

APPLICANT COPY

197169

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: Feb + March 2010

NAME: Tony Franceschini

ADDRESS: _____

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

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	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							
03/25/10	Public Board Meeting-Lethbridge					115.44				
						115.44				

ENTERED MAY 25 2010

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000 <i>2</i>	115.44
			OTHER (F)		
TOTAL AMOUNT					Non-Responsive

AP Franceschini
CLAIMANT SIGNATURE

May 9/10
DATE SUBMITTED

K. H.
APPROVAL SIGNATURE

May 18/10
DATE APPROVED

meals	breakfast	
	lunch	
	dinner	
Lodging per night		
Per diem 24-hour		

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

APPLICANT COPY

Date 03/25/10
 Time 12:09
 Page 1

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

Acct# P36226-10
 Room# 146
 Rate Code
 Group ABHS
 Room Type DNQQ
 Room Rate .00

Arrive MAR 24 10 17:38
 Depart MAR 25 10 07:23 JY

FRANCESCHINI TONY

ALBERTA HEALTH SERVICES
 X
 CALGARY AB X

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

Payment VI XXXX XXXX XXXX

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

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE				
MAR 25	TRANSFER DEBIT AMT	TRANSFER		.00	
	Transfer From Acct	P36226-30, Item 7		115.44	
MAR 25	VISA	PAID			
=====G.S.T.=subtotal:				.00	
ROOM T subtotal:				.00	115.44
				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**

197169

FOR MONTH OF: April 2010

NAME: Tony Franceschini

ADDRE:

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

POSTAL CODE:

PHONE #:

Non-Responsive

DATE	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						
04/29/10	Public Board Meeting-Grande Prairie					108.99			

ENTERED MAY 25 2010

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	108.99
			OTHER (F)		-
TOTAL AMOUNT				Non-Responsive	

CLAIMANT SIGNATURE Tony Franceschini

APPROVAL SIGNATURE [Signature]

DATE SUBMITTED May 9/10

DATE APPROVED May 18/10

meals	breakfast	
	lunch	
	dinner	
Lodging per night		
Per diem 24-hour		RB

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.



SANDMAN HOTEL GRANDE PRAIRIE
 9805 - 100th Street
 Grande Prairie, AB T8v 6X3
 Tel: 780.513.5555
 Fax: 780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website: www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 302208 Description: standard folio

Page: 1

Mail To: Anthony Franceschini

Res. #: 262726

Arrive: 28/04/2010 06:33pm

Depart: 29/04/2010 12:29am

Room: TWNN 120

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

Group: Alberta Health Services
 Guest: Anthony Franceschini

Bill To: Franceschini

Date	Description	Voucher	Amount
28/04/2010	Room Revenue	GP -120	99.00
28/04/2010	Destination Marketing Fee	GP -120	.99
28/04/2010	GST	GP -120	5.00
28/04/2010	Provincial Tourism Levy	GP -120	4.00
29/04/2010	Visa	THANK YOU	-108.99
Balance:			.00

Bill To: Franceschini

Total GST

GST Registration # R-121767065

5.00

Signature



APPLICANT COPY

2081124

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Tony Franceschini	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: September/October 2010 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				
23/09/10	A & F Committee					R 22.50 ✓			
						Non-Responsive			
15/10/10	Public Board Meeting - Lethbridge					R 211.48 ✓			
						Non-Responsive			
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A	B	C	D	E
					0.00	211.48 ✓	22.50 ✓	0.00	0.00

RECEIVED
NOV 16 2010
FINANCE

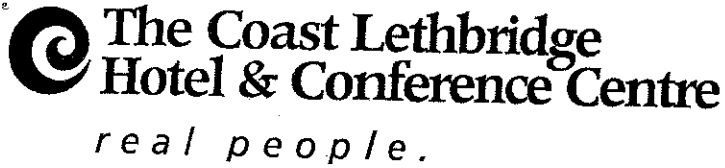
FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	0.00
TRAVEL EXPENSE (B+C+E)	01.71110300002.62312000	R 233.98 ✓
OTHER (D)	01.71110300002.41090000	0.00
GRAND TOTAL		233.98 ✓

ENTERED 10/17/2010

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35
DATE SUBMITTED Nov 5/10	DATE APPROVED 10/10/10			

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.



