7
April 28	Mileage Corporate/Plaza						7
April 29	Mileage ATA to Plaza						10
April 29	Mileage Plaza to GRH						5
April 30	Mileage Radisson/Plaza			61.43			10
April 30	Dinner mtg - S. Paul, A. McLeod		\$68.43	7.00			
May 1	Mazankowski Opening Ticket					250.00	
Total km							192
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			\$116.96		\$29.25	\$293.27	82.56

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

D M ROWE

Your account number
[Redacted]

Your TELUS Account ID
[Redacted]

Total amount you owe.....\$30.27

Section 17(1)

Summary of your account

Previous charges and credits

Amount of your last bill	\$61.32
Payment processed Feb 27 - Thank You	-61.32
911 adj Feb 19	-.01
Balance forward	-.01

• Thank you for keeping your account up to date.

New charges

Monthly services	28.86
GST (Registration 812758878)	1.42
Total new charges	30.28

Total amount due by Mar 25, 2008

\$30.27

Tear off here

Charges for [REDACTED] Section 17(1)

Details of your new charges

Monthly services (from Mar 04 to Apr 03)		28.86
<hr/>		
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
LD Network Access Charge (from Mar 04 to Apr 03)	2.95	
Local Line		23.34
<hr/>		
Total monthly services	\$28.86	
Taxes		1.42
<hr/>		
GST (Registration 812758878)	1.42	
Total charges for [REDACTED] s.17(1)		30.28



APPLICANT COPY


LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME
 2/08 15:20

DETACH RECEIPT FROM TICKET
 DATE ISSUED TIME ISSUED AMOUNT PAID
 25/03/08 14:15 \$ 3.00

AMOUNT PAID
 \$ 3.00 16490000 14:15

CREDIT CARD NUMBER

 **CARITAS HEALTH GROUP**
 CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
 CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
 OR DAMAGE TO CAR OR CONTENTS.
 CARITAS HEALTH GROUP NON TRANSFERABLE 1990877

 **CARITAS HEALTH GROUP**
RECEIPT 1990877

MANOR CAFE

Table 8

Station 001 Check 1
 SERVER: NATHALIE Guests 2
 Tuesday 4/01/08 12:47 pm

2 TEA	4.50
1 CUP SOUP 1	4.00
1 CUP SOUP 1	4.00
1 SMALL PEAR	8.00
1 LGE SPINACH	10.00

No Elford

GST FOOD	30.50
G.S.T.	1.53

Total 32.03

Please pay server *5.00*

GST# 122827397
 SUNDAY BRUNCH 11-2

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
 05/04 06:45 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 04/04/08 03:22 PM \$ 7.25

AMOUNT PAID
 \$ 7.25 17520000 03:22 PM

CREDIT CARD NUMBER

06001

 **UNIVERSITY OF ALBERTA** 691312
 NON TRANSFERABLE

 **UNIVERSITY OF ALBERTA** 691312
RECEIPT GST# R108102831

APPLICANT COPY

DISPLAY FACE UP ON DASH

DASH RECEIPT

730-420-1976
Lot 0002-0287
RT0001

EXPIRY DATE AND TIME EXP 06:00am
APR 08,2008

06:00am
08,2008

OT# 000202
MACH# 001
PIC# 001593
C \$0005
APR07,2008
16:47pm
Purchase Tim

LOT#
00020287

MACH# 001
ON SIGN POSTED

\$5.00 Evenings
from your cell phone.
Location 9670.
Wireless.com

DASH RECEIPT

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DASH RECEIPT

730-420-1976
Lot 0002-0287
RT0001

EXPIRY DATE AND TIME EXP 06:00am
APR 08,2008

06:00am
08,2008

OT# 000202
MACH# 001
PIC# 001593
C \$0005
APR07,2008
16:47pm
Purchase Tim

LOT#
00020287

MACH# 001
ON SIGN POSTED

Section 17(1),(4)(e.i)
\$5.00 Evenings
from your cell phone.
Location 9670.
Wireless.com

DASH RECEIPT

DISPLAY FACE UP ON DASH

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Meeting with Ino Neumann

THE WESTIN EDMONTON
Pradera Cafe & Lounge
GST# 861336493RT0005

Rcpt# 63851
04/11/08 10:32 LW 2 AH 38 Txn#206058
04/11/08 07:04 In 04/11/08 10:32 Out
Trk# B04510
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
DASH PAID \$ 14.00-
Cash Tender \$ 14.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

April

32/1 1711
23APR'08 12:15PM

coffee	5.00
azo tea	5.00
FOOD	10.00
Tax	0.50
Total Due	\$10.50
	1.00

Gratuity: _____ 11.50

Total: _____

Room # _____

Name Print _____

Signature _____

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 65697
04/23/08 14:24 L# 2 A# 6 Txn#213556
04/23/08 12:07 In 04/23/08 14:24 Out
Tkt# 807363
Regular Rate \$ 9.52
Total Tax \$ 0.48
Total Fee \$ 10.00
CASH PAID \$ 10.00-
Cash Tender \$ 20.00
Change Due \$ 10.00

Rcpt# 66022
04/24/08 20:45 L# 2 A# 35 Txn#214326
04/24/08 18:20 In 04/24/08 20:45 Out
Tkt# 807843
Regular Rate \$ 2.86
Total Tax \$ 0.14
Total Fee \$ 3.00
CASH PAID \$ 3.00-
Cash Tender \$ 10.00
Change Due \$ 7.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN

Join us
in commemorating the official opening
of the Mazankowski Alberta Heart Institute

With Diana Krall live in concert, host
Global National's Kevin Newman and a
spectacular theatrical presentation that
showcases the Mazankowski Alberta
Heart Institute. A gala reception will
follow the performance.

THURSDAY, MAY 1, 2008
NORTHERN ALBERTA JUBILEE AUDITORIUM
6:30 P.M. CHAMPAGNE WELCOME
7:15 P.M. PERFORMANCE
9:30 P.M. GALA RECEPTION
Tickets \$250.00 each

SECTION RC
ROW T
SEAT 52
MAIN FLOOR

A. McLeod
S. Paul
MANOR CAFE

Table 9
Station 001
SERVER: TARQUIN
Wednesday 4/30/08
Check 2
Guests 3
6:44 pm

1 MANOR PASTA	20.00
1 LGE. PEAR/PECAN	10.00
2 GARLIC. PRAWN	14.00
1 LGE. SPINACH	10.00
2 TEA	4.50

GST FOOD	58.50
G.S.T.	2.93

Total 61.43
7.00

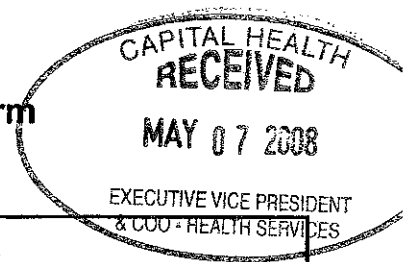
Please pay server 68.43
GST# 12282739
SUNDAY BRUNCH 11-2



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

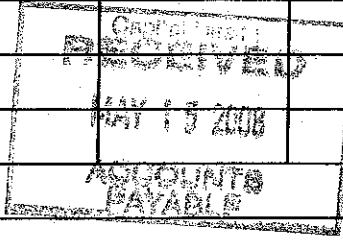


Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: April 12 to 20 th , 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	0007	71110101089	62410000			\$310.32	<input type="checkbox"/>
201	0007	71110101089	69600000			114.68	<input type="checkbox"/>
201	0007	71110101089	62320000			1,043.72	<input type="checkbox"/>
							<input type="checkbox"/>
		62314000=					<input type="checkbox"/>
		142 w					<input type="checkbox"/>
Less Cash Advance		1430.06 n					<input type="checkbox"/>
Total						\$1,572.06	<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:

M Rowe

Date:

May 6/08

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive VP & COO - Health Services	Phone # 407-8884
<small>(Signature)</small> <i>Michele Lahey</i>		Date MAY 06 2008
Approved By:	Title:	Phone #
<small>(Signature)</small>		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.

EXPENSE CLAIM FORM

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
	Trade Mission to Hong Kong and Japan - Apr 12-20/08						
April 12	Taxi residence to airport				✓ 72.00	W	
April 14-16	Meals - City Garden Hotel - Hong Kong		✓ 60.31				
April 14	Train Fare				✓ 73.00		
April 14	Taxi				✓ 10.37		
April 15	Taxi				✓ 8.34		
April 15	Taxi				✓ 3.68		
April 15	Lunch with Alberta Rep and 2 members of delegation		✓ 84.81				
April 15	Taxi				✓ 4.21		
April 16	Taxi				✓ 5.62		
April 16	To Tokyo						
April 16-19	The New Otani Hotel	✓ 1,043.72					
April 17	Taxi				✓ 19.70		
April 17	Taxi				✓ 6.40		
April 18	Coffee mtg with Alberta rep - Canadian Embassy rep		✓ 10.70				
April 18	Lunch		✓ 3.40				
April 18	Taxi subway train to hotel		✓ 18.80				
April 18	Dinner (no receipt)		✓ 40.00				
April 20	Taxi hotel to airport				30.00		
April 20	Taxi airport to residence				✓ 77.00	78.00 7.00	
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		\$1,043.72	\$218.02		\$310.32		

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY



City Garden Hotel
HONG KONG
城市花園酒店

INVOICE

Marguente Louise Rowe
NL
Canada

Confirmation No 2154991
Arrival 12-04-08
Departure 16-04-08
Rate CORPN
Room No. 0725
Cashier ** CGPAULS
Folio No. 256921
Date 16-04-08

Page No. 1 of 1

Date	Description	Reference	Debit HKD	Credit HKD
✓ 14-04-08	Cafe B'fast-Food	#725 : CHECK #6938	✓ 140.80	
				Non Responsive
✓ 15-04-08	Cafe B'fast-Food	#725 : CHECK #7150	✓ 140.80	
✓ 16-04-08	Cafe B'fast-Food	#725 : CHECK #2346	✓ 140.80	
16-04-08	Visa Card XXXXXX			

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

422.40
- 7 =
\$ 60.31 Canadian

持咭人存根
CARDHOLDER COPY

SALES STAFF

MERCHANT NAME
CITY GARDEN HOTEL LTD
9 CITY GARDEN ROAD
NORTH POINT HK

TERMINAL NO. 21757992
MERCHANT NO. 010201015000009

CARD TYPE/NUMBER
VISA

TX. MARGUERITE ROWE
離線 OFFLINE EXPIRY 07/08
BATCH NO. 000360 TRADE NO. 021533
DATE/TIME APR 16, 2008 12:06 REF. NO. 031746

ACCOMMODATION

TOTAL: HK \$1018.20

HK DOLLAR

ACKNOWLEDGE SATISFACTORY RECEIPT OF RELATIVE GOODS / SERVICES.
X CARDHOLDER SIGNATURE
Marguente Rowe
NO REFUND

THE ISSUER OF THE CARD PROMISED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PRESENTATION. THE CARDHOLDER PROMISES TO PAY SUCH AMOUNT TOGETHER WITH ANY OTHER CHARGES SUBJECT TO PAYMENT ACCORDING TO THE AGREEMENT GOVERNING THE USE OF SUCH CARD.

