

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

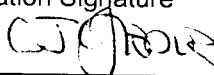
A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE INFORMATION

DATE November 14, 2007	REQUESTED BY (Print) Janet Umphrey	DEPARTMENT Senior VP, Operations, Professional Practice & CNO	PHONE NO (in full) (403) 943-1191
MAKE CHEQUE PAYABLE TO: <u>JANET UMPHREY</u>			
MAILING ADDRESS (for forwarding of cheque) DIRECT DEPOSIT - Employee			
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____	Province _____	Postal Code _____	
Interoffice Mail: Department _____			
Site _____			
PURPOSE OF CHEQUE REQUEST <u>Reimbursement of Expenses - See Attached</u>			
<input type="checkbox"/> Enclose attached documents (originals) with cheque			

CODING & AUTHORIZATION

CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01.71110101001	62414000	\$ 0.00	Travel (Outside Province)
	62412000	\$ 0.00	Travel (Provincial)
	62410000	\$ 233.05	Travel (Local) 17242000 5763-
	66020000	\$ 806.60	Membership Fees
	69500002	\$ 99.64	Employee Recognition
			GST
TOTAL AMOUNT OF CHEQUE		\$ 1,139.29	CDN <input checked="" type="checkbox"/> US <input type="checkbox"/> OTHER <input type="checkbox"/>
Authorization Signature 		Title Executive VP & CCO	Phone Number 943-1469 Site Southport

ACCOUNTS PAYABLE ONLY

T4A Code: _____	Vendor #: _____
Cheque Code: _____	Invoice #: _____
Sep Cheque: _____	PO #: _____
Sort Code: _____	Recurring Payment: Start Date _____
Sep Hnd Des: _____	End Date _____
A/P Approval: _____	# of Payments _____ Cycle _____

DISTRIBUTION: White - Accounts Payable Yellow 1 Retain for your records



TRAVEL EXPENSE CLAIM

EMPLOYEE NAME		EMPLOYEE NUMBER	LOCATION	
JANET UMPHREY			SPT	
DEPARTMENT		PHONE NUMBER	DATE	
Senior VP, Operations, Professional Practice & CNO		(403) 943-1191	11/14/2007	
DATE OF TRAVEL/EXPENSE	DETAILS	NO. KM.	RATE	AMOUNT
08/20/07	CARNA Membership Renewal J.Umphrey - Registered Nurse			381.60
09/17/07	Employee Recognition - First Class Flowers, Calgary, AB Long Service Awards -			99.64
		s.17(1), 17(4)(g)(i)		
09/19/07	Parking - Imperial Lot, Calgary, AB GE Chamber of Commerce Power Lunch			2.00
09/20/07	Parking - James Short Parkade, Calgary, AB GE CEO: Hospital of the Future Presentation			26.00
10/26/07	Lunch Meeting - Broken Plate, Calgary, AB J.Umphrey/B.Boyer/J.McGregor			50.62
11/02/07	Accommodation - Delta Calgary South, Calgary, AB Foothills Country Auction/AH&W Teleconference			154.43
11/05/07	CCHSE Membership Renewal J.Umphrey			425.00
Comments:		SUBTOTAL		\$ 1139.29
		TOTAL		\$ 1,139.29

APPLICANT COPY

Subject: Credit Card Transaction Confirmed

Date: Mon, 20 Aug 2007 15:27:24 -0600

From: carna@nurses.ab.ca

To: Janet.Umphrey@CalgaryHealthRegion.ca

Payment Confirmation

Thank you, your registration was paid successfully. Please refer to your purchase transaction details below. CARNA will review the renewal information submitted and mail a license and official income tax receipt to you within 5 working days or will contact you for further information.

Registration Type: **Registered Nurse**

Payment Total: **\$ 381.60**

Payment Number: **4654**

Payment Method: **VISA**

Card Number:

Card Expiry: s.17(1), 17(4)(e.1)

Authorization Number: **035686**

Authorization Date: **20-Aug-2007 3:24:33PM**

1852509

817463

Instructions on Reverse Side:

Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. **Vehicles parked at owner's risk.**



5/0682
11:22

5009/170002006/026124
19/09/07 EN 5 R-2
James Short

GST 6% 1.47
\$ 26.00 19 VISA
19/09/07 17:55



224106

Best Copy Possible

Total

5:20:04 THU
SEP 20 07

5:20:04 THU
SEP 20 07

APPLICANT COPY

Subject: CCHSE Purchase Receipt

Date: Mon, 05 Nov 2007 15:51:41 -0800

From: Canadian College of Health Service Executives <cchse@cchse.org>

To: "Janet A. Umphrey" <Janet.Umphrey@CalgaryHealthRegion.ca>

INTERNET PURCHASE RECEIPT - CCHSE

Order Date: 11/5/2007 6:51:41 PM
Order Number: **2008-024872**
Bank Auth Number: 036221
Order Total: 425.00

Name on Card: Janet Umphrey
Email Address: janet.umphrey@calgaryhealthregion.ca

BILL TO:

Name: Janet A. Umphrey
Address Line 1: 10101 Southport Road SW
Address Line 2:
City: Calgary
State/Province: AB
Zip/Postal Code: T2W 3N2
Country: CA
Phone Number: 403-943-1191

MERCHANT INFO:

Merchant Name: Canadian College of Health Service Executives
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P0J6
Country: CA
Phone Number: 613-235-7218

APPLICANT COPY

Subject: Fwd: CCHSE 2008 Member Renewal Invoice

Date: Sun, 04 Nov 2007 16:03:17 -0700

From: Janet Umphrey <Janet.Umphrey@CalgaryHealthRegion.ca>

To: Christy.Robinson@CalgaryHealthRegion.ca

Can you do this for me and then claim the expense. Thx.
Janet

Subject: CCHSE 2008 Member Renewal Invoice

Date: Thu, 01 Nov 2007 10:45:50 -0400

From: "C.C.H.S.E." <cchse@cchse.org>

To: Janet.Umphrey@CalgaryHealthRegion.ca



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

CCHSE 2008 Member Renewal Invoice

Member ID:
Username:
User Password:

Ms. Umphrey,

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

The Canadian College of Health Service Executives is currently embarking on its annual membership renewal campaign for the calendar year 2008.

