



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date June 17, 2005	Requested By (Please Print) Joanne Stalinski	
Department Wellness	Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski		Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)		
Canada Post: _____		
City _____ Province _____ Postal Code _____		
Interoffice Mail: Department _____		
Site _____		
Purpose of Request Reimbursement re wellness sessions		
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct deposit please		

RECEIVED
JUN 28 2005
FINANCE

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 4 7	6 5 0 9 0 0 0 0 69500	1,027.20	
TOTAL AMOUNT OF CHEQUE:			1,027.20	GST \$ <input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>Joanne Stalinski</i>			Print Name Kay Best	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)			Authorizer Phone # (in full) 943.1140	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: <i>ok'd by Joanne Stalinski</i>
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

APPLICANT COPY

INVOICE FOR JOANNE STALINSKY
MONTH OF APRIL, MAY 2005

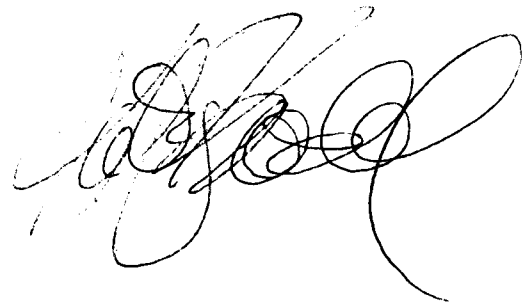
HIGHERSELF FITNESS AND CONSULTING
56 MASSEY PLACE SW
CALGARY ,AB
T2V 2G5

PERSONAL TRAINING SESSIONS	APRIL	8 SESSIONS			TOTAL
	MAY	8 SESSIONS			\$480.00
			GST		\$480.00
					\$ 67.20

TOTAL **\$1027.20**

PLEASE MAKE CHEQUE PAYABLE TO HIGHERSELF FITNESS.

PAID IN FULL



- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
 - **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
 - Amounts under \$ 100.00 can be reimbursed from site cashier office where available.
- s.17(1), 17(4)(g)(i)

EMPLOYEE NAME (PRINT) JOANNE STALINSKI		CRHA E-MAIL ADDRESS Joanne.Stalinski@calgaryhealthregion.ca		EMPLOYEE NUMBER		
DEPARTMENT WELLNESS		SITE SPT		PHONE # 943.1160	DATE Nov 16, 2006	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
OCT 24-26, 2006		RETURN TRAVEL CALGARY TO BANFF		276	0.405	\$ 111.78

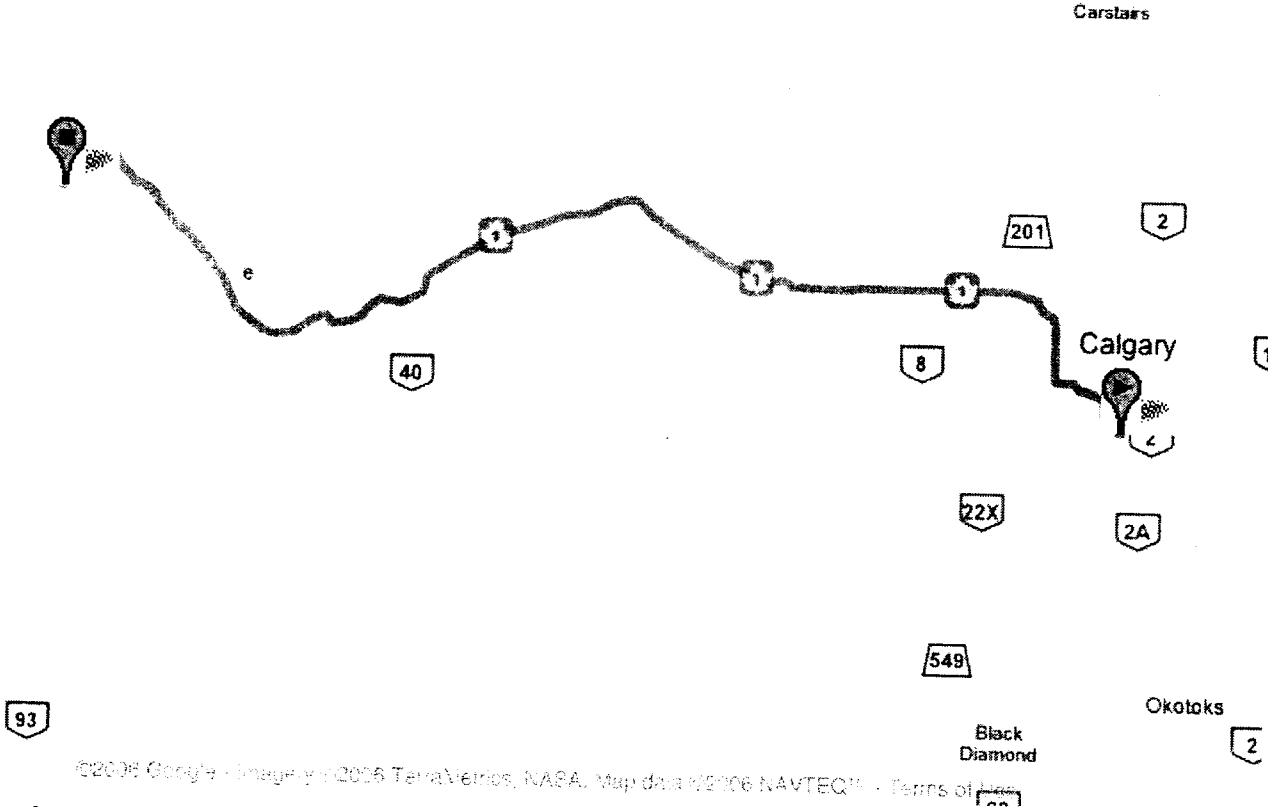
AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		Amount (Including GST)
Org	Functional Centre	Account			
01	7155	000000910	62410000	Mileage/Parking	\$ 111.78
Employee Signature, [Signature]			Date Nov 16, 2006	TOTAL PAYABLE TO EMPLOYEE	\$ 111.78
Expenditure Officer Authorization [Signature]		Authorizer's Employee Number		Authorizer Phone Number 943.1162	

00073 R(2001/01)

APPLICANT COPY



Start **10101 Southport Rd SW
Calgary, AB, Canada**
End **405 Spray Ave
Banff, AB, Canada**
Travel **138 km (about 1 hour 46 mins)**



©2006 Google - Imagery ©2006 TerraMetrics, NASA, Map data ©2006 NAVTEQ - Terms of Use

Directions

- 1. Head **north** from **Southport Rd SW** 11 m
- ➔ 2. Turn **right** at **Southland Dr SW** 0.1 km
- 3. Turn **left** at **MacLeod Trl S** 1.7 km
- 4. Turn **left** at **Heritage Dr SW** 1.6 km
- ➔ 5. Bear **right** and head toward **14 St SW** 76 m
- ➔ 6. Bear **right** at **14 St SW** 1.4 km
- 7. Take the **Glenmore TR West** ramp to **(HWY-1 W)** 2 mins
0.6 km
- 8. Continue on **Glenmore Trl SW** 5.0 km
- 9. Continue on **Sarcee Trl SW** 3.3 km
- 10. Continue on **53 St SW** 1.4 km
- 11. Continue on **Sarcee Trl SW** 3.9 km
- ➔ 12. Bear **right** onto the **HWY-1 W** ramp to **Banff** 115 km
1 hour 2 mins



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 31, 2005	Requested By (Please Print) Cheryll Meredith	
Department Wellness	Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski		Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)		s.17(1), 17(4)(g)(i)
Canada Post: _____		
City _____ Province _____ Postal Code _____		
Interoffice Mail: Department _____		
Site _____		
Purpose of Request _____		
<input checked="" type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS _____ Direct Deposit please _____		

CODING & AUTHORIZATION

FINANCIAL CODE			AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT		
	7 1 1 0 5 0 0 0 0 4 7	6 5 0 9 0 0 0 0 0	1,320.00	
		69 500 000		
TOTAL AMOUNT OF CHEQUE:			2 \$1,320.00	GST \$ <input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Office Authorization <i>Joanne Stalinski</i>			Print Name Joanne Stalinski	
Authorizer's Employee Number <i>1000000000</i>			Authorizer Phone # (in full) 943.1161	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: <i>CR</i>
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

INVOICE FOR JOANNE STALINSKY
MONTH OF JANUARY, FEBRUARY, MARCH 2005

HIGHERSELF FITNESS AND CONSULTING
56 MASSEY PLACE SW
CALGARY ,AB
T2V 2G5

PERSONAL TRAINING SESSIONS 22 SESSIONS

TOTAL
\$1320

PLEASE MAKE CHEQUE PAYABLE TO HIGHERSELF FITNESS.

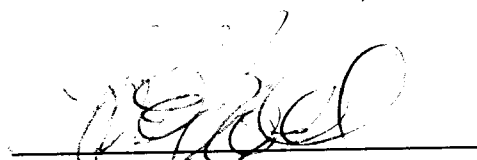
APPLICANT COPY

Higherself Fitness and Consulting
56 Massey Place SW
Calgary, Alberta T2V 2G5

March 30, 2005

RECEIPT

I acknowledge receipt of the sum of One Thousand Three Hundred and Twenty dollars (\$1,320.00) from Joanne Stalinski in full payment of my invoice for 22 personal training sessions for the months of January, February and March 2005.



Katharina Knodel
Higherself Fitness and Consulting

Travel/Education Expense Claim

Instructions

- Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
- Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
- Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).
- See back of form for additional instructions.

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

Employee Name (Print) JOANNE STALINSKI		Calgary Health Region E-Mail Address joanne.stalinski@calgaryhealthregion.ca		Employee Number
Department/Site WELLNESS SPT		Phone Number 943-1160	Date MAR 21/07	
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.) NONE - COMPLIMENTARY			Destination EDMONTON	
Course Title NORTH AMERICAN RESEARCH CONFERENCE ON COMPLEMENTARY		Departure Date MAY 24/06	Return Date MAY 27/06	

Estimated/Actual Expenses MEDICINE	Actual Expenses Paid by Employee Original Receipts Must Be Attached
---	---

A c t u a l	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
		Tuition				Tuition only if paid by employee		
	Air paid by Calgary Health Region via Calgary Health Region Travel Agent							
E s t i m a t e d	Mileage If travel is by car				Mileage If travel is by car	596km	.38	226.48
	Accommodation				Accommodation	702.93		702.93
	Meals Based on per diem rate				Meals	325.45		325.45
	Ground Transport				Ground Transport			
	Other (Specify)				Other (Specify) PARKING + PHONE	73.84		73.84
	Total			\$ (Cdn)	Total			\$1328.70 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ (Cdn)	Less Advance or Unfunded Portion	\$ (Cdn)
---	----------	---	----------

Employee Signature <i>[Signature]</i>	Date	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	\$1328.70 (Cdn)
Departmental Authorization <i>[Signature]</i>	Date	Employee Signature <i>[Signature]</i>	Date MAR 23/07
Out of Province Authorization	Date	Departmental Authorization	Date March 26/07

Financial Code		
Org	Functional Centre	Account
01	71550000090	63412000

Comments/Other Sources of Funding

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

Room : 0319
Folio # : 24667
Cashier # : 240
Page # : 1 of 2

Group Name : NA Research Conference on Complem

University of Alberta - fixed
Joanne Stalinski
Calgary Health Region
Calgary, AB T2W 3N2
CA

Arrival : 05-24-06
Departure : 05-27-06

Date	Description	Additional Information	Charges	Credits
05-24-06	Room Charge		209.00	
05-24-06	Room - DMF		2.09	
05-24-06	Room - AB Tourism Levy		8.44	
05-24-06	Room - GST		14.78	
05-24-06	Parking - Overnight		22.00	
05-24-06	Parking - GST		1.54	
05-25-06	Room Charge		209.00	
05-25-06	Room - DMF		2.09	
05-25-06	Room - AB Tourism Levy		8.44	
05-25-06	Room - GST		14.78	
05-25-06	Parking - Overnight		22.00	
05-25-06	Parking - GST		1.54	
05-26-06	Room Charge		209.00	
05-26-06	Room - DMF		2.09	
05-26-06	Room - AB Tourism Levy		8.44	
05-26-06	Room - GST		14.78	
05-26-06	Parking - Overnight		22.00	
05-26-06	Parking - GST		1.54	
05-27-06	Long Distance Service Charge	09:03 #7319 : 800-646-0000 0 [00:04:00]	1.61	
05-27-06	Telephone Local - Interface	09:07 #7319 : 0 [00:03:00] s.17(1), 17(4)(g)(i)	1.61	
05-27-06	American Express			
				776.77

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

OTHER: 73.84

Guest signature

Signature du client X _____

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

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

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (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 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

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

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

Room : 0319
Folio # : 24667
Cashier # : 240
Page # : 2 of 2

Group Name : NA Research Conference on Complem

University of Alberta - fixed
Joanne Stalinski
Calgary Health Region
Calgary, AB T2W 3N2
CA

Arrival : 05-24-06
Departure : 05-27-06

Date	Description	Additional Information	Charges	Credits
Total			776.77	776.77
Balance Due			0.00	
GST Summary				
	Room		44.34	
	F&B		0.00	
	Other		4.73	
	Total		49.07	

Guest signature

Signature du client X _____

For information or reservations, visit us at

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

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

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

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (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 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

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

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date September 29, 2006		Requested By (Please Print) Cheryll Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department _____			
Site _____			
Purpose of Request: Reimbursement of miscellaneous business expenses as attached			
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 5 5 0 0 0 0 9 0	6 1 0 2 4 0 0 0	R 94.26	Fax
		6 2 4 1 0 0 0 0	R 90.25	Parking
		6 9 6 0 0 0 0 0	71.30 95.29 R 172.65	Meeting Expenses
		4 9 5 2 0 0 0 0	R 1,319.80	Wellness Consulting
TOTAL AMOUNT OF CHEQUE:			\$1,676.96	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>Joanne Stalinski</i>			Print Name Joanne Stalinski	
Authorizer's Employee Number <i>4111</i>			Authorizer Phone # (in full) 943.1161	

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074


APPLICANT COPY

MISCELLANEOUS EXPENSES
 INCURRED BY Joanne Stalinski
 FOR THE PERIOD OF October, November and December 2005

<u>DATE OF OCCURRENCE</u>	<u>REASON FOR THE EXPENSE (Receipts Attached)</u>	<u>AMOUNT</u>
October 12 2005	SLF Event with Minister Iris Evans	\$ 45.00 <i>z</i>
October 2005	Telus Home Fax Line	\$ 31.42 <i>R</i>
October/November 2005	Personal Evolution Personal Training	\$ 642.00 <i>R</i>
November 16 2005	Lunch meeting with Peggy Valentine	\$ 50.29 <i>Z</i>
November 2005	Telus Home Fax Line	\$ 31.42 <i>R</i>
December 22 2005	Wellness Portfolio Team Christmas Lunch	\$ 77.36 <i>R</i>
December 2005	Personal Evolution Personal Training	\$ 677.80 <i>R</i>
December 2005	Telus Home Fax Line	\$ 31.42 <i>R</i>
	Parking (see attached receipts)	\$ 90.25 ✓
GRAND TOTAL		\$ 1,676.96

Date _____

 Approved Kay Best, FCA
 Executive Vice-President, Risk Management
 & CFO



 Joanne Stalinski
 Senior Vice President, Wellness

/cm

Oct 20, 2005

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

JOANNE STALINSKI

2

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Oct 04 - Thank You	-31.42
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Oct 19 to Nov 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges 31.42

Total amount due by Nov 10

\$31.42

Home pay here

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Oct 19	\$.44
E9-1-1 Provincial Network Fee Oct 19	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Oct 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Nov 10, 2005.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Nov 10 \$31.42

Phone number

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

Payment you're making \$

paid

401 (W)

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

JOANNE STALINSKI

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0129929

00485711
ECTREG01

4

111900003142000000008

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

005379001 14

96

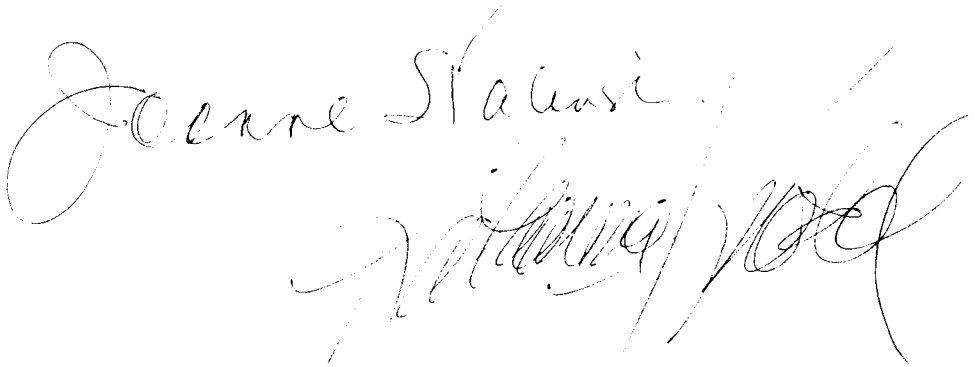
APPLICANT COPY

Invoice for Joanne Stalinski
Months of Oct, Nov 2005

HigherSelf Fitness
56 Massey Place SW
Calgary AB
T2V 3G5

		TOTAL
Personal training	10@ \$60	\$600.00
GST		<u>\$ 42.00</u>
Total		\$642.00

Please make cheque payable to Personal Evolution.



Handwritten signature of Joanne Stalinski in cursive script.

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

JOANNE STALINSKI

2

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Nov 08 - Thank You	-31.42
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Nov 19 to Dec 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges 31.42

Total amount due by Dec 10 **\$31.42**

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Nov 19	\$.44
E9-1-1 Provincial Network Fee Nov 19	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Nov 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Dec 10, 2005. If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Dec 10
\$31.42

Phone number

Account number

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

Payment you're making \$

401 (E)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0129480
2
00482519
BCTREG01

4 12190000314200000009
s.17(1), 17(4)(g)(i)

⑆00537⑆900⑆ 16

96

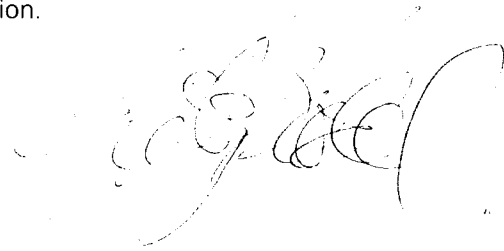
APPLICANT COPY

Invoice for Joanne Stalinski
Months of Dec 2005

HigherSelf Fitness
56 Massey Place SW
Calgary AB
T2V 3G5

		TOTAL
Personal training	19@ \$60	\$540.00
GST		<u>\$ 37.80</u>
Total		\$677.80

Please make cheque payable to Personal Evolution.

A handwritten signature in black ink, appearing to be 'Joanne Stalinski', is written over the bottom right portion of the invoice.



Your TELUS Statement

Dec 20, 2005

TELUS Communications Inc.

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

JOANNE STALINSKI

2

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Dec 06 - Thank You	-31.42
Amount overdue from your last bill	.00

• Season's Greetings from TELUS.

1 Residence Line Touchtone from Dec 19 to Jan 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges 31.42

Total amount due by Jan 10

\$31.42

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Dec 19	\$.44
E9-1-1 Provincial Network Fee Dec 19	.14

Total additional charges and credits \$.58

Long Distance Charges

4.95

Long Distance Administration Fee Dec 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Jan 10, 2006. If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Jan 10 \$31.42

Payment you're making \$

Phone number

Account number

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

401 (E)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0128923
234
00483347
BCTREG01

4 011900003142000000007
s.17(1), 17(4)(g)(i) 18

00537900

96

APPLICANT COPY

BOW VALLEY SQUARE
 205 5TH AVENUE S W
 CALGARY ALBERTA

CIAD BABY RESTAURANT
 MACLEOD TRAIL S.
 GST# B6592 1423 RT0001

THE PARISIEN
 AVENUE SW
 AB
 48 2300

DUPLICATE

B SUZANNE

Merch
 Term
 Ser

4

1

Client Number: 2
 SIDDQA ID #888
 Cashier: 43
 Transaction Date: 10/18/05 06:57
 Ticket #77639
 Dispenser #4
 Area 1
 Total Fee: \$7.50
 Cash: \$7.50

TBL 6/1 CHR 208 GST 3
 DEC22'05 01:27PM
 s.17(1), 17(4)(e.1)

AMEX Exp: 11/06

*** SEATH 1 ***
 3 CAPPUCCINO 10.50
 1 TOMATO SALAD 7.95
 1 **FIRST** 0.00
 2 SNAPPER 35.90
 1 SALMON 17.95
 G.S.T. 5.00
 YOUR TOTAL 77.36

Entry Method:
 Batch #: 000001
 Invoice#: 000029
 Amount: \$ 50.29
 Tip:

Total:
 001 Approved
 Approval Code: 38A

NO SIGNATURE REQUIRED

16/11/05 13:48:09
 Customer Copy

Thank you for choosing
 BOW VALLEY SQUARE PARKADE
 GST 123845679

CIAD BABY RESTAURANT
 FOR RESERVATIONS CALL 258-0051

Convention Centre
 727 - 1st Street SE
 CAN-126 209 Calgary, AB
 Tax Code CA GST #119457869
 31/10/05 20:47 Cashier 0
 Receipt 017632
 Short-term Parking
 Short-term Parking tkt
 Convention Center
 31/10/05 12:39
 31/10/05 20:47
 PerIOD 0002h51,
 GST)
 Gross total \$6.00
 Payment \$6.00
 Net total \$5.61
 GST (7%) \$0.39

THIS IS YOUR RECEIPT
 Thank you for your patronage
 CALGARY PARKING AUTHORITY
 Tel. (403) 537-7000 www.calgaryparking.com

Meter Parking
 - December 13
 - 5.25 phg
 - Dec 30
 - 4.25 phg
 Doo

5.25 phg
 4.25 phg

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

APPLICANT COPY

Civic Plaza Parkade
 322 - 9 Avenue SE
 CPN-1206 5E9 Calstar 91 AB
 Tax Code CA GST #119457869
 08/11/05 20:19 Cashier 0
 Receipt 083009

Short-term Parkings tkt
 Civic Parkade
 08/11/05 16:59 -
 08/11/05 20:19
 Periode 0d03h20
 (GST) \$11.00
 Gross total \$11.00
 Payment \$11.00
 Net total \$10.38
 GST (2%) 0.72
 All amounts in CAD.
 Deliv. Date=Receipt Date

816480

Civic Plaza Parkade
 322 - 9 Avenue SE
 CPN-1206 5E9 Calstar 91 AB
 Tax Code CA GST #119457869
 07/12/05 9:45 Cashier 0
 Receipt 088843

Short-term Parkings tkt
 Civic Parkade
 07/12/05 19:45 -
 07/12/05 19:45
 Periode 0d03h13
 (GST) \$11.00
 Gross total \$11.00
 Payment \$11.00
 Net total \$10.38
 GST (2%) 0.72
 All amounts in CAD.
 Deliv. Date=Receipt Date

816480

Civic Plaza Parkade
 322 - 9 Avenue SE
 CPN-1206 5E9 Calstar 91 AB
 Tax Code CA GST #119457869
 01/12/05 19:40 Cashier 0
 Receipt 087507

Short-term Parkings tkt
 Civic Parkade
 01/12/05 19:40 -
 01/12/05 19:40
 Periode 0d03h21
 (GST) \$12.50
 Gross total \$12.50
 Payment \$12.50
 Net total \$11.68
 GST (2%) 0.82
 All amounts in CAD.
 Deliv. Date=Receipt Date

CPR James Short
 115P 416 CHLHAWY, AB
 Tax Code CA GST #119457869
 09/12/05 09:14 Cashier 0
 Receipt 086185

Short-term Parkings tkt
 Civic Parkade
 09/12/05 07:25 -
 09/12/05 09:14
 Periode 0d01h49
 (GST) \$9.00
 Gross total \$9.00
 Payment \$9.00
 Net total \$8.41
 GST (2%) 0.59
 All amounts in CAD.
 Deliv. Date=Receipt Date

816480

Civic Plaza Parkade
 322 - 9 Avenue SE
 CPN-1206 5E9 Calstar 91 AB
 Tax Code CA GST #119457869
 08/11/05 20:12 Cashier 0
 Receipt 084488

Short-term Parkings tkt
 Civic Parkade
 08/11/05 19:17 -
 08/11/05 20:12
 Periode 0d02h55
 (GST) \$9.00
 Gross total \$9.00
 Payment \$9.00
 Net total \$8.41
 GST (2%) 0.59
 All amounts in CAD.
 Deliv. Date=Receipt Date

CPR James Short
 115P 416 CHLHAWY, AB
 Tax Code CA GST #119457869
 09/12/05 09:14 Cashier 0
 Receipt 086185

Short-term Parkings tkt
 Civic Parkade
 09/12/05 07:25 -
 09/12/05 09:14
 Periode 0d01h49
 (GST) \$9.00
 Gross total \$9.00
 Payment \$9.00
 Net total \$8.41
 GST (2%) 0.59
 All amounts in CAD.
 Deliv. Date=Receipt Date

DO NOT WRITE

4520-8380-0092.8644
 Joanne Stelinski

DATE 19-11-05
 TIME 06:29:06

5466

DESCRIPTION	AMOUNT/MONTANT
SLF Event	45-
Doc 12/05	1 Non-Memb.

