

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

NAME:

*Lois Gilman*

FOR THE MONTH OF:

January 2004

**EXPENSES**

ENTERED FEB 13 2004

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 135 km at .38¢ /km \$ 51.30 62210000

TOTAL EXPENSES: \$ 51.30

*Bandaru RB*

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 50.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #		
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
Jan 7		Southport		25		
12		H. Forsyth		20		
20		Southport		25		
23		Rockyview		40		
29		Southport		25		
				135		
				<del>130</del>		

AUTHORIZATION & CODING						
FINANCIAL CODE				Description		Amount (including GST)
Org	Functional Centre		Account			
			6	2	2	1 0 0 0 0 0
Employee Signature				Date		
<i>Loreen Gilmore</i>						
Expenditure Officer Authorization				TOTAL PAYABLE TO EMPLOYEE		\$
<i>Bandy</i>				Authorizer's Employee Number		\$
				Authorizer Phone Number		

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME:

Mar '04

FOR THE MONTH OF

Laura Gilman

**EXPENSES**

*(Please attach original receipts.)*

Date	Description	Amount	GST	Total
Dec 16/03	Social Research Book	<del>70.</del>	€	70.62
Jan 14/04	MDSC 659.02 Book		R	31.30

€ ENTERED APR 19 2004

TOTAL EXPENSES:

R \$ 101.92

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Randny</u>	Print Name: <u>Shirley Landry</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

RB

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

APPLICANT COPY

Best Copy Possible

UNIVERSITY OF CALIFORNIA BUDGET STATE

NO.

DATE

TO: UC/ST

FROM: UC/ST

UB20070

CENTRAL RESEARCH DE ACCT 1

0000

SUBTOTAL

0000

EST. FUNDING

0000

TOTAL

0000

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

ACCOUNT NUMBER

ACCOUNT NUMBER

UC/ST

REFUND WITHIN 14 DAYS WITH FULL OF

12/16/00

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

NAME:

Jocelyn Gilmore

FOR THE MONTH OF:

Mar '04

**EXPENSES**

01-71110300002

AIRFARE:

\$ —

CAR RENTAL:

\$ —

ACCOMMODATION:

\$ 128.67 62212000 249.15  
16.32

MEALS:

\$ 238.83 69500000

PARKING:

\$ 59.42 62210000 152.52

TAXIS:

\$ —

OTHER (please describe):

ENTERED APR 19 2004

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 605 km at .38¢ /km

\$ 229.90 See below

TOTAL EXPENSES:

\$ 456.82

245 km @ .38 = 93.10 → 62210000  
360 km @ .38 = 136.80 → 62212000

*Bandy*

APPLICANT COPY



10135 100th Street \* Edmonton, AB CAN T5J 0N7 \* Ph (780)426-3636 Fax (780)428-1454

Ms. Loreen Gilmour

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

Arrival 03/13/04  
 Departure 03/15/04  
 Payment Method VA

Room 1816  
 Cashier 51  
 Page 1  
 Starwood Pref.#  
 Airline Partner  
 Folio No. 298502

Guest Account The Westin Edmonton, 03/15/04

Date	Description	Room	Charges	Credits
03/13	Room Charge	1816	105.00	
03/13	Room Tax 5%		5.25	
03/13	Room GST 7%		7.35	
03/14	Room Charge		105.00	} 128.67
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
03/14	Tel-Long Distance		11.07	
	->#1816 : s.17(1), 17(4)(g)(i)			
03/14	Pradera Cafe		15.98	} Meal
	->#1816 : CHECK # 3124			
03/14	Service Express		22.85	
	->#1816 : CHECK # 3266			
03/15	Visa	s.17(1), 17(4)(e.1)		285.10

Capture method:swiped Total 285.10 285.10  
 Balance 0.00 \$

Room GST 14.70  
 F&B GST 2.26  
 Other GST 0.72  
 Total GST 17.68  
 GST Vendor R101577591



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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmour</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE
AMOUNT					
<i>Mar 2</i>	<i>Southport</i>	<i>25</i>	<i>622</i>	<i>10000</i>	
<i>Mar 14</i>	<i>Edmonton</i>	<i>360</i>	<i>622</i>	<i>12000</i>	
<i>18</i>	<i>Southport</i>	<i>25</i>	<i>622</i>	<i>10000</i>	
<i>22</i>	<i>"</i>	<i>"</i>			↓
<i>23</i>	<i>"</i>	<i>"</i>			
<i>26</i>	<i>Petroleum Club</i>	<i>55</i>			
<i>29</i>	<i>Foothills</i>	<i>65</i>			
<i>April 1</i>	<i>Southport</i>	<i>25</i>			
				<i>605</i>	

AUTHORIZATION & CODING					
FINANCIAL CODE				GL Description	Amount (Including GST)
Org	Functional Centre	Account			
		<i>6</i>	<i>2</i>	<i>2</i>	<i>1</i>
		<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Employee Signature				Date	
					<b>TOTAL PAYABLE TO EMPLOYEE</b>
Expenditure Officer Authorization				Authorizer's Employee Number	Authorizer Phone Number
<i>Gandhi</i>					

APPLICANT COPY

Convention Centre  
 727 - 15 Street SE  
 CAN-T20 209 Calgary, AB  
 Tax Code CA GST #119457869  
 Temp POF Cashier 0  
 13/11/03 21:43

Receipt 075294

Short-term Parking  
 Short-term Parking tkt  
 Convention Center  
 13/11/03 17:45 -  
 13/11/03 21:43  
 Period 0d03h58'  
 (GST)

Gross total \$7.75  
 Payment VISA \$7.75  
 Net total \$7.24  
 GST (7%) 0.51

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

CALGARY AIRPORT  
 Terminal Parkade  
 GST No. R122556194

RECEIPT H4  
 ENTRY DATE/TIME:  
 03/12/04 15:48:29  
 EXIT DATE/TIME:  
 03/15/04 18:00:58  
 PAID: \$ 55.00  
 LENGTH OF STAY:  
 3 02:12  
 METHOD OF PAYMENT:  
 CREDIT CARD

THIS IS YOUR RECEIPT

Thank you for your patronage

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

201  
 AUTH. CODE 097910  
 REF. 56

THANK YOU FOR YOUR VISIT

*Charge \$36.67*

**P** IMPARK 15- 985351

IMPERIAL PARKING CANADA CORPORATION  
 ONE PALLISER SQUARE, SUITE 140,  
 125-9th AVE. S.E. CALGARY, ALTA. T2G 2G9

READ CONDITIONS CAREFULLY  
 • Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.  
 • Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:  
 OUT:  
 IN: 26 MAR 2004 7:07  
 AMOUNT:  
*Bony Joint*

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

**P** IMPARK RECEIPT OR VALIDATION 985351

IMPERIAL PARKING CANADA CORPORATION  
 ONE PALLISER SQUARE, SUITE 140,  
 125-9th AVE. S.E. CALGARY, ALTA. T2G 2G9

LIC. NO.:  
 AMOUNT:



THIS FEE INCLUDES G.S.T. RECYCLED PAPER 8731 5638 RT0001 VISIT OUR WEBSITE www.impark.com



**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Loren Gilmore

FOR THE MONTH OF April '04. s.17(1), 17(4)(g)(i)

**EXPENSES**  
*(Please attach original receipts.)*

Date	Description	Amount	GST	Total
April 04	UofC - Health Research Methods			\$647.-

ENTERED MAY 17 2004

TOTAL EXPENSES: 2 \$647.-

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Landry</u>	Print Name: <u>Shirley Landry</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

RB



InfoNet for Students

# SIS - Payment Results

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== YOUR TRANSACTION RECORD ==

**The University of Calgary**  
**Financial Services - Fees Office**  
**2500 University Dr. NW**  
**Calgary, Alberta, Canada, T2N 1N4**  
**Tel: (403) 220-5706**  
**<https://www.ucalgary.ca/infonet>**

This is your official receipt.  
Please print this receipt for your records.

Student ID:	----- s.17(1), 17(4)(g)(i)
Description:	Tuition Payment/Deposit
Taxes:	N/A
Shipping Charges:	N/A
Type:	PURCHASE
Account:	VISA
Amount:	\$647.00 CDN
Date/Time:	14/01/04 13:44:32
Reference #:	0019790460 66006296
Auth No.:	039806
Transaction ID:	0287172 041999

00 APPROVED - THANK YOU 027

No refund of tuition and general fees will be made  
after the change of registration deadlines given in  
the Academic Schedule.

### Winter 2004 Fees Statement

<b>Total Assessment:</b>	647.00
<b>Amount Paid:</b>	<u>647.00</u>
<b>Balance due:</b>	\$ 0.00

*Jan - April '04*

[Back to Top of Page](#)

Generated by zsis.wpay.pagFeeReport  
Generated on Wed Jan 14 13:44:59 MST 2004  
Mail comments and questions to [reginfo@ucalgary.ca](mailto:reginfo@ucalgary.ca)

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

NAME:

Joan Gilmore

FOR THE MONTH OF:

April '04

**EXPENSES**

ENTERED MAY 17 2004

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 75 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

\$ 28.50 62210000

**TOTAL EXPENSES:**

\$ 28.50

*Bandy*

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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmore</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS			# OF KM (for mileage)	RATE
<i>April 1</i>	<i>Southport</i>			<i>25</i>	
<i>20</i>	<i>"</i>			<i>25</i>	
<i>April 30</i>	<i>"</i>			<i>25</i>	
				<i>75</i>	

AUTHORIZATION & CODING					
FINANCIAL CODE				GL Description	Amount (Including GST)
Org	Functional Centre	Account		Mileage/Parking	\$
		6 2   2 1 0 0 0 0			
Employee Signature <i>Bandy</i>			Date	TOTAL PAYABLE TO EMPLOYEE	\$
Expenditure Officer Authorization			Authorizer's Employee Number		

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Loreen Gilmore

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

FOR THE MONTH OF

May 2004

EXPENSES

(Please attach original receipts.)

ENTERED JUN 16 2004

Date	Description	Amount	GST	Total
May '04	UofC - Medical Research	616.-		616.-

TOTAL EXPENSES:

2 \$553.00\*

\*amount left in Supplementary Account.

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Landeny</u>	Print Name: <u>Shirley Landeny</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

RB



STUDENT FEE PAYMENT RECEIPT

FEE OFFICE USE ONLY \*  
RECEIPT 199972  
TRANS CODE   
AMOUNT \$

616.00  
USA

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

Student I.D. Number  
Last Name (Please Print) Leimour Loreen  
First Name & Initials

CREDIT THE PAYMENT TO:

TERM YEAR AMOUNT  
Fall \_\_\_\_\_

Winter 04  
Spring \_\_\_\_\_

Summer \_\_\_\_\_  
TOTAL 616.00

TUITION TAX INFORMATION  
WILL BE AVAILABLE IN  
FEBRUARY OF EACH YEAR.

WHITE: FEE OFFICE COPY YELLOW: STUDENT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

Loren Almour

FOR THE MONTH OF:

May '04.