Throughout the year, the College has made it a priority to be visible and accessible to our members, chapters and partners. As a result, the profile of the College is growing and there is increasing interest in the College as an important vehicle for professional development and leadership issues in the Canadian health sector. The past year has been very busy for the College, with many new developments and initiatives: Strategic Plan 2006-2010, 2006 Annual Report, to find out more about these initiatives please visit our website at: www.cchse.org.

In 2008, the College plans to maintain and increase the current level of activities, and to continue to improve communication and member services.

In order to ensure that we have **your most recent information** in our database, we encourage you to review and update your membership information form on the web or to contact the office at 1-800-363-9056 if your information changes any time during the year.

To renew your membership for 2008, please submit your information on-line and use our improved secure on-line credit card payment, or remit a cheque by mail. Upon successful completion of your on-line payment, you will receive immediately an official receipt from the College confirming that your payment was successfully processed.



First Class Flowers

the best li'l flower shop in the southwest

phone: 255-2239 fax: 640-1968
8251 Elbow Dr S.W. © Calgary, AB. © T2V 1K6

To: Janet From: Anne
 Fax #: 943-1339 Pages: 1 incl. this page
 Re: Order Date: Sept 17

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

TRANSACTION RECORD 070917/14:46

FIRST CLASS FLOWERS
8251 ELBOW DRIVE SW
CALGARY ALBERTA
T2V1K6

TERM ID: 02431131
MID: 169011
CARD #

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

ACCT TYPE: VISA PURCHASE
KEYED
REF NO: 0009534 AMOUNT \$99.64
(001) APPROVED - THANK YOU AUTH #015390

OBTAIN MERCH

Receipt

First Class Flowers
8251 Elbow Drive SW
Calgary, Alberta T2V 1K6
255-2239 GST # R99880316

9/17/07 2:50 PM

Emp: Anne

Transaction: 136922

Prices include 6% GST

901 Deliveries - Extra Item		
\$4.00	1.06	\$4.24
900 Deliveries - General		
\$10.00	1.06	\$10.30
4040 Bunching - 40.00 - 40.95		
\$40.00	1.06	\$42.40
4040 Bunching - 40.00 - 40.95		
\$40.00	1.06	\$42.40
Discount		0.00
Subtotal		99.64
PST		0.00
GST		0.00
Total		\$99.64
Tendered		\$99.64
Visa		



135 Southland Drive S.E.
 Calgary, Alberta T2J 5X5
Phone: (403) 278-5050 Fax: (403) 225-5834
 Toll Free Reservations 1-(877) 278-5050
 Email: info@deltacalgarysouth.com
 Web address: www.deltacalgarysouth.com

APPLICANT COPY

G.S.T. NO. 895126332 RT

Room : 0383
Folio # :
Invoice #
Cashier # : 140
Page # : 1 of 1

CALGARY HEALTH REGION CRHA

Janet Umphrey
 10101 Southport Road SW
 Calgary, T2W3N2
 CA

Arrival : 11-01-07
Departure : 11-02-07

Description	Additional Information	Charges	Credits
11-01-07	Room Charge	139.00	
11-01-07	DMF	1.39	
11-01-07	Room GST	8.42	
11-01-07	Tourism Levy	5.62	
Total		154.43	0.00
Balance Due		154.43	
G.S.T. Summary			
Room	8.42		
F&B	0.00		
Other	0.00		
Total	0.00		

157.42
 11-02-07

Guest Signature X _____

I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$0.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Regardless of charge instructions, I acknowledge the above as personal indebtedness.

APPLICANT COPY

CHEQUE REQUISITION

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

CHEQUE INFORMATION

DATE September 14, 2007	REQUESTED BY (Print) Janet Umphrey	DEPARTMENT Senior VP, Operations, Professional Practice & CNO	PHONE NO (in full) (403) 943-1191
MAKE CHEQUE PAYABLE TO: <u>JANET UMPHREY</u>			
MAILING ADDRESS (for forwarding of cheque)		*DIRECT DEPOSIT - Employee	
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____		Province _____ Postal Code _____	
Interoffice Mail: Department _____		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 17 2007 FINANCE </div>	
Site _____			
PURPOSE OF CHEQUE REQUEST <u>Reimbursement of Expenses - See Attached</u>			
<input type="checkbox"/> Enclose attached documents (originals) with cheque			

CODING & AUTHORIZATION

CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01.71110101001	62414000	\$ 0.00	Travel (Outside Province)
	62412000	\$ 0.00	Travel (Provincial)
	62410000	\$ 126.75	Travel (Local)
	66020000	\$ 0.00	Membership Fees
			GST
TOTAL AMOUNT OF CHEQUE		\$ 126.75	CDN <input checked="" type="checkbox"/> US <input type="checkbox"/> OTHER <input type="checkbox"/>
Authorization Signature 		Title Executive VP & CCO	Phone Number 943-1469
			Site Southport

ACCOU

T4A C

Cheq

Sep C

Sort C

Sep I

A/P A

DISTI

 DATE 1/23/07
 MID 45024025996
 TIME 12:39PM

Jack's Calgary
 9823 Macleod Trail SW
 Calgary, Alberta
 T2J 0P6 s.17(1), 17(4)(e.1)
 403-252-2246

