APPLICANT COPY

41912

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Eileen Grant

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

FOR THE MONTH OF January 2004

ENTERED FEB 1 2 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan.	Tickets to CGH	130.00		130.00
	Medical Staff			
	Association			

TOTAL EXPENSES: 2 $ 130.00

Financial code: 01-71110300003-62210001

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

RB

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

TICKET № 0057

The C.G.H. Medical Staff Association

Presents its'

18th Annual Dinner Dance, & Award Night

Saturday, 2004 February 7
Crystal Ballroom
The Palliser Hotel

Reception: 5:45 pm
Seating: 6:40 pm
Dinner: 7:00 pm

Awards and Dance to Follow

Formal Dress: Semi-Formal

Cost: $70.00 per couple
for members allocating their dues to the PLC

Cost: $130.00 per couple
for members allocating their dues to other sites

5011490 (2003/11)

TICKET № 0057

TICKET № 0058

The C.G.H. Medical Staff Association

Presents its'

18th Annual Dinner Dance, & Award Night

Saturday, 2004 February 7
Crystal Ballroom
The Palliser Hotel

Reception: 5:45 pm
Seating: 6:40 pm
Dinner: 7:00 pm

Awards and Dance to Follow

Formal Dress: Semi-Formal

Cost: $70.00 per couple
for members allocating their dues to the PLC

Cost: $130.00 per couple
for members allocating their dues to other sites

5011490 (2003/11)

TICKET № 0058

200

Feb 2/04

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

158.84

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

FOR THE MONTH OF: JANUARY, 2004

EXPENSES

ENTERED FEB 1 3 2004

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 418 km at .38¢ /km	$ 158.84	62210000
TOTAL EXPENSES:	$ 158.84	

Boundary PR

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

Calgary Regional Health Authority s.17(1), 17(4)(g)(i) APPLICANT COPY s.17(1), 17(4)(g)(i)

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT	s.17(1), 17(4)(g)(i)	FEB 2/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
JAN 6/04	OFFICE TO SOUTHPORT	35 Km		
✓ 15	✓ ✓	35 Km		
20	✓ ✓	35 Km		
22	OFFICE TO CANMORE	208 Km		
27	✓ TO SOUTHPORT	35Km		
28	✓ ✓	35 Km		
29	✓ ✓	35 Km		

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 FEB 2/04		TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization	Authorizer's Employee Number		Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

42822

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: EILEEN A. GRANT

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

FOR THE MONTH OF FEBRUARY 2004.

EXPENSES

ENTERED MAR 2 3 2004

(Please attach original receipts.)

Date	Description	Amount	GST	Total
02/04/04	SEMINAR -	75.00	Z	75.00
	EXCELLENCE IN GRANT MAKING.			
02/29/04	ALANA DELONG FUNDRAISER	25.00	Z	25.00
	$100 LESS TAX RECEIPT			
02/25/04	CCHESE SEMINAR	20.00	Z	20.00

TOTAL EXPENSES: Z $ 120.00

Financial code: 01-71110300003-62210001

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

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

APPLICANT COPY

pcAlberta

Alana DeLong and the **Calgary Bow PC Constituency Association**
invite you to a ***Breakfast*** Fundraiser
with featured speaker

MS. EILEEN GRANT

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

DATE Feb 29/04

PAY TO THE ORDER OF Calgary Bow Constituency Assn | $ 100.00

One hundred Assn 100 DOLLARS

Security features included. Details on back.

STYLE NUMBER 117

MEMO March 18th Fundraiser

MP

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

Please plan to attend:

- Complete the order form below and return it at the earliest convenience.
- To speed up your request, fax your order to ***(403) 266-5388***.
- Tickets are $100.00 each *(with a tax receipt for $75)* or $800 for a table of eight.
- Tickets will be mailed or delivered to you.
- Income tax receipts will follow in due course.
- Any questions? Please call ***Dawn*** at ***(403) 237-2396***.

Thank you.

Please send me: 1 seat(s) @ $100.00 each _____ table @ $800.00

Payment method: ☑ Cheque ☐ Visa ☐ Master Card

Credit Card #: _____ Expiry Date: _____

Name: EILEEN A. GRANT Signature: _____

Firm: CALGARY HEALTH REGION Phone: ___

Address: Postal Code _____

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

☐ Issue Tax Receipt to: s.17(1), 17(4)(g)(i)

☑ Issue Tax Receipt *(same as above)*

Make cheques payable to: Calgary Bow Constituency Association
Mail to: Box 70096, Bowness RPO, Calgary AB T3B 5K3

APPLICANT COPY

Alberta Real Estate Foundation

Receipt

Receipt # 110
February 4, 2004

To: Eileen A. Grant

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

RECEIVED: One (1) early bird participant registration @ $75 each for the Excellence in Grantmaking Workshop, February 6, 2004 for:
1. Eileen A. Grant

Paid by cheque

Total payment received:	***$75.00***

Excellence
A WORKSHOP FOR GRANTMAKERS
in
AND FUNDING ORGANIZATIONS
Grantmaking

APPLICANT COPY

Date FEB 25/04.

Received from Eileen Grant

TWENTY ——— 00/100 Dollars

CANADIAN COLLEGE
HEALTH EXECUTIVES
SOUTHERN ALBERTA

$ 20.—

No.

Tax Reg. No.:

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

FOR THE MONTH OF: FEBRUARY, 2004

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$ R 12.53	69500000
PARKING:	$ R 13.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 197 km at .38¢ /km	R $ 74.86	62210000
TOTAL EXPENSES:	$ 100.39	

ENTERED MAR 2 3 2004

Bandry

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

calgary health region

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT	s.17(1), 17(4)(g)(i)	

DEPARTMENT	SITE	PHONE #	DATE
BOARD	SOUTHPORT		FEB 29/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
FEB 4/04	SSASPG MEETING	10 Kms		
FEB 10/04	FINANCE MEETING	35 Km		
FEB 11/04	ROLLIE NICHOLS APPT	35km		
FEB 12/04	BRUCE SWAN (COMPLEX KIDS)	15km.		
FEB 18/04	SPEAKING ENGAGEMENT	26km.		
FEB 18/04	CAROL GRAY (COMPLEX KIDS)	6 km.		
FEB 24/04	CHR BOARD MEETING	35km		
FEB 27/04	JACK DAVIS	35km.		

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 Mar 2/04	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

Date Feb 06/04

Received from Impark

100 Dollars

$ $8.00 No. 828-245

Tax Reg. No.:

THIS SIDE UP-ON DASH THIS SIDE UP-ON DASH THIS SIDE UP-ON DASH THIS SID

Foothills
Medical Centre

Machine # : 1
Transaction : 19260071
Date : JAN.14.04
Time : 01:05 PM
Paid : $5.00
Ticket Expires:

JAN.14.04
03:05 PM

<<<<<<<>>>>>>>

Thank You
for parking with us.

THIS SIDE UP-ON DASH THIS SIDE UP-ON DASH THIS SIDE UP-ON DASH THIS SID

APPLICANT COPY

43809

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

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

EXPENSES

		01-71110300002	
Bus ~~AIR~~FARE:	$ R 102.00	62212000	345.70 52.68
CAR RENTAL:	$		
ACCOMMODATION:	$ 277.38 (274.70)	62212000	
MEALS:	$		
PARKING:	$ R 143.00	62210000	274.45
TAXIS:	$ R 19.00	62212000	
OTHER (please describe):			
Copies	$ R 33.85	69500000	
	$		
	$		
MILEAGE: 346 km at .38¢ /km	$ 131.48	62210000	
TOTAL EXPENSES:	$ 706.71		

ENTERED APR 19 2004

Brandy

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

APPLICANT COPY

WESTIN
HOTELS & RESORTS

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

Ms. Eileen Grant

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

Arrival 03/14/04
Departure 03/17/04
Payment Method VA

Room 0708
Cashier 51
Page 1
Starwood Pref.#
Airline Partner
Folio No. 298857

Guest Account **The Westin Edmonton, 03/17/04**

Date	Description	Room	Charges	Credits
03/14	Room Charge	0708	105.00	
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
03/15	Room Charge		105.00	
03/15	Room Tax 5%		5.25	
03/15	Room GST 7%		7.35	
03/15	Service Express		22.53	
	->#708 : CHECK # 3564			
	s.17(1), 17(4)(g)(i)		105.00	PERSONAL
			5.25	
			7.35	
03/16	Tel-Local Calls #708 :		1.49	
03/16	Tel-Local Calls #708 :		1.49	
03/16	Tel-Local Calls #708 :		1.49	
03/16	Tel-Long Distance		1.49	
	->#708 :	s.17(1), 17(4)(g)(i)		
03/17	Tel-Long Distance		1.49	
	->#708 :			
03/17	Pradera Cafe		12.20	
	->#708 : CHECK # 4050			
03/17	Visa	s.17(1), 17(4)(e.1)		394.98

Capture method:swiped

Total	394.98	394.98
Balance	0.00 $	

Room	GST	22.05
F&B	GST	2.02
Other	GST	0.49
Total	GST	24.56

Less 117.60
277.38

APPLICANT COPY

Receipt 33660

GST Registration# 119457869
Issued By: cpalsk

Date:	**Wednesday, March 31, 2004**
Method Of Payment:	**Visa**

Calgary Parking Authority **(403) 537-7000**
620-9th Ave. S.W.
Calgary, AB T2P 1L5

Card #	Action	Base Amount	GST	Total Amount
0115426	Deposit	$10.00	$0.00	$10.00
0115426	Sold	$93.46	$6.54	$100.00
	Receipt Total	**$103.46**	**$6.54**	**$110.00**

BOW VALLEY SQUARE
205 5TH AVENUE S W
CALGARY ALBERTA

Fee Computer Number:	2
Cashier:	HERB ID #20
Transaction Number:	78
Entered:	03/26/04 07:12
Exited:	03/26/04 09:11
Ticket #28705	Dispenser #4
Rate:	Area 1
Total Fee:	**$6.00**
Cash:	$20.00
Change:	$14.00

Thank you for choosing
BOW VALLEY SQUARE PARKADE
GST 123845679

McDougall
451 - 6 Street SW
CAN-T2P 1A2 Calgary, AB
Tax Code CA-GST #119457869

CT 1 (82) Cashier 74
26/03/04 15:48

Receipt 082383

Short-term Parking
Short-term Parking tkt
McDougall Parkade
26/03/04 11:16 -
26/03/04 15:48
Period 0d04h32'
(GST) $14.00

Gross total $14.00

Payment
Cash $14.00

Net total $13.08
GST (7%) 0.92

All amounts in CAD,
Deliv. Date=Receipt Date

City Centre
340 - 10 Avenue S.W.
CAN-T2R 0A6 Calgary, AB
Tax Code CA-GST #119457869

EX 9 L-7 Cashier 0
19/03/04 11:10

Receipt 049799

Short-term Parking
Short-term Parking tkt
City Centre Parkade
19/03/04 07:19 -
19/03/04 11:10
Period 0d03h51'
(GST) $13.00

Gross total $13.00

Payment
VISA $13.00
4516011024630017 03/06

Net total $12.15
GST (7%) 0.85

All amounts in CAD,
Deliv. Date=Receipt Date

CRHA
Calgary Regional Health Authority

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		MAR 31/04.