Invoice

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

Franceschini, Tony

Receipt

Invoice date 10/15/2010
Our reference CLH-FC11652 /A
GST Number GST # 848475554RP0001

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/13/2010	Room Charge		1	95.00	95.00
10/13/2010	GST Taxes		1	5.04	5.04
10/13/2010	Levy Taxes		1	3.80	3.80
10/13/2010	Marketing Fee		1	1.90	1.90
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					211.48
Total Paid					-211.48
Total Due					0.00

Guest **Franceschini, Tony** Arrival **10/13/2010** Departure **10/15/2010** Room **205**

10/15/2010 VS Auth: 078668
s.17(1), 17(4)(e.1)

Total GST 10.08

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 or 1-800-663-1144

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

Terminal#:1 Cashier#:5
09/23/2010 8:31 AM
09/23/2010 1:02 PM - 04:32
56481141 / #370837
RATE : \$ 22.50
TOTAL : \$ 22.50
Cash : \$ 22.50

GST #897727657RT
Have a Nice Day

APPLICANT COPY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

208115

Name: Tony Franceschini	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: May to August 2010 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				
10/06/10	A & F Committee					R 25.00 ✓			
23/06/10	A & F Committee					R 25.00 ✓			
		Non-Responsive							
29/06/10	Public Board Meeting - Calgary				207.90	215.73 ✓			
		Non-Responsive							
25/08/10 26	Public Board Meeting - Medicine Hat				122.64	128.31 ✓			
TOTAL KMS									
APPLICABLE MILEAGE RATE @ 50.5¢									
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
			344.04 ✓	50.00 ✓					

RECEIVED
 NOV 10 2010
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	0.00
TRAVEL EXPENSE (B+C+E)	01.71110300002.62512000 62212000	394.04
OTHER (D)	01.71110300002.41090000	0.00
GRAND TOTAL		394.04 ✓

ENTERED NOV 17 2010

380.54
13.50

<p><i>AP Franceschini</i> CLAIMANT SIGNATURE</p> <p>Nov 5/10 DATE SUBMITTED</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p>Nov 10/10 DATE APPROVED</p>	<table border="1"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$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.

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, ab T2P2S6
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest

travel agent/charge to

Mr. Tony Franceschini

room 1018
 rate 195.00
 no. pers. 1
 folio 555731 A
 page 1
 arrive 28-JUN-10 18:27
 depart 29-JUN-10
 payment VI

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

AHF28M

28-JUN-10	RT1018	Room Charge	195.00
28-JUN-10	RT1018	Good And Services Tax	9.85
28-JUN-10	RT1018	Destination Marketing Fee	1.95
28-JUN-10	RT1018	Tourism Levy	7.88
29-JUN-10	71018 0	18666135223 01:01:00 06:03	1.00
29-JUN-10	71018 0	Tax - GST Other	0.05
29-JUN-10	VI	Visa	215.73-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
28-JUN-10	214.68	0.00	0.00	0.00	0.00	214.68	0.00
29-JUN-10	0.00	0.00	0.00	1.05	0.00	1.05	215.73-
Total	214.68	0.00	0.00	1.05	0.00	215.73	215.73-

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** 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 _____

APPLICANT COPY

the westin calgary
320 4th avenue s.w. calgary, ab T2P2S6
phone 403.266.1611 fax 403.233.7471
www.westin.com/calgary

guest

travel agent/charge to

Mr. Tony Franceschini

room 1018
rate 195.00
no. pers. 1
folio 555731 A
page 2
arrive 28-JUN-10 18:27
depart 29-JUN-10
payment VI

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

AHF28M

GST Summary

Room	9.85
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.05
Total	9.90

Vendor Number 861336493RT0004

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 have earned at least 588 Starpoints for this visit

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

Mr. Tony Franceschini
FOLIO 555731 28-JUN-10



APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

Terminal#:1 Cashier#:5
06/10/10 08:45
06/10/10 13:31 - 04:46
47409937 / #354008
RATE : \$ 25.00
TOTAL : \$ 25.00
Cash : \$ 25.00