VISA
 403-90326
 1BL 22
 DYNING ROOM
 40.00
 2.40
 42.40

CHEQUE 2487.00

TIP \$ 6.00

TOTAL \$ 48.72

CUSTOMER COPY

1

2

3

4

5

APPLICANT COPY

TRAVEL EXPENSE CLAIM

EMPLOYEE NAME JANET UMPHREY		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	LOCATION SPT	
DEPARTMENT Senior VP, Operations, Professional Practice & CNO		PHONE NUMBER (403) 943-1191	DATE 09/14/2007	
DATE OF TRAVEL/EXPENSE	DETAILS	NO. KM.	RATE	AMOUNT
07/23/07	Lunch Meeting - Jack's, Calgary, AB J.Umphrey/B.Boyer			48.72
07/25/07	Lunch Meeting - Redwater Rustic Grille, Calgary, AB J.Umphrey/B.Fischer			37.75
08/09/07	Lunch Meeting - Redwater Rustic Grille, Calgary, AB J.Umphrey/P.Tyler			40.28
<p>Best Copy Possible</p> <p>5.00</p> <p>37.75</p>				
Commen				126.75
TOTAL				126.75



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.

Employee Name (Print) JANET UMPHREY		Calgary Health Region E-Mail Address s.17(1), 17(4)(g)(i)		Employee Number
Department/Site SR. J.P. OPERATIONS, PROF. PRACTICE			Phone Number 943-1319	Date 05-28-07
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.)			Destination TORONTO, ONT	
Course Title NATIONAL HEALTHCARE LEADERSHIP CONFERENCE			Departure Date 06-10-07	Return Date 06-12-07

Estimated/Actual Expenses	Actual Expenses Paid by Employee Original Receipts Must Be Attached
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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	910.00		910.00	Tuition only if paid by employee	910.00	2
	Air paid by Calgary Health Region via Calgary Health Region Travel Agent	678.90		678.90				
E s t i m a t e d	Mileage If travel is by car				Mileage If travel is by car			
	Accommodation	410.00		410.00	Accommodation	496.37	R	475.77 496.37
	Meals Based on per diem rate				Meals	100.91	R	4876 100.91
	Ground Transport				Ground Transport	15.00	R	15.00
	Other (Specify)				Other (Specify)	63.00	R	63.00
	Total			\$ 1998.90 (Cdn)	Total			\$ 1585.13 \$ 660.13 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ / (Cdn)	Less Advance or Unfunded Portion	\$ / (Cdn)
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Employee Signature <i>[Signature]</i>	Date 05-28-07	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	# 1585.13 \$ 660.13 (Cdn)
--	------------------	--	--

Departmental Authorization <i>[Signature]</i>	Date	Employee Signature <i>[Signature]</i>	Date 06-18-07
--	------	--	------------------

Out of Province Authorization <i>[Signature]</i>	Date 05-29-07	Departmental Authorization <i>[Signature]</i>	Date
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Financial Code	s.17(1), 17(4)(g)(i)		
Org	Functional Centre	Account	s.17(1), 17(4)(g)(i)
01	71110100003	62414000	

Comments/Other Sources of Funding	
	662.53
	982.60

APPLICANT COPY

Subject: CCHSE Purchase Receipt

Date: Fri, 18 May 2007 06:10:30 -0700

From: Canadian College of Health Service Executives <cchs

To: Janet Umphrey <Janet.Umphrey@CalgaryHealthRegio

INTERNET PURCHASE RECEIPT - CCHSE

Order Date: 5/18/2007 9:10:29 AM
Order Number: NHLCO7-00814
Bank Auth Number: 008589
Order Total: 910.00

Name on Card: Janet Umphrey
Email Address: janet.umphrey@calgaryhealthregion.ca

BILL TO:
Name: Janet Umphrey
Address Line 1: 10101 Southport Road SW
Address Line 2:
City: Calgary
State/Province: AB
Zip/Postal Code: T2W 3N2
Country: CA
Phone Number: 403-943-1319

MERCHANT INFO:
Merchant Name: Canadian College of Health Service Exec
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P0J6
Country: CA
Phone Number: 613-235-7218

5.00
49.15

FARE # _____ DATE: 5/18/07
CAB NO. 10074 AMOUNT 5.00
DRIVER'S NAME: _____
FROM: _____
TO: _____

RECEIPT

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NON-TAXABLE" or applied to DRIVERS Registration.

Driver's G.S.T # if applicable:

Subject: Payment Confirmation for NHLC 2007 / CNLSS 2007
Date: Fri, 18 May 2007 09:10:42 -0400
From: Francine St-Martin <fst-martin@cchse.org>
To: Janet.Umphrey@CalgaryHealthRegion.ca

Dear Ms. Janet Umphrey,

A payment of CAD\$ 910.00 for participant 'Janet Umphrey' has been processed and was recorded in the ConfTool system. Thank you!

