



# 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 H. Brent Skinner Employee Number                      s.17(1)  
 Position Chief Planning Officer Cost Centre: 00 201 9000 71110500005  
 Department: Strategic Planning and Capital Development Bus. Phone: 407-7171  
 Period February 1, 2005 - February 28 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					
Registration Fees			87.00	✓	
Transportation (including parking)			25.00	✓	
Other					
Mileage			84.70		
<b>TOTAL</b>			\$ 193.70		\$
Less Cash Advance			—		
<b>NET</b>			\$ 193.70		

Capital Health  
**RECEIVED**  
 MAR 22 2005  
 ACCOUNTS PAYABLE

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

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

Employee Signature [Signature] Date MAR 19, 2005

Approved by \_\_\_\_\_

Print Name S. 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.



APPLICANT COPY

The Confederation Lounge  
The Fairmont Hotel Macdonald  
780-124-5181

2/7/2005 11:22

CONF: 4151N LOUNGE

Check: 2141 Table: 13

Server: MICH Table: 4

Terminal:

1 COFFEE	3.00
1 COFFEE	3.00
1 GLASS/TEA/COKE	2.50
1 SWEET TEA	3.00
4 SOUP & SALAD	64.00
1 COFFEE	3.00

Subtotal	78.50
Tax	5.50
Total	84.00

GRATUITY: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ROOM NO. : \_\_\_\_\_

PLEASE PRINT NAME

X \_\_\_\_\_  
SIGNATURE

GST#139-445-290

Thanks for Joining Us!  
We Appreciate Your Business.

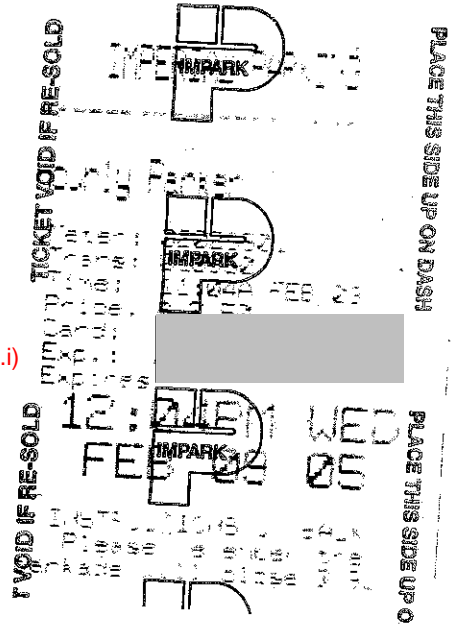
APPLICANT COPY

Plant Manager S.C.  
1700-10th Avenue  
Lynchburg, ALBERTA  
T5P 1G2  
Tel: (306) 477-1715

Best copy available

Transaction Date: 07/02/2000 13:45:46  
Debit: \$1.00  
Account Given: \$1.00  
Fringe: \$1.00  
TOTAL: \$1.00  
Thank You, Have a nice day!

APPLICANT COPY



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

APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

05FEB10 09:49 019 002  
05FEB10 08:54 02  
/ 0:55 #103052

80070596954  
RATE 3.00  
TOTAL 3.00  
Cash 5.00  
CHANGE 2.00

GST #897727657RT  
Have a Nice Day

APPLICANT COPY

MANULIFE PLACE  
OPERATED BY

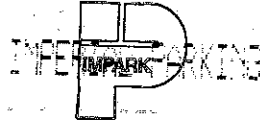
05FEB11 12:13 001 001  
05FEB11 09:29  
/ 2:44 #114301

5515592	\$10.00
RATE 1	\$10.00
TOTAL	\$20.00
CASH	\$10.00
CHANGE	

GET INCLUDED  
GET # F119580595  
HAVE A NICE DAY

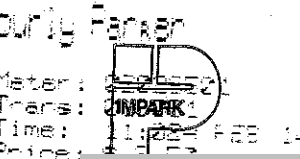
APPLICANT COPY

TICKET VOID IF



PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD



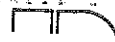
PLACE THIS SIDE UP ON DASH

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



12:03P MON  
FEB 4 05

INSTRUCTIONS ON BACK  
Please refer to the  
back of the ticket for  
instructions.



P





# APPLICANT COPY Travel Expense Claim Form

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

DINNERS/LUNCHEONS  
Dec 13 LIS SKINNER  
Dec 14 S. J. BARRA  
Jan 20 J. BROWN  
Dec 30 T. WILSON  
Jan 20 J. CUMMINS

(Please Print or Type)

Name: H. Brent Skinner Employee Number: [Redacted] Section 17(1)  
 Position: Chief Planning Officer Cost Centre: 00 201 9000 71110500005  
 Department: Strategic Planning and Capital Development Bus. Phone: 407-7171  
 Period: December 1, 2004 – January 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	Capital Health <b>RECEIVED</b>  FEB 11 2005  ACCOUNTS PAYABLE					
Meals			126.62	✓	122.62 4.00	
Registration Fees						
Transportation (including parking)				101.50	✓	
Other						
Mileage				106.75	W	
<b>TOTAL</b>				\$ 334.87		\$
Less Cash Advance			_____			
<b>NET</b>			\$ 334.87			

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 Feb 7, 2005

Approved by  
 Print Name S. 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.

**EXPENSE CLAIM DETAILS**  
**APPLICANT COPY**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
<del>Dec 7</del>							<del>8</del>
Dec 8							8
Dec 9							10
Dec 13			✓ 35.85 w		✓ 62.00 w		50
Dec 14			✓ 18.27 w				12
Dec 15							2
Dec 15					✓ 2.00 w		6
Dec 17							2
-1							4
-1							10
Dec 20							8
-1			✓ 10.43 w				12
Dec 27							8
Dec 28			✓ 27.54	23.54 4.00			12
Jan 4	Office / CMC / Return				✓ 3.00 w		8
Jan 5	Office / CMC / Return				✓ 5.25 w		10
-1	Office / EARLY CMC				✓ 2.00 w		2
Jan 6	Office / OS / Return						4
Jan 7	Office / Admin / Return				✓ 4.00 w		4
Jan 8	Office / CMC / Return						8
Jan 11	Office / CMC / Return				✓ 3.00 w		10
Jan 12	Office / CMC / Return				✓ 3.75 w		10
Jan 17	Office / CMC / Return						8
Jan 17	Office / Admin / Return						50
Jan 17	Office / CMC / Return				✓ 6.00 w		8
Jan 18	Office / CMC / Return						6
-1	Office / CMC / Return				✓ 6.00 w		4
-1	Office / CMC / Return						5
Jan 19	Office / CMC / Return						7
Jan 20	Office / CMC / Return		✓ 37.56 w				
Jan 21	Office / CMC / Return						12
Jan 26	Office / CMC / Return						10
Jan 27	Office / CMC / Return				✓ 4.50 w		15
	<b>Total km</b>						305
	@						\$0.35
<b>TOTALS TO FRONT OF FORM</b>			126.62		101.50		106.75

**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.

- 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.

**DO NOT LEAVE  
ITEMS VISIBLE IN  
VEHICLE**



CAR AND  
CONTENTS LEFT **N<sup>o</sup> 72176**  
AT OWNER'S RISK

<i>Wagon</i>	IN <i>11:55h</i>
	OUT

Please leave  
this pass with  
parking lot  
attendant on exit

Amount PD

Name \_\_\_\_\_

Amount Pd: \_\_\_\_\_

Licence \_\_\_\_\_ Prov. \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_

Date \_\_\_\_\_

**NO 72176**

APPLICANT COPY

Grant Macdonald Ltd.  
11700-101 Avenue  
Edmonton, Alberta  
T6E 4E2  
Faxing Service  
Tel: (904) 477-0315

Production Date: 05/01/2005 10:00 AM  
Submitted: 05/01  
Account Name: 0001  
Changes: 0001  
Title: 0001  
[unclear] [unclear] [unclear]

Best copy available

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

06/20/12 12:00 PM

AMOUNT PAID

\$ 2.00  
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



**DETACH RECEIPT FROM TICKET**

DATE ISSUED  
TIME ISSUED  
AMOUNT PAID

06/20/12 12:00 PM \$ 2.00

CREDIT CARD NUMBER

UNIVERSITY OF ALBERTA

RECEIPT



**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE

EXPIRATION TIME

07/01 12:00 PM

AMOUNT PAID

\$ 4.00 19740000 01:04 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

**DETACH RECEIPT FROM TICKET**

DATE ISSUED

TIME ISSUED

AMOUNT PAID

07/01/05 01:04 PM \$ 4.00

CREDIT CARD NUMBER

University of Alberta

RECEIPT



APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Rcpt# 85191  
01/11/05 17:21 L# 2 A# 40 Txn#297790  
01/11/05 16:30 In 01/11/05 17:21 Out  
Tkt# 056135  
Regular Rate \$ 2.80  
Total Tax \$ 0.20  
Total Fee \$ 3.00  
CASH PAID \$ 3.00-  
Cash Tender \$ 4.00  
Change Due \$ 1.00  
THANK YOU  
COME AGAIN

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE  
PH # (780) 428-4544  
OPERATED BY SPOTS PARKING INC.  
FOR THE CITY OF EDMONTON  
GST # R119326270 RT0001

Rcpt#115897  
01/12/05 10:50 LA 2 A# 14 Txn#430091  
01/12/05 09:42 In 01/12/05 10:50 Out  
Regular Rate \$ 3.50  
Total Tax \$ 0.25  
Total Fee \$ 3.75  
CASH PAID \$ 3.75  
Cash Tender \$ 5.00  
Change Due \$ 1.25  
THANK-YOU!  
WE APPRECIATE YOUR BUSINESS.  
COME AGAIN!



APPLICANT COPY

Name \_\_\_\_\_  
Amount Pd: 6.00  
Licence \_\_\_\_\_ Prov. \_\_\_\_\_  
Make \_\_\_\_\_ Color 3:25  
Date \_\_\_\_\_  
110 73362

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE  
PH # (780) 428-4544  
OPERATED BY SPOTS PARKING INC.  
FOR THE CITY OF EDMONTON  
GST # R119326270 RT0001

Rcpt#115897  
01/12/05 10:50 L# 2 A# 14 Txn#430091  
01/12/05 09:42 In 01/12/05 10:50 Out  
Regular Rate \$ 3.50  
Total Tax \$ 0.25  
Total Fee \$ 3.75  
CASH PAID \$ 3.75  
Cash Tender \$ 5.00  
Change Due \$ 1.25  
THANK-YOU!  
WE APPRECIATE YOUR BUSINESS.  
COME AGAIN!





APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Rcpt# 87141  
01/26/05 14:05 LN 2 AM 6 Txn#304097  
01/26/05 12:56 In 01/26/05 14:05 Out  
Tkt# 064247  
Regular Rate \$ 4.21  
Total Tax \$ 0.29  
Total Fee \$ 4.50  
CASH PAID \$ 4.50-  
Cash Tender \$ 5.00  
Change Due \$ 0.50  
THANK YOU  
COME AGAIN

RMT-05-1872



# 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: H. Brent Skinner Employee Number: [REDACTED]  
 Position: Chief Planning Officer Cost Centre: 00 201 9000 71110500005  
 Department: Strategic Planning and Capital Development Bus. Phone: 407-7171  
 Period: March 1 - March 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			30.60	✓	
Registration Fees					
Transportation (including parking)			7.75	✓	
Other					
Mileage			44.45	✓	
<b>TOTAL</b>			\$		\$
Less Cash Advance			—		
<b>NET</b>			\$		\$ 82.80

Capital Health  
**RECEIVED**  
 MAY 18 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 H. Brent Skinner Date April 21, 2005

Approved by

Print Name S 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.
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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)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



# earls

FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus  
8529-112 Street  
Edmonton, Alberta  
T6C-1K8

908 7 PAUL

Tot 35/1 Chk 6686 Gst 2  
22Mar'05 11:37AM

1 COFFEE	2.25
1 POP	2.35
1 CALJUN SAND	10.50
1 SEAFOOD PENNE	13.50

Subtotal	28.60
GST Tax	2.00
12:21 Total	30.60

Don't forget to join us for:  
Margarita Mondays!  
Bellini Tuesdays!  
Wings and Pint Wednesdays!  
Dry Rib Thursdays!  
and Martini Weekends!  
Please pay your server.  
All customer comments &  
are welcome!! Contact us at  
(780) 439-4848 or [www.earls.ca](http://www.earls.ca)  
or [ecampus@earlsrestaurants.com](mailto:ecampus@earlsrestaurants.com)  
GST#R120713705

Receipt 9147  
03/17/05 13:37:11 11 2 49 02 00715  
US/01/05 13:37:11 03/01/05 13:37:11  
TAX 0530  
Server Rate \$ 4.21  
GST Tax \$ 0.29  
Total Fee \$ 4.50  
Cash Paid \$ 4.50  
Cash Tender \$ 5.00  
Change Due \$ 0.50  
THANK YOU  
COME AGAIN

**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE EXPIRATION TIME

17/03 12:30 AM

AMOUNT PAID

\$ 3.25 19740000 02:38 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



**DETACH RECEIPT FROM TICKET**

DATE ISSUED TIME ISSUED AMOUNT PAID

17/03/05 02:38 AM \$ 3.25

CREDIT CARD NUMBER

University of Alberta

RECEIPT





# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

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

Capital Health  
Accounts Payable Services

(Please Print or Type)

Name: H. Brent Skinner Employee Number: [Redacted] JUL 20 2005  
 Position: Chief Planning Officer Cost Centre: 00 201 9000 7111050005  
 Department: Strategic Planning and Capital Development Bus. Phone: 407-7171  
 Period: April 1, 2005 – April 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			81.69		71.69 10.00
Registration Fees					
Transportation (including parking)			✓ 7.50		w
Other					
Mileage			47.95		
<b>TOTAL</b>			\$		\$
Less Cash Advance					
<b>NET</b>			\$		137.14

Capital Health  
**RECEIVED**  
JUL 20 2005  
ACCOUNTS  
PAYABLE

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

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

Employee Signature [Signature] Date 12 July 05

Approved by  
Print Name S. Weatherill Title President and CEO

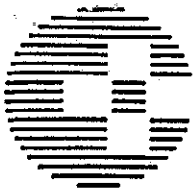
Signature [Signature] Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

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- Please ensure that the expense claim is properly authorized.
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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.
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- Out of province expenses also require approval of Chief Operating Officer or Vice President.



Capital Health

APPLICANT COPY

Local Travel Expense Claim

April, 2005

Employee Name: BRENT SKINNER  
 Employee Position: CHIEF PLANNING OFFICER  
 Department: FACILITIES PLANNING AND MAINTENANCE  
 Code:

	Amount Claimed
Mileage Claim (from reverse page)	\$ 47.95
Parking Fees (from reverse page and attach receipts) LUNCH BERRY/KINSAVE/LENNER	\$ 7.50
Taxi/Bus Fare (attach receipts)	\$ 81.65
Vehicle business insurance (up to \$100 each year with attached proof of insurance)	\$
<b>TOTAL CLAIM</b>	<b>\$ 137.10</b>

Employee Signature: Brent Skinner Date: July 2, 2005

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Date	From	To	Return	Kilometers	Parking
April 1/05	OFFICE	RAH	<input type="checkbox"/>	6	
- 1	RAH	PLAZA 124	<input type="checkbox"/>	4	5.00
- 1	PLAZA 124	CNC	<input type="checkbox"/>	2	
- 1	CNC	VAH	<input type="checkbox"/>	3	
April 4	OFFICE	ALLEGROS	<input type="checkbox"/>	3	
- 1	ALLEGROS	PLAZA 124	<input type="checkbox"/>	2	
- 1	PLAZA 124	OFFICE	<input type="checkbox"/>	5	
April 5	OFFICE	CNC	<input checked="" type="checkbox"/>	6	
April 6	OFFICE	RAH	<input checked="" type="checkbox"/>	12	
April 9	OFFICE	PLAZA 124	<input checked="" type="checkbox"/>	10	2.50
April 11	OFFICE	DE	<input checked="" type="checkbox"/>	4	
April 12	OFFICE	CNC	<input checked="" type="checkbox"/>	6	
- 1	OFFICE	RAH	<input checked="" type="checkbox"/>	12	
April 17	OFFICE	CNC	<input checked="" type="checkbox"/>	6	
April 19	OFFICE	MILWAUKEE	<input type="checkbox"/>	10	
April 15	OFFICE	RAH	<input checked="" type="checkbox"/>	12	
April 18	OFFICE	DE	<input checked="" type="checkbox"/>	4	
- 1	OFFICE	CNC	<input checked="" type="checkbox"/>	6	
April 19	OFFICE	Park Glenora	<input checked="" type="checkbox"/>	4	
April 21	OFFICE	CONF. AREA	<input checked="" type="checkbox"/>	20	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

TOTAL

137 km.	\$ 7.50
x .35 km.	
\$47.95	

Business Travel Notes:

1. Mileage may be claimed for travel directly related to Capital Health business
2. Mileage at \$0.28/km is payable for business travel between locations after first arriving at work, to any location within the region.
3. Mileage is not payable to and from home unless specifically authorized during callout or emergency situations.

APPLICANT COPY

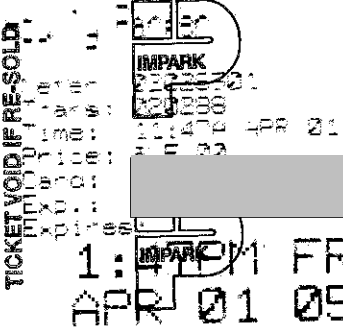
TICKET VOID

PLACE THIS SIDE UP ON DASH



TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH



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

OLD

PLACE

INSTRUCTIONS ON BACK



APPLICANT COPY

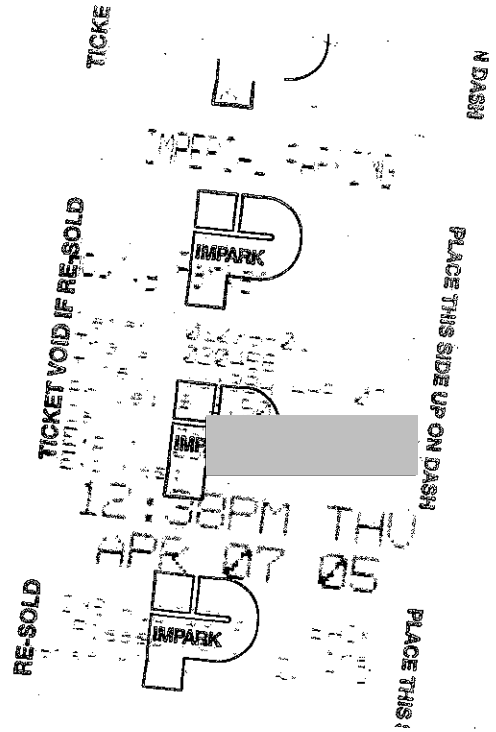
ALLEGRO ITALIAN KITCHEN  
10011 109 ST  
EDMONTON AB

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	AMEX 8125
DATE/TIME	2005/04/04 13:06:36
RECEIPT NUMBER	S80102412-765-008
AUTHORIZATION	-----
AMOUNT	\$71.69
TIP	10.00
TOTAL AMOUNT	81.69
OO APPR. #	AUTH. # 78
THANK YOU	

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

-----  
BRENT H FINNER

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





**Capital Health**

APPLICANT COPY

Capital Health  
Director, Accounting Services

DEC 19 2005

**Accounting Services**

**Memorandum**

**DATE:** December 1, 2005  
**TO:** **Brent Skinner**  
**Chief Planning Officer**  
**FROM:** Vicky Afacan  
Senior Director Accounting Services

**SUBJECT: Expense Claims**

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

Expense Claim	Amount	Information required
April 1 – April 30	\$81.69	Requires detailed restaurant receipts (if not available the receipts need to be initialed by the approver)
August 25 – August 26	\$165.72	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 10<sup>th</sup> floor Accounting Services.

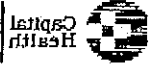
Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely,

Vicky Afacan

14 Dec.  
To: Vicky Afacan.  
See the 3 pages which  
have been co-signed by  
Leila Shwed.

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

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

Capital Health  
Accounts Payable Services

(Please Print or Type)

JUL 20 2005

Name: H. Brent Skinner      Employee Number: [REDACTED]

Position: Chief Planning Officer      Cost Centre: 00 201 9000 71170500005

Department: Strategic Planning and Capital Development      Bus. Phone: 407-7171

Period: April 1, 2005 – April 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			81.69		
Registration Fees					
Transportation (including parking)			✓ 7.50		
Other					
Mileage			47.95		
<b>TOTAL</b>			\$		
Less Cash Advance					
<b>NET</b>			\$ 137.14		

Capital Health  
**RECEIVED**  
JUL 20 2005  
ACCOUNTS  
PAYABLE

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

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

Employee Signature: [Signature]      Date: 12 July 05

Approved by: \_\_\_\_\_  
Print Name: S. Weatherill      Title: President and 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.





# 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 BRENT SKINNER Employee Number [REDACTED]  
 Position Chief Planning Officer Oracle Cost Centre 2019000 7110500029  
 Department Facilities Planning + Construction Bus. Phone 735-0431  
 Period from 25-Aug-05 to 26-Aug-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	226.56 (us)	1.22	276.89		
Meals	206.93 (us)	1.22	252.45		
Registration Fees			61.67	⊘	
Transportation (including parking)	50.55 (us)	1.22	24.00 w	✓	
Other					
Mileage			19.00 w		
<b>TOTAL</b>			\$		\$
Less Cash Advance					
<b>NET</b>			\$ 634.02		

Capital Health  
**RECEIVED**  
SEP 12 2005  
**ACCOUNTS PAYABLE**

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

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

Employee Signature [Signature] Date Aug 29, 2005

Approved by  
Print Name Susan Paul Title Sr. V.P. Facilities Planning and Construction

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 - 10<sup>th</sup> Fl., 10030 - 107<sup>th</sup> Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.





APPLICANT COPY

BAI DANG  
 W. BLACKSTONE  
 FRESNO, CA  
 559-448-8894

Server: Thert  
 Table #2/1  
 Guests: 2

08/26/2005

Diet Coke (2 @1.75) 3.50  
 Iced Tea 1.75  
 Glass Jewel Pinot Noir 7.50  
 Scallops Crusted Salad 7.95  
 Polynesian Spring Salad 6.95  
 DB: Chicken Salad 7.95  
 Thai Chicken Salad 7.95  
 Wok Seared Pacific Salmon 13.95

Sub Total 57.50  
 Tax 4.59

Total 62.09

Balance Due

Thank you for Dining  
 with us. Please come  
 Again.

Server: Thert  
 Date: 08/26/2005  
 Time: 6:00 PM  
 Station: 10029

Best copy available  
 #48612  
 #1208

Tip: 9.00  
 = Total: 71.09

X  
 Approval: 521561

CUSTOMER COPY



APPLICANT COPY

EDMONTON AIRPORTS

01-11-2016

444444

444444

444444

444444

Best copy available

**U.S.A. CAB CO.**

Fresno, CA

**(559) 222-5588**

Fast Service, Friendly & Courteous  
24 Hours

Driver: Leonard    Date: 8-26    Faire: 19 70



GUEST FOLIO

805 SKINNER/BRENT/MR 199.00 08/26/05 13:00 7284  
ROOM NAME RATE DEPART TIME ACCT#  
NKG 08/25/05 10:23  
TYPE ARRIVE TIME  
28

PASSPORT:

ROOM CLERK ADDRESS PAYMENT MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
08/25	LATITUDE 5421 805	85.53		
08/25	ROOM 805, 1	199.00		
08/25	RM TAX 805, 1	27.86		
08/25	CA FEE 805, 1	.10		
08/26	AX CARD		\$312.49	

SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE LOS ANGELES AIRPORT MARRIOTT!  
FOR A QUICK CHECK-OUT, PLEASE DIAL '88' ON YOUR PHONE, OR  
PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT.

----- EXP. REPORT SUMMARY -----

08/25	F&B	85.53
	ROOM&TAX	226.96

**Marriott** APPLICANT COPY  
**LOS ANGELES AIRPORT**

5855 W. Century Boulevard  
 Los Angeles, CA 90045  
 (310) 641 5700  
 Marriott.com/LAXAP

**GUEST FOLIO**

ROOM <b>805</b>	NAME <b>SKINNER/BRENT/MR</b>	RATE <b>199.00</b>	DEPART <b>08/26/05</b>	TIME <b>13:00</b>	ACCT# <b>7284</b>
TYPE <b>NKG</b>			ARRIVE <b>08/25/05</b>	TIME <b>10:23</b>	
CLERK <b>28</b>	ADDRESS	PAYMENT	MR#:		

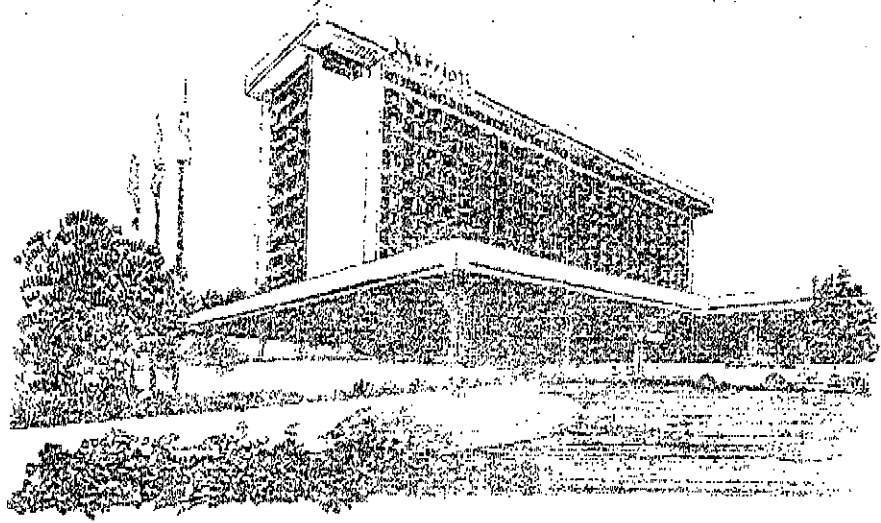
08/25 LATITUDE	5421 805	85.53	<i>JS</i>
08/25 ROOM	805, 1	199.00	
08/25 RM TAX	805, 1	27.86	
08/25 CA FEE	805, 1	.10	
08/26 AX CARD			
			<b>\$312.49</b>

SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE LOS ANGELES AIRPORT MARRIOTT!  
 FOR A QUICK CHECK-OUT, PLEASE DIAL '88' ON YOUR PHONE, OR  
 PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT.