EXPENSES

ENTERED JUN 16 2004

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING: - meter

R 4.50

\$ 4.50 69500000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 233 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

R 88.54

\$ 88.54 62210000

TOTAL EXPENSES:

\$ 93.04

Bandy RB

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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmour</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS			# OF KM (for mileage)	RATE	AMOUNT
<i>May 6</i>	<i>Southport</i>			<i>25</i>		
<i>11</i>	<i>"</i>	<i>8 a.m.</i>		<i>25</i>		
<i>11</i>	<i>"</i>	<i>4:30pm</i>		<i>25</i>		
<i>14</i>	<i>NWC - downtown</i>			<i>58</i>		
<i>17</i>	<i>Southport</i>			<i>25</i>		
<i>18</i>	<i>"</i>			<i>25</i>		
<i>20</i>	<i>"</i>			<i>25</i>		
<i>27</i>	<i>"</i>			<i>25</i>		
				<i>233</i>		
				<i>228</i>		

AUTHORIZATION & CODING											
FINANCIAL CODE				GL Description	Amount (Including GST)						
Org	Functional Centre	Account									
		6	2	2	1	0	0	0	0	Mileage/Parking	\$
Employee Signature				Date	TOTAL PAYABLE TO EMPLOYEE	\$					
Expenditure Officer Authorization <i>Randy</i>				Authorizer's Employee Number	Authorizer Phone Number						



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

**NAME:**

Louise Gilmore

**FOR THE MONTH OF:**

June '04.

**EXPENSES**

**ENTERED JUL 16 2004**

01-7111030002

**AIRFARE:**

\$ \_\_\_\_\_

**CAR RENTAL:**

\$ \_\_\_\_\_

**ACCOMMODATION:**

\$ \_\_\_\_\_

**MEALS:**

\$ \_\_\_\_\_

**PARKING:**

\$ \_\_\_\_\_

**TAXIS:**

\$ \_\_\_\_\_

**OTHER (please describe):**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**MILEAGE:** 160 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

*R* \$ 60.80

62210000

**TOTAL EXPENSES:**

\$ 60.80

*Randy RB*



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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmore</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM RATE (for mileage)	
June 3		<i>Southport</i>		25	
8		"		25	
16		<i>Karuff Center</i>		60	
17		<i>Southport</i>		25	
29		"		25	
				160	

AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		Amount (Including GST)
Org	Functional Centre	Account			
		6 2 2 1 0 0 0 0	Mileage/Parking		\$
Employee Signature			Date	TOTAL PAYABLE TO EMPLOYEE	
<i>Randall</i>				\$	
Expenditure Officer Authorization			Authorizer's Employee Number	Authorizer Phone Number	

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

**NAME:**

Lorey Gilman

**FOR THE MONTH OF:**

July '04

**EXPENSES**

01-7111030002

**AIRFARE:**

\$ \_\_\_\_\_

**CAR RENTAL:**

\$ \_\_\_\_\_

**ACCOMMODATION:**

\$ \_\_\_\_\_

**MEALS:**

\$ \_\_\_\_\_

**PARKING:**

\$ \_\_\_\_\_

**TAXIS:**

\$ \_\_\_\_\_

**OTHER (please describe):**

**ENTERED AUG 1 0 2004**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**MILEAGE:** 90 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

\$ 34.20

62210000

**TOTAL EXPENSES:**

\$ 34.20

*Bandy RB*

APPLICANT COPY LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING

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

EMPLOYEE NAME (PRINT) <i>Yvonne Gilman</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL EXPENSE		DETAILS		# OF KM (for mileage)	RATE
July 8		Southport		25	
13		Southport		25	
13		SE Campus		15	
16		Southport		25	
				90	

AUTHORIZATION & CODING						
FINANCIAL CODE				GL Description		Amount (Including GST)
Org	Functional Centre		Account			
			6	2	2	1
			0	0	0	0
Employee Signature				Date	Mileage/Parking	\$
Expenditure Officer Authorization <i>Bandy</i>				TOTAL PAYABLE TO EMPLOYEE		\$
				Authorizer's Employee Number	Authorizer Phone Number	

**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 <u>Sept 8/04</u>		Requested By (Print) <u>Shirley Landry</u>		
	Department <u>Board Office</u>		Site <u>SPT</u>	Phone No. (in full) <u>943-1122</u>	
	MAKE CHEQUE PAYABLE TO → <u>Loreen Gilmour</u>			Employee/Supplier # _____	
	MAILING ADDRESS (for forwarding of cheque) _____ s.17(1), 17(4)(g)(i)				
	Canada Post: _____				
	City _____		Province _____		Postal Code _____
Inter-Office Mail: Department: <u>Board Office</u>					
Site: <u>SPT</u>					
Purpose of Request <u>Payment of portion of Tuition (Health Economics &amp; Health Policy)</u>					
<input type="checkbox"/> Enclose attached documents (originals) with cheque.			<input type="checkbox"/> Calgary Health Region E-Mail Address (If payment to employee only)		

AUTHORIZATION & CODING	FINANCIAL CODE				AMOUNT	GL DESCRIPTION
	ORG	FUNCTIONAL CENTRE		ACCOUNT		
	<u>017111030000</u>	<u>0161030000</u>	<u>0000</u>	<u>0000</u>	<u>800.00</u>	
	RECEIVED SEP -9 2004				ENTERED SEP 10 2004	
						GST \$
	TOTAL AMOUNT OF CHEQUE <u>2</u> \$ <u>800.00</u>					<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
	Expenditure Officer Authorization <u>Bandan</u>			Print Name <u>Shirley Landry</u>		
	Authorizer's Employee Number _____			Authorizer Phone # (in full) <u>943-1122</u>		

ACCOUNTS PAYABLE ONLY	s.17(1), 17(4)(g)(i)	Comments <u>TT</u>
	Invoice # _____	
	Supplier # _____	
	Recurring Payment:	
	Start Date _____	
	End Date _____	
# of Payments _____		
Cycle _____		
Accounts Payable Authorization <u>21</u>		Date _____

APPLICANT COPY



InfoNet for Students

# SIS - Registration

**SIGN OFF** [InfoNet Main Menu](#) [Student Services Menu](#)

*Loreen Gilmore*

To add, change or drop a course, enter its course name & number or catalogue number and click the "Add/Change/Drop" button:

(e.g.: CPSC201 or 2342)

Add/Change/Drop

Select Course from Master Timetable

** FALL 2004 ** (FULL TIME)					** WINTER 2005 ** (FULL TIME)				
Course	Lec	Lab	Tut		Course	Lec	Lab	Tut	
							s.1	7(1),	17(4)(g)(i)
MDSC 679	01								
<b>Total Assessment:</b>					<b>Total Assessment:</b>				
<b>Balance Owing:</b>					<b>Balance Owing:</b>				

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Mail comments and questions to [reginfo@ucalgary.ca](mailto:reginfo@ucalgary.ca)

*Health Economics & Health Policy*

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

NAME:

Loreen Gilmour

FOR THE MONTH OF:

August 2004

**EXPENSES**

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ **ENTERED SEP 15 2004** \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 220 km at .38¢ /km

\$ 83.60

62210000

**TOTAL EXPENSES:**

\$ 83.60

*Bundy RB*



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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmaur</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS			# OF KM (for mileage)	RATE	AMOUNT
<i>Aug 11</i>	<i>Southport</i>			<i>25</i>		
<i>10 12</i>	<i>"</i>			<i>25</i>		
<i>13</i>	<i>" CHT Drop-off CHT return fax</i>			<i>25</i>		
<i>17</i>	<i>"</i>			<i>25</i>		
<i>23</i>	<i>Kanoff Center</i>			<i>55</i>		
<i>26</i>	<i>Southport</i>			<i>25</i>		
<i>27</i>	<i>Rockyview Hospital</i>			<i>40</i>		
				<i>220</i>		

AUTHORIZATION & CODING						
FINANCIAL CODE				GL Description		Amount (Including GST)
Org	Functional Centre		Account			
			6	2	2	1 0 0 0 0
Employee Signature				Date		\$
Expenditure Officer Authorization <i>Gandy</i>				Authorizer's Employee Number		Authorizer Phone Number
				<b>TOTAL PAYABLE TO EMPLOYEE</b>		\$



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Loreen Gilmour

FOR THE MONTH OF:

Sept. 2004

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

**EXPENSES**

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

EMERGENCY 2004

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 150 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

\$ 57.00 62210000

**TOTAL EXPENSES:**

\$ 57.00

*Handwritten signature: Sandra RB*

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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmour</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER
DEPARTMENT	SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Sept 2</i>	<i>Southport</i>	<i>25</i>		
<i>9</i>	<i>"</i>	<i>25</i>		
<i>10</i>	<i>"</i>	<i>25</i>		
<i>21</i>	<i>"</i>	<i>25</i>		
<i>27</i>	<i>"</i>	<i>25</i>		
<i>28</i>	<i>"</i>	<i>25</i>		

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	\$
Employee Signature <i>Loreen Gilmour</i>			Date	
Expenditure Officer Authorization <i>Randy</i>			<b>TOTAL PAYABLE TO EMPLOYEE</b>	\$
			Authorizer's Employee Number	Authorizer Phone Number

**CALGARY HEALTH REGION**  
**BOARD EXPENSE FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF: October 2004 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 160 km at .38¢ /km 60.80 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 60.80

*Bandu*

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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmaur</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE
AMOUNT					
<i>Oct 18</i>	<i>CHR - Southport</i>	<i>25</i>			
<i>19</i>	<i>"</i>	<i>25</i>			
<i>20</i>	<i>Search Presentation</i>	<i>60</i>			
<i>26</i>	<i>Southport</i>	<i>25</i>			
<i>29</i>	<i>"</i>	<i>25</i>			

AUTHORIZATION & CODING					
FINANCIAL CODE				GL Description	Amount (Including GST)
Org	Functional Centre	Account			
		<i>6</i>	<i>2</i>	<i>2</i>	<i>1</i>
		<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Employee Signature				Date	
				<b>TOTAL PAYABLE TO EMPLOYEE</b>	\$
Expenditure Officer Authorization <i>Bandy</i>				Authorizer's Employee Number	Authorizer Phone Number

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Loreen Gilman

FOR THE MONTH OF: NOV. 2004 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED DEC 15 2004

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: SE Hospital Meeting - May 8 <sup>R</sup> \$ 14.00 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 270 km at .38¢ /km <sup>R</sup> \$ 102.60 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 116.60

Bandy <sup>CB</sup>



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Loren Gilmore

FOR THE MONTH OF:

Dec '04.