Payment Details

Payment Method: Via credit card, using a secure online payment service.
Date: 18/05/2007
Amount: CAD\$ 910.00
Payment Details: Beanstream ID: 10001562 (5/18/2007 9:10:29 AM, Janet Umphrey)

Paid in total: CAD\$ 910.00
Amount due: CAD\$ 0.00

--
2007 National Healthcare Leadership Conference /
Conférence sur le leadership dans les soins de santé 2007
<http://cchse.dns2go.com/conftool/index.php?conf=main>

APPLICANT COPY

Janet Umphrey
Calgary Health Region

2724
205.00
1
297183 EX-A
1
10-JUN-07 15:03
12-JUN-07
VI

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

date	reference	description	charges/credits
			205.00
10-JUN-07	RT2724	Room Charge	5.80
10-JUN-07	RT2724	DMF	0.35
10-JUN-07	RT2724	GST Other DMF	12.30
10-JUN-07	RT2724	Room GST 6%	10.25
10-JUN-07	RT2724	Room PST 5%	27.19
10-JUN-07	1018	0014 22:59 s.17(1), 17(4)(g)(i)	1.63
10-JUN-07	1018	Telephone GST 6%	205.00
11-JUN-07	RT2724	Room Charge	5.80
11-JUN-07	RT2724	DMF	0.35
11-JUN-07	RT2724	GST Other DMF	12.30
11-JUN-07	RT2724	Room GST 6%	10.25
11-JUN-07	RT2724	Room PST 5%	496.22-
12-JUN-07	VI	Visa Settlement	
		Total Charges	496.22
		Total Credits	496.22-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

** continued on the next page **

Janet Umphrey
FOLIO 297183 10-JUN-07

APPLICANT COPY

Janet Umphrey
Calgary Health Region

2724
205.00
1
297183 EX-A
2
10-JUN-07 15:03
12-JUN-07
VI

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

date	reference	description					charges/credits	
EXPENSE REPORT SUMMARY								
Date	Rm/Tx	GST Tax	Food/Bev	Telecom	Misc	Other	Total	
10-JUN-07	221.05	12.65	0.00	28.82	0.00	0.00	262.52	
11-JUN-07	221.05	12.65	0.00	0.00	0.00	0.00	233.70	
Total	442.10	25.30	0.00	28.82	0.00	0.00	496.22	

Date	Payment
10-JUN-07	0.00
11-JUN-07	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary for your stay:

Room Revenue GST	24.60
Food & Beverage GST	0.00
Phone/Fax/Copy Service GST	1.63
Other Revenue GST	0.70
Total GST for your stay:	26.93

Westin Harbour Castle GST Vendor # 861336493

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

Cardmember Nom du Titulaire	DO NOT WRITE ABOVE THIS LINE NE PAS ECRURE AU-DESSUS		Check or Bill Number N° de votre facture	Revision Total Nouveau total
Service Establishment Etablissement de service	Date of Charge Date des frais	Merch/Serv / Marché/Serv	46.00	
		GST / TPS	2.76	
		PST / TVP		
		Tips Misc / Pourboires/Divers	5.00	
		Total	53.26	
		Dollars		Cents/Sous

Cardmember Signature / Signature du Titulaire
Janet Umphrey

As a Starwood Preferred Guest you
Starpoints for this visit G7203

Janet Umphrey
FOLIO 297183 10-JUN-07

14 325746

Cardmember Copy
Exemplaire du Titulaire





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.

Employee Name (Print) <i>JANET UMPHREY</i>		Calgary Health Region E-Mail Address s.17(1), 17(4)(g)(i)		Employee Number
Department/Site <i>SR JP OPERATIONS, PRACTICE & CNO</i>		Phone Number <i>943-1317</i>	Date <i>02-15-07</i>	
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.)			Destination <i>PHOENIX, ARIZONA</i>	
Course Title <i>CCHSE HPRS IN PHOENIX, ARIZONA</i>		Departure Date <i>03-01-07</i>	Return Date <i>03-04-07</i>	
Estimated/Actual Expenses		Actual Expenses Paid by Employee Original Receipts Must Be Attached		

Expense Category	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
	Actual	Tuition				Tuition only if paid by employee		
Air paid by Calgary Health Region via Calgary Health Region Travel Agent		<i>869.26</i>		<i>869.26</i>				
Mileage If travel is by car					Mileage If travel is by car			
Accommodation					Accommodation			
Meals Based on per diem rate					Meals	<i>56.70</i>	<i>1.1392</i>	<i>64.59</i>
Estimated	Ground Transport				Ground Transport	<i>40.00</i>	<i>1.1392</i>	<i>45.57</i>
	Other (Specify)				Other (Specify)	<i>PARKING</i>		<i>84.00</i>
	Total			\$ 869.26 (Cdn)	Total	869.26		\$ 194.16 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ _____ (Cdn)	Less Advance or Unfunded Portion	\$ _____ (Cdn)
Employee Signature <i>[Signature]</i>	Date <i>02-15-07</i>	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	\$ 194.16 (Cdn)
Departmental Authorization <i>[Signature]</i>	Date	Employee Signature <i>[Signature]</i>	Date <i>03-12-07</i>
Out of Province Authorization <i>[Signature]</i>	Date	Departmental Authorization <i>[Signature]</i>	Date

Financial Code		
Org	Functional Centre	Account
<i>01</i>	<i>711101000003</i>	<i>62414000</i>
		s.17(1), 17(4)(g)(i)

Comments/Other Sources of Funding

Guest Name: Janet Umphrev 1
Canadian Coll of Health Svcs Executives

Room #: 609
Folio #: R1DB10 - 1
Group #: CCHSE0207
Guests: 1
Clerk: VANESSA

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

CL #:
CC #: *****

Arrive: 03/01/07 Time: 01:06 PM Depart: 03/04/07 Time: 09:03 AM Status: HIST

Date	Description	Reference	Comment	Charges	Credits
03/01/2007	CAFE CAB FOOD	153644	InfoGenesis POS Charge Posting	\$22.70	\$0.00
03/01/2007					\$0.00
03/01/2007					\$0.00
03/01/2007					\$0.00
03/01/2007					\$0.00
03/02/2007	SHUTTLE-GROUP OTO-T 51309		s.17(1), 17(4)(g)(i)	\$20.00	\$0.00
03/02/2007					\$0.00
03/02/2007					\$0.00
03/02/2007	SHUTTLE-GROUP OTO-T 22058			\$20.00	\$0.00
03/02/2007	GARDEN CT FOOD	65196	InfoGenesis POS Charge Posting	\$34.00	\$0.00
03/04/2007					\$0.00
03/04/2007	PAY VISA	Ck Out 09:03	*****	\$0.00	\$0.00
			s.17(1), 17(4)(g)(i)		(\$176.74)
			s.17(1), 17(4)(e.1)		
			Folio Balance:		\$0.00

Calgary Airport

Best Copy Possible

4184.00



RECEIVED
OCT 23 2007
F-11111111

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.