----- EXP. REPORT SUMMARY -----

08/25 F&B	85.53
ROOM&TAX	226.96



**Marriott**  
**LOS ANGELES AIRPORT**

5855 W. Century Boulevard  
 Los Angeles, CA 90045  
 (310) 641 5700  
 Marriott.com/LAXAP

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.

6-2955C  
 Rev. 12/04

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

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



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

(Please Print or Type)

Name: H. Brent Skinner Employee Number: [REDACTED]  
 Position: Chief Planning Officer Cost Centre: 00 201 9000 71110500005  
 Department: Strategic Planning and Capital Development Bus. Phone: 735-0431  
 Period: July 1, 2005 – 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			✓ 124.44	✓	120.44 4.00
Registration Fees					
Transportation (including parking)			13.40	✓	W
Other			# 77.52		
Mileage			<del>71.40</del>	W	
TOTAL			\$ 209.24		\$
Less Cash Advance			# 215.36		
NET			\$ <del>209.24</del>		

RECEIVED  
 SEP 22 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 *H. Brent Skinner* Date Sept 12, 2005

Approved by  
 Print Name *S. 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.



APPLICANT COPY

TICKET VOID



UP ON DASH

TICKET VOID IF RE-SOLD



Best copy available

PLACE THIS SIDE UP ON DASH

.D



PLACE



LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

02/22/2020 12:58 PM

AMOUNT PAID

\$ 3.90 154100001058 AM

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



NON TRANSFERABLE

602750

DETACH RECEIPT FROM TICKET

DATE ISSUED

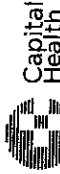
TIME ISSUED

AMOUNT PAID

02/22/2020 12:58 PM

CREDIT CARD NUMBER

0000



Capital Health

RECEIPT

602750

TICK

IMPARK

DASH

IF TICKET VOID IF RE-SOLD

IMPARK

PLACE THIS SIDE UP ON DASH



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

4:02 PM 200  
JUL 25 25

IF RE-SOLD

IMPARK

PLACE THIS SIDE UP ON DASH

APPLICANT COPY

\*\*\*\*\*  
 CHECK # 581  
 TABLE # 24  
 \*\*\*\*\*  
 DATE 01/29/05  
 TIME 7:46  
 =====

--- S : Ernie555 ---

ITEMS ORDERED AMOUNT

WASH  
 CIT OMELET  
 Egg 7.99  
 Egg 3.12  
 2 C... ..

\*\*\*\*\*  
 \*\*\*\*\*  
 St 16.88  
 1.13  
 -----  
 TU 18.01

RICKY'S  
 PHONE 421 - 7546  
 PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

C. T. #899060974

109TH ST 15J1N7  
 EDMONTON AB  
 932092349416

PRE AUTH PURCHASE \*\*\*\*\*  
 07-29-2005 08:19:03  
 Acct # [REDACTED] S  
 Exp D [REDACTED] Card Type AM  
 BRENT H SKINNER  
 e # 12946 Operator 555  
 J2299604300  
 # 23 Acct # 001197804  
 Section 17(1),(4)(e.i)  
 P. Auth Purchase \$18.07  
 Tip  
 Total



APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Repts 6460  
08/11/05 14:35 L# 2 AM 21 Txn# 24919  
08/11/05 13:19 In 08/11/05 14:35 Out  
Tkt# 171519  
Regular Rate \$ 4.21  
Total Tax \$ 0.29  
Total Fee \$ 4.50  
CASH PAID \$ 4.50-  
Cash Tender \$ 5.00  
Change Due \$ 0.50  
THANK YOU  
COME AGAIN

APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST  
EDMONTON AB

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

CARD NUMBER [REDACTED]  
EXPIRY DATE [REDACTED]  
CARD TYPE AMEX 6845  
DATE/TIME 2005/08/15 12:35:40  
RECEIPT NUMBER 947131088-659-001  
AUTHORIZATION  
AMOUNT \$26.22

TIP 7.00  
TOTAL AMOUNT 33.22

00 APPROVED-025 AUTH. # 78  
THANK YOU

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

-----  
CARDHOLDER SIGNATURE

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R128060354

30 STEPHONI

TBL 10/1 CHG 000 TEST 0  
00/15/05 12:35:40  
-----  
1 \*COFFEE 2.50  
1 \*POP 2.00  
2 SPIN SPIN 20.00  
-----  
SUBTOTAL 24.50  
G.S.T. 1.72  
TOTAL DUE 26.22

PLEASE PAY SERVER

APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST  
EDMONTON AB

CARD NUMBER  
EXPIRY DATE  
CARD TYPE  
DATE/TIME  
RECEIPT NUMBER  
AUTHORIZATION  
AMOUNT



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

AMEX 1082  
2005/08/16 12:59:29  
S47131088-659-116

-----  
\$32.10  
-----

TIP

5.00

TOTAL AMOUNT

37.10

00 APPROVED-025  
THANK YOU

AUTH. # 11

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN  
ISSUER ACCORDING TO CARDHOLDER

\_\_\_\_\_  
R SIGNATURE

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R126503554

10 BRANDY

-----  
TEL 16/1      CHK 223      GST 0  
AUG16'05 12:14PM  
-----

2 \*POP                      4.00  
1 SALAD CHICKEN            10.00  
1 PENNE HOT                11.00  
2 \*COFFEE                    5.00

SUBTOTAL                    30.00  
G.S.T.                        2.10  
TOTAL DUE                    32.10

PLEASE PAY SERVER

THANK-YOU!  
earls  
GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus



2 PIZZA	9.79
1 COFFEE	1.79
1 SODA	1.79
1 SANDWICH	5.99
1 SART	2.99
1 GREENS	1.79
Subtotal	44.17
GST Tax	2.88
12:54 Total	44.05

General Manager: COLIN CORBETT  
Head Chef: JIM MITCHELL

earls  
GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus  
8629-112 Street  
Edmonton, Alberta  
T6G-1K8

Date: 12/12/08 12:55PM  
 Card Type:   
 Auth #1:   
 Exp Date: 12/08  
 Auth Code: 464147  
 Check: 2485 Section 17(1),(4)(e.i)  
 Table: 71/1  
 Server: 3 MORITZIA  
 Ref Number: 001124477755

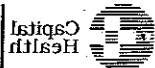
Subtotal: 44.05

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\*\*\*Customer Copy\*\*\*\*\*



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

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

Capital Health

Accounting Services

(Please Print or Type)

JUL 20 2005

Name H. Brent Skinner

Employee Number [REDACTED] Section 17(1)

Position Chief Planning Officer

Cost Centre: 00 201 9000 71110500005

Department: Strategic Planning and Capital Development

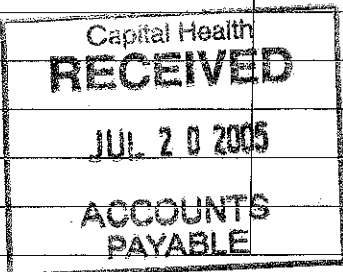
Bus. Phone: 407-7171

Period May 1, 2005 - May 31, 2005

Calgary

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 <i>Calgary</i>			419.58		404.46 15.12
Meals			28.78		W
Registration Fees					
Transportation (including parking)			32.40		W
Other					
Mileage			259.00		
TOTAL			\$		\$
Less Cash Advance					
NET			\$		739.76



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 *H. Brent Skinner*

Date *12 July 05*

Approved by

Print Name *S. Weatherill*

Title *President and CEO*

Signature *Sarla Ahmed / Ed*

Date

Print Name

Title

Signature

Date

### NOTE:

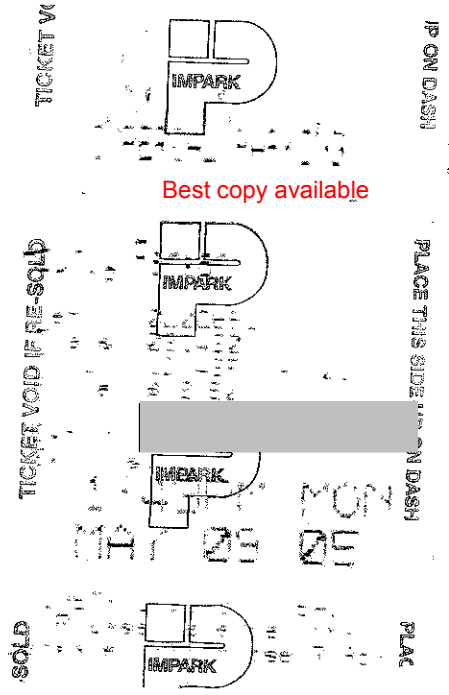
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- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
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- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

CAPITAL HEALTH  
ROYAL ALEXANDRA PUBLIC PARKING

Receipt# 930  
05/09/05 10:18 I# 1 A# 10 Txn# 1753  
05/09/05 07:17 In 05/09/05 10:18 Out  
Tkt# 741469  
Daily Rate \$ 7.50  
Total Fee \$ 7.50  
CASH PAID \$ 7.50-  
Cash Tender \$ 7.50  
Change Due \$ 0.00

APPLICANT COPY



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

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE  
PH # (780) 424-4544  
OPERATED BY ADVANCED PARKING

ISS # R119326270 R10001

Rcpt#101659  
05/17/05 12:08 1# 1 AM 5 1xna40817  
05/17/05 10:25 in 05/17/05 12:08 out  
Regular Rate \$ 4.67  
Total Tax \$ 0.53  
Total Fee \$ 5.00  
CASH PAID \$ 5.00-  
Cash Tender \$ 5.00  
Change Due \$ 0.00

THANK-YOU!  
WE APPRECIATE YOUR BUSINESS.  
COME AGAIN!



APPLICANT COPY

NORMANDS RESTAURANT  
GST#R123163602

8 CINDY

TBL 10/1      CHK 204      GST 0  
MAY19'05 11:53AM

2 SOUP & SALAD	17.90
2 COFFEE	4.50
2 POP	4.50

SUBTOTAL	26.90
G.S.T.	1.88
TOTAL DUE	28.78

\*\*\* MUSSEL MONDAYS 4 STYLES \*\*\*  
ALMOST ALL YOU CAN EAT 19.95

PLEASE PAY SERVER  
WWW.NORMANDS.COM

APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

05MAY20 13:06 019 002  
05MAY20 08:35 02  
/ 4:31 #131707

80079149399  
RATE 13.50  
TOTAL 13.50  
Cash 20.00  
CHANGE 6.50

GST #897727657RT  
Have a Nice Day

APPLICANT COPY

CAPITAL HEALTH  
MAYA ALEXANDRA PUBLIC PARKING

Receipt 1954  
05/31/05 17:12 LA 1 AM 21 Txn# 6657  
05/31/05 16:02 In 05/31/05 17:12 Out  
TID# 743737  
Daily Rate \$ 3.90  
Total Fee \$ 3.90  
CASH PAID \$ 3.90-  
Cash Tender \$ 20.00  
Change Due \$ 16.10

APPLICANT COPY

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

Mr. Brent Skinner

Section 17(1)

Arrival 05/03/05 Room 0326  
 Departure 05/05/05 Cashier  
 Payment Method AX Page 1  
 Invoice Starwood Preferred Guest #  
 Airline Partner #

The Westin Calgary, 05/04/05

Date	Text	Room	Charges	Credits
05/03	Room Charge	0326	189.00	
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%		7.56	
05/04	Room GST 7%		13.23	

Total 419.58  
 Balance 419.58 \$

Room GST 26.46  
 F&B GST 0.00  
 Other GST 0.00  
 Total GST 26.46  
 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

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



Capital Health

APPLICANT COPY

Local Travel Expense Claim

MAY, 2005

Employee Name: BRETT SKINNER  
 Employee Position: CHIEF PLANNING OFFICER  
 Department: FACILITY PLANNING AND CONSTRUCTION  
 Code:

	Amount Claimed
Mileage Claim (from reverse page)	\$ 259.00
Parking Fees (from reverse page and attach receipts)	\$ 32.40
Taxi/Bus Fare (attach receipts) Lunch/Hotel	\$ 446.36
Vehicle business insurance (up to \$100 each year with attached proof of insurance)	\$ —
<b>TOTAL CLAIM</b>	<b>\$ 739.76</b>

+ OCEAN SYMPOSIUM MAY 3-4, 2005  
 Lunch, Bus Fare MAY 19

Employee Signature: [Signature] Date: July 2, 2005

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Travel Log

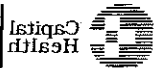
Date	From	To	Return	Kilometers	Parking
MAY 3, 2005	OFFICE	CALCOTY	<input type="checkbox"/>	300	
MAY 5, 2005	CALCOTY	OFFICE	<input type="checkbox"/>	300	
MAY 6, 2005	CORP.	OFFICE	<input type="checkbox"/>	3	
-1	OFFICE	ECM	<input type="checkbox"/>	1	
-1	ECM	PLAZA 124	<input type="checkbox"/>	2	
-1	PLAZA 124	OFFICE	<input type="checkbox"/>	2	
MAY 9, 2005	OFFICE	RAM	<input type="checkbox"/>	3	✓ 7.50
-1	RAM	PLAZA 124	<input type="checkbox"/>	4	✓ 2.50
-1	PLAZA 124	UAM	<input type="checkbox"/>	5	
MAY 10	OFFICE	S. MILLS	<input checked="" type="checkbox"/>	60	
MAY 11	OFFICE	UAM	<input checked="" type="checkbox"/>	6	
MAY 12	OFFICE	UAM	<input checked="" type="checkbox"/>	6	
MAY 13	OFFICE	UAM	<input checked="" type="checkbox"/>	6	
MAY 16	UAM	OFFICE	<input type="checkbox"/>	3	
MAY 17	OFFICE	BRUNN	<input checked="" type="checkbox"/>	<del>4</del>	✓ 5.00
-1	OFFICE	AI	<input checked="" type="checkbox"/>	10	
MAY 18	UAM	OFFICE	<input type="checkbox"/>	3	
MAY 19	OFFICE	NORMAN	<input type="checkbox"/>	2	
-1	NORMAN	UAM	<input type="checkbox"/>	4	
MAY 20	OFFICE	NORMAN	<input checked="" type="checkbox"/>	4	✓ 13.50
MAY 20	OFFICE	UAM	<input type="checkbox"/>	3	
MAY 31	OFFICE	UAM	<input type="checkbox"/>	7	
-1	UAM	RAM	<input type="checkbox"/>	6	✓ 3.50

TOTAL

740 km.	\$ 32.40
x <del>28</del> km.	
\$ 259.00	

Business Travel Notes:

1. Mileage may be claimed for travel directly related to Capital Health business
2. Mileage at \$0.28/km is payable for business travel between locations after first arriving at work, to any location within the region.
3. Mileage is not payable to and from home unless specifically authorized during callout or emergency situations.



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel) JUL 20 2005

Capital Health  
Director, Accounting Services

(Please Print or Type)

Name: H. Brent Skinner Employee Number: [REDACTED]  
 Position: Chief Planning Officer Cost Centre: 00 201 9000 71110500005  
 Department: Strategic Planning and Capital Development Bus. Phone: 407-7171  
 Period: June 1, 2005 – June 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					
Registration Fees			12.90	✓	
Transportation (including parking)			11.90		
Other					
Mileage			34.65	W	
<b>TOTAL</b>			\$		\$
Less Cash Advance					
<b>NET</b>			\$		\$

Capital Health  
**RECEIVED**  
JUL 20 2005  
ACCOUNTS PAYABLE

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

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

Employee Signature [Signature] Date 12 July 05  
 Approved by Brent Skinner

Print Name S. Weatherill Title President and 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.



Capital Health

APPLICANT COPY

Local Travel Expense Claim

June, 2005

Employee Name: BRENT SKINNER  
 Employee Position: CHIEF PLANNING OFFICER  
 Department: FACILITIES PLANNING AND CONSTRUCTION  
 Code:

	Amount Claimed
Mileage Claim (from reverse page)	\$ 39.65
Parking Fees (from reverse page and attach receipts)	\$ 11.90
Taxi/Bus Fare (attach receipts)	\$
Vehicle business insurance (up to \$100 each year with attached proof of insurance)	\$
<b>TOTAL CLAIM</b>	<b>\$ 46.55</b>

Employee Signature: Brent Skinner Date: July 2, 2005

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Travel Log

Date	From	To	Return	Kilometers	Parking
June 7, 2015	UAM	OFFICE	<input type="checkbox"/>	3	
-1	OFFICE	CITY	<input checked="" type="checkbox"/>	4	
June 8	OFFICE	RAM	<input checked="" type="checkbox"/>	30	5.00
June 10	OFFICE	RAM	<input checked="" type="checkbox"/>	6	2.00
June 17	OFFICE	RAM	<input type="checkbox"/>	3	3.90
-1	RAM	RAM	<input type="checkbox"/>	4	
-1	PLAZA 124	OFFICE	<input type="checkbox"/>	2	
June 20	OFFICE	UAM	<input checked="" type="checkbox"/>	6	
June 21	OFFICE	OS	<input checked="" type="checkbox"/>	10	
June 22	OFFICE	RAM	<input checked="" type="checkbox"/>	6	
June 23	OFFICE	UAM	<input checked="" type="checkbox"/>	6	
June 24	-1	-1	<input checked="" type="checkbox"/>	6	
June 28	-1	-1	<input checked="" type="checkbox"/>	6	
June 29	OFFICE	UAM	<input type="checkbox"/>	9	
-1	UAM	UA	<input type="checkbox"/>	2	12.00
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

TOTAL

99 km.	\$ 4.90
x .28 km.	12.90
\$ 34.65	

Business Travel Notes:

1. Mileage may be claimed for travel directly related to Capital Health business
2. Mileage at \$0.28/km is payable for business travel between locations after first arriving at work, to any location within the region.
3. Mileage is not payable to and from home unless specifically authorized during callout or emergency situations.

APPLICANT COPY

TELUS PARKADE  
657 INC. RM#122082333

OSTUN06 18:46 001 001

OSTUN06 17:27 01

/ 1:19 #105999

=01007811

RATE 1	\$5.00
TOTAL	\$5.00
CASH	\$5.00

MANAGED BY  
IMPERIAL PARKING

**DETACH RECEIPT FROM TICKET**

DATE ISSUED **07/20/2017** TIME **07:20 PM** AMOUNT PAID **\$ 2.00**

CREDIT CARD NUMBER

**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE **07/20/2017** EXPIRATION TIME **07:20 PM**

AMOUNT PAID

**\$ 2.00**

Capital Health

CHANGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS. **07/20/2017** NON TRANSFERABLE



Capital Health

Capital Health  
**RECEIPT 007207**

APPLICANT COPY

APPLICANT COPY

CAPITAL HEALTH  
ROYAL ALEXANDRA PUBLIC PARKING

Rcpt# 2634  
06/17/05 11:28 LH 1 AM 10 Txn# 5446  
06/17/05 10:08 In 06/17/05 11:28 Out  
Tkt# 745463  
Daily Rate \$ 3.90  
Total Fee \$ 3.90  
CASH PAID \$ 3.90  
Cash Tender \$ 3.90  
Change Due \$ 0.00

**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE

EXPIRATION TIME

AMOUNT PAID

29/06 11:59 PM

University of Alberta

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



**DETACH RECEIPT FROM TICKET**

DATE ISSUED

TIME ISSUED

AMOUNT PAID

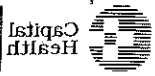
CREDIT CARD NUMBER

29/06/05 06:11 PM \$ 2.00

University of Alberta

**RECEIPT**





# 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: H. Brent Skinner Employee Number: [Redacted] Section 17(1)

Position: Chief Planning Officer Cost Centre: 00 201 9000 71110500005

Department: Facilities Planning and Construction Bus. Phone: 735-0431

Period: October 1 – October 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			61.50	✓	53.50 8.00
Registration Fees					
Transportation (including parking)			14.00	✓	w
Other					
Mileage			95.00		w
TOTAL			\$		\$
Less Cash Advance			—		
NET			\$ 170.50		

Capital Health RECEIVED  
NOV 21 2005  
ACCOUNTS PAYABLE

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

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

Employee Signature [Signature] Date Nov 8, 2005

Approved by

Print Name S. Weatherill Title President / CEO

Signature [Signature] Date Nov 18/05

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

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

VOID IF RE-SOLD TICKET VOID IF RE-SOLD

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PLACE THIS SIDE UP ON DASH

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APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

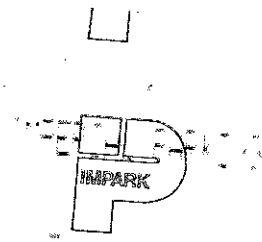
05OCT11 14:16 001 001  
05OCT11 12:53

/ 1:23 #117165  
RATE 1 \$4.50  
TOTAL \$4.50  
CASH \$4.50

MANAGED BY  
IMPERIAL PARKING

APPLICANT COPY

TICKET VOID IF RE-



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

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

11:23 AM MON  
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2:18PM THU  
OCT 12 05

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APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST  
EDMONTON AB

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

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R129007054

CARD NUMBER [REDACTED]  
EXPIRY DATE [REDACTED]  
CARD TYPE AMEX 5075  
DATE/TIME 2005/10/24 12:49:27  
RECEIPT NUMBER S47131088-716-008  
AUTHORIZATION -----  
AMOUNT \$53.50  
-----  
TIP *8.00*  
-----  
TOTAL AMOUNT *61.50*  
-----

00 APPROVED-025 AUTH. # 23  
THANK YOU

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

-----  
CARDHOLDER SIGNATURE  
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24 SUE

TBL 14/1 CHK 19  
OCT24'05 11:51 AM

2 \*POF 1.00  
1 SOUP CUP 4.00  
1 PASTA SPEC 15.00  
1 SALAD CHICKEN 10.00  
1 FRITTATA 9.50  
3 \*COFFEE 7.50

SUBTOTAL 50.00  
G.S.T. 3.50  
TOTAL DUE 53.50

PLEASE PAY SERVER

*WBI*

# 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: H. Brent Skinner Employee Number: [REDACTED]  
 Position: Chief Planning Officer Cost Centre: 00 201 9000 71110500005  
 Department: Strategic Planning and Capital Development Bus. Phone: 735-0431  
 Period: September 1 – 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			105.23	✓	95.23 10.00
Registration Fees					
Transportation (including parking)			8.25	✓	w
Other					
Mileage			78.28		w
<b>TOTAL</b>			\$ 191.76		\$
Less Cash Advance			—		
<b>NET</b>			\$ 191.76		

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

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

Employee Signature [Signature] Date Oct 12, 2005

Approved by  
 Print Name Sheila Weatherill Title \_\_\_\_\_

Signature [Signature] Date Oct 17/05

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

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



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APPLICANT COPY

The Confederation Lounge  
 The Fairmont Hotel Macdonald  
 780-424-5181

9/15/2005

CONFEDERATION  
 Check: 212233  
 Server: RENE  
 Terminal: 21

1 COFFEE	3.00
1 COFFEE	3.00
1 CAFE LATTE	5.00
1 SOUP & GARLIC SP	11.00
1 SOUP & GARLIC SP	11.00
1 SOUP & GARLIC SP	11.00
Subtotal	65.00
Tax	4.34
Total	69.34

GRATUITY: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_  
 ROOM NO.: \_\_\_\_\_  
 PLEASE PRINT NAME \_\_\_\_\_

X \_\_\_\_\_  
 SIGNATURE  
 GST#139-445 290  
 Thanks for Joining Us!  
 We Appreciate Your Business.

09/18/05

13.14

SALES DRAFT

HOTEL MACDONALD  
 10065 100 STREET  
 EDMONTON, ALBERTA, CANADA  
 T6C 2E4

*Line on  
 J. Paul  
 B. Walker*

MERCH ID: 45001  
 CASHIER: RENE  
 TERMINAL: 22

NAME: \_\_\_\_\_  
 NUMBER: \_\_\_\_\_  
 EXPIRE: \_\_\_\_\_  
 AUTH: \_\_\_\_\_  
 AMOUNT: 69.34 **Section 17(1),(4)(e.i)**

CHECK: \_\_\_\_\_  
 TABLE: \_\_\_\_\_  
 TOTAL: 69.34  
 GRATUITY: 10.00  
 TOTAL: 79.34

X \_\_\_\_\_  
 SIGNATURE



APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
SST # 119326270 RT0001

Rept# 10885  
09/23/05 14:12 L# 2 AM 38 Trn# 37683  
09/23/05 13:22 In 09/23/05 14:12 Out  
Trn# 186820  
Regular Rate \$ 2.80  
Total Tax \$ 0.20  
Total Fee \$ 3.00  
CASH PAID \$ 3.00  
Cash Tender \$ 3.00  
Change Due \$ 0.00  
THANK YOU  
COME AGAIN

APPLICANT COPY.

IL PORTICO RESTAURANT  
10012 107 ST  
EDMONTON AB

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

17 MICHELLE

TBL 16/1          CHK 4          GST 0  
SEP27'05 12:08PM

2 *COFFEE	5.00
1 SALAD CHICKEN	10.00
1 TAG CHICK	12.00
SUBTOTAL 27.00	
G.S.T.	1.89
TOTAL DUE	28.89

PLEASE PAY SERVER

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	AMEX 0810
DATE/TIME	2005/09/27 12:33:54
RECEIPT NUMBER	S47131088-694-002
AUTHORIZATION	-----
AMOUNT	\$28.89

TIP

TOTAL AMOUNT

00 APPROVED-025      AUTH. # 64  
THANK YOU

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

-----  
CARDHOLDER SIGNATURE

# APPLICANT COPY



## Travel & Employee Expense Claim Form (In Canadian Dollars)

(Please Print or Type)

Section 17(1)

Name H. Brent Skinner Employee Number                      Union Name                     

Position Chief Planning Officer Department Facilities Planning and Construction

Business Phone 735-0431 Period from November 1 to November 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.**

	Expense Codes				Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
	BU	Location	Functional Center	Account				
Accommodation	201	9000	71110500005					
Meals <span style="float: right;">69600</span>	201	9000	71110500005	45.03	6.00	2751.03	✓	
Registration Fees	201	9000	71110500005					
Transportation (including parking)	201	9000	71110500005	W		14.50	✓	
Other	201	9000	71110500005					
Mileage	201	9000	71110500005	✓		55.10	✓	
<b>TOTAL</b>						\$	\$	\$
Less Cash Advance								
<b>NET</b>						\$	\$ 120.63	\$

Capital Health  
**RECEIVED**

DEC 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 *H. Brent Skinner* Date Nov 5, 2005

**Approved by:**

Print Name *S. Weatherill* Title President & CEO

Signature *[Signature]* Date Dec 12/05

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.