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
MAR 1/04	IMG CONFERENCE - YPI HOTEL	6 Km		
FEB 29/04	✓ ✓	6 Km		
MAR 2/04	GOVERNANCE SOUTHPORT	35 Km		
MAR 3/04	SSPGA UofC/MCMAHON	6 Km		
MAR 11/04	QUALITY SOUTHPORT	35 Km		
MAR 18/04	PHYSICIAN LIAISON	35 Km		
MAR 19/04	AMNB 8th ST/13 AVE SW	12 Km		
MARCH 23/04	BOARD MEETING SOUTHPORT	35 Km		
MARCH 26/04	BOVE & SMITH DOWNTOWN	10 Km		
MARCH 27/04	AL ANNOUNCEMENT UofC	6 Km		
MARCH 30/04	RURAL HEALTH HIGH RIVER	160 Km		

AUTHORIZATION & CODING

FINANCIAL CODE				
Org	Functional Centre	Account		
	P	6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date Mar 31/04	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

ITINERARY/RECEIPT

APPLICANT COPY

No: 001018419/R

Passenger: [redacted]

Original Date: [redacted] 7:00pm

Item	From	To	Date/Time	Seat
CEEXP	CAL TICKET OFF	EDM TICKET OFF	Mar 14/04 7:00pm	[redacted]

Fare : 47.66
Taxes : 3.34

Total : 51.00

Receipt: 51.00

Balance: 0.00

Issued: Mar 13/04 at Red Arrow

[redacted] P04862 E00082 GST#:R101410017

COUPON

No: 001018419/C

Passenger:
GRANT/EILEEN

FT Pts:1420
Mar 14/04 7:00pm

1-800-232-1958
OR 531-0350

WELCOME ABOARD RED ARROW

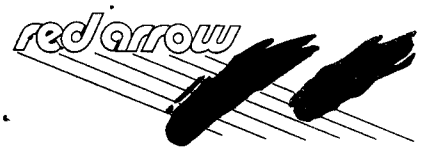
CELEBRATING 25 YEARS OF SAFE

TRANSPORTATION EXCELLENCE

1979 - 2004

Ref: 00166598 P04862 E00082

Ref: 00167433 P04212 E00066



ITINERARY/RECEIPT

APPLICANT COPY

No: 001019415/R

Passenger:
GRANT/EILEEN

Original Date:
Mar 17/04 12:00pm

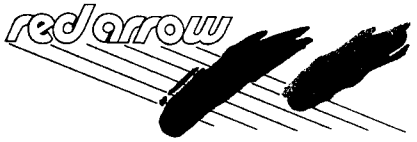
Item	From	To	Date/Time	Seat
EDMCAL	EDM TICKET OFF	CAL TICKET OFF	Mar 17/04 12:00pm	02B

Fare :	47.66
Taxes :	3.34
Total :	51.00

Receipt:	51.00
Balance:	0.00

Issued: Mar 17/04 at Red Arrow

Ref: 00167381 P04862 E00062 GST#:R101410017



COUPON

No: 001019415/C

Passenger:
GRANT/EILEEN

FT Pts:2840
Mar 17/04 12:00pm

1-800-232-1958
OR 531-0350

WELCOME ABOARD RED ARROW

CELEBRATING 25 YEARS OF SAFE

TRANSPORTATION EXCELLENCE

1979 - 2004

Ref: 00167381 P04862 E00062

RECEIPT

AMOUNT 7.00 DATE Mar 14 2004

FROM Red Arrow

TO Yasin

DRIVER [illegible] UNIT NO 102

– An Alberta Company –

Driver: IVAN Date: MAR 18 04

Unit No.: 2645 Amount: 12 –

(G.S.T. Included)

G.S.T. No.

"It is our pleasure to serve you. Please call again."

777-2222 **777-1111**

APPLICANT COPY

43810

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: EILEEN A. GRANT

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

FOR THE MONTH OF MARCH 2004

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
MARCH 31/04	PHEN CONFERENCE	120.00		120.00
		ENTERED APR 19 2004		

TOTAL EXPENSES: $ 120.00

Financial code: 01-71110300003-62210001

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

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

KB

APPLICANT COPY Hand on Receipt

On-Line Registration Available

For immediate processing and confirmation, use our secure on-line registration system at www.phen.ab.ca/ecommerce. Alternatively, please submit the following form.

Registration Fee Includes Materials, Refreshments & Lunch

PHEN Charitable Business Number: 89986 2148 RR0001

FAMILY NAME GRANT

FIRST NAME & INITIAL EILEEN A.

TITLE BOARD MEMBER

ORGANIZATION CALGARY HEALTH REGION

APARTMENT

STREET ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

RES. PHONE

BUS. PHONE

FAX

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

E-MAIL ADDRE

MAY WE PLACE YOUR NAME AND CONTACT INFO ON A REGISTRANT LIST TO BE DISTRIBUTED AT THE CONFERENCE? NO ✓YES

✓CHEQUE VISA MASTERCARD

CARD NUMBER

EXPIRY DATE

CARDHOLDER NAME (please print)

SIGNATURE

Detach and fax (with credit card info) or mail (with cheque payable) to:

Provincial Health Ethics Network
206 Aberhart Centre Two
8220 - 114 Street
Edmonton, Alberta T6G 2J3
Phone 780.492.8239 or
Toll-free within Alberta 1.800.472.4066
Fax 780.492.2633

Confirmation
All accepted registrants will be sent a confirmation, by e-mail or fax, of their registration within three weeks of receipt of this form. If submitting your registration after April 23, please check our website (www.phen.ab.ca) prior to sending in your registration form to ensure that space is still available.

Hotel
Red Deer Lodge Hotel and Convention Centre

Cancellations and Substitutions
Cancellations received on or before April 30 will be refunded the full registration fee less a $25 administration charge. No cancellation refunds will be provided after April 30. Name substitutions will be accepted at any time.

Accessibility
The Red Deer Lodge conference facilities and select guest rooms are wheelchair accessible. For information about special travel assistance needs

Early Registration $120
(Registration form and payment must be received by 5 pm, Friday, April 23, 2004. Sorry, no exceptions.)

Regular Registration $135
(Registration form and payment received after 5 pm, April 23, 2004. Sorry, no exceptions.)

Special Subsidized Rate $65

MS. EILEEN GRANT

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

DATE March 30/04

PAY TO THE ORDER OF Provincial Health Ethics Network $ 120.00

One hundred and twenty — 00/100 DOLLARS

Security features included. Details on back.

STYLE NUMBER 117

MEMO Conference Registration Fee

MP

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

APPLICANT COPY

info@phen.ab.ca | www.phen.ab.ca | 1.800.472.4066 *toll free*

Provincial
Health Ethics
Network

RECEIPT

DATE: May 14, 2004

TO: Eileen Grant
Calgary Regional Health Authority

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

FROM: Provincial Health Ethics Network
Aberhart Centre Two
#206, 8220 – 114 Street
Edmonton, Alberta T6G 2J3

RE: Provincial Health Ethics Network Annual Conference
May 14, 2004
Red Deer Lodge and Convention Centre

AMOUNT PAID: $120.00

Thank you for your payment.

Northern Alberta

206 Aberhart Centre Two
8220 - 114 Street,
Edmonton, AB T6G 2J3

T.780.492.8239
1.800.472.4066 *Toll Free*
F.780.492.2633

Southern Office

234, 5149 Country Hills Blvd NW
Suite #508
Calgary, AB T3A 5K8

T.403.508.0070
F.403.206.7343

APPLICANT COPY

CERTIFICATE OF ATTENDANCE

AWARDED TO

EILEEN GRANT

FOR PARTICIPATION IN

NURTURING RESPECT AND COMPASSION: BUILDING SKILLS FOR ETHICS CONSULTATION

MAY 14, 2004 9:00 A.M. – 4:30 P.M.

RED DEER, ALBERTA

Certified members of the Canadian College of Health Service Executives (CCHSE) participating in this program will earn 3 category II MOC credits towards the maintenance of certification requirement for their CHE or Fellowship designation.

This education event is approved as an Accredited Group Learning Activity under Section 1 of the Framework of Continuing Professional Development options for the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada

APPLICANT COPY

44393

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

ENTERED MAY 17 2004

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 304 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 115.52	62210000
TOTAL EXPENSES:	$ 115.52	

Bonary RB

calgary health region

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN GRANT	s.17(1), 17(4)(g)(i)	

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		APR. 30/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
APR 1	FINANCE - SOUTHPORT	35km		
APR 16	COMMUNICATIONS - SOUTHPORT	35km		
APR 20	BOARD MEETING - SOUTHPORT	35km		
APR 22	CAREWEST/CHT - SARCEE -	10 Km		
APR 28	COM HEALTH COUNCIL & ACCREDITATION	15 Km		
	TURNER VALLEY - SOUTHPORT			
APR 27	COMPLEX KIDS	9 km		
APR 30	MLA MEETINGS - MC DOUGALL CENTRE	6km		
	- JUN LORD'S OFFICE	19km		

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 May 1/04	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

FOR THE MONTH OF: MAY/04

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

EXPENSES

ENTERED JUN 16 2004

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:		$	
MEALS:		$	
PARKING:	R	$ 24.00	62210000
TAXIS:		$	
OTHER (please describe):			
		$	
		$	
		$	
MILEAGE: 254 km at .38¢ /km (Attach Local Travel Expense Claim form)	R	$ 96.52	62210000
TOTAL EXPENSES:		$ 120.52	

Sandy

CRHA
Calgary Regional Health Authority

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A GRANT	s.17(1), 17(4)(g)(i)	

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		JUNE 8/04.

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
MAY 4	SOUTHPORT - COMMUNICATIONS	35 km		
	PLC - PATIENT SAFETY	30 km		
MAY 6	SOUTHPORT - ACCREDITATION & QUALITY	35km.		
MAY 11	" - SPECIAL B/M & LUNCHEON	35km.		
MAY 13	FOOTHILLS - IMG MEETING	4 km.		
MAY 18	DOWNTOWN - ACCREDITATION	46 km		
	SOUTHPORT - BOARD MEETING			
MAY 20	SOUTHPORT - PHYSICAL LIAISON	35km		
MAY 20	" ACCREDITATION			
MAY 31	DOWNTOWN - PEOPLE FIRST	12km.		
MAY 10	HERITAGE PARK - NURSES BANQUET	22km		

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

00073 R(2001/01)

Send Completed Form to Accounts Payable

City Centre
340 - 10 Avenue S.W.
CAN-T2R 0A6 Calgary, AB
Tax Code CA GST #119457[illegible]

POF 1 (14) Cashier 1
12/05/04 14:1[illegible]

Receipt 052948

Short-term Parking
Short-term Parking tkt
City Centre Parkade
12/05/04 11:5[illegible]
12/05/04 14:1[illegible]
Period 0d02h23'
(GST) $8.[illegible]

Gross total $8.[illegible]

Payment s.17(1), 17(4)(e.1)
VISA $8.[illegible]
03/[illegible]

Net total $8.[illegible]
GST (7%) 0.[illegible]

All amounts in CAD.

THIS IS YOUR RECEIPT

Thank you for your patronage

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

Spots Parking
CALGARY PLACE

Total: 10.00 T1
Entry Time06/05/2004 07:26
Exit Time:06/05/2004 09:00
C.C. No.:
C.C. exp.

Thank You s.17(1), 17(4)(e.1)
Come Again

McDougall
451 - 16 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869

EX 4th-R Cashier 0
30/04/04 09:16

Receipt 086904

Short-term Parking
Short-term Parking tkt
McDougall Parkade
30/04/04 07:53 -
30/04/04 09:16
Period 0d01h23'
(GST) $5.25

Gross total $5.25

Payment s.17(1), 17(4)(e.1)
VISA $5.25
03/06

Net total $4.91
GST (7%) 0.34

All amounts in CAD.
Deliv. Date=Receipt Date

APPLICANT COPY

41640

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: FILEEN A. GRANT

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

EXPENSES

ENTERED JUL 1 6 2004

AIRFARE:	$
CAR RENTAL:	$
ACCOMMODATION:	$
MEALS:	$
PARKING:	$
TAXIS:	$
OTHER (please describe): CATERING FOR JUNE 28, 2004 COMPLEX KIDS MEETING. APPROVED BY JACK DAVIS.	$ 142.45 69500000
	$
	$
MILEAGE: _____ km at 33.5¢ / km	$
TOTAL EXPENSES:	$ 142.45

Approved Jack Davis RB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised Apr 2002

PRESS FIRMLY - YOU ARE MAKING 4 COPIES • S.V.P. APPUYER - VOUS FAITES 4 COPIES

APPLICANT COPY

SPECIAL FUNCTION INVOICE
FACTURE POUR RÉCEPTION SPÉCIALE

552571

COMPASS GROUP
GROUPE COMPASS

UNIT NAME / NOM DE L'UNITÉ: CAFE
UNIT NO. / NO. DE L'UNITÉ: 63038
TODAY'S DATE / DATE (AUJOURD'HUI): 07/01/04
NAME OF GROUP / NOM DU GROUPE:
ORGANIZER / ORGANISATEUR: KAREN
TELEPHONE NO. / TÉLÉPHONE:
FAX NO. / N° DE TÉLÉCOPIEUR:
INVOICE TO: / FACTURÉ À:
ADDRESS: / ADRESSE:
CITY: / VILLE:
PROVINCE:
POSTAL CODE: / CODE POSTAL:

☐ VISITOR EVENT (50% DEPOSIT REQUIRED) / FONCTION-VISITEUR (ACOMPTE DE 50% EXIGÉ)

DEMO REQUIREMENTS / BESOINS - DEMO	ITEM / ARTICLE	PRICE / PRIX	QTY. / QTÉ	$ AMOUNT / MONTANT EN $	SPECIAL NOTES / NOTES SPÉCIALES
07/07/04				28490	
			TOTAL $		

DATE OF FUNCTION / DATE DE LA RÉCEPTION	
TIME OF FUNCTION / HEURE DE LA RÉCEPTION	
TIME FOOD SERVED / SERVIR LE REPAS À	
LOCATION OF FUNCTION / LIEU DE LA RÉCEPTION	
ROOM NO. OR NAME / NO DE LA CHAMBRE OU NOM DE LA SALLE	
ESTIMATED PERSONS / NOMBRE DE PERSONNES ATTENDUES	
DATE OF ESTIMATE / DATE DE L'ESTIMÉ	
GUARANTEED PERSONS / NOMBRE DE PERSONNES GARANTI	
GUARANTEE EFFECTIVE (DATE) / GARANTIE: DATE EFFECTIVE	
PRICE PER PERSON / COÛT PAR PERSONNE	$
TOTAL AMOUNT BEFORE TAXES / MONTANT TOTAL AVANT TAXES	$
GST OR HST (IF APPLICABLE) / TPS OU TVH (SI APPLICABLE)	$
PST (IF APPLICABLE) / TAXE DE VENTE PROVINCIALE (SI APPLICABLE)	$
TOTAL OF FUNCTION / MONTANT TOTAL POUR LA RÉCEPTION	$
LESS DEPOSIT / MOINS DÉPOT	$
BALANCE DUE / SOLDE DÛ	$
AMOUNT DUE AFTER 10 DAYS / MONTANT DÛ APRÈS 10 JOURS	$

ALCOHOL REQUIREMENTS / BESOINS - ALCOOLS

ALCOHOL TOTAL / TOTAL DES ALCOOLS $

OTHER REQUIREMENTS / BESOINS DIVERS

TYPE OF SERVICE / TYPE DE SERVICE	LINEN / LINGE	HEAD TABLE / TABLE D'HONNEUR	FLOWERS / FLEURS	ICE / GLAÇONS

RENTALS / TERMS LOUES

WINE GLASS / VERRES À VIN	LIQUOR GLASS / VERRES À BOISSONS		TABLECLOTHS / NAPPES
	PLASTIC / EN PLASTIQUE	GLASS / EN VERRE	

CUSTOMER'S SIGNATURE / SIGNATURE DE CLIENT

UNIT MGR/SUPERVISOR'S SIGNATURE / SIGNATURE DU GÉRANT/SUPERVISOR DE L'UNIT

GST REGISTRATION NO. / NO D'ENREGISTREMENT T.P.S. 89854 4416 RT 0001

PAYABLE UPON RECEIPT
PAYABLE SUR RÉCEPTION

COMPASS GROUP CANADA (BEAVER) LTD.
88778 3355 RT 0001
COMPASS GROUP CANADA LTD.

