

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: Jan 2009

NAME: STRATER J. CROWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
2009 Jan 12	18:00	Eson Zehndon Briefing Petroleum Club (HR Comm)	40km					5.00		
Jan 13	6:45	Sharon Suites (HR Comm) Eau Claire	40km					30.00		
	20:00	Westin Hotel Calgary								
				Non-Responsive						
<b>FINAL TOTALS</b>			180					35.00		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	180km	90.90 <sup>A</sup>	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	125.90 <sup>0</sup>
<b>TOTAL AMOUNT</b>			OTHER (F)		Non-Responsive

CLAIMANT'S SIGNATURE: [Signature]  
 DATE SUBMITTED: Feb 3/2009

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Feb 5/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY

AMOUNT PAID: \$5.00  
ENTRY TIME: 1/12/2009 5:02 PM  
CALGARY PARKING AUTHORITY  
RECEIPT NO: 536  
CALGARY PARKING AUTHORITY

Valid through:  
MONDAY 12 JAN 09  
6:01 PM

Terminal: 231  
Plate: YLA100  
Zone: 1568

CALGARY PARKING AUTHORITY  
CALGARY PARKING AUTHORITY  
CALGARY PARKING AUTHORITY

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

ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE

impark

IMPERIAL PARKING  
PHONE 299-7275  
CITY PARKER  
METER LOT 179  
METER CLERK  
TICKET  
TICKETS: 02014312

impark  
Time 5:27E JAN 12  
\*\*\*\*\*  
TICKET VOID IF RE-SOLD

EXCISE

6:00P TUE  
JAN 13 09

IMPERIAL PARKING  
PHONE 299-7275  
CITY PARKER  
METER LOT 179  
METER CLERK  
TICKET  
TICKETS: 02014312

TICKET

TICKET VOID IF RE-SOLD

ID IF RE-SOLD

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

ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE

impark

IMPERIAL PARKING  
PHONE 299-7275  
CITY PARKER  
METER LOT 179  
METER CLERK  
TICKET  
TICKETS: 02014324

impark  
Time 5:27E JAN 12  
\*\*\*\*\*  
TICKET VOID IF RE-SOLD

EXCISE

6:00A WED  
JAN 14 09

IMPERIAL PARKING  
PHONE 299-7275  
CITY PARKER  
METER LOT 179  
METER CLERK  
TICKET  
TICKETS: 02014324

TICKET

TICKET VOID IF RE-SOLD

ID IF RE-SOLD

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: Dec 2008

NAME: STRATER J. CROWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Dec 8/08	9:00 AM 3:00 PM	AHS Bd. Mts. private vehicle Edmonton	380			✓	20.75	240 <sup>00</sup>	28 <sup>00</sup>	Taxes 25.62
		to Edmonton - Hotel MacDonald								Taxes 25.62
Dec 9/08	-	AHS Bd. Mts. Hotel MacDonald (HR commt.)	-					240 <sup>00</sup>	28 <sup>00</sup>	
			Non-Responsive							
		University Hospital return - private vehicle	380			✓	20.75			
			Non-Responsive							
<b>FINAL TOTALS</b>							B 41.50 ✓	C 480.00 ✓	D 56.00 ✓	F 65.94 ✓

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	760 km ✓	<sup>A</sup> 383.80 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.7111030 <sup>0</sup> 10.6220000	1027.24 961.90
			OTHER (F)		65.94

**TOTAL AMOUNT** 51901.414100000

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Dec 23/08

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Jan 5/08

meals	amount
breakfast	\$9.20
lunch	\$11.60
dinner	\$20.75
Lodging per night	\$20.15
Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY



10065 - 100 STREET  
 EDMONTON, AB, CANADA T5J 0N6  
 T (780) 424-5181 F (780) 429-6481  
 G.S.T. Registration # 846543619

Room : 0417  
 Folio # : 126629  
 Cashier # : 264  
 Page # : 1 of 2

Group Name : Calgary Health Region

Calgary Health Region  
 Strater Crowfoot

Arrival : 12-08-08  
 Departure : 12-10-08

CA

Date	Description	Additional Information	Charges	Credits
12-08-08	Health Club	Room# 0417 : CHECK# 3683	10.00	
12-08-08	Room Charge ✓		240.00	
12-08-08	Room - DMF		2.40 ✓	
12-08-08	Room - AB Tourism Levy		9.70 ✓	
12-08-08	Room - GST		12.12 ✓	
12-08-08	Parking - Overnight		28.00	
12-08-08	Parking - GST		1.40 ✓	
12-09-08	Health Club	Room# 0417 : CHECK# 3705	3.00	25.62
12-09-08	Room Charge		240.00	
12-09-08	Room - DMF		2.40 ✓	
12-09-08	Room - AB Tourism Levy		9.70 ✓	
12-09-08	Room - GST		12.12 ✓	
12-09-08	Parking - Overnight		28.00	
12-09-08	Parking - GST		1.40 ✓	
12-10-08	Refreshment Centre - Manual		3.00	25.62
12-10-08	Refreshment Centre - GST		0.15	
12-10-08	Mastercard	XXXXXXXXXXXX XX/XX		603.39

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

Guest signature  
 Signature du client X \_\_\_\_\_

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**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.)

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 # 846543619

APPLICANT COPY

Room : 0417  
Folio # : 126629  
Cashier # : 264  
Page # : 2 of 2

Group Name : Calgary Health Region

Calgary Health Region

Strater Crowfoot

CA

Arrival : 12-08-08

Departure : 12-10-08

Date	Description	Additional Information	Charges	Credits
<b>Total</b>			<b>603.39</b>	<b>603.39</b>
<b>Balance Due</b>			<b>0.00</b>	

**GST Summary**

Room	24.24
F&B	0.15
Other	3.29
<b>Total</b>	<b>27.68</b>

Guest signature

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

For information or reservations, visit us at

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

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

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

États-Unis ou Canada 1-800-441-1414

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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.)