2<sup>nd</sup> Andrew C

-----

Tbl: 1541 Chk 1541 Gst 3  
 12:09PM

-----

1 POP	2.95
2 POP REF	0.00
1 COFFEE	2.25
1 SANTA FE CHICK	12.50
2 GREEK PIZZA @ 11.99	23.98
Subtotal 42.08	
GST Tax	2.95
01:12 Total	45.03

PLEASE PAY YOUR SERVER

Robert Aoki, Managing Partner  
 Greg Bates, Head Chef

*D. Jewell*  
*B. Fedor*  
 GST#R1015441134

02 Nov 12  
 AMEX  
 Exp Date  
 Auto  
 Section 17(1),(4)(e.i)  
 Check  
 Table  
 4  
 6.00  
 51.03

Signature: *[Handwritten Signature]*

I agree to pay above total according to my card issuer agreement

\*\* Customer Copy \*

DISPLAY FACE UP  
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 Superior Parking  
 Lot 0002-0004  
 EXPIRY DATE AND TIME  
 XP 09:21am  
 NOV 16, 2005  
 TICKET # 1057979 LOT# J0020004  
 Park 2 hours \$6.00  
 Best copy available  
 DISPLAY FACE UP ON DASH  
 DISPLAY FACE UP

APPLICANT COPY

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-USED

MPARK

MPARK

MPARK

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

PLACE THIS SIDE UP ON DASH

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10:00 AM THU 05

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Receipt 16689  
11/22/05 13:53 L# 2 AM 39 Txn# 64635  
11/22/05 12:52 In 11/22/05 13:53 Out  
Rct# 219258  
Regular Rate \$ 2.00  
Total Tax \$ 0.20  
Total Fee \$ 3.00  
CASH PAID \$ 3.00-  
Cash Tender \$ 20.00  
Change Due \$ 17.00  
THANK YOU  
COME AGAIN



APPLICANT COPY

DISPLAY FACE UP ON DASH  
 EXP 08:27am  
 NOV 25, 2005  
 TICKET# 00033695 LOT# 00000004  
 Best copy available  
 \$3.00  
 811-777-1176  
 DISPLAY FACE UP ON DASH  
 DISPLAY FACE UP ON DASH

# APPLICANT COPY



## Travel & Employee Expense Claim Form (In Canadian Dollars)

(Please Print or Type)

Section 17(1)

Name H. Brent Skinner Employee Number [REDACTED] Union Name \_\_\_\_\_

Position Chief Planning Officer Department Facilities Planning and Construction

Business Phone 735-0431 Period from December 1 to December 31, 2005

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

	Expense Codes				Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
	BU	Location	Functional Center	Account				
Accommodation	201	9000	71110500005					
Meals	201	9000	71110500005			37.17	✓	33.4.1
Registration Fees	201	9000	71110500005					
Transportation (including parking)	201	9000	71110500005			5.25	✓	✓
Other	201	9000	71110500005					
Mileage	201	9000	71110500005			34.96	✓	✓
<b>TOTAL</b>						\$	\$	\$
Less Cash Advance							—	
<b>NET</b>						\$	\$77.38	\$

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.

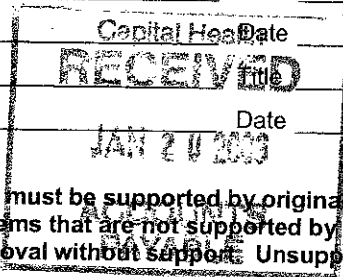
Employee Signature [Signature] Date JAN 16, 2005

Approved by: Print Name S. Weatherill Title President & CEO

Signature [Signature] Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

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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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.





APPLICANT COPY

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

Transaction Date: 19/12/2005 11:13:15  
Subtotal: \$5.25  
Amount Given: \$5.25  
Change: \$0.00  
TOTAL: \$5.25  
Payment:

Thank You, Have a nice day!

APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST  
EDMONTON AB

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

CARD NUMBER [REDACTED]  
EXPIRY DATE [REDACTED]  
CARD TYPE AMEX 6814  
DATE/TIME 2005/12/29 13:22:40  
RECEIPT NUMBER S47131088-768-016  
AUTHORIZATION  
AMOUNT \$33.17  
TIP 4.00  
TOTAL AMOUNT 37.17

00 APPROVED-025 AUTH. # 13  
THANK YOU

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

\_\_\_\_\_  
CARDHOLDER SIGNATURE

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R125812581

16 KIM

TBL 8/1 CHK 770 GET 0  
DEC29'05 01:24PM

1 SALAD CHICKEN 10.00  
1 LUNCH SPEC 16.00  
2 \*COFFEE 5.00

SUBTOTAL 31.00  
G.S.T. 2.17  
TOTAL DUE 33.17

PLEASE PAY SERVER



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

Section 17(1)

Name: H. Brent Skinner		Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer		Department: Facilities Planning and Construction	
Business Phone: 735-0431		Period From: February 1 to Feb 28, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005				4.50	<input checked="" type="checkbox"/>
201	9000	71110500005				4.50	<input checked="" type="checkbox"/>
201	9000	71110500005				3.00	<input checked="" type="checkbox"/>
					33.20 4.00	77.20	<input checked="" type="checkbox"/> 6241
						12.40w	<input checked="" type="checkbox"/>
Less Cash Advance						<del>1382.13</del>	<input type="checkbox"/>
Total						6043.73	<input type="checkbox"/>

Capital Health  
**RECEIVED**  
 MAR 14 2006  
 ACCOUNTS  
 PAYABLE

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

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

Employee Signature: *[Signature]* Date: March 2, 2006

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

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
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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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

06FEB02 15:56 001 001  
06FEB02 14:32 01  
/ 1:24 #126947  
=01033746

RATE 1	\$4.50
TOTAL	\$4.50
CASH	\$4.50

MANAGED BY  
IMPERIAL PARKING



APPLICANT COPY

TELUS PARKADE  
GST INC. RN122388333

06FEB03 10:44 001 001  
06FEB03 09:36

/ 1:08 #127066

RATE 1	\$4.50
TOTAL	\$4.50
CASH	\$4.50

MANAGED BY  
IMPERIAL PARKING

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

03/02 02:30 PM

EXPIRATION TIME

AMOUNT PAID

\$ 3,001.9749000012104 PM107U



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED

03/02 12:00 PM \$ 3.00

TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER

21220



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

APPLICANT COPY

TRANSACTION RECEIPT =

The Checker Group  
3125 Indian Road SE  
Canton, OH 44702  
419-752-1124

Best copy available

73386

DEBIT CARD



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

VISA

08:29:48  
TRANSACTION: 000151  
0732 / 3386  
689806814  
AMOUNT: \$ 33.20  
TIP: \$ 4.00  
TOTAL: \$ 37.20

EDMONTON AIRPORTS

Unit # RT25599776

\*\*\*\*\*

\*\*\*\*\*

11/11/11 (780)899 6439

11/11/11 (780)899 6329

11/11/11

Best copy available

12.40 \$

12.40 \$

12.00 \$

3.60 \$

0.81 \$

Thank you for your patience!  
Please Come Again!

\*\* Open 24 hours \*\*

\*\* Thank you \*\*



# APPLICANT COPY

## Travel & Employee Expense Claim Form (In Canadian Dollars)

(Please Print or Type)

Section 17(1)

Name H. Brent Skinner Employee Number            Union Name            ✓

Position Chief Planning Officer Department Facilities Planning and Construction

Business Phone 735-0431 Period from January 1 to January 31, 2006

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

	Expense Codes				Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
	BU	Location	Functional Center	Account				
Accommodation	201	9000	71110500005					
Meals	201	9000	71110500005	69600000			740.78	✓
Registration Fees	201	9000	71110500005					
Transportation (including parking)	201	9000	71110500005	62410000			5.00	
Other	201	9000	71110500005					
Mileage	201	9000	71110500005	62410000			45.22	
TOTAL						\$	\$	\$
Less Cash Advance								
NET						\$	\$ 91.00	\$

Capital Health  
**RECEIVED**  
MAR 14 2006  
ACCOUNTS PAYABLE

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

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

Employee Signature [Signature] Date FEB 28, 2006

Approved by:

Print Name Sheila Weatherill Title President

Signature [Signature] Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

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



APPLICANT COPY

MURRIETA'S EDMONTON

10612 82nd Ave.  
Tel: 750-438 4100  
check #

Server: Michelle C. 1/4/2006

1	col	2.57
2	Cup of Soup	6.46
1	Salmon Club	11.83
1	Soft Drinks	2.57
	SmChicken Penne	10.01

-----  
 SUB-TOTAL: 33.44  
 GST: 2.34  
 -----

TOTAL : 35.78

GST#8573:  
Happy holidays to  
Murrieta's Bar & Grill

MURRIETA'S EDMONTON

10612 82nd Ave.  
Tel: 780-438-4100  
Check: 16720

Michelle C.

Date: 01/04/2006  
Time: 13:10

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

SM

\*\*\*\*\*  
DINNER/BREAKFAST

AUTH

MERCHANT#

529052

9999

ONLINE

SUBTOTAL \$ 35.78

TIP \$ 5.00

TOTAL \$ 40.78

\*\* CUSTOMER COPY \*\*

GST#857377576RT0001  
Happy holidays from the Staff of  
Murrieta's Bar & Grill.



*your parking authority*

**VOID IF NOT  
PLACED OTHER  
SIDE UP WITH  
NUMBER VISIBLE**

**WARNING**

This Contract Limits Our  
Liability - Read It  
We accept no responsibility for  
loss of or damage to car or  
contents. We do not take custody  
of car but only rent space.

**NON TRANSFERABLE**

232162

PRINTED IN CANADA FOR IMPERIAL PARKING CANADA CORPORATION  
**NO IN OR OUT PRIVILEGES  
VALID FOR DATE PURCHASED ONLY**



**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE  
**12/01/2022 PM**  
EXPIRATION TIME

AMOUNT PAID  
**\$ 3.00**  
Capital Health  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL  
HEALTH ENDORSERS TO PROTECT THE PROPERTY OF  
ITS PARTNERS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
OR DAMAGE TO CAR OR CONTENTS  
NON TRANSFERABLE 744284

**DETACH RECEIPT FROM TICKET**

DATE ISSUED  
**12/01/2022 PM**  
TIME ISSUED  
**12:00**  
AMOUNT PAID  
**\$ 3.00**  
CREDIT CARD NUMBER



Capital Health  
**RECEIPT**  
744284



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

Section 17(1)

<b>Name:</b> H. Brent Skinner	<b>Employee Number:</b> [REDACTED]	<b>Union Name:</b>
<b>Position:</b> Chief Planning Officer		<b>Department:</b> Facilities Planning and Construction
<b>Business Phone:</b> 735-0431	<b>Period From:</b> April 1 to June 30, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	69600000	(Meals)		307.47	<input checked="" type="checkbox"/>
201	9000	71110500005	62410000	(Mileage)		208.12	<input type="checkbox"/>
201	9000	71110500005		(Other)		308.75	<input checked="" type="checkbox"/>
					25 H. 00	45.25	<input checked="" type="checkbox"/> Parking
<b>Less Cash Advance</b>			Capital Health <b>RECEIVED</b> AUG 15 2006				<input type="checkbox"/>
<b>Total</b>			<b>ACCOUNTS PAYABLE</b>			824.34	<input type="checkbox"/>

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

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

**Employee Signature:** *[Signature]*      **Date:** July 1/06

<b>Approved By:</b> (Print name) <i>Susan Paul</i>	<b>Title:</b> <i>Senior V.P.</i>	<b>Phone #</b> <i>735-0018</i>
<b>(Signature)</b> <i>[Signature]</i>		<b>Date</b> <i>Aug. 15/06.</i>
<b>Approved By:</b> (Print name)	<b>Title:</b>	<b>Phone #</b>
<b>(Signature)</b>		<b>Date</b>

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

## EXPENSE ACCOUNT DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
APR 1 8/2	OFFICE / VAN / RETURN						6
- 1 4	OFFICE / SORENTINO		175.44		5.00		2
APR 4	OFFICE / UGA / RETURN				<del>5.00</del>		6
APR 5	UGA / PLAZA 124 / OFFICE				6.25		8
APR 6	OFFICE / RDM / RETURN						6
APR 7	OFFICE / UGA / RETURN						6
APR 11	OFFICE / UGA / RETURN						6
- 1	OFFICE / RDM / RETURN						6
APR 13	UGA / RDM						7
APR 18	OFFICE / UGA						3
- 1	UGA / ART / RETURN TO OFFICE						7
APR 21	OFFICE / UGA				2.00		3
APR 24	OFFICE / N. EDUC / RETURN / OFFICE						30
APR 25	OFFICE / UGA / HOTEL ACCOMMOD				5.00		8
APR 26	OFFICE / FINANCE / UGA / OFFICE						14
APR 27	OFFICE / CONVENTION / UGA / OFFICE				7.50		14
MAY 1	OFFICE / WESTVIEW / OFFICE						70
MAY 7	OFFICE / PERSONNEL / UGA / RETURN						30
MAY 9	OFFICE / CITY / UGA / OFFICE				4.50		8
- 1	OFFICE / LODGING / UGA				6.00		2
MAY 5	OFFICE / PERSONNEL / RETURN						30
- 1	OFFICE / UGA / OFFICE				6.00		4
MAY 4	OFFICE / UGA / RETURN						6
MAY 11	OFFICE / PERSONNEL / RETURN						4
MAY 16	OFFICE / PERSONNEL / UGA / ART / OFFICE				3.00		14
MAY 18	OFFICE / UGA / UGA / OFFICE						10
MAY 19	OFFICE / UGA / UGA / OFFICE						14
MAY 23	OFFICE / UGA / RETURN						6
	Total km						
	@						\$0.43

### 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 February 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. If union contract rates 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.

DATE	PARTICULARS	APPLICANT COPY					MILEAGE
		ACCOUNT	MEAL	RENTAL	TRANSPORT	OTHER	
		\$	\$	\$	\$	\$	
MAY 25/01	OFFICE / UOM						3
JUNE 1	PICNIC / TRIP RESERVATION			183.75			
JUNE 8	OFFICE / RESERVATION / TRIP						6
JUNE 9	OFFICE / TRIP / TRIP						4
JUNE 12	OFFICE / TRIP / TRIP						4
JUNE 15	DINNER - TRIP / TRIP		132.03				
JUN 21	OFFICE / UOM						3
JUNE 22	REMOVAL OF CAR PLATE					80.25	
JUN 28	OFFICE / TRIP / TRIP						128
JUN 29	OFFICE / UOM / TRIP						6

9848

\$ 307.47      108      183.75      40.75      80.25      208.17

17/11

City of Edmonton - Community Services

Capital Health  
Rhawnie Wollen  
10030 107 Street Suite 1100  
Edmonton, AB T5J 3E4

Receipt #: 2655361  
User: jeatab  
Issued: Thu 01 Jun 06 01:09 pm

Description	Amount
Previous Balance	\$183.75
Applied To: 285850 - Capital Health Staff Picnic	\$183.75
Payment: Visa Card Front Desk	(\$183.75)
Balance	\$0.00
Community Services	

*Runnie Park  
Picnic - FPC STAFF PICNIC  
AS BNDSEAL*

Community Services

The personal information collected from you is collected under the authority of S. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to administer program registrations, membership management and facility bookings for Community Services. Aggregate data will be used for program planning and evaluation. Questions about the collection of personal information should be directed to the Community Services FOIP Coordinator at 496-4999.

Register for Community Services Programs and Courses Online Now!  
Visit [www.edmonton.ca](http://www.edmonton.ca) and click on the **eReg** link under Online Services.

285850

City of Edmonton - Community Services  
 Social and Recreation Services  
 Access to Recreation & Sport

MEMO  
 Lance Forward  
 0.00 0.00  
 memo  
 Rental - 285850 - Capital Health Staff  
 173.35 173.35  
 \*\*\*\*\*  
 Total: 173.35  
 Tax: 10.42  
 Total: 183.75  
 \*\*\*\*\*  
 Visa Card  
 Front Desk 183.75  
 Accounts/Caritas' Use Only  
 1/2006 17.00  
 1/2006 /015/01

SERVING YOU IN YOUR COMMUNITY!  
 Community Services Dept - 494-4999  
 www.edmonton.ca/csm\_services/

DST NR11932270 RT0001

FACILITY BOOKINGS  
 4TH FLOOR REVELLON T5J4A1  
 EDMONTON AB

Name: Brent Skinner  
 Acct # [REDACTED]

Date 06/04/01 Time 13 08 12  
 Exp Date [REDACTED] Auth # 046261  
 Card Type VI Tran Code 00  
 N22314047001 001494025

Invoice No.: 1306

Subtotal \_\_\_\_\_  
 Tax \_\_\_\_\_  
 Total \$183.75

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

Top copy-customer Bottom copy-merchant

APPLICANT COPY

THANK YOU FOR JOINING US  
AT SORRENTINDO  
G.S.T.#889F41298

21 ISABEL

TBL 55/1    CHK 3105    GST  
APR04'06 06:26PM

1 #38-MER.LA PLAYA	38.00
1 BRUSHETTA	8.00
1 OPEN FOOD	2.50
2 GF BEEF W/ PRAWN	56.00
1 RIE EYE	31.00
2 CAPE LATTE	7.90
SUBTOTAL            143.40	
G S T	10.04
TOTAL DUE	<b>153.44</b>

PLEASE PAY SERVE  
THANK - YOU

APPLICANT COPY

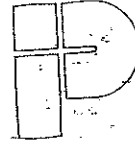
TICKET V

impark

ON DASH

TICKET VOID IF RE-SOLD

Best copy available



impark

PLACE THIS SIDE UP ON DASH

P



WATERBURY COUNTY  
1234-567 STREET  
WATERBURY CT

DATE: 12/15/2020  
BY: [REDACTED] 12/15/2020  
#12345678

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

77 FLOWERS  
12/15/2020  
12/15/2020  
12/15/2020

12/15/2020

**DISPLAY FACE UP ON DASH RECEIPT**

Imperial Parking  
 Lot 0002-0004  
 GEN #30731 11-38 P.D. 001  
 Machine Serial # 749140611

EXPIRY DATE AND TIME

**EXP 06:00am**  
**APR 05, 2006**

TICKET#                      LOT#  
**00003177                      0002 0004**

CC \$0005.00                      MACH# 001  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED

EXP 06:00am  
 APR 05, 2006  
 CC [REDACTED]  
 LOT# 00020004  
 MACH# 001  
 TIC# 00003177  
 CC \$0005.00  
 APR04, 2006  
 06:00pm  
 Purchase Time

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

**Park to 6am \$5.00**  
 Question/Comments  
 Ph- 780-420-1876

**DISPLAY FACE UP ON DASH RECEIPT**

APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

06MAY16 11:20 001 001  
06MAY16 10:20  
/ 1:00 #136226  
RATE 1 \$3.00  
TOTAL \$3.00  
CASH \$3.00

MANAGED BY  
IMPERIAL PARKING

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
CITY # 112326270 RT0001

WSP# 42621  
05/04/06 10:03 AM 2 AM Z/ TAX#12721  
05/04/06 09:05 In 05/04/06 10:03 Out  
TRIP 00167A  
Regular Rate \$ 4.21  
Total Tax \$ 0.29  
Total Fee \$ 4.50  
DASH PAID \$ 4.50  
Cash Tender \$ 20.00  
Change Due \$ 15.50  
THANK YOU  
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
EST # 119326270 RT6001

Acct# 41484  
04/27/06 13:36 LN 2 /# 12 Tax#13-402  
04/27/06 11:28 In 04/27/06 13:36 Out  
TRN 587409  
Regular Rate \$ 7.00  
Total Tax \$ 0.49  
Total Fee \$ 1.50  
CASH PAID \$ 7.50-  
Cash Tender \$ 20.00  
Change Due \$ 12.50  
THANK YOU  
COME AGAIN

APPLICANT COPY

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

Transaction Date: 25/04/2006 19:39:05  
Subtotal: \$5.00  
Amount Given: \$5.00  
Change: \$0.00  
TOTAL: \$5.00  
Payment:

Thank You, Have a nice day!

■  
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

21/04/05:00 PM

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

21/04/06 04:11 PM \$ 2.00

AMOUNT PAID

\$ 2.00 1974000004:11 PM LOTU

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

NON TRANSFERABLE



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

JL

TICKET VC

impark

UP ON DASH

8:00AM  
IMPARK EDMONTON

Best copy available



PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

impark

8:00AM

OLD



PLACE



APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

06MAY05 15:13 019 002  
06MAY05 13:23 02  
/ 1:50 #2247B7

50077870651	
RATE	6.00
TOTAL	6.00
Cash	6.00

BT #897727657RT  
Have a Nice Day

APPLICANT COPY

customer copy

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

14 LUNN

TBL 37/1    CHK 1183    GST 0  
JUN19'06 05:38PM

1 PASTA SPEC	19.00
1 SALMON FILET	26.00
1 CHICKEN	25.00
1 TRIO	30.00
2 *COFFEE	5.00
1 *DECAFF COFFEE	2.50
SUBTOTAL	107.50
G.S.T.	7.33
TOTAL DUE	115.03

PLEASE PAY SERVER

IL PORTICO RES. GRANT  
10012 16 ST    E57 15 1132  
E57 15 1132  
15 1132

PRE PURCHASE

06 19 2006    10 40 24  
Acct # [REDACTED]    S  
Exp Date [REDACTED]    Card Type A:  
Name BRENT H.    SKINNER  
**Section 17(1),(4)(e.1)**

Inv # 37    Operator G.S.  
122616227001

Auth # 11    RRN 001000036

P Auth Purchase    \$1  
Tip    17.<sup>00</sup>

**Total**    132.03

Customer copy

APPLICANT COPY

DIGITAL COMMUNICATIONS  
10176 109 ST TSUNG  
EDMONTON AB T2Z2H4G1

Name: [REDACTED]  
Acct # [REDACTED]

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

Date 06/06/22 Time 13 12 07  
Exp Date [REDACTED] Auth # 068146  
Card Type VI Tran Code 00  
MZZ2H4G1001 001920000

Invoice No.: 1504414

Subtotal \_\_\_\_\_  
Tax \_\_\_\_\_  
Total \$80.25

Signature *Sigurdur*

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

Top (copy) - customer bottom copy - merchant



PLICANT COPY

# INVOICE

Communications Group Ltd.

Digital Communications Group Ltd.  
10176-109 Street  
Edmonton, AB T5J 1M7  
(780) 426-2355

Date 06/22/06  
No. 1504616  
GST Number R135790277  
Terms Net 30 days

Please send payments to : Digital Communications Group Ltd., 6031 Gateway Blvd, Edmonton, AB, T6H 2H3, (780) 438-2355

### Billing Information

### User Information

Capital Health  
Brent Skinner  
1J2.07 Walter C. Mackenzie  
8440 112 st  
Edmonton, AB T6G 2B7

Capital Health  
Brent Skinner  
1J2.07 Walter C. Mackenzie  
8440 112 st  
Edmonton, AB T6G 2B7

<b>Salesperson</b>	<b>Sales Slip</b>	<b>Payment Type</b>	<b>P.O. / Chq Number</b>
Nancy Diaz	1504616	VISA	

Q	Item	Description	Serial Number	Plan	Cell Number	Price	Extended
1	STRIP	De-Installation of Car accessories				\$75.00	\$75.00
<i>Removal OK CU CAR phone from PT CRUISE</i>							

### COMMENTS:

Paid In Full - Thank you!

<b>SUBTOTAL</b>	<b>\$75.00</b>
<b>TAX AMOUNT 7.0%</b>	<b>\$5.25</b>
<b>SECURITY DEPOSIT</b>	<b>\$0.00</b>
<b>LOANER DEPOSIT</b>	<b>\$0.00</b>
<b>GRAND TOTAL</b>	<b>\$80.25</b>
<b>AMOUNT PAID</b>	<b>\$80.25</b>
<b>BALANCE DUE</b>	<b>\$0.00</b>

### Return Policy:

All returns must be within 7 days with phones having less than 10 minutes of use.  
All returns must have complete original packaging. Software, hands-free sets, prepaid cards, and clearance items are final sales.  
No cash refunds. Restocking fee may apply.



AUTHORIZED DEALER

Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

**VISA Platinum** Section 17(1),(4)(e.i)

BRENT H SKINNER [REDACTED]  
[REDACTED]

STATEMENT FROM MAY 17 TO JUN 16, 2006

1 OF 2

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	[REDACTED]
	BRENT H SKINNER - [REDACTED]	
[REDACTED]		
MAY 25	CANADA GREEN BUILDING COUEDMONTON AB	\$428.00
[REDACTED]		
JUN 01	FACILITY BOOKINGS EDMONTON AB	\$183.75
[REDACTED]		

IMPORTANT INFORMATION

**CONTACT US**

Customer Service / Lost & Stolen 1-800-769-2512  
Collect Outside North America (416) 974-7780

**PAYMENT INFORMATION**

Minimum payment [REDACTED]  
Payment due date [REDACTED]  
Credit limit [REDACTED]  
Available credit [REDACTED]  
Annual interest rate [REDACTED]

**CALCULATING YOUR BALANCE**

Previous Statement Balance [REDACTED]  
Payments & credits [REDACTED]  
Purchases & debits [REDACTED]  
Cash advances [REDACTED]  
Interest [REDACTED]  
Fees [REDACTED]

**NEW BALANCE**

Non Responsive

*[Handwritten signatures and scribbles]*

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

[REDACTED]



RBC ROYAL BANK  
VISA PAYMENT CENTRE  
P.O. BOX 4016, STATION "A"  
TORONTO, ONTARIO M5W 2E6

NEW BALANCE [REDACTED]	MINIMUM PAYMENT [REDACTED]	PAYMENT DUE DATE <b>JUL 03, 2006</b>	AMOUNT PAID \$ [REDACTED]
------------------------	----------------------------	---	------------------------------

Non-Responsive

**VISA Platinum** Section 17(1),(4)(e.i)

[REDACTED]

RBC0150020\_4735661\_013-80933

03101

BRENT H SKINNER  
[REDACTED]

- Payment options**
- Telephone banking 1-800-769-2511
  - Online banking [www.rbcroyalbank.com](http://www.rbcroyalbank.com)
  - RBC Royal Bank ATM
  - RBC Royal Bank Branch
  - By mail

**Detach and return with payment.**  
Please do not send cash through the mail.  
Please do not staple or damage this form.