Balance Due HKD 0.00

Guest Signature

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 OR ANY PART OF THE FULL AMOUNT OF THESE CHARGES WITHIN A REASONABLE PERIOD.

All "City Ledger" Balance HKD 1,018.20 have to be settled upon presentation of this folio.
All cheques should be crossed and payable to "City Garden Hotel Limited". Please write the folio number on the cheque and attention to the Accounts Department.

SHERATON BRANCH: SHOP 609, 6/F, THE ELEGANCE AT SHERATON, 20 NATHAN ROAD, TSM SHA TSUI, KOWLOON, HONG KONG LICENCE NO.: 350286
RESERVATION & TICKETING TEL: 2734 9288 JAPANESE HOTLINE: 2734 9333 FAX: 2722 7300

INVOICE

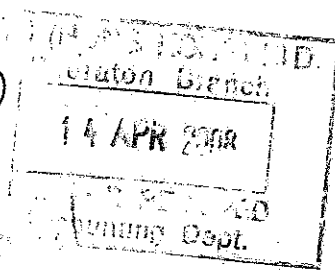
To: ROWE/MARGUERITE MS

No. INVF0041736
A/C No.: C69999
Date: 14/04/08
Our SO: SO00030496
Your Ref.:
Sales ID:
Print by: JT

Attn:

Description	Tkt/Voucher	Unit Fare	Tax	Qty	Amount
1. JRP ROWE/MARGUERITE ROWE/ALANA JR 7DAY RAILPASS RATE 7.76 JPY 28300	/ADT 992-1000123625 992-1000123626	2,197.00	0.00	2	4,394.00

= 313,80
=
- huc
train fare
to Japan
Hospital site
visit (31+42)
Cost to
Cap. Health
\$ 73.00



(株)JR東海パッセンジャーズ
http://www.jt-op.com
アスカ 上り07
TEL: 075-691-6822

2008年04月18日(土) 19時10分
No.03-13940-888213 門田 祐里江
吟醸純米酒粕の漬物
999 内 310 2 ¥620
小計 2 ¥620
合計 ¥620
お支払い ¥1,000
お釣 ¥380
営業日 2008/04/19 01404-00993

Section 17(1)

Due Date: 14/04/08 E.&O.E. Grand Total: HKD 4,394.00
Grand Total: HKD Four Thousand Three Hundred And Ninety-Four Dollars Only

Staff: JT/JT Amount Received HKD (0.00)
Remark: Balance 4,394.00

Authorized Signature

APPLICANT COPY

April 12, - 16



(780) 462-4444

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

GST# 100403070

Date: April 12 Amount: 72.00
 Driver: Ted Car #: _____
 From: _____ To: Airport

Section 17(1)

车号	TAXI NO.	EX3613
上车	START	15/04/08 22:01
下车	END	15/04/08 22:15
总公里	TOTAL KM	9.39
收费公里	PAID KM	9.29
收费分钟	PAID MIN	3.60
附加费	SURCHARGE	HK\$56.00
总车费	TOTAL FARE	HK\$128.40



恒生銀行
HANG SENG BANK

持卡人存根
CARDHOLDER COPY

BILL NO. SALES STAFF
 MERCHANT NAME: LUNCH - AB Rep. + 2
max/min 2 detection
 COLOUR CRYSTAL REST
 SHOP 20-56 2/F HARBOUR
 CRYSTAL CENTRE TST KLN
 TERMINAL NO. 72025326
 MERCHANT NO. 000883555138800

CARD TYPE/NUMBER: VISA
 ROWE/MARGUERITE
 TX: 金销售 SALE EXPIRY 07/08
 BATCH NO. 00000000 TRACE NO. 0000423
 DATE/TIME: APR 15 2008 14:02
 REF. NO. 20253261019 APP. CODE 040140

BASE \$574.00
 TIP 20.00
 TOTAL 594.00

I ACKNOWLEDGE - SATISFACTORY RECEIPT OF RELATIVE GOODS / SERVICES.
Marguerite Rowe
 X CARDHOLDER SIGNATURE NO REFUND

April 15 = 8.39 Can.

车号	TAXI NO.	KN8294
上车	START	15/04/08 16:50
下车	END	15/04/08 16:58
总公里	TOTAL KM	2.73
收费公里	PAID KM	2.60
收费分钟	PAID MIN	3.33
附加费	SURCHARGE	HK\$1.00
总车费	TOTAL FARE	HK\$5.90

April 15 = 3.68

车号	TAXI NO.	MDR241
上车	START	14/04/08 19:07
下车	END	14/04/08 19:20
总公里	TOTAL KM	8.39
收费公里	PAID KM	8.22
收费分钟	PAID MIN	2.27
附加费	SURCHARGE	10.00
总车费	TOTAL FARE	72.60

ST-07-38109X
Tel: 2723 6986
Artone Specialties Co., Ltd.

APPLICANT COPY

车号 19482
 上车 START 16/04/2008 12:12
 下车 END 16/04/2008 12:21
 总公里 TOTAL KM 4.40
 收费公里 PAID KM 4.31
 收费分钟 PAID MIN 3.50
 附加费 SURCHARGE HK\$2.00
 总车费 TOTAL FARE HK\$39.40

THANK YOU

车号 TAXI NO. QF9377
 上车 START 15/04/08 19:56
 下车 END 15/04/08 20:02
 总公里 TOTAL KM 3.81
 收费公里 PAID KM 3.78
 收费分钟 PAID MIN 0:50
 附加费 SURCHARGE HK\$1.00
 总车费 TOTAL FARE HK\$30.00

April 16 = \$ 5.62.

April 15 = \$ 4.21



【クレジットカード売上票】
CREDIT CARD SALES SLIP
(データエディタ専用)

加算店名 新井エコー
MERCHANT 08-8265-1111
カード会社 CARD COMPANY トヨタ779-
端末番号 TERM NO. 99660-510-20372
会員番号

ACCOUNT NO.
伝票番号 69698
有効期限 取引内容 売上
SLIP NO. 110
EXP. DATE 110
分割回数 取扱い区分
PMT TYPE 一括
商品区分 処理通貨
787524

COM CODE
利用日 DATE 2008/04/20 06:56:51
承認番号 APPROVAL CODE 08458

金額 AMOUNT ¥127,545
換算の他
合計金額 ¥127,545
TOTAL
品名・型式他 ITEM 数量 QTY

ROME MARGUERITE
店内
ご利用ありがとうございました。
またのご来店を
お待ちしております。
*2a996663000

売場 SALES COUNTER 係員 CLERK
お客様控 CUSTOMER CO
PAN

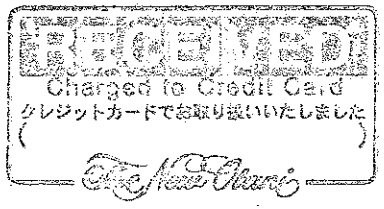
ROOM No. 5126 PSN 2
ARR 2008/04/16 DEP 2008/04/20

DATE	DESCRIPTION	ROOM No.	CHARGES	CREDIT	EXPLANATION
04/16	ROOM CHARGE	5126	21,600		
	SERVICE CHARGE		2,160		
	CONSUMPTION TAX		1,188		
	ACCOMMODATION TAX		200	*	
	INTERTOUCH INTERNET		1,008		
	INTERTOUCH INTERNET		252		
04/17	ROOM CHARGE		21,600		
	SERVICE CHARGE		2,160		
	CONSUMPTION TAX		1,188		
	ACCOMMODATION TAX		200	*	
	INTERTOUCH INTERNET		1,260		
04/18	ROOM CHARGE		21,600		
	SERVICE CHARGE		2,160		
	CONSUMPTION TAX		1,188		
	ACCOMMODATION TAX		200	*	
	THE BAR		23,173	*	038402
04/19	ROOM CHARGE		21,600		
	SERVICE CHARGE		2,160		
	CONSUMPTION TAX		1,188		
	ACCOMMODATION TAX		200	*	
	INTERTOUCH INTERNET		1,260		

GRAND TOTAL 127,545 LT: 800
~~23,173~~
~~104,372~~

Please retain your individual receipts for meals, bar charges, facsimile, etc., as chits are issued only at the establishment where the charges are made. Thank you for staying with us. We look forward to the pleasure of serving you again.

\$ = 1043.72



APPLICANT COPY

Hospital visit
lunch

CBCA6759069

領収書

LIMOUSINE BUS RECEIPT

運賃 片道お一人様

¥3000 区間

PER PERSON/ONE WAY

Airport Limousine

領 収 証

現・チ・ク・割引 No.2998

日付 08年04月17日

車番 0159 000

基本運賃 ¥1970円

合計 ¥1970円

上記の通り領収致しました

通行料、他 円

毎度ご乗車ありがとうございます

お忘れ物は当社へ

陸王交通株式会社

TEL 03(3957)2111

ご事



タリーズコーヒー
亀田メディカルセンター店
TEL 04-7098-2052

4月(18日)(金) 13:25
高梨 香緒里

ユリゾフ & イック サト
スマッチャラフ 320
340

小 計 660
合計 ¥660
(含む消費税 31)
現金 1,000
340

店 79

4/17 = \$30.00

April 17 = 19.70

April 18 = \$340

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

0) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-9500

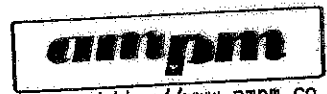
AUTH. NO.	DRIVER	INF-NO.
	Melissa	
TIME	DAY	MO
	20	04
		08

2598483

FARE	70
INTL	
GRATUITY	7.00
TOTAL	77.00

CUSTOMER COPY

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



http://www.ampm.co.jp/
ニューオータニガーデン03-3263-5272
東京都千代田区紀尾井町4-1

領収証 様
2008年 4月17日 (木) 17:14
◎冷し讃岐うどん ¥330
スープ春雨 ねぎ塩わか ¥163
ココ・コーラゼロ500 ¥147
小 計 ¥640
(内消費税等 ¥30)
合 計 ¥640

お買上明細は上記の通りです。

お 預 り ¥700
お 釣 ¥60

Taxi subway/train to hotel

Boffres - m&A / AS nap / Can. Embassy
ap.