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

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: December 2009

NAME: STAATER J CROW FOOT

ADDRESS: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

TOWN: \_\_\_\_\_

POSTAL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Dec 2	6:15 9:30	AHS Bd. Mts. Edmonton	385 km	✓			29.95	16703 R 175.04	29.40	7.35
Dec 3	14:30 18:30	AHS Bd. Mts. AHS - Public Bd. Mts. University Hospital Edmonton	385 km				20.75	-	-	7.35
							Non-Responsive			
<b>FINAL TOTALS</b>			770 km				50.70	175.04	29.40	14.70

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	770 R <sup>A</sup>	388.85	BOARD TRAVEL (A+B+C+D)	49011.711103010.6220000	643.99
			OTHER (F)		2 14.70
<b>TOTAL AMOUNT</b>			Non-Responsive		658.69

58.2  
58.71

RECEIVED  
FINANCE  
JAN 28 2010

CLAIMANT SIGNATURE: [Signature]  
DATE SUBMITTED: Jan 5/10

APPROVAL SIGNATURE: [Signature]  
DATE APPROVED: Jan 14/10

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

# APPLICANT COPY

the westin edmonton  
 10135 100th street edmonton, alberta T5J 0N7 canada  
 phone 780.426.3636 fax 780.428.1454  
 westin.com/edmonton

guest \_\_\_\_\_ travel agent/charge to \_\_\_\_\_

Strater Crowfoot  
 Alberta Health Services

room 819  
 rate 159.00  
 no. pers. 1  
 folio 417321 EX-A  
 page 1  
 arrive 02-DEC-09 22:54  
 depart 03-DEC-09  
 payment MC

AHL01B

DATE	REV/AMOUNT	DESCRIPTION	SUBTOTAL/CREDIT
02-DEC-09	RT819	Room Charge	159.00
02-DEC-09	RT819	GST	8.03
02-DEC-09	RT819	DMF	1.59
02-DEC-09	RT819	Tourism Levy	6.42
02-DEC-09	RT819	Parking Valet	28.00
02-DEC-09	RT819	Tax GST	1.40
03-DEC-09	MC	Mastercard	204.44-
		Balance Due	0.00

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

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
02-DEC-09	159.00	8.03	6.42	0.00	0.00	30.99	204.44
Total	159.00	8.03	6.42	0.00	0.00	30.99	204.44

Date	Payment
02-DEC-09	0.00
Total	0.00

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

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

Strater Crowfoot  
 FOLIO 417321 02-DEC-09

# APPLICANT COPY

the westin edmonton  
10135 100th street edmonton, alberta T5J 0N7 canada  
phone 780.426.3636 fax 780.428.1454  
westin.com/edmonton

guest

travel agent/charge to

Strater Crowfoot  
Alberta Health Services  
AHL01B

room 819  
rate 159.00  
no. pers. 1  
folio 417321 EX-A  
page 2  
arrive 02-DEC-09 22:54  
depart 03-DEC-09  
payment MC

## GST Summary:

GST Room Revenue:	8.03
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.03

The Westin Edmonton GST# 861336493RT0005

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest, you could have earned 318 Starpoints for this visit. Please provide your member number or enroll today.

Strater Crowfoot  
FOLIO 417321 02-DEC-09

signature \_\_\_\_\_



APPLICANT COPY

Alberta Health Services Board  
**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM** 1967716

FOR MONTH OF March APR 26 2010

Filed APR 26 2010

Copy to: \_\_\_\_\_  
 File Name: \_\_\_\_\_

NAME: Strater J. CROWFOOT

ADDRESS: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

TOWN: \_\_\_\_\_

POSTAL: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						
		called in		ENTER						
March 24	3:00pm	AHS General Bd Mts in Lethbridge					115.44		7.35	
March 25	5:15pm	Mar 24 - Supper Mts with Minister Z.	230							
		March 25 Bd. mts on four facilities								
		pm Public mts.								
		2:30pm depart for home								
		5:30pm arrive home	230							
		March Bd. Pay Received								
<b>FINAL TOTALS</b>			<b>460</b>				<b>2115.44</b>		<b>7.35</b>	

RECEIVED  
 MAY 17 2010  
 FINANCE

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	460 R	<sup>A</sup> 232.30	BOARD TRAVEL (A+B+C+D)	49011.711103010.6220000 232.30 115.44	347.74 <del>232.30</del>
			OTHER (F)		1847.74
<b>TOTAL AMOUNT</b>					Non-Responsive

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: April 14/10

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: May 7, 2010

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

APPLICANT COPY

Date 03/25/10  
 Time 12:10  
 Page 1

LETHBRIDGE LODGE HOTEL  
 320 SCENIC DRIVE  
 LETHBRIDGE, ALBERTA T1J 4B4  
 PHONE: 403-328-1123  
 1-800-661-1232

Acct# P36226-07  
 Room# 141  
 Rate Code  
 Group ABHS  
 Room Type DNQQ  
 Room Rate .00

Arrive MAR 24 10 20:34  
 Depart MAR 25 10 07:37 JY

CROWFOOT STRATER

ALBERTA HEALTH SERVICES  
 X  
 CALGARY AB X

ALBERTA HEALTH SERVICES  
 10101 SOUTHPORT ROAD SW  
 CALGARY AB T2W 3N9

Payment MC XXXX XXXX XX

Exp:

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

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			.00	
MAR 25	TRANSFER DEBIT AMT	TRANSFER		115.44	
	Transfer From Acct	P36226-35, Item 7			
MAR 25	VISA	PAID			115.44
=====G.S.T.=subtotal:		.00			
ROOM T subtotal:		.00	Balance Due:	.00	

I agree that my liability for this bill is not waived.

G.S.T. #878714963

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

**APPLICANT COPY**  
**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Alberta Health Services Board

19677

FOR MONTH OF: January 2010  
 Rec'd APR 18 2010

NAME: STRATER J. CROWFOOT

ADDRESS: \_\_\_\_\_

Copy to: \_\_\_\_\_

TOWN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Jan 25	6:30pm	Departed for Edmonton Attend All-chiefs Treaty 6-7-8 Elders mts on Health.	390							
	9:30pm	Arrived Sheraton					141.96	26.00		
Jan 26		Attended cont. w/ Jordan Head (see attached)					29.95			7.35
	4:00pm	Departed for Home	390							
	7:15	ARRIVED @ Home								
<b>FINAL TOTALS</b>			780				29.95	141.96	26.00	7.35

**RECEIVED**  
 MAY 13 2010  
**FINANCE**

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	780 - R <sup>A</sup>	393.90	BOARD TRAVEL (A+B+C+D)	49011.711103010.6220000	530.81 61.20 591.81
			OTHER (F)		7.35
<b>TOTAL AMOUNT</b>					

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: April 14/10

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: May 7, 2010

Non-Responsive	
meals	breakfast \$9.20
	lunch \$11.60
	dinner \$20.75
Lodging per night	\$20.15
Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

APPLICANT COPY



**Treaty No. 6**

c/o Suite 204  
10310 - 176 Street  
Edmonton, Alberta  
T5S 1L3



**Treaty No. 7**

Suite 400  
9911 Chilla Boulevard  
Tsui T'ina, Alberta  
T2W 6H6



**Treaty No. 8**

Sante Fe Plaza  
18178 - 102 Avenue  
Edmonton, Alberta  
T5S 1S7

January 20, 2010

Strater Crowfoot  
Board Member  
Alberta Health Services  
10101 Southport Road, SW  
CALGARY, Alberta  
T2W 3N2

Dear Mr. <sup>Strater</sup> Crowfoot:

As the host PTO for the Assembly of Treaty Chiefs meeting on Health, and on behalf of the Grand Chiefs of Treaty No. 6, Treaty No. 7 and Treaty No. 8, you are invited to provide an update on Alberta Health Services related to the First Nations in Alberta.