PLEASE RETURN YOUR CHEQUE (PAYABLE TO COMPASS GROUP CANADA) TO THE CAFETERIA MANAGER.
VEUILLEZ FAIRE PARVENIR VOTRE CHÈQUE (À L'ORDRE DE GROUPE COMPASS CANADA) AU GÉRANT DE LA CAFÉTÉRIA

FORM CGC 112 REV. 06/03

1. WHITE - CUSTOMER / BLANCHE - CLIENT
2. BLUE - CHEF / BLEUE - CHEF
3. PINK - ATTACH TO ACCOUNTS RECEIVABLE REPORT / ROSE - À ANNEXER AU RAPPORT DE COMPTES DES DÉBITEURS
4. GREEN - UNIT MANAGER

Att. KAREN - ADJUSTMENT

APPLICANT COPY

[redacted] **CHR** [redacted]

CATERING ORDER FORM / EXPENDITURE AUTHORIZATION

FUNCTION DATE: 06/29/01 TIME: _____ BLDG: CHR Southport

ORDERED BY: _____ EXTENSION: _____ DEPT: _____

ROOM: _____ # OF GUESTS _____ FAX # _____

FUNCTIONAL CENTRE # & P. O# _____

DELIVERY TIME: _____ PICKUP TIME: _____

QTY	BEVERAGES	PRICE	EXT
	Columbian Coffee	$ 1.25	$ -
	Coffee by the POT	$ 12.50	$ -
	Flavoured Coffee	$ 1.25	$ -
	Decaf Coffee	$ 1.25	$ -
	Orange Pekoe or Herbal Tea	$ 1.50	$ -
	Ass't Fruit Juice	$ 1.60	$ -
	Soft Drinks	$ 1.25	$ -
	Spring Water	$ 1.90	$ -
	Milk	$ 0.90	$ -
	Ice Water $10 deposit on jug	$ -	$ -
	473 ml Juice	$ 2.05	$ -
	STARBUCKS COFFEE	$ 15.00	$ -
	BREAKFAST		$ -
	Mini Quiche 4 per person	$ 3.95	$ -
	Continental Breakfast- Juice	$ 4.10	$ -
	Coffee & Tea, Bakers"s Mini		$ -

QTY	FROM THE BAKERY	PRICE	EXT
	Muffin -regular or low fat	$ 1.25	$ -
	Bakers Mini 2 per person	$ 1.75	$ -
	Croissant	$ 1.40	$ -
	Doughnuts	$ 0.75	$ -
	Scones or Biscuits	$ 1.25	$ -
	Large Donuts	$ 1.35	$ -
	Cinnamon bun	$ 1.50	$ -
	Fruit Danish	$ 1.40	$ -
	Ass't Muffin & Pastries	$ 1.35	$ -
	Ass't Dessert Squares	$ 1.75	$ -
	Gourmet Cookies	$ 0.95	$ -
	Ass't Bagels with Cream Cheese	$ 2.10	$ -
	Yogurt	$ 1.55	$ -
	The Bagel Bar-	$ 4.25	$ -
	Juice, Coffee, Cream Cheese		$ -
	BUNDT CAKE WHOLE	12.95	$ -

QTY	LUNCH	PRICE	
	Traditional Style	$ 3.75	$ -
	Deli Classic or Pita	$ 4.50	$ -
	Mini Pita or Wraps 4 per person	$ 4.95	$ -
	Deli Classic Package	$ 8.50	$ -
	SOUP	$ 1.75	$ -
	HOT LUNCH Pasta	$ 7.95	$ -
22	Luncheon	$ 12.95	$ 284.90
	Lasagna	$ 6.95	$ -
	Beef Dip Au Jus	$ 6.95	$ -
		Total	$ 284.90

QTY	TRAYS	PRICE	
	Cheese Sampler	$ 3.25	$ -
	Fresh Fruit & Dip	$ 2.75	$ -
	Vegetable Dip Platter	$ 2.50	$ -
	Fresh Fruit & Cheese	$ 3.75	$ -
	Fresh Fruit Kabobs	$ 2.95	$ -
	Fresh Fruit Cups Small	$ 1.75	$ -
	PIZZA-Meatlovers, Hawaiian	$ 15.95	$ -
	Vegetarian, Pepperoni		$ -
	Chef's Salad with Roll	5.95	$ -
		Total	$ -

COMMENTS:

SUB TOTAL	$	284.90
GRAND TOTAL	$	284.90
GST		
TOTAL CHARGE	$	284.90

CHR GST EXEMPT

CHR EXPENDITURE AUTHORIZATION SIGNATURE: _____

ONCE SIGNED RETURN TO CHR CAFE - SOUTHPORT

Eurest Dining Services
Phone: 943-0290 Fax: 943-0291

APPLICANT COPY

4(1)(E)

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

ENTERED JUL 16 2004

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 245 km at .38¢ /km (Attach Local Travel Expense Claim form)	R $ 93.10	62210000
TOTAL EXPENSES:	$ 93.10	

RB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

calgary health region

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD & CEO	SOUTHPORT s.17(1), 17(4)(g)(i)		JUN 30/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
JUNE 3	QUALITY CARE	35 km		
JUNE 4	HAC RECEPTION	35 km		
JUN 17	FINANCE COMM	35 km		
JUN 18	DAVID WEYANT	35 km		
JUN 28	DEB APPS	35 km		
JUN 28	COMPLEX KIDS	35 km		
JUN 29	BOARD MEETING	35 km		

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 June 30/04	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

4108.16

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 228 km at .38¢ /km (Attach Local Travel Expense Claim form)	R $ 86.64	62210000
TOTAL EXPENSES:	$ 86.64	

ENTERED AUG 1 0 2004

Bandy

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CRHA
Calgary Regional Health Authority

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		JULY 15/04

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

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
JULY 6	SOUTHPORT	35km		
JULY 7	✓	35km		
JULY 8	SOUTHPORT + TSUU TINA	52km		
JULY 13	SOUTHPORT	35km		
JULY 14	FOOTHILLS	6km		
JULY 15	PLC	30kms		
JULY 16	SOUTHPORT	35km		

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: Sandy	Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

475148

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 74 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 28.12	62210000
TOTAL EXPENSES:	$ 28.12	

ENTERED SEP 1 5 2004

RB

Bandaru

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

CRHA s.17(1), 17(4)(g)(i) APPLICANT COPY

Calgary Regional Health Authority

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD	BOARD OFFICE s.17(1), 17(4)(g)(i)		AUG. 31/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
AUG. 19/04	MILEAGE - SOUTHPORT	35 Kms		
AUG 25/04	✓ ✓	35 Kms		
AUG 31/04	MILEAGE	4 Kms.		

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	

00073 R(2001/01)

Send Completed Form to Accounts Payable

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

48340

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: EILEEN A. GRANT

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

FOR THE MONTH OF SEPTEMBER, 2004

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
OCT 7/04	DIVERSITY & HEALTH REGISTRATION FORM	40.00		40.00
	CAN. BIO-ETHICS SOCIETY MEMBERSHIP	35.00		35.00
	REGISTRATION	110.00		110.00
	CCHSE MEMBERSHIP	120.00		120.00
	BOB JOHNSTON DINNER (RECEIPT TO COME FROM CMO OFFICE)	60.00		60.00

TOTAL EXPENSES: $ 365.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
Authorizer's Employee Number:	Authorizer Phone Number (in full): 943-1122

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

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

Diversity and Health:
Connecting Research, Policy and Practice

Registration Form

Name: EILEEN GRANT Title: BOARD MEMBER s.17(1), 17(4)(g)(i)

Organization: CALGARY HEALTH REGION Address: _

Phone Number: _ Email: _

Do you consider yourself to be a: s.17(1), 17(4)(g)(i)

- ☐ Health practitioner
- ☐ Researcher
- ☑ Policy/Decision-maker
- ☐ Community organization representative

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

Are you also submitting an:

- ☐ Oral or poster presentation abstract. Please submit the abstract form along with your conference registration form.
- ☐ Informational Display Table Registration Form. Please submit the Informational Display Registration Form along with your conference registration form.

Please send completed form and the $40.00 registration fee payable by cheque, cash or credit card before November 4 to:

Diversity Services
Calgary Health Region
10101 Southport Rd SW
Calgary, AB T2W 3N2

Credit Card Payment

I, _

☐ VISA

Card # _

The amount c

Cardholders

Invoices will

MS. EILEEN GRANT

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

DATE Oct 7/04

PAY TO THE ORDER OF Calgary Health Region $ 40.00

Forty dollars

MEMO Diversity & Health

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

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

REGISTRATION FORM • FORMULAIRE D'INSCRIPTION

CANADIAN BIOETHICS SOCIETY CONFERENCE 2004
OCTOBER 28-31, 2004

SOCIÉTÉ CANADIENNE DE BIOÉTHIQUE – CONFÉRENCE 2004
du 28 au 31 octobre 2004

MD [ ] RN [ ] OTHER [✓]

FIRST NAME • PRÉNOM: EILEEN

LAST NAME • NOM DE FAMILLE: GRANT

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

MAILING ADDRESS • ADRESSE

CITY • VILLE

PROV

POSTAL CODE • CODE POSTAL

AREA CODE PHONE • TÉLÉPHONE

AREA CODE FAX • FAX

EMAIL ADDRESS • COURRIEL

PAYMENT BY • PAIEMENT

CHEQ [ ] VISA [✓] MASTERCARD [ ]

CARD NUMBER • NO DE LA CARTE

EXPIRY MM/YY • DATE D'EXPIRATION

SIGNATURE • SIGNATURE

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

I WOULD LIKE TO BECOME A MEMBER OF THE CBS
If YES, please check applicable rate below

- [ ] $80 Regular Member
- [ ] $250 Institutional Member
- [✓] $35 Student Member
- [ ] $35 Under / Unemployed Member
- [ ] $40 Emeritus Member

REGISTRATION FEE • FRAIS D'INSCRIPTION
Includes reception (Thursday evening), breakfasts, breaks, lunches, handout material, AGM Luncheon (Saturday) and conference bag.

Where applicable, EARLY fee applies, if paid by September 30, 2004

- [✓] $110 Student Member
- [ ] $145 Student Non Member
- [ ] $295 Regular Member EARLY
- [ ] $335 Regular Member LATE
- [ ] $395 Non Member EARLY
- [ ] $435 Non Member LATE
- [ ] $185 1 Day Registration EARLY
- [ ] $205 1 Day Registration LATE

Thursday October 28th PRE-CONFERENCE

- [ ] $110 Perpsectives on Nursing Ethics (0830-1630)
- [ ] $35 Waiting for Care: How Long Is Too Long (0830-1230)

Sunday October 31st POST CONFERENCE

- [ ] NO FEE New Directions in Research Ethics (0800-1300)

SATURDAY EVENING AT HERITAGE PARK (OPTIONAL)
Transportation provided

- [ ] $50 per person

Please indicate any dietary restrictions / veuillez indiquer restrictions alimentaires

I CONSENT to put my name, organization, address, fax, and email on a participants' list for planning purposes.