限収 現・ナ・ッ

2008年04月18日 -29

料金 ¥1,880円

通行料金、他 円

合計料金 円

車番 0978

毎度ご乗車ありがとうございました
お忘れ物は当社へ

日興自動車交通(株)

TEL 03-3962-8891

STARBUCKS COFFEE
JR 東京駅日本橋口店
#460 TEL 03-52

1 トール カフェ 410
1 トール Tazo パッション 330
1 アイス トール ティー 330
1 T 抹茶 ティー 430
1 バジタブル サンドイッチ 380
合計(5点) 1,880
(内消費税 89)
現金 275

@a.ampm.jp にメールを送り！
アンケートに答えて抽選でEdyクーポン券
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-WEBSITEより入力-

1-3056 責No.015

APPLICANT COPY

Chopin, Gillian

From: Gonzalez, Karen [karen.gonzalez@marlintravel.ca]
Sent: Thursday, March 27, 2008 2:51 PM
To: Chopin, Gillian
Subject: New confirmation for Rowe/Marguerite Ms-12 April-

You can print your electronic ticket at;

www.viewtrip.com

Your access code is: KRSMKU

Thanks
Karen

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611
BRANCH: N61107
PNR LOC: KRSMKU
AGENT: KAREN

FAX: (780) 426-5759
GST REG NO. 885101915
DATE: 27 MAR 2008

TO:
CAPITAL HEALTH
SUITE 800 NORTH TOWER
10030 - 107 STREET
EDMONTON AB
T5J 3E4

FOR:
ROWE/MARGUERITE MS

--ITINERARY--

FROM TO CARRIER FLT/CL DATE DEP ARR ST
EDMONTON/INTL VANCOUVER AIR CANADA 239 L 12 APR 08 1000A 1039A OK
ARRIVES TERMINAL - MAIN/CENTRAL
NONSTOP
EQUIPMENT: AIRBUS A320 JET TRAVELLING TIME - 1:39
SEAT: 22B
AIRLINE LOCATOR: AC -LYNW6R
VANCOUVER HONG KONG AIR CANADA 7 L 12 APR 08 225P 630P OK
DEPARTS TERMINAL - MAIN/CENTRAL ARRIVES TERMINAL - 1
NONSTOP LUNCH-MEAL ARRIVE-13 APR
EQUIPMENT: 77W TRAVELLING TIME -13:05
SEAT: 53J
AIRLINE LOCATOR: AC -LYNW6R
HONG KONG TOKYO/NARITA CATHAY PACIF 508 Y 16 APR 08 410P 925P OK
DEPARTS TERMINAL - 1 ARRIVES TERMINAL - 2
NONSTOP DINNER
EQUIPMENT: 330 TRAVELLING TIME - 4:15
SEAT: 55C
AIRLINE LOCATOR: CX -K5P4L
TOKYO/NARITA VANCOUVER AIR CANADA 4 P 20 APR 08 700P 1200N OK
DEPARTS TERMINAL - 1 ARRIVES TERMINAL - MAIN/CENTRAL
NONSTOP BREAKFAST-MEAL
EQUIPMENT: 333 TRAVELLING TIME - 9:00
SEAT: 20D

AIRLINE LOCATOR: AC -LYNW6R

APPLICANT COPY

VANCOUVER EDMONTON/INTL AIR CANADA 8286 P. 20 APR 08 235P 502P OK
DEPARTS TERMINAL - MAIN/CENTRAL
NONSTOP
EQUIPMENT: CRA TRAVELLING TIME - 1:27
OPERATED BY: AIR CANADA JAZZ
AIRLINE LOCATOR: AC -LYNW6R

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
UNDERWRITTEN BY AXA INSURANCE CANADA

24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

*****IMPORTANT REMINDER*****


AS OF JANUARY 2007 YOU WILL BE REQUIRED

TO OBTAIN A CANADIAN PASSPORT TO ENTER OR

RE-ENTER THE UNITED STATES

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE.
WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2EC0

Itinerary

Print Itinerary 

Log Off

Itinerary Information	
Today's Date:	Thursday, March 27, 2008
Reservation ID:	KRSMKU

Agency Information	
MARLIN	
9929 108Th St Government Ctr	
Edmonton, AB T5K 1G8	
Canada	
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN	

Traveler	
Rowe, Marguerite Ms	Section 17(1)

Flight - Air Canada (AC) - 239		Saturday, April 12, 2008
Flight 239	Non-stop	
Class of Service:	Economy (L)	
Air Canada Confirmation Numbers:	LYNW6R	
Depart:	Edmonton Intl Arpt (YEG) Terminal Not Available	10:00 AM Saturday, April 12, 2008
Arrive:	Vancouver Intl Arpt (YVR) Terminal M	10:39 AM Saturday, April 12, 2008
Seat Details		
Seat	Status	Passenger
3 (Non-smoking)	Confirmed	Rowe, Marguerite Ms
Flight Service Information +		
		Status Confirmed (HK)

Flight - Air Canada (AC) - 7		Saturday, April 12, 2008
Flight 7	Non-stop	
Class of Service:	Economy (L)	
Air Canada Confirmation Numbers:	LYNW6R	
Depart:	Vancouver Intl Arpt (YVR) Terminal M	02:25 PM Saturday, April 12, 2008
Arrive:	Hong Kong Intl (HKG) Terminal 1	06:30 PM Sunday, April 13, 2008
Seat Details		
Seat	Status	Passenger
53J (Non-smoking)	Confirmed	Rowe, Marguerite Ms
Flight Service Information +		
		Status Confirmed (HK)

Flight - Cathay Pacific Airways (CX) - 508		Wednesday, April 16, 2008
Flight 508	Non-stop	
Class of Service:	Economy (Y)	
Cathay Pacific Airways Confirmation Number:	K5P4L	
Depart:	Hong Kong Intl (HKG) Terminal 1	04:10 PM Wednesday, April 16, 2008
Arrive:	Narita (NRT) TOKYO Terminal 2	09:25 PM Wednesday, April 16, 2008
Seat Details		

Seat	Status	Passenger
55C (Non-smoking)	Confirmed	Rowe, Marguerite Ms
APPLICANT COPY		
Flight Service Information +		Status Confirmed (HK)


Flight - Air Canada (AC) - 4		Sunday, April 20, 2008
Flight: 4	Non-stop	
Class of Service:	Economy (P)	
Air Canada Confirmation Numbers:	LYNW6R	
Depart:	Narita (NRT) TOKYO Terminal 1	07:00 PM Sunday, April 20, 2008
Arrive:	Vancouver Intl Arpt (YVR) Terminal M	12:00 PM Sunday, April 20, 2008
Seat Details		
Seat	Status	Passenger
20D (Non-smoking)	Confirmed	Rowe, Marguerite Ms
Flight Service Information +		Status Confirmed (HK)

Flight - Air Canada (AC) - 8286		Sunday, April 20, 2008
Flight: 8286	Non-stop	
Class of Service:	Economy (P)	
YVR to YEG Flight Operated By:	Air Canada Jazz	
Air Canada Confirmation Numbers:	LYNW6R	
Depart:	Vancouver Intl Arpt (YVR) Terminal M	02:35 PM Sunday, April 20, 2008
Arrive:	Edmonton Intl Arpt (YEG) Terminal Not Available	05:02 PM Sunday, April 20, 2008
Flight Service Information +		Status Confirmed (HK)

Remarks

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
*****IMPORTANT REMINDER*****
AS OF JANUARY 2007 YOU WILL BE REQUIRED
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES

Itinerary - Summary

Print Itinerary 

Log Off

Itinerary Information

Today's Date: Thursday, March 27, 2008
 Reservation ID: KRSMKU

Agency Information

MARLIN
 9929 108Th St Government Ctr
 Edmonton, AB T5K 1G8
 Canada
 Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN

Traveler

Rowe, Marquerite Ms Section 17(1)

Flight - Air Canada (AC) - 239 Saturday, April 12, 2008
 Flight 239 Non-stop
Class of Service: Economy (L)
Air Canada Confirmation Numbers: LYNW6R
Depart: Edmonton Intl Arpt (YEG) 10:00 AM Saturday, April 12, 2008
Arrive Vancouver Intl Arpt (YVR) 10:39 AM Saturday, April 12, 2008
 Terminal M
Status Confirmed (HK)

Flight - Air Canada (AC) - 7 Saturday, April 12, 2008
 Flight 7 Non-stop
Class of Service: Economy (L)
Air Canada Confirmation Numbers: LYNW6R
Depart: Vancouver Intl Arpt (YVR) 2:25 PM Saturday, April 12, 2008
 Terminal M
Arrive Hong Kong Intl (HKG) 6:30 PM Sunday, April 13, 2008
 Terminal 1
Status Confirmed (HK)

Flight - Cathay Pacific Airways (CX) - 508 Wednesday, April 16, 2008
 Flight 508 Non-stop
Class of Service: Economy (Y)
Cathay Pacific Airways Confirmation Number: K5P4L
Depart: Hong Kong Intl (HKG) 4:10 PM Wednesday, April 16, 2008
 Terminal 1
Arrive Narita (NRT) 9:25 PM Wednesday, April 16, 2008
 Terminal 2
Status Confirmed (HK)

Flight - Air Canada (AC) - 4 Sunday, April 20, 2008
 Flight 4 Non-stop
Class of Service: Economy (P)
Air Canada Confirmation Numbers: LYNW6R
Depart: Narita (NRT) 7:00 PM Sunday, April 20, 2008
 Terminal 1
Arrive Vancouver Intl Arpt (YVR) 12:00 PM Sunday, April 20, 2008
 Terminal M
Status Confirmed (HK)

Flight - Air Canada (AC) - 8286 Sunday, April 20, 2008
 Flight 8286 Non-stop
Class of Service: Economy (P)
YVR to YEG Flight Operated By: Air Canada Jazz
Air Canada Confirmation Numbers: 280W6R