In addition to your attendance and participation, we would appreciate it if Mr. Jordan Head would also attend and provide a briefing to the Alberta Chiefs on his role and activities with Alberta Health Services.

Should you have any questions or require additional information, please do not hesitate to contact Darlene Plamondon at our Edmonton Sub-office.

We look forward to seeing you and Jordan at our Assembly.

Sincerely,

George Calliou  
CEO  
Treaty 8 First Nations of Alberta

cc: Deputy Grand Chief Rose C. Laboucan  
Grand Chief Eddy Makokis  
Grand Chief Charles Weaselhead  
Jordan Head, AHS

19/2010) Strater Crowfoot - FW: Invitation to AoTC

**From:** Jordan Head <Jordan.Head@albertahealthservices.ca>  
**To:**  
**Date:** Thursday, January 21, 2010  
**Subject:** FW: Invitation to AoTC  
**Attachments:** LtrtoStraterCrowfoot.pdf

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

FYI Will send updates.

Jordan Head  
Director, Aboriginal Health

---

**From:** Darlene Plamondon [dplamondon@treaty8.org]  
**Sent:** January 20, 2010 8:54 AM  
**To:** Jordan Head  
**Cc:** Carolyn Small Legs; Ryan Robb; Eunice Louis; George Calliou; Lorraine Muskwa  
**Subject:** Invitation to AoTC

Hello Jordan, please forgive the informality of this e-mail, but because of the short notice, I am forwarding a letter of invitation to Mr. Strater Crowfoot and yourself to attend and provide a briefing to the Alberta Treaty Chiefs meeting on health scheduled for January 26th & 27th, 2010 at the Marriott River Cree Resort, Enoch, Alberta. Would you please forward the attached letter to Mr. Crowfoot on our behalf, the original will be mailed today.

We have scheduled Alberta Health Services presentation for the morning of January 27, 2010.

I look forward to hearing a positive response from you and Strater Crowfoot.

Darlene Plamondon  
IGI Coordinator/Chiefs Executive Assistant  
Treaty 8 First Nations of Alberta  
dplamondon@treaty8.org

"Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions." Article 4 UN Declaration on the Rights of Indigenous Peoples

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APPLICANT COPY

Chief. Strater Crowfoot  
 Suite 100 9911 Chilla Boulevard  
 Tsuu T'ina, AB T2W 6H6  
 CA

Room Number : 2214  
 Arrival Date : 01-25-10  
 Departure Date : 01-26-10  
 Page : 1 of 1  
 Folio Number : 164575  
 Confirmation : 15018520  
 Cashier : 309

INVOICE

GST No. : R135760569

01-26-10

Company Name : Government of Canada\*

Date	Description	Charges	Credits
		129.00	
01-25-10	Room Charge	5.16	
01-25-10	Room Alberta Tourism Levy	1.29	
01-25-10	Room D.M.F.	6.45	
01-25-10	Room GST	0.06	
01-25-10	Room D.M.F. GST s.17(1), 17(4)(e.1)	26.00	
01-25-10	Daily Parking Valet xxxxxxxxxx		167.96
01-26-10	Mastercard		167.96
<b>Total</b>		<b>167.96</b>	<b>167.96</b>
<b>Balance</b>		<b>0.00</b>	<b>CAD</b>

Room GST 6.45  
 F&B GST 0.00  
 Misc GST 1.30  
 Total 7.75

167.96  
 26.00  
 141.96

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

Guest Signature: \_\_\_\_\_

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

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 \* Fax 780.441.3098 \* 1.8663.SUTTON (1.866.378.8866)  
 email: info\_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

APPLICANT COPY  
**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

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

20531

NAME: Strater J CROWFOOT FOR MONTH OF: June 28-29, 2010  
Aug 25-26, 2010  
 TOWN: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_  
 s.17(1), 17(4)(g)(i) Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
June 28	9:00pm	AHS Bd. Mts								
	6:00pm	Rocky View Hospital	30				R	10.50		
June 29	7:00am	AHS Bd. Mts	30							
	2:30pm	AHS Public Mts	30							
		Rocky View Hospital								
Aug 25	9:00 Am	AHS Bd Mts	340							
	1:00pm	Medicine Hat Hospital				20.75		103.95		
Aug 26	2:30	AHS Public Bd.	340						7.35	
	6:00pm	Mts. Medicine Hat				20.75			7.35	
		Alta								
FINAL TOTALS			800			41.50		109.59	10.50	14.70

ENTERED SEP 3 2010

KILOMETRES CLAIM			Description	Code	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	800km	404.00	BOARD TRAVEL (A+B+C+D)	49011.711103010.622000	518.45
			OTHER (F)		47.14
TOTAL AMOUNT					565.59
					14.70
					Non-Responsive

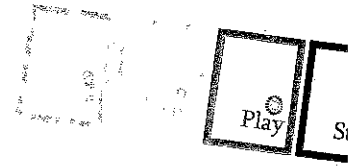
CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Sept 8/10  
 APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Sept 27/10  
**RECEIVED**  
 15 OCT - 1 2010  
 Lodging per night: \$20.15  
 meals: breakfast \$9.20, lunch \$11.80, dinner \$20.75  
 Per diem 24-hour: \_\_\_\_\_  
 PB

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK



**Strater Crowfoot**  
10101 South Port Road SW  
Calgary, AB  
AB Health Services  
T2W 3N2

Page # 1  
Res. # 433000  
Checked in Wed Aug 25/10 - 11:36 pm  
Checked out Thu Aug 26/10 - 7:54 am  
Nights 1  
Room Rate 99.00  
Room 229

Group: AB Health Services

Date	Description
Aug25	GOVERNMENT RATE
Aug25	GST
Aug25	Room Tax
Aug25	Destination Marketing Fee
Aug26	PAID BY MASTERCARD - Thank you

Reference	Charges	Cre
	99.00	
	4.95	
	3.76	
	1.88	
	<hr/>	109.5
0.00	109.59	<hr/>
		109.5

Thank you for staying with us. Please come again!  
Call 1 (800) 661-8095 to make your next reservation with us.  
Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	4.95
Room Tax	3.76

RECEIVED GENERAL HOSPITAL  
RECEIPT  
CASHIER NO. 12  
IN: 28/08/10 15:28  
OUT: 28/08/10 19:05  
PAID: \$ 10.59  
CASH \$ 10.59  
GST # R129072512  
THANK YOU  
Operated by  
BLANDAVI PERLUM  
OF OCEANUS  
COMMENTS/COMMENTS  
CALL 501-993-2708