Employee Name (Print) JANET UMPHREY		Calgary Health Region E-Mail Address s.17(1), 17(4)(g)(i)		Employee Number
Department/Site SR.VP OPERATIONS, Prof. Practice & CNO			Phone Number 943-1319	Date 10-01-07
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.)				Destination BANFF, AB
Course Title ACHE CONFERENCE			Departure Date 10-10-07	Return Date 10-12-07

Estimated/Actual Expenses				Actual Expenses Paid by Employee Original Receipts Must Be Attached			
Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
Tuition	1275.00	USD	1275.00	Tuition only if paid by employee	1275.00	2	1275.00
Air paid by Calgary Health Region via Calgary Health Region Travel Agent				ENTERED OCT 25 2007			
Mileage If travel is by car				Mileage If travel is by car			
Accommodation	458.00		458.00	Accommodation	553.21	32.11	585.32
Meals Based on per diem rate				Meals	76.10	3.90	80.00
Ground Transport				Ground Transport	5		
Other (Specify)				Other (Specify)			
				PARK FEE	17.80	2	17.80
Total	1733.00		\$ 1733.00 (Cdn)	Total			\$ 1958.12 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ / (Cdn)	Less Advance or Unfunded Portion	\$ / (Cdn)
Employee Signature <i>[Signature]</i>	Date 10-01-07	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	\$ 1958.12 (Cdn)
Departmental Authorization <i>[Signature]</i>	Date	Employee Signature <i>[Signature]</i>	Date 10-16-07
Out of Province Authorization <i>[Signature]</i>	Date 3 October 07	Departmental Authorization <i>[Signature]</i>	Date

Financial Code	s.17(1), 17(4)(g)(i)		
Org	Functional Centre	Account	
0171110100003	62412000		s.17(1), 17(4)(g)(i) T2

Comments/Other Sources of Funding

567.20

1390.80

APPLICANT COPY



405 SPRAY AVENUE
P.O. BOX 960
BANFF, ALBERTA CANADA T1L 1J4
T 403 762 2211 F 403 762 5755
G.S.T. Registration # 84968 1721 RT0006

Room : 1405
Folio # :
Cashier # : 825
Page # : 1 of 1

Group Name ACHE/CCHSE Program

Janet Umphrey
Room 150
Calgary, AB T2N 2T9
CA

Arrival : 10-10-07
Departure : 10-12-07
Fairmont President's Club

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

Date	Description	Additional Information	Charges	Credits
10-10-07	Telephone Long Distance	21:24 #71405: [00:09:00]	14.68	
10-10-07	Package Charge	s.17(1), 17(4)(g)(i)	229.00	
10-10-07	Tourism Improvement Fee (2%)		4.38	
10-10-07	Alberta Tourism Levy (4%)		8.94	
10-10-07	Room GST (6%)		13.40	
10-10-07	Valet Parking		29.00	
10-10-07	Package GST (6%)		0.60	
10-11-07	Package Charge		229.00	
10-11-07	Tourism Improvement Fee (2%)		4.38	
10-11-07	Alberta Tourism Levy (4%)		8.94	
10-11-07	Room GST (6%)		13.40	
10-11-07	Valet Parking		29.00	
10-11-07	Package GST (6%)	s.17(1), 17(4)(e.1)	0.60	
10-12-07	Visa	XX/XX		585.32
Total			585.32	585.32
Balance Due			0.00	

GST Summary

Room	26.80
F&B	0.00
Other	5.31
Total	32.11

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 r servations visitez notre web au
www.fairmont.com ou t l phoner au H tels Fairmont de:
 tats-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 \$ 75 (Mon-Fri) and \$ 1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du r glement total de cette note au cas ou la compagnie, l'association ou son repr sentant d sign  en refuserait le paiement. Les comptes en souffrance sont sujets   un int r t de 1.5% par mois apr s un mois. (18,00% par ann e) J'ai accept  la livraison du journal The Globe and Mail. Si j'avais refus , j'aurais pu obtenir un cr dit   mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les h tels participants.)

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



CHEQUE REQUISITION

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

CHEQUE INFORMATION

DATE June 19, 2007	REQUESTED BY (Print) Janet Umphrey	DEPARTMENT Senior VP, Operations, Professional Practice & CNO	PHONE NO (in full) (403) 943-1191
MAKE CHEQUE PAYABLE TO: JANET UMPHREY			
MAILING ADDRESS (for forwarding of cheque) [REDACTED]			
Canada Post: City _____ Province _____ Postal Code _____			
Interoffice Mail: Department _____ Site _____			
PURPOSE OF CHEQUE REQUEST Reimbursement of Expenses - See Attached			
<input type="checkbox"/> Enclose attached documents (originals) with cheque			

CODING & AUTHORIZATION

CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01.71110101001	62414000	\$ 0.00	Travel (Outside Province)
	62412000	\$ 15.90	Travel (Provincial)
	62410000	\$ 196.17	Travel (Local) 12 500 153 6 12
	66020000	\$ 0.00	Membership Fees
			GST
TOTAL AMOUNT OF CHEQUE		\$ 212.07	CDN <u>X</u> US _____ OTHER _____
Authorization Signature 		Title Executive VP & CCO	Phone Number 943-1469 Site Southport