NETS DRAFT CHARGE FACTURE

CAN \$	45-
--------	-----

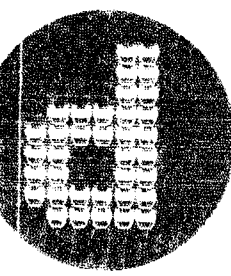
CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER AND THE CARDHOLDERS TAX CONDITIONS OF THE CARD.
 LE TITULAIRE DE LA CARTE CHARGE MENTIONNE RAISON A L'ÉMETTEUR DE LA CARTE LE MONTANT DE LA CHARGE EN ACCORD AVEC LES CONDITIONS DE LA CARTE.

Official Mark Canadian Olympic Association
 Marque officielle Association olympique canadienne

By *Provee*

CUSTOMER COPY
 COPIE DU CLIENT

End of part line
 20-10-12
 20-10-12
 Display this ticket
 at the back of this sign
 Lot 9-1
 \$3.50
 23104





INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date September 29, 2006	Requested By (Please Print) Cheryll Meredith	
Department Wellness	Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski		Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)		
Canada Post: _____		
City _____	Province _____	Postal Code _____
Interoffice Mail: <input type="checkbox"/> Department _____		
Site _____		
Purpose of Request: Reimbursement of miscellaneous business expenses as attached		
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please		

CODING & AUTHORIZATION

FINANCIAL CODE			AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT		
0 1	7 1 5 5 0 0 0 0 9 0	6 1 0 2 4 0 0 0	R 94.23	Fax
		6 2 4 1 0 0 0 0	R 89.00	Parking
		6 9 6 0 0 0 0 0	Z 216.32	Meeting Expenses
		4 9 0 1 0 0 0 2	R 97.82	Books
		6 6 0 2 0 0 0 0	Z 214.00	Membership Fees
		4 9 5 2 0 0 0 0	R 1,027.20	Wellness Consulting
TOTAL AMOUNT OF CHEQUE:			\$1,738.57	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>Joanne Stalinski</i>			Print Name Joanne Stalinski	
Authorizer's Employee Number <i>Cheryll Meredith</i>			Authorizer Phone # (in full) 943.1161	

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

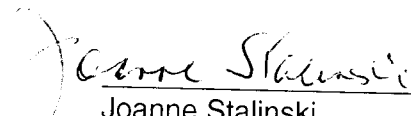
APPLICANT COPY

**MISCELLANEOUS EXPENSES
INCURRED BY Joanne Stalinski
FOR THE PERIOD OF January, February and March 2006**

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
January 5 2006	Lunch meeting with Susan Cassidy	\$ 40.30 -
January 9 2006	Lunch meeting with Mairi Matheson	\$ 34.78 -
January 19 2006	National Park Pass re Exploring Health and Healing 2006 Conference	\$ 55.00 - R
January 2006	Personal Evolution Personal Training	\$ 513.60 - R
January 2006	Telus Home Fax Line	\$ 31.41 - R
February 2 2006	Lunch meeting with Cal Schuler	\$ 27.02 - Z
February 15 2006	AMEX - HRIA Membership Renewal	\$ 214.00 - Z
February 15 2006	Lunch meeting with Dr. Bud Rickhi	\$ 59.22 - Z
February 2006	Personal Evolution Personal Training	\$ 513.60 - R
February 2006	Telus Home Fax Line	\$ 31.41 - R
March 24 2006	Chapters - Books for Wellness Library	\$ 53.63 - R
March 25 2006	Indigo - Books for Wellness Library	\$ 44.19 - R
March 2006	Telus Home Fax Line	\$ 31.41 - R
	Parking (see attached receipts)	\$ 89.00 -
GRAND TOTAL		\$ 1,738.57

Date _____

Approved Kay Best, FCA
Executive Vice-President, Risk Management
& CFO



Joanne Stalinski
Senior Vice President, Wellness

/cm

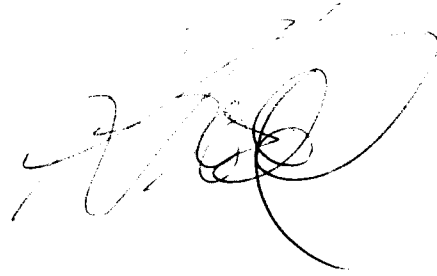
APPLICANT COPY

Invoice for Joanne Stalinski
Months of Jan 2006

HigherSelf Fitness
56 Massey Place SW
Calgary AB
T2V 3G5

		TOTAL
Personal training	8@ \$60	\$480
GST		<u>\$ 33.6</u>
Total		\$513.60

Please make cheque payable to Personal Evolution.

A handwritten signature in black ink, appearing to be 'J. Stalinski', is written over the right side of the page.

TELUS Your **TELUS** Statement
 Jan 20, 2006

TELUS Communications Inc.

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

JOANNE STALINSKI

Your account number s.17(1), 17(4)(g)(i) Your TELUS Account ID

Here's what you owe this month: \$31.41

Amount of your last bill	\$31.42
Payment we processed on Jan 17 - Thank You	-31.42
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jan 19 to Feb 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges

31.41

Total amount due by Feb 10

\$31.41

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jan 19	.44	.57
E9-1-1 Provincial Network Fee Jan 19	.13	
Total additional charges and credits	\$.57	

Long Distance Charges

4.95

Long Distance Administration Fee Jan 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Feb 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Feb 10
\$31.41

Payment you're making
 \$

Phone number
 Account number

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

401 (D)

JOANNE STALINSKI

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

TELUS
 PO BOX 7575
 VANCOUVER BC
 V6B 8N9

0128362
 23
 00527803
 BCTREG01

4

021900003141000000007

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

00537000 24

APPLICANT COPY

Invoice for Joanne Stalinski
Months of Feb 2006

HigherSelf Fitness
56 Massey Place SW
Calgary AB
T2V 3G5

		TOTAL
Personal training	8@ \$60	\$480
GST		<u>\$ 33.6</u>
Total		\$513.60

Please make cheque payable to Personal Evolution.

Joanne Stalinski



APPLICANT COPY

American Express Gold Card

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1 800 668-2639
(24 hours, toll free)

Statement of Account

Prepared for
JOANNE STALINSKI

Page 1 of 4

Closing Date
March 10, 2006

In Toronto or
International Collect
(905) 474-9380
In Montreal
(514) 392-4444

Amex Bank
of Canada
PO Box 7000
Willowdale ON
M2K 2R6

February 15 (February 16)	HUMAN RESOURCES INST EDMONTON	AB	MEMBERSHIP RENEWAL	214.00
------------------------------	-------------------------------	----	-----------------------	--------

 **JOANNE STALINSKI**

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

APPLICANT COPY

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

208

DATE 16 03 2006
D D M M Y Y Y Y


PAY TO THE ORDER OF

Personal Evolution

\$ 513.60

Five hundred thirteen ~~and~~ 60/100

100 DOLLARS

Security features included. Details on back. 



ROYAL BANK OF CANADA
THORNCLIFFE BRANCH
5602-4TH ST. N.W.
CALGARY, AB T2K 1B2

Joanne Stalinski MP

11

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

[Faint handwritten signature]

Feb 20, 2006

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

JOANNE STALINSKI

Your account number
Your TELUS Account ID

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

2

Here's what you owe this month: \$31.41

Amount of your last bill	\$31.41
Payment we processed on Feb 02 - Thank You	-31.41
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Feb 19 to Mar 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges

31.41

Total amount due by Mar 10

\$31.41

Home fax line

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Feb 19	\$.44
E9-1-1 Provincial Network Fee Feb 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Feb 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Mar 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Mar 10
\$31.41

Phone number

Account number

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

Payment you're making \$

401 (D)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0127554

00463855
BCTREG01

4

031900003141000000008

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

0053700028

96

TELUS® Your TELUS Statement

Mar 20, 2006

TELUS Communications Inc.

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

Page 1 of 2

JOANNE STALINSKI

2

Your account number
Your TELUS Account ID

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

Here's what you owe this month: \$31.41

Amount of your last bill	\$31.41
Payment we processed on Mar 06 - Thank You	-31.41
Amount overdue from your last bill	<u>.00</u>

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Mar 19 to Apr 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	<u>2.03</u>

Total new charges

31.41

Total amount due by Apr 10

\$31.41

Home of line

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Mar 19	\$.44
E9-1-1 Provincial Network Fee Mar 19	.13
Total additional charges and credits	<u>\$.57</u>

Long Distance Charges

4.95

Long Distance Administration Fee Mar 19

4.95

Tear off here

TELUS®

Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Apr 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Apr 10
\$31.41

Phone number

Account number

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

Payment you're making
\$

401 (N)

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

JOANNE STALINSKI

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0127088
234
00476273
BCTREG01

4

04190000314100000009

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

29

005379001

96

APPLICANT COPY

8161709
Civic Plaza Parcade
322-9 Avenue SE
CEN-1206 SE9 Calista AB
Tax Code CA GST #11.9457869
RF 1/13
22/01/06 15:58 Cashier 0
Receipt 096362

Short-term Parkings tkt
Civic Plaza Parcade L-36
30/01/06 13:49
30/01/06 13:49
Periode 0d03h18,
(GST)

Gross total \$10.00
Payment \$10.00

Net total \$9.65
GST (7%) 0.65
All amounts in CAD
Deliv. Date=Receipt Date

RECEIPT

Thank you for your patronage

8161709
Civic Plaza Parcade
322-9 Avenue SE
CEN-1206 SE9 Calista AB
Tax Code CA GST #11.9457869
RF 1/13
22/02/06 19:44 Cashier 0
Receipt 000852

Short-term Parkings tkt
Civic Plaza Parcade L-36
22/02/06 19:44
22/02/06 19:44
Periode 0d03h11,
(GST)

Gross total \$11.00
Payment \$11.00

Net total \$10.28
GST (7%) 0.72
All amounts in CAD
Deliv. Date=Receipt Date

RECEIPT

Thank you for your patronage

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

NOUVEAU CLASSIC GRILL
10606 SOUTHPICT RD T20JX4
CALGARY T
C4116304

01-05-2006
P. Auth Parcade 534.80
Tip 141
Net 550
Customer copy
1211638400
Operator 068
No. 00123011

Joanne Steinhilber
40330

Customer copy

GST#/No de TP 431807

93

PARC NATIONAL
BANFF
NATIONAL PARK
1/19/2006
See Pass
Voir laissez-passer

NP AI/CPN 1 Ad1
Pass/Laissez-passer12025855

55.00
3.60
55.00
27

Total 55.00
GST/PS 3.60
Credit 55.00
5:20 PM P.N.
GATE/BARRIERE-BANFF

8161709
Civic Plaza Parcade
322-9 Avenue SE
CEN-1206 SE9 Calista AB
Tax Code CA GST #11.9457869
RF 1/13
22/01/06 20:25 Cashier 0
Receipt 095623

Short-term Parkings tkt
Civic Plaza Parcade L-36
25/01/06 16:52
25/01/06 16:52
Periode 0d03h33,
(GST)

Gross total \$11.00
Payment \$11.00

Net total \$10.28
GST (7%) 0.72
All amounts in CAD
Deliv. Date=Receipt Date

RECEIPT

Thank you for your patronage

8161709
Civic Plaza Parcade
322-9 Avenue SE
CEN-1206 SE9 Calista AB
Tax Code CA GST #11.9457869
RF 1/13
15/02/06 09:44 Cashier 0
Receipt 099573

Short-term Parkings tkt
Civic Plaza Parcade L-36
15/02/06 09:44
15/02/06 10:31
Periode 0d03h13,
(GST)

Gross total \$11.00
Payment \$11.00

Net total \$10.28
GST (7%) 0.72
All amounts in CAD
Deliv. Date=Receipt Date

RECEIPT

Thank you for your patronage

8161709
Civic Plaza Parcade
322-9 Avenue SE
CEN-1206 SE9 Calista AB
Tax Code CA GST #11.9457869
RF 02/02/06 09:20 Cashier 0
Receipt 098396

Short-term Parkings tkt
Civic Plaza Parcade L-36
02/02/06 07:19
02/02/06 10:20
Periode 0d03h01,
(GST)

Gross total \$13.50
Payment \$13.50

Net total \$12.62
GST (7%) 0.88
All amounts in CAD
Deliv. Date=Receipt Date

RECEIPT

Thank you for your patronage

8161709
Civic Plaza Parcade
322-9 Avenue SE
CEN-1206 SE9 Calista AB
Tax Code CA GST #11.9457869
RF 08/02/06 20:21 Cashier 0
Receipt 098224

Short-term Parkings tkt
Civic Plaza Parcade L-36
08/02/06 19:24
08/02/06 19:24
Periode 0d03h27,
(GST)

Gross total \$11.00
Payment \$11.00

Net total \$10.28
GST (7%) 0.72
All amounts in CAD
Deliv. Date=Receipt Date

RECEIPT

Thank you for your patronage

816480

816480

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

816460

CPA James Short
 115 AB-TSP 4154 Avenue SW
 Tax Code CH GST #119457869

POF 11/11/06 Cashier 0
 Receipt 093195

Short-term Parking tkt
 James Short 07:23
 12/01/06 09:19
 Period 0d001r56,
 (GST)

Gross total \$9.00
 Payment \$9.00

Net total \$8.41
 GST (7%) 0.59

All amounts in CAD
 Deliv. Date=Receipt Date

Civic Plaza Parade
 3225 10 Avenue SE
 CPN-REG 529 0919371 AB
 Tax Code CH GST #119457869

POF 11/11/06 Cashier 0
 Receipt 093195

Short-term Parking tkt
 Civic Plaza 19:11
 11/01/06 19:22
 Period 0d003r22,
 (GST)

Gross total \$12.50
 Payment \$12.50

GST (7%) \$11.68
 0.82

All amounts in CAD
 Deliv. Date=Receipt Date

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

Chapters

5005 Bathhouse Drive, NW
Charlotte, NC 28217

Phone: (403) 202-4600
Fax: (403) 202-1234

Thank you for shopping at Chapters
Store # 0070 Term# 004 Trans# 29750

03/24/2006 19.33
REWARDS SALE

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

SECTION GRATE \$4.946

REWARDS DISCOUNT \$0.050

REWARDS DISCOUNT \$0.550

REWARDS DISCOUNT \$18.950

REWARDS DISCOUNT \$22.950

REWARDS DISCOUNT \$1.890

REWARDS DISCOUNT \$2.110

REWARDS DISCOUNT \$28.250

REWARDS DISCOUNT \$31.250

REWARDS DISCOUNT \$2.610

REWARDS DISCOUNT \$2.910

Subtotal \$50.12

GST 7.0%

Total \$53.63

AMEX \$53.63

Your Total Savings: \$10.57

Promotions: \$5.00

REWARDS: \$5.57

Items accompanied by a gift receipt

and returned in store bought

condition may be returned

for a credit note for the value

of the item on the receipt

If, for any reason, you purchase an

item that is not totally satisfactory,

please feel free to return it for refund

for exchange within 14 days. We simply ask

that the item be returned in store-bought

condition and be accompanied by a proof

of purchase from any of our stores. Please!

Note we cannot accept a return or exchange

of magazines or newspapers.

Store# 0070 Term# 004 Trans# 29750

APPLICANT COPY

Indigo

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

Best Copy Possible

\$49.19

\$44.19

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

REWARDS SALE

03/24/2006 19.33

Store # 0070 Term # 004 Trans # 29750

Thank you for shopping at Chapters

Phone: (403) 202-4600

Fax: (403) 202-1234

5005 Bathhouse Drive, NW

Charlotte, NC 28217

REWARDS DISCOUNT \$0.050

REWARDS DISCOUNT \$0.550

REWARDS DISCOUNT \$18.950

REWARDS DISCOUNT \$22.950

REWARDS DISCOUNT \$1.890

REWARDS DISCOUNT \$2.110

REWARDS DISCOUNT \$28.250

REWARDS DISCOUNT \$31.250

REWARDS DISCOUNT \$2.610

REWARDS DISCOUNT \$2.910

Subtotal \$50.12

GST 7.0%

Total \$53.63

AMEX \$53.63

Your Total Savings: \$10.57

Promotions: \$5.00

REWARDS: \$5.57

Items accompanied by a gift receipt

and returned in store bought

condition may be returned

for a credit note for the value

of the item on the receipt

If, for any reason, you purchase an

item that is not totally satisfactory,

please feel free to return it for refund

for exchange within 14 days. We simply ask

that the item be returned in store-bought

condition and be accompanied by a proof

of purchase from any of our stores. Please!

Note we cannot accept a return or exchange

of magazines or newspapers.

Store# 0070 Term# 004 Trans# 29750

GST Registration # R897152666



0027900600385441

Food Station #10000
Country House House Inn
 30030 Main Road
 Columbia, MD 21046
 In State Road

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

ITEMS
 ATTACHED
 SALES TAX
 TIPS
 TOTAL

3828.022

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

LIBRARY
 20030 Main Road
 Columbia, MD 21046
 In State Road

LIBRARY
 20030 Main Road
 Columbia, MD 21046
 In State Road

RESTAURANT LATELY KISSA
 723 14TH STREET NW
 COLUMBIA, MD
 (410) 270-0707
 Phone: 410-240-3597
 Fax: 410-240-3597

Pre Auth

Exp: 12/06

Shift no: 1

Entry Method: Swiped

Batch #: 000001 Seq #: 026001001001

Invoice #: 000229

Amount: \$ 59.22

Tip:

Total:

101 Approved
 Approval Code: 30A794

NO SIGNATURE REQUIRED

15/02/06

13:18:18

Customer Copy



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 24, 2005	Requested By (Please Print) Cheryl Meredith	
Department Wellness	Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski		Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)		
Canada Post: _____		
City _____	Province _____	Postal Code _____
Interoffice Mail: Department _____		
Site _____		
Purpose of Request _____		
<input checked="" type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS <u>Direct Deposit</u>		

CODING & AUTHORIZATION

FINANCIAL CODE											AMOUNT	GL DESCRIPTION							
DRG	FUNCTIONAL CENTRE					ACCOUNT													
	7	1	1	0	5	0	0	4	7	6	1	0	2	0	0	0	0	\$274.35	Home fax number
RECEIVED MAR 29 2005																			
																		GST \$	
TOTAL AMOUNT OF CHEQUE:																	274.35	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other	
Expenditure Officer Authorization <i>Joanne Stalinski</i>																	Print Name Joanne Stalinski		
Authorizer's Employee Number <i>[Signature]</i>																	Authorizer Phone # (in full) 943.1161		

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: _____ _____ _____ _____
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

TELUS® Your **TELUS Statement**
 Jan 20, 2005

APPLICANT COPY

TELUS Communications Inc.

Page
1 of 2

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

JOANNE STALINSKI

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$32.03

Amount of your last bill	\$61.00
Payment we processed on Jan 18 - Thank You	-61.00
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Jan 19 to Feb 18	23.86
Additional Charges and Credits (see details below)	1.19
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03
Total new charges	32.03
Total amount due by Feb 10	\$32.03

Additional Charges and Credits	1.19
E9-1-1 Municipal Call Answer Fee Jan 19	\$.44
E9-1-1 Provincial Network Fee Jan 19	.14
Late payment charge on overdue amount of \$61.00	.61
Total additional charges and credits	\$1.19

Long Distance Charges	4.95
Long Distance Administration Fee Jan 19	4.95

Tear off here



Your TELUS Statement

Feb 20, 2005

APPLICANT COPY

TELUS Communications Inc.

Page
1 of 2

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

JOANNE STALINSKI

Your account number

Your TELUS Account ID

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



Here's what you owe this month: \$31.42

Amount of your last bill	\$32.03
Payment we processed on Feb 08 - Thank You	-32.03
Amount overdue from your last bill	.00

- Thank you for keeping your account up to date.

1 Residence Line Touchtone from Feb 19 to Mar 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03
Total new charges	31.42
Total amount due by Mar 10	\$31.42

Additional Charges and Credits	.58
1 Municipal Call Answer Fee Feb 19	\$.44
1 Provincial Network Fee Feb 19	.14
Total additional charges and credits	\$.58

Long Distance Charges	4.95
------------------------------	-------------

Long Distance Administration Fee Feb 19	4.95
---	------

Tear off here



Travel/Education Expense Claim

Instructions

- Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
- Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
- Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).
- See back of form for additional instructions.

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

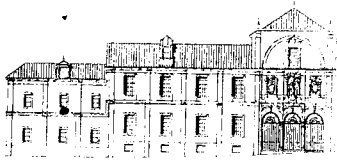
Employee Name (Print) <i>JOANNE STALINSKI</i>		Calgary Health Region E-Mail Address <i>joanne.stalinski@calgaryhealthregion.ca</i>		Employee Number
Department/Site <i>WELLNESS - IPT</i>		Phone Number <i>943-1160</i>	Date <i>MAR 22/07</i>	
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.) <i>NONE</i>			Destination <i>SPAIN</i>	
Course Title <i>CHR SPAIN DELEGATION</i>		Departure Date <i>MAY 3/06</i>	Return Date <i>MAY 14/06</i>	
Estimated/Actual Expenses		Actual Expenses Paid by Employee Original Receipts Must Be Attached		

Expense Category	Estimated/Actual Expenses				Actual Expenses Paid by Employee			
	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
Tuition					Tuition only if paid by employee			
	Air paid by Calgary Health Region via Calgary Health Region Travel Agent							
Mileage	If travel is by car				If travel is by car			
	Accommodation				Accommodation	<i>2965.14</i>		<i>2965.14</i>
Meals Based on per diem rate					Meals	<i>230.02</i>		<i>230.02</i>
	Ground Transport				Ground Transport	<i>144.96</i>		<i>144.96</i>
Other (Specify)					Other (Specify)	<i>94.03</i>		<i>16.00 94.03</i>
	Total			\$ (Cdn)	Total	<i>3434.15</i>		\$ <i>3434.15</i> (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ (Cdn)	Less Advance or Unfunded Portion	\$ (Cdn)
Employee Signature	Date	Balance Due To	\$ (Cdn)
Departmental Authorization	Date	<input checked="" type="checkbox"/> Employee	<i>3434.15</i> (Cdn)
Out of Province Authorization	Date	<input type="checkbox"/> Calgary Health Region (cheque attached)	
		Employee Signature	Date
		Departmental Authorization	Date

Financial Code		
Org	Functional Centre	Account
<i>0171550000090</i>	<i>62412000</i>	<i>672063</i>

Comments/Other Sources of Funding



focus

hospital visit for group (10 people)

Factura	Fecha	Agente	Cliente	S/ Referencia
	13.05.06			

Unidades	Código	Descripción	Precio	Importe
10		Entrada visita a Hospital de los Venerables	4.75	47.50

Fundación Focus Abengoa
 Plaza de los Venerables, 8
 41004 Sevilla

\$ 67.86 con

Base Imponible	%	Descuento	%	IVA	%	IVA	Total

1 E = 1.42863 con

SWISSCOM

Receipt

Swisscom Eurospot Espana S.A.