Départ:	Vancouver Intl Arpt (YVR) Terminal M	2:35 PM Sunday, April 20, 2008
Arrive	Edmonton Intl Arpt (YEG)	5:02 PM Sunday, April 20, 2008
		Status Confirmed (HK)

APPLICANT COPY

Remarks

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
*****IMPORTANT REMINDER*****
AS OF JANUARY 2007 YOU WILL BE REQUIRED
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES**

Travelport ViewTrip™

APPLICANT COPY

Electronic Ticket Receipt

Print e-Ticket Receipt 

Log Off

DUPLICATE COPY

Traveler		
Name: Rowe, Marguerite Ms	Address: Marlin Travel Govt Center 9929 - 108Th Street Edmonton Ab T5K1G8	Delivery Address: Capital Health Suite 800 North Tower 10030 - 107 Street Edmonton Ab T5J 3E4

e-Ticket Receipt - 0145685063925-926 - AC 239 - 12 Apr 2008 - YEG

Today's Date: 27 Mar 2008

Agency Information

MARLIN
9929 108Th St Government Ctr
Edmonton, AB T5K 1G8
CANADA
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN
Agency IATA Number: 60879350

Passenger Name:
ROWE, MARGUERITE MS

Reservation Number: KRSMKU

Billing Address:
Marlin Travel Govt Center
9929 - 108Th Street
Edmonton Ab
T5K1G8

e-Ticket Number :
0145685063925-926

Ticket Issue Date: 27 Mar 2008

Flight Information

2 Apr 2008

Air Canada (AC) 239

Economy (L)

Depart: Edmonton Intl Arpt (YEG) 10:00 AM
Edmonton

Departure Terminal: Not Available

Baggage: 2 Pieces

Fare Basis: LLHKGAC

Not Valid Before: 12 Apr

Not Valid After: 12 Apr

Arrive: Vancouver Intl Arpt (YVR) 10:39 AM
Vancouver

Arrival Terminal: M

Status: Confirmed

12 Apr 2008

Air Canada (AC) 7

Economy (L)

Depart: Vancouver Intl Arpt (YVR) 2:25 PM
Vancouver

Departure Terminal: M

Baggage: 2 Pieces

Fare Basis: LLHKGAC

Not Valid Before: 12 Apr

Not Valid After: 12 Apr

Arrive: Hong Kong Intl (HKG) 6:30 PM
13 Apr 2008
Hong Kong

Arrival Terminal: 1

Status: Confirmed

16 Apr 2008

Cathay Pacific Airways (CX) 508

Economy (Y)

Depart: Hong Kong Intl (HKG) 4:10 PM
Hong Kong 282

Departure Terminal: 1

Baggage: 20 Kilos

APPLICANT COPY

Arrive: Narita (NRT)
Tokyo

9:15 PM

Fare Basis: Y
Arrival Terminal: 2
Status: Confirmed

Apr 2008
Air Canada (AC) 4 Economy (P)

Depart: Narita (NRT) 7:00 PM
Tokyo

Departure Terminal: 1
Baggage: 2 Pieces
Fare Basis: POM0WCJ
Not Valid Before: 20 Apr
Not Valid After: 20 Apr
Arrival Terminal: M

Arrive: Vancouver Intl Arpt (YVR) 12:00 PM
Vancouver

Status: Confirmed

20 Apr 2008
Air Canada (AC) 8286 Economy (P)

Depart: Vancouver Intl Arpt (YVR) 2:35 PM
Vancouver

Departure Terminal: M
Baggage: 2 Pieces
Fare Basis: POM0WCJ
Not Valid Before: 20 Apr
Not Valid After: 20 Apr
Arrival Terminal: Not Available

Arrive: Edmonton Intl Arpt (YEG) 5:02 PM
Edmonton

Status: Confirmed

Fare Information

Fare Calculation:
12APR YEA AC X/YVR AC HKG 435.32CX TYO Q4.23M572.20AC X/YVR AC YEA 468.9
5 NUC1480.70END ROE1.01075 XT 194.00YQ 20.60SW 16.30YR 15.70HK 15.00SQ

Form of Payment: CA [REDACTED]
Section 17(1),(4)(e.i)

Exchange Information:
This ticket was purchased with additional funds collected during a ticket exchange process. Additional payment was collected at the time of exchange in the amount of CAD 100.00

Previous Ticket Number: 0145685063809 - 810

Fare: CAD 1497.00
Taxes/Fees/Charges: CAD 17.00 CA
CAD Exempt XG
CAD 261.60 XT
Total: CAD 1775.60

Endorsement Information:
VALID AC ONLY AB CAPITAL HEAL
TH COF

IMPORTANT INFORMATION FOR TRAVELERS WITH ELECTRONIC TICKETS - PLEASE READ.
For travelers outside the United States of America, this e-ticket receipt may not meet all the criteria required by non-US based airlines or to pass airport security checks. PLEASE CONTACT YOUR TRAVEL AGENT to ensure you have the correct documentation prior to departure.

Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Electronic Expense Receipt

Print Expense Receipt 

Log Off

Itinerary Information	
Today's Date:	Thursday, March 27, 2008
Reservation ID:	KRSMKU

Agency Information	
MARLIN	
9929 108Th St Government Ctr	
Edmonton, AB T5K 1G8	
CANADA	
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN	

Traveler	
Rowe, Marguerite Ms	

Flight - Air Canada (AC) - 239		Saturday, April 12, 2008
Flight 239		Non-stop
Class of Service:		Economy (L)
Air Canada Confirmation Numbers:		LYNW6R
Depart:	Edmonton Intl Arpt (YEG) Terminal Not Available	10:00 AM Saturday, April 12, 2008
Arrive:	Vancouver Intl Arpt (YVR) Terminal M	10:39 AM Saturday, April 12, 2008
Seat Details		
Seat	Status	Passenger
B (Non-smoking)	Confirmed	Rowe, Marguerite Ms
Flight Service Information +		
		Status Confirmed (HK)

Flight - Air Canada (AC) - 7		Saturday, April 12, 2008
Flight 7		Non-stop
Class of Service:		Economy (L)
Air Canada Confirmation Numbers:		LYNW6R
Depart:	Vancouver Intl Arpt (YVR) Terminal M	02:25 PM Saturday, April 12, 2008
Arrive:	Hong Kong Intl (HKG) Terminal 1	06:30 PM Sunday, April 13, 2008
Seat Details		
Seat	Status	Passenger
53J (Non-smoking)	Confirmed	Rowe, Marguerite Ms
Flight Service Information +		
		Status Confirmed (HK)

Flight - Cathay Pacific Airways (CX) - 508		Wednesday, April 16, 2008
Flight 508		Non-stop
Class of Service:		Economy (Y)
Cathay Pacific Airways Confirmation Number:		K5P4L
Depart:	Hong Kong Intl (HKG) Terminal 1	04:10 PM Wednesday, April 16, 2008
Arrive:	Narita (NRT) TOKYO Terminal 2	09:25 PM Wednesday, April 16, 2008
Seat Details		

Seat
 55C (Non-smoking)
 Flight Service Information +

Status Confirmed (HK)

Flight - Air Canada (AC) - 4 Sunday, April 20, 2008

Flight 4 Non-stop
Class of Service: Economy (P)
Air Canada Confirmation Numbers: LYNW6R

Depart: Narita (NRT) 07:00 PM
 TOKYO Sunday, April 20, 2008
 Terminal 1

Arrive: Vancouver Intl Arpt (YVR) 12:00 PM
 Terminal M Sunday, April 20, 2008

Seat-Details

Seat	Status	Passenger
20D (Non-smoking)	Confirmed	Rowe, Marguerite Ms

Flight Service Information +

Status Confirmed (HK)

Flight - Air Canada (AC) - 8286 Sunday, April 20, 2008

Flight 8286 Non-stop
Class of Service: Economy (P)
YVR to YEG Flight Operated By: Air Canada Jazz
Air Canada Confirmation Numbers: LYNW6R

Depart: Vancouver Intl Arpt (YVR) 02:35 PM
 Terminal M Sunday, April 20, 2008

Arrive: Edmonton Intl Arpt (YEG) 05:02 PM
 Terminal Not Available Sunday, April 20, 2008

Flight Service Information +

Status Confirmed (HK)

Remarks

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO
 FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
 UNDERWRITTEN BY AXA INSURANCE CANADA
 24 HOUR EMERGENCY HELP DESK
 WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
 *****IMPORTANT REMINDER*****
 AS OF JANUARY 2007 YOU WILL BE REQUIRED
 TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
 RE-ENTER THE UNITED STATES*

Traveler	Address:	Delivery Address:
Name: Rowe, Marguerite Ms	Marlin Travel Govt Center 9929 - 108Th Street Edmonton Ab T5K1G8	Capital Health Suite 800 North Tower 10030 - 107 Street Edmonton Ab T5J 3E4

DUPLICATE COPY
 e-Ticket Receipt - 0145685063925-926 - AC 239 - 12 Apr 2008 - YEG

Today's Date: 27 Mar 2008

Agency Information
 MARLIN
 9929 108Th St Government Ctr
 Edmonton, AB T5K 1G8
 CANADA
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-07-KAREN

Passenger Name:
 ROWE, MARGUERITE MS

Ticket Issue Date: 27 Mar 2008

Billing Address:
 Marlin Travel Govt Center
 9929 - 108Th Street
 Edmonton Ab
 T5K1G8

e-Ticket Number :
 0145685063925-926

Flight Information

12 Apr 2008			
Air Canada (AC) 239		Economy (L)	
Depart:	Edmonton Intl Arpt (YEG) Edmonton	10:00 AM	Departure Terminal: Not Available
			Baggage: 2 Pieces
			Fare Basis: LLHKGAC
			Not Valid Before: 12 Apr
			Not Valid After: 12 Apr
Arrive:	Vancouver Intl Arpt (YVR) Vancouver	10:39 AM	Arrival Terminal: M
			Status: Confirmed
12 Apr 2008			
Air Canada (AC) 7		Economy (L)	
Depart:	Vancouver Intl Arpt (YVR) Vancouver	2:25 PM	Departure Terminal: M
			Baggage: 2 Pieces
			Fare Basis: LLHKGAC
			Not Valid Before: 12 Apr
			Not Valid After: 12 Apr
Arrive:	Hong Kong Intl (HKG) Hong Kong	6:30 PM 13 Apr 2008	Arrival Terminal: 1
			Status: Confirmed
16 Apr 2008			
Cathay Pacific Airways (CX) 508		Economy (Y)	
Depart:	Hong Kong Intl (HKG) Hong Kong	4:10 PM	Departure Terminal: 1
			Baggage: 20 Kilos
			Fare Basis: Y
Arrive:	Narita (NRT) Tokyo	9:25 PM	Arrival Terminal: 2
			Status: Confirmed
20 Apr 2008			
Air Canada (AC) 4		Economy (P)	
Depart:	Narita (NRT) Tokyo	7:00 PM	Departure Terminal: 1
			Baggage: 2 Pieces
			Fare Basis: POMOWCJ
			Not Valid Before: 20 Apr
			Not Valid After: 20 Apr
Arrive:	Vancouver Intl Arpt (YVR) Vancouver	12:00 PM	Arrival Terminal: M
			Status: Confirmed
Apr 2008			
Air Canada (AC) 8286		Economy (P)	
Depart:	Vancouver Intl Arpt (YVR) Vancouver	2:35 PM	Departure Terminal: M
			Baggage: 2 Pieces
			Fare Basis: POMOWCJ
		286	