- [✓] YES • OUI
- [ ] NO • NON

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT
Registration information is collected under the authority of the "Freedom of Information and Protection of Privacy Act".
The information you provide is required to register you in the course, prepare material for your use and will be used to notify you of other courses or pertinent information. Financial information is used to process applicable fees and is retained for future reference. If you have questions about the collection or use of this information, please call Joan Sweeney at (403) 220 8458.

Loi sur la liberté d'accès à l'information et Loi sur la protection de la vie privée
L'information de l'inscription est confidentielle selon la Loi sur la liberté d'accès à l'information et la Loi sur la protection de la vie privée. L'information est nécessaire pour votre inscription et pour la préparation du matériel pour vos cours. Cette information pourrait également être utilisée pour vous fournir des avis concernant des cours des renseignements qui pourraient vous intéresser. Si vous avez des questions à ce sujet, veuillez communiquer avec Madame Joan Sweeney au (403) 220 8458.

SEND REGISTRATION FORM TO • ADRESSE
Registrations, Office of Continuing Medical Education and Professional Development, University of Calgary, 3330 Hospital Drive NW, Calgary, Alberta T2N 4N1

Please make cheque payable to UNIVERSITY OF CALGARY.
Veuillez libeller le chèque à l'ordre de l'Université de Calgary.

FAX REGISTRATION FORM TO • TÉLÉCOPIEUR
(403) 270 2330

REGISTRATION DEADLINE • DATE LIMITE
October 21, 2004 • 21 octobre 2004

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

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

September 01, 2004

Eileen A Grant

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

CCHSE Members only web access:

Username:
Password: s.17(1), 17(4)(g)(i)

Dear Ms. Grant,

It is my special pleasure to welcome you as a student member of the Canadian College of Health Service Executives.

You will be eligible to remain in this category of membership during the time you are registered as a part-time student. Once you graduate, you will be required to become a full Member of the College.

In the attached package, you will find information on the College's products and services. The current issue of *Healthcare Management FORUM*, your membership certificate and a College membership pin are also enclosed.

We invite you to visit the College web site at www.cchse.org. for previous issues of FORUM as well as the current issue of the Health Systems Update 2002-2003. Please note that this publication is also available on CD. If you require a paper copy of this publication, please contact us at the National office. The College website offers a wide range of selected sites and links to choose from including a Members Only site. Access to the College's membership directory is available through the Members Only site.

Students enjoy all the rights and privileges of membership except participation in national governance activity.

What you gain from membership will depend on the degree of your involvement in the activities of the College and it's chapters. Students receive substantial discounts on registration fees for conferences. The local chapter meetings are a great place to network and to make valuable business contacts. You can also contribute articles for publication in our journal *Healthcare Management FORUM* or serve as a volunteer on committees or at educational events.

If you have any questions regarding your membership, or if you feel I may be of assistance to you in any way, please feel free to call me toll free at 1-800-363-9056 or 613-235-7218 ext 30.

Yours sincerely,

D. Racine-Dickie

Dominique Racine-Dickie
Director, Membership Services

Post-it™ Fax Note 7671E	Date Oct 8/04	# of pages ▸ 2
To SHIRLEY LANDRY	From EILEEN GRANT	
Co./Dept. FYI-	Co.	
Phone # CCHSE MEMBERSHIP	Phone #	
Fax # 943-1129	Fax #	

292 Somerset Street West, Ottawa, Ontario K2P 0J6 Tel : (613) 235-7218 1-800-363-9056
Fax : (613) 235-5451 E-mail/Courriel : cchse@cchse.org Internet : www.cchse.org

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

Canadian College of Health Service Executives

Collège canadien des directeurs de services de santé

We hereby confer the status of student member to

Nous conférons le titre de membre étudiant à

Eileen A Grant

who has met the requirements of College membership and been granted the corresponding rights, privileges and responsibilities.

qui a satisfait aux exigences du membership du Collège et a ainsi obtenu les droits, devoirs et responsabilités s'y attachant.

Chair /Président du Conseil d'administration

President /Président

The College vision is to lead and promote the profession of health services management

La raison d'être du Collège est d'être reconnu comme le chef de file et le promoteur de la profession de gestionnaire de services de santé

August 2004

Date

APPLICANT COPY

Teller Stamp Here

DEPOSIT ONLY TO THE CANADIAN COLLEGE OF NATURAL HEALTH

TDCT CDN/ 20040723
MONTREAL QC PC

CDN/ 20040723
SCOTIABANK
CALGARY AB

BNS: CDN/ 20040723
MONTREAL QC PC

PRINTED IN CANADA

MS. EILEEN GRANT

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

DATE July 1/04

PAY TO THE ORDER OF Canadian College of Natural Health $ 120.00

One hundred and twenty XX/

MEMO 2004 Membership

Signature

200

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

Post-it™ Fax Note 7671E	Date Oct 8/04	# of pages ▸ 1
To SHIRLEY LANDRY	From EILEEN GRANT	
Co./Dept. 2ND FAX	Co.	
Phone # CCHSE MEMBERSHIP	Phone #	
Fax # 943-1124	Fax #	

APPLICANT COPY

49241

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 270 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 102.60	62210000
TOTAL EXPENSES:	$ 102.60	

Kelloc

Sandy

CRHA
Calgary Regional Health Authority

s.17(1), 17(4)(g)(i) 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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT	s.17(1), 17(4)(g)(i)	000102

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		OCT 7/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
SEPT. 8/04	SOUTH SHAGANAPPI COMMITTEE	16kms.		
SEPT 9/04	SOUTH PORT + VILLAGE PARK INN NORTH.	35 Kms		
SEPT 10/04	AIRPORT	37 Kms		
SEPT 17/04	AIRPORT	37 Kms		
SEPT 21/04	SOUTHPORT	35 kms		
SEPT 22/04	FORT CALGARY	16 Kms		
SEPT 23/04	VILLAGE PARK INN NORTH	7 kms.		
SEPT 27/04	WINTER CLUB.	20 kms		
SEPT 28/04	SOUTHPORT	35 kms		
SEPT 29/04	SOUTHPORT	35 kms.		
SEPT 30/04	VILLAGE PARK INN NORTH.	7 kms.		

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 Oct 1/04.	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

49324

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN GRANT

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 112.75	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 166 km at .38¢ /km (Attach Local Travel Expense Claim form)	R $ 63.08	62210000
TOTAL EXPENSES:	R $ 175.83	

Sandy

APPLICANT COPY

Receipt 39404

GST Registration# 119457869

Issued By: cpabxa

Date:	**Thursday, October 28, 2004**
Method Of Payment:	**Visa**

Calgary Parking Authority **(403) 537-7000**
620-9th Ave. S.W.
Calgary, AB T2P 1L5

Card #	Action	Base Amount	GST	Total Amount
0134223	Deposit	$10.00	$0.00	$10.00
0134223	Sold	$93.46	$6.54	$100.00
	Receipt Total	**$103.46**	**$6.54**	**$110.00**

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C3
****
ENTRY DAT/TIME:
30/10/04 08:09
PAY DATE/TIME:
30/10/04 15:53
PARK-DUR.: HRS:MIN
0:07:44
****
PAID: $ 6.00
MASTER CARD

101
AUTH. CODE
REF. AI08437
****
* YOU MUST TAKE *
*ORIGINAL TICKET *
WITH YOU AND USE
* IT TO EXIT *
****
GST INCLUDED
GST No. RT12201449
1
****
THANK YOU FOR YOUR
VISIT!

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

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

CT 2 (103) Cashier 57
21/10/04 12:04

Receipt 043750

Short-term Parking
Short-term Parking tkt
Convention Center
21/10/04 11:34 -
21/10/04 12:04
Period 0d00h30'
(GST) $1.75

Gross total $1.75

Payment
Cash $1.75

Net total $1.64
GST (7%) 0.11

All amounts in CAD.
Deliv. Date=Receipt Date

SAIT
CAN-
P5 Ext 29/10/04 21:04
Receipt 038019

Short-term Parking tkt
No. 082802
Lot P5
29/10/04 18:38 -
29/10/04 21:04
Period 0d02h26'
(GST) $5.00

Gross Total $5.00

Payment
Visa $5.00
03/06

Net Total $4.67
GST (7%) 0.33

All amounts in CAD.
Deliv. Date=Receipt Date

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

Calgary Regional Health Authority

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

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
EILEEN GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		OCT 31/04

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

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
OCT 18/04	SOUTHPORT	35 Km		
OCT 19/04	SOUTHPORT	35 Km		
OCT 20/04	CONVENTION CENTER	10 Km		
OCT 25/04	RED & WHITE CLUB	6 Kms		
OCT 26/04	SOUTHPORT	35 Kms		
OCT 29/04	SALT.	10 Kms		
OCT 27/04	SOUTHPORT	35 Kms		

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	

00073 R(2001/01)

Send Completed Form to Accounts Payable

calgary health region

48 49.00

CHEQUE REQUISITION

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

CHEQUE INFORMATION

Date: Nov. 24/04

Requested By (Print): Brian Farewell

Department: Clinical Ethics

Site: SPT

Phone No. (in full):

MAKE CHEQUE PAYABLE TO ➡ Eileen A. Grant

Employee/Supplier #: N/A

MAILING ADDRESS *(for forwarding of cheque)*

Canada Post:

City, Province, Postal Code

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

Inter-Office Mail: Department:

Site:

Purpose of Request Reimbussement for Bioethics Conference - Oct. 2004

☐ Enclose attached documents (originals) with cheque.

(Board member paid for Hope Smith to attend the Conference.)

☐ Calgary Health Region E-Mail Address (If payment to employee only)

AUTHORIZATION & CODING

FINANCIAL CODE ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
01	712050000	15610300 00	$295.00	Bioethics Conference
				GST $
		TOTAL AMOUNT OF CHEQUE	$ 295.00	☒ CDN ☐ US ☐ Other

Expenditure Officer Authorization: MPotter

Print Name: Margaret Potter

Authorizor's Employee Number: s.17(1), 17(4)(g)(i)

Authorizer Phone # (in full): 943-1266

ACCOUNTS PAYABLE ONLY

Invoice #

Supplier #

Recurring Payment:

Start Date

End Date

# of Payments

Cycle

Comments

ENTERED NOV 29 2004

Accounts Payable Authorization

Date

APPLICANT COPY

100074 R(2003/06)

DISTRIBUTION ➡ WHITE – Accounts Payable YELLOW –Initiator

APPLICANT COPY

RBC Royal Bank

VISA Platinum Avion

EILEEN A GRANT [redacted]

STATEMENT FROM OCT 07 TO NOV 05, 2004

[redacted]

	EILEEN A GRANT - [redacted]	s.17(1), 17(4)(g)(i)
OCT 06		$46.55
OCT 06		$162.60
OCT 06		$222.56
OCT 07	U OF C CONT MEDICAL ED CALGARY AB	$295.00

IMPORTANT INFORMATION

CONTACT US

Customer Service Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
RBC Rewards Travel Redemption	1-877-636-2870
Merchandise Redemption	1-800-769-2512
Web site	www.rbcrewards.com

RBC REWARDS POINTS

REGISTRATION FORM • FORMULAIRE D'INSCRIPTION

CANADIAN BIOETHICS SOCIETY CONFERENCE 2004
OCTOBER 28-31, 2004

SOCIÉTÉ CANADIENNE DE BIOÉTHIQUE – CONFÉRENCE 2004
du 28 au 31 octobre 2004

MD [ ] RN [ ] OTHER [✓]

FIRST NAME • PRÉNOM: HOPE

LAST NAME • NOM DE FAMILLE: SMITH

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

CITY • VILLE

PROV

POSTAL CODE • CODE POSTAL

AREA CODE

PHONE • TÉLÉPHONE

AREA CODE

FAX • FAX

EMAIL ADDRESS • COURRIEL

PAYMENT BY • PAIEMENT: CHEQ [ ] VISA [✓] MASTERCARD [ ]

CARD NUMBER • NO DE LA CARTE

EXPIRY MM/YY • DATE D'EXPIRATION

SIGNATURE • SIGNATURE

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

SEE REGISTRATION FOR EILEEN GRANT FOR PAYMENT DETAILS

I WOULD LIKE TO BECOME A MEMBER OF THE CBS

If YES, please check applicable rate below

- [ ] $80 Regular Member
- [ ] $250 Institutional Member
- [ ] $35 Student Member
- [ ] $35 Under / Unemployed Member
- [ ] $40 Emeritus Member

REGISTRATION FEE • FRAIS D'INSCRIPTION

Includes reception (Thursday evening), breakfasts, breaks, lunches, handout material, AGM Luncheon (Saturday) and conference bag.

Where applicable, EARLY fee applies, if paid by September 30, 2004

- [ ] $110 Student Member
- [ ] $145 Student Non Member
- [✓] $295 Regular Member EARLY
- [ ] $335 Regular Member LATE
- [ ] $395 Non Member EARLY

I CONSENT to put my name, organization, address, fax, and email on a participants' list for planning purposes.

