

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: L Martin

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

FOR THE MONTH OF Jan 2004

ENTERED 2004

EXPENSES  
(Please attach original receipts.)

Date	Description	GST	Amount
	2 Tickets for Physical		2 @ 130.00
Jan.	Internet		✓ 50.00

TOTAL EXPENSES: ✓ \$ 180.00

Financial code: 01-71110300003-62210001

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

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

RB

APPLICANT COPY

TICKET No 0055  
The C.G.H. Medical Staff  
Association

*Presents its'*

18<sup>th</sup> 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 PCC*

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



501143C (2002/1)

TICKET No 0055

TICKET No 0056  
The C.G.H. Medical Staff  
Association

*Presents its'*

18<sup>th</sup> 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 PCC*

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



501143C (2002/1)

TICKET No 0056

LYNN MARTIN

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

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

DATE Jan 30<sup>th</sup> 2004

PAY TO THE ORDER OF C&H Medical Staff Assoc \$ 130<sup>00</sup>

One Hundred and Thirty 100 DOLLARS  Security features included. Details on back.

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

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

MEMO Re: Husband's Memo

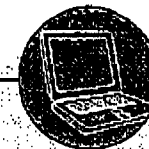
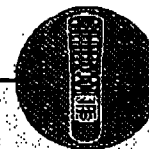
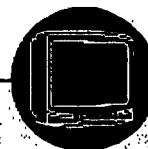
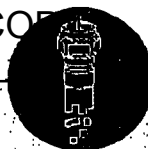
s.17(1), 17(4)(e.1)

APPLICANT CO



ALWAYS ON

PAGE 1 OF 2



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

Customer Service Centre  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

Repair Service  
(403) 716-6060  
24 hours/7 days

Internet Technical Support  
(403) 750-6990  
24 hours/7 days

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Feb-04 to 29-Feb-04**

Visit us at shaw.ca

Invoice Date: **January 09, 2004**

Your Entertainment Services

By bundling your services, you have saved \$9.22 on this invoice.

Previous Balance		83.83
Payment Received - Thank You	2-Jan-04	-85.00
<b>Outstanding Balance</b>		<b>-1.17</b>

Payments you have made after invoice date will appear on your next invoice

Entertainment Bundle		
Full Cable Bundle		79.95
<b>Current Entertainment Charges</b>		<b>79.95</b>

GST (Registration 873690457RT) 5.60

**Total Current Charges 85.55**

**Please Pay Amount Due by 01-Feb-04 \$84.38**

Thank you for keeping your account current.

Watch the Super Bowl the way it was meant to be seen - in full HDTV on Shaw Digital. All you need is a Shaw High-Definition Digital Terminal and an HD-ready TV. To learn more call 1-888-472-2222 or visit shaw.ca today.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle will be adjusted to \$80.95. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

Service calls are always included with your monthly price.

Visit [start.shaw.ca](http://start.shaw.ca) News Entertainment Information.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$84.38**  
By 01-Feb-04

Amount Enclosed

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

PS MARTIN

11150

17/9  
775(C)

SHAW CABLE  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000008438 5

000706 900

4

96



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

**NAME:** Lynn Martin

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

**EXPENSES**

01-7111030002

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

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

**ACCOMMODATION:** <sup>258.94</sup> <sub>10.58</sub> \$ 269.44 62212000

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

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

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

**OTHER (please describe):** **ENTERED MAR 23 2004**

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

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

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

**MILEAGE:** 256 km at .38¢ /km <sup>R</sup> \$ 97.28 62210000

**TOTAL EXPENSES:** \$ 366.72

*Sander*

## APPLICANT COPY



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

Ms. Lynn Martin

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

Arrival 03/14/04  
 Departure 03/16/04  
 Payment Method VA

Room 0811  
 Cashier  
 Page 1  
 Starwood Pref.#  
 Airline Partner  
 Folio No.

\*\* INFORMATION \*\*

The Westin Edmonton, 03/15/04

Date	Description	Room	Charges	Credits
03/14	Room Charge	0811	105.00	
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
03/14	Parking GST 7%		1.12	
03/14	Outside Self Park		16.00	
03/15	Room Charge		105.00	
03/15	Room Tax 5%		5.25	
03/15	Room GST 7%		7.35	
03/15	Parking GST 7%		1.12	
03/15	Outside Self Park		16.00	
Total			269.44	
Balance			269.44	\$
Room GST	14.70			
F&B GST	0.00			
Other GST	2.24			
Total GST	16.94			
GST Vendor	R101577591			



**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) <b>LYNN MARTIN</b>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
Feb 11	Agenda Setting Workshop	62			
Feb 18	AB. Health Council	49			
Feb 19	Footwear lobby wine & cheese	83			
Feb 24	Board	62			

AUTHORIZATION & CODING					
FINANCIAL CODE				GL Description	Amount
Org	Functional Centre		Account	Mileage/Parking	\$
			62210000		
Employee Signature			Date	TOTAL PAYABLE TO EMPLOYEE	
Expenditure Officer Authorization			Authorizer's Employee Number	Authorizer Phone Number	

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

FOR THE MONTH OF February 2004

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

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

ENTERED MAR 23 2004

Date	Description	Amount	GST	Total
Feb.	Shaw	50.00		50.00

TOTAL EXPENSES: 2 \$ 50.00

Financial code: 01-71110300003-62210001

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

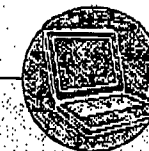
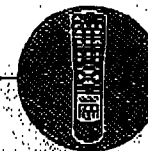
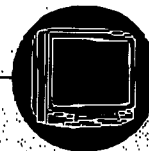
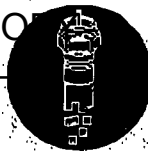
s.17(1), 17(4)(g)(i)

# SHAW

ALWAYS ON

APPLICANT CO

PAGE 1 OF 2



**Customer Service Centre**  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**Repair Service**  
(403) 716-6060  
24 hours/7 days

**Internet Technical Support**  
(403) 750-6990  
24 hours/7 days

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Apr-04 to 30-Apr-04

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

Visit us at [shaw.ca](http://shaw.ca)

**Invoice Date:** March 09, 2004

## Your Entertainment Services

By bundling your services, you have saved **\$7.95** on this invoice.