Joanne Stalinski

Date 10/05/2006 19:00:45
Reference SP3_HES776208_920819

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

Service provided at
NH Malaga
avda. río guadalmedina, s/n
29007 Malaga
Spain

Description	Quantity	Amount incl. VAT (€)
High speed Internet access		
High speed Internet access 1 hour User name: SP3/742348 Password: crfd	1	6.96
Total in EUR incl. VAT		6.96
VAT 16%		0.96
Total in EUR excl. VAT		6.00
Paid by Credit Card		6.96
Balance		0.00

*\$10.17 CDN
per internet bill*

Internet

Swisscom Eurospot España SAU
C/ Mallorca 245 3^o1^a
08008 Barcelona
Spain
Telephone: +34-93-544 11 70
Facsimile: +34-93-675 10 57
www.swisscom-eurospot.com
1/1

VAT Registration Number: A-83632331

Banco Bilbao Vizcaya Argentaria
Banco: 0182
Oficina: 2386
DC: 90
Cuenta: 0201514899



American Express Gold Card

www.americanexpress.ca
 Customer Service or
 Lost or Stolen Card
 1 800 668-2639
 (24 hours, toll free)

Statement of Account

Page 1 of 4

In Toronto or
 International Collect
 (905) 474-9380
 In Montreal
 (514) 392-4444

Prepared for
JOANNE STALINSKI

Closing Date
June 10, 2006

Amex Bank
 of Canada
 PO Box 7000
 Willowdale ON
 M2K 2R6

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Finance Charge, if any	=	New Balance \$	Amount Due \$
[]	[]	[]		[]	[]

Statement includes payments and charges received by June 10, 2006

Payment Due Date
July 4, 2006

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 31

New Charges for JOANNE STALINSKI

Date	Description	Amount	Total
May 10 (May 15)	BIBIT INTERNET PAYMENTS	6.98 EUROPEAN UNION EURO	10.17
May 12 (May 15)	HOTEL NH MALAGA, MALAGA	590.64 EUROPEAN UNION EURO	853.30
May 13 (May 15)	REST LA JUDERIA, SEVILLA	154.83 EUROPEAN UNION EURO	223.68
May 14 (May 15)	HOTEL ALFONSO XIII, SEVILLA	972.27 EUROPEAN UNION EURO	1,419.90

APPLICANT COPY

**Joanne Stalinski
Itinerary
May 3 – 14 2006**

Wednesday, May 3

10:00 pm Depart Calgary (**Aeroplan**) s.17(1), 17(4)(g)(i)
Air Canada Flight 852 (Seat 21C)

Thursday, May 4

1:55 pm Arrive London Heathrow (Terminal 3)

Transfer to Terminal 1

4:00 pm Depart London Heathrow (Terminal 1)
British Airways Flight 6984 (Operated by GB Airways)
(Seat assigned on check-in)

7:45 pm Arrive Malaga

Accommodation NH Malaga Hotel
Avenida Rio Guademedina, s/n
29007 Malaga
Phone 011.34.95.2071323
Confirmation 30764191
(2 nights)

Friday, May 5

Accommodation **Melia Granada Hotel**
c/ Angel Ganivet, 7 – Granada
Phone 011.34.958.2274000
Confirmation 0600358582
(3 nights)

Saturday, May 6

Transfer from Malaga to Granada

Sunday, May 7

1:30 pm Nasrid Palaces Tour (Locator #001-108-75814-R4)
and tour of Caves of Sacromonte

APPLICANT COPY

Alhambra
evening Dinner
Leaders of CMAT, Andalusian Health Campus and local university hospitals (4,000 workers, 800,000 patients)

Monday, May 8

am Tour of CMAT (Simulation centre to train health professionals and improve their performance: Collaborative opportunities with South Health Campus)

12:00 pm Transfer from Granada to Jaen

pm Tour of SaludResponde (Multi-channel contact centre to support 8 million citizens: Collaborative opportunity with Health Link and Wellness programs)

Tour of high-resolution centre

pm Transfer from Jaen to Malaga

Accommodation NH Malaga Hotel
Avenida Rio Guademedina, s/n
29007 Malaga
Phone 011.34.95.2071323
Confirmation 30086721
(4 nights)

Tuesday, May 9

Ministry of Innovation (Host Julio Lorca)

am Technological Park of Andalusia (Emphasis on WiMax, World Network of Technological Parks and eHealth Networks)

pm City tour

Wednesday, May 10

e-Health Conference 2006
Malaga Trade Fair and Congress Centre

8:00 – 9:00 am Registration

APPLICANT COPY

Reference: E-HEALTH-379

- 9:00 – 10:30 am S1.5: Good eHealth Practices
- 11:00 – 1:00 pm S2.2: eHealth Implementation: From Research to Market Practice

Thursday, May 11

- 4:30 – 6:30 pm P1.4: Exploring the Benefits of eHealth
- 6:30 – 8:00 pm P2.1: Web-based Tools for Better Health in Europe

Friday, May 12

- 11:30 – 1:00 pm P3.2: A Framework for Citizens' eHealth
- afternoon Transfer from Malaga to Seville
- Accommodation Hotel Alfonso XIII
San Fernando 2, Seville 41004
Phone 011.34.95.7000
Confirmation 937424718
(2 nights)
- evening Dinner with leaders of Ministries of Health and Innovation

Saturday, May 13

- am Hospital Virgen del Rocio (8,000 workers, 2 million patients in a single EHR: Opportunity to interact with front-line workers and managers about the impact of ICTs on their worklife)
- World of Stars (Project that engages children in health related activities: Collaborative opportunity with Alberta Children Hospital)
- afternoon/evening City tour and shopping session
- evening Dinner by the river with leaders of change management efforts

Sunday, May 14

APPLICANT COPY

10:50 am Depart Seville
Iberia Flight 8286 (Operated by Air Nostrum) (Seat 3D)

10:40 am Arrive Lisbon

11:40 am Depart Lisbon
British Airways Flight 501 (Seat assigned on check-in)

2:15 pm Arrive London Heathrow (Terminal 1)

Transfer to Terminal 3

4:15 pm Depart London Heathrow (Terminal 3)
Air Canada Flight 853 (Seat 35F)

6:40 pm Arrive Calgary



HOTEL

HOTEL ALFONSO XIII

***** G.L.

THE LUXURY COLLECTION
Starwood Hotels & Resorts

Joanne Stalinski
10101 Southport Rd
T2W 3N2, Calgary CA
AB

Factura : 257506
Habitación : 114
Llegada : 12/05/06
Salida : 14/05/06
No. de Socio : SPG 721287466
Página : 1 of 2
Cajero : 19
Hora : 09:18
Fecha : 14-MAY-06

INVOICE

No. de Cuenta.: :
N.I.F :
D.N.I./Passport :

Hotel Alfonso XIII, Sevilla

Fecha	Descripción	Cargos	Creditos
12/05/06	UNICEF Donation	0.69	
12/05/06	Room & Breakfast	454.00	
13/05/06	Room & Breakfast	454.00	
13/05/06	VAT 7%	63.58	
14/05/06	American Express		972.27

Total 972.27 972.27

Balance 0.00

Base 7% 908.00 EUR
IVA 7% 63.58 EUR
Base 16% 0.00 EUR
IVA 16% 0.00 EUR
Base Exenta 0.69 EUR

CIGAHOTELS ESPAÑA, S.L. / Registro Mercantil de Madrid, Tomo 9899, Libro 0, Folio 122, Sección 8, Hoja M-90816, Inscripción 205 - N.I.F.: B-28127835 N° de Registro de Turismo de Andalucía HSE 00035

\$1419.90 DON per Amex bill

Firma _____



HOTEL ALFONSO XIII

***** G.L.

THE LUXURY COLLECTION
Starwood Hotels & Resorts

Joanne Stalinski
10101 Southport Rd
T2W 3N2, Calgary CA
AB

Factura : 257506
 Habitación : 114
 Llegada : 12/05/06
 Salida : 14/05/06
 No. de Socio : SPG 721287466
 Página : 2 of 2
 Cajero : 19
 Hora : 09:18
 Fecha : 14-MAY-06

INVOICE

No. de Cuenta.: :
 N.I.F :
 D.N.I./Passport :
 Hotel Alfonso XIII, Sevilla

Fecha	Descripción		Cargos	Creditos
		s.17(1), 17(4)(e.1)		
ID Transacción:	212690	Nº Tarjeta Crédito:	Importe en moneda local :	972.27 EUR
Codigo Aprobación:	87	Caducidad Tarjeta :		
Cantidad Aprobada :	972.27	Metodo de Captura Manual	Importe Transacción:	972.27 EUR

CIGAHOTELS ESPAÑA, S.L. / Registro Mercantil de Madrid, Tomo 9801, Libro 0, Folio 122, Sección 8, Hoja M-90816, Inscripción 205 - N.I.F.: B-28127835 N° de Registro de Turismo de Andalucía HSE 00035

APPLICANT COPY

CALGARY REGIONAL HEALTH AUTHORITY FINANCIAL SERVICES

From TO: Dr Chris Eagle

DATE: 11/25/07

FROM: MARINA MILLER, ACCOUNTS PAYABLE
SOUTHPORT TEL# 943-0855 FAX# 943-0337

TO

WE ARE RETURNING THE ATTACHED FOR THE FOLLOWING REASON(S):

- No approval signature *- travel to Spain needing approval*
- You cannot approve your own requisition, please resubmit with another authorized signature *Thx*
- No or invalid functional centre/account . Please provide valid codes.
- No or invalid **CAPITAL PROJECT CODING** Please provide valid codes

PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.

- Requires original back-up (invoice, receipts) Or for proof of payment, front & back copy of cancelled cheque/or copy of your credit card bill is acceptable.
- Requires a completed cheque requisition form
- Employees' claims under \$100.00 can be claimed at the petty cash/cashier office at your site
- Must provide CURRENT employee number (from most recent paystub)

APPLICANT COPY



TAXI - UNION

C/ Caudal 70
Telf.: 952 04 08 04
29006 (Malaga)

Taxi Lic. M. 1270
Matrícula 2424 CP
N.I.F.

SERVICIO DE TAXI Y GRUA

De a
Cliente D. \$7.61 CON

Euros IVA Incluido
Málaga 7 de 5 de 2006

\$140 Euros EL CONDUCTOR, CONFORME CLIENTE
49923

1E = 1.40967 CON

TELERADIO TAXI GRANADA
358.28.06.54

RODRIGUEZ ROEZ RAFAEL
Nº LICENCIA: 80
MATRICULA: 8048025
N.I.F.: 23654135-5
Nº MOVIL: M-0080

FECHA: 07/05/06
Nº RECIBO: 3290

CARRERA: 7.05 EUR
SUPLEMENTOS: 0.82 EUR
IMPORTE: 7.87 EUR

*** I.V.A. INCLUIDO ***
***** COBRADO *****

TMP. OCUPADO: 00:13
DIST. SERVICIO: 4.1 KM
TARIFAS TR: 2
HORA INICIO: 09:34
HORA FINAL: 09:47

-ORIGEN: \$11.09 CON
-DESTINO: 1E = 1.40967 CON

GRACIAS POR UTILIZAR
NUESTROS SERVICIOS



Asociación Unificada Malagueña de Autónomos del Taxi
C/. Doctor Pizarro Peinado, 1-Loc. 3

952 32 00 00 TAXI
952 33 33 33 UNIB

L. MUNICIPAL

TAXI-MA 5463-DHV 1222
C.I.F. 24863707-U \$15.45 CON

He recibido de D. RONCE (112) Euros, por el servicio
de Taxi (I.V.A. incluido, Ley 30/1987, Real Decreto 2028/1985)
efectuado desde

hasta
09 de mayo de 2006 0340272
Fdo. El Conductor,

1E = 1.40497 CON Son 13.50 Euros

L. MUNICIPAL N.º.....

TAXI-MA: 12311-DD

C. I. F.:

He recibido de D.: 20
la cantidad de

de Taxi (I.V.A.) incluido, Ley 30/1987, Real L
efectuado desde: \$11.27

hasta:

Nº 10 de 5
Nº 1032264 Fdo. A
1E = 1.40853 CON
Son 8.00 Euros



TAXI - UNION

C/ Caudal 70
Telf.: 952 04 08 04
29006 (Malaga)

Taxi Lic. M.
Matrícula
N.I.F.

SERVICIO DE TAXI Y GRUA

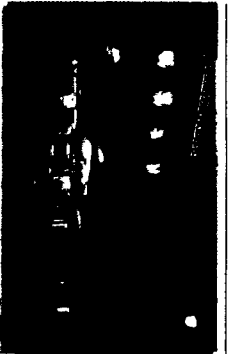
De a
Cliente D. \$9.16 CON

Euros IVA Incluido
Málaga 10 de 5 de 2006

..... Euros EL CONDUCTOR, CONFORME CLIENTE

9127
1E = 1.40853 CON

RESTAURANTE MODESTO



MODESTO, S. L. C.I.F. B - 41.083.635

D.O.U. COM-063355291.071.1 TER-001620000031
R. LA JUDERIA DE SEVILLA S.L.
SEVILLA

TITULAR: SIALINSKI J
TAP: 3735 6625 5311 002 CDD-1106

AUTORIZACION
FIRMA TITULAR :

Antonio Sialinski

TAP: 3735 6625 5311 002

TRANSPORTE ESTACIONADO
FEB 013/05/06
OPERACION 19921 401000010

IMPORTE
XXXXX154,83EUR

AMEX COMPRAS

MESA N.

APPLICANT COPY

RESTAURANTE EL TOBOSO



R. LA JUDERIA DE SEVILLA, S. L. C.I.F. B - 41.504.655

RESTAURANTE AL-MUTAMID



R. ALMUTAMID, S. L. C.I.F. B - 41.504.648

HOTEL DOÑA MANUELA



HOTEL DOÑA MANUELA, C.I.F. B - 41.083.635

**COCINA ANDALUZA
PESCADOS DE ROCA A LA SAL
Y CORDERO LECHAL AL HORNO**
SALONES INDIVIDUALES (INDEPENDIENTES)

GRAN PLAZA, 8
TFNOS. 95 492 55 04 - 95 492 55 39
FAX 95 492 25 02
41005 SEVILLA

Su hotel en Sevilla, recién inaugurado en pleno Centro Histórico junto a los Jardines de Murillo y el Barrio de Santa Cruz, a sólo unos minutos a pie de la Catedral. El sitio ideal para disfrutar de los encantos de la capital hispalense.

CATALINA DE RIBERA, 2
(JUNTO A LOS JARDINES DE MURILLO)
TFNO. 95 454 64 00 - FAX 95 454 64 20
41004 SEVILLA



RESERVANTE LA JUDERIA DEBIDAMENTE

MERKS

Nº FACTURA	FECHA	CANT	COMPENSAS	SECTOR	MESA
034707	13/05/2006	1	6	901*	5
		CONCEPTO		PRECIO	IMPORTE

ANDRONS EN SALAZON	13.50
OLIVAS / ALCAPARRAS	2.70
6 PAN/MEGARA/ROSDILLAS	7.20
2 VARIADO DE VERDURA PLANCH	16.00
GAMBAS AL AJO	11.00
BERENJENAS FRITAS	5.00
ZANAHIA SEVILLA (4 PERS.)	28.70
SOQUEONES FRITOS	7.50
PADITOS DE BACALAO FRITO	12.50
4 AGUA MINERAL 1/2 LITRO	6.40
COCA SERVEZA 400 CL	2.80
5 TINTO VERANO COCA 400 CL	8.90
PROTOS ORIANZA	23.99
BASE IMPONIB. 7%	146.70
IVA 7%	10.15
TANTAS 154.83	154.83

Dinner
223.68 con
per drink bill

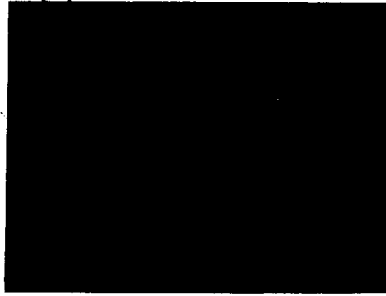


PREGUNTAS Y SUGERENCIAS
E-mail: modesto@andalunet.com
http://www.modestorestaurantes.com

Lunch
MEALS

—

May 6 2006



\$6.34 CDN

1E = 1.40967 CDN

APPLICANT

crita en el Registro Mercantil de Málaga Tomo 1760, libro 673, folio 54, Hoja MA-22965, inscri

H. MALAGA
 HOTEL STALINSKI J
 C/R. 378, 5625 5311 001
 CARR: 1106
 AUTORIZACION
 FIRMA: STALINSKI

BILL

Avda. Río Guadalmedina, s/n. 29007 Málaga. España
 t. +34 95 207 13 23 f. +34 95 239 38 62
 nhmalaga@nh-hotels.com

HOTEL

PART OF
 THE NH WORLD

IMPORTE

AMEX COMPANS

138

1

Joanne Stalinski

08-05-2005

12-05-2006

1/

S.17(1)-17(4)(e.1)

JOANNE STALINSKI
 CANADA
 TIENE ANTENA

- 08-05-2005
- 09-05-2006
- 10-05-2006
- 11-05-2006
- 11-05-2006
- 12-05-2006

- 1 Habitación
- 1 Habitación
- 1 Habitación
- 1 Desayuno Buffet
- 1 Desayuno Buffet

Tipo
 IVA 7.00 %
 Total

Base
 552.00
 552.00

Tarjeta Amex

Cuota
 38.64
 38.64

590.64

Total
 590.64
 590.64

132.00
 132.00
 132.00
 132.00
 12.00
 12.00

132.00
 264.00
 396.00
 528.00
 640.00
 652.00

\$553.30
 20%

per direct bill

HOTEL

Hotels

AMEX

HOTEL MELIA GRANADA
GRANADA
COMERCIO 000-0000
TPV: 000000

DA **** CIUDAD

FACTURA Nº: 1802 / 561443

FECHA: 08.05.2006

MONEDA: EUR

RESERVA: 397302 / 1

STALINDO 17
Cad. 17(1), 17(4)(e.1)

Ref: American Expres

Página 1 de 1

VENTA
Aut. 0000
Fecha: 08.05.2006

199,02 EUR

FIRMA TITULAR

Adultos/Adults		Niños/Children		Llegada/Arival		Salida/Departure	
1		0		07.05.2006		08.05.2006	
De/from	A/to	Servicio/Service	Cantidad/Qty	Precio/Price	Total		
07.05.2006	08.05.2006	REST.COMEDOR	2	13,91	27,82		
07.05.2006	08.05.2006	DESAY. PREFERENTE Alojamiento	1	171,20	171,20		
Suma Total :					199,02 EUR		
					33.114,00 PTA		

Tipo/Type	Base Imponible/Net	I.V.A / V.A.T.	Total
7,00 %	186,00 EUR	13,02 EUR	199,02 EUR

Fecha/Date	Tipo Pago/Payment Type	Nr. Tarjeta/Card Number	Total
08.05.2006	Datafono: American Express		-199,02 EUR

Total Pagos : -199,02 EUR

RESTO A PAGAR : 0,00 EUR
0,00 PTA

1E = 1.41395 CON

\$281.40 CON

APPLICANT COPY

HOTEL

Avda. Río Guadalmedina, s/n. 29007 Málaga. España
 t. +34 95 207 13 23 f. +34 95 239 38 62
 nhmalaga@nh-hotels.com

PART OF
 THE NH WORLD

SKI	JOANNE. STALINSKI ... CANADÁ
s.17(1), 17(4)(e.1)	

1	Joanne Stalinski	04-05-2006	07-05-2006	1/1
---	------------------	------------	------------	-----

05-05-2006	1	Habitacion		132,00	132,00
05-05-2006	1	Desayuno Buffet		70,09	202,09
06-05-2006	1	Habitacion		12,00	214,09
07-05-2006	-1	Deduc. Desayuno Buffet		70,09	284,18
				-12,00	272,18

	Tipo	Base	Cuota	Total
IVA	7,00 %	272,18	19,05	291,23
Total		272,18	19,05	291,23

Tarjeta Amex 291,23

#410.54 CON

IE = 1.40967 CON

Descripción crédito

Inscrita en el Registro Mercantil de Málaga. Tomo 1760, libro 673, folio 54, Hoja MA-22965, ins

NH MÁLAGA, S.A. - inscrita en el Registro Mercantil de Málaga. Tomo 1.760, Libro 673, Folio 54, Hoja MA-22.965, Inscripción 2ª - N.I.F. A / 60190824

--	--	--

CONTROL HOTEL HOTEL USE ONLY
07-05-2006 ????? 07.09

POR FAVOR, DEJE LA LLAVE DE SU HABITACIÓN EN RECEPCIÓN PLEASE LEAVE YOUR KEY AT THE RECEPTION

INFORMACIÓN Y RESERVAS NH • 902.115.116 • NH INFORMATION AND RESERVATIONS

www.nh-hotels.com

APPLICANT COPY

\$ 31.43 CON

NO SDO
AYUNTAMIENTO DE SEVILLA

N.º de licencia
de taxi

Gobernación
Instituto del Taxi

RECIBO OFICIAL

He recibido de D. 22€ la cantidad
de euros incluido I.V.A. y
suplementos si corresponden, por el servicio de taxi siguiente:

Origen TARIFA APLICADA
Destino HORA

Sevilla 14-05-06

[Signature]
El Conductor del Autotaxi,

Firmado:

D.N.I. número:

1€ = 1.42863 CON

IMPRESA MUNICIPAL [7] 348 2-04

CONDICIONES GENERALES

EQUIPAJE: El viajero tiene derecho a transportar gratuitamente hasta un máximo de 30 Kgs. de equipaje. El equipaje no va asegurado, su pérdida o deterioro, sin previa declaración de valor, determinará la obligación de abonar hasta un límite máximo de 14,50.€uros por kg. de peso facturado.

ANULACIONES: La petición de anulación del billete lleva el descuento del 10% del importe del mismo cuando se solicite 48 horas antes de la salida. Si la anulación se pide entre las 48 y 2 horas anteriores a la salida, el descuento será del 20%. No se procederá a la anulación, ni por consiguiente a la devolución de su importe dentro de las 2 horas inmediatamente anteriores a la salida del autocar. La no presentación a la salida significará la pérdida total del importe.

RESPONSABILIDAD: Existen hojas de reclamaciones en nuestras administraciones. Por motivo de averías en ruta u otras eventualidades el viajero solamente tendrá derecho a la continuidad del viaje en otro vehículo.

El titular de este billete está amparado por el SEGURO OBLIGATORIO DE VIAJEROS.

POR R.D. 1293/1999 DE 23 DE JULIO, SE PROHIBE FUMAR EN EL INTERIOR DEL AUTOBÚS.

SALIDAS, LLEGADAS, INFORMACIÓN Y DESPACHO DE BILLETES

- EN ALMERÍA:** Estación de Autobuses. Teléfono 950 235168
- ALMUNÉCAR:** Estación de Autobuses. 6. Teléfono 958 880704
- CARTAGENA:** Estación de Autobuses. Teléfono 968 521696
- CÓRDOBA:** Plaza de las Tres Culturas. Estación Bus. Teléfono 957 278100
- GRANADA:** Estación de Autobuses. Teléfono 958 185480
- JAÉN:** Estación de Autobuses. Teléfono 953 255014
- MÁLAGA:** Estación de Autobuses. Teléfono 952 318295
- MÁLAGA:** Muelle Heredia. Teléfono 952 218614
- MOTRIL:** Estación de Autobuses. Teléfono 958 600879
- MURCIA:** Estación de Autobuses. Teléfono 968 291690
- NERJA:** Plaza de la Ermita. Teléfono: 952 521504
- SEVILLA:** Estación de Autobuses. Teléfono 954 418811
- TORRE DEL MAR:** Estación de Autobuses. Teléfono 952 540936
- ÚBEDA:** Estación de Autobuses. Teléfono 953 752157

1€ = 1.40967 CON
\$12.50 CON

ALSINA GRAELLS CIF: A-28092385
LINEA GRANADA - MÁLAGA
0730 MÁLAGA-GRANADA

Tarifa: NORMAL

De MÁLAGA a GRANADA
Fecha: 07/MAY/06 Hora: 08:00
Coche: 1 Plaza: 8

Euros: € 37
(SOV, IER, IVA INCLUIDOS)
Billete: 62/66-852895
Control: 01085940605070717
PROHIBIDO FUMAR EN TODO EL AUTOBUS

*Bus from
Málaga to
Granada*

APPLICANT COPY

OTHER

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194

RECEIPT H2
ENTRY DATE/TIME:
05/14/06 17:41:20
EXIT DATE/TIME:
05/14/06 19:54:30
PAID: \$ 16.00
(GST INCLUDED)
LENGTH OF STAY:
 0 02:13
METHOD OF PAYMENT:
CASH

THANK YOU FOR YOUR
VISIT

L. MUNICIPAL N.º 1114

TAXI-MA: 3510.044

C.I.F.:

He recibido de D.

la cantidad de

de Taxi (I.V.A.) incluido, Ley 30/1987, Real Decreto 2028/1985 efectuado desde:

hasta:

1E = 1.41264 CON

11 de 5

de 2.00.06

14331

Fdo. El Conductor,

Son 7 Euros

[Signature]



TAXI - UNION

C/ Caudal 70
Telf.: 952 04 08 04
29006 (Malaga)

SERVICIO DE TAXI Y GRUA

De NIT

Cliente D.

Euros IVA incluido

Málaga 12 de

Taxi Lic. M.

Matrícula

N.I.F.

236

1944 B D J

24797614A

a CONGRESO

7.30

7.30 Euros

EL CONDUCTOR,

CONFORME CLIENTE

35099

10.43 CON

1E = 1.42863 CON

Asociación Unificada Malagueña de Autónomos del Taxi

(A.U.M.A.T.)

C/ Doctor Pallardo Peinado, 1 - Loc. 3

952 32 00 00 TAXI
UNI 952 33 33 33

L. MUNICIPAL

TAXI-MA

C.I.F.

He recibido de D.

la cantidad de

de Taxi (I.V.A. incluido, Ley 30/1987, Real Decreto 2028/1985) efectuado desde

hasta

1E = 1.41264 CON

Nº 029090

11

Fdo. El Conductor,

de 200-6

Son 9 Ptas

[Signature]

APPLICANT COPY

AIRPORT
Parkade
22556194

H5
/TIME:
14:24:05
TIME:
16:45:47
\$ 15.00
IDED)
STAY:
0 02:21
PAYMENT:

FOR YOUR
[T

DEBIT
I TRU

DEBIT
CALL
DEBIT

TOTAL
CASH

U.S. 15.00

TOTAL
TAX
CHARGE
DEBIT

DEBIT
CALL
DEBIT



Store Director - TREVOR RYAN

Foodland #30
5-4280 Kunio Hwy
Princeville, HI 9672
(808) 826-9880

REG 5 03/07/06 Tx# 209592 Time 18:26
ST 30 Cashier 120 Kelly

1 M. COURT-PLAIN .80 TFM
1 APPLE, GRANNY SMITH 72'S 2.09 TF
1.05 1b @ 1.99/1b

1 ACE SUSHI CALIF ROLL MINI 4.89 TF

3 Items Subtotal 7.78
Tax .32
Total 8.10

*** Cash *** 10.10- U.S.
Cash Change 2.00

You Saved with your Maika'i Card .59
(Maika'i items indicated with 'M')

Maika'i No. F42216431435
Help Hawaii's Students Go To College!
Designate a School Today!