APPLICANT COPY

Arrive: Edmonton Intl Arpt (YEG)
Edmonton

5:02 PM

Not Valid Before: 20 Apr
Not Valid After: 20 Apr
Arrival Terminal: Not Available

Status: Confirmed

Reference Information

Fare Calculation:

12APR YEA AC X/YVR AC HKG 435.32CX TYO Q4.23M572.20AC X/YVR AC YEA 468.9
5 NUC1480.70END ROE1.01075 XT 194.00YQ 20.60SW 16.30YR 15.70HK 15.00SQ

Form of Payment: CA 

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

Exchange Information:

This ticket was purchased with additional funds collected during a ticket exchange process. Additional payment was collected at the time of exchange in the amount of CAD 100.00

Previous Ticket Number: 0145685063809 - 810

Fare:	CAD	1497.00
Taxes/Fees/Charges:	CAD	17.00 CA
	CAD	Exempt XG
	CAD	261.60 XT
Total:	CAD	1775.60

Endorsement Information:

VALID AC ONLY AB CAPITAL HEAL
TH COF

IMPORTANT INFORMATION FOR TRAVELERS WITH ELECTRONIC TICKETS - PLEASE READ.

For travelers outside the United States of America, this e-ticket receipt may not meet all the criteria required by non-US based airlines or to pass airport security checks. PLEASE CONTACT YOUR TRAVEL AGENT to ensure you have the correct documentation prior to departure.

Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

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APPLICANT COPY

Original cheque for 2 tickets received March 3/08 and deposited to 201-9000-71110101169-19000000 on March 6/08


One ticket returned April 30/08 as only Marguerite Rowe would be able to attend the May 1st Gala

217


MARGUERITE ROWE

DATE 2 0 0 8 0 2 2 9
Y Y Y Y M M D D

PAY TO THE ORDER OF Capital Health \$ 500.00
Five hundred /100 DOLLARS

 **Bank of Montreal**
8708 - 150TH STREET TEL: (780) 441-6538
EDMONTON, ALBERTA T5R 1E4

MEMO _____

 Marguerite Rowe

Security Features
included.
Details on back

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



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: May 1 to June 2, 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	0007	71110101089	62310000			\$69.66	<input checked="" type="checkbox"/>
201	0007	71110101089	/			162.85 138.45	<input type="checkbox"/>
201	0007	71110101089	62320000			224.50	<input type="checkbox"/>
201	0007	71110101089	61540040			766.50	<input checked="" type="checkbox"/>
201	0007	71110101089	61220003			164.28	<input type="checkbox"/>
		61020003 = 30.28w					<input type="checkbox"/>
Less Cash Advance		69500000 = 134.00w				1387.79	<input checked="" type="checkbox"/>
Total						\$1387.39	<input type="checkbox"/>

152.25
10.60
216.34
8.16

Capital Health
RECEIVED
JUN 15 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: *M Rowe* Date: *June 6/08*

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone # 407-8004
(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.
 - 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	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 1	Mileage to Plaza/Corp/return						14
May 1	Mileage Plaza to Radisson Hotel South & return						40
May 2	Mileage Plaza/Corp/return						14
May 5	Mileage Corp to Plaza/return						14
May 5	Parking				11.45		
May 6	Mileage Plaza to GRH						5
May 12	Mileage Plaza/Corp/return						14
May 12	Parking				12.00		
May 14	Cab Corp to Northlands			17.40	20.00		
May 15	Mileage Plaza/Corp/return			2.60			14
May 15	Parking				3.00		
May 21	Mileage Plaza/Corp/return		216.34				14
May 22	Mileage Corp/Plaza		206.04			22.40	7
May 22	CARNA Awards - Calgary O/N Accommodation	224.50	12.75	58.00		26.40	
May 23	Cab airport to downtown		8.16		4.00	4.00	
May 26	Mileage Corp/Plaza						7
May 27	Mileage Plaza/GRH/return						10
May 28	Mileage CapitalCare/Plaza						2
May 28	Parking				3.00		
May 28	Parking				8.00		
May 29	Mileage Corp/Plaza						7
May 29	Parking				17.00		
May	Fax Machine Charges					30.28	
June 2	Bill Clinton Ticket Purchase					134.00	
June 2	Registration - CNA Annual Mtg & Biennial Convention			766.50			
Total km							162
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		\$224.50		\$766.50	\$138.45	\$164.28	69.66

missed

162.85

152.25
10.60

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

3. Advance

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

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
05/05 11:59 PM

AMOUNT PAID
\$ 10.00 17520000 07:46 AM



UNIVERSITY OF ALBERTA 691789

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
05/05/08 07:46 AM \$ 10.00

CREDIT CARD NUMBER
06001



UNIVERSITY OF ALBERTA 691789

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
05/05 08:15 AM

AMOUNT PAID
\$ 1.45 17520000 07:45 AM



UNIVERSITY OF ALBERTA 691788

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
05/05/08 07:45 AM \$ 1.45

CREDIT CARD NUMBER
06001



UNIVERSITY OF ALBERTA 691788

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
12/05 11:59 PM

AMOUNT PAID
\$ 10.00 17520000 08:22 AM



UNIVERSITY OF ALBERTA 691920

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
12/05/08 08:22 AM \$ 10.00

CREDIT CARD NUMBER
06001



UNIVERSITY OF ALBERTA 691920

RECEIPT

GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
12/05 12:44 PM

AMOUNT PAID
\$ 2.00 17520000 12:03 PM



UNIVERSITY OF ALBERTA 691924

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
12/05/08 12:03 PM \$ 2.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA 691924

RECEIPT

GST # R108102831

APPLICANT COPY

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

MARGUERITE ROWE

YELLOW CAB (780) 462-3456
FRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

G.S.T.#

FROM: *W of A*

TO: *Agricom*

PRINT NAME

CUSTOMER'S SIGNATURE *M Rowe*

X

AUTH. NO. DRIVER UNIT NO.

TIME DAY MO. YR. *14 05 07*

2668220

FARE	17.00	
INTL		
GRATUITY	2.40	
TOTAL	19.40	

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

CUSTOMER COPY

CITY OF EDMONTON
 LIBRARY BRIDGE
 681 4 31932670 RFOVCE

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

Rec'd APPTB
 07/15/09 2:15 PM
 08/15/09 12:12 PM
 TRAVEL SLIP

Non-Jet Rate \$ 2.06
 Total Tax \$ 0.14
 Hotel Fee \$ 3.00
 OPEN RATE \$ 3.00
 Cash Tender \$ 10.00
 Balance Due \$ 7.00

THANK YOU
 DYE AB47H

CHARGE TO: ACCOUNT NO.

MARGUERITE ROWE

YELLOW CAB (780) 462-3456
FRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

G.S.T.#

FROM

TO

PRINT NAME *M Rowe*

CUSTOMER'S SIGNATURE *M Rowe*

X

AUTH. NO. DRIVER UNIT NO.

TIME DAY MO. YR. *14 05 07*

2665090

FARE	5	
INTL		
GRATUITY		
TOTAL	5	

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

CUSTOMER COPY

1316 33rd Street Northeast,
Calgary, AB T2A 6B6
Tel: (403) 248-8888 Fax: (403) 248-0749

Rowe, Marguerite

Invoice

Invoice date 5/23/2008
Invoice number 40971
Our reference CPC-FC125752 /
GST Number 139081681 RT0001

Guest **Rowe, Marguerite** Arrival **5/22/2008** Departure **5/23/2008** Room **0707**

Date	Description	Quantity	Unit Price	Total (Cdn)
5/22/2008	Room Charge	1	204.00	204.00
5/22/2008	GST Taxes	1	10.30	10.30
5/22/2008	Tourism Levy	1	8.16	8.16
5/22/2008	Destination Market Fee	1	2.04	2.04

			Total invoice	224.50
5/23/2008	Visa			-224.50
			Total Paid	-224.50
			Total Due	0.00

Total GST 10.30

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

APPLICANT COPY

TRANSACTION RECEIPT

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

ACCT TYPE: CREDIT CARD
 CARD NUMBER: [REDACTED]

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

CARD TYPE: VISA
 DATE/TIME:
 08/05/22 17:15:39
 AUTHORIZATION: 066609.

VEH/DRV: 0892 / 4814
 GST#: 857322531
 TXN ID: 2957006

AMOUNT: \$ 22.40
 TIP: \$ 4.00
 \$ 26.40

CITY OF EDMONTON
 LIBRARY PARKADE
 657 W 119226270 RT0001

CITY OF EDMONTON
 LIBRARY PARKADE
 657 W 119226270 RT0001

CITY OF EDMONTON
 LIBRARY PARKADE
 657 W 119226270 RT0001

Route TOTAL
 05/26/08 21:10 LE 2 AM 41 Tkt#203375
 05/26/08 18:00 In 05/26/08 21:10 Out
 Tkt# 81975
 Regular Rate \$ 0.00
 Total Tax \$ 0.00
 Total Fee \$ 0.00
 CASH PAID \$ 0.00
 Cash Tender \$ 0.00
 Change Due \$ 0.00

Best copy available

Receipt 70569
 05/28/08 14:23 LE 2 AM 41 Tkt#203375
 05/28/08 12:21 In 05/28/08 14:23 Out
 Tkt# 81909
 Regular Rate \$ 0.42
 Total Tax \$ 0.39
 Total Fee \$ 0.00
 CASH PAID \$ 0.00
 Cash Tender \$ 20.00
 Change Due \$ 12.00

Receipt 70936
 05/29/08 21:37 LE 2 AM 41 Tkt# 2
 05/29/08 11:27 In 05/29/08 21:37 Out
 Tkt# 818353
 Regular Rate \$ 16.00
 Total Tax \$ 0.31
 Total Fee \$ 0.00
 CASH PAID \$ 17.00
 Cash Tender \$ 20.00
 Change Due \$ 1.00

THANK YOU
 COME AGAIN

THANK YOU
 COME AGAIN

TELUS® Your TELUS statement

May 04, 2008

TELUS Communications Company

Page 1 of 3

For Customer Service please visit www.telus.com or call 310-2255
From outside the province call Toll-free 1-888-811-2323

D M ROWE

Your account number

Total amount you owe.....\$30.28

Your TELUS Account ID

Summary of your account

Previous charges and credits

Amount of your last bill	\$30.28
Payment processed: May 02 - Thank You	-30.28
Balance forward	.00

New charges

Monthly services	25.91
Usage charges	2.95
GST (Registration: 812758878)	1.42
Total new charges	30.28

Total amount due by May 25, 2008

\$30.28

Thank you for keeping your account up to date.