GST #897727657RT
Have a Nice Day

Thank You For
Parking At Commerce
Place Parkade

Terminal#:1 Cashier#:5
06/23/10 08:41
06/23/10 14:27 - 05:47
48532907 / #356320
RATE : \$ 25.00
TOTAL : \$ 25.00
Cash : \$ 25.00

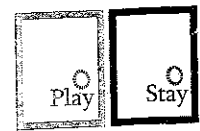
GST #897727657RT
Have a Nice Day



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

APPLICANT COPY



Tony Franceschini
0101 South Port Road SW
Calgary, AB
AB Health Services
T2W 3N2

Page # 1
Res. # 433003
Checked in Wed Aug 25/10 - 6:03 pm
Checked out Thu Aug 26/10 - 7:10 am
Nights 1
Room Rate 99.00
Room 237

Group: AB Health Services

Date	Description	Reference	Charges	Credits
4ug25	Fountain's Lounge Charge	Chit# 9174	17.83	
4ug25	GST	Chit# 9174	0.89	
4ug25	GOVERNMENT RATE		99.00	
4ug25	GST		4.95	
4ug25	Room Tax		3.76	
4ug25	Destination Marketing Fee		1.88	128.31
4ug26	PAID BY VISA - Thank you			
			0.00	128.31

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 5.84
Room Tax 3.76



APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: December 2009

NAME: Tony Franceschini

ADDRESS: _____

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

POSTAL CODE _____ PHONE #: _____

Non-Responsive

DATE	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								
12/17/09	Audit & Finance Committee						20.00		
	Non-Responsive								
							20.00		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103000.6220000 <i>2</i> <i>6224000</i>	20.00
			OTHER (F)		
TOTAL AMOUNT			Non-Responsive		

CLAIMANT SIGNATURE: *Tony Franceschini* APPROVAL SIGNATURE: *[Signature]*

DATE SUBMITTED: Dec 20/09 DATE APPROVED: Jan 14/10

meals	breakfast	
	lunch	
	dinner	
Lodging per night		
Per diem 24-hour		

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

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

Terminal#:1 Cashier#:5
12/17/09 12:48
12/17/09 16:25 - 03:37
63840538 / #373788
RATE : \$ 20.00
TOTAL : \$ 20.00
Cash : \$ 20.00

GST #897727657RT
Have a Nice Day

APPLICANT COPY

Thank you For
Parking At Commerce
Place Parkade

Terminal#:1 Cashier#:5
11/19/09 07:48
11/19/09 11:42 - 03:54
94957790 / #366273
RATE : \$ 20.00
TOTAL : \$ 20.00
Cash : \$ 20.00

GST #897727657RT
Have a Nice Day

APPLICANT COPY ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: February 2009

NAME: Tony Franceschini

ADDRESS: _____

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

POSTAL CODE: _____ PHONE #: _____

Non-Responsive

DATE	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									
2/24/09	Board Meeting Camrose					108.90			
Non-Responsive									
2/25/09	Personal Car – Edmonton/Camrose return trip	193							
Non-Responsive									
					B	C	D		
						108.9			

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	193	A 97.47	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	206.37
			OTHER (F)	Non-Responsive	
TOTAL AMOUNT					

AP Franceschini
CLAIMANT SIGNATURE
3 April 09
DATE SUBMITTED

APPROVAL SIGNATURE

DATE APPROVED

meals	breakfast
	lunch
	dinner
Lodging per night	
Per diem 24-hour	

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



NORSEMEN INN

APPLICANT COPY

Highway 13 West, Camrose Phone 672-9171

Toll Free 1-877-477-9171 www.norsemeninn.com

Tony Franceschini

Lou Vecoste 403-943-1122

Alberta Health Services

Invoice #: 194572
 Room #: 114
 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		99.00 ¹²³
02/25/2009	Visa			-108.90	-9.90
				Room Tax	3.96
				GST	4.95
				Tourism Levy	0.99
				Total	0.00