Previous Balance		169.93
Payment Received - Thank You	27-Feb-04	-75.00
<b>Outstanding Balance</b>		<b>94.93</b>

Payments you have made after invoice date will appear on your next invoice.

Entertainment Bundle		
Full Cable Bundle		80.95
<b>Current Entertainment Charges</b>	<b>\$50.00</b>	<b>80.95</b>
GST (Registration 873690457RT)		5.67
<b>Total Current Charges</b>		<b>86.62</b>

**Please Pay Amount Due by 01-Apr-04 \$181.55**

Thank you for keeping your account current.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle has been adjusted to \$80.95. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at [shaw.ca](http://shaw.ca).

Service calls are always included with your monthly price.

Visit [start.shaw.ca](http://start.shaw.ca) News, Entertainment, Information.

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Lynn Martin

FOR THE MONTH OF May 2004

EXPENSES  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
May	Cable			7 50.00
June	Cable			7 50.00

ENTERED JUN 18 2004

TOTAL EXPENSES: \$ 100.00

Financial code: 01-71110300003-62210001

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

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

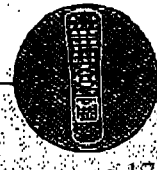
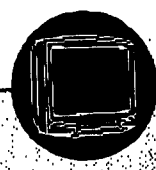
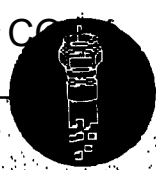
LP

APPLICANT CO



ALWAYS ON

PAGE 1 OF 2



**Customer Service Centre** (403) 716-6000  
 M-F 7:30am-10pm  
 S-S 7:30am-10pm

**Repair Service** (403) 716-6060  
 24 hours/7 days

**Internet Technical Support** (403) 750-6990  
 24 hours/7 days

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Jul-04 to 31-Jul-04  
**Invoice Date:** June 09, 2004  
**Due Date:** July 01, 2004

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

Visit us at shaw.ca

### Your Entertainment Services

By bundling your services, you have saved \$7.95 on this invoice.

Previous Balance	232.86
Payment Received - Thank You	-150.00
<b>Outstanding Balance</b>	<b>82.86</b>
Payments you have made after invoice date will appear on your next invoice	
Entertainment Bundle	80.95
Full Cable Bundle	<del>88.95</del>
<b>Current Entertainment Charges</b>	<b>5.67</b>
GST (Registration 873690457RT)	
<b>Total Current Charges</b>	<b>86.62</b>
<b>Total Amount Due</b>	<b>\$169.48</b>

26-May-04

50.00

Eliminate junk email before it arrives on your computer with Shaw Email Filter.

Thank you for keeping your account current.

Shaw High-Speed Xtreme-1 is now available. Experience new speeds with your internet service. Visit shaw.ca or call us today for more details.

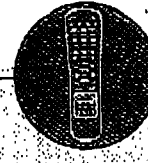
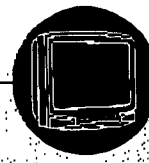
With Shaw, quick and responsive customer service is available 24/7/365.

APPLICANT CO



ALWAYS ON

PAGE 3 OF 3



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

**Customer Service Centre** (403) 716-6000  
 M-F 7:30am-10pm  
 S-S 7:30am-10pm

**Repair Service** (403) 716-6060  
 24 hours/7 days

**Internet Technical Support** (403) 750-6990  
 24 hours/7 days

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Jun-04 to 30-Jun-04  
**Invoice Date:** May 09, 2004  
**Due Date:** June 01, 2004

Visit us at shaw.ca

**Your Entertainment Services**

**Entertainment Bundle**  
Full Cable Bundle

01-Jun-04

to

30-Jun-04

80.95

50.00

~~80.95~~

**Late Payment Charges**  
Late Payment Charge

1.17

1.17

**Current Entertainment Charges**

82.12

GST (Registration 873690457RT)

5.67

**Total Current Charges**

87.79

Shaw Email Filter is now available, providing Shaw Internet customers four options to manage unwanted junk email or spam. Visit [manage.shaw.ca](http://manage.shaw.ca) for more details.



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CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Lynn Martin

FOR THE MONTH OF: May 2004

EXPENSES

01-7111030002

AIRFARE: \$ /

CAR RENTAL: \$ /

ACCOMMODATION: \$ /

MEALS: 2 \$ 15.18 69500000

PARKING: L \$ 18.00 62210000

TAXIS: \$ /

OTHER (please describe):

ENTERED JUN 18 2004

\$ -

\$

\$

MILEAGE: 874 km at .38¢ /km R \$ 332.12 62210000

TOTAL EXPENSES: \$ 368.30

RB Sandhu

SPOTS Parking  
CALGARY PLACE

APPLICANT COPY

Total: 18.00 TO  
Entry Time: 20/03/2004 09:28  
Exit Time: 20/03/2004 09:28  
C.C. No.:  
C.C. exp.:

Thank You  
Come Again

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

Montana's Sunridge  
100 2555 32nd St NE  
CALGARY ALBERTA, T1Y 7J6  
PHONE#: (403) 735-9270  
GST# 892297896 RTD111

	85552
AMANDA M	Table 26
Wed 04/28/04 9:25 PM	Guests 2
-----	
1 BINGER ALE	2.19
1 COKE	2.19
1 AYCE BEEF RIBS	15.99
2 *LOADED	0.00
1 AYCE SIDE RIBS	19.99
3 TEXAS BOLD	0.00
1 AYCE BEEF REFIL	0.00
2 AYCE SIDE REFIL	0.00

SubTotal	40.36
TAX2	2.82

Please pay this amount  
Total 343.18  
25.00

Tip....	-----
Total..	18.18

NEW!!!

ALL YOU CAN EAT  
BEEF RIBS  
EVERY TUESDAY

DON'T MISS OUT!!