APPLICANT COPY

Tear off here



Charges for [REDACTED] **Section 17(1)**

Details of your new charges

Monthly services (from May 04 to Jun 03)		25.91
<hr/>		
Unlisted Directory Charge	\$2.00	
E9-1-1 Municipal Call Answer Fee	.44	
E9-1-1 Provincial Network Fee	.13	
Local Line		23.34
<hr/>		
Total monthly services	\$25.91	
Usage charges		2.95
<hr/>		
LD Network Access Charge (from May 04 to Jun 03)		2.95
Taxes		1.42
<hr/>		
GST (Registration 812758878)	1.42	
Total charges for [REDACTED] s.17(1)		30.28

· APPLICANT COPY

Sarro, Enri

From: info@powerwithin.com
Sent: Monday, June 02, 2008 2:08 PM
To: Sarro, Enri
Subject: Congratulations

Dear **ENRI SARRO**,

Congratulations!

This email confirms your registration for **1** ticket(s) for a total of \$ **134.00** for the **6/20/2008** **PRESIDENT CLINTON - EDMONTON** taking place at the **EDMONTON**, The credit card charge will appear on your credit card statement as Power Within Inc.

Please note all sales are final. However, tickets are transferable or may be exchanged for other Power Within Events. Your tickets will be mailed to you 2 weeks prior to the Event.

Tickets purchased less than 5 days prior to event date will be available for pick up at the venue. Pick up details will be emailed to you shortly.

If you require additional tickets or associates, friends and family, please call Toll Free 1-866-994-2555. Your client service agent number is **235**

Thank you and we look forward to seeing you on **6/20/2008**.

The Power Within Inc 462 Wellington Street West, Suite 201 Toronto, ON M5V1E3

Customer Service - 1-866-994-2555

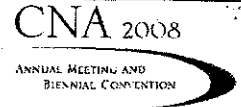
Visit www.powerwithin.com for complete schedule of events.

* Speakers and date may be subject to change

APPLICANT COPY

Reset

2008 CNA ANNUAL MEETING AND BIENNIAL CONVENTION REGISTRATION FORM



FREE GIFT IF YOU REGISTER ONLINE

Title MRS. Last name MARGUERITE First name ROWE
(Please print clearly)

Address C/O SUITE 300, PLAZA 124 10216 124 STREET

City EDMONTON Province/Territory AB Country _____ Postal code T5N 4A3

Business tel. (780) 735-3442 ext. _____ Home tel. _____

E-mail Marguerite.Rowe@capitalhealth.ca Fax (780) 413-5126

If the address given is your place of business, please include your position and employer:

Position VICE-PRESIDENT & CHIEF OPER. OFFICER Employer CAPITAL HEALTH, EDMONTON AREA
COMMUNITY CARE, REHABILITATION & GERIATRICS
INTERIM CHIEF NURSING OFFICER

yes no I consent to have my information used to provide me with updated information on this convention and future CNA events and activities.

yes no I consent to have my name and province or territory on the registration list that will be available to other registrants at the convention.

yes no I am CNA certified. ADD

yes no This is my first CNA biennial convention. (Specialty area)

Registration Fees – Please circle the appropriate registration fee

	EARLY-BIRD RATE (Payment received by May 9, 2008) **SAVE SAVE SAVE**			After May 9, 2008		
	Members	Non-members	Nursing students*	Members?	Non-members	Nursing students*
Full Conference	\$585	\$820	\$205	<u>\$730</u>	\$1025	\$255
Tuesday only	\$310	\$434	\$108	\$388	\$543	\$135
Wednesday only	\$310	\$434	\$108	\$388	\$543	\$135
Opening Ceremonies (Monday only)	\$60	\$84	\$45	\$75	\$105	\$56

Please add 5% GST

* Nursing students must attach proof of full-time student status.

To obtain a member discount, please provide:

Province/territory of registration ALBERTA Registration # TO FOLLOW BY EMAIL

APPLICANT COPY

Registration fee

\$ 0.00 730

Companion registration

of companions @ \$84 each = \$ 0.00

Name(s) _____

(Companions may attend the opening and closing ceremonies as well as the reception on Monday, June 16.)

Annual meeting (Business session – Monday, June 16)

I will attend

Members & students: No admission fee; lunch is included for those who RSVP (check box)

Non-members (lunch included): @ \$50 each = \$ 0.00

Centennial gala banquet (Tuesday, June 17)

(Not included in registration fee)

* Complementary tickets w/o provided

of tickets @ \$85 each = \$ 0.00

Canadian Nurses Foundation lunch (Wednesday, June 18)

(Not included in registration fee)

of tickets @ \$62 each* = \$ 0.00

*The price includes a \$25 charitable donation to the Canadian Nurses Foundation. You will receive a tax receipt for your donation by mail after the convention.

Canadian Nursing Students' Association lunch (Wednesday, June 18)

(Not included in registration fee)

I will attend

Students: Complimentary lunch – RSVP required (ticket will be issued)

Non-students: # of tickets @ \$43 each = \$ 0.00

Dietary restrictions _____

Pre-convention workshops (all workshops Sunday, June 15)

Nursing Leadership: Do We Have a Global Social Responsibility?

\$100 \$ 0.00

Interprofessional Collaboration and Family Practice

\$100 \$ 0.00

Medical-Surgical Nursing: Head, Heart, Hands of Acute Care

\$100 \$ 0.00

TOTAL FEES

\$ 0.00 730

+ 5% GST

\$ 5% 36.50

TOTAL

\$ 0.00 766.50

A cheque or money order from _____
for the amount of \$ _____ made payable to the Canadian
Nurses Association is enclosed.

Please charge \$ 766.50 to VISA MasterCard

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

Card number

Expiry date

m m y y

Name of cardholder

Marguerite Rowe

Signature of cardholder

Marguerite Rowe

Please complete this form and return with full payment to
Conferences and Events, Canadian Nurses Association
50 Driveway, Ottawa, ON K2P 1E2

For convention registration information

telephone: 1-800-361-8404 ext. 365 or 613-237-2133 • fax: 613-237-3520

e-mail: conferences@cna-aic.ca

or visit CNA's website: www.cna-aic.ca

Please note: Badges and function tickets (if ordered) will be distributed on site.

Registration policies

You will not be registered until CNA has received and processed your payment. An automatic confirmation will be provided for online registrations. An e-mail confirmation will be sent to those who register by mail or fax.

Refunds will be given for cancellations received in writing only (mail or e-mail) up to and including May 26, 2008, less an administration fee of \$65. No refunds will be issued after this date. Delegate substitution is permitted up to the convention date.

GST Registration #R106864548

APPLICANT COPY

Creighton, Adrienne

From: Lazarenko, Barbara [barbara.lazarenko@marlintravel.ca]
Sent: Friday, May 16, 2008 3:56 PM
To: Creighton, Adrienne
Subject: Itinerary/Confirmation - mARGUERITE rOWE - 22/23mAY - UPDATE
Attachments: 10DollarMarlinTravelMarch2008.pdf

You Can view/print your ticket receipt at:

www.viewtrip.com

Your reservation number is W2DJ2Y

Ticket 0145685715035

MARLIN TRAVEL - GOVERNMENT CENTRE
 OWNED AND OPERATED BY 101017690 SASK. LTD.
 9929 108TH ST - MAIN
 EDMONTON ALBERTA T5K 1G8
 PHONE: (780) 425-8611 FAX: (780) 426-5759
 BRANCH: N61107 GST REG NO. 885101915
 PNR LOC: W2DJ2Y DATE: 16 MAY 2008
 AGENT: KAREN

TO: CAPITAL HEALTH FOR: ROWE/MARGUERITE MS
 SUITE 800 NORTH TOWER
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4
 Section 17(1),(4)(e.i)

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
EDMONTON/INTL	CALGARY	AIR CANADA	8151 H	22 MAY 08	400P	448P	OK
NONSTOP							
EQUIPMENT:CRA		TRAVELLING TIME - :48					
OPERATED BY:AIR CANADA JAZZ		SEAT:25D					
AIRLINE LOCATOR: AC -NJGEBM							
CALGARY	EDMONTON/INTL	AIR CANADA	8130 A	23 MAY 08	600A	650A	OK
NONSTOP							
EQUIPMENT:DH3		TRAVELLING TIME - :50					
OPERATED BY:AIR CANADA JAZZ		SEAT: 6C					
AIRLINE LOCATOR: AC -NJGEBM							

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
 FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47
 UNDERWRITTEN BY AXA INSURANCE CANADA
 24 HOUR EMERGENCY HELP DESK
 WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
 *****IMPORTANT REMINDER*****

APPLICANT COPY

****AS OF JANUARY 2007 YOU WILL BE REQUIRED**
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES


FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE.
WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE PLS QUOTE ACCESS CODE 2EC0

Barbara Lazarenko
Marlin Travel
9929 - 108 Street
Edmonton, Alberta, T5K 1G8, Canada
tel +001 780.425.8611
fax +001 780.426.5759
<mailto:barbara.lazarenko@marlintravel.ca>

APPLICANT COPY

Travelport ViewTrip™

Itinerary

[Print Itinerary](#) 

[Log Off](#)