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

NORSEMEN INN
 6505-48TH AVE. T4V3K3
 CAMROSE AB
 22489823

PRE AUTH COMPLETION

02-25-2009 07:34:15
 Acct # C s.17(1), 17(4)(e.1)
 Exp Date **/** Card Type VI
 Name:
 10000000031010 Visa Credit

Trace # 250007
 FS2248982301
 Inv. # 455
 Auth # 025649 RRN 001025999

Pre-Auth Amount \$108.90
 Total \$108.90

Customer copy

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: March 2009

NAME: Tony Franceschini

ADDRESS: _____

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

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	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									
3/25/09	Personal Car – Edmonton/Red Deer return trip	340					107.91		
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									
Non-Responsive									

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	340	^A 171.70 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	279.61 ✓
			OTHER (F)	Non-Responsive	

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE Tony Franceschini APPROVAL SIGNATURE [Signature]
 DATE SUBMITTED 28 March 09 DATE APPROVED April 3/09

meals	breakfast	
	lunch	
	dinner	
Lodging per night		
Per diem 24-hour		

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

Date 03/25/09
Time 07:23
Page 1

340Ku

APPLICANT COPY

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

Acct# P28987-00
Room# 334

Rate Code
Group ABHS
Room Type CNQQ
Room Rate 99.00

Arrive MAR 24 09 10:36
Depart MAR 25 09

FRANCESCHINI, TONY

AB HEALTH SERVICES

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

Payment VI 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	VISA	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: _____

APPLICANT COPY



Sandman

HOTELS | INNS | SUITES

Accommodating good sense.

Sandman Hotel Lethbridge
 421 Mayor Magrath Drive S.
 Lethbridge Alberta T1J 3L8
 Tel:403.328.1111
 www.sandmanhotels.com

PROPERTY: 01-036 Invoice #: 160750 Description: guest folio

Page: 1

Mail To: Franceschini

Res. No. : 134532

Arrive: 28/04/2009 05:07pm

Depart: 29/04/2009 11:00am

Room: qwrn 421

Rate: 89.00

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

Group: Alberta Health Services
 Guest: Tony Franceschini
 Bill To: Franceschini

Date	Description	Voucher	Amount
28/04/2009	Room Revenue	lth-421	89.00
28/04/2009	Goods & Services Tax	lth-421	4.54
28/04/2009	Provincial Tourism Levy	lth-421	3.63
28/04/2009	Destination Marketing Fee	lth-421	1.78
29/04/2009	Visa	thank you	=98.95
Balance:			.00

Bill To: Franceschini

Total Goods & Services Tax 4.54
 GST Registration # R-121767065

SANDMAN HOTELS #1-36
 421 MAYOR MAGRATH DR
 LETHBRIDGE AB

CARD
 CARD TYPE VISA
 DATE 2009/04/29
 TIME 0409 07:27:19
 RECEIPT NUMBER
 S30704138-001-358-009-0

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

PRE-AUTH COMPLETION
 TOTAL-CAD

\$98.95

APPROVED

UTH# 094024 01-027
 THANK YOU

Sandman Hotels, Inns & Suites, Limited | A Northland Company
 5 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

INVOICES ARE DUE AND PAYABLE WHEN PRESENTED.

CARDHOLDER COPY

Pomerooy Inn & Suites Grande Prairie

www.pomerooygrandeprairie.com

11710-102 St

Grande Prairie, AB T8V7S7

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

May 28, 2009

8:05 am

TONY FRANCESCHINI
10101 SOUTHPORT
Calgary, AB T2W 3N2

Account #: 79877
Room Number: 220
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		220	\$170.65	
5/27/2009	HOTEL TAX	Auto Posted		220	\$6.83	
5/27/2009	GST TAX	Auto Posted		220	\$8.53	
5/28/2009	VISA	CHECKED-OUTVI4575		220		\$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:	\$0.00

Pomerooy Inn & Suites Privacy Policy for a complete statement of our
policies with respect to the handling of your personal information. You can
review the Pomerooy Inn & Suites Privacy Policy at the hotel front desk.

I agree to pay for any damages that have occurred in my room.