PLEASE PAY YOUR SERVER



# 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	
Lynn Martin				
DEPARTMENT	SITE	PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
1	Chinese Cultural Centre Speech	46		
3	Colonel Belcher presentation	42		
4	communications Southpat	62		
5	mental health forum	47		
6	Quality Care Southpat	62		
7	Colonel Belcher	42		
10	Nurses dinner, Bentzon	72		
11	Special meeting Board	62		
11	A. Regional Injury	42		
13	a Regional Diabetes attendee	49		
14	FMC 10th anniversary	72		
<del>15</del>	<del>Footwear presentation</del>	<del>47</del>		
18	Board meeting	62		
19	Conference Planning Regional + Vancouver	42		
20	Physicians Assoc + Children Hosp	117		
27	Yvon Fyfe Living	14		
30	People First Awards	81		
		<b>874</b>		

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		622100000	Mileage/Parking	\$
Employee Signature <i>[Signature]</i>			Date	
Expenditure Officer Authorization <i>[Signature]</i>			Authorizer's Employee Number	Authorizer Phone Number
			<b>TOTAL PAYABLE TO EMPLOYEE</b>	<b>\$</b>

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: L. Martin <sup>MARTIN</sup>

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

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

Date	Description	Amount	GST	Total
Nov 22	Conference Reg.	40.00		40.00
	shaw cable	50.00		50.00

**TOTAL EXPENSES:** \$ 90.00

Financial code: 01-71110300003-62210001

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

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

2004 RB



calgary health region

**OFFICIAL RECEIPT  
FINANCE**

147977

Please retain this Receipt for your records

Date Nov 12/04

Received From:

Lynna Martin

Patient  
Acc/ID No.

Received  
the Sum of Forty Dollars

XX \$ 40.00

Cash  Cheque  Visa/MC/Amex

GST REG. R124072513

For Diversity Conference

Signed

Account

FINANCIAL CODE

7155030009

Functional Centre

100205 R(2001/08)

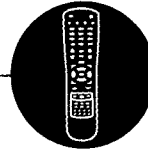
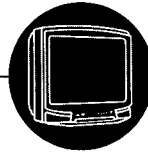
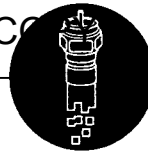
DISTRIBUTION: WHITE - To Payee CANARY - To Accounting PINK - Retained in Books



ALWAYS ON

APPLICANT CO

PAGE 3 OF 3



**Customer Service Centre**  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**Repair Service**  
(403) 716-6060  
24 Hours/7 Days

**Internet Technical Support**  
(403) 750-6990  
24 Hours/7 Days

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Oct-04 to 31-Oct-04  
**Invoice Date:** September 09, 2004  
**Due Date:** October 01, 2004

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

Visit us at [shaw.ca](http://shaw.ca)

### Your Entertainment Services

#### Entertainment Bundle

Full Cable Bundle 01-Oct-04 to 31-Oct-04 80.95

~~80.95~~

50.00

#### Late Payment Charges

Late Payment Charge 1.15

1.15

#### Current Entertainment Charges

82.10

GST (Registration #73690457RT) 5.67

**Total Current Charges** 87.77

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Lynn Martin

FOR THE MONTH OF:

~~September~~ October 2004

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

**EXPENSES**

01-7111030002

AIRFARE:

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

CAR RENTAL:

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

ACCOMMODATION:

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

MEALS:

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

PARKING:

R \$ 32.00 62210000

TAXIS:

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

OTHER (please describe):

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

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

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

MILEAGE: 224 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

R \$ 85.12 62210000

**TOTAL EXPENSES:**

\$ 117.12

*Lynn Martin*

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

EMPLOYEE NAME (PRINT) <i>Martin</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER
DEPARTMENT <i>Board</i>		SITE		PHONE #
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM RATE (for mileage) AMOUNT
<i>20</i>		<i>Health Council for original</i>		<i>42</i>
<i>21</i>		<i>Stemage Inn Conference</i>		<i>89</i>
<i>27</i>		<i>Region 3 Conference Summary</i>		<i>42</i>
<i>28</i>		<i>Spay Toronto</i>		<i>89</i>
<i>29</i>		<i>Finance South part</i>		<i>62</i>
Spots Parking CALGARY PLACE		- Total Parking		
		- Cashier 18		
		- Receipt 018064		
		- Term Parking		
		- Term Parking tkt		
		- In Surface		
		- 08:10 -		
		- 13:36		
		- 00h24		
		- Total \$13.00		
		- Total \$13.00		
		- Total \$12.15		
		- H.T. (7%) 0.85		
Total: 19.00 T1		- All amounts in CAD.		
Entry Time: 12/11/2004 08:10		- Deliv. Date Receipt Date		
Exit Time: 12/11/2004 13:29		- THANK YOU FOR PARKING IMPARK		
A: 20.00 R: 1.00				
Come Again				

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



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Lynn Martin

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

**EXPENSES**

01-7111030002

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

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

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

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

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

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

**OTHER (please describe):**

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

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

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

**MILEAGE:** 267 km at .38¢/km <sup>R</sup> \$ 101.46 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 101.46

*Randy*

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS			# OF KM (for mileage)	RATE	AMOUNT
Sept 1	Healden rd Aboriginal			42		
Sept 13	Healden rd 12th " "			42		
Sept 14	Longview patient			42		
Sept 15	Region 3 Aboriginal Health Centre			42		
Sept 2	Quality Access			62		
Sept	Long term tea Speech			87		

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

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: Martin Lynn

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

FEB 1 2005

**EXPENSES**

**CALGARY EXHIBITION & STAMPEDE**

01-71110300002

AIRFARE:

CAR RENTAL:

ACCOMMODATION:

MEALS:

PARKING:

TAXIS:

OTHER (please describe):

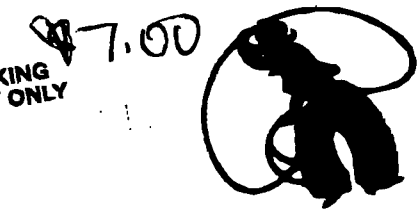
2

~~Board of Directors~~ \$ ~~75000~~ ~~to Sally~~

2

MILEAGE: 644 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES:



7.00 7.00 62210000

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

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

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

\$ 244.72 62210000

\$ 251.72

4. Reloste

RB

APPLICANT COPY



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

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
Jan 11	Full Service Lunch	44		
Jan 12	Agenda Inauguration Heathen 12	42		
Jan 13	quality care + fees	62		
Jan 17	wellness task force	254		
Jan 17	Rural Chamberlain			
Jan 19	AR Health Council	42		
Jan 19	Core West dinner	36		
Jan 22	Starlight	47		
Jan 25	Bond Retreat	49		
Jan 27	Quality care conference lunch	37		
Jan 28	LI // ✓	37		
		644		