ACCOUNTS PAYABLE ONLY

T4A Code: _____	s.17(1), 17(4)(g)(i)	Vendor # _____
Cheque Code: _____		Invoice # _____
Sep Cheque: _____		PO # _____
Sort Code: _____	Recurring Payment: _____	Start Date _____
Sep Hnd Des: _____		End Date _____
A/P Approval: _____	# of Payments _____	Cycle _____

APPLICANT COPY



DELTA
LODGE AT KANANASKIS

Kananaskis Village, Alberta, Canada T0L 2H0
Tel.: (403) 591-7711 • Fax: (403) 591-7770
G.S.T. Registration #122372063

ARRIVAL/ARRIVÉE: THU 26APR, 07 FOLIO NUMBER N° DOSSIER: 012897
DEPARTURE/DÉPART: FRI 27APR, 0 BALANCE/SOLDE: .00

FOLIO/DOSSIER

NAME/NOM: Ms Janet Umphrey
ADDRESS/ADRESSE: 10101 Southport Road NW
Calgary T2W 3N2 CAN
NIGHTS/NUITS: 1
STATUS/STATUT: Ck-Out 27APR, 07
TIME/HEURE: 7:54a JH
GUARANTEED BY/GARANTI PAR: VS
REMARKS/REMARQUES: s.17(1), 17(4)(e.1)

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	26APR	Valet Parking	Valet		15.90+	LW
002	27APR				15.90-	JH

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

RECEIVED
15.00
110-83
Total \$48.46

400
24.38

Best Copy Possible

I a of I have accepted responsibility of the Guest's financial.

Je m'engage personnellement à acquitter les frais encourus Delta Hôtels convient de transmettre cette note au fournisseur pour un remboursement en espèces.
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte les hôtels participants.)



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.

Employee Name (Print) JANET UMPHREY		Calgary Health Region E-Mail Address s.17(1), 17(4)(g)(i)		Employee Number
Department/Site SR. VP. OPERATIONS, PROF. PRACTICE : CNO			Phone Number 943-1191	Date 12-19-07
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.) CALGARY HEALTH REGION (PAYMENT REQUISITION)			Destination BANFF	
Course Title EXPLORING HEALTH & HEALING 2008			Departure Date 02-24-08	Return Date 02-27-08

Estimated/Actual Expenses				Actual Expenses Paid by Employee Original Receipts Must Be Attached			
Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
Tuition	680.00		680.00	Tuition only if paid by employee			
Air paid by Calgary Health Region via Calgary Health Region Travel Agent							
Mileage If travel is by car				Mileage If travel is by car			
Accommodation	480.00		480.00	Accommodation	292.66		292.66
Meals Based on per diem rate				Meals			
Ground Transport				Ground Transport			
Other (Specify)				Other (Specify) PARK PASS			26.40
Total			\$ 1160.00 (Cdn)	Total			\$ 319.06 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$ / (Cdn)	Less Advance or Unfunded Portion	\$ / (Cdn)
Employee Signature <i>[Signature]</i>	Date 12-19-07	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	\$ 319.06 (Cdn)
Departmental Authorization <i>[Signature]</i>	Date	Employee Signature <i>[Signature]</i>	Date 03-04-08
Out of Province Authorization <i>[Signature]</i>	Date	Departmental Authorization <i>[Signature]</i>	Date

Financial Code		
Org	Functional Centre	Account
01	71110100003	62412000

Comments/Other Sources of Funding

Guest Name: Janet Umphrey
10101 South Poul Rd Sw
Calgary, AB T2W 3N2 CA

Room #: 8146
Folio #: R3CA58 - 1
Group #: CHR0802
Guests: 1
Clerk:

CL #:
CC #: *****

Arrive: 02/24/08 Time: 08:23 PM Depart: 02/27/08 Time: 01:56:14 Status: FOL

Date	Description	Reference	Comment	Charges	Credits
02/24/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00
02/25/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00
02/26/2008	PAY VISA			\$0.00	(\$292.66)

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

Folio Balance: \$0.00

Package Taxes	
Only applies if you paid for package	
Alberta Tourism Levy	\$10.20
GST Other Tax	\$1.42
GST Tax (Food & Beverage)	\$1.58
GST Tax (Room)	\$12.76
Tourism Improvement Fee	\$5.00

** CUSTOMER COPY **

TRANSACTION RECORD: 080224/19:57

BANK: FIRST STATE
BANK ADMINISTRATION
BANK: AB
TOL: 000

51292.66

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

CARD #
OP ID: 003

ACCOUNT TYPE: VISA PURCHASE
REFERENCE #: 0004025

TOTAL \$26.40

(001) APPROVED
AUTH #097998
THANK YOU

TERMINAL ID: 22424278
MERCHANT #: 0024162



CHEQUE REQUISITION

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

CHEQUE INFORMATION

DATE December 12, 2007	REQUESTED BY (Print) Janet Umphrey	DEPARTMENT Senior VP, Operations, Professional Practice & CNO	PHONE NO (in full) (403) 943-1191
MAKE CHEQUE PAYABLE TO: <u>JANET UMPHREY</u>			
MAILING ADDRESS (for forwarding of cheque)		*DIRECT DEPOSIT - Employee #	
Canada Post: _____		s.17(1), 17(4)(g)(i)	
City _____	Province _____	Postal Code _____	
Interoffice Mail: Department _____	Site <u>Calif Dec 2</u>		
PURPOSE OF CHEQUE REQUEST <u>Reimbursement of Expenses - See Attached</u>			
<input type="checkbox"/> Enclose attached documents (originals) with cheque			

FINANCE
 2007 12 12
 [Signature]