- [ ] YES • OUI
- [ ] NO • NON

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Registration information is collected under the authority of the "Freedom of Information and Protection of Privacy Act". The information you provide is required to register you in the course, prepare material for your use and will be used to notify you of other courses or pertinent information. Financial information is used to process applicable fees and is retained for future reference. If you have questions about the collection or use of this information, please call Joan Sweeney at (403) 220 8458.

Loi sur la liberté d'accès à l'information et Loi sur la protection de la vie privée

L'information de l'inscription est confidentielle selon la Loi sur la liberté d'accès à l'information et la Loi sur la protection de la vie privée.

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

50147

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

FOR THE MONTH OF: NOVEMBER, 2004

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

EXPENSES

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:		$	
MEALS:		$	
PARKING:	Z	$ 19.00	62210000
TAXIS:		$	
OTHER (please describe):			
		$	
		$	
	R	$	
MILEAGE: 348 km at .38¢ /km (Attach Local Travel Expense Claim form)		$ 132.24	62210000
TOTAL EXPENSES:		$ 151.24	

RB.

Bandy

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

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

8

Public Spots Parking

Calgary Place
GST863852018RT0012

Trs#:	73789
Entry Time:	12/11/2004 08:18:54
Exit time:	12/11/2004 12:37:21
Length of stay:	0 04:18:27
Sub-Total:	$19.00
Reduction:	$0.00
GST:	$0.00
Total paid:	$19.00

Thank You and Have a Good Day

Signature

Thank You and Have a Good Day

CRHA
Calgary Regional Health Authority

s.17(1), 17(4)(g)(i) 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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT	s.17(1), 17(4)(g)(i)	

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		NOV. 28/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
NOV 3/04	SSASPG MEETING - RED & WHITE	6Kms		
NOV 4/04	QUALITY CARE - SOUTHPORT	35Kms		
NOV 9/04	ACCREDITATION - S. CALGARY HEALTH	48Kms		
NOV 10/04	LONG SERVICE - HOSP. INN SOUTH	35Kms		
NOV 16/04	- FOOTHILLS	4Kms		
NOV 18/04	ACCREDITATION - SOUTHPORT	35Kms		
NOV. 22/04	WELLNESS - SOUTHPORT	35Kms		
NOV. 23/04	ACCREDITATION - PLC	34Kms		
	BOARD MEETING - SOUTHPORT	35Kms		
NOV. 24/04	ACCREDITATION - ✓	35Kms		
NOV. 26/04	ACCREDITATION - GLENMORE INN	46Kms		

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		
	NOV 28/04	TOTAL PAYABLE TO EMPLOYEE	$

Expenditure Officer Authorization	Authorizer's Employee Number	Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

50805

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 111 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 42.18	62210000
TOTAL EXPENSES:	$ 42.18	

L. Deloste RB

Calgary Regional Health Authority s.17(1), 17(4)(g)(i) APPLICANT COPY s.17(1), 17(4)(g)(i)

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN GRANT	s.17(1), 17(4)(g)(i)	

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		JAN 5/2005

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
DEC 1	SSAPCA MEETING - RED/WHITE CLUB	6 kms		
DEC 2	FINANCE COMM - SOUTHPORT	35 kms		
DEC 9	L&P ACCREDITATION - SOUTHPORT	35 kms		
DEC 13	HAC - SOUTHPORT	35 kms		

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 Jan 5/05	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization L. Deloste		Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

FOR THE MONTH OF: January 2005

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 385 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 146.30	62210000
TOTAL EXPENSES:	R $ 146.30	

L. DeCoste KB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

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)		EMPLOYEE NUMBER
EILEEN A. GRANT s.17(1), 17(4)(g)(i)		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER:	DATE: FEB 3/05

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
JAN 10	FOOTHILLS FROM RETURN 2602-4 AVE NW	4 kms		
JAN 11	SOUTHPORT ✓	35 kms		
	RED & WHITE CLUB ✓	6 kms		
JAN 13	SOUTHPORT ✓	35 kms		
JAN 17	SOUTHPORT ✓	35 kms		
JAN 18	SOUTHPORT ✓	35 kms		
JAN 20	SOUTHPORT ✓	35 kms		
JAN 24	HIGH RIVER ✓	130 kms		
JAN 26	SOUTHPORT ✓	35 kms		
JAN 27	SOUTHPORT ✓	35 kms		
		385 kms		

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			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: L. McCoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

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

52370

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: EILEEN A. GRANT

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

FOR THE MONTH OF FEBRUARY, 2005

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
FEB/05	TICKET -	100.00		100.00
	IMMIGRANTS OF DISTINCTION.			

TOTAL EXPENSES: 2 $ 100.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
L. Deloste	Lou DeCoste
Authorizer's Employee Number:	**Authorizer Phone Number (in full):**
	943-1122

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

KB

APPLICANT COPY

Calgary Immigrant Aid Society
1200, 910 7th Avenue S.W
Calgary, Alberta T2P 3N8

Number:	IDA 05-044
Page:	1
Date:	2/22/2005

Sold To: MS. EILEEN GRANT
BOARD OFFICE
Calgary Health Region
10101 Southport Road SW
Caglary, AB T2W 3N2

OFFICE OF THE BOARD
FEB 28 2005
CALGARY HEALTH REGION

Reference - P.O. #	Customer No.		Service Date	Terms Code
	GRAN01			NET30

Item No.	Description/Comments	Quantity	UOM	Unit Price	Amount
IDAIND	IDA Sponsor	1.00000	TICKET	100.000000	100.00

Remit To:
1200, 910 - 7th Avenue S.W.
Calgary, Alberta T2P 3N8

Subtotal before taxes	100.00
Total taxes	0.00
Total amount	100.00
Payment received	0.00
Amount due	100.00

Invoice

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

Expenses

IMMIGRANTS OF DISTINCTION AWARDS GALA 2005

APRIL 1, 2005

Please send me:

1 tickets @ $100 = $ 100.00 enclosed

___ corporate tables @ $1,200 = $ _____ enclosed

___ I am unable to attend but have enclosed a charitable donation in the amount of $ _____

PLEASE SEND MY TICKETS/CHARITABLE RECEIPT TO:

Name: EILEEN A. GRANT

Company: CALGARY HEALTH REGION

Address:

Phone No:

☐ Vegetarian meal(s) required # s.17(1), 17(4)(g)(i)

PAYMENT INFORMATION:

My payment is enclosed in the form of:

Cheque ☑ Visa ☐ Master Card ☐ Invoice me ☐

Cardholder Name:

Card #:

Expiration Date:

THANK YOU

Calgary Immigrant Aid Society
1200, 910-7th Ave SW,
Calgary, Alberta, T2P 3N8

Registered Charities No. 11882-3640-RR0001

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

MS. EILEEN GRANT

DATE Apr 14/05

PAY TO THE ORDER OF Immigrant Aid Society of Calgary $ 100.00

100 DOLLARS

MEMO

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

ENTERED 2005/04/13

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

524 01

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 11.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 222 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 84.36	62210000
TOTAL EXPENSES:	$ 95.36	

L. DeCoste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

s.17(1), 17(4)(g)(i) 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)		EMPLOYEE NUMBER
EILEEN A. GRANT s.17(1), 17(4)(g)(i)		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER:	DATE: FEB. 27/05

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
FEB1	U of C ROZZA CENTRE	10kms		
FEB2	SOUTHPORT	35kms		
	RED & WHITE CENTRE	6kms		
FEB4	SOUTHPORT	35kms		
FEB14	SOUTHPORT	35 kms		
	PLC	56 kms		
FEB15	SOUTHPORT	35kms		
FEB 16	CFSAL KENSINGTON	6kms		
FEB 17	FOOTHILLS	4 kms		
		222		

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6221 0000	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: U. Deloste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

53807

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: ELLEEN GRANT

FOR THE MONTH OF MARCH / 05

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

EXPENSES
(Please attach original receipts.)

Date	Description	GST	Amount
MARCH/05	TUITION –		
	MASTERS PROGRAM		735.00
	TUITION		
		ENTERED APR 13 2005	

TOTAL EXPENSES: $ 735.00

Financial code: 01-71110300003-62210001

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

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

APPLICANT COPY

Eileen Grant

ROYAL ROADS UNIVERSITY

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

Important: Print this page and retain a copy for your records. Receipts will not be issued.
Please allow 2 business days for payments to be posted and appear on your statement of account.

Confirmation Information

Learner Number:
First Name: Eileen
Last Name: Grant
Address:
City:
Province:
Postal Code:
Country:

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

Item(s) Selected for Payment

1. Tuition: $5,900.00
   Learner Services Fee: $100.00

Credit Card Transaction Information

Amount: $6,000.00
Card Type: Visa
Credit Card Number:
Expiry/Valid until:

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

Exact Name on Card: Eileen A Grant

Bank Transaction Information

Order ID: 807994250
Charge Total: $6,000.00
Charge Type: SALE
Order ID: 807994250
Response Code: 1 - Successful transaction: The transaction completed successfully. AVS Code: CVV2 Result Code:
Bank Approval Code: 065747
Bank Transaction ID: 11bs
ISO Code:
Time Stamp: 1087280801530

Home | Print | Close

Disclaimer: The University reserves the right to correct errors or omissions.

APPLICANT COPY

Eileen Grant

From: Lou Decoste [Lou.Decoste@CalgaryHealthRegion.ca]
Sent: Monday, February 28, 2005 10:18 AM
To: Eileen Grant
Subject: Re: Supplementary Account

Eileen,

You have $835.00 remaining in your supplementary account. The last amount deducted was in September 2004.

Lou

Less $100.00
735.00 apply for tuition

Eileen Grant wrote:

Hi Lou – Can you tell me what the total is that is left in my Supplementary account? Thanks, Eileen

Eileen A. Grant

E-Mail: s.17(1), 17(4)(g)(i)

DISCLAIMER: This e-mail may contain proprietary information, some or all of which may be legally privileged. It is for the intended recipient only. If an addressing or transmission error has misdirected this e-mail, please notify the author by replying to this e-mail. If you are not the intended recipient you must not use, disclose, distribute, copy, print or reply on this e-mail.

APPLICANT COPY

53072

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

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

ENTERED APR 13 2005

EXPENSES

			01-71110300002
Bus ~~AIR~~FARE:		$ R 48.00	62212000
CAR RENTAL:		$	
ACCOMMODATION:	237.54 33.65	$ 271.19	62212000
MEALS:		$ 40.66 40.00 80.66	62212000
PARKING:	R	$ 10.50	62212000
TAXIS:	R	$ 7.00	62212000
OTHER (please describe):			
		$	
		$	
		$	
MILEAGE: 406 km at .38¢ /km (Attach Local Travel Expense Claim form)	R	$ 154.28	62210000
TOTAL EXPENSES:		$ 571.63	

62212 - 343.70
- 73.65
62210 - 154.28.

L. DeCoste

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)		EMPLOYEE NUMBER
EILEEN A. GRANT		
DEPARTMENT	**PHONE NUMBER**	**DATE**
BOARD OFFICE		MARCH 31/05

DATE OF TRAVEL/ EXPENSE	DETAILS s.17(1), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
MAR1/05	DOWNTOWN	6 kms		
MAR 2/05	SOUTHPORT	35 kms		
MAR 3/05	SOUTHPORT	35 kms		
✓ 9	✓	35 kms		
✓ 11	✓	35 kms		
✓ 16	✓	35 kms		
✓ 17	✓	35 kms		
✓ 21	✓	35 kms		
✓ 22	✓	35 kms		
✓ 22	PEOPLE FIRST AWARDS VALLEY RIDGE GOLF COURSE	15 kms		
✓ 23	SOUTHPORT	35 kms		
✓ 28	SOUTHPORT	35 kms		
✓ 30	SOUTHPORT	35 kms		
		406		

CODING & AUTHORIZATION

OSC	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. McCoste		

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

APPLICANT COPY

WESTIN
HOTELS & RESORTS

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

Ms. Eileen Grant

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

Arrival 03/13/05
Departure 03/15/05
Payment Method VA

Room 1413
Cashier 38
Page 1
Starwood Pref.#
Airline Partner
Folio No. 354295

Guest Account **The Westin Edmonton, 03/15/05**

Date	Description	Room	Charges	Credits
03/13	Room Charge	1413	111.00	
03/13	Room Tax 5%		5.55	
03/13	Room GST 7%		7.77	
03/13	Tel-Local Calls #1413 :		1.49	
03/13	Pradera Lounge ->#1413 : CHECK #2382	s.17(1), 17(4)(g)(i)	19.57	
03/14	Room Charge		111.00	
03/14	Room Tax 5%		5.55	
03/14	Room GST 7%		7.77	
03/14	Tel-Long Distance ->#1413 :	s.17(1), 17(4)(g)(i)	1.49	
03/15	Visa	XX/XX		271.19

Capture method: swiped s.17(1), 17(4)(e.1) Total 271.19 271.19

Balance 0.00 $

Room	GST	15.54
F&B	GST	1.37
Other	GST	0.21
Total	GST	17.12

GST Vendor R101577591

APPLICANT COPY

ITINERARY/RECEIPT

No: 001196811/R

Passenger:
GRANT/EILEEN

Original Date:
Mar 15/05 2:00pm

Item	From	To	Date/Time	Seat		
EDMCAL	EDM TICKET OFF	CAL TICKET OFF	Mar 15/05 2:00pm	02A	Fare :	44.86
					Taxes :	3.14
					Total :	48.00

Receipt: 48.00
Balance: 0.00

Issued: Mar 14/05 at Red Arrow

Ref: 00167033 P04862 E00090 GST#:R101410017

COUPON

No: 001196811/C

Passenger:
GRANT/EILEEN

FT Pts:12780
Mar 15/05 2:00pm

1-800-232-1958
OR 531-0350

THE 2004 NLL CHAMPIONS
CALGARY ROUGHNECKS
HOST
SAN JOSE STEALTH

FRIDAY, MARCH 18 - PENGROWTH SADDLEDOME

RED ARROW, THE OFFICIAL TRANSPORTATION PROVIDER OF
CALGARY ROUGHNECK FANS IN EDMONTON AND RED DEER!