**CODING & AUTHORIZATION**

EMPLOYEE SIGNATURE		TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER

6 2 2 1 0 0 0 0 MILEAGE/PARKING

K. De Costa

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

2362.7

**CALGARY HEALTH REGION  
BOARD EXPENSE FORM**

**NAME:** Lynn Martin  
**FOR THE MONTH OF:** March 2005

**EXPENSES**

ENTERED IN 05

01-7111030002

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

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

**ACCOMMODATION:** <sup>237.54</sup> \$ 248.64 62212000

**MEALS:** <sup>28.42</sup> \$ 31.24 62212000

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

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

**OTHER (please describe):**

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

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

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

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

**TOTAL EXPENSES:** \$ 279.88

265.96  
13.92

RB  
K. McCoste

APPLICANT COPY  
**WESTIN**  
HOTELS & RESORTS

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

Ms. Lvnn Martin

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

Arrival	03/13/05	Room	0910
Departure	03/15/05	Cashier	38
Payment Method	CA	Page	1
		Starwood Pref.#	
		Airline Partner	
		Folio No.	

**\*\* INFORMATION \*\***                      The Westin Edmonton, 03/15/05

Date	Description	Room	Charges	Credits
03/13	Room Charge	0910	111.00	
03/13	Room Tax 5%		5.55	
03/13	Room GST 7%		7.77	
03/13	Debit Card			400.00
	->auth #006138	XX/XX		
03/13	Debit Card			122.96
	->auth #158822	XX/XX		
03/14	Room Charge		111.00	
03/14	Room Tax 5%		5.55	
03/14	Room GST 7%		7.77	
03/15	Debit Card			-274.32
	->auth #005436	XX/XX		
Total			248.64	248.64
Balance				0.00 \$

Room	GST	15.54
F&B	GST	0.00
Other	GST	0.00
Total	GST	15.54

GST Vendor            R101577591

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

FOR THE MONTH OF April 2005

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

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

Date	Description	Amount	GST	Total
April 05	Cable	107.77	5.74	113.51

PROCESSED 05 11 2005

TOTAL EXPENSES: R \$ 113.51

Financial code: 01-71110300003-62210001

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

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

X:Board/Honoraria/Supplementary Expenses Claim Form



INTERNET



PHONE

**Sales & Customer Service**  
 (403) 716-6000  
 M-F 7:30am-10pm  
 S-S 7:30am-10pm

**TV Technical Support**  
 (403) 716-6060  
 24/7/365

**Internet & Phone Technical Support**  
 (403) 750-6990  
 24/7/365

Customer Name: **PS MARTIN**  
 Account Number:  
 Service Address:  
 Service Period: **01-May-05 to 31-May-05**  
 Invoice Date: **April 09, 2005** s.17(1), 17(4)(g)(i)  
 Due Date: **May 01, 2005**

Visit us at **SHAW.CA**

PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 175.82  
 Payment Received - Thank You 31-Mar-05 -150.00

**Outstanding Balance** Due Now **25.82**  
 Payments you have made after invoice date will appear on your next invoice

**Current Charges**

Entertainment Bundle  
 Full Cable & High-Speed Bundle 81.95

GST (Registration 873690457RT) 5.74

**Total Current Charges** Due by 01-May-05 **87.69**

**Total Amount Due** **\$113.51**

Thank you for keeping your account current.

By bundling your services, you have saved \$7.95 on this bill.

Protect your computer with **Shaw Secure**.  
 Anti-Virus, Firewall, Parental Control, Spam Control, Anti-Spyware and Pop-up Blocker now included.

Visit SHAW.CA for more information on the New & Improved Shaw High Speed Internet service.



APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Lynn Martin

FOR THE MONTH OF May 05 s.17(1), 17(4)(g)(i)

ENTERED JUN 15 2005

EXPENSES  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
May 05	Cable			50.00

TOTAL EXPENSES: 2 \$ 50.00

Financial code: 01-71110300003-62210001

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

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

X: Board/Honoraria/Supplementary Expenses Claim Form

APPLICANT COPY



TELEVISION



INTERNET



PHONE

Sales & Customer Service  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: PS MARTIN  
Account Number:  
Service Address:  
Service Period: 01-Jun-05 to 30-Jun-05  
Invoice Date: May 09, 2005 s.17(1), 17(4)(g)(i)  
Due Date: June 01, 2005

Visit us at SHAW.CA

PAGE 1 OF 2

**Previous Charges**  
Balance Carried forward from Previous Statement 113.51  
Payment Received - Thank You 29-Apr-05 -113.51

**Outstanding Balance** 0.00

**Current Charges**  
Entertainment Bundle  
Full Cable & High-Speed Bundle 81.95 **50.00**

GST (Registration 873690457RT) 5.74

**Total Current Charges** Due by 01-Jun-05 **87.69**

**Total Amount Due** **\$87.69**

By bundling your services, you have saved \$7.95 on this bill.

Broadband is a better, faster and more reliable way to bring endless possibilities into your home. Visit SHAW.CA for details.

Shaw Digital Phone is now available in the cities of Edmonton and Calgary. Includes 6 calling features, E911, and unlimited long distance in Canada and the continental US. Visit SHAW.CA for details.