CODING & AUTHORIZATION

CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01.71110101001	62414000	<u>2</u> \$ 796.65	Travel (Outside Province)
	62412000	\$ 0.00	Travel (Provincial)
	62410000	\$ 0.00	Travel (Local)
	66020000	\$ 0.00	Membership Fees
	69500002	\$ 0.00	Employee Recognition
			GST
TOTAL AMOUNT OF CHEQUE		\$ 796.65	CDN <u>X</u> US _____ OTHER _____
Authorization Signature <u>[Signature]</u>	Title Executive VP & CCO	Phone Number 943-1469	Site Southport

ACCOUNTS PAYABLE ONLY

T4A Code: _____	Vendor # <u>T2</u>
Cheque Code: _____	Invoice # _____
Sep Cheque: _____	PO # _____
Sort Code: _____	Recurring Payment: _____ Start Date _____
Sep Hnd Des: _____	End Date _____
A/P Approval: _____	# of Payments _____ Cycle _____

APPLICANT COPY



TRAVEL EXPENSE CLAIM

EMPLOYEE NAME		EMPLOYEE NUMBER	LOCATION	
JANET UMPHREY		s.17(1), 17(4)(g)(i)	SPT	
DEPARTMENT		PHONE NUMBER	DATE	
Senior VP, Operations, Professional Practice & CNO		(403) 943-1191	12/12/2007	
DATE OF TRAVEL/EXPENSE	DETAILS	NO. KM.	RATE	AMOUNT
11/21/07	CCHSE HPRS - San Diego, CA Health Product Review Service			400.00
12/02/07	Avis Car Rental - San Diego, CA CCHSE HPRS			USD 227.83
12/02/07	Hotel del Coronado - San Diego, CA CCHSE HPRS - Dinner and Parking			USD 150.00
12/02/07	Klein's Deli - San Francisco Airport, CA CCHSE HPRS - Meal			USD 10.29
12/02/07	Klein's Deli - San Francisco Airport, CA CCHSE HPRS - Meal			USD 4.01
<p>AVIS We try harder.</p> <p>Thank you for renting from Avis.</p> <p>RENTAL NUMBER CAR NUMBER CAR GROUP 279676154 2624893 E</p> <p>s.17(1), 17(4)(g)(i)</p> <p>AWD = CV s.17(1), 17(4)(e.1)</p> <p>OUT SAN 28NOV07/1610 MI = 11640 IN SAN 02DEC07/1102 MI = 11688</p> <p>* Please check your car for personal effects. * 48 MI@ .00 = HR@ 24.01 = 4 DY@ 48.00 = 192.00 DISCOUNT 10.0 = 19.20 **11.11% FEE = 19.69 FUEL SERVICE = 10.50 **VLF FEE = 4.44 TAXABLE SUBTOT = 207.43 TAX 7.750% = 16.08 #2.5% TAF = 4.32 TOTAL CHARGES = 227.83 **CONCESSION RECOVERY FEE * #TOURISM ASSESSMENT FEE **VEH LICENSE FEE\$1.11/DY</p> <p>* Please check your car for personal effects. *</p>				
			CDN	400.00
			USD	392.13
		Exchange Rate	.987849	396.65
TOTAL				\$ 796.65



HOTEL DELICANTO CORONADO

Janet Umphrey

CA

Room Number: 3206
 Arrival Date: 11-28-07
 Departure Date: 12-02-07
 Cashier No: 43
 Folio No.: 264333
 Page No: 1 of 1

INVOICE

Date	Description	Charges	Credits
11-30-07	Babcock & Story Lounge Food 297226071130125306	42.00	
12-02-07	Parking Guest - Valet \$\$	108.00	
12-02-07	Visa s.17(1), 17(4)(e.1) XX/XX		150.00
Total		150.00	150.00
Balance		0.00	

EXPRESS CHECK OUT OPTIONS

1. Deposit your Express Check Out Letter, Hotel ID & Keys at the lobby

Express Check Out Box.

2. Express Check Out by Voice Mail: Please Call Ext. # 7260

Signature: _____

#274

#205

Best Copy Possible

Best Copy Possible

Charges

0.39

0.71

For stopping in
 on many bank
 on the web @
 www.kleinsnell.com
 American Airlines Terminal 3

For stopping in
 on many bank
 on the web @
 www.kleinsnell.com
 American Airlines Terminal 3

Check Closed

Dr
O

GUEST (800-998-4837)

APPLICANT COPY

Subject: CCHSE Purchase Receipt

Date: Wed, 21 Nov 2007 07:10:31 -0800

From: Canadian College of Health Service Executives <cchse@cchse.org>

To: "Janet A. Umphrey" <Janet.Umphrey@CalgaryHealthRegion.ca>

INTERNET PURCHASE RECEIPT - CCHSE

Order Date: 11/21/2007 10:10:30 AM
Order Number: **1795-Nat HPRS Nov 28**
Bank Auth Number: 002409
Order Total: 400.00

Name on Card: Janet A. Umphrey
Email Address: janet.umphrey@calgaryhealthregion.ca

BILL TO:

Name: Janet A. Umphrey
Address Line 1: 10101 Southport Road SW
Address Line 2: N/A
City: Calgary
State/Province: AB
Zip/Postal Code: T2W 3N2
Country: CA
Phone Number: 403-943-1191

MERCHANT INFO:

Merchant Name: Canadian College of Health Service Executives
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P0J6
Country: CA
Phone Number: 613-235-7218



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.