GET YOUR PREMIUM ALL-STAR PACKAGE
EXCLUSIVE TO RED ARROW PASSENGERS ONLY!
PRICE WILL INCLUDE TRANSPORTATION AND GAME DAY TICKET

Ref: 00167033 P04862 E00090

APPLICANT COPY

THE WESTIN EDMONTON
Pradera Cafe & Lounge
Edmonton, Alberta

7 Zeny 1

TBL 20/1 CHK 1569 GST 2
15MAR'05 11:55AM

1 Soup of Day	6.00
2 @ 13.00	
Lunch Specail	26.00
2 Hot Tea @ 3.00	6.00
FOOD	38.00
Tax	2.66
Total Due	$40.66

RENOIR'S TABLES LTD
10046-101 AVENUE
EDMONTON AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 3900
DATE/TIME	2005/03/14 20:40:47
RECEIPT NUMBER	S80581579-275-013
AUTHORIZATION	
AMOUNT	$35.50
TIP	4.50
TOTAL AMOUNT	40.00

01 APPROVED 027 AUTH. # 060725
THANK YOU

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

EILEEN GRANT

City Centre
340 - 10 Avenue S.W.
CAN-T2R 0A6 Calgary, AB
Tax Code CA GST #119457869

CT 2 (101) Cashier 66
28/02/05 16:19

Receipt 030677

Short-term Parking
Short-term parking tkt
City Centre Parkade
28/02/05 13:40 -
28/02/05 16:19
Period 0d02h39'
(GST) $10.50

Gross total $10.50

Payment
Cash $10.50

Net total $9.81
GST (7%) 0.69

All amounts in CAD.
Deliv. Date=Receipt Date

CREDIT CARD VOUCHER

Pradera Cafe & Lounge
CHECK: 1569
TABLE: 20/1
SERVER: 7 Zeny
DATE: 15MAR'05 12:56PM
CARD TYPE: Visa
ACCT #:
EXP DATE: XX/XX
AUTH CODE:
EILEEN GRANT

SUBTOTAL: 40.66

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

Thank you

PRESTIGE CABS
10135 - 31 Avenue
Edmonton, Alberta T6N 1C2
ADMIN. 465-8500
FAX: 462-2722
462-4444
THANK YOU/MERCI

Date: 15 Amount/Montant $ 7 Car/Voiture # 111
Driver/Chauffeur: G.S.T. #
From/De: To/A: 104 10044
PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR

Best Copy Possible

APPLICANT COPY

54564

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

FOR THE MONTH OF: April 2005

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 459 km at .40.5¢ /km (Attach Local Travel Expense Claim form)	$ 185.90	62210000
TOTAL EXPENSES:	$ 185.90	

2005

4. DeCoste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: March 2005

CRHA Calgary Regional Health Authority s.17(1), 17(4)(g)(i) 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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT		

DEPARTMENT	SITE	PHONE #	DATE
BOARD/CEO OFFICE	SOUTHPORT		May 9/05

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
APR. 1	IMMIGRANTS OF DISTINCTION - WESTIN	7kms.		
APR 6	SOUTH SHAGANAPPI - MCMAHON	6kms		
APRIL 10	ACCREDITATION - SOUTHPORT	35 Kms		
11	✓ ✓	35 Kms		
12	FINANCE ✓	35 Kms		
14	ACCREDITATION - HIGH RIVER ETC.	201 Kms.		
15	ACCREDITATION - SOUTHPORT	35 Kms		
19	CONTINUOUS LEARNING - SOUTHPORT	35 Kms		
21	ACCREDITATION - ✓	35 Kms.		
26	Ladies Tea Meeting	35 Kms.		
		459		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org	Functional Centre	Account 6221 0000	Mileage/Parking	$

Employee Signature	Date		
	May 9/05	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: L. DeLoyte	Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

5551

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	ENTERED JUN 15 2005
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 155 km at .40.5¢ /km (Attach Local Travel Expense Claim form)	$ 62.78	62210000
TOTAL EXPENSES:	$ 62.78	

R

L. 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)		EMPLOYEE NUMBER
EILEEN GRANT s.17(1), 17(4)(g)(i)		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER:	DATE: JUNE 9/05

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
MAY 3	SYMPOSIUM - WESTIN	6 km		
4	✓	6 km		
5	✓	6 km		
MAY 11	ACCREDITATION - FOOTHILLS	6 km		
MAY 19	QUALITY & ACCESS - SOUTHPORT	35 km		
MAY 30	WELLNESS - SOUTHPORT	35 kms		
MAY 4	SYMPOSIUM - SPRUCE MEADOWS	61 kms		
		155		

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: L. DeCoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER: 943-1122	

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

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

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

FOR THE MONTH OF: JUNE 2005

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 6.00	62210000 R
TAXIS:	$	
OTHER (please describe):		
CHR LADIES TEA MEETING EXPENSE	$ 90.63	69500000 R 80.63 2 10.-
	$	
	$	
MILEAGE: 224 km at .40.5¢ /km (Attach Local Travel Expense Claim form)	$ 90.72	62210000 R
TOTAL EXPENSES:	$ 187.35	

2005

L. DeCoste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: March 2005

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)		EMPLOYEE NUMBER
EILEEN A. GRANT		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER	DATE: JULY 6/05

DATE OF TRAVEL/ EXPENSE	DETAILS s.17(1), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
JUNE 1	SSASPG MEETING - MCMAHON	6kms		
JUNE 9	LONG/SERVICE + COMMITTEE SOUTHPORT MEETING	35kms		
JUNE 13	ACCREDITATION - SOUTHPORT	35kms		
JUNE 14	MEETING WITH MINISTER MACDONALD CENTER	8kms		
JUNE 16	QUALITY & ACCESS - SOUTHPORT	35kms		
JUNE 20	ACCREDITATION - SOUTHPORT	35kms		
JUNE 21	ABORIGINAL AWARENESS	35kms		
JUNE 28	BOARD MEETING	35kms		
		224		

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: L. Deloste		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER: 943-1122	

00073

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

X:Board/Honoraria/Local Travel Expense Claim

WELLINGTONS/OSCARS
10325 Bonaventure Dr. SE
Tel: 403-278-5250

Server: Gareth Date: 07/04/20
05
Table: 22 Time: 13:26

VISA

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

GRANT/EILEEN
AUTH 083615 ONLINE
MERCHANT# 9999

SUBTOTAL $ 80.63

TIP $ 10.00

TOTAL $ 90.63

** CUSTOMER COPY **

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

WELLINGTONS/OSCARS
10325 Bonaventure Dr. SE
Tel: 403-278-5250

Server: Gareth Date: 07/04/2005
Table: 22 Time: 13:24
Client: 5

1	Ginger Ale	2.00
2	Diet Pepsi	3.75
2	Salmon Salad	23.90
1	Chicken Salad	9.75
1	Lunch Special	13.00
1	Steak Sandwich	16.95
2	Herb Tea	4.00
1	Coffee	2.00

SUB-TOTAL: 75.35
GST (R10561718): 5.28

TOTAL: 80.63

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

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

POF 1 (12) Cashier 0
14/06/05 14:18

Receipt 043497

Short-term Parking
Short-term Parking tkt
McDougall Parkade
14/06/05 12:54 -
14/06/05 14:18
Period 0d01h24'
(GST) $6.00

Gross total $6.00

Payment
Visa $6.00
03/06

Net total $5.61
GST (7%) 0.39

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

THIS IS YOUR RECEIPT

Thank you for your patronage

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

APPLICANT COPY

57855

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN GRANT

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 42.00	62210000
TAXIS:	$	
OTHER (please describe):	R 58.46	
CHR Ladies Tea Meeting	$8.00 66.46	69500000
Expense	$	
	$	
MILEAGE: _____ km at .40.5¢ /km (Attach Local Travel Expense Claim form)	$	
TOTAL EXPENSES:	$ 108.46	

L. DeCoste

APPLICANT COPY

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

POF 1 (13) Cashier 0
11/08/05 16:45

Receipt 068945

Short-term Parking
Short-term parking tkt
Civic Parkade
11/08/05 11:58 -
11/08/05 16:45
Period 0d04h47'
(GST) $12.00

Gross total $12.00

Payment
VISA $12.00
04/06

Net total $11.21
GST (7%) 0.79

All amounts in CAD.
Deliv. Date=Receipt Date

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

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

Main POF Cashier 0
25/08/05 16:22

Receipt 003458

Short-term Parking
Short-term parking tkt
Convention Center
25/08/05 09:28 -
25/08/05 16:22
Period 0d06h54'
(GST) $13.00

Gross total $13.00

Payment
Cash $13.00
04/06

Net total $12.15
GST (7%) 0.85

All amounts in CAD.
Deliv. Date=Receipt Date

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

Best Copy Possible

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

Main POF Cashier 0
26/08/05 16:41

Receipt 003666

Short-term Parking
Short-term parking tkt
Convention Center
26/08/05 09:22 -
26/08/05 16:41
Period 0d07h19'
(GST) $13.00

Gross total $13.00

Payment
Cash $13.00
04/06

Net total $12.15
GST (7%) 0.85

All amounts in CAD.
Deliv. Date=Receipt Date

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

******** PRE AUTH PURCHASE ********

Exp Date 04/06 Card Type VI
Name EILEEN GRANT
Auth # 024605

Pre Auth Purchase $58.46
Tip
Total 66.46

Customer copy

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

THANK YOU!
PLEASE PAY SERVER

Have a great day!
Jess

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

Main POF Cashier 0
25/08/05 21:16

Receipt 003526

Short-term Parking
Short-term parking tkt
Convention Center
25/08/05 18:22 -
25/08/05 21:16
Period 0d02h54'
(GST) $4.00

Gross total $4.00

Payment
VISA $4.00
04/06

Net total $3.74
GST (7%) 0.26

All amounts in CAD.
Deliv. Date=Receipt Date

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

APPLICANT COPY

58648

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

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

EXPENSES

AIRFARE: $

CAR RENTAL: $

ACCOMMODATION: $

MEALS: CANMORE FOUNDATION SEPT. 29. 05 Z $ 17.65 62210000

PARKING: R $ 139.00 62210000

TAXIS: $

OTHER (please describe): $

ENTE[illegible] OCT 17 2005

$

$

MILEAGE: 506 km at ~~33.5¢~~ 40.5 / km R $ 204.93 62210000

TOTAL EXPENSES: $ 361.58

L. Deloste

343.93

17.65

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised Apr 2002

APPLICANT COPY

Receipt 49671

GST Registration# 119457869

Issued By: cpalsk

Date:	**Monday, October 03, 2005**
Method Of Payment:	**Visa**

Calgary Parking Authority **(403) 537-7000**
620-9th Ave. S.W.
Calgary, AB T2P 1L5

Card #	Action	Base Amount	GST	Total Amount
0111171	Deposit	$10.00	$0.00	$10.00
0115426	Refund	($10.00)	$0.00	($10.00)
0134223	Refund	($10.00)	$0.00	($10.00)
0111171	Sold	$93.46	$6.54	$100.00
Receipt Total		**$83.46**	**$6.54**	**$90.00**

392841
McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary AB
Tax Code CA GST #
POF 1 (12) Cashier
30/09/05 14:06

Receipt 059438

Short-term Parking
Short-term Parking tkt
McDougall Parkade
30/09/05 10:33 -
30/09/05 14:06
Period 0d03h33'
(GST) $14.00