Itinerary Information

Today's Date: Friday, May 16, 2008
 Reservation ID: W2DJ2Y

Agency Information

MARLIN
 9929 108Th St Government Ctr
 Edmonton, AB T5K 1G8
 Canada
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN

Traveler

Rowe, Marguerite Ms

Flight - Air Canada (AC) - 8151

Thursday, May 22, 2008

Flight 8151 Non-stop
 Class of Service: Economy (H)
 YEG to YYC Flight Operated By: Air Canada Jazz
 Air Canada Confirmation Numbers: NJGEBM
Depart: Edmonton Intl Arpt (YEG) 4:00 PM
 Terminal Not Available Thursday, May 22, 2008
Arrive: Calgary Intl Arpt (YYC) 4:48 PM
 Terminal Not Available Thursday, May 22, 2008

Seat	Status	Passenger
25D (Non-smoking)	Confirmed	Rowe, Marguerite Ms

[Flight Service Information +](#)

Status Confirmed (HK)

Flight - Air Canada (AC) - 8130

Friday, May 23, 2008

Flight 8130 Non-stop
 Class of Service: Economy (A)
 YYC to YEG Flight Operated By: Air Canada Jazz
 Air Canada Confirmation Numbers: NJGEBM
Depart: Calgary Intl Arpt (YYC) 6:00 AM
 Terminal Not Available Friday, May 23, 2008
Arrive: Edmonton Intl Arpt (YEG) 6:50 AM
 Terminal Not Available Friday, May 23, 2008

Seat	Status	Passenger
06C (Non-smoking)	Confirmed	Rowe, Marguerite Ms

[Flight Service Information +](#)

Status Confirmed (HK)

APPLICANT COPY

Other	
Other	
Start Location:	Edmonton Intl Arpt (YEG)
Start Date	Monday, September 01, 2008
Number of Persons:	1
Other Information +	

Status Confirmed (HK)

<p>Remarks</p> <p>AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47 UNDERWRITTEN BY AXA INSURANCE CANADA 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834 *****IMPORTANT REMINDER***** **AS OF JANUARY 2007 YOU WILL BE REQUIRED** **TO OBTAIN A CANADIAN PASSPORT TO ENTER OR** ***RE-ENTER THE UNITED STATES**** *****</p>

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**NO
PARKING
OFFERS
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value park

Affordable parking right at the airport.

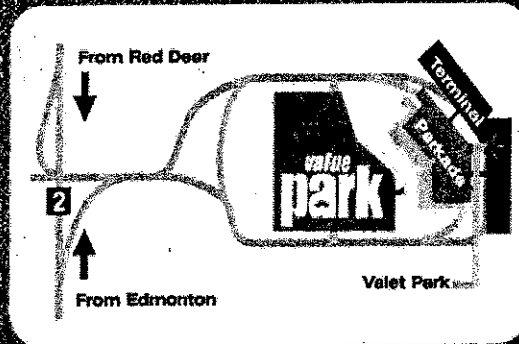
**SAVE
UP TO \$10***

- ✓ Quick check-in/out
- ✓ Free shuttle service & winter coat check
- ✓ Free plug-ins & battery boosts
- ✓ Security patrolled & paved
- ✓ Special weekly/monthly rates
- ✓ Open 24 hours

This special offer is compliments of



and



**Offer valid for \$1.00 off per day for a maximum of 10 days (\$10.00) when you park at Edmonton Airports Value Park. Please present coupon and payment to cashier at exit plaza. Coupon cannot be combined with any other offer. No cash value. One coupon per visit. Expires December 31, 2008.*

edmontonairports.com (780) 890-8439



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Community Care, Rehabilitation & Geriatrics	
Business Phone: 735-3440	Period From: May 23, & 30 to June 2-23, 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	0007	71110101089	62410000			\$99.33	<input checked="" type="checkbox"/>
201	0007	71110101089	62410000			281.15	<input type="checkbox"/>
201	0007	71110101089	62300000 62314			593.55	<input type="checkbox"/>
201	0007	71110101089	62300000			104.44	<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,078.47	<input type="checkbox"/>

258.15
 23.00
 559.40
 34.00
 94.44
 10.00

RECEIVED
 JUL 30 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: *M Rowe*

Date: *July 15/08*

Approved By: <i>Deb Gordon</i> <small>(Print name)</small>	Title: <i>VP & COO, CAH</i>	Phone # <i>407-8009</i>
<div style="border: 1px solid black; padding: 2px;"> <i>Deb Gordon</i> <small>(Signature)</small> </div>		Date: <i>17 JUL 08</i>
Approved By:	Title:	Phone #
<div style="border: 1px solid black; padding: 2px;"> <small>(Signature)</small> </div>		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.

EXPENSE CLAIM FORM

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 23	Cab				✓ \$21.90		
May 30	Breakfast mtg		✓ 25.00				
June 2	To Saskatoon for National Healthcare Leadership Conf, 3M Awards - Dinner@airport		13.64				
June 2	Cab airport to Sheraton Hotel				✓ 18.00		
June 2	O/N Accommodation	✓ 212.06					
June 3	Cab airport to office				✓ 70.00		
June 4	Mileage Plaza/Corp/ret/Corp						21
June 5	Mileage Plaza/Corp/Glenrose						19
June 9	Mileage Plaza to Leduc/return for Collaborative Meetings						130
June 9	Mileage Plaza to Glenrose						5
June 10	Mileage Corp to Plaza						7
June 10	Lunch - N. Affairs		65.80				
June 11	Mileage Plaza/Glenrose/return						10
June 11	Mileage Plaza/Corp/return						14
June 11	Parking				5.00		
June 12	Mileage Corp/Plaza/Corp						14
June 13	Mileage Corp to Plaza						7
June 13	Parking				7.25		
June 16	To Ottawa for CNA Conference - Cab				8.00		
June 16	O/N Accom - Marriott Hotel	✓ 381.49					
June 17	Cabs (to/from Con. Centre)				16.00		
June 18	Cab airport to office				72.00		
June 20	Cab to Delta Hotel				28.00		
June 20	Cab Delta to Laurier House				35.00		
June 23	Mileage Plaza/CHC/return						4
Total km							231
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		\$593.55	\$104.44		\$281.15		99.33

EXPENSE LIMITS

1. Meal Allowances

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

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

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

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.

2. 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 250 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.

ICANT COPY

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

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

MARGUERITE ROWE

YELLOW (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO. 096638	DRIVER 4-1-10	UNIT NO.
TIME 6-43	DAY 23	MO. YR. 05 08

2790450

FARE	19.96
INTL	
GRATUITY	2.00
TOTAL	21.96

CUSTOMER COPY

Merchant ID: 4147867
Term ID: 6688350
Employee ID: 382

Batch#: 002
Shift #: 001

Sale

VISA
Inv #: 000000008

Seq#: 002001001004

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

Amount: \$ 21.00
Tip: \$ 4.00

Total: CAD\$ 25.00

001/00 APPROVED 055120

09:18:06

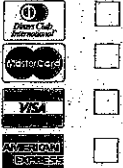
G.S.T.#

FROM 2254

TO

PRINT NAME

CUSTOMER'S SIGNATURE
X



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

HMSHOST
MONTANA'S COOK HOUSE
EDMONTON INTERNATIONAL AIRPORT

40147 MEGAN

101/1 9013 GST 1
JUN02'08 4.55PM

THANK YOU
Date: June 2 Amount: 18.00

From: Airport

To: Sharatan

Unit: 101 Driver: 6651

GST#

PLEASE CALL AGAIN

**** SEAT

1 WATER GLASS

1 SALD COBB 12.99

HOUSE RANCH

SUBTOTAL 12.99

12.99 G.S.T. 5%217101 0.65

AMOUNT \$ 13.64

SUBTOTAL 12.99

12.99 G.S.T. 5%217101 0.65

AMOUNT \$ 13.64

GST # 137512901

YELLOW (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

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

AUTH. NO.	DRIVER 1544	UNIT NO.
TIME	DAY 03	MO. YR. 06 08

2437639

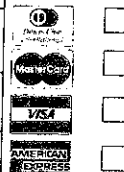
G.S.T.# 137087104

FROM 1190

TO 102 Ave 124 St.

PRINT NAME

CUSTOMER'S SIGNATURE
X



FARE	65.00
INTL	
GRATUITY	5.00
TOTAL	70.00

CUSTOMER COPY

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

APPLICANT COPY

Sheraton Cavalier Saskatoon Hotel
 612 Spadina Crescent East
 Saskatoon, Saskatchewan S7K 3G9 Canada
 T 306 652 6770 F 306 244 1739
 sheraton.com/saskatoon

Come back soon

GUEST	TRAVEL AGENT / CHARGE TO
Marguerite Rowe	Marlin Travel
Room 203	9929 1089th St
Rate 189.00	
No pers 1	
Folio 628773 EX-A	Edmonton, AB T5K 1G8
Page 1	
Arrive 02-JUN-08 21:02	
Depart 03-JUN-08	
Payment VI	

DATE	REFERENCE	DESCRIPTION	CHARGES / CREDIT
02-JUN-08	RT203	Room Charge - TC	189.00
02-JUN-08	RT203	DMF	4.16
02-JUN-08	RT203	Room Tax	9.45
02-JUN-08	RT203	Goods And Service Tax	9.45
03-JUN-08	VI	Visa	212.06-
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.

From all of us at the Sheraton Cavalier Saskatoon, thank you for your patronage and we will see you again.

** 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

Marguerite Rowe ROOM 203 DEPART AGENT
 FOLIO 628773 02-JUN-08 203



APPLICANT COPY

Sheraton Cavalier Saskatoon Hotel
612 Spadina Crescent East
Saskatoon, Saskatchewan S7K 3G9 Canada
T 306 652 6770 F 306 244 1739
sheraton.com/saskatoon

Come back soon

QUEST	TRAVEL AGENT / CHARGE TO
Marguerite Rowe	Marlin Travel 9929 1089th St Edmonton, AB T5K 1G8
Room 203	
Rate 189.00	
No pers. 1	
Folio 628773 EX-A	
Page 2	
Arrive 02-JUN-08 21:02	
Depart 03-JUN-08	
Payment VI	

DATE	REFERENCE	DESCRIPTION	CHARGES / CREDIT
		GST Room	9.45
		GST Food and Beverage	0.00
		GST Telephone	0.00
		GST Total	9.45
		GST Vendor Number R100846435	

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 could have earned 378 Starpoints for this visit. Please provide your member number or enroll today.