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

[REDACTED]





Capital  
Health

Edmonton and area

## MEMORANDUM

---

**DATE:** August 11, 2006  
**TO:** Penny Lightfoot  
**FROM:** Brent Skinner  
**RE:** **Request for Reimbursement  
Registration – Canada Green Building Conference**

---

Thank you again for sponsoring two staff members from the Facilities Planning & Construction department to attend the Conference in May.

Attached is a copy of my VISA bill indicating payment of one registration (for Michael Schneider).

Please process a payment to me.

Thank you,

Brent Skinner



APPLICANT COPY

Protect yourself when travelling  
Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

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

BRENT H SKINNER [Redacted]

STATEMENT FROM MAY 17 TO JUN 16, 2006 1 OF 2



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	[Redacted]
	BRENT H SKINNER - [Redacted]	
MAY 25	CANADA GREEN BUILDING COUEDMONTON AB	\$428.00
JUN 01	FACILITY BOOKINGS EDMONTON AB	\$183.75

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512  
Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment [Redacted]  
Payment due date [Redacted]  
Credit limit [Redacted]  
Available credit [Redacted]  
Annual interest rate [Redacted]

CALCULATING YOUR BALANCE

Previous Statement Balance [Redacted]  
Payments & credits [Redacted]  
Purchases & debits [Redacted]  
Cash advances [Redacted]  
Interest [Redacted]  
Fees [Redacted]

NEW BALANCE [Redacted]

Non-Responsive  
*R. E. C. [Redacted]*  
*Carlene [Redacted]*  
*Burns [Redacted]*  
~~*Michael Schneider*~~

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

[Redacted]



RBC ROYAL BANK  
VISA PAYMENT CENTRE  
P.O. BOX 4016, STATION "A"  
TORONTO, ONTARIO M5W 2E6

NEW BALANCE [Redacted]	MINIMUM PAYMENT [Redacted]	PAYMENT DUE DATE JUL 03, 2006	AMOUNT PAID \$ [Redacted]
------------------------	----------------------------	----------------------------------	------------------------------

Non-Responsive

VISA Platinum [Redacted]

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

RBC0150020\_4735661\_013-80933 03101

BRENT H SKINNER  
[Redacted]

- Payment options
- Telephone banking 1-800-769-2511
  - Online banking www.rbcroyalbank.com
  - RBC Royal Bank ATM
  - RBC Royal Bank Branch
  - By mail

Detach and return with payment.  
Please do not send cash through the mail.  
Please do not staple or damage this form.

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

[Redacted]

111-00-2-2-0-8AC-D



APPLICANT COPY

MESSAGE CONFIRMATION

05/18/2006 12:58  
ID=CAPITAL HEALTH

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
05/18	00' 41"	7804332458	TX	001	OK 0000

05/18/2006 12:57 CAPITAL HEALTH → 94332458

NO. 848 0001



Please fill out form online and PRINT. Proceed with registering by faxing to (780) 433-2458

PLEASE CHECK

- CALGARY May 30 & 31, 2006
- EDMONTON May 31 & June 1, 2006

First Name: Michael

Last Name: Schneider

Title: Project Manager, RAH

Company/Organization: Capital Health

Address: Facilities Planning and Construction  
 Suite 1100, Capital Health Centre  
 10030 - 107 Street 129

EARLY BIRD REGISTRATION  
 \$350.00 + GST (\$24.50) = \$374.50  
 Note: All payments must be received by April 14, 2006.

FULL DELEGATE REGISTRATION  
 \$400.00 + GST (\$28.00) = \$428.00





APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: February 14 to Feb 17, 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
	HSALC Facility Tour						<input type="checkbox"/>
	to Atlanta and Houston						<input type="checkbox"/>
	(The Edmonton Clinic)			297.69 <del>395.29</del>		97.60	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						—	<input type="checkbox"/>
Total				297.69 <del>395.29</del> (US)		97.60	<input type="checkbox"/>

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

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

Employee Signature: *[Signature]* Date: March 2/06

Approved By: (Print name) <i>Len Rodrigues</i>	Title: <i>University of Alberta</i>	Phone #
(Signature) <i>[Signature]</i>		Date
Approved By: (Print name) <i>Sheila Weatherill</i>	Title: <i>President &amp; CEO</i>	Phone #
(Signature) <i>[Signature]</i>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original approver. The approver must initial individual items that are not supported by required supporting documents to indicate approval without support. Unsupp 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
- For physicians, contracted employees and those not paid through the payroll system 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 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice P

97.60 CAD

---

297.69 USD

@ 1.125 (Oct. 20/06)

---

334.90 CAD

97.60 + 334.90 = 432.50



APPLICANT COPY



Travel & Employee Expense Claim Form  
(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: July 1 to September 30, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	69600000	(Meals)		258.49	<input checked="" type="checkbox"/>
201	9000	71110500005	62410000	(Travel, Mileage)		135.53	<input checked="" type="checkbox"/>
201	9000	71110500005	69600000	(Other)		32.00	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$426.02	<input type="checkbox"/>

220.0  
38.  
\*

Capital Health  
**RECEIVED**  
OCT 30 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.

\* GST on parking - \$14.70

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: *H. Brent Skinner* Date: *OCT 15 / 06*

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

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

## EXPENSE CLAIMS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
04/07/06	OFFICE / STROMCANA						26
06/07	STOCK HOME DEPOSIT					✓ 32.00 ✓	
07/07	OFFICE / STROMCANA / RETURN			55.33	✓ 3.20 ✓	<del>20.00</del>	30
11/07	LUNCH		✓ 66.83	8.00			
12/07	OFFICE / UAH / RETURN						6
13/07	" "						6
14/07	OFFICE / UAH / RETURN						6
15/07	" "						6
20/07	OFFICE / UAH / UAH						5
20/07	UAH / UAH						3
04/07	OFFICE / UAH / RETURN						6
27/07	OFFICE / UAH / RETURN						8
01/08	OFFICE / UAH						3
"	UAH / UAH						7
02/08	OFFICE / UAH / RETURN						6
03/08	BREAKFAST - IN STROMCANA		✓ 10.60 ✓		✓ 5.25 ✓		4
"	OFFICE / UAH / RETURN						6
10/08	OFFICE / UAH / RETURN						6
11/08	UAH / UAH / UAH						5
28/08	OFFICE / UAH / OFFICE						6
29/08	OFFICE / UAH / OFFICE						6
01/09	UAH / UAH				✓ 2.25 ✓		
05/09	OFFICE / UAH / UAH						3
"	OFFICE / UAH / UAH						3
07/09	OFFICE / UAH / UAH						6
08/09	UAH / UAH / UAH / OFFICE						10
11/09	OFFICE / STROMCANA / OFFICE						30
"	OFFICE / UAH / RETURN						6
	(See STROMCANA)						
	<b>Total km</b>						
	@						\$0.43

### 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 February 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 thereafter (except where collective agreement specifies otherwise). Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.43 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.

DATE	PARTIALS	APPLICANT COPY			BANK	MISSED
		ACCOM	MONTH	RECEIPTS		
11/09	OFFICE / UAM					3
12/09	OFFICE / RAM / OFFICE					6
1/10	OFFICE / UAM					8
" "	UAM / RAM / OFFICE					10
" "	OFFICE / UAM					3
15/09	OFFICE / PLOD / UAM				✓ 4.00	2
" "	PLOD / UAM / OFFICE					8
18/09	OFFICE / UAM / RETURN					6
19/09	OFFICE / CITY / RETURN					4
" "	OFFICE / CITY / RETURN					8
21/09	OFFICE / UAM / RETURN					6
26/09	OFFICE / UAM / RETURN			151.06		6
" "	DINARA	181.06		70.00		
27/09	OFFICE / UAM					3
28/09	" "					3
29/09	OFFICE / UAM / OFFICE					6
" "	" "					6
		258.49		14.70	32.00	281
						X. 43
						120.83





**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE

EXPIRATION TIME

AMOUNT PAID

02/07/09 11:28 AM  
\$ 3.20 1547000007:28 AM

Capital Health  
CHARGES ARE FOR USE OF PARKING SPACE ONLY CAPITAL HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE 802416



Capital Health

**DETACH RECEIPT FROM TICKET**

DATE ISSUED

TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER

02/07/09 11:28 AM  
\$ 3.20  
1547000007:28 AM

Capital Health  
**RECEIPT** 802416



Capital Health

APPLICANT COPY

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

18 CHRIS

TBL 13/1      CHK 23      GST 0.  
JUL11'06 11:48AM

2 *POP	4.00
1 SOUP BOWL	5.00
1 LUNCH SPEC	15.00
1 PASTA SPEC	14.00
1 SALAD CHICKEN	10.00
3 *COFFEE	7.50
SUBTOTAL 55.50	
G.S.T.	3.33
TOTAL DUE	58.83

PLEASE PAY SERVER

IL PORTICO RESTAURANT  
10012 107 St T5J1J2  
EDMONTON AB  
93211727710

PRE AUTH PURCHASE

07-11-2006

Acct # [REDACTED] 43  
Exp Date [REDACTED] S  
Name: BRENT H Card Type AM  
Section 17(1),(4)(e.i) SKINNER

Inv. # 13 Operator 555  
722616227001  
Auth # 31 RKN 001027011

P. Auth Purchase 55.50  
Tip 8.00  
Total 66.83

Customer copy

APPLICANT COPY

Fairmont Hotel Macdonald  
The Harvest Room  
121 GLORIA  
-----  
304/1      CHK 1374    GST 2  
            AUG03'06 7:46AM  
-----

2 MUFFIN                    4.00  
2 COFFEE                    6.00  
  
TAX                            10.00  
10% GST                      0.60  
Total Due .. **\$10.60**

Fairmont Hotel Macdonald  
GST #139445290

GRATUITY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
ROOM # \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

NOT A CREDIT CARD VOUCHER  
PLEASE PAY YOUR SERVER

Fairmont Hotels & Resorts  
Fairmont\*Hotel Macdonald  
The Harvest Room  
10065-100 Street  
Edmonton, Alberta T5J0N6  
(780) 424 5181

CHECK:      1374  
TABLE:      304/1  
SERVER:     121 GLORIA  
DATE:        AUG03'06 7:55AM  
CARD TYPE:  AMERICAN EXPRESS  
ACCT #:      [REDACTED]  
EXP DATE:   XX/XX  
AUTH CODE:  49            Section 17(1),(4)(e.i)  
                  ERENT H SKINNER

SUB                            10.60  
GRATUITY                    \_\_\_\_\_  
TOTAL                        \_\_\_\_\_  
SIGNATURE                  \_\_\_\_\_

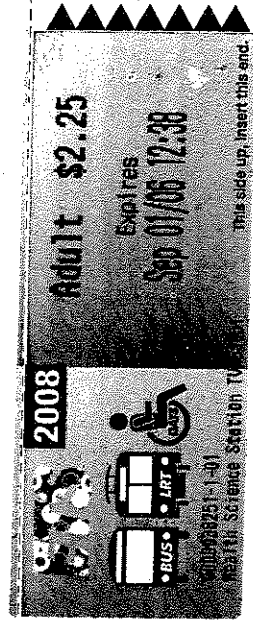
PLEASE RETURN A SIGNED COPY  
TO YOUR SERVER

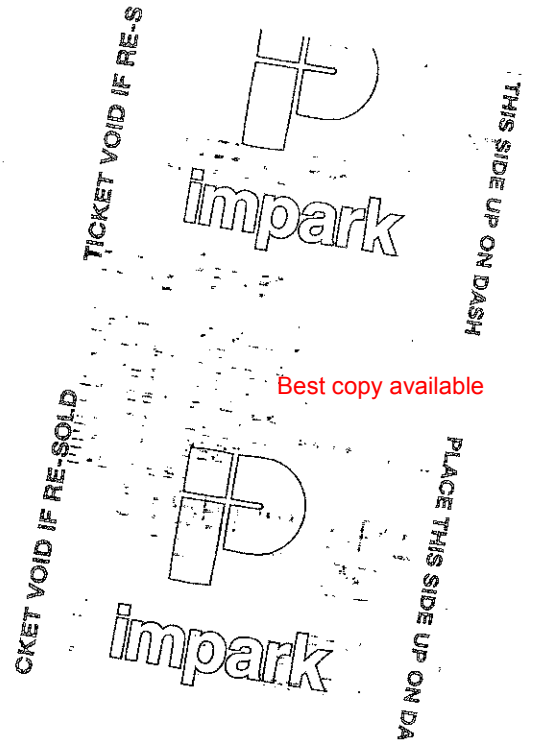
APPLICANT COPY

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

Transaction Date:	03/08/2006 08:42:30
Subtotal:	\$5.25
Amount Given:	\$5.25
Change:	\$0.00
TOTAL:	\$5.25
Payment:	

Thank You, Have a nice day!





APPLICANT COPY

\*\*\*\*\*  
 DATE 09/26/06  
 MID 4537281486  
 82346  
 TIME 20:37  
 93212

\*\*\*\*\*  
 CHECK # 3209  
 TABLE # 22  
 DATE 9/26  
 TIME 20.

CENTURY GRILL  
 3975 Calgary Trail South  
 Edmonton, Alberta  
 T6J 6S6  
 (780) 431-0303 Section 17(1),(4)(e.i)

RESTAURANT : DAN

ITEMS ORDERED	AMOUNT
3 TOMATO CUP	12.00
1 JAMBALAYA	25.00
1 CENT. SIGNATURE	36.00
1 HALIBUT	27.00
2 COFFEE	5.00
6 KOKANEE GOLD	37.50

AMEX  
 AUTH 504481  
 PURCHASE  
 AMOUNT  
 TAX

TABLE 22 CHECK 3209  
 DAN  
 RESTAURANT  
 142.50  
 8.56

\*\*\*\*\*  
 SUBTOTAL 142.50  
 TAX 8.56  
 TOTAL 151.06

SUBTOTAL \$ 151.06  
 TIP \$ 32.00  
 TOTAL \$ 183.06

CUSTOMER COPY

Bur...grrrrrrrrrrrr"  
 Join us at our newest concept  
 Delux Burger Bar  
 9682 - 142 Street

Wanna be SHAKEN & STIRRED?  
 Join us for MARTONIE THURSDAYS in our  
 Lounge, 3pm till close for \$2 Martinis  
 ...and cool RETRO spun beats!

3975 Calgary Trail  
 Edmonton  
 GST #865789382

www.centuryhospitality.com

APPLICANT COPY



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: October 1 to October 31, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71110500005	69600000	(meals)		28.62	<input checked="" type="checkbox"/>	
201	9000	71110500005	62410000	(mileage, travel)		70.19	<input checked="" type="checkbox"/>	
201	9000	71110500005		(Other)			<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							798.81	<input type="checkbox"/>

Capital Health  
**RECEIVED**

NOV 21 2006

**ACCOUNTS  
PAYABLE**

(T)

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: *H. Brent Skinner* Date: *Nov 16 / 06*

Approved By: (Print name) <i>Susan Paal</i>	Title: <i>Senior U.P.</i>	Phone #
(Signature) <i>S Paal</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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.

*M*





DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

05/12/2023 PM

EXPIRATION TIME

AMOUNT PAID

\$ 3,001,974,000.11:25 AM:07M

DETACH RECEIPT FROM TICKET

DATE ISSUED

05/12/2023 PM 4:50M

TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

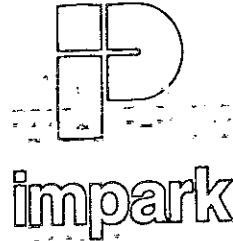


UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

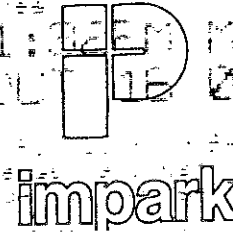
TICKET VOID IF RE-SOL



CE THIS SIDE UP ON DASH

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

SET VOID IF RE-SOLP



PLACE THIS SIDE UP ON I

TICKET VOID IF RE-SOLD

IMPARK EDMONTON

1 SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Best copy available

CT. 18. 2001

IMPARK

PLACE THIS SIDE UP ON DASH

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

18 CHRIS

TBL 25/1      CHK 860      GST 0  
 OCT30'06 12:53PM

2 \*COFFEE                      5.00  
 1 \*POP                              2.00  
 1 BEEF SAND                    10.00  
 1 SALAD CHICKEN            10.00

SUBTOTAL                      27.00  
 G.S.T.                              1.62  
 TOTAL DUE                    28.62

PLEASE PAY SERVER

Cardmember Acct. No. / N° de compte du Titulaire de la Carte

Approval Code / Code d'approbation

Amount of Delayed Cheq. / Mont. des chèques en retard

Check or # / N° de votre chèque

Revised Total / Nouveau Total

MERCH/SERV / MARCHÉ/SERV

GST / TPS

PST / PVQ

TPS/MISC / COLLECTES/DIVERS

TOTAL

DOLLARS

CENTS/SDUS

28162

DO NOT WRITE ABOVE THIS LINE / NE PAS ÉCRIRE AU-DESSUS

Date of charges / Date des frais

30.10.06

GST Reg # / N° inscr. / TPS

Establishment agrees to transmit to Amex Bank of Canada / L'établissement s'engage à transmettre les présentes à la Banque Amex du Canada (Amex) par le moyen des services autorisés en vertu de la Loi sur le régime des contributions en matière de consommation de cette carte. Les marchandises et services achetés avec cette carte ne peuvent pas être revendus ou remboursés pour un montant supérieur au montant.

Cardmember Signature / Signature du Titulaire

W. Wilhem

Invoice No. / N° de la facture

991424

AMERICAN EXPRESS

Exemplaire du titulaire

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



# APPLICANT COPY

## Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: <span style="background-color: grey; color: grey;">[REDACTED]</span>	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: November 1 to November 30, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	69600	(meals)		159.59	<input checked="" type="checkbox"/>
201	9000	71110500005	62410	(travel)		120.25	<input checked="" type="checkbox"/>
201	9000	71110500005		(other)			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						279.80	<input type="checkbox"/>

134.51  
25.0  
120.2

Capital Health  
RECEIVED

DEC 08 2006

ACCOUNTS  
PAYABLE

The information on this form is collected under section 4 of the Access to Information Act / Loi sur l'accès à l'information. The information 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.

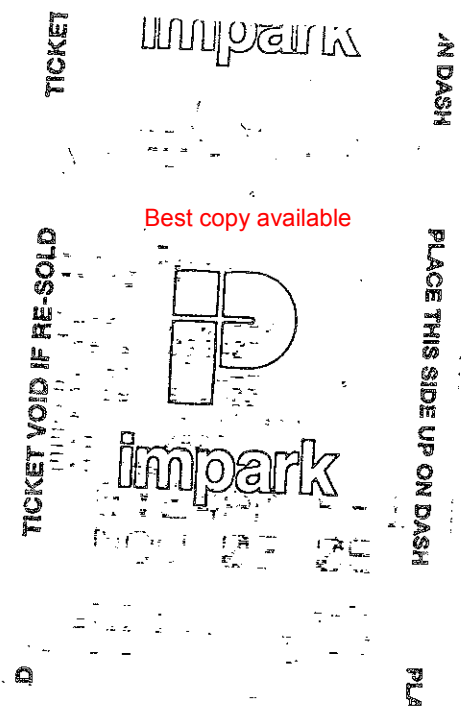
Employee Signature: *H. Brent Skinner* Date: *Dec 6/06*

Approved By: <small>(Print name)</small> <i>Susan Paul</i>	Title: <i>Senior Vice President</i>	Phone #
Signature: <i>Susan Paul</i>		Date
Approved By: <small>(Print name)</small>	Title:	Phone #
Signature:		Date

**NOTE:**

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







APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

06NOV10 12:13 019 002  
06NOV10 09:27 02  
/ 2:46 #276863

S0094186126	
RATE	9.00
TOTAL	9.00
Cash	9.00

EST #887727657RT  
Have a Nice Day

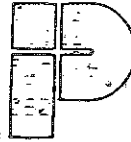
TICKET VOID

impark

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Best copy available



impark

PLACE THIS SIDE UP ON DASH

APPLICANT COPY

MANULIFE PLACE  
OPERATED BY  
STANDARD PARKING

06NOV13 11:50 001 001  
06NOV13 10:49  
/ 1:01 #312973

S722355  
RATE 1           \$3.75  
TOTAL            \$3.75  
CASH             \$20.00  
CHANGE           \$16.25

GST INCLUDED  
GST# R119580595  
HAVE A NICE DAY





Pre-meeting  
Edman and  
Presentation to  
US Commercial  
Liaison Committee

B. SKINNER  
DUL POWSON UP  
COME MORE " "  
PUSSELL BARR CINDY  
Edman



# APPLICANT COPY

## Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: <span style="background-color: grey; color: grey;">[REDACTED]</span>	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: December 1 to December 31, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	(Mileage)		\$ 104.49	<input checked="" type="checkbox"/>
201	9000	71110500005	69600000	(Meals)		173.41	<input checked="" type="checkbox"/>
201	9000	71110500005	62410000	(Other) Park		35.00	<input checked="" type="checkbox"/>
201	9000	71110500055	41090000	gift		488.61	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						—	<input type="checkbox"/>
Total						\$ 801.51	<input type="checkbox"/>

w  
161.5  
11.57

Capital Health  
**RECEIVED**  
JAN 18 2007  
ACCOUNTS  
PAYABLE

The information on this form is collected under section 81 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>H. Brent Skinner</i>	Date: <i>22.9.2007</i>
---	------------------------

Approved By: <i>S. W. WEATHERILL</i> <small>(Print name)</small>	Title: <i>PRES &amp; CEO</i>	Phone #
<i>[Signature]</i> <small>(Signature)</small>		Date
Approved By:	Title:	Phone #
<i>[Signature]</i> <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.
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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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.





APPLICANT COPY

Alberta Collage

-----  
Terminal#:1 Cashier#:2  
18/12/06 17:10  
18/12/06 19:51 - 02:41  
63942666 / #017924  
Rate1 : \$ 5.00  
TOTAL : \$ 5.00  
 : \$ 20.00  
CHANGE : \$ 15.00  
-----

APPLICANT COPY

*customer copy*

IL PORTICO RESTAURANT  
10012 107 ST T# 1J2  
EDMONTON AB  
932117227310

PRE AUTH PURCHASE 1111

12-18-2006  
Acct # [REDACTED] 2. 01 92  
Exp Date [REDACTED] 5  
Name: BRENT H Card Type AM  
DINNER

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

INV # 10 Operator 069  
T226162E7001  
Auth # 19 HKN 001158005

P. Auth Purchase \$44.52  
Tip 6.00  
**Total** 50.52

Customer copy

IL PORTICO  
EDMONTON, ALBERTA  
932117227310

14 LUANN

TABLE 10/9 CHK 571 GET 0  
12 LUANN 11:00AM

1 PASTA SAUCE 11.00  
1 RISOTTO 15.00  
1 SALAD DRESSING 11.00  
2 WAF 4.00

SUBTOTAL 42.00  
G.S.T. 2.52  
TOTAL DUE 44.52

PLEASE TIP SERVER

APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

06DEC22 11:52 001 001

06DEC22 10:10

/ 1:42 #157696

RATE 1 \$8.00

TOTAL \$8.00

CASH \$8.00

MANAGED BY  
IMPERIAL PARKING

APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

06DEC06 16:09 001 002

06DEC06 09:19

/ 6:50 #156235

RATE 1 \$15.00

TOTAL \$15.00

CASH \$15.00

MANAGED BY  
IMPERIAL PARKING

APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST T5J1J2  
EDMONTON AB  
93211/227310

1111 PRE AUTH PURCHASE 1111

12-28-2006 12 58:55  
Acct # [REDACTED] S  
Exp Date [REDACTED] Card Type AM  
Name: BRENT H SKINNER

Section 17(1),(4)(e.i)  
Inv. # 21 Operator 065  
T22616227001  
Auth # 36 RRN 001165001

P. Auth Purchase \$45.58  
Tip 4.50  
Total 51.08

Customer copy

IL PORTICO  
EDMONTON, ALBERTA  
800.7.8.8220/774

10 SCOTT

TOL 21/1 LNK 602 0010  
0-788106 11/07/06

1 FRITZ  
1 SALAD  
1 PASTA  
1 WINE  
2 TOTAL

SUBTOTAL 43.00  
TAX 2.50  
TOTAL 45.50

FILE # 101 55101

■  
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

08/12/04:02 PM

EXPIRATION TIME

AMOUNT PAID

\$ 3.00 1746000003:02 PM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED. TIME ISSUED AMOUNT PAID

08/12/04:02 PM \$ 3.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

APPLICANT COPY

Moonlight Cafe & Deli  
 10709 Jasper Ave  
 434-5287

DATE Dec 11/06

NAME Capital Health

ADDRESS \_\_\_\_\_

SOLD BY	COD	CHARGE	ON ACCOUNT	AMOUNT FWD.
1		FATOUSH FOR SIX		35 -
2		Cheese		4 95
3		Tuna		5 25
4		Roast Beef X 2		11 90
5				
6		SUB TOTAL		57 10
7		Discount		5 71
8		GST		3 08
9				54 47
10		+ Tim Horton's (attach)		17 34
			GST	\$ 71 81
			PST	
TAX REG. NO:			TOTAL	
04			SIGNATURE	

Best copy available

APPLICANT COPY

TIM HORTONS  
10565 JASPER AVE  
EDMONTON, AB

*PCL Lunch*

#112	
1 HAM &	
SWISS	
WH.WHEAT	
NO TST	
1 TUR CLUB	4.59
WH.WHEAT	
NO TST	
1 TUR CLUB	4.59
WH.WHEAT	
NO TST	
1 EGG SH	3.05
WH.WHEAT	
NO TST	

OUT  
4.09

16.36  
.98

17.34  
(20.00)  
2.66

RECEIPT RECEIPT

GST#R866069223

JHTF1 2

11/26 11:50 #02 DEC. 11'06 REG0001



APPLICANT COPY

Best copy available

Alberta Collage

-----  
Terminal#:1 Cashier#:2  
05/12/06 16:47  
05/12/06 18:25 - 01:39  
62818082 / #015663  
Rate1 : \$ 6.00  
miscdisc : \$ - 2.00  
TOTAL : \$ 4.00  
: \$ 4.00  
-----



# GPS Central

APPLICANT COPY

8 711 48 Ave SE  
Calgary AB T2G 4X2  
Tel: 1-800-585-9331  
Web site: www.gpscentral.ca

## SALES RECEIPT

DATE	RECEIPT NO
11/26/2006	89661

**BILL TO:**  
Brent H Skinner  
[Redacted]

**SHIP TO:**  
BRENT H SKINNER  
[Redacted] Section 17(1)

ORDER/P.O. No.	TERMS	REP	SHIP DATE	SHIP VIA	F.O.B.
48090	American Ex...	SH	11/27/2006	Xpresspost	GPS Central

QTY	DESCRIPTION	PRICE	AMOUNT
1	Garmin: GPSMAP 76CSx 010-00469-00	448.95	448.95T
	Shipping & Handling Charges	12.00	12.00T
	Subtotal		460.95
-----AMEX Payment-----			
	Credit Card #: [Redacted]		
	Date: 06NOV26		
	Auth #: 12		
	Business Number: 86168 2797RT0001		
	<i>Return Gift for [Redacted]</i>		
	[Redacted] Section 17(1)		

Thank you for your business! Please retain this receipt - it is your proof of purchase for warranty purposes. Returns accepted only within 15 days of ship date and subject to a 15% re-stocking fee if not returned in as new condition. Opened unlock certificates and items with opened software cannot be accepted for return. No returns accepted without a Return Merchandise Authorisation. Please visit [www.gpscentral.ca/RMA.htm](http://www.gpscentral.ca/RMA.htm) to get an RMA#. You are responsible for all return shipping costs to GPS Central; if a replacement is required we will ship to you at no shipping charge.  
NOTE: IT IS THE USER'S RESPONSIBILITY TO USE THESE PRODUCTS PRUDENTLY. THESE PRODUCTS ARE INTENDED TO BE USED ONLY AS TRAVEL AIDS AND MUST NOT BE USED FOR ANY PURPOSE REQUIRING THE PRECISE MEASUREMENT OF DIRECTION, DISTANCE, LOCATION, OR TOPOGRAPHY.