**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

2053190

FOR MONTH OF: May - June 5/2010

NAME: STRATER J CRAWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS		LODGING (ROOM)	PARKIN	OTHER (ITEMIZE)
				B	L			
Alberta Health Services Board								
Non-Responsive								
Rec'd SEP 10 2010								
Copy to: _____								
File Name: _____								
June 4-5th		Province wide						
Depart	June 4 5:00pm	Health Advisory mfg	385	✓	20.75			7.35
Arrive	8:30pm	Edmonton AB				R	15.75	
Depart	June 5 4:30pm		385	✓	20.75			
Arrive	8:30pm							7.35
<b>RECEIVED</b>			<b>ENTERED SEP 30 2010</b>					
<b>OCT - 1 2010</b>								
<b>FINAL TOTALS FINANCE</b>			770		41.50		15.75	14.70

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢	770 R	388.85 ✓	BOARD TRAVEL (A+B+C+D)	49011.711103010.6220000 404.60 41.50	446.10 ✓ 546
			OTHER (F)	2	14.70 ✓

**TOTAL AMOUNT** \_\_\_\_\_ Non-Responsive

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Sept 8/10

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Sept 27/10

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

# APPLICANT COPY

the westin edmonton  
 10135 100th street edmonton, alberta T5J 0N7 canada  
 phone 780.426.3636 fax 780.428.1454  
 westin.com/edmonton

guest

travel agent/charge to

Strater Crowfoot  
 Alberta Health Services  
 , AB  
 Canada  
 AHF04B

room 1614  
 rate 139.00  
 no. pers. 1  
 folio 471764 EX-A  
 page 1  
 arrive 04-JUN-10 13:26  
 depart 05-JUN-10  
 payment MC

date	reference	description	debit	credit
04-JUN-10	RT1614	Parking Self - Group		15.00
04-JUN-10	RT1614	Tax GST		0.75
05-JUN-10	MC	Mastercard	15.75-	
Balance Due			0.00	

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

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
04-JUN-10	0.00	0.00	0.00	0.00	0.00	15.75	15.75
Total	0.00	0.00	0.00	0.00	0.00	15.75	15.75

Date	Payment
04-JUN-10	0.00
Total	0.00

Thank you for choosing Starwoc  
 \*\* continued

ng you back soon!

*Did not  
 claim for  
 hotel -  
 will follow-  
 up*

I agree to remain personally liable for the payment of this bill if the corporation or other third party billed fails to pay.

Strater Crowfoot  
 FOLIO 471764 04-JUN-10



# APPLICANT COPY

the westin edmonton  
 10100 100th street edmonton, alberta T5J 0N7 canada  
 phone 780.426.3636 fax 780.428.1454  
 westin.com/edmonton

guest

travel agent/charge to

	room	1614	
Strater Crowfoot	rate	139.00	
Alberta Health Services	no. pers.	1	
	folio	471764	EX-A
, AB	page	2	
Canada	arrive	04-JUN-10	13:26
	depart	05-JUN-10	
AHF04B	payment	MC	

date	reference	description	amount
------	-----------	-------------	--------

**GST Summary:**

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

The Westin Edmonton GST# 861336493RT0005

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

As a Starwood Preferred Guest, you could have earned 0 Starpoints for this visit. Please provide your member number or enroll today.

Strater Crowfoot  
 FOLIO 471764 04-JUN-10



APPLICANT COPY

09/17/2010 12:48 FAX 403 292 5618

INDIAN OIL & GAS

001/001

205319K

**ALBERTA HEALTH SERVICES  
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: June 10/2010 to

NAME: Strater J CROW FOOT June 18/2010

ADDRESS: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS		LODGING (ROOMS)	PARKING	OTHER (ITEMIZE)
				#	AMOUNT			
June 10	9:00am	Attend. Siksika Health Services Health Fair	90K					
	2:00pm	@ Siksika FN	90K					
June 15	7:00am	Attend. Partnership In Action Workshop	400K	2	26.75	20.15		7.35
	10:00pm	Hilton Garden Inn				private		
June 18	2:00pm	Edmonton AB	400K	2	20.75			7.35
	6:00pm							
Non-Responsive								
<b>FINAL TOTALS</b>			980K	4	47.50	20.15	-	14.70

ENTERED SEP 3 2010

KILOMETRES CLAIM			Description	Code	Amount
RATE	KM	AMOUNT			
50.5¢	980	494.90	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	565.55
			OTHER (F)		14.70
<b>TOTAL AMOUNT</b>					580.25

Non-Responsive

CLAIMANT SIGNATURE <u>[Signature]</u> DATE SUBMITTED <u>Sept 1/10</u>	APPROVAL SIGNATURE <u>[Signature]</u> DATE APPROVED <u>Sept 27/10</u>	<table border="1"> <tr> <td>Breakfast</td> <td>39.20</td> </tr> <tr> <td>Lunch</td> <td>\$11.80</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td>Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td>Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	Breakfast	39.20	Lunch	\$11.80	dinner	\$20.75	Lodging per night	\$20.15	Per diem 24-hour	\$7.35
Breakfast	39.20											
Lunch	\$11.80											
dinner	\$20.75											
Lodging per night	\$20.15											
Per diem 24-hour	\$7.35											

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

RECEIVED  
OCT - 1 2010  
FINANCE

403-943-1122  
403 292 5618 >> AHSB

RH

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: FEBRUARY 2009

NAME: STATER J CROWFOOT

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)	
				B	L	D	AMOUNT				
Feb 24/09	11:00 AM 1:00	AHS Bd. Mtg. Camrose-AB	315	✓			11.60	108 <sup>90</sup>	-	7.35	
Feb 25		AHS Bd. mtg. CAMROSE Public mtg. return to C <sub>57</sub> .	315				20.75	-		7.35	
			Non-Responsive								
<b>FINAL TOTALS</b>							<b>32.35</b>	<b>108<sup>90</sup></b>	<b>-</b>	<b>14.70</b>	

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢	630 km	318.15 ✓	BOARD TRAVEL (A+B+C+D)	49011.711103010.6220000	474.10 459.40
			OTHER (F)		14.70
<b>TOTAL AMOUNT</b>					<b>51901.414100000</b>

Non-Responsive

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Mar 25/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: 3/09

Non-Responsive	
meals	breakfast \$9.20
	lunch \$11.60
	dinner \$20.75
Lodging per night	\$20.15
Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

21

APPLICANT COPY



**NORSEMEN INN**

Highway 13 West, Camrose Phone 672-9171  
Toll Free 1-877-477-9171 www.norsemeninn.com

Strater Crowfoot  
Lou Vecoste 403-943-1122

Alberta Health Services

Invoice #: 200263  
Room #: 109  
Arrival Date: 02/24/2009  
Departure Date: 02/25/2009  
GST Number: R121513840