GRANDE PRAIRIE POMEROY
INN & S
11710-102 STREET
GRANDE PRAIRIE AB

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

CARD
CARD TYPE VISA
DATE 2009/05/28
TIME 01:55 08:11:41
INVOICE # 220
RECEIPT NUMBER
M30704281-001-125-002-0

PRE-AUTH COMPLETION
TOTAL-CAD

\$186.01

APPROVED

JTH# 045862 01-027
THANK YOU

CARDHOLDER COPY

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

Terminal#:1 Cashier#:5

06/11/09 08:32

06/11/09 15:12 - 06:41

47495593 / #335785

RATE : \$ 25.00

TOTAL : \$ 25.00

Cash : \$ 25.00

GST #897727657RT

Have a Nice Day

*AHS - Credit & Finance
Committee*

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest		1657	travel agent/charge to
MR Tony Franceschini	room	209.00	
	rate	1	
	no. pers.	447973	EX-A
	folio	1	
s.17(1), 17(4)(g)(i)	page	29-JUN-09	17:36
	arrive	30-JUN-09	08:00
AHJ29M	depart	VI	
	payment		

29-JUN-09	RT1657	Room Charge	209.00
29-JUN-09	RT1657	Good And Services Tax	10.55
29-JUN-09	RT1657	Destination Marketing Fee	2.09
29-JUN-09	RT1657	Tourism Levy	8.44
30-JUN-09	VI	Visa	230.08-
		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 & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
29-JUN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
Total	230.08	0.00	0.00	0.00	0.00	230.08	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** 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 Tony Franceschini
 FOLIO 447973 29-JUN-09

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: September 2009

NAME: Tony Franceschini

ADDRESS: _____

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

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	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						
9/23/09	Board Meeting Ft McMurray					184.21			
			Non-Responsive						
					B	C	D	F	
						184.21	<input checked="" type="checkbox"/>		

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	184.21 <input checked="" type="checkbox"/>
			OTHER (F)	Non-Responsive	

TOTAL AMOUNT 51901.4141000000

3.0

 CLAIMANT SIGNATURE: *AP Franceschini* APPROVAL SIGNATURE: *[Signature]*

 DATE SUBMITTED: Nov 5/09 DATE APPROVED: Nov 25/09

meals	breakfast <input checked="" type="checkbox"/>	
	lunch	
	dinner	
Lodging per night		
Per diem 24-hour		

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

APPLICANT COPY



SAWRIDGE INN AND CONFERENCE CENTRE

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

Tony Franceschini Page Number : 1 Invoice Nbr: 132287
Alberta Health Services Guest Number: 125148 23-SEP-09
Folio ID : EX-A 24-SEP-09
s.17(1), 17(4)(g)(i) 1
AH122A - Alberta Health Servic 252

Information Invoice

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

Table with 5 columns: Date, Reference, Description, Charges, Credits. Rows include Corp. Group, Room Gst, Tourism Levy, Visa, and Total/Balance.

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.

GST Summary table with 2 columns: GST Summary, Amount CAD. Rows include Room Revenue, Food and Beverage, Telephone, Other Revenue, and Total.

Continued on the next page.

Please visit our other locations:

Sawridge Inn and Conference Centre
22 Connaught Drive, Box 2080
Lasper, 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

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

APPLICANT COPY

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

Acct# P33618-00
 Room# 225
 Rate Code
 Group AHS
 Room Type ENQP
 Room Rate 99.00

Arrive OCT 27 09 20:04
 Depart OCT 29 09

FRANCESCHINI, TONY

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

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

Payment VI

Date	Description	Reference	Room	Charges	Credits
OCT 27	ROOM CHARGE			99.00	
OCT 27	TOURISM LEVY			3.96	
OCT 28	ROOM CHARGE			99.00	
OCT 28	TOURISM LEVY			3.96	
OCT 29	VISA				205.90
=====G.S.T. subtotal:		.00			
TOURIS subtotal:		7.92	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: _____

Thank You For
 Parking At Commerce
 Place Parkade

Terminal#:1 Cashier#:5
 10/15/09 08:47
 10/15/09 14:12 - 05:25
 58382853 / #358784
 RATE : \$ 25.00
 TOTAL : \$ 25.00
 Cash : \$ 25.00

GST #897727657RT
 Have a Nice Day