<b>GST/HST</b>	27.66
<b>Total</b>	Can\$488.61



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: January 1 to January 31, 2007	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71110500005	62410000	mileage, parking		112.69	<input checked="" type="checkbox"/>	
201	9000	71110500005	69600000	meals		88.38	<input checked="" type="checkbox"/>	
201	9000	71110500005		other Capital Health			<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							201.07	<input type="checkbox"/>

RECEIVED  
FEB 21 2007  
ACCOUNTS  
PAYABLE

77.3  
11.6

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: Feb 13 / 2007

Approved By: (Print name) <i>S. Weatherill</i>	Title: <i>Pres. + CEO</i>	Phone #
(Signature) <i>[Signature]</i>		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

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



APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

07JAN03 14:36 019 002  
07JAN03 12:58 02  
/ 1:38 #290336

80067326364  
RATE 8.00  
TOTAL 8.00  
Cash 10.00  
CHANGE 2.00

BBT #897727657RT  
Have a Nice Day

APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

07JAN04 15:16 019 002  
07JAN04 13:11 02  
/ 2:05 #290644

S0067415562	
RATE	8.00
TOTAL	8.00
Cash	8.00

GST #89772765TRT  
Have a Nice Day

APPLICANT COPY

TIC

DASH

Best copy available

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

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

OLD

PLACE

2:54 PM '07  
JAN 15 07

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

16:01 10:35 AM

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

16:01 10:35 AM \$ 4.00

AMOUNT PAID

\$ 4.00 16:01 10:35 AM

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

NON TRANSFERABLE



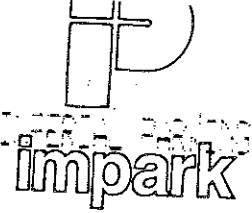
UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831



TICKET VOID IF RE-



THIS SIDE UP ON DASH

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

TICKET VOID IF RE-SOLD

RECEIVED MON  
JAN 22 07



THIS SIDE UP ON DAS

APPLICANT COPY

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T. # R22616227

18 SCOTT

TBL 19/1      CHK 173      0504  
JAN 29 07 12130PM

2 *TEA	2.00
1 *COFFEE	2.00
1 *DECAF COFFEE	2.00
1 *POC	2.00
3 SALAD CHICKEN	33.00
2 TORTELLINI	26.00
<b>SUBTOTAL</b>	<b>73.00</b>
G.S.T.	4.38
<b>TOTAL DUE</b>	<b>77.38</b>

PLEASE PAY BY CHECK

IL PORTICO RESTAURANT  
10012 107 ST      T5J1J2  
EDMONTON      AB  
22616227

1111      PRE AUTH PURCHASE

01-29-2007  
Acct # [REDACTED]  
Exp Date [REDACTED]      Csi [REDACTED]  
Name: BRENT SKINNER  
**Section 17(1),(4)(e.1)**  
Inv # 15      Operator 065  
T22616227001  
Auth # 095086      RKN 001192013

P. Auth Purchase      \$77.38  
Tip      11.00  
**Total**      88.38

Customer copy

APPLICANT COPY

Luca

VEN. WITNESS  
KATHEN MESSER  
STAN AL  
DAVID ALMON  
BRET SKINNER



# APPLICANT COPY

## Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: <span style="background-color: gray; color: gray;">[REDACTED]</span>	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: March 1 to March 31, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	04170155	(Meals)		42.80	<input checked="" type="checkbox"/>
201	9000	71110500005	62410000	(Transportation)		114.90	<input checked="" type="checkbox"/>
201	9000	71110500005		(Other)			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						157.70	<input type="checkbox"/>

Capital Health  
**RECEIVED**  
APR 20 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: *W. L. Chan* Date: *April 5, 2006*

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

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



DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

01/03/05:00 PM

AMOUNT PAID

\$ 5.00 152100000003:23 PM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

01/03/05 00:23 PM \$ 5.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

APPLICANT COPY

Grant MacEwan C.C.  
10700-104 Avenue  
Edmonton, Alberta  
T5C 4S2  
Parking Services  
Tel.: (780) 497-5875

Transaction Date: 13/03/2006 13:20:41  
Subtotal: \$5.25  
Amount Given: \$5.25  
Change: \$0.00  
TOTAL: \$5.25  
Payment:

Thank You, Have a nice day!

APPLICANT COPY

Fairmont Hotel Macdonald  
The Harvest Room

123 KATLIN

108/1

CHK 1520

TABLE 108/1

Best copy available

SERVER

DATE

CARD TYPE

ACCT #

EXP

AUTH

EVENT

NAME

NO

DATE

TOTAL

ROOM #

PRINT NAME

SIGNATURE

NOT A FRIED...  
PLEASE TRY...

Fairmont Hotels & Resorts  
Fairmont Hotel Macdonald  
The Harvest Room  
10065-100 Street  
Edmonton, Alberta T5J0N6  
(780) 424 5181

CHECK: 1520

TABLE: 108/1

SERVER: 123 KATLIN

DATE: MARCH 06 12:50PM

CARD TYPE: AMERICAN EXPRESS

ACCT #

EXP

AUTH: 40

EVENT: SKINNER

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

SUB: 42.100

GRAND

TOTAL

SIGNATURE

PLEASE RETURN A SIGNED COPY  
TO YOUR SERVER



LEAVE ON DASH - THIS SIDE UP  
EXPIRATION DATE

16/03/05 18:23  
AMOUNT PAID \$ 2.00 150000 1736

EXPIRATION TIME

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

480374

DETACH RECEIPT FROM TICKET

DATE ISSUED 16/03/05  
TIME ISSUED 18:23  
AMOUNT PAID \$ 2.00  
CREDIT CARD NUMBER 150000 1736



CARITAS HEALTH GROUP

RECEIPT

480374

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

12/27/03 04:29 PM

EXPIRATION TIME

AMOUNT PAID

\$ 3.75 19230000 02:59 PM

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



DETACH RECEIPT FROM TICKET

DATE ISSUED

12/27/03 02:59 PM

TIME ISSUED

02:59 PM

AMOUNT PAID

\$ 3.75

CREDIT CARD NUMBER

21200



University of Alberta

RECEIPT



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning and Construction	
Business Phone: 735-0431	Period From: February 1 to March 31, 2007	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	Mileage/Parking		173.49	<input checked="" type="checkbox"/>
201	9000	71110500005	69600000	Meals		354.96	<input checked="" type="checkbox"/>
201	9000	71110500005	41090000	other - general purchases		146.12	<input checked="" type="checkbox"/>
						27	<input checked="" type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						674.77	<input type="checkbox"/>

Capital Health RECEIVED APR 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: *[Signature]* Date: April 2, 2007

Approved By: <i>Sheila Weatherill</i> (Print name)	Title: <i>President &amp; CEO</i>	Phone #
<i>[Signature]</i> (Signature)		Date
Approved By:	Title:	Phone #
<i>[Signature]</i> (Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
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  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> 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
Feb 2/07	OFFICE / VAN / RETURN						6
FEB 5	STURBOWH / VAN						19
-1	LUNCH OMAHA / STURBOWH		✓ 62.59				
-1	VAN / OFFICE						3
FEB 6	LUNCH STURBOWH / OFFICE		✓ 39.56				
-1	OFFICE / VAN / RETURN						6
Feb 7	OFFICE / STURBOWH						17
-1	STURBOWH / VAN / OFFICE						22
FEB 8	OFFICE / VAN / RETURN						6
FEB 9	LUNCH FARGES / DUL		✓ 77.58				
FEB 12	OFFICE / PLAZA 124				✓ 2.00		2
-1	PLAZA 124 / VAN / RETURN						15
FEB 13	LUNCH WASHINGTON / WASHINGTON		✓ 41.58				6
FEB 14	OFFICE / VAN / RETURN						
FEB 16	OFFICE / BANCAS				✓ 3.00		2
-1	BANCAS / CHANDLER						1
-1	LUNCH V. MAROSE		✓ 46.81				
-1	CHANDLER / UJA						4
-1	UJA / CITY / RETURN						7
FEB 21	UJA				✓ 2.50		
-1	UJA / DIT / OFFICE						5
FEB 22	OFFICE / VAN / RETURN						6
FEB 23	OFFICE / VAN / RETURN						6
-1 27	OFFICE / VAN / RETURN						6
-1 28	" "						6
MARCH 2	OFFICE / WASHINGTON / RETURN				2.25		20
-1	OFFICE / WASHINGTON / RETURN				2.50		4
MARCH 5	OFFICE / CITY / RETURN						3
-1 6	OFFICE / VAN / RETURN						6
	Total km						
	@						\$0.43

( CONTINUED ON NEXT PAGE )

**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 February 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. If union contract rates 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.



# earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus  
8629-112 Street  
Edmonton, Alberta  
T6G-1K8

24 MARTISA *Thanks!*

Tbl 13/1 Chk 3862 Gst 3  
05Feb'07 11:41AM

1 DECAF COFFEE	2.50
2 POP @ 2.50	5.00
2 POP REFILL	0.00
2 COFFEE @ 2.50	5.00
1 CAJUN SAND	12.00
1 CLUBHOUSE	12.00
1 SANTA FE CHICK	15.00

Subtotal	51.50
GST Tax	3.09
12:27 Total	54.59

ALL Week Long  
Campus Earls  
NFL Bud Mondays \$3.00 Bottles  
Bellini Tuesday \$4.00 Bellinis  
Wing Wednesday \$5.50 Wings  
Lo-ball Thursday's \$3.50  
Weekends \$1 off all Martini's  
Visit us on line at  
www.earls.ca  
Head Chef Dustin Dewan  
General Manager Colin Corbett  
GST# 10154 1191 RT0001

# earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus  
8629-112 Street  
Edmonton, Alberta  
T6G-1K8

Date: 05Feb'07 12:32PM  
Card Type: Amex  
Acct #: XXXXXXXXXX  
Exp Date: XX/XX/XX  
Auth Code: 16A/75  
Check: 3862  
Table: 13/1  
Server: 24 MARTISA  
Ref Number: 001170703921

Subtotal:	54.59
Tip:	8.00
Total:	62.59

I agree to pay above total according to my card issuer agreement.

\*\*\*\*\*Customer Copy\*\*\*\*\*

APPLICANT COPY

Lincoln  
FEB 5/07

BRETT SKINNER  
DEN OLMSFORD  
BARRY WALKER

APPLICANT COPY

DATE \_\_\_\_\_  
 G.S.T. \$ 1.96  
 AMOUNT \$ 34.56

**3rd Street Bistrot**  
 Casual dining, desserts,  
 Sunday Champagne Brunch  
 9910 - 109 STREET, EDMONTON  
 PHONE: 424-7219  
 G.S.T. #R3498243

**Martini's**  
**BAR & GRILL**  
 127551

TRANSACTION RECORD 070206/12:19

MARTINI'S BAR & GRILL  
9910 109 STREET  
EDMONTON ALBERTA  
T5K1H5

TERM ID: 02462748 Section 17(1),(4)(e.i)  
MID: 387423 OP ID: 213

CARD # [REDACTED]  
ACCT TYPE: AMEX EXP: [REDACTED]  
REF NO: 0127551 PURCHASE AMOUNT \$34.56

TIP: \$ 5.00  
TOTAL: \$ 39.56

(001) APPROVED - THANK YOU AUTH #540174

CARDHOLDER AGREES TO PAY ISSUER SUCH  
TOTAL IN ACCORDANCE WITH ISSUER'S  
AGREEMENT WITH CARDHOLDER

X \_\_\_\_\_  
CARDHOLDER SIGNATURE

I  
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Conway  
Feb 6/02

- TERRY TAMPAN
- AL EFEKI (CONTRACTOR)
- BRETT DENNER

APPLICANT COPY

IL PORTICO RESTAURANT  
 10012 157 ST TS 1112  
 EDMONTON AB  
 51617227110

IL PORTICO  
 EDMONTON, ALBERTA  
 G.S.T.# R12250371

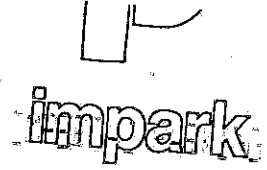
Section 17(1),(4)(e.i)

PRE AUTH PURCHASE 1111  
 02 09 2007 11 17 10  
 Acct # [REDACTED] S  
 Exp D [REDACTED] AM  
 Name BRENT H WINNER  
 Inv # 9 Operator 001  
 .610227001 RRN 001202021  
 Price Purchase \$67.89  
 Tip 10.00  
 Total 77.89  
 Customer # 01

3 JACKIE  
 TBL 9/4 CHN 602  
 FEB07 10:11PM  
 1 1/2 HS/RED 14.00  
 1 TOMATO BOCC 6.00  
 2 SALAD CHICKEN 22.00  
 1 CANNELONI 14.00  
 2 \*COFFEE 5.00  
 1 CAPPUCCINO 2.75  
 SUBTOTAL 40.75  
 G.S.T. 3.80  
 TOTAL DUE 44.55

PLEASE PAY BY

TICKET VOID IF I



SIDE UP ON DASH

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DA

FEB 9/02

UNDER PAUL FOSTER  
STAN DUL

APPLICANT COPY

5  
 TEL 1321 FEB 14 1971  
 1 ACQUIT 2.50  
 1 TIP 2.00  
 1 COFFEE 12.00  
 1 BREAD 14.00  
 1 EGG 2.00  
 43.00  
 2.50  
 45.50  
 TOTAL  
 PLEASE PAY SERVER

Best copy available

02  
 Acc #  
 Exp Date  
 Name BRINT K  
 Section 17(1),(4)(e.i)  
 Inv # 11 Oper for 009  
 122616277001  
 Auth A KFN CAS 10024  
 P. AUTH # 445.50  
 Tip 6.00  
 Total 51.50

Customer copy

APPLICANT COPY

Feb 13

Lunch

BARRY VAN LINDEN

EMMIT VON MEIDENFEST

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE  
PH # (780) 428-4544  
OPERATED BY ADVANCED PARKING

GST # R119326270 RT0001

Rcpt#190237  
02/16/07 12:02 L# 2 AN 14 Txn#651071  
02/16/07 11:12 In 02/16/07 12:02 Out  
Regular Rate \$ 2.83  
Total Tax \$ 0.17  
Total Fee \$ 3.00  
CASH PAID \$ 3.00-  
Cash Tender \$ 3.00  
Change Due \$ 0.00

THANK-YOU!  
WE APPRECIATE YOUR BUSINESS.  
COME AGAIN!

APPLICANT COPY

Faint, illegible text, possibly a receipt or form header.

1st SET  
Tbt 2/1  
1 3/4 INCH PAPER  
2 COFFEE & SUGAR  
GST  
01 04 April 2001

Best copy available

G. W  
46.81

WELCOME TO CHARACTER!!  
& HAVE A GREAT DAY!!



APPLICANT COPY

Fes 16/02

Lurchy

VIVID MANAGE

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

DATE ISSUED TIME ISSUED AMOUNT PAID

EXPIRATION DATE EXPIRATION TIME

21/02/07 10:59 AM \$ 2.50

21/02 11:59 AM

CREDIT CARD NUMBER

21250  
\$ 2.50 1746000010159 AM

UNIVERSITY OF ALBERTA

UNIVERSITY OF ALBERTA



GST # R108102831

RECEIPT

NON TRANSFERABLE

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

02/03/07 10:24

EXPIRATION TIME

AMOUNT PAID

\$ 2.25 16490000 09:34



NON TRANSFERABLE

11283137

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

02/03/07 09:14 \$ 2.25

CREDIT CARD NUMBER



RECEIPT

11283137

TICKE

N DASH

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

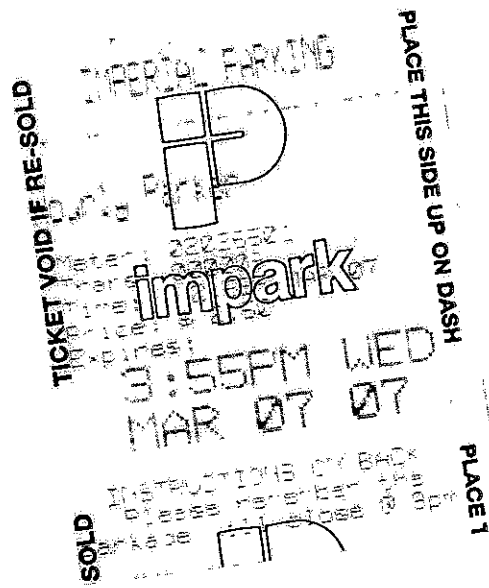
LD

INSTRUCTIONS

PLAK

3:56PM FRI  
MAR 02 07

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



# FUTURE SHOP 026

CONTRACT ID: 026-070315-085400  
 3451 CALGARY TRAIL S 480-413-0550  
 X8HY 45 SA 15/03/2007 14:23  
 FUTURE SHOP, 026

*DK*

QTY	DESCRIPTION	AMOUNT
1	HP OFFICEJET 5610	129.99
	394/10066850-X8HY @	129.99
	SERIAL # SCN67JDE27B	
1	ADS PRINTERS & COMBO	8.00
	10057243-X8HY @	8.00

Environmental Handling Fees are collected under the Alberta Advance Disposal Surcharge Program. (Provincial)

New! Now you can redeem your gift cards online!  
 >> futureshop.ca

<<<<<Customer Copy>>>>>>>

Order Subtotal 129.99  
 Environmental Handling Fee Total 8.00

Thank you for shopping at FUTURE SHOP

Item Total	137.99
G/S Tax	8.28
Prov Tax	0.00
<b>INVOICE</b>	<b>146.27</b>

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

TRANSACTION RECORD PURCHASE  
 VISA 146.27 [REDACTED]  
 swiped [REDACTED] 070170  
 15/03/2007 14:22:31  
 FSC02645-220001001004  
 00 Approved 070170-001 2

GST Reg.# R135664738

*Home FAX  
 AS per CEO  
 REQUEST  
 [Signature]*

SALES QTY: 1

APPLICANT COPY

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

3 JACKIE

TBL 26/1      CHK 215      GST 0  
MAR21 '07 10:45AM

1 OPEN RED WINE	9.00
1 OPEN RED WINE	9.00
1 *POP	2.00
1 SALAD CHICKEN	11.00
1 BEEF SAND	11.00
1 LUNCH SPEC	17.00
2 *COFFEE	5.00

SUBTOTAL	64.00
G.S.T.	3.84
TOTAL DUE	67.84

PLEASE PAY SERVER

IL PORTICO RESTAURANT  
10012 107 ST T5J1J2  
EDMONTON AB  
932117227310

|||| PRE AUTH-PURCHASE ||||

03-21-2007 12:57:09  
Acct # [REDACTED] S  
Exp Date [REDACTED] Card Type AM  
Name: BRENT H SKINNER  
Section 17(1).(4)(e.i)

Inv. # 26 Operator 001  
T22616227001  
Auth # 60 RRN 001237007

P. Auth Purchase	\$67.84
Tip	9.00
Total	<u>76.84</u>

Customer copy 7

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Rcpt# 11896  
03/22/07 15:26 LH 2 AM 12 Txn# 37663  
03/22/07 13:13 In 03/22/07 15:26 Out  
Tkt# 178448  
Regular Rate \$ 7.08  
Total Tax \$ 0.42  
Total Fee \$ 7.50  
CASH PAID \$ 7.50-  
Cash Tender \$ 20.00  
Change Due \$ 12.50

THANK YOU  
COME AGAIN



TICKET VOID IF RI

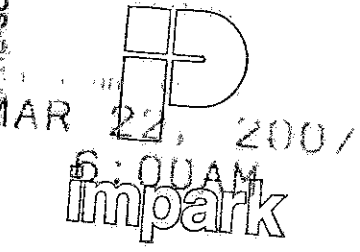


IS SIDE UP ON DASH

Best copy available

TICKET VOID IF RE-SOLD

IMPACT ON US...  
PHONE #...



PLACE THIS SIDE UP ON DASH

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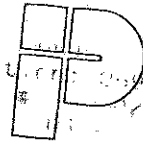
IMPARK

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TICKET VOID IF RE-SOLD

IMPARK EDMONTON



impark

MAR 23, 2007  
6:00AM

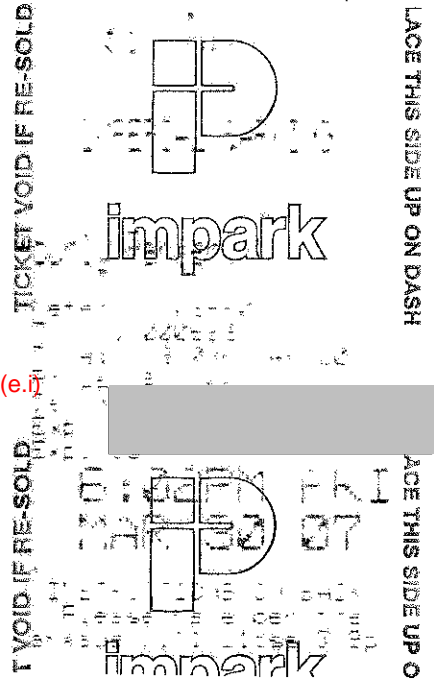
PLACE THIS SIDE UP ON DASH

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





# APPLICANT COPY

## Travel & Employee Expense Claim Form

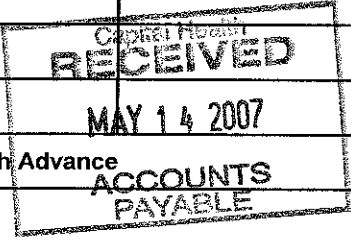
(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: <span style="background-color: black; color: black;">[REDACTED]</span>	Union Name:
Position: Chief Planning Officer		Department: Facilities Planning and Construction
Business Phone: 735-0431	Period From: April 1 to April 30, 2007	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71110500005	38.15	62410000		38.15	<input checked="" type="checkbox"/>	
201	9000	71110500005	91.98	61020003		91.98	<input checked="" type="checkbox"/>	
201	9000	71110500005	92.45	62410000		92.45	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							222.58	<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>H. Brent Skinner</i>	Date: <i>MAY 14 2007</i>

Approved By: <i>S. Weatherill</i> <small>(Print name)</small>	Title: <i>President &amp; CEO</i>	Phone #
<i>S. Weatherill</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.
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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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.