Thank You For Shopping FOODLAND!

APPLICANT COPY

105 Robin A
 Kapaa, HI 96746
 808-831-4141



Peet's Coffee
 105 Robin A
 Kapaa, HI 96746
 808-831-4141

105 Robin A

3.00
 2.50
 10.00
 2.50
 3.00
 1.00
 1.00

U.S.

MAILED
 Chk 64 Mar 11 '06 05:34AM Gst 1

TO GO
 1 MEO LATTE low fat 3.50
 Cash 10.00
 REVENUE 13.50
 TAX 0.31
 TIPS 4.11
 Hand 10.00

U.S.

 Blossoming Lotus

 4504 Kukui Street
 Kapaa, HI 96746

105 Robin A
 Tbl 13/1 Chk 1434 Gst 1
 Mar 10 '06 02:53PM
 1 Eden Salad Miso Tahini 15.00
 1 Chai Tea 3.00

Blossoming Lotus
 Bringing Peace to Life

Subtotal 18.00
 Sales Tax 0.75
 Amount Due U.S. 18.75

Blossoming Lotus
 Bringing Peace to Life



Travel/Education Expense Claim

Instructions

- Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
- Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
- Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).
- See back of form for additional instructions.

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

Employee Name (Print) <i>JOANNE STALINSKI</i>		Calgary Health Region E-Mail Address <i>joanne.stalinski@calgaryhealthregion.ca</i>		Employee Number
Department/Site <i>WELLNESS SPT</i>		Phone Number <i>943-1160</i>	Date <i>FEB 2/06</i>	
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.) <i>SCRIPPS CONFERENCE SERVICES & CME</i>			Destination <i>KAUAI, HAWAII</i>	
Course Title <i>DESTINATION HEALTH 2006</i>		Departure Date <i>MAR 4/06</i>	Return Date <i>MAR 11/06</i>	

Estimated/Actual Expenses				Actual Expenses Paid by Employee <small>Original Receipts Must Be Attached</small>			
Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
Tuition	\$885.45	1.1432	\$1012	Tuition only if paid by employee	\$885.00	1.181039	\$1045.22
Air paid by Calgary Health Region via Calgary Health Region Travel Agent	\$1086.13	\$3.85	\$1086.13	GAS	8.50	1.181039	210.04
Mileage <small>If travel is by car</small>	—	—	—	Mileage <small>If travel is by car</small>	✓ 485.44	—	—
Accommodation	\$1530	1.1432	\$1750	Accommodation	2196.31	—	✓ \$2196.31
Meals Based on per diem rate	\$525	—	\$525	Meals	\$45.68	1.181039	2 \$53.95
Ground Transport	\$100	1.1432	\$115	Ground Transport	310.23 261.73	1.181039	2 \$310.23
Other (Specify)	—	—	—	Other (Specify) <i>PARKING</i>	\$15.00	—	R \$15.00
Total			\$4483.13 (Cdn)	Total			\$3630.15 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ (Cdn)	Less Advance or Unfunded Portion	\$ (Cdn)
Employee Signature <i>Joanne Stalinski</i>	Date <i>FEB 2/06</i>	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	\$3630.75 (Cdn)
Departmental Authorization s.17(1), 17(4)(g)(i)	Date	Employee Signature <i>Joanne Stalinski</i>	Date <i>07-01-03</i>
Out of Province Authorization <i>[Signature]</i>	Date <i>FEB 6/06</i>	Departmental Authorization <i>[Signature]</i>	Date

Financial Code		
Org	Functional Centre	Account
01	7155	000009062414000

Comments/Other Sources of Funding

ENTERED JAN 12 2007



APPLICANT COPY

PRINCEVILLE RESORT

Kauai

PRINCEVILLE HOTEL
P.O.Box 223069
5520 Ka Haku Road
Princeville, HI 96722-3069
Tel: 808-826-9644 Fax: 808-

Scripts
exchange
rate
1.181039 = 1.04522
CON

Ms Joanne Stalinski
10101 Southport Rd Sw
Calgary, AB T2W 3N2
Canada
Vch/Bkg #
WS Tour Cod

ROOM 414
RATE 255.00
NO. PERS. 1
FOLIO 383141 A
PAGE 1
ARRIVE 04-MAR-06 19:38
DEPART 10-MAR-06 14:00
PAYMENT AX CSC03

AGENT
CHATROGE

Table with columns: DATE, REFERENCE, DESCRIPTION, DEBIT/CREDIT. Contains multiple rows of charges and taxes from 04-MAR-06 to 07-MAR-06.

** continued on the next page **

Signature



THE LUXURY COLLECTION*

Ms Joanne Stalinski ROOM 414 DEPART 10-MAR-06 AGENT JHASH
FOLIO 383141 04-MAR-06



APPLICANT COPY

PRINCEVILLE RESORT

Kauai

PRINCEVILLE HOTEL
P.O.Box 223069
5520 Ka Haku Road
Princeville, HI 96722-3069
Tel: 808-826-9644 Fax: 808-826-1166

Ms Joanne Stalinski
10101 Southport Rd Sw
Calgary, AB T2W 3N2
Canada
Vch/Bkg #
WS Tour Cod
ROOM 414
RATE 255.00
NO. PERS. 1
FOLIO 383141 A
PAGE 2
ARRIVE 04-MAR-06 19:38
DEPART 10-MAR-06 14:00
PAYMENT AX C5CC03
AGENT CHARTER

Table with columns: DATE, REFERENCE, DESCRIPTION, DEBIT/CREDIT. Contains line items for parking, taxes, and room charges from 07-MAR-06 to 10-MAR-06.

For Authorization Purposes Only

Auth Date Code Authorized
04-MAR-06 106902 2000.00

s.17(1), 17(4)(e.1) Total-Due 0.00-

** continued on the next page **

Signature



THE LUXURY COLLECTION™

Ms Joanne Stalinski ROOM 414 DEPART 10-MAR-06 AGENT JHASH
FOLIO 383141 04-MAR-06

5520 Ka Haku Road, Princeville, Kauai, Hawaii 96722, Phone 1-800-826-4400, Fax 808-826-1166

APPLICANT COPY

3/15

**Joanne Stalinski
Itinerary
March 4 – 11 2006**

Saturday, March 4

8:10 am Depart Calgary (**Aeroplan**) s.17(1), 17(4)(g)(i)
United Airlines Flight 6395 (Seat 5C)
10:03 am Arrive San Francisco
1:20 pm Depart San Francisco
United Airlines Flight 65 (Seat 10C)
5:06 pm Arrive Lihue

Car Rental Budget
Class B Air Conditioned Compact
Confirmation #29640074CA2
Phone 808.245.9031
(Hours Sun - Sat 5:30 AM - 9:30 PM)

Accommodation Princeville Resort
5520 Kahaku Road
Kauai 96722
Phone 1.808.826.9644
Fax 1.808.826.1166
Confirmation #597412931
King for 6 nights (waitlisted for non-smoking)
Guaranteed for late arrival
Inquire about late check-out upon check-in

Friday, March 10

10:30 pm Depart Lihue
United Airlines Flight 64 (Seat 13C)

Saturday, March 11

5:23 am Arrive San Francisco
11:48 am Depart San Francisco
United Airlines Flight 6392 (Seat 6B)
3:27 pm Arrive Calgary

APPLICANT COPY

Guest Name: [REDACTED] (GUEST NAME)

Number of Adults: [REDACTED]

Number of Children: [REDACTED]

Age: [REDACTED]

Your Rate: Room 1 of 1

Room: 04-Mar-06 1 - 10-Mar-06

Rate: [REDACTED] (PPS) (MAY) (Night)

245.00 (TAX) (000) (per night)

Taxes

City Tax: 7.10 (per room) (per night) (NOT Included)
State Tax: 1.40 (per room) (per night) (NOT Included)

Guest Rules and Cancellation Policy

Guests must be 18 years of age or older. A valid ID is required. Cancellation policy: [REDACTED] (may be subject to change)

Best Copy Possible

Your Privacy

Click here for details on our privacy policy and how we protect your information.

Click here to view our privacy policy and terms of service.

Click here to view our privacy policy and terms of service.

Disclosure

Center Information

Center information and details regarding our services and facilities.

Excluded Items

List of items and services that are excluded from our standard offerings.

Rates and Cancellation

Details regarding our pricing structure, discounts, and cancellation policies.

APPLICANT COPY

Subject: Reservation Confirmation: Number 597412931

Date: Mon, 13 Feb 2006 12:47:49 -0500 (EST)

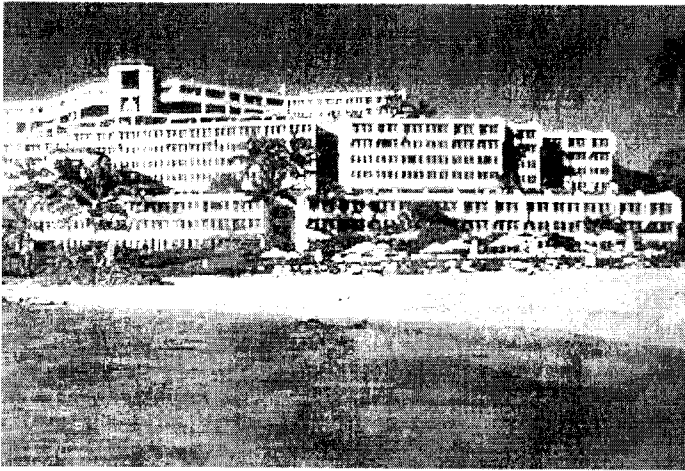
From: Princeville Resort <GCCUSTSERVICE@starwoodhotels.com>

To: "CHERYLL.MEREDITH@CALGARYHEALTHREGION.CA" <cheryll.meredith@CalgaryHealthR

THE LUXURY COLLECTION
Starwood Hotels & Resorts

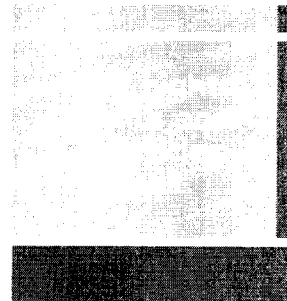
Princeville Resort

5520 Kahlua Way, Princeville, NC 27959, USA
Phone: 252.338.2444 Fax: 252.338.2445



- ▶ GUEST ROOMS & AMENITIES
- ▶ HOTEL SERVICES
- ▶ RESTAURANTS & LOUNGES
- ▶ LOCAL AREA
- ▶ DRIVING DIRECTIONS
- ▶ MEETING & EVENT FACILITIES

From Starwood Preferred Guest



KATHY CLARK
General Manager
Princeville Resort

Confirmation: 597412931

Your Schedule:

Check-in Date	03-MAR-2006
Check-out Date	10-MAR-2006
Number of Rooms	1
Number of Adults	1

Your Accommodations: Room 1 of 1

1 King Bed, Oceanfront

Room Amenities: TV, Mini-Fridge, Balcony, Ocean View, Free Internet Access, Air Conditioning, In-Room Safe, Wake-Up Service, Daily Housekeeping, Complimentary Breakfast, Complimentary Parking, Complimentary Transfer from Airport, Complimentary Shuttle to Golf Course, Complimentary Transfer to Spa, Complimentary Transfer to Tennis Courts, Complimentary Transfer to Water Sports Center

APPLICANT COPY

Early departure

For a full refund, you must depart within 14 days of the date of departure. When you depart, you will be required to confirm your departure date and time. You may also arrange your departure date and time pending approval from the carrier. You must also be aware of the terms of your contract. After confirming your departure date, you will be required to pay a fee. This fee may be waived if you are a member of the carrier's frequent flyer program. Please contact the carrier for more information.

Best Copy Possible

Printed on recycled paper with soy-based inks. This document is a best copy possible reproduction of the original document. It is not a legal document. For legal purposes, please refer to the original document.

APPLICANT COPY

Subject: Re: [Fwd: Joanne Stalinski]

Date: Wed, 08 Feb 2006 10:25:03 -0700

From: Travel CHR <travel.chr@calgaryhealthregion.ca>

To: Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca>

Hi Cheryll,

The number has been added to Joanne's file. **Make sure she tracks it at check in.**

Kerry

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

From: Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca>

Date: Wednesday, February 8, 2006 9:09 am

Subject: Re: [Fwd: Joanne Stalinski]

> *Hi Kerry:*

>

> *Aeroplan* *Thanks kindly for your help on this Kerry.*

>

> *Cheers,* *s.17(1), 17(4)(g)(i)*

> *Cheryll*

>

> *Travel CHR wrote:*

>

> > *Hi Cheryll,*

> > *I'll see if we can still add her aeroplan number. Send it over!*

> > *Kerry*

> >

> > ----- Original Message -----

> > *From: Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca>*

> > *Date: Tuesday, February 7, 2006 3:36 pm*

> > *Subject: [Fwd: Joanne Stalinski]*

> >

> > >

> >

> > -----

> -----

> >

> > *Subject: Joanne Stalinski*

> > *Date: Tue, 07 Feb 2006 15:32:26 -0700*

> > *From: Cheryll Meredith <cheryll.meredith@calgaryhealthregion.ca>*

> > *Organization: Calgary Health Region*

> > *To: Erin Velestuk <erin.velestuk@calgaryhealthregion.ca>*

> >

> > *Hi Erin:*

> >

> > *As you probably will recall, Joanne is traveling to Hawaii in March.*

> > *Would this travel be eligible for points on her Aeroplan?*

> *Thanks kindly*

APPLICANT COPY

3/01

From Joanne Stalinski <Joanne.Stalinski@CalgaryHealthRegion.ca>
Sent Thursday, January 19, 2006 9:56 am
To Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca>
Cc
Bcc
Subject [Fwd: Fwd: Itinerary for STALINSKI - Saturday March 04 2006]

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

From Travel CHR <travel.chr@calgaryhealthregion.ca>
Date Mon, 09 Jan 2006 12:34:03 -0700
To Joanne.Stalinski@CalgaryHealthRegion.ca, cheryll.meredith@CalgaryHealthRegion.ca
Subject Fwd: Itinerary for STALINSKI - Saturday March 04 2006

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

From youritinerary@worldspan.com
Date Mon, 09 Jan 2006 14:28:36 -0500
To travel.chr@calgaryhealthregion.ca
Subject Itinerary for STALINSKI - Saturday March 04 2006

Travel CUTS
#105 1414 Kensington Dr NW
Calgary AB T2N 3P9
403 531 2070

Travel Consultant: Greg
Trip Locator: 438NLI

MS JOANNE STALINSKI

Handwritten notes:
397-112931
Request for
Date of travel
Adelmont
10th March 2006
on Ch...

Saturday March 04 2006

United Airlines - Flight UA 6395
OPERATED BY /UNITED EXPRESS/SKYWEST
Depart: Calgary International Airport
Calgary Alberta Canada
8:10 AM
Arrive: San Francisco International Airport
San Francisco California United States
10:03 AM
Terminal 3
Meal: No Meal Service

Status: Confirmed
Airline Ref: WLWV0A
Seat: 13C
Class: V-Economy/Coach
Mileage: 1017
Travel Time: 2:53
Stopovers: 0
Aircraft: CANADAIR
REGIONAL Jet

Saturday March 04 2006

United Airlines - Flight UA 65

Depart: San Francisco International Airport
 San Francisco California United States
 1:20 PM
 Terminal 3

Arrive: Lihue Municipal Airport
 Lihue Hawaii United States
 5:06 PM

Meal: Food for Purchase

Status: Confirmed
Airline Ref: WLWV0A
Seat:
Class: V-Economy/Coach

Mileage: 2445
Travel Time: 5:46
Stopovers: 0
Aircraft: BOEING 757

Friday March 10 2006

United Airlines - Flight UA 64

Depart: Lihue Municipal Airport
 Lihue Hawaii United States
 10:30 PM

Arrive: San Francisco International Airport
 San Francisco California United States

Saturday March 11 2006
 5:23 AM
 Terminal 3

Meal: Food and Beverage for Purchase

Status: Confirmed
Airline Ref: WLWV0A
Seat: 20F
Class: V-Economy/Coach
Mileage: 2445
Travel Time: 4:53
Stopovers: 0
Aircraft: BOEING 757

Saturday March 11 2006

United Airlines - Flight UA 6392

OPERATED BY /UNITED EXPRESS/SKYWEST
Depart: San Francisco International Airport
 San Francisco California United States
 11:48 AM
 Terminal 3

Arrive: Calgary International Airport
 Calgary Alberta Canada
 3:27 PM

Meal: No Meal Service

Status: Confirmed
Airline Ref: WLWV0A
Seat: 11C
Class: V-Economy/Coach
Mileage: 1017
Travel Time: 2:39
Stopovers: 0
Aircraft: CANADAIR
 REGIONAL Jet

Wednesday October 27 2005

RETENTION SEGMENT

Agency Reference:

FARES ARE NOT GUARANTEED UNTIL PAID IN FULL AND TICKETS ISSUED.
 CHECK RESTRICTIONS...TICKETS MAY BE NON-REFUNDABLE.
 WE RECOMMEND THAT SUFFICIENT INSURANCE BE PURCHASED

TO COVER ALL OF YOUR TRAVEL REQUIREMENTS.

...

 IMPORTANT INFORMATION

...
 PROPER DOCUMENTATION IS REQUIRED FOR YOUR JOURNEY. IT IS YOUR RESPONSIBILITY TO BE AWARE OF ENTRY RESTRICTIONS AND VISA REQUIREMENTS FOR ALL COUNTRIES ON YOUR ITINERARY INCLUDING CONNECTING CITIES. WE RECOMMEND A VALID PASSPORT BE OBTAINED FOR ALL TRAVEL OUTSIDE OF CANADA INCLUDING THE USA AND MEXICO. PASSPORT APPLICATIONS ARE AT THE POST OFFICE OR ONLINE AT WWW.PPT.GC.CA. PASSPORTS MUST BE VALID AT LEAST SIX MONTHS BEYOND YOUR INTENDED RETURN DATE. YOU ARE ALSO RESPONSIBLE FOR ENSURING THAT ALL NECESSARY VACCINATIONS ARE OBTAINED. LIVING STANDARDS AND CONDITIONS WITH RESPECT TO UTILITIES - SERVICES AND ACCOMMODATION MAY DIFFER FROM THOSE FOUND AT HOME.

...
 IMPORTANT CHANGE AND REFUND RULES

...
 TICKETS ARE NOT TRANSFERABLE. NO ONE ELSE CAN USE THIS TICKET. NO REFUNDS ARE PERMITTED ON THIS FARE. A CHANGE OF DATE TO TRAVEL IS PERMITTED AT A FEE OF CAD\$150 PLUS ANY FARE DIFFERENCE. CHANGES AFTER DEPARTURE WILL INCUR A FEE OF CAD\$150 PLUS ANY FARE DIFFERENCE. ANY CHANGE MUST BE WITHIN THE TICKET VALIDITY. ALL DATE CHANGES ARE SUBJECT TO AVAILABILTY. REROUTING IS NOT ALLOWED. IF THIS IS A PAPER TICKET IT IS IMPORTANT TO PRESENT YOUR TICKET WHEN REQUESTING THE DATE CHANGE - WITHOUT THE ACTUAL DOCUMENT IT IS DIFFICULT OR IMPOSSIBLE TO EFFECT THE CHANGE. ANY CHANGES MUST BE REQUESTED PRIOR TO THE TICKETED TRAVEL DATE. SOME AIRLINES DO NOT ALLOW CHANGES TO BE MADE IMMEDIATELY PRIOR TO DEPARTURE. IF YOU MISS YOUR FLIGHT YOU WILL NOT BE ABLE TO CHANGE THE TICKET AND YOU WILL FORFEIT ANY VALUE TOWARD FUTURE TRAVEL.

...
 FOR ASSISTANCE IN CHANGING A TICKET OVERSEAS PLEASE CHECK WWW.TRAVELCUTS.COM/ENGLISH/HTML/CONTACT/INTL/ ON THE INTERNET.

...
 PLEASE RECONFIRM YOUR FLIGHTS 72 HOURS PRIOR TO DEPARTURE FOR ALL FLIGHTS - INCLUDING ONWARD AND RETURN FLIGHTS. GOVERNMENT-ISSUED PHOTO ID IS NOW REQUIRED FOR ALL FLIGHTS. PLEASE CALL UNITED AIRLINES TO RECONFIRM YOUR FLIGHTS AT IN CANADA 1-800-538-2929 OR CALL IN THE USA 1-800-241-6522

...
 PLEASE CHECK-IN AT LEAST 2 HOURS PRIOR TO DEPARTURE.

...
 AIRLINES RESERVE THE RIGHT TO DENY BOARDING TO PASSENGERS ARRIVING AT CHECK-IN WITHIN THE CUT-OFF TIME. PLEASE CHECK WITH YOUR AIRLINE FOR THE MINIMUM CHECK-IN TIME.

...
 WANT UP-TO-DATE INFORMATION ON YOUR RESERVATION...

CHECK OUT WWW.MYTRIPANDMORE.COM ON THE INTERNET. YOU JUST NEED YOUR LAST NAME AND YOUR TRIP LOCATOR. YOU WILL STILL NEED TO RECONFIRM YOUR FLIGHT WITH THE AIRLINE.

...
YOUR TRAVEL WAS ARRANGED BY GREG.
MY PHONE NUMBER IS 403-531-2070 EXTENSION 224.

...

...
*****INSTRUCTIONS FOR ELECTRONIC TICKET USEAGE*****

...
THIS PASSENGER ITINERARY/RECEIPT WILL ACT AS YOUR TICKET. EVEN IF LOST YOU CAN STILL CHECK IN WITH THE PROPER IDENTIFICATION. CHECK-IN WITH THE AIRLINE YOU ARE TRAVELLING ON WITH TWO PIECES OF ID. AT LEAST ONE PIECE OF WHICH MUST BE GOVERNMENT-ISSUED PHOTO ID. YOU WILL BE ISSUED A BOARDING PASS AND CAN PROCEED TO THE GATE.

Ticketing Information

Issue Date	Passenger Name	Transaction Type	Document Number	Amount
09JAN	STALINSKI/JOANNE.MS	Electronic Ticket	0162263593906	1043.33 CAD

APPLICANT COPY

Subject: Fwd: invoice

Date: Mon, 09 Jan 2006 12:33:39 -0700

From: Travel CHR <travel.chr@calgaryhealthregion.ca>

To: Joanne.Stalinski@CalgaryHealthRegion.ca, cheryll.meredith@CalgaryHealthRegion.ca

Dear Joanne,

Below is the electronic ticket as requested and has been billed to functional center 01.7155000090. Please review all the information to ensure it is correct as fees will apply to make corrections or changes after the day of booking. As per the Travel Policy, please be sure that the pink copy of the 00035 R Travel Expense Claim form is submitted immediately to Marina Miller in accounts payable.

If your travel plans require changes or cancellations, please contact us as soon as possible as most tickets are non refundable but allow changes with a fee. Please do not hesitate to contact us if you have any questions.

Have a great day,
Erin Velestuk and Kerry Bayne

Subject: invoice

Date: Mon, 09 Jan 2006 14:27:58 -0500

From: Greg Mcbroom <gmcbroom@travelcuts.com>

To: travel.chr@calgaryhealthregion.ca

Hi Kerry,

Sorry about that. Here is the correct invoice.

Greg

 [INV NO 48809 FOR STA0047120N.pdf](#)

Name: INV NO 48809 FOR STA0047120N.pdf

Type: Portable Document Format (application/pdf)

Encoding: base64

APPLICANT COPY

Subject: Re: [Fwd: Joanne Stalinski]

Date: Wed, 08 Feb 2006 10:25:03 -0700

From: Travel CHR <travel.chr@calgaryhealthregion.ca>

To: Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca>

Hi Cheryll,

The number has been added to Joanne's file. Make sure she tracks it at check in.

Kerry

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

From: Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca >

Date: Wednesday, February 8, 2006 9:09 am

Subject: Re: [Fwd: Joanne Stalinski]

> *Hi Kerry:*

>

> *Aeroplan*

Thanks kindly for your help on this Kerry.