DATE	DESCRIPTION	REFERENCE	CHARGE	CREDIT	TOTAL
02/24/2009	Room Charge		99.00		99.00 <sup>123</sup>
02/25/2009	Mastercard			-108.90	-9.90
				Room Tax	3.96
				GST	4.95
				Tourism Levy	0.99
				<b>Total</b>	<b>0.00</b>

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

**SIGNATURE: X** \_\_\_\_\_

*Taxes Legend: 1 Room Tax, 2 GST, 3 Tourism Levy*

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

FOR MONTH OF: March 2009

NAME: STRATER G. CROWFOOT

ADDRESS: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
										Non-Responsive
										Non-Responsive
Mar 24/09	10:00	AHS Bd. Mts. Red Deer	225	✓			11.60			7.35
		Red Deer Lodge						107.91		
										Non-Responsive
Mar 25/09		AHS Bd. Mts. Red. Door Public mts.	225	✓			9.20			7.35
										Non-Responsive
<b>FINAL TOTALS</b>							<b>20.80</b>	<b>107.91</b>		<b>14.70</b>

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	450 ✓	227.25 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	<del>310.66355.96</del>
			OTHER (F)		14.70

**TOTAL AMOUNT** 51901.414100000

CLAIMANT SIGNATURE: [Signature]  
DATE SUBMITTED: Mar 25/09

APPROVAL SIGNATURE: [Signature]  
DATE APPROVED: April 3/09

		Non-Responsive
meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

23  
[Signature]

Honoraria over...

Date 03/25/09  
Time 09:13  
Page 1

APPLICANT COPY

RED DEER LODGE  
4311 49 AVE  
RED DEER, ALBERTA T4N 5Y7  
1-800-661-1657  
(403) 346-8841

Acct# P28983-00  
Room# 219

Rate Code  
Group ABHS  
Room Type CNQQ  
Room Rate 99.00

CROWFOOT, STRATER

Arrive MAR 24 09 20:18  
Depart MAR 25 09

AB HEALTH SERVICES

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

Payment AX

Exp:

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			99.00	
MAR 24	G.S.T.			4.95	
MAR 24	TOURISM LEVY			3.96	
MAR 25	AMERICAN EXPRESS	THANK YOU			107.91
=====G.S.T.=subtotal:		4.95			
TOURIS subtotal:		3.96			
			Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy: you may opt-out of having certain personal information collected. G.S.T. #865650352 Direct Bill Signature: \_\_\_\_\_



**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: April 2009

NAME: Strater J CROW FOOT

ADDRESS: \_\_\_\_\_ s.17(1), 17(4)(g)(1)

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						
April 28	9:00am	Attended AHS Bd. mtg Cothbridge	300km				20.75 20.75	-	4.00	
	4:30pm	Return	300km							
April 29	7:00am	Attended AHS Bd. mtg Cothbridge	300km						4.00	
	3:00pm	Return	300km							
				Non-Responsive						
<b>FINAL TOTALS</b>			1200				<sup>B</sup> 20.75 <sup>C</sup> -	<sup>D</sup> 8.00		<sup>F</sup> 1.00

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	1200km	<sup>A</sup> 606.00	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	634.75
8.8			OTHER (F)		Non-Responsive
<b>TOTAL AMOUNT</b> 51901.414100000					

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: May 4/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: May 7/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

25

Honoraria over...

APPLICANT COPY

CHR  
Surface Lot

Apr 29/09 9:27 AM

27814

Thank you for parking at the  
Chinook Health Region

Ticket # 386662

Please leave ticket  
visible on dash  
of your vehicle

\$4.00

CHR  
Surface Lot

Apr 28/09 10:54 AM

41150

Thank you for parking at the  
Chinook Health Region

Ticket # 386346

Please leave ticket  
visible on dash  
of your vehicle

\$4.00

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

APPLICANT COPY

FOR MONTH OF: MAY-2009

NAME: STRATER CROWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						
May 26/09	8:00pm	Travel to Grand Prairie - Stopped in Edmonton - overnight	849 km					Private Accommodation		7.35
May 27/09		Arrived in Grand Prairie AHS - Bd Mtg. Checked in Pomeroy Inn + Suite					11.60	186.01		
May 28		AHS - Bd mtg					20.75			
				Non-Responsive						
	2:30	Depart for Home Deerwinton	849 km							7.35
May 28	10:30pm	Arrived Home		Non-Responsive						
<b>FINAL TOTALS</b>			1698				3235	386.16		14.70

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	1698 ✓	<sup>A</sup> 857.49	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	1110.70 <del>1096.08</del> 1276.00
			OTHER (F)		14.70

**TOTAL AMOUNT** 51901.414100000

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: June 10/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: July 21/09

Non-Responsive	
meals	breakfast \$9.20
	lunch \$11.60
	dinner \$20.75
Lodging per night	\$20.15
Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

**APPLICANT COPY**  
**Pomeroy Inn & Suites Grande Prairie**

www.pomeroygrandeprairie.com

11710-102 St

Grande Prairie, AB T8V7S7

Telephone: (780)831-2999 Fax: (780)513-1146

May 28, 2009

8:41 am

STRATER CROWFOOT  
 10101 SIUTHPORT ROAD SW  
 Calgary, AB T2W 3N2

Account #: 79874  
 Room Number: 329  
 Rate: \$170.65  
 Pay Method: VI

Arrival Date: Wednesday, May 27, 2009  
 Departure Date: Thursday, May 28, 2009

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

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
5/27/2009	ROOM CHARGE	Auto Posted		329	\$170.65	
5/27/2009	HOTEL TAX	Auto Posted		329	\$6.83	
5/27/2009	GST TAX	Auto Posted		329	\$8.53	
5/28/2009	MASTERCARD	CHECKED-OUTMC1996		329		\$186.01

G.S.T. REGISTRATION #: 858317167RT0020  
 HOLLOWAY LODGING L.P.  
 DBA GRANDE PRAIRIE  
 POMEROY INN & SUITES

Tax Summary	
HOTEL TAX	\$6.83
GST TAX	\$8.53

Balance:

Please refer to the Pomeroy Inn & Suites Privacy Policy for a complete statement of our policies and practices with respect to the handling of your personal information. You can request a copy of the Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

I agree I am liable for any damages that have occurred in my room.

Signature \_\_\_\_\_

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: JUNE 2009

NAME: STRATER J CROWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						
June 29	10:45am	AHS Bd. Mtg.	50km	-	-	-	-	-	-	
		Calgary Childrens Hospital								
	5:00pm		50km							
June 30	7:30am	AHS Bd. Mtg.	50km							
		Calgary Childrens Hospital								
	2:30pm	Public Mtg.	50km							
				Non-Responsive						
<b>FINAL TOTALS</b>			200km							

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	200km	101.00	BOARD TRAVEL (A+B+C+D)	49011.711103010.6220000	101.00
			OTHER (F)	Non-Responsive	
<b>TOTAL AMOUNT</b>					51901.414100000

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: July 2/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: 5/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

29  
[Signature]

Honoraria over...