# TELUS® Your TELUS Statement

Apr 07, 2007

TELUS Communications Company

Page 1 of 2

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

**BRENT SKINNER**

Your account number  
Your TELUS Account ID

*HOME  
RESIDENCE  
FAX NUMBER  
WARRANTY*

**Here's what you owe this month: \$91.98**

1 Residence Line Touchtone from Apr 07 to May 06	23.34
Additional Charges and Credits (see details below)	63.46
GST (Registration 812758878) at 6%	5.18
<b>Total new charges</b>	<b>91.98</b>

**Total amount due by Apr 28**

**\$91.98**

**Additional Charges and Credits**

Change in Residence Line Touchtone (for 23 days from Mar 14 to Apr 07)	\$17.89
Connection Charge Mar 14 #64828	45.00
E9-1-1 Municipal Call Answer Fee Apr 06	.44
E9-1-1 Provincial Network Fee Apr 06	.13
<b>Total additional charges and credits</b>	<b>\$63.46</b>

**63.46**

**Visit our web site**

For news on TELUS products and services, visit our web site at [www.telus.com](http://www.telus.com)

**Paying by credit card**

To pay your TELUS phone account using a credit card, visit our web site at [www.telus.com/online/services](http://www.telus.com/online/services)



APPLICANT COPY

Tear off here



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TICKET V  
impark  
P ON DASH

Best copy available

TICKET VOID IF RE-SOLD  
impark  
PLACE THIS SIDE UP ON DASH

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



■ DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE  
23/04 04:30 PM

AMOUNT PAID  
\$ 5.40 1746888802:30 PM



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED  
23/04 02:30 PM \$ 5.40

CREDIT CARD NUMBER  
21250



GST # R108102831

RECEIPT

APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

07APR23 14:03 001 002

07APR23 12:36

/ 1:27 #168257

RATE 1	\$6.00
TOTAL	\$6.00
CASH	\$6.00

MANAGED BY  
IMPERIAL PARKING

APPLICANT COPY

Alberta College

Best copy available

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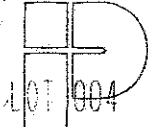
Terminal# 1 Cas # 612  
24/04/07 07:30  
24/04/07 09:53 32 24  
4334485 #000

Rate1	75
TOTAL	75
CHANGE	25

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APPLICANT COPY

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IMPARK EDMONTON

impark

Transaction: 056480  
Machine #: 02000401  
Date: 4/26/07

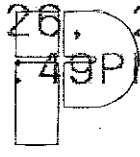
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PR 26, 2007

4:43 PM



PLACE THIS SIDE UP

**Travel & Employee Expense Claim Form**

(in Canadian Dollars) Section 17(1)

<b>Name:</b> H. Brent Skinner	<b>Employee Number:</b> [REDACTED]	<b>Union Name:</b>
<b>Position:</b> Chief Planning Officer, Capital Health	<b>Department:</b> Facilities Planning & Construction	
<b>Business Phone:</b> 735-0431	<b>Period From:</b> May 1 to May 31, 2007	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	staff travel		92.23	✓
201	9000	71110500005	69600000	meals			
201	9000			other			
<b>Less Cash Advance</b>							
<b>Total</b>						\$0.00	

Capital Health  
**RECEIVED**  
JUN 15 2007  
**ACCOUNTS  
PAYABLE**

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

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

**Employee Signature:** *[Signature]* **Date:** June 11, 07

<b>Approved By:</b> (Print name) S. Weatherill	<b>Title:</b> President's CEO	<b>Phone #</b>
(Signature) <i>[Signature]</i>		<b>Date</b>
<b>Approved By:</b> (Print name)	<b>Title:</b>	<b>Phone #</b>
(Signature)		<b>Date</b>

**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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

## EXPENSE ACCOUNTS

Recommended Coding	
Travel - Staff - 62410000 Staff Local Travel - Taxi - 62410001 Staff Travel - UNA - 62410002 Staff Provincial Travel - 62412000 (all expenses) Staff Out of Provincial Travel - 62414000 (all expenses)	Catering - 69600000 Meals - 62410000 Mileage - 62410000 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
MAR 1 01	OFFICE / VAN / RETURN						6
MAR 2	" " "						6
MAR 3	OFFICE / SHAW				\$6.00		2
MAR 4	OFFICE / VAN / RETURN						6
MAR 7	" " "						6
MAR 8	OFFICE / VAN / VAN / VAN / OFFICE						15
MAR 9	OFFICE / VAN / RETURN						6
MAR 10	OFFICE / VAN / RETURN						6
MAR 11	OFFICE / VAN / RETURN						6
MAR 15	OFFICE / VAN / VAN / OFFICE						8
MAR 16	OFFICE / VAN / RETURN						6
MAR 17	OFFICE / VAN / RETURN				4.60		6
MAR 18	" " "						6
MAR 22	OFFICE / VAN / RETURN						6
" "	" " "						6
MAR 24	" " "						6
MAR 25	" " "						6
MAR 26	OFFICE / RESERVATIONS / OFFICE						30
" "	OFFICE / VAN / VAN / OFFICE						13
MAR 28	OFFICE / VAN / RETURN				5.95		6
MAR 30	OFFICE / VAN / RETURN						6
MAR 31	" " "						6
<b>Total km</b>							<b>176</b>
*(or alternate rate as outlined in Section 2 - Travel below) @							<b>\$0.43*</b>
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
					16.55		75.68

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in 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.

TICKET VOID IF RE-SOLD

LOT 004

impark

Transaction: 0681627

Machine #: 0277411

Best copy available

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MAY 4 2007

6:00AM

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PLACE THIS SIDE UP ON DASH

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 UNIVERSITY OF ALBERTA  
 PARKING SERVICES  
**DAILY PARKING PERMIT - RECEIPT**  
 CUSTOMER RECEIPT: \$ 7.60  
**774092**  
GST # R100102831

U OF A  
 PARKING SERVICES  
 GST# R100102831

05-17-2007 THU 11:11  
 0  
 DP11 4.60 S  
 GST -0.26  
 CASH 4.60  
 LCL  
 4704 16:131M





DAILY PARKING PERMIT - RECEIPT  
CUSTOMER RECEIPT: \$ 5.95

776583

GST # R108102831

U OF A  
PARKING SERVICES  
GATH R108102831

05-29-2007 TUE #111

DP-12	-5.95
GST	-0.34
CASH	5.95

1CL 9693 12:49TM

*Reimburse . 21 Jul 07*

**Travel & Employee Expense Claim Form**

*E91821*

(in Canadian Dollars) Section 17(1)

<b>Name:</b> H. Brent Skinner	<b>Employee Number:</b> [REDACTED]	<b>Union Name:</b>
<b>Position:</b> Chief Planning Officer, Capital Health		<b>Department:</b> Facilities Planning & Construction
<b>Business Phone:</b> 735-0431	<b>Period From:</b> June 1 to July 31, 2007	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	staff travel	✓	163.66	✓
201	9000	71110500005	69600000	meals	78.29 11.50	89.79	✓
201	9000	<i>7110500005</i>	<i>61020003</i>	other	✓	25.37	✓
<b>Less Cash Advance</b>							
<b>Total</b>						<i>278.77</i>	

*117P  
Phone*

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:** *Jul 20 / 2007*

<b>Approved By:</b> (Print name) <i>Sheila Weatherill</i>	<b>Title:</b> <i>President &amp; CEO</i>	<b>Phone #</b>
(Signature) <i>[Signature]</i>		
<b>Approved By:</b> (Print name) <i>Sheila Weatherill for SW</i>	<b>Title:</b>	<b>Date</b> <i>Aug 22 / 07.</i>
(Signature) <i>[Signature]</i>		<b>Phone #</b>
		<b>Date</b>

Capital Health  
**RECEIVED**  
AUG 26 2007  
ACCOUNTS  
PAYABLE

**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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- 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 claim 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 – 10<sup>th</sup> FL, 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

## EXPENSE AND MILEAGE PAIDS

Recommended Coding	
Travel - Staff - 62410000 Staff Local Travel - Taxi - 62410001 Staff Travel - UNA - 62410002 Staff Provincial Travel - 62412000 (all expenses) Staff Out of Provincial Travel - 62414000 (all expenses)	Catering - 69600000 Meals - 62410000 Mileage - 62410000 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
05/06	OFFICE/UNA/RETURN						6
06/06	" "						6
08/06	" "						6
" 11	" "						6
11/06	" "						6
12/06	OFFICE/UA/UNA/OFFICE				5.00		6
13/06	OFFICE/UNA/RETURN						6
19/06	OFFICE/CDM/RETURN						6
" "	OFFICE/OUT/RETURN						6
20/06	OFFICE/UNA/RETURN						6
22/06	" "						6
25/06	Home/STAMANO/OFFICE						37
26/06	UNA/TRAN/ESC						10
03/07	OFFICE/OUT/RETURN						8
05/07	SITE TOUR - SE Proj						30
07/07	Home FAX Bill					25.32	
09/07	Home/STAMANO/OFFICE						37
" "	OFFICE/UA/RETURN				4.05		6
10/07	OFFICE/AIR/UNA/OFFICE						8
11/07	OFFICE/UNA/OFFICE						6
12/07	OFFICE/UNA/RETURN						6
14/07	" "						6
17/07	" "						6
<b>Total km</b>							
*(or alternate rate as outlined in Section 2 - Travel below) @							
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in 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

LI OF A  
PARKING SERVICES  
GST# R100102831

06-12-2007 TUE #111

DP 07	5.00 5
GST	0.28
CASH	5.00

ICL 2851 13:22TM

APPLICANT COPY

U OF A  
PARKING SERVICES  
GST# R100102031

PAID.

07-07-2007 MON 1111

DP-06	10.00 S
GST	0.57
CASH	10.00

1CL 5084 13:19TH

APPLICANT COPY

U OF A  
PARKING SERVICES  
GST# R100102031

07-07-2007 MIN W111

0  
DP12 -5.90 S  
GST -0.34  
CASH -6.24 S

*Respite*

ICL 5945 14:44TH



**Your TELUS Statement**  
Jul 07, 2007

TELUS Communications Company

Page  
1 of 2

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

**BRENT SKINNER**

Your account number  
Your TELUS Account ID



*None FAX  
MACHINEL  
TELEPHONE LINE*

Section 17(1)

**Here's what you owe this month: \$25.32**

Amount of your last bill	\$25.32
Payment we processed on Jul 05 - Thank You	-25.32
Amount overdue from your last bill	.00

• Thank you for keeping  
your account up to date.

1 Residence Line Touchtone from Jul 07 to Aug 06	23.34
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.41
<b>Total new charges</b>	<b>25.32</b>
<b>Total amount due by Jul 29</b>	<b>\$25.32</b>

<b>Additional Charges and Credits</b>	<b>.57</b>
E9-1-1 Municipal Call Answer Fee Jul 06	\$.44
E9-1-1 Provincial Network Fee Jul 06	.13
<b>Total additional charges and credits</b>	<b>\$.57</b>

**News from TELUS**

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Joeys  
Mediterranean Grill  
Edmonton  
11228 Jasper Avenue  
Tel: 780-420-1996  
GST#R893495762

36 Keisha T  
Tb1 52/1 Chk 2813 Gst 2  
Ju124'07 11:43AM

1 SIDECAR LIME	0.00
1 DIET COKE	2.25
1 SODA WATER	.25
2 LATTE	7.98
1 PANANG BOWL	15.99
1 AHI TUNA CLUB	13.99
SUBTTL	42.46
Tax GST	2.55
12:27PM TOTAL	45.01

COME JOIN US ON THE PATIO



WE WANT FEEDBACK FROM YOU.  
WWW.JOEYSRESTAURANTS.COM

Have a great day!

Joeys

Mediterranean Grill  
Edmonton  
11228 Jasper Avenue  
Tel: 780-420-1996  
GST#R893495762

Date: Ju124'07 12:33PM  
Card Type: Amex  
Acct #:   
Exp Date:   
Auth Code: 19A807  
Check: 2813 Section 17(1),(4)(e.i)  
Table: 52/1  
Server: 36 Keisha T  
Ref Number: 001185301990  
BRENT H SKINNER

Subtotal: 45.01

Tip: 6.50

Total: 51.51

I agree to pay above total according to my card issuer agreement.

\*\*\*\*\*Customer Copy\*\*\*\*\*

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE  
26/07 03:59 PM

EXPIRATION TIME  
\$ 3.25 1512000002:47 PM

AMOUNT PAID  
UNIVERSITY OF ALBERTA



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED  
26/07 02:47 PM \$ 3.25

AMOUNT PAID  
CREDIT CARD NUMBER

UNIVERSITY OF ALBERTA



RECEIPT

GST # R108102831

APPLICANT COPY

ALLEGRO ITALIAN KITCHEN  
EDMONTON, ALBERTA  
G.S.T. #R76140894

19 RACHEL

TEL 4/1      CHK 925      GST 2  
JUL27'07 11:58AM

2 INSALATA POLLO      27.90  
2 COFFEE      3.50

SUBTOTAL      31.40  
G.S.T.      1.88  
TOTAL DUE      33.28

\*\*\*\*\*PLEASE PAY SERVER\*\*\*\*\*

ALLEGRO ITALIAN KITCHEN  
10011 109 ST  
EDMONTON AB

CARD NUMBER [REDACTED]  
CARD TYPE HMX 5658  
DATE/TIME 2007/07/27 12:57:25  
RECEIPT NUMBER 880132649-131-016  
AUTHORIZATION

AMOUNT \$33.28

TIP

5.00

TOTAL AMOUNT

38.28

00 APPROVED 025  
THANK YOU

AUTH. # 35

CARDHOLDER COPY

**Travel & Employee Expense Claim Form**

(in Canadian Dollars) Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer, Capital Health	Department: Facilities Planning & Construction	
Business Phone: 735-0431	Period From: September 1, 2007 to October 31, 2007	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	staff travel		222.34	✓
201	9000	71110500005	69600000	meals		60.00	53w 7.00n
201	9000	71110500005	6102 0003	other		50.15	✓
202	9000	56120000007	4100000			376.18	353.30
			6050000				22.88
Less Cash Advance							
Total						708.67	

Capital Health  
**RECEIVED**  
NOV 21 2007  
ACCOUNTS PAYABLE

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

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

Employee Signature: <i>[Signature]</i>	Date: Nov 1, 2007
--	-------------------

Approved By: <i>S. Weatherill</i> (Print name)	Title: <i>President &amp; CEO</i>	Phone #
<i>[Signature]</i> (Signature)		Date
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
<i>[Signature]</i> (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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

**TELUS**® Your **TELUS Statement**  
 Applicant Copy  
 Sep 07, 2007

TELUS Communications Company

Page  
1 of 2

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

**BRENT SKINNER**

Your account number  
Your TELUS Account ID

7

**Here's what you owe this month: \$25.32**

Amount of your last bill	\$22.42
Payment we processed on Aug 28 - Thank You	-22.42
Amount overdue from your last bill	.00

Thank you for keeping  
your account up to date.

1 Residence Line Touchtone from Sep 07 to Oct 06	23.34
Additional Charges and Credits (see details below)	.57
GST (Registration 812758878) at 6%	1.41
<b>Total new charges</b>	<b>25.32</b>
<b>Total amount due by Sep 28</b>	<b>\$25.32</b>

**Additional Charges and Credits**

**.57**

E9-1-1 Municipal Call Answer Fee Sep 06	\$ .44
E9-1-1 Provincial Network Fee Sep 06	.13
<b>Total additional charges and credits</b>	<b>\$ .57</b>

**News from TELUS**

**Your Terms of Service**

Please note that the Canadian Radio-television and Telecommunications Commission (CRTC) no longer regulates the price and most terms for local phone services in your area. This change will not affect your phone service in any way. A copy of your updated TELUS Terms of Service is enclosed for your reference. Please read them carefully as your continued use of the service will mean that you have accepted them. Please visit [telus.com/publicpolicy](http://telus.com/publicpolicy) for more information.

*Tear off here*

APPLICANT COPY

TELUS PARKADE  
GST INC. R#122388333

07SEP21 13:45 001 001  
07SEP21 12:41  
/ 1:04 #182281

RATE 1	\$6.00
TOTAL	\$6.00
CASH	\$6.00

MANAGED BY  
IMPERIAL PARKING

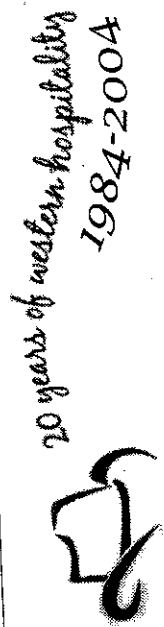
APPLICANT COPY

Date: 09-28-07

Chauffeur: \_\_\_\_\_

Unit No.: 82 Amount: \$34.00  
G.S.T. INCLUDED

G.S.T. No.: \_\_\_\_\_



*20 years of western hospitality*  
1984-2004

**BLACKTOP**

CABS

730-9999

275-8000

735-3222



APPLICANT COPY

Date: 28/09/09

Chauffeur: [Signature]

Unit No.: 1252 Amount: 35/00  
G.S.T. INCLUDED

G.S.T. No.: 865984798711001

---



*20 years of western hospitality*  
1984-2004

**BLACKTOP**  
CABS

730-9999

735-3222

275-8000

EDMONTON AIRPORTS

GST# R128599776

\*\*\*\*\*

\*\*\*\*\*

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

Receipt no. 0090/0771/00606 28.09.07

015100 pay parking ticket 16,10 \$  
28.09.07 10:42 -- 28.09.07 18:36

Length of stay: 0 Dy. 7 Hr. 54 min.

total amount 16,10 \$

accepted total 16,10 \$  
G.S.T. 6.00 % 0,91 \$

Thank you for your patronage!  
Please Come Again!

\*\* Open 24 hours \*\*

\*\* Thank you \*\*



# American Express Air Miles Credit Card

www.americanexpress.ca  
Customer Service or  
Lost or Stolen Card  
1-800-869-3016  
(24 hours, toll free)

## Statement of Account

Section 171(1)(4)(c)

Page 1 of 3

In Toronto  
International Collect  
905-474-0870

Member ID  
**BRENT H SKINNER**

Closing Date  
**October 05, 2007**

Amex Bank  
of Canada  
PO Box 7000  
Mississauga, ON  
M2K 2P6

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$	Fin. Charge, If Any	New Balance \$	Minimum Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<b>376.18</b>	<b>376.18</b>

Statement includes payments and charges received by October 5, 2007. Payment Due Date: **October 26, 2007**

**WE VALUE YOUR MEMBERSHIP - PLEASE PAY THE MINIMUM DUE BY THE PAYMENT DUE DATE - THANK YOU**

Billing days this period: **30**

Credit Summary At October 5, 2007  
Credit Limit \$ [REDACTED] Available Credit Limit \$ [REDACTED] Available Cash Limit \$ [REDACTED]

Finance Charges	Daily Periodic Rate	Annual Percentage Rate	Finance Charge \$
Purchases	0.0301%	10.99%	0.00
Funds Advance	0.0301%	10.99%	0.00
Amex Cheques/Balance Transfers	0.0301%	10.99%	0.00

Transaction Date	Posting Date	Details	Non-Responsive	Foreign Spending	Amount \$
October 4 (October 5)		HOTEL MACDONALD EDMONTON AB			183.32
October 4 (October 5)		HOTEL MACDONALD EDMONTON AB			192.86
<b>Total of new transactions for BRENT H SKINNER</b>					<b>376.18</b>

*ROOMS FOR 2 FACILITIES - As mentioned in previous statement  
For Nancy's presentation on personal session*

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE  
PH # (780) 428-4544  
OPERATED BY ADVANCED PARKING

GST # R119326270 RT0001

Rcpt#172147

10/04/07 11:11 L# 1 AM 5 Txn#747284  
10/04/07 08:29 In 10/04/07 11:11 Out

Regular Rate \$ 7.55

Total Tax \$ 0.45

Total Fee \$ 8.00

CASH PAID \$ 8.00-

Cash Tender \$ 8.00

Change Due \$ 0.00

THANK-YOU!

WE APPRECIATE YOUR BUSINESS.

COME AGAIN!

# TELUS® Your TELUS Statement

Oct 07, 2007

TELUS Communications Company

Page  
1 of 2

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

**BRENT SKINNER**

Your account number  
Your TELUS Account ID

Section 17(1)

7

## Here's what you owe this month: \$24.83

Amount of your last bill	\$25.32
Payment we processed on Sep 26 - Thank You	-25.32
Amount overdue from your last bill	.00

Thank you for keeping  
your account up to date.

1 Residence Line Touchtone from Oct 07 to Nov 06	23.34
Additional Charges and Credits (see details below)	.11
GST (Registration 812758878) at 6%	1.38
Total new charges	24.83
<b>Total amount due by Oct 29</b>	<b>\$24.83</b>

### Additional Charges and Credits

.11

Quality of Service Rebate Sep 18	\$ .46
E9-1-1 Municipal Call Answer Fee Oct 06	.44
E9-1-1 Provincial Network Fee Oct 06	.13
Total additional charges and credits	\$ .11

Tear off here

**Travel & Employee Expense Claim Form**

(in Canadian Dollars) Section 17(1)

<b>Name:</b> H. Brent Skinner	<b>Employee Number:</b> [REDACTED]	<b>Union Name:</b>
<b>Position:</b> Chief Planning Officer, Capital Health		<b>Department:</b> Facilities Planning & Construction
<b>Business Phone:</b> 735-0431	<b>Period From:</b> September 1, 2007 to October 31, 2007	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included
201	9000	71110500005	62410000	staff travel		222.34	W
201	9000	71110500005	69600000	meals		60.00	W 53w 7.00n
201	9000	71110500005	61020003	other		50.15	W
202	9000	56120000007	41690000			376.18	353.30
			6450000				22.88
<b>Less Cash Advance</b>							
<b>Total</b>						708.67	

Capital Health  
**RECEIVED**  
NOV 21 2007  
**ACCOUNTS PAYABLE**

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

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

**Employee Signature:** [Signature] **Date:** Nov 1, 2007

<b>Approved By:</b> (Print name) S. Weatherill	<b>Title:</b> President & CEO	<b>Phone #</b>
(Signature) [Signature]		<b>Date</b>
<b>Approved By:</b> (Print name)	<b>Title:</b>	<b>Phone #</b>
(Signature)		<b>Date</b>

- 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.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
  - 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

THE *Fairmont*  
HOTEL MACDONALD

10065 - 100 STREET  
EDMONTON, AB, CANADA T5J 0N6  
T (780) 424-5181 F (780) 429-6481  
G.S.T. Registration # 139445290

APPLICANT COPY

Folio # : 78792  
Cashier # : 249  
Page # : 1 of 1

Andrew Johnson

Arrival : 10-02-07  
Departure : 10-03-07

Date	Description	Additional Information	Charges	Credits
10-02-07	Room Charge		165.00	
10-02-07	Room - DMF		1.65	
10-02-07	Room - AB Tourism Levy		6.67	
10-02-07	Room - GST	Section 17(1),(4)(e.i)	10.00	
10-03-07	American Express	XX/XX		183.32
<b>Total</b>			<b>183.32</b>	<b>183.32</b>
<b>Balance Due</b>			<b>0.00</b>	

GST Summary

Room	10.00
F&B	0.00
Other	0.00
<b>Total</b>	<b>10.00</b>

Guest signature

Signature du client X \_\_\_\_\_

For information or reservations, visit us at

[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

[www.fairmont.com](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$ 7.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné ne refusent le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année.) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

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



APPLICANT COPY

Fairmont Hotels & Resorts  
Fairmont Hotel Macdonald  
The Harvest Room  
10065-100 Street  
Edmonton, Alberta T5J0N6  
(780) 424 5181

CHECK: 1181  
TABLE: 302/1  
SERVER: 121 GLORIA  
DATE: OCT22'07 12:43PM  
CARD TYPE: AMERICAN EXPRESS  
ACCT #:   
EXP DATE: XX/XX  
AUTH CODE: 19 Section 17(1),(4)(e.i)  
BRENT H SKINNER

SUBTOTAL: 53.00  
GRATUITY 2.00  
TOTAL 60.00  
SIGNATURE \_\_\_\_\_

PLEASE RETURN A SIGNED COPY  
TO YOUR SERVER

Fairmont Hotel Macdonald  
The Harvest Room

121 GLORIA

302/1 CHK 1181 GST 2  
OCT22'07 11:59AM

2 LUNCH FEATURE 44.00  
2 COFFEE 6.00  
Food 50.00  
50.00 GST 3.00  
Total Due .. \$53.00

FAIRMONT HOTEL MACDONALD  
GST #139445290

GRATUITY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
ROOM # \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

NOT A CREDIT CARD VOUCHER  
PLEASE PAY YOUR SERVER

APPLICANT COPY

Alberta Collage

Terminal#:1 Cashier#:2  
22/10/07 11:48  
22/10/07 13:39 - 01:52  
58998551 / #048592  
Rate1 : \$ 8.00  
TOTAL : \$ 8.00

Re: Misc

Page 1 of 2

**Whitson, Sylvia**

---

**From:** Andrew Johnson [REDACTED] Section 17(1)  
**Sent:** Thursday, November 15, 2007 11:08 PM  
**To:** Whitson, Sylvia  
**Subject:** Re: Misc  
**Attachments:** Proposal full.pdf; hotel.jpg

Hi Sylvia,

The Hotel Macdonald statement for one room is attached. I believe the other room was for the exact same amount, but I don't have a statement for it. When I realized upon checking out that the room was prepaid, I didn't bother collecting the statement for the second room, since I wasn't going to be billing you for it.

As the meal charges are a per diem flat fee, I don't provide receipts. I can however tell you that I spent more than the per diem, as food at the Hotel Macdonald was quite expensive...if you really need these, I will dig them up.

## EXPENSE ACCOUNTS

Recommended Coding	
Travel - Staff - 62410000 Staff Local Travel - Taxi - 62410001 Staff Travel - UNA - 62410002 Staff Provincial Travel - 62412000 (all expenses) Staff Out of Provincial Travel - 62414000 (all expenses)	Catering - 69600000 Meals - 62410000 Mileage - 62410000 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct 4	Hotel Rooms - 62410000	376.18					
" 11	Office/Drive/Office				8.00		4
Oct 17	None Fax					27.85	
Oct 11	Office/UDA						3
Oct 16	Office/DA/Return						8
Oct 16	" "						8
Oct 15	UDA/ROM/Office						10
Oct 26	Office/UDA/Return						6
" "	Lunch - w. camp cook		60.00		8.00		4
Oct 27	Office/UDA/Return						6
Oct 27	" "						6
Oct 26	Office/Steensma/Return						22
" "	Office/UDA/Return						6
Oct 20	Office/DA/Office						8
" "	Office/UDA/Return						6
Oct 21	Office/UDA/Return						6
<b>Total km</b>							<b>268</b>
*(or alternate rate as outlined in Section 2 - Travel below) @							<b>\$0.43*</b>
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
		<b>376.18</b>	<b>60.00</b>	<del>107.10</del>	<b>107.10</b>	<b>50.15</b>	<b>115.24</b>

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 thereafter (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in 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 AND MILEAGE REPORT

### Recommended Coding

Travel - Staff - 62410000  
 Staff Local Travel - Taxi - 62410001  
 Staff Travel - UNA - 62410002  
 Staff Provincial Travel - 62412000 (all expenses)  
 Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000  
 Meals - 62410000  
 Mileage - 62410000  
 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Sept 5	OFFICE/UNM/RETURN						6
Sept 6	OFFICE/UNM/RETURN						2
Sept 7	OFFICE/UNM/AIR/UNM						8
~ 1	FAX MACHINE - TOLUP					25.32	
Sept 11	OFFICE/UNM						3
Sept 12	OFFICE/UNM						3
~ 1	UNM/GRM						7
Sept 14	OFFICE/UNM/RETURN						6
Sept 18	OFFICE/AIR/UNM						5
~ 1	UNM/OFFICE						3
Sept 20	OFFICE/UNM/GRM						10
Sept 21	OFFICE/GRM/UNM/UNM				6.00		9
Sept 25	OFFICE/UNM/RETURN						6
~ 1	OFFICE/MISPLACED						10
Sept 26	UNM/AIR/OFFICE						5
~ 4	OFFICE/UNM						3
Sept 27	OFFICE/GRM/RETURN						2
Sept 28	OFFICE/AIR/GRM/UNM/UNM				69.00		25
~ 1	AIR/GRM/HOME				16.10		20
Oct 1	Home/STADMANNA						15
~ 11	STADMANNA/UNM						11
~ 11	UNM/OFFICE						3
Oct 2	OFFICE/UNM/RETURN						3
<b>Total km</b>							
*(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43*
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in 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.