Marguerite Rowe	ROOM	DEPART	AGENT
FOLIO 628773 02-JUN-08	203		

APPLICANT COPY

10109 125 ST
EDMONTON, AB
T5N 1S7
780-482-7577

Merchant ID: 4004165 Batch#: 014
Term ID: B4004165 Shift #: 001
Employee ID: 19

Pre-Auth

VISA Seq#: 014001001002
Trn #: 0000001090

Amount: \$ 59.80

Tip: \$ 6.00

Total: CAD\$ 65.80

APPROVED 042064

1-Jun-08

12:51:24

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking 780-420-1976
Lot 02-32
GST #88731 5638 RT0001
Machine Serial #:000004141058

EXPIRY DATE AND TIME

EIP 02:55pm
JUN 11,2008

EXP 02:55pm
JUN 11,2008

TICKET# LOT#
00073265 00020032

C \$0005.00 MACH# 002
FOLLOW INSTRUCTIONS ON SIGNS POSTED

LOT# 00020032
MACH# 002
TICKET# 00073265
C \$0005.00
JUN 11,2008
01:56pm
Purchase Time

1 Hour \$5.00

Pay from your cell phone.
423-1922 Location 9802.
Go to www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

13/06 11:03 AM

AMOUNT PAID
\$ 7.25 15210000 08:33 AM



UNIVERSITY OF ALBERTA 0957067

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

13/06/08 08:33 AM \$ 7.25

CREDIT CARD NUMBER

06001



UNIVERSITY OF ALBERTA 0957067

RECEIPT

GST # R108102831

APPLICANT COPY

BLUELINE Job # _____
 Receipt for Cab fare





Amount 8.00 Date June 16 08

From _____

To _____

Cab No. 3020 Driver [Signature]

G.S.T. Included in meter fare

BLUELINE Job # _____
 Receipt for Cab fare





Amount 8.00 Date June 17 08

From _____

To _____

Cab No. _____ Driver [Signature]

G.S.T. Included in meter fare

BLUELINE Job # _____
 Receipt for Cab fare





Amount 8 Date June 17

From _____

To _____

Cab No. _____ Driver [Signature]

G.S.T. Included in meter fare

CHARGE TO: _____ ACCOUNT NO. _____

MARGUERITE ROWE

BLUELINE CAB (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	<u>[Signature]</u>	<u>3103862</u>
TIME	DAY	MO. YR.
	<u>18</u>	<u>6 2008</u>

3103862

<input type="checkbox"/>	FARE	<u>65.00</u>
<input type="checkbox"/>	INTL	
<input type="checkbox"/>	GRATUITY	<u>7.00</u>
<input type="checkbox"/>	TOTAL	<u>72.00</u>

CUSTOMER COPY

G.S.T.# _____

FROM JUP

TO 77.7

PRINT NAME _____

CUSTOMER'S SIGNATURE [Signature]

X

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

Room Name Rate Depart Time
1224 ROWE/MARGUERITE/MS 159.00 06/18/08 09:34 8695
 Type **NDBG** Arrive **06/16/08 00:19 ACCT#**
 Room Clerk **11** Address Payment **Section 17(1),(4)(e.i)**
VS MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/16	ROOM	1224, 1	159.00	
06/16	5%RM GST	1224, 1	7.95	A
06/16	5%RM PST	1224, 1	7.95	B
06/16	DMF	1224, 1	4.54	J
06/16	DMF GST	1224, 1	.23	L
<i>do not include (32.90)</i>				
<i>do not include</i>				
06/17	ROOM	1224, 1	159.00	
06/17	5%RM GST	1224, 1	7.95	A
06/17	5%RM PST	1224, 1	7.95	B
06/17	DMF	1224, 1	4.54	J
06/17	DMF GST	1224, 1	.23	L
06/18	CT FOOD	93811224	32.00	
06/18	CTFEDTX	93811224	1.60	
06/18	CT FDTX	93811224	2.56	
06/18	CT GRAT	93811224	1.99	
06/18	CCARD-VS			
PAYMENT RECEIVED BY: VISA			437.39	

do not include (32.90)
do not include
\$16.00 only
new total \$381.49

DESCRIPTION	GST # RT891615684	TAXED AMOUNT	TAX
GST (FH)			.00
F 5% GST MISC		.00	.00
H 5% GST MISC INCLUSIV		.00	.00
PST (BGI)			15.90
B 5% PST ROOM TAX		.00	15.90
G 8% PST MISC		.00	.00
I 8% PST MISC INCLUSIV		.00	.00
A 5% GST ROOM TAX		.00	15.90
J DESTINATION MKT FEE		.00	9.08
K DMF PST		.00	.00
L DMF GST		.00	.46
M 5% GST PARKING		.00	1.90
NET CHARGES			
394.15		TAX 43.24	FOLIO .00
		CREDITS 437.39	

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

Signature X _____

APPLICANT COPY

CHARGE TO: ACCOUNT NO.

(780) 462-3456
 (780) 462-4444
(800) 465-8500

MARGUERITE ROWE

G.S.T.#	TIME	DRIVER	UNIT NO.								
	DAY MO YR										
FROM	2768195										
TO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FARE</td> <td style="width: 50%;">16.00</td> </tr> <tr> <td>INT'L</td> <td></td> </tr> <tr> <td>GRATUITY</td> <td>7.00</td> </tr> <tr> <td>TOTAL</td> <td>23.00</td> </tr> </table>			FARE	16.00	INT'L		GRATUITY	7.00	TOTAL	23.00
FARE	16.00										
INT'L											
GRATUITY	7.00										
TOTAL	23.00										
PRINT NAME	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>										
CUSTOMER'S SIGNATURE	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> </div> </div>										

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

CUSTOMER COPY

Section 17(1)

CHARGE TO: ACCOUNT NO.

(780) 462-3456
 (780) 462-4444
ADMINISTRATION (780) 465-8500

MARGUERITE ROWE

G.S.T.#	TIME	DRIVER	UNIT NO.								
	DAY MO YR										
FROM	2768196										
TO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FARE</td> <td style="width: 50%;">20.00</td> </tr> <tr> <td>INT'L</td> <td></td> </tr> <tr> <td>GRATUITY</td> <td>5.00</td> </tr> <tr> <td>TOTAL</td> <td>25.00</td> </tr> </table>			FARE	20.00	INT'L		GRATUITY	5.00	TOTAL	25.00
FARE	20.00										
INT'L											
GRATUITY	5.00										
TOTAL	25.00										
PRINT NAME	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>										
CUSTOMER'S SIGNATURE	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> </div> </div>										

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CUSTOMER COPY



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Marguerite Rowe	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Community Care, Rehabilitation & Geriatrics
Business Phone: 735-3440	Period From: June 25-27, and July 3 to 31 st , 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	0007	71110101089	62310000			\$72.67	<input type="checkbox"/>
201	0007	71110101089	62310000			55.40	<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						\$128.07	<input type="checkbox"/>

Capital Health
RECEIVED
AUG 27 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: <i>M Rowe</i>	Date: <i>August 12/08</i>
-----------------------------------	---------------------------

Approved By: Deb Gordon <small>(Print name)</small>	Title: VP & COO, UAH & Stollery Children's Hospital	Phone # 407-1848
<small>(Signature)</small> <i>[Signature]</i>	<i>Reginald Dawson</i>	Date <i>14-AUG-08</i>
Approved By:	Title:	Phone #
<small>(Signature)</small>		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.

EXPENSE CLAIM DETAIL

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 25	Mileage CapitalCare to Plaza						3
June 25	Mileage Plaza to GRH						5
June 26	Cab				15.00		
June 26	Cab				12.00		
June 27	Cab				14.40		
July 3	Mileage Corporate to Plaza						7
July 7	Mileage Corporate to Plaza						7
July 8	Cab				14.00		
July 9	Mileage Corporate/Plaza/Corp						14
July 9	Mileage Plaza to GRH						5
July 10	Mileage Plaza/Corp/Plaza						14
July 15	Mileage Plaza/Corp/Plaza						14
July 17	Mileage Plaza/Corp/Plaza						14
July 18	Mileage Plaza/Corp/Plaza						14
July 21	Mileage Plaza/Corp/Plaza						14
July 23	Mileage Corp/Plaza/Corp						14
July 23	Mileage Plaza/GRH/Plaza						10
July 24	Mileage Corp/Plaza/Corp						14
July 29	Mileage Foote Field to Plaza						10
July 30	Mileage CapitalCare/Plaza						3
July 31	Mileage Corporate to Plaza						7
Total km							169
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					\$55.40		72.67

EXPENSE LIMITS

1. Meal Allowances

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

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

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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.

2. 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 250 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.

3. Advance

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

ACCOUNT NO.

CHARGE TO:

VESTIE L. ROWE

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO. _____ UNIT NO. _____
 TIME _____ DRIVER MS DAY _____ MO. _____ YR. _____
26 06 08

CUSTOMER COPY

2418206

FARE	INTL.	GRATUITY	TOTAL
10.00		1.00	11.00



G.S.T.# _____
 FROM UHH
 TO Court Plaza
 PRINT NAME _____
 CUSTOMER'S SIGNATURE V.L. Rowe X

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

CHARGE TO:

ACCOUNT NO.

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO. _____ UNIT NO. _____
 TIME _____ DRIVER _____ DAY _____ MO. _____ YR. _____
12 07 08

CUSTOMER COPY

3160664

FARE	INTL.	GRATUITY	TOTAL
12.00		0.00	12.00



G.S.T.# _____
 FROM Lowes 12674
 TO Variscoa
 PRINT NAME _____
 CUSTOMER'S SIGNATURE V.L. Rowe X

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

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO. _____ UNIT NO. _____
 TIME _____ DRIVER _____ DAY _____ MO. _____ YR. _____
27 08 08

CUSTOMER COPY

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

2708202

FARE	INTL.	GRATUITY	TOTAL
14.00		0.00	14.00



G.S.T.# _____
 FROM Plano 124
 TO Tob. Plaza
 PRINT NAME _____
 CUSTOMER'S SIGNATURE _____ X

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

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

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO. _____ UNIT NO. _____
 TIME _____ DRIVER _____ DAY _____ MO. _____ YR. _____
21 08 08

CUSTOMER COPY

4113670

FARE	INTL.	GRATUITY	TOTAL
13.00		0.00	13.00



G.S.T.# _____
 FROM Glenn Rose Hosp.
 TO West Hosp.
 PRINT NAME _____
 CUSTOMER'S SIGNATURE _____ X

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