Gross total $14.00

Payment
Visa $14.00
04/06

Net total $13.08
GST (7%) 0.92

All amounts in CAD.
Deliv. Date=Receipt Date

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

400933
Convention Centre
727 - 1 Street SE
CAN-T2G 2G9 Calgary AB
Tax Code CA GST #
Main POF Cashier
28/09/05 21:50

Receipt 010301

Short-term Parking
Short-term Parking tkt
Convention Center
28/09/05 19:22 -
28/09/05 21:50
Period 0d02h28'
(GST) $4.00

Gross total $4.00

Payment
Cash $4.00

Net total $3.74
GST (7%) 0.26

All amounts in CAD.
Deliv. Date=Receipt Date

401027
Convention Centre
727 - 1 Street SE
CAN-T2G 2G9 Calgary AB
Tax Code CA GST #
Main POF Cashier
28/09/05 13:48

Receipt 010126

Short-term Parking
Short-term Parking tkt
Convention Center
28/09/05 08:43 -
28/09/05 13:48
Period 0d05h05'
(GST) $13.00

Gross total $13.00

Payment
Visa $13.00
04/06

Net total $12.15
GST (7%) 0.85

All amounts in CAD.
Deliv. Date=Receipt Date

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

401172
Convention Centre
727 - 1 Street SE
CAN-T2G 2G9 Calgary AB
Tax Code CA GST #
Main POF Cashier
27/09/05 11:11

Receipt 009779

Short-term Parking
Short-term Parking tkt
Convention Center
27/09/05 08:10 -
27/09/05 11:11
Period 0d03h01'
(GST) $12.00

Gross total $12.00

Payment
Visa $12.00
04/06

Net total $11.21
GST (7%) 0.79

All amounts in CAD.
Deliv. Date=Receipt Date

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

399175
Convention Centre
727 - 1 Street SE
CAN-T2G 2G9 Calgary AB
Tax Code CA GST #
Main POF Cashier
20/09/05 11:45

Receipt 008175

Short-term Parking
Short-term Parking tkt
Convention Center
20/09/05 10:19 -
20/09/05 11:45
Period 0d01h26'
(GST) $6.00

Gross total $6.00

Payment
Visa $6.00
04/06

Net total $5.61
GST (7%) 0.39

All amounts in CAD.
Deliv. Date=Receipt Date

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

CRHA
Calgary Regional Health Authority

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)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
EILEEN A. GRANT	s.17(1), 17(4)(g)(i)	

DEPARTMENT	SITE	PHONE #	DATE
BOARD OFFICE	SOUTHPORT		OCT 8/05

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
SEPT 7/05	AIRPORT - HBA	48 kms		
~~SEPT 8/05~~	~~SOUTHPORT - QAC~~	~~35 kms~~		
SEPT 14/05	SOUTHPORT - FINANCE	35 km		
SEPT 15/05	MENTAL HEALTH - SOUTHPORT	35 km		
SEPT 19/05	SOUTHPORT - WELLNESS	35 km		
SEPT 20/05	GLENBOW - ABORIGINAL	15 km.		
SEPT 21/05	FMC - ACCREDITATION	4 kms		
SEPT 22/05	SOUTHPORT - HBA	35 km		
SEPT 27/05	SOUTHPORT - BOARD MEETING	35 km.		
SEPT 28/05	CARRIAGE HOUSE - LONG SERVICE	32 km		
SEPT 29/05	" " "	32 km		
SEPT 29/05	CANMORE - CANMORE FOUNDATION	196 kms		
SEPT 30/05	FMC - ACCREDITATION	4 kms		
		500		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 4 1 0 0 0 0	Mileage/Parking	$
Employee Signature	Date		TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: G. Alloste	Authorizer's Employee Number		Authorizer Phone Number: 943-1122	

00073 R(2001/01)

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

Send Completed Form to Accounts Payable

APPLICANT COPY

59739

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

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

FOR THE MONTH OF: OCTOBER 2005

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	105.93 3.96 $ ~~109.89~~	62210000
MEALS:	23.11 2.99 $ 26.10	62210000
PARKING:	R $ 14.75	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 284 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 122.12	62210000
TOTAL EXPENSES:	$ 272.86	

ENTERED NOV 1 3 2005

RECEIVED

ENTERED NOV 1 3 2005

L. McCoste

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)		EMPLOYEE NUMBER
EILEEN A GRANT s.17(1), 17(4)(g)(i)		
DEPARTMENT: BOARD	PHONE NUMBER:	DATE: NOV. 3/05

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
OCT 17/05	ROUND-UP CENTRE	20 km		
OCT 24/05	SOUTH PORT	35kms		
OCT 25/05	CALGARY GOLF & COUNTRY CLUB.	25kms.		
OCT 26/05	FOOTHILLS	4kms.		
OCT 27/05	CANMORE	200 km		
		284		

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	
L. DeCosta			943-1122	

ENTERED NOV 10 2005

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

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

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

Checkin Receipt

Guest Name: Eileen Grant
Checkin Date: Oct 27, 2005
Checkout Date: Oct 28, 2005
Confirmation Number: 382775
Invoice Number: 4902
GtST Number: R136235363

The Georgetown Inn
1101 Bow Valley Trail
Canmore, Alberta, T1W 1N4

Eileen Grant

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

Date	Description of Services - Folio 1 of 1	Cost (CAD)
2005/10/27	Unit 104: Elizabeth Guestroom	99.00
	Sub Total	99.00
	GST	6.93
	AHT	3.96
	Total	109.89
	Received	0.00
	Amount Owing (CAD)	**109.89**

Vehicle Make _____ Vehicle Licence _____

Customer Signature: _____

ENTERED NOV 1 8 2005

APPLICANT COPY

376991

City Centre
340 - 10 Avenue S.W.
CAN-T2R 0A6 Calgary, AB
Tax Code CA GST #119457359

POF 1 (14) Cashier 0
18/10/05 09:19

Receipt 080091

Short-term Parking
Short-term parking tkt
City Centre Parkade
18/10/05 07:08 -
18/10/05 09:19
Period 0d02h11'
(GST) $8.75

Gross total $8.75

Payment
VISA $8.75
04/06

Net total $8.13
GST (7%) 0.57

All amounts in CAD

THIS IS YOUR RECEIPT

Thank you for your patronage

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

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

Centennial
620 - 9 Avenue SW
Can-T2P 1L5 Calgary AB
Tax Code CA GST #

West POF Cashier 0
27/10/05 16:55

Receipt 084392

Short-term Parking
Short-term parking tkt
Centennial Parkade
22/10/05 15:19 -
27/10/05 16:55
Period 0d01h36'
(GST) $6.00

Gross total $6.00

Payment
VISA $6.00
04/06

Net total $5.61
GST (7%) 0.39

All amounts in CAD.
Deliv. Date=Receipt Date

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

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

THE GEORGETOWN INN
1101 BOW VALLEY TRAIL
CANMORE AB

CARD NUMBER		
EXPIRY DATE		
CARD TYPE	VISA	1310
DATE TIME	2005/10/27	22:04:08
RECEIPT NUMBER	S47134028-488-003	
PURCHASE		
TOTAL AMOUNT	$109.89	

01 APPROVED-027 AUTH. # 056667
THANK YOU

CARDHOLDER COPY

Cardholder

CASA ROMA RESTAURANT
BOX 911 TOLOTO
CLARESHOLM AB 22318543

Name: GRANT EILEEN
Acct #

Date 05/10/25 Time 19 01 41
Exp Date Auth # 090799
Card Type VI Tran Code 01
N22318543001 001953006

Op ID: 111 JACIUL

Invoice No.: 10988

Subtotal $23.10
Tip 3.00
Total 26.10

Signature X
I agree to pay above total amount according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

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

Bk Lem	9.00
S#26	9.50
Refill	1.50
	1.60
FOOD TOTAL	21.60
BAR TOTAL	1.51
G.S.T.	23.11
TOTAL	

DATE
TABLE 4 PERSONS 2
SERVER

24586
CASA ROMA

PLEASE PAY CASHIER ☐
PLEASE PAY SERVER ☐

FRENCH QUARTER CAFE LTD
102 BOULDER CRES
CANMORE AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 0969
DATE/TIME	2005/09/29 17:41:17
RECEIPT NUMBER	580569594-619-030
AUTHORIZATION	
AMOUNT	$15.65
TIP	2.00
TOTAL AMOUNT	17.65

01 APPROVED 027 AUTH: N 053675
THANK YOU

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

EILEEN GRANT

APPLICANT COPY

61553

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: EILEEN GRANT

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

ENTERED JAN 1 0 2006

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
JAN 31/06	REIMBURSEMENT	1200.00		1200.00
	FOR TUITION			
	ROYAL ROADS UNIVERSITY			
	MASTERS of ARTS - LEADERSHIP STUDIES			

TOTAL EXPENSES: $ 1200.00

Financial code: 01-71110300003-62210001

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

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

X:Board/Honoraria/Supplementary Expenses Claim Form

Learner Commons

ROYAL ROADS UNIVERSITY

ROYAL ROADS UNIVERSITY

Royal Roads University
2005 Sooke Road
Victoria, BC, V9B 5Y2

Grant, Eileen

Date: 21-Dec-2005

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

Closed Items - Paid Items

Learner Number: s.17(1), 17(4)(g)(i)
Name: Grant, Eileen

The following is a statement of your account with us. If there are any discrepancies or if you disagree with this statement please contact us at Learner Accounts. On Line Payments may require 2 business days to be processed and therefore may not appear on your statement.

Trans #	Date	Description	Reference	Due Date	Amount
9008832	10-May-2005	Tuition MALT-ED 2004-40	9008832	1-Sep-2005	-$1,600.00
9008856	17-May-2005	Tuition MALT-ED 2004-40	INSTALL5	1-Sep-2005	[redacted]

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

Balance Due: $.00

Previous Print Home

Disclaimer: The University reserves the right to correct errors or omissions.

Royal Roads University 2005 Sooke Road Victoria, B.C., Canada V9B 5Y2 Phone: (250) 391-2511 Fax: (250) 391-2522

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN GRANT

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 72.00	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 186 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 79.98	
TOTAL EXPENSES:	$ 151.98	

L. Delcoste

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)		EMPLOYEE NUMBER
EILEEN A. GRANT		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER	DATE: DEC. 19/05

DATE OF TRAVEL/ EXPENSE	DETAILS s.17(1), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
NOV 3/05	SOUTHPORT	35		
NOV 17/05	SOUTHPORT	35		
NOV 18/05	U of C	12		
NOV. 29/05	SOUTHPORT	35		
DEC 1/05	SHERATON	14		
DEC 2/05	✓	14		
DEC 7/05	RED & WHITE CLUB	6		
DEC 20/05	SOUTHPORT	35		
		186		

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: L. DeCoste		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER: 943-1132	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

APPLICANT COPY

Centennial
620 - 9 Avenue SW
CAN-T2P 1L5 Calgary, AB
Tax Code CA GST #119457869

West POF Cashier 0
22/11/05 15:27

Receipt 088086

Short-term Parking
Short-term Parking tkt
Centennial Parkade
22/11/05 12:45 -
22/11/05 15:27
Period 0d01h42'
(GST) $9.00

Gross total $9.00

Payment
VISA $9.00
04/06

Net total $8.41
GST (7%) 0.59

All amounts in CAD.
Deliv. Date=Receipt Date

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

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

Main POF Cashier 0
28/11/05 21:06

Receipt 025419

Short-term Parking
Short-term Parking tkt
Convention Center
28/11/05 17:48 -
28/11/05 21:06
Period 0d03h18'
(GST) $6.00

Gross total $6.00

Payment
VISA $6.00
04/06

Net total $5.61
GST (7%) 0.39

All amounts in CAD.
Deliv. Date=Receipt Date

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

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

Main POF Cashier 0
29/11/05 11:55

Receipt 025518

Short-term Parking
Short-term Parking tkt
Convention Center
29/11/05 08:52 -
29/11/05 11:55
Period 0d03h03'
(GST) $12.00

Gross total $12.00

Payment
VISA $12.00
04/06

Net total $11.21
GST (7%) 0.79

All amounts in CAD.
Deliv. Date=Receipt Date

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

Imperial Parking

CT 2 Cashier 15
01/12/05 19:38

Receipt 13[illegible]

Short-term Parking
Short-term Parking tkt
Eau Claire Surface
01/12/05 1[illegible]
01/12/05 19:38
Period 0d07h[illegible]
(V.A.T.) $17.00

Gross Total $17.00

Payment
VISA $17.00
04/06

Net Total $15.89
V.A.T. (7%) 1.11

All amounts in CAD.
Deliv. Date=Receipt Date

THANK YOU FOR
PARKING IMPARK

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

Imperial Parking

SU 1 Cashier 11
02/12/05 12:53

Receipt 07[illegible]

Short-term Parking
Short-term Parking tkt
Eau Claire Market
02/12/05 07:53
02/12/05 12:53
Period 0d05h00'
(V.A.T.) $18.00