**Travel & Employee Expense Claim Form**

(In Canadian Dollars)

Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer	Department: Facilities Planning & Construction	
Business Phone: 735-0431	Period From: August 1 2007	to August 31, 2007

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	(Travel)		32.08	<input checked="" type="checkbox"/>
201	9000	71110500005	69600000	(meals)		123.37	<input checked="" type="checkbox"/>
201	9000	71110500005		(Other)			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						155.45	<input checked="" type="checkbox"/>

Capital Health  
**RECEIVED**

NOV 21 2007

ACCOUNTS  
PAYABLE

111.55  
11.92

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: *H. Brent Skinner* Date: *Nov 5/07*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: <i>Sheila Weatherill</i> (Print name)	Title: <i>President / CEO</i>	Phone #
<i>[Signature]</i> (Signature)		Date
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
<i>[Signature]</i> (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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- 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 page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## APPLICANT DETAILS

Recommended Coding							
<ul style="list-style-type: none"> <li>61530030 – Workshop Fees &amp; Materials</li> <li>61520020 – Academic Course Fees &amp; Materials</li> <li>61540040 – Conference Fees &amp; Materials</li> <li>62300000 – Meals</li> <li>62320000 – Staff Local Travel – Client Related</li> <li>62310000 – Staff Local Travel – Non-Client Related</li> <li>62320000 – Staff Local Travel – Taxi – Client Related</li> </ul>				<ul style="list-style-type: none"> <li>62310000 – Staff Local Travel – Taxi – Non-Client Related</li> <li>62320000 – Staff Travel – UNA – Client Related</li> <li>62310000 – Staff Travel – UNA – Non-Client Related</li> <li>62312000 – Staff Provincial Travel – Non-Client Related</li> <li>62314000 – Staff Out of Province Travel – Non-Client Related</li> <li>Catering – 69600000</li> </ul>			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Apr 6	LUNCH		25.16	W			
"	OFFICE / VA / RETURN				4.00	W	6
Apr 7	OFFICE / AT / OFFICE						8
"	OFFICE / OLDFIN / OFFICE				4.00	W	3
Apr 13	OFFICE / VA / RETURN						6
Apr 20	STATIONING / OFFICE						11
Apr 21	OFFICE / AT / OFFICE						8
"	OFFICE / AT / RETURN			86.39			8
Apr 28	LUNCH OUT / OFFICE / OFFICE		98.21	11.82			
Apr 27	OFFICE / LUNCH / RETURN						6
<b>Total km</b>							<b>56</b>
<b>Rate as outlined in Section 2 – Travel below @</b>							
<b>Totals</b>			<b>123.37</b>		<b>8.00</b>		<b>24.08</b>

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 general 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 thereafter (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

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

APPLICANT COPY

*Handwritten notes:*  
 Lmcs  
 Wm  
 Always Fresh.  
 11/1/88

Always There. Since 1964

1	Regular Turkey Club	\$4.69
1	Whole Wheat /Sandwich	\$0.00
1	Not Toasted	\$0.00
1	Regular Turkey Club	\$4.69
1	White /Sandwich	\$0.00
1	Not Toasted	\$0.00
1	Regular Ham + Cheese	\$4.09
1	Whole Wheat /Sandwich	\$0.00
1	Toasted	\$0.00
1	Swiss	\$0.00
1	Regular Ham + Cheese	\$4.09
1	Whole Wheat /Sandwich	\$0.00
1	Toasted	\$0.00
1	Swiss	\$0.00
1	Regular Egg Salad	\$3.09
1	White /Sandwich	\$0.00
1	Not Toasted	\$0.00
1	Regular Chk Salad	\$3.09
1	Whole Wheat /Sandwich	\$0.00
1	Not Toasted	\$0.00

Subtotal: \$23.74  
 GST: \$1.42  
 Total: \$25.16  
 Cash: \$25.21  
 Change Due: \$0.05

Take Out

Order #: 240

Thank You! Please Come Again!!!

Order Started: 11:43:20 AM

11/1/88



DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE      EXPIRATION TIME  
01/08 04:27 PM

AMOUNT PAID  
\$ 4.00 17460000 02:58 PM



UNIVERSITY OF  
**ALBERTA** 0719676

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED    TIME ISSUED    AMOUNT PAID  
01/08/07 02:58 PM \$ 4.00

CREDIT CARD NUMBER



UNIVERSITY OF  
**ALBERTA** 0719676

RECEIPT

GST # R108102831

APPLICANT COPY

Thank You For  
Parkine At Commerce  
Place Parkade

07AUG20 11:14 019 002  
07AUG20 10:27 02  
/ 0:47 #353344

S0087104905  
RATE 4.00  
TOTAL 4.00  
Cash 4.00

GST #897727657RT  
Have a Nice Day

APPLICANT COPY

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

12 DORIS

TBL 5/1      CHK 83      GET 0  
AUG28'07 11:30AM

1 TOMATO JC	2.50
2 *POP	4.00
1 *DECAFF COFFEE	2.50
2 SOUP CUP	8.00
2 SALAD CHICKEN	22.00
1 LUNCH SPEC	22.00
1 PASTA SPEC	15.00
1 CAPPUCINO	3.00
1 *COFFEE	2.50
SUBTOTAL 81.50	
G.S.T.	4.89
TOTAL DUE	86.39

PLEASE PAY SERVER

IL PORTICO  
10012 107 ST T5J1J2  
EDMONTON AB  
932117227310

\*\*\*\* PRE AUTH PURCHASE \*\*\*\*

08-28-2007 13:26:34  
Acct # [REDACTED] S  
Exp Date [REDACTED] Card Type AM  
Name: BRENT H SKINNER  
Section 17(1),(4)(e.i)  
Trace # 640097 Operator 131  
FS2261622701

Inv. # 4185  
Auth # 51 RRN 001064097

P.Auth Purchase \$86.39  
Tip 12.00  
Total 98.39

Customer copy

APPLICANT COPY



**Travel & Employee Expense Claim Form**

(in Canadian Dollars) Section 17(1)

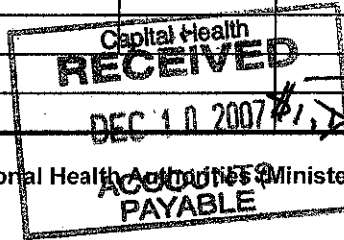
Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer, Capital Health	Department: Facilities Planning & Construction	
Business Phone: 735-0431	Period From: November 1 to December 10, 2007	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	staff travel		\$60.18	✓
201	9000	71110500005	69600000	meals		165.70	
201	9000	71110500055	49500005	other	879.76	<del>957.67</del>	
			61020003			28.45	
Less Cash Advance							
Total						1134.09	

155.70  
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: *[Signature]* Date: Dec 5, 2007

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

- Note:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
  - 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

## EXPENSE ACCOUNT DETAILS

Recommended Coding	
Travel - Staff - 62410000 Staff Local Travel - Taxi - 62410001 Staff Travel - UNA - 62410002 Staff Provincial Travel - 62412000 (all expenses) Staff Out of Provincial Travel - 62414000 (all expenses)	Catering - 69600000 Meals - 62410000 Mileage - 62410000 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Nov 1	STAGS CONF. CONF				6.00		3
- 1	OFFICE/UAH/RETURN						6
- 1	BUDGET MEETING		83.62				
Nov 2	OFFICE/UAH/RETURN						6
Nov 5	OFFICE/ROU/RETURN						6
Nov 6	OFFICE/UAH/RETURN						6
- 1	- 1						6
Nov 7	PHONE FAX					28.45	
Nov 9	OFFICE/UAH/RETURN						6
- 11	" "						6
Nov 13	OFFICE/OIT/RETURN						8
Nov 14	LUNCH - 20th Nov		38.92				
Nov 16	UAH/ROU/UAH						14
- 11	UAH/OFFICE						3
Nov 17	OFFICE/UAH/RETURN						6
Nov 20	OFFICE/OIT/RETURN						8
Nov 26	STAGS CONF/OFFICE						19
- 1	OFFICE/OIT						3
Nov 27	OFFICE/OIT/RETURN						8
Nov 28	OFFICE/UAH/RETURN						6
Nov 30	" "						6
Dec 3	LUNCH - UAH/RETURN		43.16			76	
- 4	YOUNG'S OVER PRICES					279.76	
Total km							126
*(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43*
<b>TOTALS</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
			145.70		6.00	907.61	54.18

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in 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

SWISS CHALET  
10188 ST  
EDMONTON T5K1M7  
780-421-3112

Merchant ID: 000010102652

Term ID: 001

Ref #: 003

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

Sale



AMEX

Entry Method: Manual

11/01/07

16:27:41

Inv #: 000003

Appr Code: 121369

Apprvd

Batch#: 000215

Amount:

\$ 83.62

Tip:

Total:

Customer Copy

APPLICANT COPY

WORKING  
DINNER  
NOV 1  
HEMT INSURANCE BUDGET

SKINNER  
NANCY  
WILSON  
SMITH  
FURBES

APPLICANT COPY

Swiss Chalet # 310

DELIVERY

8-003 GST# 843904525RTU  
 310- 6 4:07pm Thu Nov 01/2007  
 (780)735-4839 TSJ3EA

10030 107 RTA  
 EDMONTON  
 OFFICE 70  
 SYLVIA  
 MEET THEM DUE UPS

CALL ON ARRIVAL

Qty	Description	Price
5	1/2 CHK	54.95
	FRESH VEGGIES	
	4oz Chk Sauce	
	ROLL	
5	SALAD	19.95
1	4 POP (DETAILS BELO	3.99
2	DIET PEPSI	
1	PEPSI	
5	Utensils	
	7EE RASPB DR910Z	
1	BLUE CHEESE DRS	
2	Balsamic Drs 1oz	
2	Italian Drs 2oz	
2	Ranch Drs 2oz	
5	Butter	
1	UAC Requested	
	Subtotal	78.89
	GST	4.73
	Total	\$83.62

\*\*\* Area Information \*\*\*

Card # XXXXXXXXXXX62004  
 BRENT SKINNER Exp 12/08



APPLICANT COPY

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

Rcpt# 67416  
11/01/07 08:37 L# 1 AM 51 Txn#167884  
11/01/07 06:47 In 11/01/07 08:37 Out  
Regular Rate \$ 5.66  
Total Tax \$ 0.34  
Total Fee \$ 6.00  
CASH PAID \$ 6.00-  
Cash Tender \$ 6.00  
Change Due \$ 0.00  
THANK YOU  
WE APPRECIATE YOUR BUSINESS  
COME AGAIN

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

**BRENT SKINNER**  
 Your account number  
 Your TELUS Account ID

Section 17(1)

7

**Here's what you owe this month: \$28.45**

Amount of your last bill	\$24.83
Payment we processed on Oct 24 - Thank You	-24.83
Amount overdue from your last bill	.00
1 Residence Line Touchtone from Nov 07 to Dec 06	23.34
Additional Charges and Credits (see details below)	3.52
GST (Registration 812758878) at 6%	1.59
<b>Total new charges</b>	<b>28.45</b>
<b>Total amount due by Nov 28</b>	<b>\$28.45</b>

▪ Thank you for keeping  
 your account up to date.

**Additional Charges and Credits**

**3.52**

E9-1-1 Municipal Call Answer Fee Nov 06	\$.44
E9-1-1 Provincial Network Fee Nov 06	.13
LD Network Access Charge Nov 07	2.95
<b>Total additional charges and credits</b>	<b>\$3.52</b>

*Tear off here*

APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST T5J1J2  
EDMONTON AB  
932117227310

\*\*\*\* PRE AUTH PURCHASE \*\*\*\*

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

11-14-2007 12:43:34  
Acct # [REDACTED] S  
Exp Date [REDACTED] Card Type AM  
Name: BRENT H SKINNER

Trace # 310003 Operator 001  
FS2261622701

Inv. # 7710  
Auth # 46 RRN 001130003

P. Auth Purchase \$33.92  
Tip 5.00  
Total 38.92

Customer copy

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R12850165

16 CHRISTIN

TBL 25/1 CHK 788 GST 0  
NOV14'07 12:07PM

1 LUNCH SPEC 21.00  
1 SOUP BOWL 6.00  
1 \*COFFEE 2.50  
1 \*DECAFF COFFEE 2.50

SUBTOTAL 32.00  
G.S.T. 1.92  
TOTAL DUE 33.92

PLEASE PAY SERVER

APPLICANT COPY

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R128503534

16 CHRISTIN

TBL 1/1      CHK 382      GST 0  
DEC03'07 12:01PM

1 *DECAFF COFFEE	2.50
1 *TER	2.50
1 CHICKEN SAND	13.00
1 PASTA SPEC	18.00
SUBTOTAL	36.00
G.S.T.	2.16
TOTAL DUE	38.16

PLEASE PAY SERVER

IL PORTICO RESTAURANT  
10012 107 ST T5J1J2  
EDMONTON AB  
932117227310

|||| PRE AUTH PURCHASE ||||

12-03-2007 12:28:56  
Acct # [REDACTED] S  
Exp Date [REDACTED] Card Type AM  
Name: BRENT H SKINNER

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

Trace # 490001 Operator 552  
FS2261622701

Inv. # 8608  
Auth # 37 RRN 001148001

P.Auth Purchase \$38.16  
Tip \$ 00

Total 48.16

Customer copy

# FUTURE SHOP 033

Cool gifts. Expert advice.

CONTRACT ID: 033-071205-037941  
10304 109TH ST.NW 780-498-5505  
X8FY 18 EX 05/12/2007 14:53  
CAPITAL HEALTH  
780-735-0839 03336526041207

QTY	DESCRIPTION	AMOUNT
-1	STILETTO EXEC SYSTEM	169.95
	961/10081740-A2L4 @	169.95
1	CANON A570IS	179.99
	845/10085795-A2L4 @	179.99

WARNING - REMOVE YOUR DATA - I acknowledge that it is my responsibility to remove all data from returned products. FUTURE SHOP takes no responsibility for information left on returned products.

IMPORTANT PASSWORD PROTECTION: We may require your computer passwords to service your computer. We recommend that you change your password when the servicing is complete. You are responsible for ensuring the security of your computer. You acknowledge that Future Shop is not responsible for any loss, theft, misuse or other unauthorized use of your computer, data or passwords.

<<<<<Customer Copy>>>>>>>

Thank you	Item Total	10.04
for shopping at	G/S Tax	0.60
FUTURE SHOP	Prov Tax	0.00
	INVOICE	10.64

TRANSACTION RECORD PURCHASE  
CASH 20.00 CHANGE= 9.36

GST Reg.# R135664738

# FUTURE SHOP 033

Cool gifts. Expert advice.

CONTRACT ID: 033-071204-036526  
 10304 109TH ST NW 780-498-5505  
 A2L4 11 SA 04/12/2007 12:17  
 FUTURE SHOP, 033  
 1

QTY	DESCRIPTION	AMOUNT
1	<del>CR17/10081740-A2L4</del> SIILETTO EXEC SYSTEM	<del>169.95</del> 169.95
1	GARMIN NUVI 250 CLAM	269.99
	298/10087525-A2L4	269.99
1	SONY DVPFX815 DVD	249.99
	344/10086717-A2L4	249.99
1	SPY VIDEO CAR R/C	129.99
	133/10077901-A2L4	129.99

extended holiday policy

To better serve you, gift returns and exchanges will be accepted until January 8th, 2008. Original receipt is required for full refund. Gift Receipt returns are for store credit only. To ensure quality service, returns will not be processed on December 26 and 27.

[www.futureshop.ca](http://www.futureshop.ca)  
 Learn More

<<<<Customer Copy>>>>

Thank you	Item Total	819.92
for shopping at	G/S Tax	49.20
FUTURE SHOP	Prov Tax	0.00
	INVOICE	12

### TRANSACTION RECORD PURCHASE

AX [REDACTED]  
 swiped 1208 18  
 Section 17(1),(4)(e.i)  
 FSC03311-000000000000  
 00 Approved 18 -001 0

GST Reg.# R135664738

APPLICANT COPY

**Capital Health**  
EDMONTON AREA

**Travel & Employee Expense Claim Form**

(in Canadian Dollars) Section 17(1)

Name: H. Brent Skinner	Employee Number: [REDACTED]	Union Name:
Position: Chief Planning Officer, Capital Health	Department: Facilities Planning & Construction	
Business Phone: 735-0431	Period From: December 11, 2007 to February 29, 2008	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	staff travel		207.13	✓
201	9000	71110500005	69600000	meals	5%	262.49	✓
201	9000	7110500005	61020003	other	28.45 6%	79.96	✓
201	9000	7110500005	49500005		51.51 5%	87.11	✓
Less Cash Advance							
<b>Total</b>						633.69	

18.06 6%  
186.07 5%  
228.49  
34.00

Capital Health  
**RECEIVED**  
MAR 19 2008  
ACCOUNTS PAYABLE

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

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

Employee Signature: *[Signature]* Date: March 10/08

Approved By: (Print name) S. Weatherill	Title: President & CEO	Phone #
(Signature)		Date
Approved By: (Print name) <i>[Signature]</i>	Title:	Phone # 17 Man
(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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

# APPLICANT COPY EXPENSE CLAIM DETAILS

## Recommended Coding

Travel - Staff - 62410000 Staff Local Travel - Taxi - 62410001 Staff Travel - UNA - 62410002 Staff Provincial Travel - 62412000 (all expenses) Staff Out of Provincial Travel - 62414000 (all expenses)	Catering - 69600000 Meals - 62410000 Mileage - 62410000 Course Registration & Materials - 61030000
---	---

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec 11/07	Home Fax Rental				6.90	28.45	
- 1	Office / ART / Office				6.51		8
- 1	Office / ART / Office						20
Dec 18	Office / VAN / RETURN						6
" "	Office / ART / RETURN						8
Jan 2/08	Office / VAN / RETURN			41.06			6
Jan 4	Lunch Bingham/Kroger		47.06	6.00			
" "	Office / VAN / RETURN						6
Jan 7	Home Fax Rental					28.17 ✓	
- 1	Office / VAN / RETURN						6
Jan 8	Office / ART / Office						8
- 1	Office / VAN						3
Jan 9	Office / STUNGEON / RETURN						30
- 1	Office / VAN / RETURN						6
Jan 11	" "						6
Jan 14	STADAMANO / OFFICE						15
Jan 18	Office / ART / RETURN						8
- 1	Office / CHRIST MCGOWN						1
Jan 16	Office / VAN / RETURN						6
Jan 17	GIFT - T. KILSTRAK					87.11 ✓	
Jan 18	Office / VAN / RETURN						6
Jan 21	Office / VAN / OFFICE						6
" "	" "						6
<b>Total km</b>							
*(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43*
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

## EXPENSE LIMITS

/61

### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in 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  
EXPENSE CLAIM DETAILS**

**Recommended Coding**

- 61530030 – Workshop Fees & Materials
- 61520020 – Academic Course Fees & Materials
- 61540040 – Conference Fees & Materials
- 62300000 – Meals
- 62320000 – Staff Local Travel – Client Related
- 62310000 – Staff Local Travel – Non-Client Related
- 62320000 – Staff Local Travel – Taxi – Client Related
- 62310000 – Staff Local Travel – Taxi – Non-Client Related
- 62320000 – Staff Travel – UNA – Client Related
- 62310000 – Staff Travel – UNA – Non-Client Related
- 62312000 – Staff Provincial Travel – Non-Client Related
- 62314000 – Staff Out of Province Travel – Non-Client Related
- Catering – 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
2022	OFFICE / ART / RETURN						8
2027	OFFICE / VQA / RETURN						6
2028	OFFICE / GMA / OFFICE				✓ 2.80 w		30
-1	OFFICE / VQA / RETURN						6
2028	ST MARKS / OFFICE			56.18			15
-1	LUNCH B. HARBOR / ST MARKS		65.18	9.00			
2025	OFFICE / VQA / OFFICE						6
-1	-1			43.05			6
2020	LUNCH - S. J. BARRA		50.05	7.00			
-1	OFFICE / VQA / RETURN						6
2021	" "						6
" "	OFFICE / ST MARKS / RETURN						30
FEB 1	OFFICE / PLAZA 124 / OFFICE						4
-1	OFFICE / CONS MEETING						1
FEB 5	OFFICE / ART / OFFICE						8
FEB 6	OFFICE / VQA / RETURN						6
<b>Total km</b>							
<b>Rate as outlined in Section 2 – Travel below @</b>							
<b>Totals</b>							

**EXPENSE LIMITS**

**1. Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: 138

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

**3. Advance**

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

**APPLICANT COPY  
EXPENSE CLAIM DETAILS**

Recommended Coding							
<ul style="list-style-type: none"> <li>61530030 – Workshop Fees &amp; Materials</li> <li>61520020 – Academic Course Fees &amp; Materials</li> <li>61540040 – Conference Fees &amp; Materials</li> <li>62300000 – Meals</li> <li>62320000 – Staff Local Travel – Client Related</li> <li>62310000 – Staff Local Travel – Non-Client Related</li> <li>62320000 – Staff Local Travel – Taxi – Client Related</li> </ul>				<ul style="list-style-type: none"> <li>62310000 – Staff Local Travel – Taxi – Non-Client Related</li> <li>62320000 – Staff Travel – UNA – Client Related</li> <li>62310000 – Staff Travel – UNA – Non-Client Related</li> <li>62312000 – Staff Provincial Travel – Non-Client Related</li> <li>62314000 – Staff Out of Province Travel – Non-Client Related</li> <li>Catering – 69600000</li> </ul>			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Feb 7	None FOX					✓ 23.344	
-1	OFFICE/VAQ/RETURN						6
Feb 8	OFFICE/VAQ/RETURN						6
Feb 11	STROMMEN/OFFICE						15
-1	OFFICE/VAQ/RETURN						6
Feb 12	" "						6
Feb 13	" "						6
Feb 14	" "						6
Feb 15	VAQ/RAV/OFFICE						10
" "	OFFICE/VAQ/RETURN						6
Feb 21	" "						6
" "	" "						6
Feb 22	" "						6
Feb 25	STROMMEN/OFFICE						15
-1	OFFICE/RAV/RETURN				✓ 3.00w		6
Feb 26	OFFICE/VAQ/RETURN						6
<b>Total km</b>							
<b>Rate as outlined in Section 2 – Travel below @</b>							
<b>Totals</b>							

**EXPENSE LIMITS**

**1. Meal Allowances**

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

**3. Advance**

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

112

**APPLICANT COPY  
EXPENSE CLAIM DETAILS**

**Recommended Coding**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• 61530030 – Workshop Fees &amp; Materials</li> <li>• 61520020 – Academic Course Fees &amp; Materials</li> <li>• 61540040 – Conference Fees &amp; Materials</li> <li>• 62300000 – Meals</li> <li>• 62320000 – Staff Local Travel – Client Related</li> <li>• 62310000 – Staff Local Travel – Non-Client Related</li> <li>• 62320000 – Staff Local Travel – Taxi – Client Related</li> </ul> | <ul style="list-style-type: none"> <li>• 62310000 – Staff Local Travel – Taxi – Non-Client Related</li> <li>• 62320000 – Staff Travel – UNA – Client Related</li> <li>• 62310000 – Staff Travel – UNA – Non-Client Related</li> <li>• 62312000 – Staff Provincial Travel – Non-Client Related</li> <li>• 62314000 – Staff Out of Province Travel – Non-Client Related</li> <li>• Catering – 69600000</li> </ul> |
|--|---|

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Feb 26	Office / Shop				8.00		2
Feb 27	Office / UGA / Office						6
-	Office / UGA / Return				5.00		6
Feb 25	Lunch: Fourn / Prial / Bond		100.20	88.20			
-	Office / UGA / Return			12.00			6
<b>Total km</b>							431
<b>Rate as outlined in Section 2 – Travel below @</b>							.43
<b>Totals</b>			262.45		18.80	167.07	185.33

**EXPENSE LIMITS**

**1. Meal Allowances**

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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 general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
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  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.

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

**BRENT SKINNER**

Your account number  
 Your TELUS Account ID



Section 17(1)

7

**Here's what you owe this month: \$28.45**

Amount of your last bill	\$28.45
Payment we processed on Dec 03 - Thank You	-28.45
Amount overdue from your last bill	.00

▪ Season's Greetings from  
TELUS.