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

**EXPENSES**

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING: E+Y Meeting

R \$ 10.-

62210000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 135 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

R \$ 51.30

62210000

**TOTAL EXPENSES:**

R \$ 61.30

ENTER HERE

U. Deloste RB

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

EMPLOYEE NAME (PRINT) <i>Loreen Gilmour</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	DATE
DATE OF TRAVEL / EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
<i>Dec. 2</i>	<i>Fin 8-12 SE Hospital</i>	<i>25</i>			
		<i>25</i>			
<i>Dec. 17</i>	<i>E+Y - Luara</i>	<i>60</i>			
<i>Dec. 20</i>	<i>Board Meeting</i>	<i>25</i>			
Convention Centre 727 - 1 Street SE CAN-T2G 2G9 Calgary, AB Tax Code CA GST #119457869 CT 2 (103) Cashier 72 17/12/04 13:48 Receipt 056898 Short-term Parking Short-term parking tkt Convention Center 17/12/04 11:28 - 17/12/04 13:48 Period 0d02h20 (GST) ----- \$10.00 Gross total \$10.00 Payment Cash \$10.00 Net total \$9.35 GST (7%) 0.65 All amounts in CAD. Deliv. Date=Receipt Date					
<i>135</i>					

AUTHORIZATION & CODING											
FINANCIAL CODE				GL Description	Amount (Including GST)						
Org	Functional Centre	Account									
		6	2	2	1	0	0	0	0	Mileage/Parking	\$
Employee Signature				Date	<b>TOTAL PAYABLE TO EMPLOYEE</b>				\$		
Expenditure Officer Authorization <i>Ch. Deloste</i>				Authorizer's Employee Number			Authorizer Phone Number				



CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Koreen Gibson

FOR THE MONTH OF:

Jan '05

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

EXPENSES

ENTRUSTED FEB 2005

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

Jan 11 - 8.00 Jan 28 = 10.00

\$ 18.00

62210000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 275 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

104<sup>50</sup>

\$ 104<sup>50</sup>

62210000

TOTAL EXPENSES:

122<sup>50</sup>

\$ 122<sup>50</sup>

Ch. Deloste RB

**APPLICANT COPY**

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #		
DATE OF TRAVEL (EXPENSE)		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
Jan 11		Palister Hotel - Premiere's Message		55		
Jan 13		Southport		25		
17		"		25		
24		Southport		25		
25		Ranchman's		58		
27		Southport		25		
28		McDougal		62		
				275		

AUTHORIZATION & CODING						
FINANCIAL CODE				GL Description		Amount (Including GST)
Org	Functional Centre		Account			
			6	2	2	1
			0	0	0	0
				Mileage/Parking		\$
Employee Signature				Date	TOTAL PAYABLE TO EMPLOYEE	
					\$	
Expenditure Officer Authorization				Authorizer's Employee Number		Authorizer Phone Number
Y. Deloste						

APPLICANT COPY

McDougal  
451 - 6 Street SW  
CAN-T2P 4A2 Calgary, AB  
Tax Code CA GST #119457869

CT 1 (82) Cashier 56  
28/01/05 10:00

Receipt 023558

Short-term Parking  
Short-term Parking tkt  
McDougal Parkade  
28/01/05 07:44 -  
28/01/05 10:00  
Period 00:2h16,  
(GST) \$10.00

Gross total \$10.00

Payment Cash \$10.00

Net total \$9.35  
GST (7%) 0.65

All amounts in CAD.  
Deliv. Date=Receipt Date

PALLISER PARKADE  
CALGARY AB

RECEIPT ONLY!

PAY STATION: C3

\*\*\*\*\*

ENTRY DATE/TIME:

11/01/05 11:52

PAY DATE/TIME:

11/01/05 13:34

PARK-DUR.: HRS:MIN

0:01:42

\*\*\*\*\*

AID: \$ 8.00

VISA

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

201

AUTH. CODE

REF. A106939

\*\*\*\*\*

\* YOU MUST TAKE \*

\* ORIGINAL TICKET \*

\* WITH YOU AND USE \*

\* IT TO EXIT \*

\*\*\*\*\*

GST INCLUDED

GST No. RT12201449

1

\*\*\*\*\*

THANK YOU FOR YOUR

VISIT!

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Loreen Gilmore

FOR THE MONTH OF:

February 2005

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

**EXPENSES**

ENCLOSURE (SEE PAGE 2)

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

R

\$ 18.<sup>14</sup>

62210000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 253 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

R

\$ 96.<sup>14</sup>

62210000

**TOTAL EXPENSES:**

\$ 114.<sup>14</sup>

*Ch. Deloste*

APPLICANT COPY



calgary health region

ACH     FMC     Southport  
 PLC     RGH    Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER	
DEPARTMENT		PHONE NUMBER	DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE
		(for mileage)	
<i>Feb-1</i>	<i>U of C</i>	<i>68</i>	
<i>2</i>	<i>Southport</i>	<i>25</i>	
<i>4</i>	<i>"</i>	<i>25</i>	
<i>11</i>	<i>"</i>	<i>25</i>	
<i>14</i>	<i>"</i>	<i>25</i>	
<i>15</i>	<i>"</i>	<i>25</i>	
<i>16</i>	<i>CHT - Courts</i>	<i>60</i>	
<del><i>23</i></del>			
		<i>253</i>	

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
<i>Y. Deloste</i>				

00073

APPLICANT COPY

University of Calgary  
Art Parkade  
GST R108102864

Rcpt# 4165  
02/01/05 12:42 L# 3 A# 38 Txn# 46414  
02/01/05 08:22 In 02/01/05 12:42 Out  
Tkt# 174204  
CASH PAID \$ 5.00-  
Thank you for your business  
Parking and Traffic Services  
220-6771/ 220-6772

*Public Health  
Seminar Vofc.*

*Health Trust*

IMPERIAL PARKING  
PHONE 295-7275

DAILY PARKER

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

Meter: LOT 034  
Trans: IMPARK 186  
Time: 3:22P FEB 16  
Price: \$13.00

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

Card:  
Exp. :  
Expires IMPARK  
6:00P WED  
FEB 16 05  
INSTRUCTIONS ON BACK  
GST REG # R102-EE222

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

IMPARK

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME:

Loreen Gilmore

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

FOR THE MONTH OF

April 2005

**EXPENSES**

*(Please attach original receipts.)*

Date	Description	Amount	GST	Total
April 5	Winter 2005 Academic Program	1,588.00		1,200.00
		(maximum \$1200.00)		

ENTERED APR 13 2005

TOTAL EXPENSES:

2 \$ 1,200.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u>	Print Name: <u>Lou DeCoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

X:Board/Honoraria/Supplementary Expenses Claim Form

22:30

**The University of Calgary**

**WINTER 2005 Academic Program**

FACULTY : GRADUATE STUDIES  
 MSC IN COMMUNITY HEALTH SCIENCES  
 SECOND DEPARTMENT : (NONE)  
 COHORT : (NONE)  
 Year of Program: 1 - Part-Time

**WINTER 2005 Fee Assessment Detail**

Assessment	Amount
TUITION	1,588.00
<b>Total Assessment:</b>	<b>1,588.00</b>
<b>Amount Paid:</b>	<b>1,588.00</b>
<b>Balance due:</b>	<b>\$ 0.00</b>
<b>Fee Deadline:</b>	<b>05/01/21</b>

\* This is an optional fee. To opt-out, complete the appropriate form (available at the [Office of the Registrar Forms Page](#) ) and submit by the specified deadline date.

**WARNING:** Check fee payment deadlines to avoid forfeiting registration deposit, late payment penalties, etc. Fee payment deadlines are found [here](#).

**WINTER 2005 Courses**

Course	Term	HFQ	Section	Days	Start	Minutes	Location	Conflict	Instructor	PreSess Study
MDSC 643.02	2	H	Lec01	TR	13:00	150	HSC G601		GH FICK	
MDSC 645.15	2	H	Lec01	M	13:00	170	HMRB B22		AL CASEBEER GMA VAN ROSENDAAL	

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2506  
7390/624

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Koreen Gilmour

**FOR THE MONTH OF:** March 2005 s.17(1), 17(4)(g)(i)

**EXPENSES ENTERED APR 13 2005**

01-71110300002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** \$ \_\_\_\_\_

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

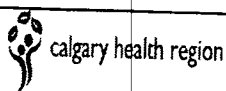
\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 282 km at .38¢/km <sup>R</sup> \$ 107.16 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 107.16

*Ch. Deloste*

APPLICANT COPY



\_\_\_ ACH \_\_\_ FMC \_\_\_ Southport  
 \_\_\_ PLC \_\_\_ RGH Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
 MILEAGE & PARKING**

**INSTRUCTIONS:**

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

175  
82  
257

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
Mar 3	Southport	25		
9	"	"		
16	"	"		
17	"	"		
21	"	"		
22	"	"		
22	Valley Ridge People First	82		
24	Southport	25		
28	Southport	25		
		282		

**CODING & AUTHORIZATION**

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Joan Gibner  
**FOR THE MONTH OF:** April 2005

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

**EXPENSES**

01-7111030002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** \$ \_\_\_\_\_

**TAXIS:** \$ 05 11 2005

**OTHER (please describe):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 175 km at <sup>40.5</sup>~~38~~/km \$ 70.87 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 70.87 R

J. Delaste

**APPLICANT COPY**

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmore</i>		EMPLOYEE NUMBER		
DEPARTMENT	PHONE NUMBER	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>April 10</i>	<i>Southport</i>	<i>25</i>		
<i>11</i>	<i>"</i>	<i>"</i>		
<i>12</i>	<i>"</i>	<i>"</i>		
<i>13</i>	<i>"</i>	<i>"</i>		
<i>15</i>	<i>"</i>	<i>"</i>		
<i>28</i>	<i>"</i>	<i>"</i>		
<i>May 2</i>	<i>"</i>	<i>"</i>		
		<i>175</i>		

**CODING & AUTHORIZATION**

													GL DESCRIPTION		AMOUNT (Including GST)
													MILEAGE/PARKING		
EMPLOYEE SIGNATURE <i>U. Deloste</i>													TOTAL PAYABLE TO EMPLOYEE		
AUTHORIZATION						AUTHORIZER EMPLOYEE NUMBER				AUTHORIZER PHONE NUMBER					
										<i>943-1122</i>					

00073

DISTRIBUTION:    **WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:**                     Koreen Gilmaur                    

**FOR THE MONTH OF:**                     May 2005                     s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** \$ \_\_\_\_\_

ENTERED JUN 15 2005

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

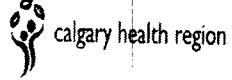
\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 418 km at <sup>40.5</sup>~~38~~¢/km R \$ 169.29 ~~62210000~~  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 169.29

*K. Deloste*

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
May 2	Southport	25		
3	} International Health Symposium	62		
4		62		
5		62		
11	Konoff Center	57		
12	Southport	25		
16	"	25		
18	"	25		
19	"	25		
30	"	25		
31	"	25		
		418		

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
L. Deloate			943-1122	

00073

DISTRIBUTION:    **WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

*Joan Gibman*

FOR THE MONTH OF:

*June 2005*

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

EXPENSES

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

*October 20/04 4.50*

*May 3/05 18.00*

*May 3/05 15.00*

*May 4/05 15.00*

*May 4/05 15.00*

*May 5/05 15.00*

*June 17/05 18.00*

*June 18/05 14.00*

\$ \_\_\_\_\_

PARKING:

\$ 114.50

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

*14.00*

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 371 km at .40.5¢ /km  
(Attach Local Travel Expense Claim form)

\$ 150.26

62310000 R

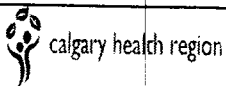
TOTAL EXPENSES:

\$ 264.76

*R 2005*

*Ch. DeCoste*

**APPLICANT COPY**



ACH     FMC     Southport  
 PLC     RGH    Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
1	} Wellness Conference Kondraski	<del>25</del>		
2		<del>25</del>		
3		<del>25</del>		
8	Carriage House	32		
9	Southport	25		
14	McDougall	55		
16	Southport	25		
17	Chamber Commerce	52		
21	Tuer's Office	52		
21	Southport	25		
28	"	25		
29	"	25		
27	Ranchman's	55		
		371		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
<i>Ch. De Coste</i>			<i>943-1122</i>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)

X:Board/Honoraria/Local Travel Expense Claim



July 11/05

Parking: June 14/05  
Governance Meeting at  
McDougal Center.