Thank you for keeping your account current.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$87.69**  
By 01-Jun-05

Amount Enclosed

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

50/11  
PS MARTIN

42510

775(x)

SHAW CABLE  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000008769 8



96

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Lynn Martin

FOR THE MONTH OF:

Sept 2005 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

AIRFARE:

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

CAR RENTAL:

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

ACCOMMODATION:

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

MEALS:

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

PARKING:

R \$ 66.25 62210000

TAXIS:

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

OTHER (please describe):

\_\_\_\_\_ )

ENTERED OCT 17 2005  
\$ \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

MILEAGE: 972 km at .40.5¢ /km  
(Attach Local Travel Expense Claim form)

R \$ 393.66 62210000

TOTAL EXPENSES:

R \$ 459.91

Y. Deloste

**DISPLAY FACE UP ON DASH RECEIPT**

**Impark Lot 215**  
Machine Serial #: 000004201004

**EXPIRY DATE AND TIME**  
**EXP 06:00pm**  
**SEP 27, 2005**

**TICKET# LOT#**  
**00042160 00030215**

\$0017.00 CC MACH# 001  
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Auth #053393 s.17(1), 17(4)(e.1)

**Till 6pm - \$17**  
GST REG# R102466000

**DISPLAY FACE UP ON DASH RECEIPT**

DETACH THIS PORTION FOR VALIDATION

**RECEIPT OR VALIDATION**

**IMPERIAL PARKING CANADA CORPORATION**  
ONE PALLISER SQUARE, SUITE 140,  
125-9th AVE. S.E. CALGARY, ALTA. T2G 2P9

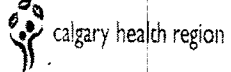
LIC. NO.:  
AMOUNT: **17.00**

**708639**

RECYCLEABLE THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001  
VISIT OUR WEBSITE AT [www.impark.com](http://www.impark.com)

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

APPLICANT COPY

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

**INSTRUCTIONS:**

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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) <u>Martin</u>		EMPLOYEE NUMBER		
DEPARTMENT	PHONE NUMBER	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Sept 8	Q100 Southport	51K		
Sept 12	Agencia Setting + Injury Prevention <small>Southport Roxby 2144</small>	51K		
Sept 13	Working CHR Golf tournament Valleyview	112K		
Sept 14	Finance Southport	51K		
Sept 16	Wellness Strategy Suzanne Stalinski <small>Southport</small>	51K		
Sept 19	Wellness task force Southport	51K		
Sept 20	Board Education Alameda	24K		
Sept 21	Region 3 Association Health Council <small>Southport dinner</small>	37K		
Sept 22	Physicians Liaison Southport	51K		
Sept 22	(Coherence with George Pinchuck) reconnection			
Sept 23	Koolies tea coherence	130K		
Sept 26	CDM Conference <small>registration</small> Health Registry	44K		
<del>Sept 26 Board Meeting</del>				
Sept 26	Streetview Rural Consultation	102K		
Sept 27	CDM Conference + Board meeting	78K		
28	CDM Conference + Meeting with J... <small>+ Dinner</small>	64K		
				972K

CODING & AUTHORIZATION

	31	CDM	+ Dinner	44	
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION		AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING		
EMPLOYEE SIGNATURE <u>J. DeLeste</u>				TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION ↓		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		AUTHORIZER PHONE NUMBER 943-1152	

00073

DISTRIBUTION:      WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

DISPLAY THIS SIDE UP ON DASHBOARD

APPLICANT COPY  
DETACH RECEIPT FROM TICKET

EXPIRATION DATE                      EXPIRATION TIME

02/10 09:43 PM

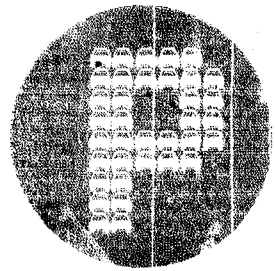
DATE ISSUED    TIME ISSUED    AMOUNT PAID

02/10/05 09:23 PM \$ 1.00

AMOUNT PAID

\$ 1.00 20270000 09:23 PM

CREDIT CARD NUMBER



PRECISE  
PARKLINK™

NON TRANSFERABLE 5234255

PRECISE  
PARKLINK™

RECEIPT 5234255

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

Display this ticket on  
dashboard, this side up.

EXPIRATION DATE                      EXPIRATION TIME

02/10 10:48 PM

DATE ISSUED    TIME ISSUED    AMOUNT PAID

02/10/05 10:08 PM \$ 2.00

AMOUNT PAID

\$ 2.00 20270000 10:08 PM

CREDIT CARD NUMBER

Lot 41-2

End of parking                      2005

12-09-11 59

Date                      pm  
Time

Fee \$6.00

Ticket No.: 11850

PRECISE  
PARKLINK™

NON TRANSFERABLE 5234261

PRECISE  
PARKLINK™

RECEIPT 5234261

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

L41-2 GST#119457863

EXPIRATION DATE                      EXPIRATION TIME

02/10 11:07 PM

DATE ISSUED    TIME ISSUED    AMOUNT PAID

02/10/05 10:47 PM \$ 1.25

AMOUNT PAID

1.25 20270000 10:47 PM

CREDIT CARD NUMBER

\$6.00 12-09-05 11:59p

G.S.T. included

PRECISE  
PARKLINK™

PRECISE  
PARKLINK™

RECEIPT

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 215

Machine Serial #:00004201004

EXPIRY DATE AND TIME

EXP 06:00am  
SEP 27,2005

EXP 06:00am  
SEP 27,2005

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

LOT# 00030215

MACH# 001

TIC# 00042125

CC \$0016.00

SEP26,2005

05:34pm

Purchase Time

TICKET#                      LOT#  
00042125                      00030215

\$0016.00 CC #

MACH# 001

FOLLOW INSTRUCTIONS ON SIGNS POSTED

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

Auth #055900

Till 6 am \$16

GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 215

Machine Serial #:00004201004

EXPIRY DATE AND TIME

EXP 06:00pm  
SEP 28,2005

EXP 06:00pm  
SEP 28,2005

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

LOT# 00030215

MACH# 001

TIC# 00042327

CC \$0017.00

SEP28,2005

09:08am

Purchase Time

TICKET#                      LOT#  
00042327                      00030215

\$0017.00 CC #

MACH# 001

FOLLOW INSTRUCTIONS ON SIGNS POSTED

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

Auth #050189

Till 6pm - \$17

GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Lynn Martin  
FOR THE MONTH OF: NOV 2005 s.17(1), 17(4)(e.1)

EXPENSES

01-7111030002

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

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

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

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

PARKING: \$ 67.43 62210000

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

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_ ENTERED 11/17/2005

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

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

MILEAGE: 485 km at .43¢ /km <sup>R</sup> \$ 208.55 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 275.98

223.55  
52.43  
L. Beloste

APPLICANT COPY

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

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Martin</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
NOV 3	South Port	52		
NOV 2	Lab in theater	43		
NOV 6	Women in Wellness Stamped	46		
NOV 7	Injury Prevention Scarborough Council	37		
NOV 16	Women's Education Scarborough	37		
NOV 17	Q+A			
17	Diversity conference uofc	103		
18	Diversity Conference	37		
23	Road to Christmas Party Calgary Area	49		
24	Education courses	81		
29	Board meet			
		<del>495</del>		
		485		