>

> *Cheers,* s.17(1), 17(4)(g)(i)

> *Cheryll*

>

> *Travel CHR wrote:*

>

> > *Hi Cheryll,*

> > *I'll see if we can still add her aeroplan number. Send it over!*

> > *Kerry*

> >

> > ----- Original Message -----

> > **From:** Cheryll Meredith <cheryll.meredith@CalgaryHealthRegion.ca >

> > **Date:** Tuesday, February 7, 2006 3:36 pm

> > **Subject:** [Fwd: Joanne Stalinski]

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

> >

APPLICANT COPY

TRAVEL CUTS
105-1414 KENSINGTON ROAD NW
CALGARY, ALBERTA
T2N 3P9
GST REG# R100773498
BRANCH: 095531
AGENT:GREG MCBROOM 403-531-2070

TO: MS JOANNE STALINSKI

INVOICE NBR:48809
DATE:09JAN06
PAGE:1
OUR REF:STA0047120N 438NLI

I N V O I C E

FOR: MS JOANNE STALINSKI

ITINERARY

04MAR06 - SATURDAY

AIR UNITED AIRLINES FLT:6395 V CLASS
LV CALGARY AL 8:10A EQP: CR7 BAGS:2PC
AR SAN FRANCISCO CA 10:03A 1017 MILES FLOWN
NON STOP REF:WLVW0A
SEAT 13C
OPERATED BY
UNITED EXPRESS
SKYWEST

UNITED AIRLINES FLT:0065 V CLASS
LV SAN FRANCISCO CA 1:20P EQP: B757 BAGS:2PC
AR KAUAI ISLAND HA 5:06P 2445 MILES FLOWN
NON STOP REF:WLVW0A

10MAR06 - FRIDAY

AIR UNITED AIRLINES FLT:0064 V CLASS
LV KAUAI ISLAND HA 10:30P EQP: B757 BAGS:2PC
AR SAN FRANCISCO CA 5:23A 2445 MILES FLOWN
NON STOP ARRIVAL-11MAR06 REF:WLVW0A
SEAT 20F

11MAR06 - SATURDAY

AIR UNITED AIRLINES FLT:6392 V CLASS
LV SAN FRANCISCO CA 11:48A EQP: CR7 BAGS:2PC
AR CALGARY AL 3:27P 1017 MILES FLOWN
NON STOP REF:WLVW0A
SEAT 11C
OPERATED BY
UNITED EXPRESS
SKYWEST

COST

TKT- UA2263593906 E-TKT (AX 955.00
s.17(1), 17(4)(e.1) GST 1.05
TAX 87.28
TICKET TOTAL 1043.33
CONTINUED ON NEXT PAGE

APPLICANT COPY

TRAVEL CUTS
105-1414 KENSINGTON ROAD NW
CALGARY, ALBERTA
T2N 3P9
GST REG# R100773498
BRANCH: 095531
AGENT:GREG MCBROOM 403-531-2070

TO: MS JOANNE STALINSKI

INVOICE NBR:48809
DATE:09JAN06
PAGE:2
OUR REF:STA0047120N 438NLI

I N V O I C E

COST
TKT-9549521038119

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

(AX	40.00
GST	2.80
TICKET TOTAL	42.80
GRAND TOTAL	1086.13
LESS CC PAYMENTS	1086.13
TOTAL GST	3.85
CREDIT/BALANCE DUE TO THIS INVOICE	0.00

THANK YOU FOR BOOKING WITH TRAVEL CUTS.
INSURANCE IS RECOMMENDED FOR ANY TRAVEL.
ASK ABOUT OUR SPECIAL TRAVEL CUTS RATES.
ONCE TICKETS ARE ISSUED ALL CANCELLATION AND CHANGE FEES
APPLY. PLEASE CHECK YOUR DOCUMENTS.
HANDLE YOUR DOCUMENTS WITH CARE AS THEY ARE VALUABLE.
ENSURE THAT YOU HAVE ALL NECESSARY TRAVEL DOCUMENTS
INCLUDING VALID PASSPORT/VISAS ECT.
PLEASE RECONFIRM YOUR FLIGHTS DIRECTLY WITH THE AIRLINE
AT LEAST 72 HOURS PRIOR TO DEPARTURE.



American Express Gold Card

APPLICANT COPY

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1 800 668-2639
(24 hours, toll free)

Statement of Account

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

Page 1 of 4

Prepared for
JOANNE STALINSKI

Membership number

Closing Date
April 10, 2006

In Toronto or
International Collect
(905) 474-9380
In Montreal
(514) 392-4444

Amex Bank
of Canada
PO Box 7000
Willowdale ON
M2K 2R6

Previous Balance \$	-	Payments & Credits \$	+	New Charges/Adjustments \$ inc. Finance Charge, if any	=	New Balance \$	Amount Due \$
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

Statement includes payments and charges received by April 10, 2006

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

Payment Due Date
May 4, 2006

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 31

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
			s.17(1), 17(4)(e.1)

Total of Payment Activity

New Charges for JOANNE STALINSKI

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

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
March 10 (March 11)	EMERSONS CAR RENT	HI DESTINATION HEALTH	310.29
March 11 (March 11)	PRINCEVILLE HOTEL 808-8262202	HI DESTINATION HEALTH 1,862.94	2,196.31
	ARRIVAL 03/10/06	DEPARTURE 03/11/06	NIGHTS 01
			s.17(1), 17(4)(g)(i)

March 15 (March 16)	WELLINGTONS	CALGARY	AB DUNCAN TRUSCOFF	50.83
------------------------	-------------	---------	--------------------	-------

↑ Please detach here ↑

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

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- date cheque in MM/DD/YY format.
 - write Membership Account Number clearly on the front of your cheque.
 - enclose this remittance portion of statement with your payment.
- Do Not Send Cash Through Mail

Membership Number		
Payment Due Date	Amount Due \$	Amount Paid \$
May 4, 2006		



JOANNE STALINSKI

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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

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

www.americanexpress.ca

APPLICANT COPY

>>Return<< RA Document 758097351
RESERVATION # 29640074-CA-2B
CAR# 2 0 2 1 3 0 5 Car Group B
RED CHEV COBA 4DR HI KWU737

STALINSKI, JOANNE

BCR# = A018800

Out LIHUE APO HI 04MARCH/1828
In LIHUE APO HI 10MARCH/1721
Miles-Out 11196 Miles-In 11200
Miles Driven 54 Fuel In B/B
Method of pay = CLUB
AMEX

Rate B6/B	5 DY 22 HR	
84 MI @	.00	=
0 HR @	14.01	=
0 DY @	41.00	=
1 WK @	215.00	=
TIME & MILEAGE		= 215.00
** 8.10% FEE		+ = 17.42
**VLF		+ = 1.56
Subtotal		= 233.98
Tax 4.166%		+ = 9.75
**3/DAY HI SURCHARGE		+ = 18.00
Total Charges		= 261.73
AMOUNT DUE (V USD)		= 261.73
**VEHICLE LICENSE FEE		\$.26/DAY
*HAWAII STATE SURCHARGE		
**CONCESSION RECOVERY FEE		

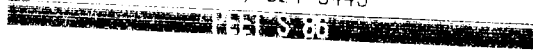
U.S.

The amount that appears in "Amount Due" has been billed to your AMEX Card.
All charges are subject to audit and change if any errors are found.
For local inquiries call 808-245-9031. Thank you for renting from Budget.

3610/0AAB/06069/22:21/0

APPLICANT COPY

San Francisco Intl Airport
San Francisco, CA 94128
(650) 821-9445



105 BONNIE K

Chk 3840

Mar04'06 11:19AM Gst 2

TO GO

1 MED LATTE non fat	3.80
1 FRUIT SALAD	4.00
Cash	10.00

FOOD	4.00
BEVERAGE	3.80
TAX	0.64
TENDER	8.44
Change Due	1.56

Thank You.

U.S.



Travel/Education Expense Claim

Instructions

- Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
- Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
- Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).
- See back of form for additional instructions.

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

Employee Name (Print) JOANNE STALINSKI		Calgary Health Region E-Mail Address joanne.stalinski@calgaryhealthregion.ca		Employee Number	
Department/Site WELLNESS SPT			Phone Number 943-1160		Date DEC 28/06
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.) HOFFMAN INSTITUTE CANADA				Destination KITCHENER ON	
Course Title HOFFMAN QUADRINITY PROCESS			Departure Date AUG 18/05		Return Date SEP 2/05

Estimated/Actual Expenses				Actual Expenses Paid by Employee <small>Original Receipts Must Be Attached</small>				
A c t u a l	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
	Air paid by Calgary Health Region via Calgary Health Region Travel Agent				AIR PAID BY EMPLOYEE	\$597.08		\$597.08
	Mileage <small>If travel is by car</small>				Mileage <small>If travel is by car</small>			
	Accommodation				Accommodation			
	Meals Based on per diem rate				Meals			
	Ground Transport				Ground Transport			
	Other (Specify)				Other (Specify)			
Total				\$	Total	3967.58		\$3967.58
				(Cdn)				(Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)		\$	Less Advance or Unfunded Portion		\$
		(Cdn)			(Cdn)
Employee Signature		Date	Balance Due To		\$
			<input checked="" type="checkbox"/> Employee		3967.58
			<input type="checkbox"/> Calgary Health Region (cheque attached)		(Cdn)
Departmental Authorization		Date	Employee Signature		Date
			Joanne Stalinski		DEC 28/06
Out of Province Authorization		Date	Departmental Authorization		Date
			[Signature]		

Financial Code		
Org	Functional Centre	Account
0171550000090	61030000	\$ 3370.50

Comments/Other Sources of Funding

01 71550000090 62414000 \$ 597.08

memo

Office of the Executive Vice-President, Risk
Management & Chief Financial Officer
10101 Southport Road SW
Calgary, Alberta T2W 3N2

phone: 403-943-1140
fax: 403-943-1152



calgary health region

to: Steve Hardcastle
Vice-President, Finance

date: January 17, 2007

from: Kay Best, FCA
Executive Vice-President, Risk Management
and Chief Financial Officer

re: Executive Expense Reports

I recently received two "stale dated" expense reports from Joanne Stalinski for approval. Given the length of time the related expenses have been outstanding, I also discussed them with Jack Davis. He advised that he was comfortable that they should be approved and also advised that he would stress the importance of timely submission of expenses at our next EMT meeting.

Please call if you need any additional information or clarification.

A handwritten signature in black ink that reads "Kay".

Kay Best, FCA
Executive Vice-President, Risk Management
and Chief Financial Officer

KB/bdb
Attachment



HOFFMAN
INSTITUTE
CANADA

APPLICANT COPY

Argentina

•

Australia ✓

•

Austria

•

Brazil

•

Canada

•

France

•

Germany

•

Ireland

•

Italy

•

Spain

•

Switzerland

•

UK

•

USA

STATEMENT

JOANNE STALINSKI

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

HOFFMAN QUADRINITY PROCESS
8 DAY INTENSIVE
AUGUST 19 - 26, 2005

FEE - \$3370.50

GST No. 128501533

All prices include GST

PAID IN FULL - \$3370.50



109 Edgehill Drive • Kitchener • Ontario • N2P 2C6 • Canada
Tel: (519) 650-1755 Toll Free: 1-800-741-3449 Fax: (519) 650-5590
Email: info@hoffmaninstitute.ca • Website: www.hoffmaninstitute.ca

APPLICANT COPY

Joanne Stalinski

From: <itinerary@westjet.com>
To: s.17(1), 17(4)(g)(i)
Sent: Wednesday, June 29, 2005 8:52 PM
Subject: Your Ticketless Itinerary - Thank you and have a great flight.

Cheryl -
I decided to
submit my
airfare for my
August (Toronto)
vacation - only
the Calgary - T.O
Return costs

So, I don't
know how
you want to
submit - I
suggest just the
Calgary - T.O x 2
cost (but the
return ticket can
be submitted just to
prove I come back!

WESTJET
5055 11 ST NE
CALGARY, AB T2E 8N4
Agent Number: INET
Number: DF75CP *****

Date Booked: 29JUN05
Modified: 29JUN05
Booked By: Stalinski/Joanne

Stalinski

Date	Flt	Depart	Seat	Arrive	Stops
Thu 18Aug05	798	CALGARY	10:05am	TORONTO	3:50pm 0

Total for 01 guest(s) Fare: 234.00
NAV/INS: 23.00
CALGARY AIF: 15.00
ATSC: 4.67
GST/HST: 19.37

Call us Toll Free: 1-800-538-5696
In Calgary: 250-5839

Total \$296.04 CA

Visit our Website at www.westjet.com American Express: \$296.04-

Balance Due: \$0.00 CA

QST# 1202807956TQ0001
GST# 866112535

Rules and other stuff:

* For Domestic Flights: Identification will be checked for adults 16 years of age and older. Please check-in a minimum of 60 minutes prior to scheduled departure. Although we will do our best to assist, guests arriving less than 20 minutes prior to the scheduled departure may be denied boarding.

* As of June 24, 2005, WestJet will charge \$1 per headset on all of our flights offering live satellite television. WestJet

APPLICANT COPY

Joanne Stalinski

From: <itinerary@westjet.com>
To: s.17(1), 17(4)(g)(i)
Sent: Wednesday, June 29, 2005 9:02 PM
Subject: Your Ticketless Itinerary - Thank you and have a great flight.

WESTJET
 5055 11 ST NE
 CALGARY, AB T2E 8N4
 Agent Number: INET

***** Confirmation Number: EJ43LX *****

Stalinski/Joanne

Date Booked: 29JUN05
 Modified: 29JUN05
 Booked By: Stalinski/Joanne

s.17(1), 17(4)(g)(i)
 Welcome Aboard: Joanne Stalinski

Date	Flt	Depart	Seat	Arrive	Stops
Fri 02Sep05	667	MONTREAL	8:40am	CALGARY	11:13am 0

Total for 01 guest(s) Fare: 219.00
 NAV/INS: 23.00
 MONTREAL AIF: 15.00
 ATSC: 4.67
 GST/HST: 18.32
 QST: 21.00

Call us Toll Free: 1-800-538-5696
 In Calgary: 250-5839

Total \$300.99 CA

Visit our Website at www.westjet.com American Express: \$300.99-

Balance Due: \$0.00 CA

Rules and other stuff:

QST# 1202807956TQ0001
 GST# 866112535

* For Domestic Flights: Identification will be checked for adults 16 years of age and older. Please check-in a minimum of 60 minutes prior to scheduled departure. Although we will do our best to assist, guests arriving less than 20 minutes prior to the scheduled departure may be denied boarding.


* As of June 24, 2005, WestJet will charge \$1 per headset on all of our flights offering live satellite


APPLICANT COPY

AIR CANADA 

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please print this itinerary/receipt for your reference.

 **Looking for Travel Insurance?** Protect yourself and your family against unforeseen circumstances.

 **Need a hotel?** Save Up to 70% & earn More Aeroplan Miles.

 **Need a car?** Save on Car Rentals and earn More Aeroplan Miles.

Main Contact Information

Name: **Ms Joanne Stalinski**
 Email:
 Phone 1: s.17(1), 17(4)(g)(i)

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

Booking Reference: KAUKZA**Customer Care**

**Air Canada Customer
 Technical Support Desk**
 1-888-712-7786

Air Canada Flight Info
 1-888-422-7533

On the web
 aircanada.com

Alert me of flight changes
 Flight notification

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type
AC420	Toronto (YYZ) Sun 28-Aug 2005 17:00 - Terminal 1	Montreal (YUL) Sun 28-Aug 2005 18:10	0	1hr10	333	Tango

Passenger Information**Passenger 1 - Adult**

Name: **Ms Joanne Stalinski** Ticket Number: **0142127460346**
 Frequent Flyer Pgm: **Air Canada Aeroplan** Program Number: s.17(1), 17(4)(g)(i)
 Meal Preference: **Regular** Special Needs: **None**
 Seat Selection: AC420 **23C PAID**
 Credit Card:

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

Fare Summary

Passenger Type **Adult**

APPLICANT COPY

Airfare (Tango)	109.00
Navcan and Surcharges	18.00
Taxes, Charges and Fees	
Canada Airport Improvement Fee	15.00
Canada Security Charge	4.67
Canada Goods and Services Tax (GST/HST #10009-2287)	10.27
Number of Passengers	1
Total	156.94
 Options	
Seat Selection Base Charge	15.00
Canada Goods and Services Tax (GST/HST #10009-2287)	1.05
Number Of Passengers	1
Total Options	16.05
Grand Total - Canadian Dollars	\$ 172.99

Fare Rules**Tango**

- Tickets are **non-refundable** and **non-transferable**.
- **Changes** are permitted as follows:
Prior to day of departure - CA\$30 /GBP 14 / US\$22 plus taxes and any fare difference if applicable.
Day of departure:
- At the airport - CA\$150 / US\$120 plus applicable taxes (no charge for fare difference) for same day flights only.
- By calling Reservations or on the Web site - CA\$30 /GBP 14 / US\$22 taxes and any fare difference if applicable.
A higher fare could apply in addition to the change fee.
- **Changes and cancellations** can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a CA\$30 /GBP 14 / US\$22 change fee per direction, plus taxes and any fare difference if applicable, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** available for CA\$15/GBP 7/US\$12 (plus taxes) per passenger for one-way flight from origin to destination including connections.
- **Same day standby** is not permitted for travel within Canada and Canada - USA travel.

Please read important information regarding the general conditions of carriage.

Have a nice trip!

Important Information

- Express Check-in
- Baggage Information

Return to Homepage

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 27, 2007		Requested By (Please Print) Cheryll Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department _____			
Site _____			
Purpose of Request Miscellaneous expenses as attached <i>Jul/Aug/Sep 06</i>			
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 5 5 0 0 0 0 0 9 0	6 1 0 2 0 0 0 0	\$59.44	Long Distance, Fax, Modem
0 1	7 1 5 5 0 0 0 0 0 9 0	6 7 5 0 0 0 0 0	\$455.29	Public Relations
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0	\$97.50	Staff Travel Local
TOTAL AMOUNT OF CHEQUE:			\$612.23	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>PLEASE SEE ATTACHED</i>			Print Name Kay Best	
Authorizer's Employee Number			Authorizer Phone # (in full) 943.1140	

ACCOUNTS PAYABLE ONLY

Invoice # _____ Supplier # _____ Recurring Payment: Start Date _____ End Date _____ # of Payments _____ Cycle _____	Comments: _____ _____ _____ _____
--	--

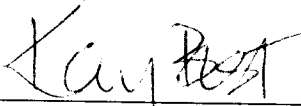
00074

APPLICANT COPY

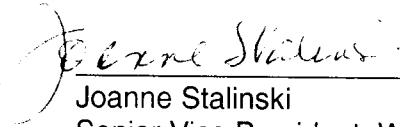
**MISCELLANEOUS EXPENSES
INCURRED BY Joanne Stalinski
FOR THE PERIOD OF July, August and September 2006**

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
July 20 2006	Telus Home Fax Line	\$ 31.12 31.12
August 12 2006	Glenbow Museum – Gifts for Andalusia Delegation	\$ 78.23 78.23
August 15 2006	Dinner meeting with Andalusia Delegation	\$ 135.11 <i>131.11</i>
August 20 2006	Telus Home Fax Line	\$ 28.32 28.32
August 21 2006	Dinner meeting with Andalusia Delegation	\$ 167.22 167.22
September 22 2006	Dinner meeting with Dr. Lorraine Wright	\$ 74.73 74.73
	Parking (see attached receipts)	\$ 97.50 97.50
GRAND TOTAL		\$ 612.23

Date March 26, 2007



Approved Kay Best, FCA
Executive Vice-President, Risk Management
& CFO



Joanne Stalinski
Senior Vice President, Wellness

/cm



Your TELUS Statement

Jul 20, 2006

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

JOANNE STALINSKI

2

Your account number
Your TELUS Account ID

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

Here's what you owe this month: \$31.12

Amount of your last bill	\$31.41
Payment we processed on Jul 05 - Thank You	-31.41
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jul 19 to Aug 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.74
Total new charges	31.12

Total amount due by Aug 10

\$31.12

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Jul 19	\$.44
E9-1-1 Provincial Network Fee Jul 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Jul 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Aug 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Aug 10
\$31.12

Payment you're making
\$

Phone number

Account number

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

401 (G)

0124437

JOANNE STALINSKI

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

00448167
BCTREG01

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

4

08190000311200000001

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

88

005379001

96

TELUS Your **TELUS Statement**
 Aug 20, 2006

APPLICANT COPY

TELUS Communications Inc. 2006

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

JOANNE STALINSKI

2

Your account number
 Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$28.32

Amount of your last bill	\$31.12
Payment we processed on Aug 08 - Thank You	-31.12
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Aug 19 to Sep 18	23.34
Additional Charges and Credits (see details below)	-1.55
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.58

Total new charges **28.32**

Total amount due by Sep 10 **\$28.32**

Additional Charges and Credits **-1.55**

Change in Residence Line Touchtone (for 78 days from Jun 01 to Aug 19)	-\$1.36
Quality of Service Rebate Aug 14	-.76
E9-1-1 Municipal Call Answer Fee Aug 19	.44
E9-1-1 Provincial Network Fee Aug 19	.13
Total additional charges and credits	-\$1.55

Long Distance Charges **4.95**

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Sep 10, 2006.
 If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Sep 10
\$28.32

Phone number
 Account number

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

Payment you're making \$

401 (Q)

JOANNE STALINSKI

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

TELUS
 PO BOX 7575
 VANCOUVER BC
 V6B 8N9

0117694
 23
 00442853
 BCTREG01

4 09190000283200000000
 s.17(1), 17(4)(g)(i)

00537900189

96

APPLICANT COPY

818705 Convention Centre
727 - 1 Street SE
CAN-T20 209 Calgary, AB
tax code CA GST #119457869
Main PDF 22/07/06 17:20
Receipt 000879
Short-term Parking tkt
L50 - No. 083094
22/07/06 15:43
22/07/06 17:20
Period 0001h38
(GST)
Gross total \$8.00
Amount \$8.00
Net total \$7.55
Tax 0.45
All amounts in CAD.
Reliv. date=Receipt date

Joanne Stalinski

Senior Vice President, Wellness
Calgary Health Region

July 28/06

Ralph Strohm July 10-11

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

Parking \$ 5.00

RECEIPT

Thank you for your patronage

PALLISER PARKADE
CALGARY AB

RECEIPT ONLY!

PAY STATION: C1

ENTRY DAT/TIME:

15/08/06 10:59

PAY DATE/TIME:

15/08/06 17:51

PARK-DUR.: HRS:MIN

0:02:52

PAID: \$ 7.50

AMEX

AUTH. CODE 543814

REF. 77

* YOU MUST TAKE *

* ORIGINAL TICKET *

* WITH YOU AND USE *

* IT TO EXIT *

GST INCLUDED

GST No. RT12201449

1

THANK YOU FOR YOUR

VISIT!

PALLISER PARKADE
CALGARY AB

RECEIPT ONLY!

PAY STATION: C3

ENTRY DAT/TIME:

15/08/06 18:32

PAY DATE/TIME:

15/08/06 19:38

PARK-DUR.: HRS:MIN

0:01:06

PAID: \$ 5.00

AMEX

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

AUTH. CODE 549850

REF. 55

* YOU MUST TAKE *

* ORIGINAL TICKET *

* WITH YOU AND USE *

* IT TO EXIT *

GST INCLUDED

GST No. RT12201449

1

THANK YOU FOR YOUR

VISIT!

APPLICANT COPY

ANNIE'S/THE RANCHE
BOW VALLEY RANCH FISH CRE
CALGARY AB

TRANSACTION RECORD

CILANTRO
338-17 AVE S.W.
CALGARY, ALBERTA

CARD NUMBER s.17(1), 17(4)(e.1)
EXPIRY DATE
CARD TYPE AMEX 1592
DATE/TIME 2006/08/21 13:57:42
RECEIPT NUMBER S80553455 726-004
AUTHORIZATION
AMOUNT \$107...

CARD NUMBER s.17(1), 17(4)(e.1)
No
ENTRY DOTTED
Customer : J STALINSKI
AUTHORIZATION: 549627
STORE #: 0
TERMINAL: 1
REFERENCE: 232191

TIP
TOTAL AMOUNT

PURCHASE \$74.73
TIP
TOTAL

OO APPROVED 025 AUTH. # 66
THANK YOU

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

THANK YOU
DECEMBER 22, 2006 09:55:02
Server's name : AARON

J STALINSKI

CUSTOMER COPY

APPLICANT COPY

Glenbow Museum Shop
130 - 9th Avenue SE
Calgary, AB
T2G 0P3
(403)268-4119

Date/Time: Aug 12 2006 12:35:16
Txn # 111666
Ref # 66045936 0017860070 S

American Ex.
Card Number : s.17(1), 17(4)(e.1)
Purchase

Amount **\$78.23**

Author. # 97

Cardholder will pay card issuer above amount pursuant to cardholder agreement

00 APPROVED - THANK YOU 025

Customer Copy

DATE: 08/15/06 TIME 16:20
MID 4512828738 9321244080

RIVER CAFE
PRINCE'S ISLAND PARK
CALGARY, AB.
403-261-7670
G.S.T. #R897561874 s.17(1), 17(4)(e.1)

AMEX
AUTH 562038 TABLE 81 CHECK 6497
PURCHASE RESTAURANT DAWNE

AMOUNT 114.25
G.S.T. 6.86

SUBTOTAL \$ 11

TIP \$ 14.00

TOTAL \$ **135.11**

CUSTOMER COPY

Thank You! Please come again.
Please retain receipt for refund. No
exchange or refund after 30 days.
Due to Health Regulations, Pierced
Earrings cannot be returned or
exchanged.