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: JULY 09

NAME: STRATER CROWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKIN	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
July 30	16:00	Left home for South Tall Cree				✓	20.75			
		Drove to Slave Lake						118.81	-	
	22:00	Arrived in Slave Lake								
July 31	06:30	Continued Drive to South Tall Cree		✓			29.95			7.35
	11:00	Arrived in South Tall Cree								
		Spoke at North Peace Tribal Council AGM on behalf of Chairman AHS Ken Hughes								
	15:00	Departed South Tall Cree								
	23:00	Arrived Leduc								
Aug 1	09:00	Departed Leduc		✓			9.20	162.41		
	12:30	Arrived Home								7.35
<b>FINAL TOTALS</b>			2176 Km				59.90	281.22		14.70

Non-Responsive

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢	2176	A 1098.88	BOARD TRAVEL (A+ B+ C+ D)	49011.7111030 <sup>0</sup> .6220000	1454.70
			OTHER (F)		14.70

Non-Responsive

**TOTAL AMOUNT** 51901.414100000

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Aug 10/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Aug 26/09

Non-Responsive	
meals	breakfast \$9.20
	lunch \$11.60
	dinner \$20.75
Lodging per night	\$20.15
Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

**Lakeview Inn & Suites Slave Lake**

1550 Holmes Trail SE  
 Slave Lake, Alberta  
 T0G 2A3  
 Phone: 780-849-9500  
 Email: slavelake@lakeviewhotels.com

**Guest Folio**

Arrival Date: 30 Jul 2009

Departure Date: 31 Jul 2009

Room Type: NQQ-QQ

Folio: 12388-0

Room: 106

CC Number:

**Strater Crowfoot**

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

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

Date	Folio	Reference	Amount	Tax	Total
30 Jul 2009	1	Room Charge	\$109.00	\$9.81	\$118.81
31 Jul 2009	1	Check-Out (Payment: MAST )	\$-118.81	\$0.00	\$-118.81
<b>Room Charges</b>			\$109.00	\$9.81	\$118.81
<b>Other Charges</b>			\$0.00	\$0.00	\$0.00
<b>Credits</b>			\$-118.81	\$0.00	\$-118.81
<b>Balance</b>					<b>\$0.00</b>

Alberta Room Tax 4.00 % \$109.00 \$4.36

Room GST 5.00 % \$109.00 \$5.45

Reg # 856666409RT001

Signature \_\_\_\_\_

Thank you for choosing the Lakeview Inn & Suites, Slave Lake, Alberta for your accommodation needs - we have been delighted to have you as our guest.

Please ask our guest service representatives about joining the Lakeview Perks rewards program - you can begin earning points for every stay!

Find out all about our other comfortable and charming locations by visiting the Lakeview Hotels and Resorts website at [www.lakeviewhotels.com](http://www.lakeviewhotels.com). Please do come and see us again!



115

08-01-09

Strater Crowfoot  s.17(1), 17(4)(g)(i)	Folio No. :		Room No. :	235
	A/R Number :		Arrival :	07-31-09
	Group Code :		Departure :	08-01-09
	Company :	Alberta Health Services	Conf. No. :	62941546
	Membership No. :		Rate Code :	IMCGV
	Invoice No. :	s.17(1), 17(4)(g)(i)	Page No. :	1 of 1

Date	Description	Charges	Credits
07-31-09	*Accommodation	149.00	
07-31-09	G.S.T.	7.45	
07-31-09	Tourism Levy	5.96	
Thank you for staying at the Holiday Inn Express Edmonton Airport. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit <a href="http://www.priorityclub.com">www. priorityclub.com</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>162.41</b>
		<b>Balance</b>	<b>162.41</b>

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: August 2009

NAME: STRATER CROWFOOT

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
AUG 6	0400	Depart from Home for Edmonton International Airport								
		Depart from Executive Flight Center for FORT McMurray								
		Tour Community Sites and Northern Lights Regional Hospital								
		Tour Sep Crude Oil Sands								
		Return Flight to Edmonton								
	18:30	Depart Executive Flight Center								
AUG 6	22:00	ARRIVE Home								
		Monthly Honoraria								
<b>FINAL TOTALS</b>			670	✓	✓	29.95				

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	670	338.35	BOARD TRAVEL (A+B+C+D)	49011.71110300.6220000	368.30
			OTHER (F)		Non-Responsive
<b>TOTAL AMOUNT</b> 51901.414100000					368.30

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Aug 10, 2009

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Aug 25/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: September 2009

NAME: STRATER J. CROWFOOT

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKIN	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						
Sept 22	15:30	TRAVEL to Fort McMurray								
	arrive 23:00	for AHS Bd. mtg.	816km				20.75			
							368.42			
Sept 23		AHS Bd. mtg. Northern Lights Health Region						2.00	7.35	
Sept 24		AHS Bd. mtg. Northern Lights Health Region							7.35	
	14:00	Public Bd. Mtg								
	22:00		820km				20.75			
			Non-Responsive							
<b>FINAL TOTALS</b>			1636				41.50	368.42	2.00	14.70

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢	1636	826.18	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	1252.80 1238.10
			OTHER (F)		14.70

**TOTAL AMOUNT** 51901.414100000

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: 10/16/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Nov. 6 2009

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW,  
 Calgary, AB. T2W 3N2, Attention: Patti Grier

THIS SIDE UP ON DASH

Northern Lights  
HEALTH REGION  
**266**

Northern Lights  
Health Region

---

Machine #: 1  
Transaction: 345961001  
Date: SEP. 23. 09  
Time: 09:18 AM  
Paid: \$2.00  
Northern Lights  
HEALTH REGION

Ticket Expires:

**09:17 AM**  
**SEP. 24. 09**

---

Northern Lights  
WORKING TOGETHER  
FOR A  
HEALTHIER FUTURE

THIS SIDE UP ON DASH

# APPLICANT COPY



*Sawridge Inn and Conference Centre*  
 530 MacKenzie Boulevard  
 Fort McMurray, Alberta T9H 4C8  
 Tel: 780-791-7900 Fax: 780-743-4654

Strater Crowfoot	Page Number : 1	Invoice Nbr: 132283
Alberta Health Services	Guest Number: 125146	22-SEP-09
	Folio ID : EX-A	24-SEP-09
s.17(1), 17(4)(g)(i)	1	
AHI22A - Alberta Health Servic	244	

Information Invoice

Tax ID: 10473 3720 RT0004  
 Sawridge Ft McMurray 24-SEP-09 01:48 BOBFRA

Date	Reference	Description	Charges	Credits
22-SEP-09	RT244	Corp. Group	169.00	
22-SEP-09	RT244	Room Gst	8.45	
22-SEP-09	RT244	Tourism Levy	6.76	
23-SEP-09	RT244	Corp. Group	169.00	
23-SEP-09	RT244	Room Gst	8.45	
23-SEP-09	RT244	Tourism Levy	6.76	
24-SEP-09	MC	MasterCard	-368.42	
		** Total	368.42	-368.42
		*** Balance	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.