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim



APPLICANT COPY

**OFFICIAL RECEIPT**



DATE: Dec 1/05

Received from Martin  
 the sum of \_\_\_\_\_  
 in payment of \_\_\_\_\_  
 \$ 28.89 *valet parking*

Method of Payment

- Cash
- Cheque
- Debit Card
- Credit Card, Type CA

*Board of Alberta*  
[Signature]  
 Hotel Authorization

**OFFICIAL RECEIPT**



DATE: 12/2/05

Received from MARTIN  
 the sum of \_\_\_\_\_  
 in payment of valet  
 \$ \$ 23.54

Method of Payment

- Cash
- Cheque
- Debit Card
- Credit Card, Type \_\_\_\_\_

*Board of Alberta*  
[Signature]  
 Hotel Authorization

RECEIVED

EXP 02:33pm  
 NOV 27, 2005

TICKET# 00005443  
 LOT# 00030001

4 hours \$8  
 GST REG# R102466000

RECEIVED

DISPLAY FACE UP ON DASH

IMPERIAL PARKING  
 PHONE 299-7275  
 WEEKEND PARKER  
 Meter: LOT 143  
 Trans: 00002959  
 Time: 5:31P NOV 17  
 Price: \$ 7.00  
 s.17(1), 17(4)(e.1)

DID IF RE-SOLD  
 6:00AM FR  
 NOV 18 2005  
 INSTRUCTIONS ON BACK  
 GST REG # R102466000  
 THANKYOU FOR PARKING  
 WITH IMPARK

OFFICIAL RECEIPT



DATE: Dec 1/05

Received from Martin

the sum of \_\_\_\_\_

in payment of \_\_\_\_\_

\$ 28.89

valet parking

Board of Alberta

Method of Payment

- Cash
- Cheque
- Debit Card
- Credit Card, Type CA

[Signature]  
Hotel Authorization



OFFICIAL RECEIPT

DATE: 12/2/05

Received from MARTIN

the sum of \_\_\_\_\_

in payment of valet

\$ 23.54

Board of Alberta

Method of Payment

- Cash
- Cheque
- Debit Card
- Credit Card, Type \_\_\_\_\_

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

[Signature]  
Hotel Authorization

DISPLAY FACE UP ON DASH (REVERSE)  
 Impark Lot 001  
 The Westin Hotel  
 Machine Serial # 000003290015

EXPIRY DATE AND TIME  
**EXP 02:33pm**  
**NOV 27, 2005**

TICKET# **00005443** LOT# **00030001**  
 MACH# **002**

\$0008.00 CC # \_\_\_\_\_ MACH# 002  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED  
 s.17(1), 17(4)(e.1)

**4 hours \$8**  
 GST REG# R102466000

DISPLAY FACE UP ON DASH (REVERSE)

TICKET VOID IF RE-SOLD  
 IMPERIAL PARKING  
 PHONE 299-7275  
 WEEKEND PARKER  
 Meter: LOT 143  
 Trans: 00000999  
 Time: 5:31P NOV 17  
 Price: \$ 7.00  
 s.17(1), 17(4)(e.1)

Card: \_\_\_\_\_  
 Exp: \_\_\_\_\_  
 Expires: \_\_\_\_\_

**6:00AM FRI**  
**NOV 18 2005**  
 INSTRUCTIONS ON BACK  
 GST REG # R102466000  
 THANKYOU FOR PARKING  
 WITH IMPARK

PLACE THIS SIDE UP ON DASH

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME:

Martini, Lynn

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

FOR THE MONTH OF

Dec 2005

ENTERED JAN 13 2006

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

Date	Description	Amount	GST	Total
Dec 05	Shaw Cable	83.95	5.88	89.19

TOTAL EXPENSES:

R \$ 89.19

Financial code: 01-71110300003-62210001

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

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

X:Board/Honoraria/Supplementary Expenses Claim Form

**SHAW**

APPLICATION



INTERNET



**Sales & Customer Service**  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Jan-06 to 31-Jan-06**  
Invoice Date: **December 09, 2005**  
Due Date: **January 01, 2006 s.17(1), 17(4)(g)(i)**

Visit us at **SHAW.CA**

PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 89.36  
Payment Received - Thank You 8-Dec-05 -90.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice **-0.64**

**Current Charges**

Entertainment Bundle  
Full Cable & High-Speed Bundle 83.95

GST (Registration 873690457RT) 5.88

**Total Current Charges** Due by 01-Jan-06 **89.83**

**Total Amount Due** **\$89.19**

Thank you for keeping your account current.

By bundling your services, you have saved \$7.95 on this bill.

Introducing Shaw Photo Share - a new photo sharing feature included with High-Speed Internet. Visit SHAW.CA for details.

Shaw wishes you and your family a safe and happy holiday season.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$89.19**  
By 01-Jan-06

Amount Enclosed

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

10/5  
PS MARTIN

14478

626(E)

**SHAW CABLE**  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000008919 1

⑆00706⑆900⑆

96

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Martin Lynn

FOR THE MONTH OF Jan 06

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

EXPENSES  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan 06	Shaw Internet	83.95	5.88	89.83

ENTERED FEB 10 2006

TOTAL EXPENSES:

\$ 89.83

Financial code: 01-71110300003-62210001

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

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

X:Board/Honoraria/Supplementary Expenses Claim Form

RB



<b>Sales &amp; Customer Service</b> (403) 716-6000 M-F 7:30am-10pm S-S 7:30am-10pm  Visit us at <a href="http://SHAW.CA">SHAW.CA</a>	<b>TV Technical Support</b> (403) 716-6060 24/7/365	<b>Internet &amp; Phone Technical Support</b> (403) 750-6990 24/7/365	<b>Customer Name:</b> PS MARTIN <b>Account Number:</b> <b>Service Address:</b> <b>Service Period:</b> 01-Feb-06 to 28-Feb-06 <b>Invoice Date:</b> January 09, 2006 <b>Due Date:</b> February 01, 2006
---	---	---	--

PAGE 1 OF 2

*→ Dll. deduction*

By bundling your services, you have saved \$7.95 on this bill.