OUR WEBSITE
RIVER-CAFE.COM

APPLICANT COPY

Civic Plaza Parkade
 322 - 9 Avenue SE
 CAN-T2G 5E9 Calgary, AB
 Tax Code CA GST #119457869

ST 1 (98) Cashier 47
 21/09/06 19:23

Receipt 026339

Flat rate Payment
 Civic Plaza Parkade L-36
 21/09/06 19:20 -
 22/09/06 06:00
 Period 0d10h40'
 (GST) \$5.00
 Gross total \$5.00
 Payment Cash \$5.00
 Net total \$4.72
 GST (6%) 0.28

All amounts in CAD.
 Deliv. Date=Receipt Date

Convention Centre
 727 - 1 Street SE
 CAN-T2G 2G9 Calgary, AB
 Tax code CA GST #119457869

Main POF 14/09/06 12:00
 Receipt 093151

Short-term parking tkt
 L60 - No. 096872
 14/09/06 08:48 -
 14/09/06 12:00
 Period 0d03h13'
 (GST) \$15.75

Gross total \$15.75

Payment \$15.75

Net total \$14.86
 GST 6% 0.89

All amounts in CAD.
 Deliv. date=Receipt date

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

016480

TICK

DASH

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
 PARKING TAG-DAYS
 DAILY PARKER

Meter: 215
 Trans: 233-555
 Ticket: 54454 SEP 28
 Price: \$20.00

PLACE THIS SIDE UP ON DASH

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

impark
 Expires:

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

VOID IF RE-SOLD

6:00P THU
 SEP 28 06

PLACE THIS SIDE UP

IF YOU TRIP, PLEASE ON BACK
 OUR CUSTOMERS ARE #1

616708 McDougall
 451 - 6 Street SW
 CAN-T2P 4A2 Calgary, AB
 Tax code CA GST #119457869

POF 1 (12) 29/09/06 12:12
 Receipt 035553

Short-term parking tkt
 L68 - No. 059527
 29/09/06 10:01 -
 29/09/06 12:12
 Period 0d02h12'
 (GST) \$11.25

Gross total \$11.25

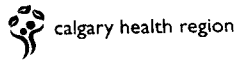
Payment VISA \$11.25

Net total \$10.61
 GST 6% 0.64

All amounts in CAD.
 Deliv. date=Receipt date

RECEIPT

Thank you for
 your patronage



ACH FMC Southport
 PLC RGH Other _____

APPLICANT COPY

**LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING**

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

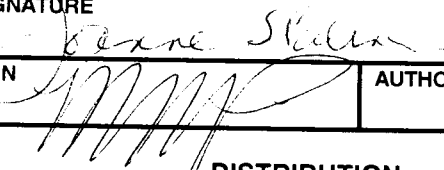
EMPLOYEE NAME (Print) Joanne Stalinski		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		
DEPARTMENT Wellness		PHONE NUMBER 943.1160		
		DATE March 23 2007		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
April 21 2006	Southport to Shawnessey YMCA	8	.41	3.28
April 25 2006	Southport to Osteria de Medici (return)	30	.41	12.30
April 28 2006	Southport to 8 th and 8 th (return)	24	.41	9.84
May 16 2006	Southport to The Westin (return)	20	.41	8.20
May 29 2006	Southport to Petroleum Club (return)	22	.41	9.02
June 6 2006	Southport to East Community Health Centre (return)	32	.41	13.12
June 7 2006	Southport to Airdrie (return)	92	.41	37.72
June 12 2006	Southport to Okotoks (return)	58	.41	23.78
June 14 2006	Southport to 855 2 nd Street SW	10	.41	4.10
June 22 2006	FMC to Southport	15	.41	6.15
June 23 2006	Southport to Da Paulo (return)	18	.41	7.38
July 5 2006	FMC to Southport	15	.41	6.15
July 5 2006	Southport to Bragg Creek (return)	86	.41	35.26
July 27 2006	Southport to 102 8 th Avenue SW	10	.41	4.10
July 28 2006	639 5 th Avenue SW to Southport	11	.41	4.51
August 14 2006	Southport to Bragg Creek (return)	86	.41	35.26
August 17 2006	Southport to ACH (return)	24	.41	9.84
Sept 7 2006	ACH to Southport	12	.41	4.92
Sept 13 2006	Southport to Calgary Golf and Country Club	6	.41	2.46
Sept 18 2006	Southport to Bow Valley College (return)	18	.41	7.38
Sept 28 2006	Telus Convention Centre to Southport	10	.41	4.10
Sept 25 2006	McDougall Centre to Southport	11	.41	4.51
Sept 25 2006	Southport to The Banff Centre (return)	274	.41	112.34
October 2 2006	Southport to ACH	15	.41	6.15
October 3 2006	Southport to Max Bell Foundation (return)	22	.41	9.02
October 4 2006	Southport to Calgary Golf and Country Club	6	.41	2.46
October 5 2006	Southport to Greenwood Inn	21	.41	8.61
October 18 2006	Southport to Hyatt Regency Calgary	10	.41	4.10
October 23 2006	Southport to Hyatt Regency Calgary	10	.41	4.10
October 24 2006	Southport to Fairmont Banff Springs	137	.41	56.17
October 26 2006	Fairmont Banff Springs to Calgary	137	.41	56.17
Nov 2 2006	Southport to City Hall (return)	20	.41	8.20
Nov 3 2006	Southport to University of Calgary	16	.41	6.56
Nov 14 2006	Southport to University of Calgary	16	.41	6.56
Nov 17 2006	University of Calgary to Southport	16	.41	6.56

RECEIVED
 MAR 23 2007
FINANCE

APPLICANT COPY

Nov 21 2006	Southport to 8 th and 8 th (return)	24	.41	9.84
Nov 23 2006	ACH to Southport	12	.41	4.92
Nov 23 2006	Southport to City Hall	10	.41	4.10
Dec 5 2006	Southport to FMC	15	.41	6.15
Dec 6 2006	Wildwood to Southport (return)	16	.41	6.56
Dec 19 2006	Southport to Health Quality Council of Alberta (return)	30	.41	12.30
January 15 2007	Southport to Bow Valley College (return)	20	.43	8.60
January 25 2007	Southport to Wildwood	16	.43	6.88
January 31 2007	Southport to San Remo (return)	20	.43	8.60
February 5 2007	Southport to Round Up Centre (return)	20	.43	8.60
February 7 2007	Southport to EPCOR Centre for Performing Arts	9	.43	3.87
March 21 2007	Southport to University of Calgary	16	.43	6.88
March 21 2007	University of Calgary to Hotel Arts	8	.43	3.44

CODING & AUTHORIZATION

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT	
0 1	7 1 5 5 0 0 0 0 9 0	6 2 4 1 0 0 0 0	MILEAGE/PARKING	\$631.12	
CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	GL DESCRIPTION	AMOUNT
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE		\$631.12
AUTHORIZATION			AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
			s.17(1), 17(4)(g)(i)	943-1167	

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 27, 2007	Requested By (Please Print) Cheryll Meredith	
Department Wellness	Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski		Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)		
Canada Post: _____		
City _____	Province _____	Postal Code _____
Interoffice Mail: Department _____		
Site _____		
Purpose of Request Miscellaneous expenses as attached <i>Apr/May/Jan 06.</i>		
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please		

CODING & AUTHORIZATION

FINANCIAL CODE			AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT		
0 1	7 1 5 5 0 0 0 0 0 9 0	6 1 0 2 0 0 0 0 0	<i>94.23</i> \$165.90	Long Distance, Fax, Modem
0 1	7 1 5 5 0 0 0 0 0 9 0	4 9 0 1 0 0 0 0 2	<i>21.67</i> \$54.84	Books, Journals, Subscriptions
0 1	7 1 5 5 0 0 0 0 0 9 0	6 7 5 0 0 0 0 0 0	<i>87.64</i> \$360.83	Public Relations
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0 0	<i>273.19</i> \$63.75	Staff Travel Local
TOTAL AMOUNT OF CHEQUE:			\$645.32	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>PLEASE SEE ATTACHED</i>			Print Name Kay Best	
Authorizer's Employee Number			Authorizer Phone # (in full) 943.1140	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

APPLICANT COPY



The Sloane Club

Lower Sloane Street Chelsea London SW1W 8BS

Telephone: 020 7730 9131 Facsimile: 020 7730 6146

email: reservations@sloaneclub.co.uk www.sloaneclub.co.uk

Welcome to the Sloane Club's Internet Service

Accounts Details:

Username:	rud6mf43
Password:	x2kw8v47
Billing:	Time to Finish
Service:	7 days
Unit:	1
Usage Time:	168:00:00
Total	J35.00
ESSID:	SLOANECLUB_PUBLIC
WEP:	

S/N:001486

4/4/2006 14:40:43

Please activate your account before 4/11/2006 PM 02:40:43

Happy Surfing.....

APRIL 4/2006

1 GBP = 2.04773 CAD

35 GBP = \$ 71.67 CAD

APPLICANT COPY

MISCELLANEOUS EXPENSES
 INCURRED BY Joanne Stalinski
 FOR THE PERIOD OF April, May and June 2006

<u>DATE OF OCCURRENCE</u>	<u>REASON FOR THE EXPENSE (Receipts Attached)</u>	<u>AMOUNT</u>
April 4 2006	The Sloane Club, London, Internet Service	\$ 71.67 ✓
April 13 2006	Lunch meeting with Wellness Team	\$ 57.73 ✓
April 19 2006	Dinner meeting with Nancy Guebert, Irene Besse and Lorie Pulliam	\$ 215.46 ✓
April 20 2006	--Telus Home Fax Line	\$ R 31.41 ✓
May 18 2006	Lunch meeting with Eileen Grant	\$ R 32.64 ✓
May 20 2006	--Telus Home Fax Line	\$ R 31.41 ✓
May 30 2006	The New Medicine DVD and Book	\$ 54.84 ✓
June 16 2006	Lunch meeting with Richard Musto and Carol Gray	\$ R 55.00 ✓
June 20 2006	--Telus Home Fax Line	\$ R 31.41 ✓
	Parking (see attached receipts)	\$ R 63.75 ✓
GRAND TOTAL		\$ 645.32

Date March 27th, 2007

Kay Best
 Approved Kay Best, FCA
 Executive Vice-President, Risk Management
 & CFO

Joanne Stalinski
 Joanne Stalinski
 Senior Vice President, Wellness

/cm

TELUS Your TELUS Statement
 Jun 20, 2006

TELUS Communications Company

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

JOANNE STALINSKI

2

Your account number
 Your TELUS Account ID

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

Here's what you owe this month: \$31.41

Amount of your last bill	\$31.41
Payment we processed on Jun 06 - Thank You	-31.41
Amount overdue from your last bill	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Jun 19 to Jul 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.03

Total new charges 31.41

Total amount due by Jul 10

\$31.41

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Jun 19	\$.44
E9-1-1 Provincial Network Fee Jun 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Jun 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your
 cheque payable to TELUS Communications. To avoid a late
 payment charge, we must receive your payment before Jul 10,
 2006.

If any part of this bill has been paid or is being adjusted, please
 deduct and pay balance.

Amount due by Jul 10
\$31.41

Phone number

Account number

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

Payment you're making

\$

401 (T)

~~JOANNE STALINSKI~~

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

TELUS
 PO BOX 7575
 VANCOUVER BC
 V6B 8N9

0125347

00486873
 BCTREG01

4

071900003141000000002

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

99

0005370000

96

May 20, 2006

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

JOANNE STALINSKI

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

2

Your account number
Your TELUS Account ID

Here's what you owe this month: \$31.41

Amount of your last bill	\$31.41
Payment we processed on May 04 - Thank You	-31.41
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from May 19 to Jun 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.03

Total new charges 31.41

Total amount due by Jun 10

\$31.41

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee May 18	\$.44
E9-1-1 Provincial Network Fee May 18	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee May 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Jun 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Jun 10
\$31.41

Payment you're making
\$

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

401 (K)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

4

061900003141000000001

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

00537900:100

96

0126097
2
00471135
BCTREG01

Apr 20, 2006

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

JOANNE STALINSKI

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

2

Your account number
Your TELUS Account ID

Here's what you owe this month: \$31.41

Amount of your last bill	\$31.41
Payment we processed on Apr 04 - Thank You	-31.41
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Apr 19 to May 18	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.03

Total new charges 31.41

Total amount due by May 10

\$31.41

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Apr 19	\$.44	.57
E9-1-1 Provincial Network Fee Apr 19	.13	
Total additional charges and credits	\$.57	

Long Distance Charges

4.95

Long Distance Administration Fee Apr 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before May 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by May 10
\$31.41

Phone number

Account number

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

Payment you're making \$

401 (B)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0126832
2
00469889
BCTREG01

4 051900003141000000000

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

⑆00537⑈900⑆101

6/09



Thank You For Your Order

Thank you for shopping at Shop PBS. We appreciate your order.

Print Receipt

Within the next 24 hours you will receive e-mail communications at joanne.stalinski@calgaryhealthregion.ca to keep you updated on the status of your order.

Order Number: 1782458246
Order Date: 05/30/06 at 2:07:09 PM (EDT)
Order Total: \$54.84

Payment Details and Options

Bill to:

Joanne Stalinski

Payment Method:

American Express:

Gift Options:

- Gift Wrap
No items gift-wrapped
- Free Gift Message
No Gift Message

CA

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

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

Order Details and Options

Summary for "Joanne Stalinski Calgary Health Region"

Shipping To:

Joanne Stalinski
Calgary Health Region
10101 Southport Road SW
Calgary, AB T2W 3N2 CA

Shipping Method:

Purolator Ground Service

Qty.	Item Description	Gift Options	Price Each	Total
1	The New Medicine DVD & Book Save \$5 Item#: 2238780 IN STOCK: Leaves warehouse in 1 - 2 full bus. days.	Not Selected	\$34.90	\$34.90

Cost Summary

Merchandise Subtotal: \$34.90

Shipping and Handling: \$17.50

International Handling Fee: \$2.44

Total Order Cost: \$54.84

Remaining Balance: \$54.84
(applied to credit card)

Order Confirmation and Status will be sent to

APPLICANT COPY

BROKEN PLATE
590-10016 MACLEOD T2J5N8
CALGARY AB
93204770710

PRE AUTH PURCHASE

05-19-2006

13:42:01

Acct #

Exp Date

Name J STALINSKI

Card Type AM

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

Inv. # 1304 Operator 012

T22799973001

Auth # 73

RRN 001501022

P. Auth Purchase

\$32.64

Tip

Total

Customer copy

WELLINGTONS/OSCAR'S

10325 Bonaventure Dr. SE
Tel: 403-278-5250

Server: Tom K
Table: 7

Date: 06/16/2006
Time: 13:55

Client: 3

1	diet Pepsi	2.00
3	Lunch Special	39.00
2	Cappuccino	5.90
2	Espresso	4.50

SUB-TOTAL: 51.40

GST (R10561718): 3.60

TOTAL: 55.00

Wellington's/Oscar's
Please pay server.
Thank-you.

Please pay server.
Thank-you.

APPLICANT COPY

WELLINGTONS/OSCAR'S

10325 Bonaventure Dr. SE
Tel: 403-278-5250

SIMONE'S BISTRO
636 10 AVENUE SOUTH WEST
CALGARY AB

Server: Tom K
Table: 11

Date: 04/13/2006
Time: 13:04

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

AMEX

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

SIALINSKI/J
AUTH
MERCHANT#

568971 ONLINE
9999

CARD NUMBER
EXPIRY DATE
CARD TYPE AMEX 1617
DATE/TIME 2006/04/19 21:00:44
RECEIPT NUMBER S47146046-789-017
AUTHORIZATION
AMOUNT \$190.46

TIP
TOTAL AMOUNT: 215.46

SUBTOTAL \$ 57.73

TIP \$

TOTAL \$

00 APPROVED-025 AUTH. # 70
THANK YOU

CARDHOLDER COPY

** CUSTOMER COPY **

Wellington's/Oscar's
Please pay server.
Thank-you.

APPLICANT COPY

Authorized Parking
535 7 Avenue SW
Lot 02
0510122014491

Trs#:
Entry Time: 05/29/06 11:25
Exit Time: 06/07/2006 2:1
Total of days: 0 03:4

Product: \$20

Product: \$0

Product: \$20.00

Best Copy Possible

0.00

Signature

Thank You and Have a Good Day

10.00

VALLEY SQUARE

205 5TH AVENUE S W
CALGARY ALBERTA

Fee Computer Number:
Cashier:
Transaction Number:
Entered:
Exited:
Ticket #37470
Rate:
Total Fee:
Cash:
Change:

05/29/06 11:25
05/29/06 3:25
Dispenser #4
Area 1
\$10.00
\$20.00
\$10.00

INSERT THIS END UP

CHR FMC LOT No.6
RECEIPT A1
ENTRY TIME:
06/26/06 16:53
EXIT TIME:
06/26/06 18:18
PARK-DUR.: HRS:MIN
0:01:25

AMOUNT:
3.75
KIND OF PAYMENT:
VISA

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

AUTH. CODE

Thank you for choosing
VALLEY SQUARE PARKADE
0510122014491

105
601 No. 8100230000

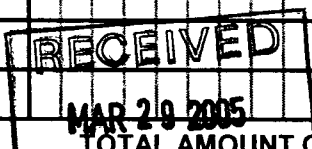


INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 24, 2005		Requested By (Please Print) Cheryl Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department _____			
Site _____			
Purpose of Request _____			
<input checked="" type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS <u>Direct Deposit</u>			

CODING & AUTHORIZATION

FINANCIAL CODE										AMOUNT	GL DESCRIPTION										
ORG	FUNCTIONAL CENTRE						ACCOUNT														
	7	1	1	0	5	0	0	0	0	4	7	6	2	4	1	0	0	0	0	\$127.75	Parking
	7	1	1	0	5	0	0	0	0	4	7	6	9	6	0	0	0	0	0	\$538.39	Meals re meetings
	7	1	1	0	5	0	0	0	0	4	7	4	9	5	1	0	0	0	1	\$13.92	Cards for staff
																					
										TOTAL AMOUNT OF CHEQUE:										679.56	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>Joanne Stalinski</i>										Print Name Joanne Stalinski											
Authorizer's Employee Number <i>2111</i>										Authorizer Phone # (in full) 943.1161											

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

APPLICANT COPY

McDougal
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869
POF 1 (12) Cashier 0
27/10/04 09:43

Receipt 01534E

Short-term Parkings
Short-term Parkings tkt
McDougal Parkade
27/10/04 08:17 -
27/10/04 09:43
Period 0d01h25'
(GST) \$6.00
Gross total \$6.00
Payment s.17(1), 17(4)(e.1)

Net total \$6.00
GST (7%) 0.42

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

McDougal
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869
POF 1 (12) Cashier 0
27/10/04 13:43

Receipt 00986E

Short-term Parkings
Short-term Parkings tkt
McDougal Parkade
27/10/04 11:57 -
27/10/04 13:43
Period 0d01h45'
(GST) \$7.00
Gross total \$7.00
Payment

Net total \$7.00
GST (7%) 0.49

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

Convention Centre
727 - 1 Street SE
CAN-T2G 2G9 Calgary, AB
Tax Code CA GST #119457869
Main POF Cashier 3
27/10/04 14:03

Receipt 043827

Short-term Parkings
Short-term Parkings tkt
Convention Center
27/10/04 11:48 -
27/10/04 14:03
Period 0d02h15'
(GST) \$8.75
Gross total \$8.75
Payment \$8.75
Net total \$8.75
GST (7%) 0.61

ALL amounts in CAD
THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

McDougal
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869
POF 1 (12) Cashier 0
27/01/05 16:06

Receipt 023423

Short-term Parkings
Short-term Parkings tkt
McDougal Parkade
27/01/05 08:23 -
27/01/05 16:06
Period 0d07h43'
(GST) \$14.00
Gross total \$14.00
Payment \$14.00

Net total \$13.00
GST (7%) 0.92

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

CPA James Short
115 - 4 Avenue SW
AB-T2P 4L6 CALGARY, AB
Tax Code CA GST #119457869
POF Major Cashier 0
15/12/04 09:02

Receipt 001070

Short-term Parkings
Short-term Parkings tkt
James Short
15/12/04 07:23 -
15/12/04 09:02
Period 0d01h39'
(GST) \$8.00
Gross total \$8.00
Payment \$8.00

Net total \$7.48
GST (7%) 0.52

ALL amounts in CAD
THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

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

Spots Parking
CALGARY PLACE

Total: 12.00 T1
Entry Time: 13/10/2004 07:07
Exit Time: 13/10/2004 08:49
C.C. No.:
C.C. exp.

Thank You
Come Again

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

CPA James Short
115 - 4 Avenue SW
AB-T2P 4L6 CALGARY, AB
Tax Code CA GST #119457839
PDF Major Cashier 3
05/10/04 09:02
Receipt 0843359
Short-term Parking
Short-term Parking tkt
James Short
05/10/04 07:27 -
05/10/04 09:02
Period 0101h35'
(GST) \$6.00
Gross total \$6.00
Payment
Net total \$5.61
GST (7%) 0.39

ALL amounts in CAD
THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

APPLICANT COPY
DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking
Lot 0002-0004
Machine Serial #:714050DF4570

EXPIRY DATE AND TIME

EXP 06:00pm
OCT 12,2004

TICKET# LOT#
00013374 00020004

CC \$0014.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park All Day \$14.00
Question/Comments
Ph: 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT



PALLISER PARKADE
CALGARY AB
RECEIPT A1
IN: 13/10/04 18:04
OUT: 13/10/04 21:11
PAID: \$ 4.00
VISA

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

AUTH. CODE
REF. AD05464
GST No. RT122014491

KEEP TICKET WITH YOU
DO NOT FOLD
Pay at Paystation BEFORE
returning to your vehicle

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

IMPARK

IMPERIAL PARKING
PHONE 298-7275
IMPARK
HOURLY PARKER

TICKET VOID IF RE-SOLD

Meter: LOT 197
Trans: 00019927
Time: 1:51A OCT 15
Price: \$10.00
Card: 4510*****36010
Exp.: 0508

1:51A FRI
OCT 15 04

IMPARK

INSTRUCTIONS ON BACK
GST REG # R102466000
OUR CUSTOMERS ARE #1

NOT VALID FOR PARKING
PRESENT TO OLD SPAGHETTI
FACTORY (MEAL DISCOUNT)
Meter: LOT 197

TICKET VOID IF RE-SOLD

Trans: 00019927
Time: 1:51A OCT 15
Price: \$10.00
Card: 4510*****36010
Exp.: 0508

PALLISER PARKADE
CALGARY AB
RECEIPT C4

ENTRY DAT/TIME:
12/10/04 17:22
PAY DATE/TIME:
12/10/04 21:15
PARK-DUR.: HRS:MIN
0:03:53

PAID: \$ 8.00
VISA

AUTH. CODE
REF. AJ06348
GST INCLUDED
GST No. RT12201449

APPLICANT COPY

WELLINGTONS/OSCAR'S

10325 Bonaventure Dr. SE
Tel: 403-278-5250

WELLINGTONS/OSCAR'S
10325 Bonaventure Dr. SE
Tel: 403-278-5250

CHR SOUTHPORT
UNIT#63038
COMPASS GROUP

Server: Robin Date: 12/15/20
04

Table: 15 Time: 13:29

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

STALINSKI/J
AUTH 567066 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 34.13

TIP \$ _____

TOTAL \$ _____

** CUSTOMER COPY **

Server: Skipper Date: 10/14/20
04
Table: 2 Time: 13:16
s.17(1), 17(4)(e.1)

UTSA Expiry:

STALINSKI/JOANNE
AUTH 070805 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 41.62

TIP \$ _____

TOTAL \$ _____

** CUSTOMER COPY **

Wellington's/Oscar's
Please pay server.
Thank-you.

Spots Parking
555 2 Avenue SW
Lot C2
GST#121820799RT0001

Trs#: 250659
Entry Time: 06/10/2004 11:50:21
Exit time: 06/10/2004 14:09:02
Length of stay: 0 02:18:41

Sub-Total: \$14.00

Reduction: \$0.00

GST: \$0.00
Total paid: \$14.00

Signature

#207
1 \$3.50 3.50
1 \$2.95 2.95
2 WATER 4.00
710ML

GST .68

SBTL 10.45

TOTL 10.45

CASH 20.00

CHNG 9.55

EUREST DINING

THANK YOU FOR

YOUR PATRONAGE

GST#R898544416

CSHR ROB
NOV.24'04 0002
No6408 12:42 #002

Wellington's/Oscar's
Please pay server.
Thank-you.

Advanced Parking

Calgary Place
GST #122014491

Trs#: 75020
Entry Time: 08/12/2004 16:15:32
Exit time: 08/12/2004 18:19:48
Length of stay: 0 02:04:16

Sub-Total: \$16.00

Reduction: \$0.00

GST: \$0.00
Total paid: \$16.00

Thank You and Have a Good Day

Signature

Thank You and Have a Good Day

APPLICANT COPY

WELLINGTONS/OSCAR'S

10325 Bonaventure Dr. SE
Tel: 403-278-5250

CIAO BABY'S RESTAURANT
5920 MACLEOD TRAIL UNIT 1
CALGARY AB s.17(1), 17(4)(e.1)

RISTORANTE LA-LUNA ROSSA
823 14TH STREET NW
CALGARY, AB
(403) 270-8787

Merchant ID: 4073597
Term ID: A4073597
Server ID: 1 Shift #: 1

Server: Robin Date: 12/02/05
04
Table: 7 Time: 13:47

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

STALINSKI/T
AUTH 569042 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 30.92

TIP \$

TOTAL \$

** CUSTOMER COPY **

CARD NUMBER
EXPIRY DATE
CARD TYPE AMEX 1500
DATE/TIME 2004/12/21 13:22:47
CLERK NUMBER 3 s.17(1), 17(4)(e.1)
RECEIPT NUMBER 647160236-113-055
AUTHORIZATION
AMOUNT \$109.78

TIP

TOTAL AMOUNT

00 APPROVED-025 AUTH. # 28
THANK YOU

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

Pre Auth
AMFY Exp:
Entry Method: Swiped
Batch #: 000001 Seq #: 095001001001
Invoice#: 001069
Amount: \$ 64.89
Tip:

Total:
001 Approved
Approval Code: 17A147
NO SIGNATURE REQUIRED

12/01/05 13:48:47
Customer Copy

CARDHOLDER SIGNATURE

Wellington's/Oscar's
Please pay server.
Thank-you.