Gross Total $18.00

Payment
VISA $18.00
04/06

Net Total $16.82
(V.A.T. 7%) 1.18

All amounts in CAD.
Deliv. Date=Receipt Date

THANK YOU FOR
PARKING IMPARK

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

TICKET VOID IF RE-SOLD

IMPARK

IMPERIAL PARKING
PHONE 299-7275
HOURLY PARKER

Meter: LOT 257
Trans: 00004632
Time: 6:17A APR 04
Price: $ 5.00
Card:
Exp.:
Expires:

6:17A TUE
APR 05 05

INSTRUCTIONS ON BACK
GST REG NO. 102466000
THANK YOU FOR PARKING
QUIKAIR INC

PLACE THIS SIDE UP ON DASH

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

University of Calgary
Art Parkade
GST R108102864

Rcpt# 2233
11/18/05 09:00 L# 1 A# 14 Txn# 25313
CASH PAID $ 5.00-

APPLICANT COPY

62330

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

FOR THE MONTH OF: January 2006

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 115 km at .43¢ /km (Attach Local Travel Expense Claim form)	$ 49.45	62210000
TOTAL EXPENSES: R	$ 49.45	

L. DeCosta

RB

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)		EMPLOYEE NUMBER
EILEEN A GRANT s.17(1), 17(4)(g)(i)		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER	DATE: JAN. 31/06

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
JAN 5	COMPLEX KIDS - KENSINGTON RD	10 kms		
JAN. 16	WELLNESS TF / SOUTHPORT	35km		
JAN 19	QUALITY & ACCESS / SOUTHPORT	35km		
JAN 31	BOARD MEETING / ✓	35km		
		115		

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: L. Delesto		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER: 943-1122	

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

63538

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Eileen Grant

FOR THE MONTH OF: February 2006

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$ ENTERED MAR 1 6 2006	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 463 km at .43¢ /km (Attach Local Travel Expense Claim form)	$ 199.09	62212000
TOTAL EXPENSES:	$ 199.09	

L. Delaite RB

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): EILEEN A. GRANT s.17(1), 17(4)(g)(i)

EMPLOYEE NUMBER:

DEPARTMENT: BOARD OFFICE

PHONE NUMBER:

DATE: FEB 28/06

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
FEB 8/06	BANFF CHC MEETING. CALGARY TO BANFF	248		
FEB 7/06	HRA - ~~AEP~~ QUALITY INN.	18		
FEB 9/06	FINANCE - SOUTHPORT	35		
FEB 15/06	VOL. RECOG. - PLC	35		
FEB 17/06	ACCRED - SOUTHPORT	35		
FEB 24/06	MUV - SOUTHPORT	35		
FEB 27/06	HRA - AIRPORT	22		
FEB 28/06	BM - SOUTHPORT.	35		
		463		

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	

J0073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

64900

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: EILEEN A. GRANT

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

EXPENSES

ENTERED APR 1 2 2006

		01-71110300002
AIRFARE:	R $ 188.69	62212000
CAR RENTAL:	$	
ACCOMMODATION:	248.56 $ 362.33	62212000
MEALS: g 41.58 + $ 43.18	35.58 $ 84.76	62212000
PARKING:	R $ 66.00	62212000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 303 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 130.29	
TOTAL EXPENSES:	$ 732.07	

669.12
6295

L. DeCosta

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)		EMPLOYEE NUMBER
EILEEN A. GRANT s.17(1), 17(4)(g)(i)		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER	DATE: MARCH 31/06

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
FEB 22/06	NW QSHI OFFICE	15 Km.		
MAR 2/06	SOUTHPORT	35		
MAR 11/14-06	AIRPORT	37		
MAR 20/06	SOUTHPORT	35		
MAR 22/06	SOUTHPORT	35		
MAR 28/06	SOUTHPORT PLUS CANMORE	140Km.		
MAR 30/06	CFSA OFFICE	6Km.		
		303		

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: L. DeCosta		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER: 943-1122	

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

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

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

THE WESTIN
EDMONTON

[illegible] EDMONTON ALBERTA [illegible] CANADA
PH [illegible] FAX [illegible]

GUEST

Ms. Eileen Grant
Calgary Health Region

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

GRAUTH

ROOM	1311		TRAVEL AGENT
RATE	115.00		
NO PERS	1		
FOLIO	57330	A	
PAGE	1		
ARRIVE	12-MAR-06	17:17	CHARGE TO
DEPART	14-MAR-06	10:33	
PAYMENT	VI		

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT1311	Room Charge	115.00
12-MAR-06	RT1311	GST	8.13
12-MAR-06	RT1311	DMF	1.15
12-MAR-06	RT1311	Tourism Levy	4.65
12-MAR-06	3732	In Room Dining	23.78
13-MAR-06	RT1311	Room Charge	115.00
13-MAR-06	RT1311	GST	8.13
13-MAR-06	RT1311	DMF	1.15
13-MAR-06	RT1311	Tourism Levy	4.65
13-MAR-06	882A	0002 14:54	1.39
13-MAR-06	882A	Tax - GST	0.10
13-MAR-06	887A	0001 14:57 s.17(1), 17(4)(g)(i)	1.39
13-MAR-06	887A	Tax - GST	0.10
13-MAR-06	891A	0002 14:58	1.39
13-MAR-06	891A	Tax - GST	0.10
14-MAR-06	3842	In Room Dining	19.40
14-MAR-06	VI	Visa	305.51-

Total Charges	305.51
Total Credits	305.51-
Balance Due	0.00

23.78
19.40
43.18

In Canadian Dollar:

Total Charges	305.51
Total Credits	305.51-
Balance Due	0.00

** 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

Ms. Eileen Grant
FOLIO 57330 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

[illegible] EDMONTON, ALBERTA [illegible] CANADA
[illegible]

GUEST					
Ms. Eileen Grant	ROOM	1311		TRAVEL AGENT	
Calgary Health Region	RATE	115.00			
	NO PERS	1			
	FOLIO	57330	A		
	PAGE	2			
	ARRIVE	12-MAR-06	17:17	CHARGE TO	
s.17(1), 17(4)(g)(i)	DEPART	14-MAR-06	10:33		
GRAUTH	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	23.78	0.00	1.15	152.71
13-MAR-06	115.00	8.13	4.65	0.00	4.47	1.15	133.40
14-MAR-06	0.00	0.00	0.00	19.40	0.00	0.00	19.40
Total	230.00	16.26	9.30	43.18	4.47	2.30	305.51
* Canadian	230.00	16.26	9.30	43.18	4.47	2.30	305.51

Date	Payment
12-MAR-06	0.00
13-MAR-06	0.00
14-MAR-06	305.51-
Total	305.51-
* Canadian	305.51-

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:	0.30
GST Other:	0.00
	16.56
* Canadian Dollar	16.56

Agree to remain personally liable for the payment of this account if the corporation or other third party, billed for its part or all of these charges

SIGNATURE

We are pleased to confirm your Air Canada Aeroplan Program miles will be awarded for this visit. Thank you for your stay with us.
Ms. Eileen Grant
FOLIO 57330 12-MAR-06

THE WESTIN
EDMONTON

Itinerary/Receipt

AIR CANADA

Your booking is confirmed.
Please print this itinerary/receipt for your reference.
Thank you for choosing Air Canada and we look forward to welcoming you on board.

Note to customers
Starting soon, Air Canada will participate in the *Verified by Visa* service. Click here to learn more about the *Verified by Visa* service and to learn how to sign up.

Booking Information

Booking Reference: **KI78EV**

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

Main Contact:
Ms Eileen Grant

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

Customer Care

Questions about your booking or Air Canada online services?
1-888-712-7786

Flight Arrivals and Departures
1-888-422-7533

Online Services

- **Manage** my booking online (view, change*).
- **Alert me** of flight status changes directly to my email, page or mobile phone.
- **Flight Arrivals & Departures** - check online if my flight is on time.
- **Check-in online** and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal*
AC8148	**Calgary (YYC)** Sun 12-Mar 2006 15:30	**Edmonton (YEG)** Sun 12-Mar 2006 16:26	0	0hr56	DH3	Tango	
AC299	**Edmonton (YEG)** Tue 14-Mar 2006 16:00	**Calgary (YYC)** Tue 14-Mar 2006 16:45	0	0hr45	320	Tango	

Passenger Information

Passenger 1: Adult

Name: **Ms Eileen Grant**
Ticket Number: **0142133181700**
Meal Preference: **None**
Seat Selection: None
Credit Card:

Frequent Flyer Pgm : **Air Canada Aeroplan**
Program Number: s.17(1), 17(4)(g)(i)
Special Needs: **None**

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

Purchase Summary

Passenger Type	Adult
Flight 1 - Departing airfare (Tango)	**59.00**
Flight 2 - Returning airfare (Tango)	**59.00**
Navcan and Surcharges	24.00

Taxes, Fees and Charges	
Canada Airport Improvement Fee	25.00
Canada Security Charge	9.35
Canada Goods and Services Tax (GST/HST #10009-2287)	12.34
Total airfare (per passenger)	**188.69**
Number Of Passengers	**1**
Total airfare (1 passenger)	**188.69**
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian Dollars	**$ 188.69**

Fare Rules

Tango

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

Please read important information regarding the general conditions of carriage.

Important Information

Please review this itinerary/receipt and should you have any questions, please call 1-888-712-7786 within 24 hours of receipt of this itinerary/receipt.

Travel Documents
All passengers 16 years of age and older are required to present government issued photo-id (ie: passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Baggage Information
Air Canada and its regional carrier allow each customer to bring two pieces of luggage in Hospitality Service and three pieces in Executive Class/Executive First at no charge. The overall measurement of each piece (Length + Width + Height) must be less than 62 inches (158 cm). In Hospitality Service, each piece must weigh less than **50 lbs** (**23 kgs**), bags weighing between 51 lbs - 70 lbs (24 kg-32kg) will be subject to excess fees payable at the airport. In Executive Class/Executive First Service, each piece must weigh less than 70lbs (32kg) and the total weight of the three bags must not exceed 150lbs (69kg).

Centennial
620 - 9 Avenue SW
Can-T2P 1L5 Calgary, AB
Tax Code CA GST #119457869

East POF Cashier 0
30/03/06 11:45

Receipt 005856

Short-term Parking
Short-term parking tkt
Centennial Parkade
30/03/06 07:51 -
30/03/06 11:45
Period 0d03h54'
(GST) $18.00

Gross total $18.00

Payment
VISA $18.00
04/09

Net total $16.82
GST (7%) 1.18

All amounts in CAD.
Deliv. Date=Receipt Date

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

816480

CALGARY AIRPORT
Terminal Parkade
GST No. R122554199

RECEIPT 44
ENTRY DATE/TIME:
03/17/06 14:32:59
EXIT DATE/TIME:
03/14/06 19:10:05
PAID: $ 48.00
(GST INCLUDED)
LENGTH OF STAY:
3 04:38
METHOD OF PAYMENT:
CREDIT CARD

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

AUTH. CODE 016741
REF. 47

THANK YOU FOR YOUR
VISIT

MADISON'S GRILL
10053-Jasper Ave
Edmonton, Alberta
780-401-2222

Server: Deana 03/13/2006
Table 30/2 8:57 PM
Guests: 2 10074

Roast Pineapple Salmon 29.00
Latte 4.25

Sub Total 33.25

GST Exclusive Tax 2.33

Total 35.58

Balance Du $ 35.58

GRATUITY :

TOTAL :

SIGNATURE :

ROOM #:

PRINT NAME

THANK YOU
Please Come Again Soon
GST #: 847343794

MADISON S GRILL
10053 JASPER AVE NW
EDMONTON AB

ID 01285297
STORE 130648
SERVER DEANA
SERVER 2538

PRE AUTH $35.58

TIP $

TOTAL : 41.58

VISA

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

APPROVED AUTH 025959
SEQ#125200108301 001
MAR 13 2006 9:03 PM

EARN CIBC ADVANTEX
BONUS REWARDS HERE

CUSTOMER COPY

s.17(1), 17(4)(g)(i) APPLICANT COPY 65956

calgary health region

___ ACH ___ FMC ✓ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

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)		EMPLOYEE NUMBER
EILEEN A. GRANT		
DEPARTMENT: BOARD OFFICE	PHONE NUMBER:	DATE: MAY 10/06 s.17(1), 17(4)(g)(i)

DATE OF TRAVEL/ EXPENSE	DETAILS s.17(1), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
APRIL 3/06	SOUTHPORT - ACCREDITATION	35 Kms		
APRIL 4/06	✓ ✓	35 Kms		
APRIL 6/06	✓ ✓	35 Kms		
APRIL 21/06	FOOTHILLS - ✓	4 Kms		
APRIL 25/06	SOUTHPORT BOARD	35 Kms.		
	ENTERED MAY 18 2006			
		144.	.43 R	61.92

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
0 1 7 1 1 1 0 3 0 0 0 0 2		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	61.92
AUTHORIZATION: L. DeCosta		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER: 943-1122	

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim s.17(1), 17(4)(g)(i)