GST Summary	Amount CAD
GST Room Revenue	16.90
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	16.90

Continued on the next page

Please visit our other locations:

**Sawridge Inn and Conference Centre**  
 12 Connaught Drive, Box 2080  
 Jasper, Alberta T0E 1E0  
 Tel: 780-852-5111 Fax: 780-852-5942

**Sawridge Inn and Conference Centre**  
 1200 Main Street South, Box 879  
 Slave Lake, Alberta T0G 2A0  
 Tel: 780-849-4101 Fax: 780-849-3426

**Sawridge Inn and Conference Centre**  
 9510 - 100 Street  
 Peace River, Alberta T8S 1S9  
 Tel: 780-624-3521 Fax: 780-624-4855

**Sawridge Inn**  
 4235 Gateway Blvd.  
 Edmonton, Alberta T6J 5H2  
 Tel: 780-438-1222 Fax: 780-438-0906

**APPLICANT COPY  
ALBERTA HEALTH SERVICES  
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: October 2009

NAME: STRATER T CROWFOOT (Red Deer)

ADDRESS: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						Non-Responsive
Oct 28	6:00 AM	AHS Bd. monthly meeting	205	✓	-	-	9.20	102.96	5.00	7.35
Oct 29	2:00 PM	AHS Bd. Committee Reports Public Mtg.	205	✓	-	-	9.20		6.00	7.35
				Non-Responsive						
<b>FINAL TOTALS</b>			410 ✓				18.40	102.96	11.00	14.70

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢	410	207.05 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	354.11339.41
			OTHER (F)		14.70

**TOTAL AMOUNT** 51901.414100000

CLAIMANT SIGNATURE: [Signature] DATE SUBMITTED: Nov 2/09  
 APPROVAL SIGNATURE: [Signature] DATE APPROVED: Nov 6/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per, night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

APPLICANT COPY

DTHR SURFACE PARKING  
DAY MONTH YEAR PASS  
AVAILABLE

09JETA1 17:45 001 001  
09OCT28 08:03  
/ 9:42 #558377  
RATE 1 \$5.00  
TOTAL \$5.00  
CASH \$5.00

DTHR SURFACE PARKING  
DAY MONTH YEAR PASS  
AVAILABLE

09OCT29 11:08 001 001  
#558603  
DAY PASS \$6.00  
TOTAL \$6.00  
CASH \$6.00

Date 10/29/09  
Time 07:40  
Page 1

APPLICANT COPY

RED DEER LODGE  
4311 49 AVE  
RED DEER, ALBERTA T4N 5Y7  
1-800-661-1657  
(403) 346-8841

Acct# P33616-01  
Room# 212

Rate Code  
Group AHS  
Room Type CNQQ  
Room Rate 99.00

CROWFOOT, STRATER

Arrive OCT 28 09 19:13  
Depart OCT 29 09

ALBERTA HEALTH SERVICES  
10101 SOUTH PORT ROAD SW  
CALGARY AB T2W 3N9

Payment MC

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

Date	Description	Reference	Room	Charges	Credits
OCT 28	ROOM CHARGE			99.00	
OCT 28	TOURISM LEVY			3.96	
OCT 29	MASTERCARD				102.96
=====G.S.T.=subtotal:		.00			
TOURIS subtotal:		3.96	Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.  
Privacy Policy:you may opt-out of having certain personal infomation collected.  
G.S.T. #865650352 Direct Bill Signature: \_\_\_\_\_

89260

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

APPLICANT COPY

Name: <u>Strater J CROW FOOT</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <u>s.17(1), 17(4)(g)(i)</u>	Travel Period Month: <u>Dec 2010 - Jan 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
									Non-Responsive
									Non-Responsive
									Non-Responsive
									Non-Responsive
<u>27/01/11</u>	<u>AHS-Pd mts. Peter Loughood</u>								<u>3125/11</u>
<u>01</u>	<u>Calgary-Public Works</u>								<u>60k</u>
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>			
		-	-	-	-	-			
								<b>30.30</b>	

RECEIVED  
 APR 25 2011  
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	mile
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	30.30 ✓
OTHER (D)	01.71110300002.41090000	30.30
GRAND TOTAL	Non-Responsive	-

ENTERED APR 26 2011

<p><u>[Signature]</u> CLAIMANT SIGNATURE</p> <p><u>April 5/11</u> DATE SUBMITTED</p>	<p><u>[Signature]</u> APPROVAL SIGNATURE</p> <p><u>April 21/2011</u> DATE APPROVED</p>
----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.  
 T2W 3N2, Attention: Lynn Redford



8927

**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

APPLICANT COPY

Name: <u>STRATER J CROWFOOT</u>  Phone: _____	(For Board Office Use Only) A/P Vendor ID#: _____ s.17(1), 17(4)(g)(i) Travel Period Month: <u>Nov - Dec 2010</u>
-----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
17								Non-Responsive	317/11 <sup>?</sup>
								Non-Responsive	318/11
								Non-Responsive	319/11
30/11/10	AHS-Regular Dec Bd Mts. Edmonton	✓			20.75		7.35	390K	310/11
12/01/10	AHS-Regular Bdly Mts. Public Mtg.	✓	✓	✓	29.95	234.06	10.00	390K	311/11
12/01/10	Doc. Edmonton Royal ATRX	✓			29.95	Parking 7.00	7.35	311/11	780
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)					80.65	234.06	60.10	22.05	393.90

RECEIVED  
 25 2011  
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	80.65 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	688.06 ✓
OTHER (D)	01.71110300002.41090000	22.05 ✓
<b>GRAND TOTAL</b>	Non-Responsive	
		790.74

CLAIMANT SIGNATURE: <u>[Signature]</u> DATE SUBMITTED: <u>April 5/11</u>	APPROVAL SIGNATURE: <u>[Signature]</u> DATE APPROVED: <u>April 21/2011</u>
-----------------------------------------------------------------------------	-------------------------------------------------------------------------------

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.  
 T2W 3N2, Attention: Lynn Redford