The machine didn't return  
a receipt but I paid \$14.00  
I confirm I did attend  
this meeting & the cost was  
\$14.

Loee E. Smith

APPLICANT COPY

TICKET VOID IF RE-

IMPERIAL PARKING  
PHONE 299-7275

DAILY PARKER

TICKET VOID IF RE-SOLD

IMPERIAL PARKING

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

6:00P FRI  
JUN 17 05

INSTRUCTIONS ON BACK --

GST REG # R102466000

THANK YOU FOR PARKING

OLD

IMPERIAL PARKING

THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE

Imperial Parking

CT 2  
03/05/05 18:57 Cashier 15

Receipt 044927

Short-Term Parking  
Short-Term Parking tkt  
Eau Claire Sur Face  
03/05/05 18:57  
03/05/05 18:57  
Period 3d03h51  
(V.A.T.) \$15.00  
Gross Total \$15.00  
Payment Cash \$15.00  
Net Total \$14.02  
V.A.T. (7%) 0.98

All amounts in CAD,  
Deliv. Date=Receipt Date

THANK YOU FOR  
PARKING IMPARK

Imperial Parking

CT 2  
04/05/05 12:51 Cashier 16

Receipt 045009

Short-Term Parking  
Short-Term Parking tkt  
Eau Claire Sur Face  
04/05/05 08:27  
04/05/05 12:51  
Period 3d04h24  
(V.A.T.) \$15.00  
Gross Total \$15.00  
Payment Cash \$15.00  
Net Total \$14.02  
V.A.T. (7%) 0.98

All amounts in CAD,  
Deliv. Date=Receipt Date

THANK YOU FOR  
PARKING IMPARK

Imperial Parking

CT 2  
04/05/05 17:27 Cashier 15

Receipt 045123

Short-Term Parking  
Short-Term Parking tkt  
Eau Claire Sur Face  
04/05/05 13:29  
04/05/05 17:27  
Period 3d03h58  
(V.A.T.) \$15.00  
Gross Total \$15.00  
Payment Cash \$15.00  
Net Total \$14.02  
V.A.T. (7%) 0.98

All amounts in CAD,  
Deliv. Date=Receipt Date

THANK YOU FOR  
PARKING IMPARK

Imperial Parking

CT 2  
05/05/05 12:44 Cashier 16

Receipt 045267

Short-Term Parking  
Short-Term Parking tkt  
Eau Claire Sur Face  
05/05/05 08:32  
05/05/05 12:44  
Period 3d04h12  
(V.A.T.) \$15.00  
Gross Total \$15.00  
Payment Cash \$15.00  
Net Total \$14.02  
V.A.T. (7%) 0.98

All amounts in CAD,  
Deliv. Date=Receipt Date

THANK YOU FOR  
PARKING IMPARK

PALLISER PARKADE  
CALGARY AB

RECEIPT ONLY!

PAY STATION: C3

\*\*\*\*\*

ENTRY DAT/TIME:

03/05/05 12:54

PAY DATE/TIME:

03/05/05 21:19

PARK-DUR.: HRS:MIN

0:08:25

\*\*\*\*\*

PAID: \$ 18.00

VISA

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

AUTH. CODE074674

REF. 54

\*\*\*\*\*

\* YOU MUST TAKE \*

\* ORIGINAL TICKET \*

\* WITH YOU AND USE \*

\* IT TO EXIT \*

\*\*\*\*\*

GST INCLUDED

GST No. RT12201449

1

\*\*\*\*\*

THANK YOU FOR YOUR

VISIT!

Receipt

252351

Amount

4.50

STERLING PARKING LTD.

GST # 138270962

OUT 2 UPAU

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:**

Loren Zulman

**FOR THE MONTH OF:**

July '05

**EXPENSES**

01-71110300002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**ENTERED AUG 12 2005**

**PARKING:** \$ \_\_\_\_\_

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 226 km at .40.5¢/km \$ 91.53 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 91.53

Y. DeCoste

**APPLICANT COPY**

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmore</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE <i>July 2005</i>
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>14</i>	<i>Southport</i>	<i>25</i>		
<i>15</i>	<i>ACH</i>	<i>46</i>		
<i>19</i>	<i>Zoo</i>	<i>65</i>		
<i>20</i>	<i>Zoo</i>	<i>65</i>		
<i>29</i>	<i>Southport</i>	<i>25</i>		
		<i>226</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		6 2 2 1 0 0 0 0	MILEAGE/PARKING		
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE		
AUTHORIZATION <i>Y. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>		

00073

**DISTRIBUTION:    WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Loren Gilman

FOR THE MONTH OF:

Aug '07.

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

**EXPENSES**

01-7111030002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 115 km at .40.5¢ /km  
(Attach Local Travel Expense Claim form)

\$ 46.58 62210000

TOTAL EXPENSES:

\$ 46.58

4. Delcoste



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Loreen Gilmour  
**FOR THE MONTH OF:** September 2005

**EXPENSES**

01-7111030002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** <sup>R</sup> \$ 15.- 62210000

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):**

ENTERED OCT 17 2005

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 470 km at .40.5¢ /km <sup>R</sup> \$ 190.35 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 205.35

Y. Deloste

APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
Sept 1	Okotos	80		
2	Southport	25		
9	"	25		
13	"	25		
14	"	25		
20	"	25		
21	"	25		
22	"	25		
23	Airport	82		
26	Southport	25		
27		"		
28		"		
30	Mc Dougall Center	58		
		470		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
H. De Coste			943-1122	

00073

**DISTRIBUTION:    WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)

X:Board/Honoraria/Local Travel Expense Claim



APPLICANT COPY

McDougal  
451 - 6 Street SW  
CAN-T2P 4A2 Calgary, AB  
Tax Code CA GST #119457869

CT 1 (82) Cashier 3  
30/09/05 14:06

Receipt 059437

Short-term Parking  
Short-term Parking tkt  
McDougal Parkade  
30/09/05 11:49 -  
30/09/05 14:06  
Period 00:2h17'  
(GST) \$10.00  
Gross total \$10.00  
Payment  
Cash \$10.00  
Net total \$9.35  
GST (7%) 0.65

All amounts in CAD.  
Deliv. Date=Receipt Date

*Ladies Tea*

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilmore

FOR THE MONTH OF: October 2005 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 668 km at <sup>.43¢</sup> ~~.40-5¢~~ /km \$ 287.24 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 287.24


RECEIVED  
NOV 17 2005

RB

K. Deloste

ENTERED NOV 18 2005

APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Oct 3</i>	<i>Southport</i>	<i>25</i>		
<i>4</i>	<i>"</i>	<i>"</i>		
<i>5</i>	<i>"</i>	<i>"</i>		
<i>6</i>	<i>"</i>	<i>"</i>		
<i>8</i>	<i>Bragg Creek</i>	<i>112</i>		
<i>11</i>	<i>Southport</i>	<i>25</i>		
<i>12</i>	<i>U of C - Med School Kahoff Center</i>	<i>75</i>		
<i>13</i>	<i>Southport</i>	<i>25</i>		
<i>14</i>	<i>"</i>	<i>"</i>		
<i>17</i>	<i>Footfalls Hospital</i>	<i>65</i>		
<i>18</i>	<i>Dulman Club</i>	<i>58</i>		
<i>19</i>	<i>Southport</i>	<i>25</i>		
<i>24</i>	<i>"</i>	<i>"</i>		
<i>25</i>	<i>Golf &amp; Country Club</i>	<i>50</i>		
<i>26</i>	<i>Southport</i>	<i>25</i>		

CODING & AUTHORIZATION *(668)*

ORG		FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
<i>0171110300001</i>			<i>62210000</i>	MILEAGE/PARKING	
EMPLOYEE SIGNATURE				TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER		
<i>L. Deloate</i> s.17(1), 17(4)(g)(i)			<i>943-1122</i>		

00073

DISTRIBUTION:    . WHITE-ACCOUNTS PAYABLE  
**ENTERED NOV 18 2005**

X:Board/Honoraria/Local Travel Expense Claim

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME: Loreen Gilmour

FOR THE MONTH OF: NOV. 2005 s.17(1), 17(4)(g)(i)

## EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

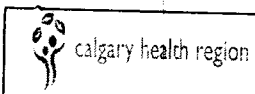
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 369 km at 43 <sup>R</sup> .405¢ /km \$ 158.67 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 158.67

*L. Deloste*



ACH     FMC     Southport  
 PLC     RGH    Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER	
DEPARTMENT	PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE
		(for mileage)	
Nov 1	SE Campus Vision	94	
3	Southport	25	
10	Ford, Calgary	60	
17	Southport	25	
18	Foothills	70	
22	"	70	
29	Southport	25	
		369	

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION s.17(1), 17(4)(g)(i)			AUTHORIZER EMPLOYEE NUMBER AUTHORIZER PHONE NUMBER 943-1122	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD EXPENSE FORM

Gilmour

NAME:

James S. Gib

FOR THE MONTH OF:

Dec '05

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

ENTERED JAN 17 2006

EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

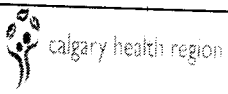
\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 135 km at .43¢ /km R \$ 58.05 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 58.05

J. DeCosta

**APPLICANT COPY**



ACH     FMC     Southport  
 PLC     RGH    Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

<b>EMPLOYEE NAME (Print)</b>		<b>EMPLOYEE NUMBER</b>	
<b>DEPARTMENT</b>		<b>PHONE NUMBER</b>	
<b>DATE OF TRAVEL/ EXPENSE</b>		<b>DATE</b>	
	<b>DETAILS</b>	<b># OF KM</b> <small>(for mileage)</small>	<b>RATE</b>
			<b>AMOUNT</b>
Dec 7	Kanoff Center	60	
8	Southport	25	
16	"	25	
20	"	25	
		135	

<b>CODING &amp; AUTHORIZATION</b>				
<b>FINANCIAL CODE</b>				
<b>ORG</b>	<b>FUNCTIONAL CENTRE</b>	<b>ACCOUNT</b>	<b>GL DESCRIPTION</b>	<b>AMOUNT (Including GST)</b>
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
<b>EMPLOYEE SIGNATURE</b>			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
<b>AUTHORIZATION</b>		<b>AUTHORIZER EMPLOYEE NUMBER</b>	<b>AUTHORIZER PHONE NUMBER</b>	
L. Deloste			943-1122	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

*Loren Gilh*

FOR THE MONTH OF:

*Jan 06.*

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

EXPENSES ENTERED FEB 10 2006

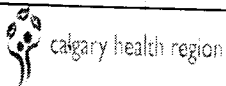
01-71110300002

AIRFARE:	\$	_____	_____
CAR RENTAL:	\$	_____	_____
ACCOMMODATION:	\$	_____	_____
MEALS:	\$	_____	_____
PARKING:	\$	_____	_____
TAXIS:	\$	_____	_____
OTHER (please describe):	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
MILEAGE: <i>255</i> km at .43¢ /km (Attach Local Travel Expense Claim form)	\$	<i>109.65</i>	<i>622210000</i>
<b>TOTAL EXPENSES:</b>	<i>R</i> \$	<u><u><i>109.65</i></u></u>	