**Previous Charges**  
Balance Carried forward from Previous Statement 89.19  
Payment Received - Thank You 3-Jan-06 -85.00

**Outstanding Balance** Due Now **4.19**  
Payments you have made after invoice date will appear on your next invoice

**Current Charges**  
Entertainment Bundle  
Full Cable & High-Speed Bundle 83.95

GST (Registration 873690457RT) 5.88

**Total Current Charges** Due by 01-Feb-06 **89.83**

**Total Amount Due** **\$94.02**

Shaw High Speed Internet is the fastest. To subscribe, visit [SHAW.CA](http://SHAW.CA)

Thank you for keeping your account current.

View your monthly Shaw bill online - save time and paper with Shaw E-bill. Visit [SHAW.CA](http://SHAW.CA) for details.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$94.02**  
By 01-Feb-06

Amount Enclosed

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

7/5 PS MARTIN

17962

626(V)

**SHAW CABLE**  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000009402 3

00706 900

96

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Lynn Martin

FOR THE MONTH OF: March 2006

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$ 257.76 62212000

MEALS: \$

PARKING: \$ 14.00 62212000

TAXIS: \$

OTHER (please describe):

ENTERED MAR 24 2006

\$

\$

\$

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

TOTAL EXPENSES: \$ 271.76

Ch. DeLeste

14.00  
257.76

APPLICANT COPY

**THE WESTIN**  
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA  
TEL: (780) 426-3635 FAX: (780) 428-1454

**GUEST**  
Ms. Lynn Martin  
Calgary Health Region  
s.17(1), 17(4)(g)(i)

ROOM 704  
RATE 115.00  
NO. PERS. 1  
FOLIO 57331 EX-A  
PAGE 1  
ARRIVE 12-MAR-06 15:48  
DEPART 14-MAR-06  
PAYMENT CA

**TRAVEL AGENT**  
**CHARGE**

704

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT704	Room Charge	
12-MAR-06	RT704	GST	115.00
12-MAR-06	RT704	DMF	8.13
12-MAR-06	RT704	Tourism Levy	1.15
12-MAR-06	CA	Cash	4.65
13-MAR-06	RT704	Room Charge	357.76-
13-MAR-06	RT704	GST	115.00
13-MAR-06	RT704	DMF	8.13
13-MAR-06	RT704	Tourism Levy	1.15
			4.65
		Total Charges	257.86
		Total Credits	357.76-
		Balance Due	99.90-

EXPENSE REPORT SUMMARY

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

Date	Payment
12-MAR-06	357.76-
13-MAR-06	0.00
Total	357.76-

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

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

SIGNATURE

Ms. Lynn Martin  
FOLIO 57331 12-MAR-06

**THE WESTIN**  
EDMONTON



HOUSE CASH PAID OUT

Name Martin Lynn Date March. 12. 06

G/L Account No. Westin Hotel

DESCRIPTION		
Room and tax	115.	00
Deposit per night	50.	00
Cash refund \$100.00 on check out.	G.S.T. 1.12	07
	TOTAL	357. <sup>76</sup>

Received Payment: 357.76 Approved for Payment 257.76 Controller Rami Chahal  
 By: \_\_\_\_\_ By: \_\_\_\_\_

DISPLAY FACE UP ON DASH

UP ON DASH

DISPLAY FACE UP ON DASH

UP ON DASH

RECEIPT

Lot 0002-0004  
 EXP 06:00am  
**MAR 14, 2006**  
 TICKET # 00077196  
 LOT# 0002000  
 MACH# 001  
 TIC# 00077206  
 CC \$0006.00  
 MAR14,2006  
 U6:14am  
 Purchase Time

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

Park 2 hours \$0.00  
 Question Comments  
 Ph 780-420-1975

DISPLAY FACE UP ON DASH

UP ON DASH

DISPLAY FACE UP ON DASH

UP ON DASH

RECEIPT

Lot 0002-0004  
 EXP 06:00am  
**MAR 14, 2006**  
 TICKET # 00077196  
 LOT# 0002000  
 MACH# 001  
 TIC# 00077196  
 CC \$0005.00  
 MAR13,2006  
 U6:21pm  
 Purchase Time

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

Park to 3am \$5.00  
 Question Comments  
 Ph 780-420-1975

APPLICANT COPY

**THE WESTIN**  
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA  
TEL: (780) 426-3636 FAX: (780) 428-1454

<b>G U E S T</b>	Ms. Lynn Martin	ROOM	704		
	Calgary Health Region	RATE	115.00		
		NO. PERS.	1		
		FOLIO	57331	EX-A	
		PAGE	2		
	s.17(1), 17(4)(g)(i)	ARRIVE	12-MAR-06	15:48	
	GRAUTH	DEPART	14-MAR-06		
		PAYMENT	CA		

TRAVEL CHARGE

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

GST Summary:

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

**DISPENSE UP ON DASH RECEIPT**

**Imperial Parking**  
Lot 0002-0004  
GST #R3731 5638 RT0001  
Machine Serial # 2141900F457D

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

EXPIRY DATE AND TIME

**EXP 03:03pm**  
**MAR 14, 2006**

TICKET# 00077314      I.C.T.# 00020004

CC #000300      MAR14,2006      02:04pm

LOT# 0002000      MACH# 001      TIC# 00077314

Purchase Time

Park 1 hour \$3.00

Question/Comments  
Ph: 780-420-1975

**DISPENSE UP ON DASH RECEIPT**

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

As a Starwood Preferred Guest, you could have earned 782 Starpoints for this visit. Please provide your member number or enroll today.