# APPLICANT COPY

the westin edmonton  
 10135 100th street edmonton, alberta T5J 0N7 canada  
 phone 780.426.3636 fax 780.428.1454  
 westin.com/edmonton

guest		1114	travel agent/charge to
Mr. Strater Crowfoot	room	184.00	
	rate	1	
	no. pers.	514426	EX-A
	folio	1	
	page	01-DEC-10	12:02
	arrive	02-DEC-10	
AHK30B	depart	MC	
	payment		

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

date	charge	description	rate/amount
01-DEC-10	RT1114	Room Charge	184.00
01-DEC-10	RT1114	GST	9.29
01-DEC-10	RT1114	DMF	1.84
01-DEC-10	RT1114	Tourism Levy	7.43
01-DEC-10	RT1114	Parking Valet	30.00
01-DEC-10	RT1114	Tax GST	1.50
01-DEC-10			13.99
01-DEC-10		s.17(1), 17(4)(g)(i)	0.70
02-DEC-10	MC	Mastercard	248.75-
		Balance Due	0.00

13.99  
0.70  
\$234.06

248.75  
 - 14.69  
 -----  
 234.06

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 \*\*

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

Mr. Strater Crowfoot  
 FOLIO 514426 01-DEC-10



**DELTA**

EDMONTON CENTRE  
SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5  
Tel: 780-429-3900 Fax: 780-426-0562

EXPEDIA COM  
Strater Crowfoot

CA

Room: 0641  
Folio: 74774  
Cashier: 442  
Arrival: 11-30-10  
Departure: 12-01-10

Date	Description	Additional Information	Charges	Credits
11-30-10	Parking - Valet Parking	s.17(1), 17(4)(e.1)	23.10	
12-01-10	Mastercard	XX/XX		23.10
<b>Total</b>			<b>23.10</b>	<b>23.10</b>

GST Summary

Registration No: 899111215  
Room 0.00  
F&B 0.00  
Other 1.10  
**Total 1.10**

Balance Due 0.00 CDN

Guest Signature:

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.

I have accepted delivery of the Globe and Mail. If refused, a \$0.75 (Mon-Fri) and \$1.50 (Sat) credit will be applied to my account.

ALBERTA HEALTH SERVICES - THIS SIDE UP  
EXPIRATION DATE

DETACH RECEIPT FROM TICKET  
DATE ISSUED TIME ISSUED AMOUNT PAID

03/12/10 08:03 AM

02/12/10 08:03 AM \$17.00

AMOUNT PAID

CREDIT CARD NUMBER

\$17.00 76360000 08:03 AM

1639064

Alberta Health Services

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

NON TRANSFERABLE

1639064

Alberta Health Services

Alberta Health Services

RECEIPT

**YELLOW CAB**

780-462-3456

GST# \_\_\_\_\_

Date: Dec 1/10 Amount: 102

Driver: [Signature] Car #: \_\_\_\_\_

From: R.A.H.

To: 10241-1055T

10135 - 31 Avenue, Edmonton, AB T6N 1C2

CO-OP TAXI  
425-2525

DO NOT WRITE ABOVE THIS LINE - NE PAS ÉCRIRE AU-DESSUS DE CETTE LIGNE

Cardholder will pay to the issuer of the charge card presented herewith the amount stated hereon in accordance with the issuer's agreement with the cardholder.  
Le Détenant de la carte ci-haut mentionnée paiera à l'émetteur de la carte le montant ci-indiqué conformément aux conditions de la convention entre l'émetteur et le détenteur de la carte.

Top Copy - Customer  
Second Copy - Co-op Taxi  
Third Copy - Bank

Cardholder's signature - Signature du titulaire X

FARE	<input type="checkbox"/>	VISA	<input type="checkbox"/>
GRATUITY	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>	Discover	<input type="checkbox"/>
CAN \$ <u>10.00</u>	<input type="checkbox"/>	Other	<input type="checkbox"/>

DATE 12/01/10 CAB # 12  
AUTHORIZATION NO. # \_\_\_\_\_  
Expire Date checked \_\_\_\_\_

ALBERTA TAXI LINE  
425-2525

84334

**ALBERTA HEALTH SERVICES  
APPLICANT COPY  
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Name: <u>Stroal on CROWFOOT</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	s.17(1), 17(4)(g)(i) Travel Period Month: <u>Sept - Nov 2010</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
									→
		Non-Responsive							
14/10/10	AHS Mtg. Committee of the whole Leithbridge	-	-	-	105.74 ✓		7.35	230k	
15/10/10	AHS Mtg. Comm. Hec of the whole - Public Bd. Mtg.						7.35	230k	
		Non-Responsive							
									314/11
<b>TOTAL KMS</b>								460	
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢	
<b>SUB-TOTAL</b> <small>(carry forward to continuation sheet, where applicable)</small>					A	B	C	D	E
					105.74 ✓		14.70 ✓	232.30 ✓	

RECEIVED  
APR 15 2011  
LEITHBRIDGE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	→
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	338.04
OTHER (D)	01.71110300002.41090000	14.70
<b>GRAND TOTAL</b>	Non-Responsive	
		352.74

CLAIMANT SIGNATURE <u>[Signature]</u> DATE SUBMITTED <u>April 5/11</u>	APPROVAL SIGNATURE <u>[Signature]</u> DATE APPROVED <u>April 21/2011</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="padding: 2px;">meals</td> <td style="padding: 2px;">breakfast</td> <td style="padding: 2px;">\$9.20</td> </tr> <tr> <td style="padding: 2px;">lunch</td> <td style="padding: 2px;">\$11.60</td> </tr> <tr> <td style="padding: 2px;">dinner</td> <td style="padding: 2px;">\$20.75</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Lodging per night</td> <td style="padding: 2px;">\$20.15</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Per diem 24-hour</td> <td style="padding: 2px;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.  
T2W 3N2, Attention: Lynn Redford



**The Coast Lethbridge  
Hotel & Conference Centre**

*real people.*

APPLICANT COPY

*Invoice*

526 Mayor Magrath Drive South  
Lethbridge, AB T1J 3M2  
Tel: (403) 327-5701 Fax: (403) 327-5075

**Mr Strater Crowfoot,**

CANADA

**Receipt**

Invoice date 10/15/2010  
Our reference CLH-FC11649 /A  
GST Number GST # 848475554RP0001

Guest **Mr Strater Crowfoot,** Arrival **10/14/2010** Departure **10/15/2010** Room **206**

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/14/2010	Room Charge		1	95.00	95.00
10/14/2010	GST Taxes		1	5.04	5.04
10/14/2010	Levy Taxes		1	3.80	3.80
10/14/2010	Marketing Fee		1	1.90	1.90

**Total invoice 105.74**

10/15/2010 MC Auth: 19592B  
s.17(1), 17(4)(e.1)

**Total Paid -105.74**

**Total Due 0.00**

Total GST 5.04

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

**Signature X**

**For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144**