*L. DeLaste*  
*RB*



**APPLICANT COPY**



ACH     FMC     Southport  
 PLC     RGH    Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Woreen G. Imour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Jan 6</i>	<i>Southport</i>	<i>25</i>		
<i>11</i>	<i>17<sup>th</sup> Ave</i>	<i>55</i>		
<i>12</i>	<i>Southport</i>	<i>25</i>		
<i>16</i>	"	"		
<i>17</i>	"	"		
<i>19</i>	"	"		
<i>23</i>	"	"		
<i>25</i>	"	"		
<i>31</i>	"	"		
		<i>255</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE			GL DESCRIPTION	AMOUNT (Including GST)
ORG	FUNCTIONAL CENTRE	ACCOUNT		
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
<i>W. Delostes s.17(1), 17(4)(g)(i)</i>			<i>943-1122</i>	

00073

**DISTRIBUTION:      WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Loren Gilman

FOR THE MONTH OF: Mar 06 s.17(1), 17(4)(g)(i)

ENTERED APR 12 2006

EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: Mar 12+13 248.55 \$ 257.86 62212000

MEALS: Sun, Mar. 12 2 \$ 10.20 62212000

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 165 km at .43¢ /km R \$ 70.95 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 339.01

319.50  
19.51 4.12 loste

### APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmar</i>			EMPLOYEE NUMBER	
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Mar 1</i>	<i>Southport</i>	<i>25</i>		
<i>3</i>	<i>Ranchman's</i>	<i>55</i>		
<i>6</i>	<i>Southport</i>	<i>25</i>		
<i>15</i>	<i>"</i>	<i>25</i>		
<i>16</i>	<i>"</i>	<i>25</i>		
<i>23</i>	<i>Spruce Meadows</i>	<i>10</i>		
		<i>165</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
<i>U. DeLeste</i> s.17(1), 17(4)(g)(i)			<i>943-1122</i>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

**THE WESTIN**  
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0T7, CANADA  
TEL: (780) 428-3636 FAX: (780) 428-1454

G  
U  
E  
S  
T

Loreen Gilmour  
Calgary Health Region  
#50 Carraveau Ave  
St Albert, AB T8N 3T5

GRAUTH

ROOM 604  
RATE 115.00  
NO. PERS. 1  
FOLIO 57341 EX-A  
PAGE 1  
ARRIVE 12-MAR-06 17:53  
DEPART 14-MAR-06  
PAYMENT VI

T  
R  
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C  
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A  
R  
G  
E

604

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT604	Room Charge	115.00
12-MAR-06	RT604	GST	8.13
12-MAR-06	RT604	DMF	1.15
12-MAR-06	RT604	Tourism Levy	4.65
13-MAR-06	RT604	Room Charge	115.00
13-MAR-06	RT604	GST	8.13
13-MAR-06	RT604	DMF	1.15
13-MAR-06	RT604	Tourism Levy	4.65
14-MAR-06	VI	Visa	257.86-
Total Charges			257.86
Total Credits			257.86-
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 \*\*

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

Loreen Gilmour  
FOLIO 57341 12-MAR-06

**THE WESTIN**  
EDMONTON

APPLICANT COPY

**THE WESTIN**  
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0M7, CANADA  
TEL: (780) 426 3636 FAX: (780) 426 1454

<b>G U E S T</b>	Loreen Gilmour	ROOM	604			<b>T R A V E L  C H A R G E</b>
	Calgary Health Region	RATE	115.00			
	#50 Carraveau Ave	NO. PERS.	1			
	St Albert, AB T8N 3T5	FOLIO	57341	EX-A		
	GRAUTH	PAGE	2			
		ARRIVE	12-MAR-06	17:53		
		DEPART	14-MAR-06			
		PAYMENT	VI			

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
------	-----------	-------------	-------------------

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-MAR-06	115.00	8.13	4.65	0.00	0.00	1.15	128.93
13-MAR-06	115.00	8.13	4.65	0.00	0.00	1.15	128.93
Total	230.00	16.26	9.30	0.00	0.00	2.30	257.86

Date	Payment
12-MAR-06	0.00
13-MAR-06	0.00
Total	0.00

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

GST Summary:

GST Room Revenue:	16.26
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	16.26

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 782 Starpoints for this visit

Loreen Gilmour s.17(1), 17(4)(g)(i)  
FOLIO 57341 12-MAR-06

**THE WESTIN**  
EDMONTON

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Loreen Gilman

**FOR THE MONTH OF:** February 2006 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** \$ \_\_\_\_\_

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):** \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


**MILEAGE:** 185 km at .43¢ /km <sup>R</sup> \$ 79.55 62212000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 79.55

ENTERED MAR 16 2006

L. Ralston RB

**APPLICANT COPY**

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
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**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Woreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Feb 1</i>	<i>Southport</i>	<i>25</i>		
<i>6</i>	<i>"</i>	<i>25</i>		
<i>7</i>	<i>"</i>	<i>25</i>		
<i>9</i>	<i>"</i>	<i>25</i>		
<i>15</i>	<i>Mr. Tuer's Office</i>	<i>60</i>		
<i>16</i>	<i>Southport</i>	<i>25</i>		
<i>23</i>				
<i>24</i>	↓			
<i>27</i>				
<i>28</i>				
		<i>185</i>		

**CODING & AUTHORIZATION**

		FINANCIAL CODE			
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		<i>6 2 2 1 0 0 0 0</i>	<i>MILEAGE/PARKING</i>		
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE		
AUTHORIZATION <i>Y. DeCoste</i> s.17(1), 17(4)(g)(i)		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1125</i>		

00073

**DISTRIBUTION:      WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Loreen Gilmour.

FOR THE MONTH OF April 2006.

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

**EXPENSES**  
*(Please attach original receipts.)*

Date	Description	Amount	GST	Total
Jan to April 30/06	Tuition - UofC	1200.		1200.

ENTERED APR 12 2006

TOTAL EXPENSES: 2 \$ 1200.

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeLoste</u>	Print Name: <u>Lou DeLoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

X: Board/Honoraria/Supplementary Expenses Claim Form

RB



APPLICANT COPY  
*Supplementary Expense.*

**The University of Calgary**

**WINTER 2006 Academic Program  
\*ADMITTED\***

**FACULTY : GRADUATE STUDIES  
PHD IN COMMUNITY HEALTH SCIENCES**

**SECOND DEPARTMENT : (NONE)**

**COHORT : (NONE)**

**Year of Program: 1 - Full-Time**

2006/2007 Tuition Fees are currently not available

**WINTER 2006 Fee Assessment Detail** — *Jan 1/06 to April 30/06*

Assessment	Amount
TUITION	1,588.00
<b>Total Assessment:</b>	<b>1,588.00</b>
<b>Amount Paid:</b>	<b>1,588.00</b>
<b>Balance due:</b>	<b>\$ 0.00</b>
<b>Fee Deadline:</b>	<b>January 20, 2006</b>

\* This is an optional fee. To opt-out, complete the appropriate form (available at the Office of the Registrar Forms Page) and submit by the specified deadline date.

**WARNING:** Check fee payment deadlines to avoid forfeiting registration deposit, late payment penalties, etc. Fee payment deadlines are found here.

**WINTER 2006 Courses**

Course	Term	HFQ	Section	Days	Start	Minutes	Location	Conflict	Instructor	PreSess	Study
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[Back to Top of Page](#)

Generated by zsis.wstu.pagTimeTable

Generated on Wed Apr 05 10:53:28 MDT 2006

Mail comments and questions to [reginfo@ucalgary.ca](mailto:reginfo@ucalgary.ca)

1059369

23620

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Loreen G. Imour

FOR THE MONTH OF April 2006

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

ENTERED APR 18 2006

EXPENSES  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan to April 30/06	Tuition - UofC	1200.		1200.

ENTERED APR 12 2006

TOTAL EXPENSES:

2 \$ 1200.00  
paid <12.00> previous <12.00> 1188.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Y. DeLoste</u>	Print Name: <u>Lou DeLoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

X: Board/Honoraria/Supplementary Expenses Claim Form

RB

GILMOUR, LOREEN EDITH		Site	HOME
RB12APR06		Employee ID	
Expense Report		Employee Name	
12-APR-2006		Agency	CAD
64899		Amount	12.00
		Unpaid Amount	0.00
		Unapplied Amount	
BRD SUPP EXP REIMB MAR 06		Settlement Date	

Invoice Status	Amount	Reason
Yes		
Yes		
Approved		

Agency	Amount	Unpaid Amount	Settlement Date	Invoice Number	Invoice Date
CAD	12.00	0.00	13-APR-2006	1280734 - Electro	20-APR-2006

[Payment Overview](#)
[View PO](#)

Best Copy Possible

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Loren Libman

FOR THE MONTH OF:

April 2006 s.17(1), 17(4)(g)(i)

EXPENSES

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: *R* \$ 21.75 ~~62210000~~

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 130 km at .43¢ /km *R* \$ 55.90 ~~62210000~~  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: *R* \$ 77.65

*L. DeLeste*  
*RB*

**APPLICANT COPY**

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmore</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>April 6</i>	<i>Southport</i>	<i>25</i>		
<i>12</i>	<i>Kanis Center</i>	<i>55</i>		
<i>17</i>	<i>Southport</i>	<i>25</i>		
<i>25</i>	<i>"</i>	<i>25</i>		
		<i>130</i>		

**CODING & AUTHORIZATION**

ORG		FUNCTIONAL CENTRE		ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
				<i>6 2 2 1 0 0 0 0</i>	MILEAGE/PARKING	
EMPLOYEE SIGNATURE					TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y. DeCoste</i> s.17(1), 17(4)(g)(i)				AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

Centennial  
620 - 9 Avenue SW  
Can-TSP 105 Calabar, AB  
Tax Code CA GST #119457869

Test POF  
15/02/06 08:18 Cashier 0  
Receipt 099492 Feb-15/06

Short-term Parking  
Short-term Parking tkt  
Centennial Parkade  
15/02/06 07:07 -  
15/02/06 08:18  
Period 0d01h11'  
(GST)

Gross total \$6.75  
Payment VISA \$6.75 02/09 s.17(1), 17(4)(e.1)  
Net total \$6.31  
GST (7%) 0.44

All amounts in CAD.  
Deliv. Date=Receipt Date

Meeting with David  
+ Jack to discuss  
Vision Mission



Bow Valley Square  
Parkade



ADVANCED PARKING  
For Advanced People

Entrance off 5th Ave. between 1st and 2nd Street S.W.

Vehicles parked at owner's risk. Bow Valley Leaseholds Limited / Oxford Properties Group / Advanced Parking Limited is not responsible for loss or damage however caused, to vehicles and / or their contents.

NO IN AND OUT PRIVILEGES

Reach - Oct 18/05  
KICK-OFF



0039081809733461

HOTEL  
*Arts*

Holiday Inn  
Downtown

Ticket expires at  
**6:00PM**  
Wed 2005/12/07  
Payment Details

Paid: \$8.00  
VISA s.17(1), 17(4)(e.1)

Expiring  
**Information**

Vehicles and contents left  
at owner's risk.