1 Residence Line Touchtone from Dec 07 to Jan 06	23.34
Additional Charges and Credits (see details below)	3.52
GST (Registration 812758878) at 6%	1.59
<b>Total new charges</b>	<b>28.45</b>
<b>Total amount due by Dec 29</b>	<b>\$28.45</b>

**Additional Charges and Credits**

**3.52**

E9-1-1 Municipal Call Answer Fee Dec 06	\$ .44
E9-1-1 Provincial Network Fee Dec 06	.13
LD Network Access Charge Dec 07	2.95
<b>Total additional charges and credits</b>	<b>\$3.52</b>

**News from TELUS**

**Special offer on High Speed Internet service**

Receive a \$50 Future Shop gift card when you sign up online for TELUS High Speed Internet on a service term.  
 Offer expires December 31, 2007. Some conditions apply. For details visit [telus.com/giftcard](http://telus.com/giftcard)

*Tear off here*

APPLICANT COPY

DOAN'S VIETNAMESE NOODLE  
HOUSE  
10130 107TH ST.  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE AMEX  
DATE 2008/01/04  
TIME 6605 12:46:40  
RECEIPT NUMBER  
S30705746-001-170-012-0

PRE-AUTHORIZATION  
AMOUNT \$41.06

TIP 6.00

TOTAL-CAD 47.06

APPROVED

AUTH# 87 00-025  
THANK YOU

CARDHOLDER COPY

# TELUS® Your TELUS Statement

Jan 07, 2008

TELUS Communications Company

Page  
1 of 2

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

**BRENT SKINNER**

Your account number  
Your TELUS Account ID

Section 17(1)

7

## Here's what you owe this month: \$28.17

Amount of your last bill	\$28.45	
Payment we processed on Dec 31 - Thank You	-28.45	
<b>Amount overdue from your last bill</b>	<b>.00</b>	

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jan 07 to Feb 06	23.94
Additional Charges and Credits (see details below)	3.51
GST (Registration 812758878) at 5%	1.32
<b>Total new charges</b>	<b>28.17</b>

## Total amount due by Jan 29 \$28.17

### Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jan 06	\$ .44	
E9-1-1 Provincial Network Fee Jan 06	.12	
LD Network Access Charge Jan 07	2.95	
<b>Total additional charges and credits</b>	<b>\$3.51</b>	

3.51

### News from TELUS

Thank you for choosing TELUS as your communications provider.

Visit our web site

For news on TELUS products and services, visit our web site at [www.telus.com](http://www.telus.com)

Tear off here

APPLICANT COPY

APPLICANT COPY

STAPLES Business Depot  
Store # 47  
4122 Calgary  
Edmonton, AB T6A 1K4  
780-433-4554

Sale  
00074 1 006 29003  
0047 01/17/08 07:30

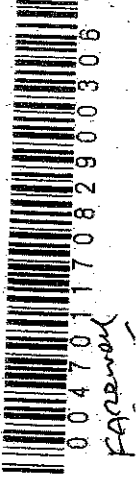
1 PEN,BALL EXPERT II  
097783498247  
Subtotal 82.96G  
GST 5.00% 82.96  
Total 4.15  
\$87.11  
Visa [REDACTED] 87.11  
Visa Swiped  
Authorization Number Purchase  
0010016640 29003 082902  
74 01/17/08 66060853  
01/027 APPROVED - THANK YOU 19:30:13

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

\*\*\*\*\*  
Thank you for shopping at  
STAPLES Business Depot!  
We will not be undersold!  
\*\*\*\*\*  
FOR CUSTOMER SERVICE CALL 1-866-STAPLES  
OR EMAIL TO customer\_service@staples.ca

INTERESTED IN EXPLORING A CAREER WITH US?  
VISIT WWW.GREATERCAREERSATSTAPLES.CA

GST No. 126152586



LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

2/29/2009 09:35

AMOUNT PAID

\$ 2.00 2670000 00:35

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 1713340

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

2/29/09 09:35 \$ 2.00

CREDIT CARD NUMBER

21250



CARITAS HEALTH GROUP

RECEIPT 1713340



APPLICANT COPY

IL PORTICO RESTAURANT  
10012 107 ST T5J1J2  
EDMONTON AB  
22616227

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

D JACKIE

\*\*\*\* PRE AUTH PURCHASE \*\*\*\*

TBL 16/1 CHK 803 GST 0  
JAN28'08 12:20PM

01-28-2008 13:32:26  
Acct # [REDACTED] S  
Exp Date [REDACTED] Card Type VI  
Name: BRENT SKINNER

1 TOMATO JC 2.50  
1 #POP 2.50  
1 #COFFEE 2.50  
1 PORTICO BURGER 16.00  
1 CHICKEN SAND 13.00  
1 PASTA SPEC 17.00

Section 17(1),(4)(e.i)  
Trace # 920020 Operator 001  
FS2261622701

SUBTOTAL 53.50  
G.S.T. 2.68  
TOTAL DUE 56.18

Inv. # 10980  
Auth # 046438 RRN 001191018

P. Auth Purchase \$56.18  
Tip 7.00

Total 65.18

PLEASE PAY SERVER

Customer copy

APPLICANT COPY

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

24 SUE

TBL 22/1      CHK 498      QST 0  
 JAN30 '08 11:57AM

1 *TEA	2.50
1 *COFFEE	2.50
1 CHICKEN SAND	13.00
1 LUNCH SPEC	23.00

SUBTOTAL	41.00
G.S.T.	2.05
TOTAL DUE	43.05

PLEASE PAY SERVER

10012 107 5      AVANTI  
 EDMONT      T5J1J2  
 9321-7227310      AB

PRE AUTH PURCHASE

01-30-2008      12:37:30  
 Acct #      S  
 Exp Date      Card Type AM  
 Name: BRENT H      SKINNER  
 Section 17(1),(4)(e.i)  
 Trace # 940004      Operator 310  
 FS2261622701  
 Inv. # 11076  
 Auth # 70      RRN 001193004

P.Auth Purchase	\$43.05
Tip	7.00
<b>Total</b>	<u>50.05</u>

Customer copy

# TELUS® Your TELUS Statement

Feb 07, 2008

TELUS Communications Company

Page 1 of 2

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

Section 17(1)

BRENT SKINNER

Your account number  
Your TELUS Account ID

7

## Here's what you owe this month: \$33.21

Amount of your last bill	\$28.17	
Payment we processed on Jan 29 - Thank You	-28.17	
Amount overdue from your last bill	.00	

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Feb 07 to Mar 06	23.34
Additional Charges and Credits (see details below)	8.51
Long Distance Charges (see details below)	4.80
GST (Registration 812758878) at 5%	1.56
<b>Total new charges</b>	<b>\$33.21</b>

## Total amount due by Feb 27 \$33.21

### Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Feb 06	\$ .44	3.51
E9-1-1 Provincial Network Fee Feb 06	12	
LD Network Access Charge Feb 07	2.95	
<b>Total additional charges and credits</b>	<b>\$3.51</b>	

### Long Distance Charges

Regular Long Distance 4.80

APPLICANT COPY



Your TELUS Statement  
Feb 07, 2008  
BRENT SKINNER

s.17(1)

Sales & Service: Internet 1-877-310-4NET Other products 310-2255  
if calling from outside Alberta, call Toll-free: 1-800-400-2598  
Manage your account @telus.com/customer-care

(continued from previous page)  
**Long Distance Charges**

Date and time of call	Place you called	Number you called	Length of call (minutes)	Cost of call before savings (\$)	Discount for time of day (\$)	Amount you pay (\$)
<b>Direct dialled calls from (780) 988-5344</b>						
1 Tue Jan 29 04:48 pm	TORONTO ON	[REDACTED]	1	.48		.48
2 Thu Jan 31 10:38 am	TORONTO ON	[REDACTED]	3	1.44		1.44
3 Thu Jan 31 10:43 am	TORONTO ON	[REDACTED]	6	2.88		2.88
<b>Total Regular Long Distance</b>				<b>\$4.80</b>		<b>\$4.80</b>

**News from TELUS**

**Provincial 911 Network Rate Decrease**

As of January 1, the rates for 9-1-1 network service has changed from \$0.13 to \$0.12 per phone number a month.

**Thank you for choosing TELUS as your communications provider.**

**Cineplex Night Out package bonus**

Receive a Cineplex Night Out package when you sign up online for TELUS High Speed Internet services on a service term. Now is the perfect time to get the EasyPC plan and surf, chat and e-mail from just about anywhere in your home with the new Dell notebook and free wireless gateway. But hurry, offer expires March 31, 2008. Visit [telus.com/easypc](http://telus.com/easypc) for more details.

**TELUS can help with your move**

Moving? Don't wait. Get a free connection when you sign up for a TELUS bundle. For details, visit [telus.com/move](http://telus.com/move) or call 310-2255 and say "move".

LEAVE ON DASH - THIS SIDE UP  
EXPIRATION DATE

EXPIRATION TIME

25/02 03:02 PM

AMOUNT PAID

\$ 3.00 1541000001:57 PM

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

Capital Health  
EDMONTON AREA

NON TRANSFERABLE 2207502

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

25/02 01:57 PM \$ 3.00

CREDIT CARD NUMBER

Capital Health

RECEIPT 2207502

Capital Health  
EDMONTON AREA

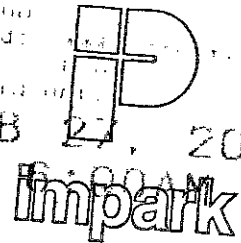
TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

Transaction: 15510  
Machine: 0200046

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

Best copy available

EB 27, 2008

APPLICANT COPY

U OF A  
PARKING SERVICES  
EST# R10010303

02-27-2008 WED W4

DEBIT	5.00
EST	0.25
CASH	5.25

ITEM	1
IDL	9727 13*24TH

WILDFLOWER GRILL  
10090-107 STREET  
EDMONTON, ALBERTA

Feb 29 2008 12:45 pm  
Trans#1419

TRANSACTION RECORD

Card Number: [REDACTED]

Card Entry : SWIPED  
Account : AMERICAN EXPRESS

Trans Type :  
PRE-AUTHORIZATION

Amount : \$88.20  
Tip : 12.00  
Total : 100.20

Auth # : 28  
Sequence # : 0010014240  
Employee : JOE AM  
Employee # : 109  
Terminal # : 66117654  
Date : 08/02/25  
Time : 12:47:22

00/025 APPROVED - THANK YOU

Cardholder Signature

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

APPLICANT COPY



109 JOE AM  
Tbl 52/1 Chk 1419 Gst 4  
Feb29'08 11:53AM

1 VOSS SPARKLING 9.00  
3 COFFEE @ 5.00 15.00  
2 CLUB SANDWICH @ 14.00 28.00  
1 CHICKEN PANINI 14.00  
1 PRIMAVERA 18.00  
Subtotal 84.00  
84.00 GST Percent 4.20  
Amount Due 88.20

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



**Travel & Employee Expense Claim Form**

(in Canadian Dollars)

<b>Name:</b> H. Brent Skinner	<b>Employee Number:</b> [REDACTED]	<b>Union Name:</b>
<b>Position:</b> Chief Planning Officer, Capital Health		<b>Department:</b> Facilities Planning & Construction
<b>Business Phone:</b> 735-0431	<b>Period From:</b> March 1 to March 31, 2008	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	√ if GST included
201	9000	71110500005	62410000	staff travel		107.09	✓
201	9000	71110500005	69600000	meals		152.35	133.35w
201	9000			other		86.20	
			61020003=				
			28,17w				
			69500= 1246w				
<b>Less Cash Advance</b>							
						45.57w	
<b>Total</b>						345.64	

19.00w

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:** April 12/08

<b>Approved By:</b> (Print name) Nick Zoufautloff	<b>Title:</b> V.P. Facilities Planning & Const	<b>Phone #</b> 735-1365
(Signature)		<b>Date</b>
<b>Approved By:</b> (Print name)	<b>Title:</b>	<b>Phone #</b>
(Signature)		<b>Date</b>

**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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

# EXPENSE CLAIM DETAILS

APPLICANT COPY

## Recommended Coding

Travel - Staff - 62410000  
 Staff Local Travel - Taxi - 62410001  
 Staff Travel - UNA - 62410002  
 Staff Provincial Travel - 62412000 (all expenses)  
 Staff Out of Provincial Travel - 62414000 (all expenses)

Catering - 69600000  
 Meals - 62410000  
 Mileage - 62410000  
 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
MAR 4/08	OFFICE/AUS/ROM/UAH/RO						21
MAR 5	LUNCH - B OAKLEY/ROM		73.05				6
MAR 6	OFFICE/UAH/RETURN						6
MAR 7	OFFICE/MARCEL ALBERTO/UAH		79.30				5
- 1	UAH/OFFICE						3
- 1	TELEPHONE FAX					28.17	
MAR 10	OFFICE/UAH/OFFICE						6
- 1	OFFICE/STURGEN/PAGE 124				6.00		33
- 1	PAGE 124/OFFICE						1
MAR 12	OFFICE/UAH/OFFICE				5.00		6
MAR 14	OFFICE/ROM/OFFICE						6
MAR 17	OFFICE/UAH/RETURN						6
MAR 18	OFFICE/DIT/RETURN						8
- 1	" "						8
MAR 15	OFFICE/ROM						3
- 1	ROM/SUMNER/OFFICE				10.00		7
MAR 24	STURGEN/OFFICE						15
- 1	OFFICE/PAGE 124/OEM				6.00		2
MAR 25	OFFICE/OEM/OFFICE						8
- 1	OFFICE/UAH/ROM/OFFICE						13
MAR 26	OFFICE/UAH/OFFICE				5.00		6
MAR 27	OFFICE/UAH/OFFICE				5.00		
- 1	R. BOZARD TRAVEL					58.03	
<b>Total km</b>							<b>163</b>
*(or alternate rate as outlined in Section 2 - Travel below) @							<b>\$0.43*</b>
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
			152.35		37.00	86.20	70.09

## EXPENSE LIMITS

### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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).
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  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
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- 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.

W  
 58.03 → 12.46w  
 → 45.57w

APPLICANT COPY

25

Copper Pot Restaurant  
Capital Place  
101, 9707 110 Street  
Edmonton AB T5K 2L9  
780-452-7800

THE COPPER POT RESTAUR  
101 9707 110TH T5K2L4  
EDMONTON AB  
932021106410

03-05-2008 03 25 02  
Acct # [REDACTED] 5  
Exp Date [REDACTED] Card Type AM  
Name: BRENT H SKINNER

Trace # 720010  
F52232786601  
Inv. # 5238  
Auth # 23 RRN 001271011

P.Auth Purchase \$64.05  
Tip 9.00  
Total 73.05

Customer copy

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

Server: Karen  
Invoice: 102344  
2 Popiced Tea \$61.00  
1 Beef Dip Sandwich 1.00  
1 Grilled Bison Burger 1.00  
1 Smoked Salmon Salad 1.00  
1 Organic Greens (Santitas) \$0.00  
1 Add Salami \$7.00

Subtotal \$61.00  
GST \$3.05  
Total \$64.05

Thank You  
Please Come Again  
GST#

APPLICANT COPY

Fairmont Hotels & Resorts  
Fairmont Hotel Macdonald  
The Confederation Lounge  
10065-100 Street  
Edmonton, Alberta T5J0N6  
(780) 424 5181  
CHECK: 5566  
TABLE: 20/1  
SERVER: 120 BARBARA  
DATE: MAR07'08 12:44PM  
CARD TYPE: VISA  
ACCT #:   
EXP DATE: XX/XX Section 17(1),(4)(e.i)  
AUTH CODE: 020211  
BRENT SKINNER

SUBTOTAL: 69.30  
GRATUITY 10.00  
TOTAL 79.30  
SIGNATURE \_\_\_\_\_

PLEASE RETURN A SIGNED COPY  
TO YOUR SERVER

Fairmont Hotel Macdonald  
The Confederation Lounge

120 BARBARA

20/1 CHK. 5566 GST 3  
MAR07'08 11:30AM

1 ICE TEA 3.00  
1 COKE 3.00  
1 DIET COKE 3.00  
1 CLUB 19.00  
1 BUFFALO BURGER 19.00  
1 CRAB CORN CAKES 16.00  
1 COFFEE 3.00

Food 57.00  
Mineral 9.00  
66.00 GST 3.30  
Total Due \$69.30

FAIRMONT HOTEL MACDONALD  
GST #846543619

GRATUITY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
ROOM # \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
NOT A CREDIT CARD VOUCHER  
PLEASE PAY YOUR SERVER

**TELUS® Your TELUS Statement**  
 Mar 07, 2008

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

**BRENT SKINNER**

Your account number  
 Your TELUS Account ID



Section 17(1)

7

**Here's what you owe this month: \$28.17**

Amount of your last bill	\$33.21
Payment we processed on Feb 28 - Thank You	-33.21
Amount overdue from your last bill	.00

▪ Thank you for keeping  
 your account up to date.

1 Residence Line Touchtone from Mar 07 to Apr 06	23.34
Additional Charges and Credits (see details below)	3.51
GST (Registration 812758878) at 5%	1.32
<b>Total new charges</b>	<b>28.17</b>

**Total amount due by Mar 29 \$28.17**

**Additional Charges and Credits**

**3.51**

E9-1-1 Municipal Call Answer Fee Mar 06	\$.44
E9-1-1 Provincial Network Fee Mar 06	.12
LD Network Access Charge Mar 07	2.95
<b>Total additional charges and credits</b>	<b>\$3.51</b>

**Cineplex Night Out package bonus**

Receive a Cineplex Night Out package when you sign up online for TELUS High Speed Enhanced Internet service on a service term. Now is the perfect time to get the EasyPC plan and surf, chat and e-mail from just about anywhere in your home with the new DELL notebook and free wireless gateway. But hurry, offer expires March 31, 2008. Visit [telus.com/easypc](http://telus.com/easypc) for more details.

*Tear off here*

APPLICANT COPY

IMPARK LOT #101  
 TELUS PLAZA PARKADE  
 GST #R8731 5638 RT0006

03-19-2008 WED #1  
~~03-19-2008 01CL1889~~  
 2 1/2 HOUR 10.00  
 CASH 10.00

ITEM 1  
 ICL 1601 14:13TM

U OF A  
 PARKING SERVICES  
 GST# R108102831

03-12-2008 WED #4

DP07 5.00 \$  
 GST 0.74  
 CASH 5.00

ITEM 1  
 ICL 2000 13:24TM

TICKET VOID

impark

UP ON DASH

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD



impark

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

save-on-foods #6613

9th & Jasper  
 100% MONEY BACK GUARANTEE  
 receipt required please  
 G.S.T. #R846980878  
 Visit www.saveonfoods.com

SAVE-ON-MORE SAVES YOU \$

DADS COOKIES 5.29  
 DADS COOKIES 5.29  
 EVERYDAY CARD 2.99 B  
 EVERYDAY CARD 3.99 B  
 R/CHINET PLATES 4.89 G  
 T/CHOC TIGER CAKE 34.99

Sub Total 57.44

SOM Bonus pts 57

BALANCE DUE 58.03  
 Debt 58.03  
 IS1 [REDACTED] [CHQ]

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

CUSTOMER COPY

TRANSACTION RECORD

STORE 6613 TERM 06613D66  
 SLIP # 0066122103 REG 66

\*\* DIRECT PAYMENT \*\*  
 \*\* Purchase = Chequing CARD [REDACTED] Swipe

REF # 048001001016 AUTH # 000261 RESP 001 ISO 00

DATE 03/27/2008 TIME 12:21:25 AMOUNT \$ 58.03

APPROVED

U OF A  
 PARKING SERVICES  
 GST# R108102831

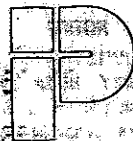
03-26-2008 WED #4

DP07 5.00 \$  
 GST 0.74  
 CASH 5.00

ITEM 1  
 ICL 3530 13:28TM

TICKET VOID IF RE-SOLD

SPECIAL TRAINING

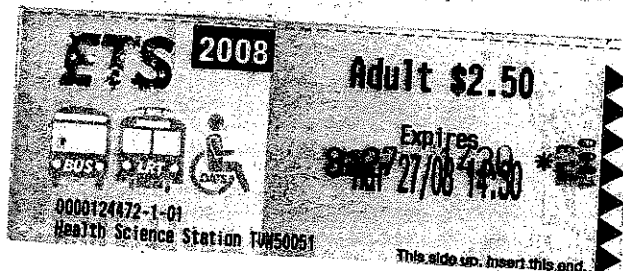
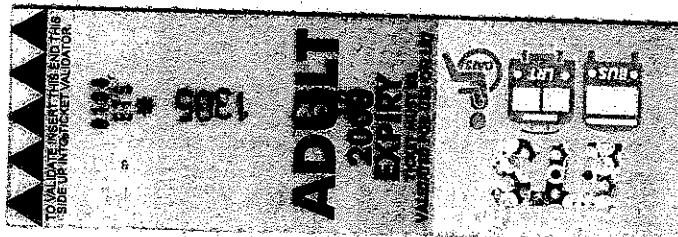


impark

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

5:10 PM MON  
 MAR 24 08

SOLD



**Travel & Employee Expense Claim Form**

(in Canadian Dollars) Section 17(1)

<b>Name:</b> H. Brent Skinner	<b>Employee Number:</b> [REDACTED]	<b>Union Name:</b>
<b>Position:</b> Chief Planning Officer, Capital Health	<b>Department:</b> Facilities Planning & Construction	
<b>Business Phone:</b> 735-0431	<b>Period From:</b> April 1 to April 30, 2008	

**Attachment**

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500005	62410000	staff travel		\$139.85	✓
201	9000	71110500005	69600000	meals		—	
201	9000	71110500005	61020003	other		28.17	✓
<b>Less Cash Advance</b>							
<b>Total</b>						\$168.02	

Capital Health  
**RECEIVED**  
MAY 22 2008  
ACCOUNTS  
PAYABLE

Capital Health  
**RECEIVED**  
MAY 22 2008  
ACCOUNTS  
PAYABLE

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

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

**Employee Signature:** [Signature] **Date:** MAY 11 / 08

<b>Approved By:</b> (Print name) Nick Zauravoff	<b>Title:</b> V.P. Facilities Planning & Construction	<b>Phone #</b> 735-1365
(Signature) [Signature]		<b>Date</b> May 21/08
<b>Approved By:</b> (Print name)	<b>Title:</b>	<b>Phone #</b>
(Signature) [Signature]		<b>Date</b>

**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.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 pm will be processed the following week.
- 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 claim 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 – 10<sup>th</sup> Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP.

## EXPENSE CLAIM DETAILS

Recommended Coding	
Travel - Staff - 62410000 Staff Local Travel - Taxi - 62410001 Staff Travel - UNA - 62410002 Staff Provincial Travel - 62412000 (all expenses) Staff Out of Provincial Travel - 62414000 (all expenses)	Catering - 69600000 Meals - 62410000 Mileage - 62410000 Course Registration & Materials - 61030000

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
01/04/08	OFFICE/AT/RETURN						8
02/04/08	GMV/DKND				5.00		15
03/04/08	OFFICE/UNA						3
" "	OFFICE/EST SAIX/RETURN						76
07/04/08	TELEPHONE FAX					28.17	
" "	OFFICE/PROVIDER/RETURN				6.00		4
" "	FAXI PAPER-DOWN TOWN				2.00		2
08/04/08	OFFICE/UNA/RETURN						6
" "	" "						6
09/04/08	" "						6
14/04/08	OFFICE/STROMCARS/RETURN						34
" "	OFFICE/UNA/RETURN						6
15/04/08	OFFICE/ATI/RETURN						8
" "	" "						8
17/04/08	OFFICE/UNA/RETURN						6
22/04/08	OFFICE/PROVIDER/RETURN						4
" "	OFFICE/G. ACEWIN						1
24/04/08	OFFICE/UNA/RETURN						6
25/04/08	OFFICE/UNA/RETURN						6
28/04/08	OFFICE/STROMCARS/RETURN						34
" "	" "						34
29/04/08	OFFICE/ATI/RETURN						8
29/04/08	OFFICE/UNA/RETURN						8
<b>Total km</b>							
*(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43*
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

### EXPENSE LIMITS

#### 1. Meal Allowances

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

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 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).
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**EXPENSE CLAIM DETAILS**

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Staff Local Travel - Taxi - 62410001	Meals - 62410000
Staff Travel - UNA - 62410002	Mileage - 62410000
Staff Provincial Travel - 62412000 (all expenses)	Course Registration & Materials - 61030000
Staff Out of Provincial Travel - 62414000 (all expenses)	

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
29/04/08	DEPT/ROI/RETURN						6
Total km							295
*(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43*
<b>TOTALS</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 126.06
					* 13.00	* 28.17	

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**3. Advance**

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**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE

EXPIRATION TIME

02/04/08 09:47

AMOUNT PAID:

\$ 5.00 16530000 08:00



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 1879473

**DETACH RECEIPT FROM TICKET**

DATE ISSUED

TIME ISSUED

AMOUNT PAID

02/04/08 08:00 \$ 5.00

CREDIT CARD NUMBER



CARITAS HEALTH GROUP

CARITAS HEALTH GROUP

**RECEIPT**

1879473

**TELUS® Your TELUS Statement**  
**Apr 07, 2008**

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

**BRENT SKINNER**  
 Your account number  
 Your TELUS Account ID

7

**Here's what you owe this month: \$28.17**

Amount of your last bill ..... \$28.17  
 Payment we processed on Mar 28 - Thank You ..... -28.17  
 Amount overdue from your last bill ..... .00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Apr 07 to May 06 ..... 23.34  
 Additional Charges and Credits (see details below) ..... 3.51  
 GST (Registration 812758878) at 5% ..... 1.32  
 Total new charges ..... 28.17

**Total amount due by Apr 28 \$28.17**

Additional Charges and Credits ..... 3.51  
 E9-1-1 Municipal Call Answer Fee Apr 06 ..... \$ .44  
 E9-1-1 Provincial Network Fee Apr 06 ..... .12  
 LD Network Access Charge Apr 07 ..... 2.95  
 Total additional charges and credits ..... \$3.51

**Moving?**

Bundle up when you move. Save over 15% and get a free connection when you sign up for a TELUS home bundle. Visit [telus.com/move](http://telus.com/move) for details or call 310-2255 and say 'move'.

**Visit our web site**

For news on TELUS products and services, visit our web site at [www.telus.com](http://www.telus.com)

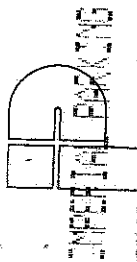
Tear off here

APPLICANT COPY

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

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE U



Impark

Metres: 88  
Trucks: 2015025  
Time: 12:48P APR 07  
Rate: \$ 5.00



2:18PM MON  
APR 07

INSTRUCTIONS ON BACK  
PLEASE REMEMBER THE  
PASSAGE CLOSE TO 9PM

TICKET VOID IF RE-SOLD

VOID IF RE-SOLD

DISPLAY FACE UP ON DASH

DISPLAY FACE UP



EXPIRE DATE AND TIME  
APR 08 06:19 AM

LOT#  
00110025

APR 08 2008  
12:48 PM

PLATE  
CHY J 817510

PAID TO  
6:26 AM

APR 09 AM 12:00

FOR YOUR CAR PHONE  
LOCATION 3608  
www.impark.com



DISPLAY FACE UP ON DASH

FACE UP ON DASH