SORRENTINO'S DOWNTOWN
#10162-100 STREET
EDMONTON AB

30361 4650255 TERM 00070607
FORM 22 CLIP # 2108
AMOUNT \$38.95
TIP (000480) \$ 6.00
TOTAL \$ 44.95
DEC 10 2004 10:49 APPROVED
327070 001

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

Joanne Sker

APPLICANT COPY

CAFE SOLEIL
208 CARTBOU STREET

ID: A4048561
SLIP #: 7835
STORE: 401355

BANFF
12.84 only

MERCHANT/MARCHAND

PRE-AUTH \$25.68
s.17(1), 17(4)(e.1)
POURBOIRES/TIP \$
TOTAL \$

SIGNATURE s.17(1), 17(4)(e.1)
Visa *S

APPROVED AUTH 015741
SEQ 376001001003 ISO -001
Dec 14 2004 1:29 pm

MERCHANT COPY

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

MADRINA'S RISTORANTE
BOX 1094
BRAGG CREEK, AB
(403) 949-2750

Merchant ID: 4037096
Term ID: B4037096
Server ID: 1 Shift #: 1

Pre Auth
VISA Exp:
Entry Method: Swiped
Batch #: 000001 Seq #: 019001001009
Invoice#: 000170

Amount: \$ 81.59
Tip: 12.00
Total: 93.59
001 Approved
Approval Code: 050676

NO SIGNATURE REQUIRED

08/10/04 20:29:51

Customer Copy

WAL-MART

WE SELL
FOR LESS
NORTHLAND VILLAGE 3011

ST# 3011 OP# 00003392 TE# 07 TR# 05510
CARD BRTHDA 007000018629 3.14 J
CARD BD GEN 007000011773 3.59 J
CARD BD GNR 007000011772 3.14 J
CARD BD GNR 007000011772 3.14 J
SUBTOTAL 13.01
GST 7% 0.91
TOTAL 13.92
CASH TEND 15.00
CHANGE DUE 1.08
GST REG # 137466199
QST REG # 1016551356

ITEMS SOLD 4

TC# 6798 7328 2974 8751 669



www.walmartalkformiracles.ca
10/09/04 19:07:11

CENTEX PETROLIUM-WEST EDMONTON
17046 90 AVE. NW.
EDMONTON AB s.17(1), 17(4)(e.1)

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 0778
DATE/TIME 2004/10/12 10:01:52
RECEIPT NUMBER S80580067-267-014
PURCHASE
TOTAL AMOUNT \$41.25

01 APPROVED 027 AUTH. # 087490
THANK YOU

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

JOANNE STALINSKI

Da Paolo
Ristorante

Table: 10

Station: 001 Check: 6
Manager: Claudio Guests: 2
Saturday 1/22/05 12:34 pm

[Chk Copy 1]

2 Salad N/C 0.00
2 SALMON 40.00
2 TEA 3.90

TAXABLE 43.90
GST 3.07

DINING RM 46.97

THANK YOU
GST # R135365054

Expiration Date Checked Date d'expiration vérifiée	
Approval Code Code d'autorisation	Amt. of Delayed Chg. Mont. des frais retardés
Check or Bill Number N° de votre facture	Revised Total Nouveau Total
MERCH/SERV / MARCH/SEV 46.97	
ST / TPS	
ST / TVP	
RES/MISC / POURBOIRES/DIVERS 7.00	
TOTAL 53.97	
DOLLARS CENTS/SOUS	
à transmettre les présentes à la Banque cb) ou à ses représentants autorisés en marchandises ou les services obtenus sur carte ne doivent pas être remboursés ou sement au comptant.	
ber Copy du titulaire	

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 27, 2007		Requested By (Please Print) Cheryll Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department _____			
Site _____			
Purpose of Request Miscellaneous expenses as attached			
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please <i>Jan/Feb/Mar 07</i>			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 5 5 0 0 0 0 0 9 0	6 1 0 2 0 0 0 0 0	<i>R</i> \$30.57	Long Distance, Fax, Modem
0 1	7 1 5 5 0 0 0 0 0 9 0	6 7 5 0 0 0 0 0 0	<i>189.35</i> \$721.61	Public Relations
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0 0	<i>37.50</i> \$47.50	Staff Travel Local
TOTAL AMOUNT OF CHEQUE:			\$799.68	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>PLEASE SEE ATTACHED</i>			Print Name Kay Best	
Authorizer's Employee Number			Authorizer Phone # (in full) 943.1140	

ACCOUNTS PAYABLE ONLY

Invoice # _____ Supplier # _____ Recurring Payment: Start Date _____ End Date _____ # of Payments _____ Cycle _____	Comments: _____ _____ _____ _____ _____
--	---

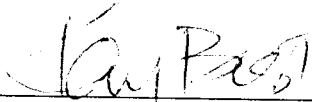
00074

APPLICANT COPY

MISCELLANEOUS EXPENSES
INCURRED BY Joanne Stalinski
FOR THE PERIOD OF January, February and March 2007

<u>DATE OF OCCURRENCE</u>	<u>REASON FOR THE EXPENSE (Receipts Attached)</u>	<u>AMOUNT</u>
January 20 2007	Telus Home Fax Line	\$ 30.57~
January 25 2007	Lunch meeting with Ann Crabtree	\$ 40.17
January 31 2007	Lunch meeting with Lori Dumba	\$ 22.26
March 21 2007	Dinner meeting with HeartMath representatives	\$ 659.18
	Parking (see attached receipts)	\$ 47.50
GRAND TOTAL		\$ 799.68

Date March 26, 2007



Approved Kay Best, FCA
Executive Vice-President, Risk Management
& CFO



Joanne Stalinski
Senior Vice President, Wellness

/cm

TELUS® Your TELUS Statement

Jan 20, 2007

APPLICANT COPY

TELUS Communications Company

Page
1 of 2

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

JOANNE STALINSKI

2

Your account number
Your TELUS Account ID

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

Here's what you owe this month: \$30.57

Amount of your last bill	\$30.57
Payment we processed on Jan 10 - Thank You	-30.57
Amount overdue from your last bill	.00

▪ Thank you for keeping
your account up to date.

1 Residence Line Touchtone from Jan 19 to Feb 18	23.34
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.71

Total new charges **30.57**

Total amount due by Feb 10

\$30.57

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Jan 19	\$.44
E9-1-1 Provincial Network Fee Jan 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Jan 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Feb 10, 2007.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Feb 10
\$30.57

Phone number

Account number

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

Payment you're making
\$

401 (M)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0115377

00420963
BCTREG01

4

021900003057000000003

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

00537000114

96

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 21/03/07 08:42

EXPIRATION TIME 21/03/07 07:42

AMOUNT PAID \$ 4.50 162000000 07:42 MHP

EXPIRATION DATE 21/03/07 23:59

EXPIRATION TIME 21/03/07 14:24

AMOUNT PAID \$ 9.00 162000000 14:24 MHP

TICKET VALID THIS LOT ONLY.

NON TRANSFERABLE 0974537



UNIVERSITY OF CALGARY
GST #R108102864

RECEIPT 0974537

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 21/03/07 23:59

EXPIRATION TIME 21/03/07 14:24

AMOUNT PAID \$ 9.00 162000000 14:24 MHP

TICKET VALID THIS LOT ONLY.

NON TRANSFERABLE 0974563



UNIVERSITY OF CALGARY
GST #R108102864

RECEIPT 0974563

DATE 3/21/07 TIME 9:07PM
MID CCRD

SAINT GERMAIN
115, 12TH AVENUE SW
CALGARY, ALBERTA
T2R 0G8
403.290.1322

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

AMEX AUTH 586856 IBL 48 CHECK 12129
PRE-AUTH DINING DARREN

AMOUNT 621.86
GST PLUS 37.32

SUBTOTAL \$ 659.18
TIP \$
TOTAL \$

CUSTOMER COPY

APPLIC

MAILISSE PARRAIN
 CALGARY AB
 RECEIPT ONLY
 PAY STATION: C1

 ENTRY DATE TIME:
 13/01/07 09:21
 END DATE TIME:
 13/01/07 09:37
 TIME DUR.: HRS:MIN
 0:01:16

 FINE: \$ 7.00
 AMOUNT

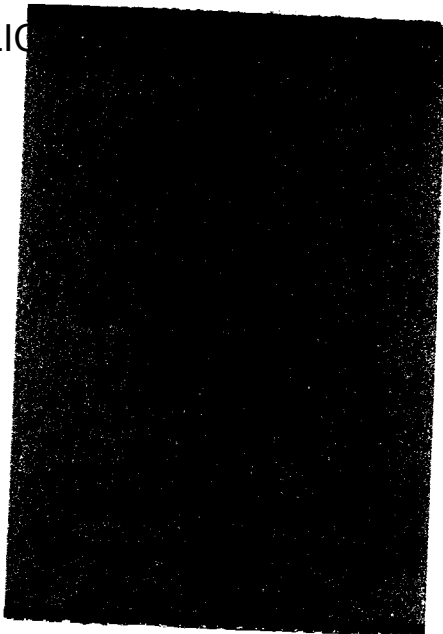
s.17(1), 17(4)(e.1)

SUPPL. CODE 594815
 REF. 22

 * YOU MUST TAKE *
 * ORIGINAL TICKET *
 * WITH YOU AND USE *
 * IT TO EXIT *

 GST INCL. RT122-01449
 1

 THANK YOU FOR YOUR
 VISIT



Civic Plaza Parkade
 322 - 9 Avenue SE
 CAN-T2G 5E9 Calgary, AB
 Tax code: CACST #119457869
 CT 1 <90> 07/02/07 16:39
 Cashier #18301
 Receipt #18301
 Short-term parking tkt
 L36 - No. 020705
 07/02/07 16:39 -
 07/02/07 16:39 -
 Period 0cd34h11,
 (GST) \$13.00
 Gross total \$13.00
 Payment Cash \$13.00
 Net total \$12.26
 GST 6% 0.74
 All amounts in CAD.
 Deliv. date=Receipt date

*Parking
 \$10.00 - no receipt
 March 22/07
 Breakfast meeting with
 Dave Ulrich*

APPLICANT COPY

WILDWOOD BREW CO.

0027 Table 25
WARREN L Svrck: 7 12:34 01/25/07
DINING ROOM

2 L SALAD 30.00
CAPPUCCINO 7.90

Sub Total:

Tax:

01/25 13:32 TOTAL: 4

GST# 893654624T0001
RESERVATIONS 228-0
FAX 228-00

BOOK YOUR TABLE FOR VALENTINES
TODAY 403-228-0100
HAPPY NEW YEAR !!

SAN REMO RISTORANTE AT
3574 GARRISON GATE T2T6N1
CALGARY AB 932059103610

Name: STALINSKI JOANNE
Acct # s.17(1), 17(4)(e.1)

Date 07/01/31 Time 13 47 07
Exp Date 1011 Auth # 57
Card Type AM Tran Code 01
001914004 s.17(1), 17(4)(e.1)

Op ID: 003 CAREY

Invoice No.: 9184

Subtotal \$22.26
Tip -----
Total -----

Retain this copy for your records

Customer Copy



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 27, 2007		Requested By (Please Print) Cheryll Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department _____			
Site _____			
Purpose of Request Miscellaneous expenses as attached			
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please <i>Oct/Nov/Dec 06.</i>			

CODING & AUTHORIZATION

FINANCIAL CODE				AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT			
0 1	7 1 5 5 0 0 0 0 0 9 0	4 9 0 1 0 0 0 2	R	\$41.72	Books, Journals, Subscriptions
0 1	7 1 5 5 0 0 0 0 0 9 0	6 1 0 2 0 0 0 0	R	\$91.71	Long Distance, Fax, Modem
0 1	7 1 5 5 0 0 0 0 0 9 0	6 7 5 0 0 0 0 0	R	\$145.76	Public Relations
0 1	7 1 5 5 0 0 0 0 0 9 0	4 9 5 1 1 0 0 0	Z	\$434.22	Grad/Vol Recognition
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0	100.	\$104.50	Staff Travel Local
TOTAL AMOUNT OF CHEQUE:				\$817.91	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>PLEASE SEE ATTACHED</i>				Print Name Kay Best	
Authorizer's Employee Number				Authorizer Phone # (in full) 943.1140	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

APPLICANT COPY

MISCELLANEOUS EXPENSES
 INCURRED BY Joanne Stalinski
 FOR THE PERIOD OF October, November and December 2006

<u>DATE OF OCCURRENCE</u>	<u>REASON FOR THE EXPENSE (Receipts Attached)</u>	<u>AMOUNT</u>
October 16 2006	Books and CDs for Wellness Library	\$ R 41.72 -
October 20 2006	Telus Home Fax Line	\$ R 30.57 -
October 23 2006	Dinner meeting with Dr. Mark Gold	\$ R 93.82
November 20 2006	Telus Home Fax Line	\$ R 30.57 -
November 21 2006	Lunch meeting with Ken Wilson	\$ Z 51.94
November 23 2006	Conference Team Wind-up Dinner	\$ Z 434.22 -
December 20 2006	Telus Home Fax Line	\$ R 30.57 -
	Parking (see attached receipts)	100.00 \$ 104.50 -
GRAND TOTAL		\$ 817.91

Date Kay Best March 26, 2007

Approved Kay Best, FCA
 Executive Vice-President, Risk Management
 & CFO

Joanne Stalinski
 Joanne Stalinski
 Senior Vice President, Wellness

/cm



<http://www.amazon.ca>



0034

102

Amazon.ca
c/o Assured Logistics
6110 Cantay Rd.
Mississauga, ON L5R 3W5
Canada

Billing Address/Adresse de correspondance:
Ioanne Stalinski

Shipping Address/Adresse d'expédition:
I Stalinski

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

Invoice and Receipt for/Facture et bon de livraison pour

Your order of/Votre commande du: October 05, 2006
Order ID/N° commande: 701-3390569-9352363

Invoice number/N° bon de livraison huad37869 October 16, 2006

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
1	✓ Don't Think Elephant: Know Your Values and Frame the Debate Lakoff, George - 1931498717 29-25-05A	paperback	\$11.38	\$11.38
1	✓ Meditations for Sound Healing Dr. Mitchell Gaynor, M.D. - B000G1R4CA X18-35-05B	audioCD	\$13.99	\$13.99
1	✓ Music for Sound Healing Dr. Mitchell Gaynor, M.D. - B000HWXR8 X23-28-05A	audioCD	\$13.99	\$13.99
Subtotal/Sous-total				\$39.36
GST/TPS				\$2.36
Order Total/Montant total				\$41.72
<i>Paid via/Payé par American Express</i>				\$41.72
Balance Due/Montant dû				0.00

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our homepage.

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

Returns are easy -- even for gifts! Visit <http://www.amazon.ca/returns> for more information.

Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca. Revenez nous voir!

Retourner un article: rien de plus facile, même s'il s'agit d'un cadeau! Visitez <http://www.amazon.ca/returns> pour plus d'information.



huad37869



Your TELUS Statement

Oct 20, 2006

APPLICANT COPY

Summary

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

JOANNE STALINSKI

2

Your account number
Your TELUS Account ID

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

Here's what you owe this month: \$30.57

Amount of your last bill	\$30.57
Payment we processed on Oct 11 - Thank You	-30.57
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Oct 19 to Nov 18	23.34
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.71

Total new charges 30.57

Total amount due by Nov 10

\$30.57

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Oct 19	\$.44
E9-1-1 Provincial Network Fee Oct 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Oct 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Nov 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Nov 10
\$30.57

Payment you're making
\$

Phone number

Account number

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

401 (A)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0117291

00447763
BCTREG01

4

111900003057000000003

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

00537900121

96



Your TELUS Statement

Nov 20, 2006

APPLICANT COPY

TELUS Communications Company

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

JOANNE STALINSKI

Your account number
Your TELUS Account ID

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

Here's what you owe this month: \$30.57

Amount of your last bill	\$30.57
Payment we processed on Nov 07 - Thank You	-30.57
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Nov 19 to Dec 18	23.34
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.71

Total new charges 30.57

Total amount due by Dec 10

\$30.57

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Nov 19	\$.44
E9-1-1 Provincial Network Fee Nov 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Nov 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Dec 10, 2006.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Dec 10
\$30.57

Phone number

Account number

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

Payment you're making

\$

401 (U)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0116697
2
00417597
BCTREG01

4

121900003057000000004

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

00537900122

96



Your TELUS Statement

Dec 20, 2006

APPLICANT COPY

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

JOANNE STALINSKI

Your account number
Your TELUS Account ID

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

Here's what you owe this month: \$30.57

Amount of your last bill	\$30.57
Payment we processed on Dec 13 - Thank You	-30.57
Amount overdue from your last bill	.00

• Season's Greetings from TELUS.

1 Residence Line Touchtone from Dec 19 to Jan 18	23.34
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.71

Total new charges 30.57

Total amount due by Jan 10 \$30.57

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Dec 19	\$.44
E9-1-1 Provincial Network Fee Dec 19	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Dec 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Jan 10, 2007.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

**Amount due by Jan 10
\$30.57**

Payment you're making
\$

Phone number

Account number

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

401 (R)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0116079
2
00435867
BCTREG01

4

011900003057000000002

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

005370000123

96

APPLICANT COPY

 CHECK # 6701 DATE 10/23/06
 TABLE # 43 TIME 17:59

 DUPLICATE CHECK *****

SIMONE'S BISTRO
 636 10 AVENUE SOUTH WEST
 CALGARY AB s.17(1), 17(4)(e.1)

SALTNIK - BAJJILE

ITEMS ORDERED	AMOUNT
1 1/2 PIZZA	0.00
1 BUNCH OF ONION	7.00
1 CHICKEN COBBLE SALAD	14.75
1 1/2 PIZZA	
W/pepperoni sauce	36.00
1 1/2 PIZZA	23.50
1 Soft drink	3.50
1 POP BEV	0.00
1 COFFEE	1.75
1 POP	2.00

CARD NUMBER
 EXPIRY DATE
 CARD TYPE AMEX 0663
 DATE/TIME 2006/11/21 12:51:51
 RECEIPT NUMBER 547146046-961-003
 AUTHORIZATION
 AMOUNT \$51.94
 TIP
 TOTAL AMOUNT
 GO APPROVED-025 AUTH. # 85
 THANK YOU

 SUBTOTAL 88.50
 TAX 5.32
 TOTAL DUE 93.82

CARDHOLDER COPY

TRANSACTION RECORD

CILANTRO
 338-17 AVE S.W.
 CALGARY, ALBERTA

The Saltnik would like to hear your feedback. Please e-mail me at stewartfuller@saltniksteakhouse.com. Thank you, Stewart Fuller, President GST #86142 2814RT001

CARD TYPE: AM - EV
 Nu.: s.17(1), 17(4)(e.1)
 ENTRY: KEYED
 AUTHORIZATION: 142902
 STORE #: 0
 TERMINAL: 2
 REFERENCE: 235290

PURCHASE \$379.22
 TIP 55.00
 TOTAL 434.22

THANK YOU
 NOVEMBER 23, 2006 20:03:15
 Server's name : AARON

APPLICANT COPY

BANKERS HALL
CALGARY, AB

RECEIPT K1

ENTRY DATE/TIME:
05.12.05 08:47
PAY DATE/TIME:
05.12.05 10:15
PARK-DUR.: HRS:MIN
0:01:28

ALLOWED EXIT TO:
05.12.05 10:30

PAID: \$ 11.25
AMEX

BANKERS HALL
CALGARY, AB
RECEIPT K1

ENTRY DATE/TIME:
05.12.05 09:02
PAY DATE/TIME:
05.12.05 10:12
PARK-DUR.: HRS:MIN
0:01:10

ALLOWED EXIT TO:
05.12.05 10:27

PAID: \$ 11.25
UTSA

Convention Centre
727 - 1 Street SE
CAN-TS 209 Calgary, AB
Tax code CAGS #119457869
CT 2 (103) 12/12/06 19:20
Cashier 46
Receipt 037556
Short-term Parking tkt
L60 - No. 043360
12/12/05 17:16 -
12/12/05 19:20
Period 0d02h00'
(GST) \$4.00
Gross total \$4.00
Payment
Cash \$4.00
Net total \$3.77
GST 6% 0.23
All amounts in CAD.
Deliv. date=Receipt date

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

AUTH. CODE
REF. ADD3945

* You Have ONLY *
* 15 MINUTES *
* To Exit Garage *

* NO IN/OUT *
* PRIVILEGES *

Standard Parking
* Of Canada Ltd. *

* GST INCLUDED *

GST No. R100230770

AUTH. CODE
REF. ADD3942

* You Have ONLY *
* 15 MINUTES *
* To Exit Garage *

* NO IN/OUT *
* PRIVILEGES *

Standard Parking
* Of Canada Ltd. *

* GST INCLUDED *

GST No. R100230770

Dec 21/06

UMCA

4.50

plug meter

Terminal Package
OST No. R12255194

APPLICANT COPY
CAN-Tec 269 Calgary AB
Main POF 23/10/06 18:03
Receipt 010616

Short-term Parking tkt
L60 - No. 014673
23/10/06 16:34 -
23/10/06 18:03
Period 0d01h30'
(GST) ----- \$3.00
Gross total ----- \$3.00
Payment
VISA ----- \$3.00
Net total ----- \$2.83
TAX ----- 0.17

All amounts in CAD.
Deliv. date=Receipt date

RECEIPT

Thank you for
your patronage



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

CALGARY PARKING AUTHORITY

Display this receipt on
dashboard this side up

Start--Date---Start--Time

02-11- 12:01

2006-----

Expiry-Date---Expiry-Time

02-11- 13:14

2006-----

PDM ID: Lot 9-1

Fee: \$ 4.25

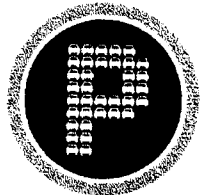
VISA

Issued: 02-11-2006 12:01

Receipt #: 1532

GST #: 119457869

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



CALGARY PARKING AUTHORITY

Display this receipt on
dashboard this side up

Start--Date---Start--Time

21-11- 09:09

2006-----

Expiry-Date---Expiry-Time

21-11- 11:14

2006-----

PDM ID: Lot 9-1

Fee: \$ 7.25

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

Issued: 21-11-2006 09:09

Receipt #: 2455

GST #: 119457869



CALGARY PARKING AUTHORITY

Display this receipt on
dashboard this side up

Start--Date---Start--Time

23-11- 11:49

2006-----

Expiry-Date---Expiry-Time

23-11- 18:00

2006-----

PDM ID: Lot 9-2

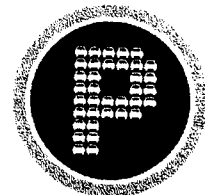
Fee: \$ 9.00

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

Issued: 23-11-2006 11:49

Receipt #: 3672

GST #: 119457869



CALGARY PARKING AUTHORITY

Display this receipt on
dashboard this side up

Start--Date---Start--Time

29-11- 16:28

2006-----

Expiry-Date---Expiry-Time

30-11- 06:00

2006-----

PDM ID: Lot 7-2

Fee: \$ 2.00

Issued: 29-11-2006 16:28

Receipt #: 7237

GST #: 119457869

APPLICANT COPY

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C1

ENTRY DATE/TIME:
10/10/06 17:23
EXIT DATE/TIME:
10/10/06 21:40
PARK-DUR.: HRS:MIN
0:04:19

PAID: \$ 7.50
AMEX

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C1

ENTRY DATE/TIME:
11/10/06 19:23
EXIT DATE/TIME:
11/10/06 20:00
PARK-DUR.: HRS:MIN
0:01:37

PAID: \$ 5.00
AMEX

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C3

ENTRY DATE/TIME:
12/10/06 07:18
EXIT DATE/TIME:
12/10/06 09:04
PARK-DUR.: HRS:MIN
0:01:46

PAID: \$ 10.00
AMEX

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

AUTH. CODE 542203
REF. 19

* YOU MUST TAKE *
* ORIGINAL TICKET *
* WITH YOU AND USE *
* IT TO EXIT *

GST INCLUDED
GST No. RT12201449
1

THANK YOU FOR YOUR
VISIT!

AUTH. CODE 540370
REF. 79

* YOU MUST TAKE *
* ORIGINAL TICKET *
* WITH YOU AND USE *
* IT TO EXIT *

GST INCLUDED
GST No. RT12201449
1

THANK YOU FOR YOUR
VISIT!