*Health Trust*

Machine: 2  
Lot: 1  
Ticket #: 16924  
Wed 1:07:45PM 2005/12/07

DISPLAY FACE UP  
ON DASH



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: horeen Gilmour

FOR THE MONTH OF: May 2006 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 75 km at .43¢ /km \$ 32.25 62210000  
(Attach Local Travel Expense Claim form)

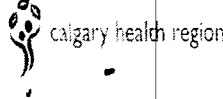
TOTAL EXPENSES: \$ 32.25

ENTERED JUN 16 2006

*h. Deloste*

*RB*

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
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**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
11	<i>Southport</i>	25		
24	<i>Southport</i>	25		
30	<i>"</i>	25		
		75		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>J. DeCorte</i> s.17(1), 17(4)(g)(i)		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
			943-1122	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF: June 2006 s.17(1), 17(4)(g)(i)

ENTERED JUL 14 2006

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 183 km at .43¢ /km R \$ 78.69 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 78.69

L. DeCosto

**APPLICANT COPY**

 Calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT	PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
June 6	CHK - Southport	25		
8	"	25		
13	"	25		
14	Kanoff Center	58		
22	Southport	25		
27	"	"		
		183		

**CODING & AUTHORIZATION**

<b>FINANCIAL CODE</b>				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
Y. Deloste s.17(1), 17(4)(g)(i)			943-1122	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

NAME: *Toren Gilman*  
FOR THE MONTH OF: *Aug / Sept 2006.*

**EXPENSES** ENTERED ON

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: *235* km at .43¢ /km \$ *101.05* *62210000*  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: *R* \$ *101.05*

*U. Deloste*

**APPLICANT COPY**

<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Aug</i>	<i>Southport</i>	<i>25</i>		
<i>Aug</i>	"	<i>25</i>		
<i>Sept 19</i>	"	<i>25</i>		
<i>21</i>	"	<i>25</i>		
<i>22</i>	"	<i>25</i>		
<i>26</i>	"	<i>25</i>		
<i>29</i>	<i>Red &amp; White Club, Mc Dougall Center</i>	<i>85</i>		
		<i>235.</i>		

**CODING & AUTHORIZATION**

<b>FINANCIAL CODE</b>				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>U. Deloste</i> s.17(1), 17(4)		AUTHORIZER EMPLOYEE NUMBER (g)(i)	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION:      WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Torrey Johnson s.17(1), 17(4)(g)(i)  
FOR THE MONTH OF: Oct 06

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	421.88 \$ <u>457.80</u>	<u>62210000</u>
MEALS:	\$ _____	_____
PARKING:	R \$ <u>45.20</u>	<u>62210000</u>
TAXIS:	\$ _____	_____
OTHER (please describe):	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>463</u> km at .43¢ /km (Attach Local Travel Expense Claim form)	R \$ <u>199.09</u>	<u>62210000</u>
<b>TOTAL EXPENSES:</b>	\$ <u><u>702.09.</u></u>	

RECEIVED  
NOV 15 2006  
FINANCE

ENTERED NOV 17 2006

U. Deloste



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 #815456876RT0001

Room : 0787  
Folio # : 278043  
Cashier # : 132  
Page # : 1 of 1  
Group Name Exploring Health & Healing

Loreen Gilmour  
CA

Arrival : 10-24-06  
Departure : 10-26-06  
Fairmont President's Club

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

Date	Description	Additional Information	Charges	Credits
10-24-06	Package Charge	[NA Pkg. Trx]	209.00	
10-24-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96	228.96
10-24-06	Room GST (6%)	[Add: 6%.(B)]	11.94	
10-24-06	Self Parking	[NA Fixed Charge]	22.00	
10-24-06	Package GST (6%)	[Add: 6%.(B)]	0.60	22.60
10-25-06	Castle Pantry	#0787 : CHECK #321 [321]	4.77	
10-25-06	Package Charge	[NA Pkg. Trx]	209.00	228.90
10-25-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96	
10-25-06	Room GST (6%)	[Add: 6%.(B)]	11.94	
10-25-06	Self Parking	[NA Fixed Charge]	22.00	22.60
10-25-06	Package GST (6%)	[Add: 6%.(B)]	0.60	
10-26-06	Fairmont Store		29.85	
10-26-06	Visa	s.17(1), 17(4)(e.1) XXXXX		537.62
<b>Total</b>			<b>537.62</b>	<b>537.62</b>
<b>Balance Due</b>			<b>0.00</b>	

GST Summary

Room	23.88
F&B	0.27
Other	3.69
<b>Total</b>	<b>27.84</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:  
De États-Unis or 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. (19.56% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$ 50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (19.56% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

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

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:       *Joan E. Gilmour*      

FOR THE MONTH OF:       *Nov/06*       s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 125 km at .43¢ /km R  
(Attach Local Travel Expense Claim form) \$ 53.75 62210000


TOTAL EXPENSES: \$ 53.75

ENTERED DEC 14 2006

*J. DeCoste*



**APPLICANT COPY**

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>				EMPLOYEE NUMBER	
DEPARTMENT		PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	
		(for mileage)			
<i>Nov 1</i>	<i>Calgary Golf County Club</i>	<i>50</i>			
<i>17</i>	<i>Southport</i>	<i>25</i>			
<i>24</i>	<i>"</i>	<i>25</i>			
<i>28</i>	<i>Southport</i>	<i>25</i>			
			<i>125</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		6 2 2 1 0 0 0 0	MILEAGE/PARKING		
EMPLOYEE SIGNATURE <i>[Signature]</i>			TOTAL PAYABLE TO EMPLOYEE		
AUTHORIZATION <i>L. Delgado</i>	AUTHORIZER EMPLOYEE NUMBER <i>s.17(1), 17(4)(g)(i)</i>		AUTHORIZER PHONE NUMBER <i>943-1122</i>		

00073

DISTRIBUTION:    **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION  
BOARD EXPENSE FORM**

NAME: Loreen Gilmaur

FOR THE MONTH OF: January 2007 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 50 km at .43¢/km <sup>R</sup> \$ 21.50 62210000  
(Attach Local Travel Expense Claim form)


TOTAL EXPENSES: 21.50 \$ 21.50

RECEIVED  
FEB 14 2007  
FINANCE

ENTERED FEB 14 2007

4. Deloste

APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT	PHONE NUMBER	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Jan 18</i>	<i>Southport</i>	<i>25</i>		
<i>" 30</i>	<i>Southport</i>	<i>25</i>		
		<i>50</i>		

CODING & AUTHORIZATION

ORG		FUNCTIONAL CENTRE		ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
				<i>6 2 2 1 0 0 0 0</i>	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>U. Deloste</i>					TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>U. Deloste s.17(1), 17(4)(g)(i)</i>			AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

# CALGARY HEALTH REGION

## BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Loreen Gilmour

FOR THE MONTH OF April 2007

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

### EXPENSES (Please attach original receipts.)

Date	Description	Amount	GST	Total
April 10	Tuition Fees UofC Health Policy, PhD	460.-		460.-

ENTERED MAY 17 2007

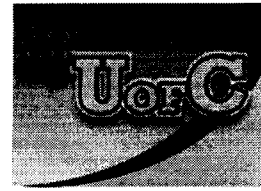
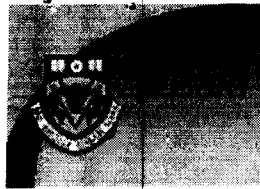
TOTAL EXPENSES: 2,460.-

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u>	Print Name: <u>Lou DeCoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

X: Board/Honoraria/Supplementary Expenses Claim Form



# SIS - Payment Results

(To return to the InfoNet menu, close this window)

**SIGN OFF**

=== YOUR TRANSACTION RECORD ===

**The University of Calgary**  
**Financial Services - Fees Office**  
**2500 University Dr. NW**  
**Calgary, Alberta, Canada, T2N 1N4**  
**Tel: (403) 220-5706**  
**<https://www.ucalgary.ca/infonet>**

This is your official receipt.  
Please print this receipt for your records.

-----  
Student ID: s.17(1), 17(4)(g)(i)  
Description: Tuition Payment/Deposit  
Taxes: N/A  
Shipping Charges: N/A  
Type: PURCHASE  
Account: VISA  
Amount: \$460.00 CDN  
Date/Time: 19/01/07 17:26:16  
Reference #: 0010907890 66006296  
Auth No.: 084825  
Transaction ID: 0287172 071999

00 APPROVED - THANK YOU 027

No refund of tuition and general fees will be made  
after the change of registration deadlines given in  
the Academic Schedule.

**Winter 2007 Fees Statement**

*Jan to April 2007*

**Total Assessment: 460.00**  
**Amount Paid: 460.00**  
**Balance due: \$ 0.00**

[Back to Top of Page](#)

Generated by zsis.wpay.pagFeeReport  
Generated on Fri Jan 19 17:26:19 MST 2007

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Loreen Gilmore

FOR THE MONTH OF: Feb-April 2007

Stamp: 2007 7.8 ACN

EXPENSES

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: - Feb-21 Health Trust \$ 10.- 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 347 km at .43¢ /km \$ 149.21 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 159.21

U. Deloste

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF: Feb-April 2007 s.17(1), 17(4)(g)(i)

**EXPENSES**

ENTERED MAY 17 2007

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: Feb-21 Health Trust \$ 10.- 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 347 km at .43¢ /km \$ 149.21 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 159.21

L. Delasta

CB







0092060501888665

HOTEL

*Arts*

Hotel Arts

**Ticket expires at**

**6:37PM**

**Wed 2007/02/21**

**Payment Details**

Paid: \$10.00

CASH

**Information**

Vehicles and contents left  
at owner's risk.

Machine: 2

Lot: 1

Ticket #: 31293

Wed 4:37:57PM 2007/02/21

**DISPLAY FACE UP  
ON DASH**



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF: May 2007

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 100 km at .44¢ /km  
(Attach Local Travel Expense Claim form) \$ 44.- 62210000

**TOTAL EXPENSES:** \$ 44.-

*L. De Costa*



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF: May 2007 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-71110300002

01-71110300002

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 100 km at .44¢/km <sup>R</sup>  
(Attach Local Travel Expense Claim form) \$ 44.- 62210000

TOTAL EXPENSES: \$ 44.-

ENTERED JUN 14 2007

L. Delasto

RB



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loren Gilman  
FOR THE MONTH OF: June 2007

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: - D. Tuer Speech \$ 17.50 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

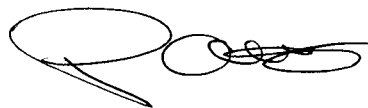
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 233 km at .44¢ /km \$ 102.52 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 120.02

Y. Deloste



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Loren Gilman  
**FOR THE MONTH OF:** June 2007

RECEIVED  
JUL 11 2007  
SPENCE

**EXPENSES**

ENTERED JUL 12 2007

01-71110300002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** - D. Turner Speech R \$ 17.50 62210000

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

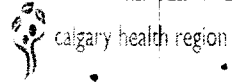
\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 233 km at .44¢ /km R \$ 102.52 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** P \$ 120.02

Y. Deloste  
RB

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
June 7	Southport	25		
12	"	25		
13	"	25		
14	Chamber - P. Tues speech	<del>65</del> 65		
21	Southport	25		
22	FMC	68		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">             Imp:                      ns              AJ 1              14/06/13                      er    20              Re:                      5437              Short-Term Parking              Short-term parking tkt              Gow Parkade              14/06/13 11:30 -              14/06/13 13:45              Period 0d02h15'              (V.A.T.)                      \$17.50              -----              Gross Total                      \$17.50              Payment              Cash                      \$17.50              Net Total                      \$16.11              V.A.T. (6%)                      0.19              All amounts in CAD.              Deliv. Date=Receipt Date              THANK YOU FOR              PARKING IMPARK           </div>				
		233		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
L. Deloste s.17(1), 17(4)(g)(i)			943-1122	

00073

DISTRIBUTION:                      WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: LOREEN Gilman

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

FOR THE MONTH OF JUNE 2007

RECEIVED  
JUL 13 2007

**EXPENSES**  
*(Please attach original receipts.)*

Date	Description	Amount	GST	Total
May 07	Tuition Fees <sup>uofc</sup>			230.00
June 07	Tuition Fees <sup>uofc</sup>			230.00

ENTERED JUL 13 2007

TOTAL EXPENSES: 2 \$ 460.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeLoste</u>	Print Name: <u>Lou DeLoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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


RB

X: Board/Honoraria/Supplementary Expenses Claim Form



[Help](#)

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

Loreen Gilmour go to ... 