Employee Name (Print) JANET UMPHREY				Calgary Health Region E-Mail Address s.17(1), 17(4)(g)(i)				Employee Number	
Department/Site SR VP OPERATIONS, PRACTICE & CNO				Phone Number 943-1319		Date 04-18-07			
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.)						Destination BANFF, AB			
Course Title STRENGTHENING THE BOND CONFERENCE						Departure Date 05-03-07		Return Date 05-05-07	
Estimated/Actual Expenses				Actual Expenses Paid by Employee Original Receipts Must Be Attached					
Actual Expenses	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	
	Tuition	450. ⁰⁰		450. ⁰⁰	Tuition only if paid by employee				
	Air paid by Calgary Health Region via Calgary Health Region Travel Agent								
	Mileage If travel is by car				Mileage If travel is by car				
	Accommodation	718. ⁰⁰		718. ⁰⁰	Accommodation				
	Meals Based on per diem rate				Meals				
	Ground Transport				Ground Transport				
	Other (Specify)				Other (Specify)				
	Total			\$ 1168. ⁰⁰ (Cdn)	Total			\$ 888.22 (Cdn)	
	Advance Requested (80% of estimated expenses & advance exceeds \$250.00)				\$ — (Cdn)		Less Advance or Unfunded Portion		\$ 888.22 (Cdn)
Employee Signature <i>[Signature]</i>			Date 04-18-07		Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)			\$ 888.22 (Cdn)	
Departmental Authorization <i>[Signature]</i>			Date		Employee Signature <i>[Signature]</i>			Date 11/08/07	
Out of Province Authorization			Date		Departmental Authorization <i>[Signature]</i>			Date	
Financial Code									
Org	Functional Centre			Account			s.17(1), 17(4)(g)(i)		
01	711101000005			62412000					
Comments/Other Sources of Funding									
Annual CARNA Conference - 1st year joint to the College of Phys & Surgeons & Pharmacy								793.72	
								94.50	

APPLICANT COPY



Strengthening the Bond
Collaborating for
Optimal Patient Care

Strengthening the Bond: Collaborating for Optimal Patient Care
Banff Springs Hotel, Banff Alberta
May 3 to 5, 2007

April 18, 2007

Ms. Janet Umphrey
Senior Vice President, Operations
Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2

Confirmation Notice
GST # 89544 0451 RP0001

Dear Ms. Umphrey,

We are pleased that you will be attending "Strengthening the Bond: Collaborating for Optimal Patient Care" at the Fairmont Banff Springs Hotel (405 Spray Avenue). Below is your registration information for this event:

Date	Start Time	Event	Ticket(s)	Fee Description	Fee	Total
03 May	6:00 pm	Strengthening the Bond	1	Regular: Member Registration	450.00	450.00

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

Thursday, May 3, 2007	6:00 pm to 8:30 pm
Friday, May 4, 2007	7:30 am to 4:00 pm
Saturday, May 5, 2007	7:30 am to 4:00 pm

**** Accommodation Confirmation - Please read carefully as your room preferences may not have been available.**

A room has been reserved for you at the Fairmont Banff Springs Hotel.

Check-in:	May 03, 2007	Check-out:	May 05, 2007
Number of Beds:	One Bed	Confirmation No:	780401
Smoking Room:	No	Room Type:	Deluxe (359/n+tax)
Sharing With:	Guests: 1		

****** The room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on your registration form. The hotel will finalize your bill when you check-out.

Strengthening the Bond: Collaborating for Optimal Patient Care
c/o BUKSA Conference Management and Program Development
 Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
 Phone: (780) 436-0983 Ext. 229 Fax: (780) 437-5984 Email: strength@buksa.com
www.buksa.com/strength

Check-Out by telephone from the convenience of your guestroom!
 Simply touch '50' on your telephone to order to have a message left in our Express Check-Out Mailbox.
 Leave your name, room number and time you are departing from your guestroom. If you would like a
 copy of your final bill sent to you by fax, or email, please indicate the details on the message.

APPLICANT COPY

THE *Fairmont*
BANFF SPRINGS

405 SPRAY AVENUE
 P.O. BOX 960
 BANFF, ALBERTA CANADA T1L 1J4
 T 403 762 2211 F 403 762 5755
 G.S.T. Registration # 84968 1721 RT0006

Room : 0259
 Folio # :
 Cashier # : 517
 Page # : 1 of 1

Group Name : Strengthening the Bond

Janet Umphrey

CA

Arrival : 05-03-07

Departure : 05-05-07

Fairmont President's Club

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

Date	Description	Additional Information	Charges	Credits
05-03-07	Telephone Long Distance	22:09 #70259: [00:04:00]	8.06	
05-03-07	Package Charge	s.17(1), 17(4)(g)(i)	359.00	
05-03-07	Tourism Improvement Fee (2%)		6.98	
05-03-07	Alberta Tourism Levy (4%)		14.24	
05-03-07	Room GST (6%)		21.36	
05-03-07	Valet Parking		29.00	
05-03-07	Package GST (6%)		0.60	
05-04-07	Package Charge		359.00	
05-04-07	Tourism Improvement Fee (2%)		6.98	
05-04-07	Alberta Tourism Levy (4%)		14.24	
05-04-07	Room GST (6%)		21.36	
05-04-07	Valet Parking		29.00	
05-04-07	Package GST (6%)		0.60	
Total			870.42	0.00
Balance Due			870.42	

GST Summary

Room	42.72
F&B	0.00
Other	4.94
Total	47.66

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 \$75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18,00% par année)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

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Strengthening the Bond
Collaborating for
Optimal Patient Care

Strengthening the Bond: Collaborating for Optimal Patient Care
May 3 to 5, 2007
Fairmont Banff Springs Hotel, Banff, Alberta

RECEIPT

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Inv No.	Description	Total Fees	Tax	Applied Amount
A0000757	Registration for Janet Umphrey to attend: <i>Strengthening the Bond</i>	\$450.00		\$450.00
		GST = \$0.00	Total Fees w/Tax	\$450.00
		Check #EFT - 1352315	Total Paid	\$450.00
			Total Applied	\$450.00
			Unapplied Balance	0.00

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