AUTH. CODE 584081
REF. 71

* YOU MUST TAKE *
* ORIGINAL TICKET *
* WITH YOU AND USE *
* IT TO EXIT *

GST INCLUDED
GST No. RT12201449
1

THANK YOU FOR YOUR
VISIT!

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

PAY STATION: C1

ENTRY DATE/TIME:
13/10/06 19:35
EXIT DATE/TIME:
13/10/06 23:15
PARK-DUR.: HRS:MIN
0:03:40

PAID: ~~7.50~~
AMEX



BOWVALLEY
250_5_AVENUE_SW
CALGARY_AB_

Fee Computer Number:
Cashier:
Transaction Number:
Exited:
Ticket #69990
Lot:
Area:
Rate:
Parking Fee:
Total Fee:
Cash:
Total Paid:
Change:

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

AUTH. CODE 551420
REF. 30

* YOU MUST TAKE *
* ORIGINAL TICKET *
* WITH YOU AND USE *
* IT TO EXIT *

GST INCLUDED
GST No. RT12201449
1

THANK YOU FOR YOUR
VISIT!

02
TAHIRE ID #102
1309
10/16/06 09:39
10/16/06 12:00
Dispenser #4
BV SQUARE
REGULAR RATE
BV Rates
\$12.50
\$12.50
\$50.00
\$50.00
\$37.50

Convention Centre
727 - 1 Street SE
CAN-T2G 2G9 Calgary, AB
Tax code CAGST #119457869
Printed: 18/10/06 21:35
Receipt #008393
Short-term parking tkt
L50 - No. 012680
18/10/06 19:23 -
18/10/06 21:35 -
Period 0d03h13'
(GST) \$4.00
Gross total \$4.00
Payment
Cash \$4.00
Net total \$3.77
GST 6% 0.23
All amounts in CAD.
Deliv. date=Receipt date

RECEIPT

Thank you for
your patronage

Thank you for choosing
BOW VALLEY PARKADE
Have a nice day!

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date September 29, 2006		Requested By (Please Print) Cheryll Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department _____			
Site _____			
Purpose of Request Reimbursement of miscellaneous business expenses as attached			
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please			

CODING & AUTHORIZATION

FINANCIAL CODE						
ORG	FUNCTIONAL CENTRE			ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 5 5 0 0 0 0 9 0			6 1 0 2 4 0 0 0	R 62.84	Fax
				6 2 4 1 0 0 0 0	R 10.00	Parking
				6 9 6 0 0 0 0 0	23.50 R 46.03 Z 69.53	Meeting Expenses
				4 9 0 1 0 0 0 2	Z 75.00	CDs
				4 9 5 2 0 0 0 0	R 642.00	Wellness Consulting
TOTAL AMOUNT OF CHEQUE:					\$859.37	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>Joanne Stalinski</i>					Print Name Joanne Stalinski	
Authorizer's Employee Number <i>[Signature]</i>					Authorizer Phone # (in full) 943.1161	

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

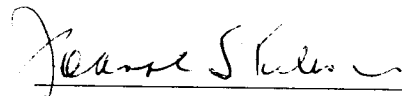
APPLICANT COPY

MISCELLANEOUS EXPENSES
 INCURRED BY Joanne Stalinski
 FOR THE PERIOD OF July, August and September 2005

<u>DATE OF OCCURRENCE</u>	<u>REASON FOR THE EXPENSE (Receipts Attached)</u>	<u>AMOUNT</u>
July 4 2005	Lunch re EHH 2006 Banff site visit	\$ 23.50 <i>R</i>
July 7 2005	CCHSE – Jim Dinning Power Breakfast	\$ 15.00 <i>Z</i>
July 8 2005	Healing Power of Sounds CDs (purchased from EHH 2005)	\$ 75.00 <i>Z</i>
August/September 2005	Higher Self Fitness Personal Training	\$ 642.00 <i>R</i>
August 2005	Telus Home Fax Line	\$ 31.42 <i>R</i>
September 2005	Telus Home Fax Line	\$ 31.42 <i>R</i>
September 8 2005	Lunch meeting with Mairi Matheson	\$ 31.03 <i>Z</i>
	Parking (see attached receipts)	\$ 10.00 <i>R</i>
GRAND TOTAL		\$ 859.37

Date _____

 Approved Kay Best, FCA
 Executive Vice-President, Risk Management
 & CFO



 Joanne Stalinski
 Senior Vice President, Wellness

/cm



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

APPLICANT COPY

Power Breakfast - Sept. 16, 2005

Guest Speaker:

Jim Dinning - AB in the 21st Century

MAINTENANCE OF CERTIFICATION

Attendance at this program entitles certified College members (CHE, FCCHSE) to 1.0 Category IA credits toward their MOC requirement or Category 2 or 4 Royal College CME credits

Name: JOANNE STALINSKI

Organization: CHR

E-Mail Address: joanne.stalinski@calgaryhealthregion.ca

Tel: (403) 943.1161 Fax: (403) 943.1163

Please indicate:

- College Member \$10.00
- Non-members \$15.00
- Payment at the door \$20.00

Telehealth attendance \$ 0.00 register by email

Payment by:

Cheque (enclosed & payable to SACCCHSE)

Visa Mastercard

Account # _____ Expiry date _____

Cardholder Name: _____

Signature _____

Online Direct Registration <http://www.cchse.org/Chapters/Southern%20Alberta/events.stm>

Please remit confirmation and payment by Sept. 10, 2005

To: Joyce Buzath - Regional Service Planning, Calgary Health Region
10101 Southport Road SW, Calgary, T2W 3N2
OR by Fax 943-1467

Inquiries to Joyce.Buzath@CalgaryHealthRegion.ca

I will be attending by telehealth* in Calgary at:

- FMC - G34B
 - PLC - 4023
 - ACH - Annex 1553
 - RGH - n/a
 - Okotoks - Staff Rm.
- Connection to these sites will be cancelled if registrations or Email notice is not received.

* Please book other Telehealth sites through your telehealth coordinator & cc your request to telehealth.support@calgaryhealthregion.ca

* There is no charge to attend at linked sites, as breakfast is not provided.

Registration is limited to the first 60 individuals!

What is the Canadian College of Health Service Executives?

The Canadian College of Health Service Executives is a national professional association, which serves approximately 3,000 members with a vision "to lead and promote the profession of health services management". The College's mission is to achieve its vision by: strengthening our membership, enhancing collaborative relationships, providing excellent programs and offering value-added services to our members. The College is known for its credential of Certified Health Executive (CHE) and as the publisher of the quarterly journal, Healthcare Management FORUM.

Membership also provides: Career Services, Fellowship Credentials (post CHE designation), Leadership Competencies, National Health Systems Update, Members' Directory, Networking, Professional Development Programs, Publications, Research and Public Policy, Standards of Ethical Conduct and Awards and Recognition.

APPLICANT COPY

JOANNE STALINSKI

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

161

DATE 07 07 2005
D D M M Y Y Y Y

PAY TO THE ORDER OF SAECCHSE

\$ 15.00

Fifteen

xx/100 DOLLARS



ROYAL BANK OF CANADA
THORNCLIFFE BRANCH
5602-4TH ST. N.W.
CALGARY, AB T2K 1B2

Security features included. Details on back.

Joanne Stalinski

MP

||

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

APPLICANT COPY

JOANNE STALINSKI

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

DATE 08 07 2005
 D D M M Y Y Y Y

PAY TO THE ORDER OF Calgary Health Region \$ 75.00

Seventy-five 100 DOLLARS



ROYAL BANK OF CANADA
THORNCLIFFE BRANCH
5602-4TH ST. N.W.
CALGARY, AB T2K 1B2

Security features included. Details on back.

Joanne Stalinski MP

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

HEARING POWER OF SOUND CD
(MITCH GAYNER)

3 x \$15 = \$45

- RICHARD MUSTO
- CAROL GRAY
- JOSE PEREIRA

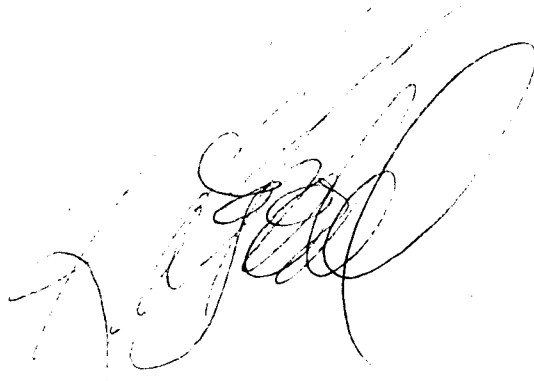
APPLICANT COPY

Invoice for Joanne Stalinski
Months of August, September 2005

HigherSelf Fitness
56 Massey Place SW
Calgary AB
T2V 3G5

		TOTAL
Personal training	10@ \$60	\$600.00
GST		<u>\$ 42.00</u>
Total		\$642.00

Please make cheque payable to Higher Self Fitness.

A large, stylized handwritten signature in black ink, appearing to be 'Joanne Stalinski', is written across the lower middle of the page.

TELUS® Your TELUS Statement
 Sep 20, 2005

TELUS Communications Inc.

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

Page
 1 of 2

JOANNE STALINSKI

Your account number

Your TELUS Account ID

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

2

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Sep 07 - Thank You	-31.42
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Sep 19 to Oct 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges

31.42

Total amount due by Oct 10

\$31.42

*HomeFax
 line*

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Sep 19	.58
E9-1-1 Provincial Network Fee Sep 19	\$.44
Total additional charges and credits	.14
	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Sep 19

4.95

Tear off here

TELUS Your TELUS Statement
 Aug 20, 2005

TELUS Communications Inc.

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

JOANNE STALINSKI

Your account number s.17(1), 17(4)(g)(i) Your TELUS Account ID

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Aug 02 - Thank You	-31.42
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Aug 19 to Sep 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges

31.42

Total amount due by Sep 10

\$31.42

Home flat line

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Aug 19	\$.44
E9-1-1 Provincial Network Fee Aug 19	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Aug 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Sep 10, 2005.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Sep 10
\$31.42

Payment you're making
\$

Phone number

Account number

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

401 (P)

JOANNE STALINSKI

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

TELUS
 PO BOX 7575
 VANCOUVER BC
 V6B 8N9

0130744
 2
 00488631
 BCTREG01

4 091900003142000000005

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

135
 005379001

96

Calgary Health Region
 Community Medical Centre
 Parking Fee Receipt

07/28/05 13:51 LA 6 AM 7 Txn# 20093
 07/28/05 13:00 EN 07/28/05 13:51 CUC
 Cash Fee \$ 2.50
 Total Fee \$ 2.50
 Cash PAID \$ 2.50
 Cash Tender \$ 5.00
 Change Due \$ 2.50
 Thank You!
 JOT R1070923E7

APPLICANT COPY

Convention Centre
 727 - 1 Street SE
 CAN-T26 269 Calgary, AB
 Tax Code CA GST #119457869

012 (105) Cashier 72
 07/07/05 12:41
 Receipt 096708

Short-term Parking
 Short-term Parking tkt
 Convention Center
 07/07/05 11:20
 07/07/05 12:41
 Period 0d07h21
 (GST) \$6.00
 Gross total \$6.00
 Payment Cash \$6.00
 Net total \$5.61
 GST (%) 0.39
 All amounts in CAD.
 Deliv. Date Receipt Date

BOW VALLEY SQUARE
 205 5TH AVENUE S W
 CALGARY ALBERTA

Fee Computer Number: 2
 Cashier: SIDDIGA ID #888
 Transaction Number: 32
 Entered: 09/07/05 15:08
 Exited: 09/07/05 15:40
 Ticket #66503 Dispenser #4
 Rate: Area 1
 Total Fee: \$1.50
 Cash: \$2.00
 Change: \$0.50

Thank you for choosing
 BOW VALLEY SQUARE PARKADE
 GST 123845679

APPROVED AUTH 48A849
 SEQ 579801001016 ISO -001
 Jul 04 2005 1:06 pm
 MERCHANT COPY

JEN 37.99
 -14.49
 23.50
 No. 23959c 00008
 *** THANK YOU! ***
 *** GRATUITY NOT INCLUDED ***
 RESERVATIONS: 762-2090
 4:37:39
 12:49
 12:49

 * Cafe, St *
 * Banff, AB *
 * GST# R-6773574 *
 * DATE 07/01 *
 * 12:03 *
 TABLE #
 CURLY END
 GARLIC
 FRTT \$9.00
 \$7.50
 \$6.00
 \$4.00
 \$2.00
 \$1.50
 \$0.50

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

BROKEN PLATE
 590-10816 MACLEOD T2J5N8
 CALGARY AB
 932047770710
 PRE AUTH PURCHASE
 09-08-2005
 Acct # 13:29:06
 Exp Date S
 Name: J STALINSKI Card Type AM
 Inv. # 7412 Operator 303
 T22799973001
 Auth # 49 RRN 001255011
 P Auth Purchase \$31.03
 Tip
 12101

Customer copy



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date September 29, 2006		Requested By (Please Print) Cheryll Meredith	
Department Wellness		Site Southport	Phone No (in full) 943.1160
MAKE CHEQUE PAYABLE TO: Joanne Stalinski			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____ Province _____ Postal Code _____			
Interoffice Mail: Department _____			
Site _____			
Purpose of Request Reimbursement of miscellaneous business expenses as attached			
<input type="checkbox"/> SPECIAL HANDLING INSTRUCTIONS Direct Deposit Please			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 5 5 0 0 0 0 9 0	6 1 0 2 4 0 0 0	R 114.64	Fax
		6 2 4 1 0 0 0 0	R 32.00	Parking
		6 9 6 0 0 0 0 0	Z 111.57	Meeting Expenses
		4 1 0 0 0 0 0 0	R 82.42	Office Supplies
		4 9 5 2 0 0 0 0	R 577.80	Wellness Consulting
TOTAL AMOUNT OF CHEQUE:			\$918.43	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>Joanne Stalinski</i>			Print Name Joanne Stalinski	
Authorizer's Employee Number <i>[Signature]</i>			Authorizer Phone # (in full) 943.1161	

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

APPLICANT COPY

MISCELLANEOUS EXPENSES
 INCURRED BY Joanne Stalinski
 FOR THE PERIOD OF April, May and June 2005

<u>DATE OF OCCURRENCE</u>	<u>REASON FOR THE EXPENSE (Receipts Attached)</u>	<u>AMOUNT</u>
March 2005	Telus Home Fax Line	\$ 31.42 R
April 2005	Telus Home Fax Line	\$ 16.50 R
May 2005	Telus Home Fax Line	\$ 31.42 R
May 5 2005	Lunch meeting with Dr. Ralph Strother	\$ 51.67 Z
May 21 2005	Office Depot – EHH 2005 Stationery	\$ 18.17 R
May 21 2005	Office Depot – EHH 2005 Stationery	\$ 29.95 R
May 22 2005	Staples Business Depot – EHH 2005 Stationery	\$ 34.30 R
May 27 2005	Dinner for EHH 2005 Binder Assembly Crew	\$ 59.90 Z
June 2005	Telus Home Fax Line	\$ 35.30 R
June/July 2005	Higher Self Fitness Personal Training	\$ 577.80 R
	Parking (see attached receipts)	\$ 32.00
GRAND TOTAL		\$ 918.43

Date _____

 Approved Kay Best, FCA
 Executive Vice-President, Risk Management
 & CFO

Joanne Stalinski
 Joanne Stalinski
 Senior Vice President, Wellness

/cm

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

JOANNE STALINSKI

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

2

You have a credit balance of: -\$14.92

Amount of your last bill	\$31.42
Payment we processed on Feb 22 - Thank You	-46.34
Payment we processed on Mar 08 - Thank You	-31.42
Credit balance forward	-46.34

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Mar 19 to Apr 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03

Total new charges 31.42

Your credit balance is - \$14.92

Home you line

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Mar 19	\$.44
E9-1-1 Provincial Network Fee Mar 19	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Mar 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Payment you're making

\$

Phone number

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

401 (C)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0135021
45
00502135
BCTREG01
00000031.42

4 041900000000000000000000
s.17(1), 17(4)(g)(i)

⑆00537⑆900⑆ 139

96



Your TELUS Statement

Apr 20, 2005

APPLICANT COPY

TELUS Communications Inc.

Page 1 of 2

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

JOANNE STALINSKI

2

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$16.50

Credit balance forward	- \$14.92
Credit balance forward	-14.92
1 Residence Line Touchtone from Apr 19 to May 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03
Total new charges	31.42

• Thank you for keeping your account up to date.

Total amount due by May 10

\$16.50

Tap line

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Apr 19	\$.44
E9-1-1 Provincial Network Fee Apr 19	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Apr 19

4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before May 10, 2005.

If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by May 10

\$16.50

Payment you're making

\$

Phone number

Account number

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

401 (X)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0133832

00508251
ECTREG01
000000031.42

4

051900001650000000003

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

00053700140

96

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

JOANNE STALINSKI

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

2

Here's what you owe this month: \$31.42

Amount of your last bill	\$16.50
Payment we processed on May 03 - Thank You	-16.50
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from May 19 to Jun 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03
Total new charges	31.42

• Thank you for keeping your account up to date.

Home of line

Total amount due by Jun 10

\$31.42

Additional Charges and Credits	.58
E9-1-1 Municipal Call Answer Fee May 19	\$.44
E9-1-1 Provincial Network Fee May 19	.14
Total additional charges and credits	\$.58

Long Distance Charges **4.95**

Long Distance Administration Fee May 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Jun 10, 2005. If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Jun 10
\$31.42

Phone number

Account number

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

Payment you're making
\$

401 (S)

JOANNE STALINSKI

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

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

0133305
2
00502429
BCTREG01

4 061900003142000000002

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

000537900141

96

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

2

JOANNE STALINSKI

Your account number Your TELUS Account ID s.17(1), 17(4)(g)(i)

Here's what you owe this month: \$35.30

Amount of your last bill	\$31.42
Payment we processed on Jun 10 - Thank You	-31.42
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jun 19 to Jul 18	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	8.58
GST (Registration 100652692) at 7%	2.28

Total new charges 35.30

Total amount due by Jul 10 **\$35.30**

Home fax line

Additional Charges and Credits **.58**

E9-1-1 Municipal Call Answer Fee Jun 19	\$.44
E9-1-1 Provincial Network Fee Jun 19	.14
Total additional charges and credits	\$.58

Long Distance Charges **8.58**

Long Distance Administration Fee Jun 19 4.95

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications Inc. To avoid a late payment charge, we must receive your payment before Jul 10, 2005.
 If any part of this bill has been paid or is being adjusted, please deduct and pay balance.

Amount due by Jul 10
\$35.30

Payment you're making
 \$

Phone number

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

401 (L)

JOANNE STALINSKI

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

TELUS
 PO BOX 7575
 VANCOUVER BC
 V6B 8N9

0132852
 00499253
 BCTREG01

4

071900003530000000004

000537900142

96

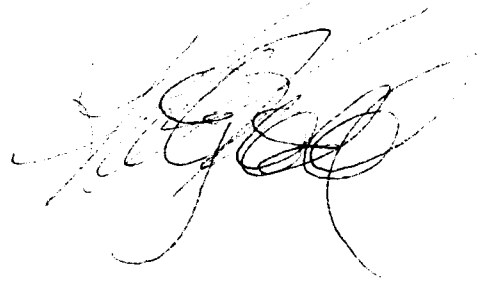
APPLICANT COPY

Invoice for Joanne Stalinski
Months of June & July 2005

HigherSelf Fitness
56 Massey Place SW
Calgary AB
T2V 3G5

		TOTAL
Personal training	9 x \$60	\$540
GST		<u>\$ 37.80</u>
Total		\$577.80

Please make cheque payable to Higher Self Fitness.

A handwritten signature in black ink, appearing to be 'Joanne Stalinski', is written over the signature line of the invoice.

memo

calgary health region

to: Accounts Payable, Finance

date: October 6 2006

from: Cheryll Meredith, Executive Assistant, Wellness

re: Attached Cheque Requisitions

Attached are several cheque requisitions and supporting documentation for miscellaneous business expenses incurred by Joanne Stalinski in the last fiscal year. Although the attached have already been signed and approved by both Joanne and Kay Best, I want to assure you steps have been taken to ensure that in the future these expenses are completed on a timely basis. Please accept my sincerest apologies for any inconvenience caused by processing the attached. Thank you for your understanding and cooperation.

A handwritten signature in cursive script, reading "Cheryll Meredith".

APPLICANT COPY

STAPLES Business Depot
Store # 62
Bay #3 321 - 61st Avenue SW
Calgary, AB T2H2W7
403-259-6928

Sale 00013 6 006 18172
0062 05/22/05 04:18

*Stationery for
EHH 2005
mailout*

1	MAGNA LETTERHEAD	
	740068048483	8.44G
1	EMBOSSED GOLD SEAL	
	022473453107	7.94G
1	ENVELOPE-NATURAL	
	740068049305	8.73G
1	*HPMULTIPURPOSE	
	764025930000	6.95G
	Subtotal	32.06
	GST 7.00%	2.24
	Total	\$34.30

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

American Express 34.30

American Express	Swiped	Purchase
Authorization Number		18
0010011730	18172	66057609
13	05/22/05	16:10:28
00/025	APPROVED - THANK YOU	

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@busdep.com

INTERESTED IN EXPLORING A CAREER WITH US?
VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586



0 0 6 2 0 5 2 2 0 5 1 8 1 7 2 0 6

DOMINO'S PIZZA STORE #10128
 1053 CANYON MEADOWS DRIVE
 CALGARY AB

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

VISA
 /005/05/27 17:52:02
 M80010279-485-006
 4167
 \$59.90

TIP
 TOTAL AMOUNT

01 APPROVED 027 AUTH. # 021554
 THANK YOU

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

CARDHOLDER SIGNATURE

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

Best Copy Possible

01111 30101
 0023 00000000 MAY N L
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

* ITEMS MISSING OR NOT PRINTED

For a chance to win

One of 40 \$100 or 1 \$1000
 Quarterly Shopping Spree.

Visit us at
 www.od.bizzale.com
 En Francis
 ID: FK3N9 JN27 10711



L2V7903U3YQMYB4

01111 30101
 0023 00000000 MAY N L
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

00/21/05 13:42
 000000 000000 11787
 005 7120000

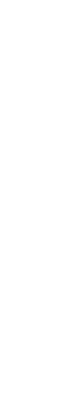
00/21/05 13:42
 000000 000000 11787
 005 7120000

* ITEMS MISSING OR NOT PRINTED

For a chance to win

One of 40 \$100 or 1 \$1000
 Quarterly Shopping Spree.

Visit us at
 www.od.bizzale.com
 En Francis
 ID: FK3N9 7519 57K71



L2VP003U0N9EYB4

1 FACE UP

PLACE ON DASH FACE UP

MOUNT-ROYAL COLLEGE

WELCOMES YOU

TU03MAY V 2 A

23:59 FEE PAID \$ 8.00 C

ENTRY TIME 03 MAY 08:24
 CARD NUMBER

FACE UP

PLACE ON DASH FACE UP

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

CPA JAMES Short
 11331 Ave S.W. Calgary, AB
 Tax Code CH GST #119457869

Short-term Parking
 12/03/05 09:14
 Short-term Parking
 12/03/05 07:12
 Short-term Parking
 12/03/05 09:14
 Period 0002128
 (GST)

Gross total \$10.00
 Payment \$10.00

Net total \$9.35
 GST (7%) 0.65

**ALL AMOUNTS IN CAD.
 THIS IS YOUR RECEIPT**

CALGARY PARKING AUTHORITY
 Tel: (403) 537-7000 www.calgarparking.com

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

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

CPA JAMES Short
 11331 Ave S.W. Calgary, AB
 Tax Code CH GST #119457869

Short-term Parking
 12/03/05 09:14
 Short-term Parking
 12/03/05 07:12
 Short-term Parking
 12/03/05 09:14
 Period 0002128
 (GST)

Gross total \$10.00
 Payment \$10.00

Net total \$9.35
 GST (7%) 0.65

**ALL AMOUNTS IN CAD.
 THIS IS YOUR RECEIPT**

CALGARY PARKING AUTHORITY
 Tel: (403) 537-7000 www.calgarparking.com

AMERICAN EXPRESS

Cardmember Signature or Titulaire: *Joanne Stalinski*

Invoice No. / N° de la facture: 532016

Service Flight Attendant
 000003563R880000
 932 100 414

Cardmember Copy: Exemplaire du titulaire

Approval Code: 43
 Date of charge: 12/03

Check or Bill Number / N° de votre facture	Amount Total / Montant total
MIROSERV/MIROSERV	4402
GST/TFS	
PST/TW	
TFS/MISC/POURBOIRES/SUVERS	700
TOTAL	5167

ROC Form CD0249 (Rev. 10/98)

Convention Centre
 100 St. Joseph Street SW
 CAN-T2G 2G9 Calgary, AB
 Tax Code CR GST #119457869

JOANNE STALINSKI
 21/04/05
 Cashier

Imperial Parking

Receipt No: 532016

Net total \$9.35
 GST (7%) 0.65
 Payment \$10.00