**Payment History**

From   To

Posted Payments Find | View All First  1-4 of 4  Last

Date Paid	Payment Type	Paid Amount
2007/06/24	Payment Credit Card WEB - Ref # 000000052079	230.00
2007/05/02	Payment Credit Card WEB - Ref # 000000035737	230.00

**Total Posted Payments for this view**

First  1-4 of 4  Last

Currency used is Canadian Dollars.

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

**Pending Payments**

You have no pending payments.

[Summary](#)
[Activity](#)
[Charges Due](#)
[Payments](#)
[Make a Payment](#)

go to ... 

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF: Sept 07

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 343 km at .44¢ /km \$ 150.92 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 150.92

*Loreen Gilmour*

*Ch. Delcoste*

*[Signature]*

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Loreen Gilmour 

FOR THE MONTH OF:

Sept 07

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

**EXPENSES** ENTERED OCT 19 2007

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

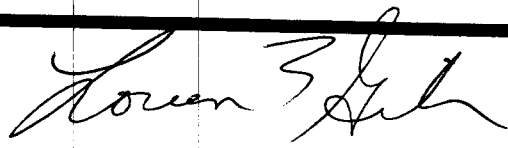
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

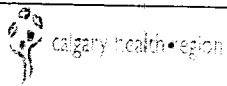
MILEAGE: 343 km at .44¢ /km  
(Attach Local Travel Expense Claim form) \$ 150.92 62210000

TOTAL EXPENSES: <sup>R</sup> \$ 150.92



W. Delosta

APPLICANT COPY



ACH     FMC     Southport  
 PLC     RGH    Other \_\_\_\_\_

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Sept 6</i>	<i>Southport</i>	<i>25</i>		
<i>11</i>	<i>"</i>	<i>25</i>		
<i>17</i>	<i>Red &amp; White Club</i>	<i>60</i>		
<i>20</i>	<i>Winter Club</i>	<i>70</i>		
<i>22</i>	<i>Calgary Golf &amp; Country</i>	<i>55</i>		
<i>25</i>	<i>Round-up</i>	<i>50</i>		
<i>28</i>	<i>McDougal Center</i>	<i>58</i>		
		<b>343</b>		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>Loreen Gilmour</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>U. DeLoate</i>		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION:      WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

*Loren Gil*

FOR THE MONTH OF

*Sept 07*

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

EXPENSES ENTERED OCT 19 2007  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
<i>Sept 07</i>	<i>UofC PhD tuition</i>			<i>280.00</i>

TOTAL EXPENSES:

*2* \$ *280.00*

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <i>L. DeCoste</i>	Print Name: <i>Lou DeCoste</i>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <i>943-1122</i>

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

*Loren Gil*

*RB*

X:Board/Honoraria/Supplementary Expenses Claim Form

*UofC Tuition - Fall 2007*

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

Help

Loreen Gilmour

go to ...



- summary
- activity
- charges due
- payments
- make a payment

Make a Payment



4. Payment Result

Your payment has been accepted. Save the information below for your reference.

Confirmation Details

Reference Number	000000072980	Payment Amount	1,906.43
Credit Card Number		Transaction Date	2007/09/18
Authorization Code:	096497s.17(1), 17(4)(e.1)	Transaction Status	Successfully Posted
Payment Profile			
Currency used is Canadian Dollars.			

[VIEW CONFIRMED PAYMENT](#)

[MAKE ANOTHER PAYMENT](#)

- Summary
  - Activity
  - Charges Due
  - Payments
  - Make a Payment
- go to ...

*\$ 280.00 left in supplementary account*

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

Help

Loreen Gilmour

go to ... >>

- summary
- activity
- charges due
- payments
- make a payment

Payment History

From  To

Posted Payments Find | View All First 1-2 of 2 Last

Date Paid	Payment Type	Paid Amount
2007/09/18	Payment Credit Card WEB - Ref # 000000072980	1,906.43
<b>Total Posted Payments for this view</b>		<b>1,906.43</b>

First 1-2 of 2 Last

Currency used is Canadian Dollars.

Pending Payments

You have no pending payments.

- Summary
  - Activity
  - Charges Due
  - Payments
  - Make a Payment
- go to ... >>

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen G. Inoué

FOR THE MONTH OF: Oct '07 s.17(1), 17(4)(g)(i)

ENTERED NOV 15 2007

**EXPENSES**

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: - Oct 29/07. R \$ 6.- 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 183 km at .44¢ /km \$ 80.52 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 86.52

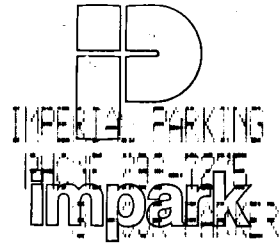
Employee Signature: Loreen Inoué RB

Y. Deloste





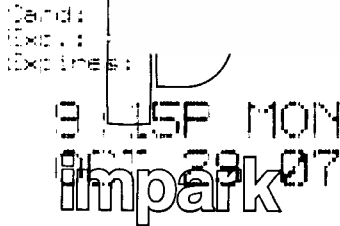
TICKET VOID IF RE-SOLD



PARKING LOT 206  
TYPE: 3:15P OCT 23

TO PARK & PAY BY PHONE  
PLEASE CALL 898-7275  
WWW.PARKINGIMPACT.COM  
BY 10: \$ 8.20

TICKET VOID IF RE-SOLD



INSTRUCTIONS ON BACK  
GET REG # R102468Z00  
WWW.PARK.COM

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Loreen Gilmeur

FOR THE MONTH OF: NOV/DEC 2007 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: \$ —

MEALS: \$ —

PARKING: 24.50 - Nov 22; \$6.00 Nov 1 \$ 30.50 62210000

TAXIS: \$ —

OTHER (please describe):

ENTERED JAN 1 12008 \$ —

\$ —

\$ —

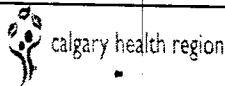
MILEAGE: 334 km at .44¢/km \$ 146.96 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 177.46

Employee Signature: Loreen Gilmeur K13

U. Deloste

**APPLICANT COPY**

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilman</i>		EMPLOYEE NUMBER	
DEPARTMENT	PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE AMOUNT
<i>Oct 30</i>	<i>Chronic Disease VIP Session Hyatt</i>	<i>60</i>	
<i>Nov 14</i>	<i>Southport</i>	<i>25</i>	
<i>22</i>	<i>Petroleum Club</i>	<i>65</i>	
<i>21</i>	<i>Southport</i>	<i>25</i>	
<i>28</i>	<i>"</i>	<i>"</i>	
<i>Dec 7</i>	<i>Southport</i>	<i>25</i>	
<i>17</i>	<i>"</i>	<i>25</i>	
<i>11</i>	<i>Sheldon Shumir</i>	<i>55</i>	
<i>20</i>	<i>Physician Liaison-Delta</i>	<i>29</i>	
		<i>334</i>	

**CODING & AUTHORIZATION**

FINANCIAL					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		6 2 2 1 0 0 0 0	MILEAGE/PARKING		
EMPLOYEE SIGNATURE <i>Loreen Gilman</i>			TOTAL PAYABLE TO EMPLOYEE		
AUTHORIZATION <i>Y. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER <i>s.17(1), 17(4)(g)(i)</i>	AUTHORIZER PHONE NUMBER <i>943-1122</i>		

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY



DATE 11-22-07

LOT 312

TICKET No.

AMOUNT \$24.50

SIGNATURE

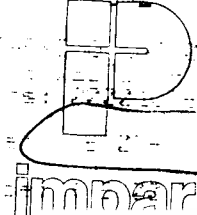
G.S.T. #88731 5638 RT0001 IM - 003

TICKET VOID

impark

UP ON DASH

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

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

RE-SOLD

3:07P THU  
NOV 21 07

PLACE THIS

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Torren Gil

FOR THE MONTH OF: Feb '08 s.17(1), 17(4)(g)(i)

**EXPENSES** ENTERED MAR 07 2008

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \_\_\_\_\_

ACCOMMODATION: *Health 401.94\$*  
*Healing 104.25* \$ 506.19 62212000

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 350 km at .44¢ /km *R* \$ 154.00 62212000  
(Attach Local Travel Expense Claim form) \$ 55.00 62210000

**TOTAL EXPENSES:** \$ 715.19

Employee Signature: Torren Gil *Y. Deloste*

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		Loreen Gilmour		EMPLOYEE NUMBER			
DEPARTMENT			PHONE NUMBER			DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS			# OF KM (for mileage)	RATE	AMOUNT	
Feb 1	Premiere Lunch			25			
4	Southport			25			
12	"			25			
13	"			25			
19	"			"			
Feb 24	to Banff from Calgary			175			
27	to Calgary " Banff			175			
				475			

**CODING & AUTHORIZATION**

FINANCIAL CODE												
ORG	FUNCTIONAL CENTRE				ACCOUNT					GL DESCRIPTION		AMOUNT (Including GST)
6	2	2	1	0	0	0	0	0	MILEAGE/PARKING			
EMPLOYEE SIGNATURE										TOTAL PAYABLE TO EMPLOYEE		
AUTHORIZATION										AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER
Y. DeCosto s.17(1), 174(g)(i)										943-1122		

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim



**The Banff Centre**  
inspiring creativity

Box 1020, Banff, Alberta,  
Canada T1L 1H5  
Tel: 403.762.6100 • Fax: 403.762.6444  
www.banffcentre.ca  
GST # R119214955

Guest Name: **Loreen Gilmour**  
**University of Calgary**

Room #: 8251  
Folio #: R3675A  
Group #: CHR0802  
Guests: 1  
Clerk:

CA

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

CL #:  
CC #: \*\*\*\*\*

Arrive: 02/24/08      Time: 03:45 PM      Depart: 02/27/08      Time: 04:01:55      Status: FOL

Date	Description	Reference	Comment	Charges	Credits
02/24/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00
02/25/2008	**VISTAS GST INCL	217566	Rest..Vistas/V1Rest	\$14.70	\$0.00
02/25/2008	**VISTAS GST INCL	217778	Rest..Vistas/V1Rest	\$18.90	\$0.00
02/25/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00
02/26/2008	**VISTAS GST INCL	218449	Rest..Vistas/V1Rest	\$14.70	\$0.00
02/26/2008	**VISTAS GST INCL	218774	Rest..Vistas/V1Rest	\$18.90	\$0.00
02/26/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00

Folio Balance: \$506.19

Package Taxes	
Only applies if you paid for package	
Alberta Tourism Levy	\$15.30
GST Other Tax	\$1.05
GST Tax (Room)	\$19.14
Tourism Improvement Fee	\$7.50



**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Loreen Gilmour

FOR THE MONTH OF April 2008 s.17(1), 17(4)(g)(i)

ENTERED APR 21 2008

**EXPENSES**  
(Please attach original receipts.)

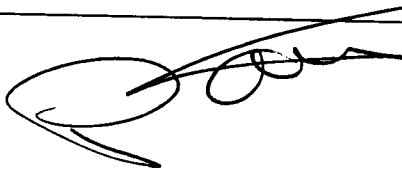
Date	Description	Amount	GST	Total
April	Bella ticket	200.00		200.00

TOTAL EXPENSES: 2 \$ 200.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>H. Deloste</u>	Print Name: <u>Hou Deloste</u>
Authorizer's Employee Number: s.17(1), 17(4)(g)(i)	Authorizer Phone Number (in full): <u>943-1122</u>
Employee Signature: <u>Loreen Gilmour</u>	

X:Board/Honoraria/Supplementary Expenses Claim Form

 RB



Invoice Notice

Calgary Health Region  
Attn: Lou Decoste

DATE	DESCRIPTION	TOTAL AMOUNT
------	-------------	--------------

Mar. 25/08	One General Seat Ticket	\$200.00
<b>Total</b>		<b><u>\$200.00</u></b>

Thank you for your generous support of our fundraising endeavors

CHARITABLE BUSINESS NUMBER 89383 4697 RR 0001

**CHEQUES PAYABLE TO:** Calgary Health Trust - BELLA  
800, 11012 Macleod Trail SE  
Calgary AB T2J 6A5

**CREDIT CARD PAYMENT:** To pay by VISA, Mastercard or American Express  
please phone (403) 943-0611 or fax (403) 943-0629  
Attn: Mandy Berndsen

**INQUIRIES:** Please contact Mandy Berndsen, Calgary Health Trust  
(430) 943-0611 or email [mberndsen@thetrust.ca](mailto:mberndsen@thetrust.ca)

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

OR MS. LOREEN GILMOUR

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

DATE 02 04 2008  
D M Y Y Y

PAY TO THE ORDER OF  
*Calgary Health Trust - Bella*  
*Two Hundred*

\$ 200.-

100 DOLLARS

Security Features

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

MEMO

(

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

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

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Loreen Gilman

FOR THE MONTH OF: Mar 2008 s.17(1), 17(4)(g)(i)

**EXPENSES**

ENTERED APR 21 2008

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 75 km at .44¢ /km \$ 33.00 ~~62.10000~~  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 33.00

Employee Signature: *Loreen Gilman* 4. Deleste

**APPLICANT COPY**

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Loreen Gilmour</i>		EMPLOYEE NUMBER	
DEPARTMENT		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE
		(for mileage)	
<i>Mar 6</i>	<i>Southport</i>	<i>25</i>	
<i>25</i>	<i>Calgary Golf &amp; Country Club</i>	<i>50</i>	
		<i>75</i>	

**CODING & AUTHORIZATION**

FINANCIAL CODES					
ORG	FUNCTIONAL CENTRE	ACCOUNT		GL DESCRIPTION	AMOUNT (Including GST)
		6	2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>Loreen Gilmour</i>				TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y. DeCoster</i>		AUTHORIZER EMPLOYEE NUMBER <i>s.17(1), 17(4)(g)(i)</i>		AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Horeen Gilmour

FOR THE MONTH OF: April 2008 s.17(1), 17(4)(g)(i)

**EXPENSES** ENTERED MAY 14 2008

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \_\_\_\_\_

ACCOMMODATION: \$ 164.03 + \$ 156.33 <sup>308.49</sup> \$ 320.36 62212000

MEALS: \$ \_\_\_\_\_

PARKING: R \$ 21.00 62210000 159.60

TAXIS: \$ 35 + \$ 65 85.20 \$ 100.00 62212000

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: <sup>315</sup> 750 km at .44¢ /km R \$ 138.60 62210000  
(Attach Local Travel Expense Claim form) \$ 330.00 62212000

**TOTAL EXPENSES:** \$ 909.96

Employee Signature: *Horeen Gilmour*  
K. H. Geste 723.69  
11.87

**APPLICANT COPY**

 calgary health region	___ ACH    ___ FMC    ___ Southport ___ PLC    ___ RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--	--	---

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Woreen Gilmour</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>April 1</i>	<i>Kanoff Center</i>	<i>55</i>		
<i>3</i>	<i>Southport</i>	<i>25</i>		
<i>7</i>	<i>"</i>	<i>25</i>		
<i>11</i>	<i>"</i>	<i>25</i>		
<i>13</i>	<i>Edmonton</i>	<i>375</i>		
<i>15</i>	<i>Edmonton</i>	<i>375</i>		
<i>22</i>	<i>Airport &amp; Return</i>	<i>160</i>		
<i>29</i>	<i>Southport</i>	<i>25</i>		
		<i>1065</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>Karen Hill</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y. DeLeste</i> s.17(1), 17(4)(g)(i)		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1152</i>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

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

603  
 Loreen Gilmour room 149.00  
 10101 Southport Road Sw rate 1  
 Calgary, AB T2W 3N2 no. pers. 260190 EX-A  
 Canada folio 1  
 page 13-APR-08 16:23  
 arrive 14-APR-08  
 depart VI  
 payment VI

603

date	reference	description	charges/credits
13-APR-08	RT603	GST	7.52
13-APR-08	RT603	DMF	1.49
13-APR-08	RT603	Tourism Levy	6.02
14-APR-08	VI	Visa	164.03-
		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
13-APR-08	149.00	7.52	6.02	0.00	0.00	1.49	164.03
Total	149.00	7.52	6.02	0.00	0.00	1.49	164.03

Date	Payment
13-APR-08	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 hereby acknowledge and agree to be responsible for the payment of this account if the cardholder or other person(s) do not fully reimburse me for all of these charges.

signature

Loreen Gilmour  
 FOLIO 260190 13-APR-08





# APPLICANT COPY

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

10135 100th Street  
 Edmonton, Alberta T5J 0N7  
 Canada  
 Tel: 780.426.3636  
 Fax: 780.428.1454  
 www.westin.com/edmonton

Guest		Room	603	
Loreen Gilmour		Rate	149.00	
		Room	1	
10101 Southport Road Sw		No. pers.	260190	EX-A
Calgary, AB T2W 3N2		Folio	2	
Canada		Check in	13-APR-08	16:23
		Check out	14-APR-08	
		Special	VI	
		Payment		

Travel agent charges

date	reference	description	charges/credits
------	-----------	-------------	-----------------

**GST Summary:**

GST Room Revenue:	7.52
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	7.52

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest, you could have earned 298 Starpoints for this visit. Please provide your member number or enroll today.

Signature

Loreen Gilmour  
 FOLIO 260190 13-APR-08



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: Loreen Gilmour  
 Provincial Govt-edmon

room 603  
 rate 142.00  
 no. pers. 1  
 folio 247951 EX-A  
 page 1  
 arrive 14-APR-08 10:43  
 depart 15-APR-08  
 payment VI

travel agent/charge to: 603

HBC15A s.17(1), 17(4)(g)(i)

date	reference	description	charges/credits
14-APR-08	RT603	GST	7.17
14-APR-08	RT603	DMF	1.42
14-APR-08	RT603	Tourism Levy	5.74
15-APR-08	VI	Visa	156.33-
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
14-APR-08	142.00	7.17	5.74	0.00	0.00	1.42	156.33
Total	142.00	7.17	5.74	0.00	0.00	1.42	156.33

Date	Payment
14-APR-08	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

Loreen Gilmour  
 FOLIO 247951 14-APR-08



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 Loreen Gilmour  
 Provincial Govt-edmon

room 603  
 rate 142.00  
 no. pers. 1  
 folio 247951 EX-A  
 page 14-APR-08 10:43  
 arrive 15-APR-08  
 depart VI  
 payment

HBC15A s.17(1), 17(4)(g)(i)

travel agent/charge to

date	reference	description	charges/credits
------	-----------	-------------	-----------------

GST Summary:

GST Room Revenue: 7.17  
 GST Food and Beverage: 0.00  
 GST Telephone Revenue: 0.00  
 GST Other: 0.00  
 7.17

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 284 Starpoints for this visit. Please provide your member number or enroll today.

Loreen Gilmour  
 FOLIO 247951 14-APR-08



APPLICANT COPY

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

CHARGE TO:

M. LOREEM GILHOOR

DIAMOND SEDAN & LIMO SVC.  
780-914-4002  
MAIN OFFICE  
780-465-4002 1-877-504-4002  
EMAIL-heera@shaw.ca  
www.diamond-limo.com

G.S.T. 88212-7012 220527

FROM: IAP

TO: Legit LaTone

PRINT NAME:

AUTH. NO.	DRIVER	UNIT No.
	A	
TIME	DAY	MO. YR.
	22	04 08

MasterCard

VISA

FARE	55	a
INT'L		
GRATUITY		
TOTAL	65	-

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL IN PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE HEREOF SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

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

TRANSACTION RECEIPT

Checker Yellow Cabs  
215 McMillan Road SE  
Calgary, AB T2A 1X2  
403-299-9999

CREDIT CARD

CARD NUMBER: s.17(1), 17(4)(e.1)

CARD TYPE: VISA

DATE/TIME: 08/04/22 19:42:38

AUTHORIZATION: 071863

VEH/DRV: 0430 / 6582

GST#: 846771962

TXN ID: 2893314

AMOUNT: \$ 30.20

TIP: \$ 4.80

TOTAL: \$ 35.00



Calgary Airport

**You Parked**

From: 9:48AM  
Tue 2008/04/22

Until: 8:07PM  
Tue 2008/04/22

**Payment Details**

Total cost: \$21.00

Paid: \$21.00

VISA

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

**Expiring Information**

visit our website at  
www.calgaryairport.com  
For updated info call our  
parking hotline  
250-PARK  
GST R12556194RT001

Machine: 4  
Lot: PARK2  
Ticket #: 9145  
Tue 8:07:04PM 2008/04/22

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Loreen Gilmour

**FOR THE MONTH OF:** May 2008 s.17(1), 17(4)(g)(i)

**EXPENSES**

ENTERED JUN 09 2008

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: - April 13 - \$ 20.75  
15 - 11.60 \$ 32.35 62212000

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 50 km at 46 R .44¢/km \$ 23.00 62210060  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 55.35

Employee Signature: Loreen Gilmour Q. Alstate

23.00  
32.35