Ms. Lynn Martin  
FOLIO 57331      12-MAR-06

SIGNATURE

**THE WESTIN**  
EDMONTON

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Martin Lynn

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

EXPENSES ENTERED MAY 18 2006

01-71110300002

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

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

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

MEALS: <sup>15/14</sup> \$ 21.40 62210000

PARKING: <sup>R</sup> \$ 12.00 62210000

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

OTHER (please describe):

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

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

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

MILEAGE: ~~395~~ <sup>395</sup> km at .43¢ /km <sup>R</sup> \$ 169.85 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 203.25

196.99  
6.26

4. Deloste

APPLICANT COPY

HIMPY'S FAMILY RESTAURANT  
2505 McLEOD TRAIL  
CALGARY AB

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

CARD NUMBER  
ACCOUNT TYPE CHECKING 6322  
DATE/TIME 2005/02/18 11:04:57  
RECEIPT NUMBER 578004213-001-003-038  
PURCHASE AMOUNT \$6.26  
TIP \$0.00  
TOTAL AMOUNT \$6.26  
CARDHOLDER COPY

WENDY'S REG 2  
2006-04-27 11:12 12:44PM  
61204566 2 89 2078

CHICKEN 5.99  
HOT 0.99  
HOT 15.14  
2 CREAM  
SINGLE COMBO 4.39  
COKE  
SM FROSTY 1.39  
FRIES 1.39  
Federal GST 0.99  
\*\*\* INSIDE \*\*\* 15.14  
DEBIT CARD CHANGE DUE 15.14  
Vat No.: GST R105619688  
How was your visit?  
Call us at (403) 730-5250

LOT: 9 METER: 1  
Ideal paking  
Ticket Expires:  
**1:12 PM SAT  
APR 29 2006**  
Ticket: 0000122783  
Time: 10:12am2006APR29  
Price: \$3.00  
Cash: \$3.00  
*mental health*  
**DISPLAY FACE  
UP ON DASH**  
Charges are for use of parking space only.  
This company is not responsible for  
loss or damage to vehicle or contents.

TEAR FOR RECEIPT

LOT: 9 METER: 1  
Ticket: 0000122783  
Time: 10:12am2006APR29  
Price: \$3.00  
Cash: \$3.00  
**RETAIN THIS RECEIPT  
FOR PARKING VALIDATION**

TICKET VOID IF RE-SOLD  
IMPERIAL PARKING  
PHONE 209-2275  
EVENTING PARKER  
MOTOR: 101 216  
PLACE THIS SIDE UP ON DASH


TICKET VOID IF RE-SOLD  
IMPERIAL PARKING  
PHONE 209-2275  
MOTOR: 101 216  
METER: 101 216  
TIME: 11:25P  
DATE: JAN 23  
PRICE: \$4.00  
CARD: 11:23 06  
MON  
INSTRUCTIONS ON BACK  
GST REG # N10246600  
THANK YOU FOR PARKING  
WITH IMPARK  
PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD  
IMPERIAL PARKING  
PHONE 209-2275  
MOTOR: 101 216  
METER: 101 216  
TIME: 11:05A MAR 18  
PRICE: \$4.00  
ADDRESS:  
MOTOR: 101 216  
METER: 101 216  
THANK YOU FOR PARKING  
WITH IMPARK  
PLACE THIS SIDE UP ON DASH

07/25/2005 00:35 403-568-4763 S.17(1), 17(4)(e.1)

LYNN MARTIN CHR NE

APPLICANT COPY

 calgary health region	___ ACH    ___ FMC    ___ Southport ___ PLC    ___ RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ <b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b></li> <li>▪ Amounts under \$ 100.00 can be reimbursed from site cashier office where available.</li> </ul>		

EMPLOYEE NAME (Print) <i>Lynn Martin</i>		EMPLOYEE NUMBER	
DEPARTMENT	PHONE NUMBER	DATE	
DATE OF TRAVEL EXPENSE	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
10 <sup>th</sup>	Task Force Meeting	24 K	
18	Dave Bican meeting	76 K	
18	Task Force	0	
19	AB Council meeting	42	
20	Libin Health	47	
25	Rockyview Education Board meeting	87	
28	Elbow Valley Healing Lodge	31	
	<del>Rockyview</del>	<del>00</del>	
10	Town of Rockyview Hospital	61	
27	Saddle Ridge Community Homecare	27	
		395	
		<del>395</del>	

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>[Signature]</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>4.10. Coste</i> s.17(1), 17(4)(g)(i)		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

HOPPER'S FAMILY RESTAURANT  
2505 MOLEDD TRAIL  
CARLSBAY AB

2006-04-27

MENU PAGE 2

12:44PM

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

CARD NUMBER  
ACCOUNT TYPE CHEQUING 6322  
DATE/TIME 2006/04/18 11:04:57  
RECEIPT NUMBER 678004213-001-003 038  
PURCHASE AMOUNT \$1.26  
TIP \$0.00

TOTAL AMOUNT \$1.26

00 APPROVED 301 AUTH, # 002767  
THANK YOU

CARDHOLDER COPY

Lot 9 MILLER: 1  
Ideal parking  
Ticket Expires:  
1:12 PM SAT  
APR 29 2006

Ticket: 0000122783  
Time: 10:12am 2006 APR 29  
Price: \$3.00  
Cash: \$2.00

*Mental Health*  
DISPLAY FACE  
UPON DASH

Large area for use of parking validation only.  
This company is not responsible for  
any damage to property or contents.

TEAR FOR RECEIPT

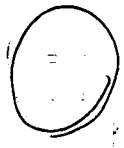
Lot 9 MILLER: 1  
Ticket: 0000122783  
Time: 10:12am 2006 APR 29  
Price: \$3.00  
Cash: \$1.00

RETAIN THIS RECEIPT  
FOR PARKING VALIDATION

CHIT HOT  
SINGL JMBU  
COKE  
SM FROSTY 1.39  
FRIES 1.39

Federal 0.99  
\*\*\* INST 1

DEBIT CAR. CHANGE  
Vat No.: GST R105619688  
How was your visit?  
Call us at (403) 730-5250



TICKET VOID IF RE-SOLD  
Time: 11:25A MAR 18  
Trans: 22223954  
Meter: 101 98  
MAR 19 06 6:00A SUN  
IMPERIAL PARKING

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD  
IMPERIAL PARKING

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD  
IMPERIAL PARKING  
PHONE 206-122-1222  
EVANING  
MONT 23 06  
INSTRUCTIONS ON BACK  
GST REG # K1024860  
THANK YOU FOR PARKING  
WILSON  
PLACE THIS SIDE UP ON DASH  
s.17(1), 17(4)(e.1)

23627

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Lynn Martin

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

FOR THE MONTH OF May 2006

EXPENSES  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
May	Shaw Cable	83.95	5.88	89.83

ENTERED JUN 16 2006

TOTAL EXPENSES:

R \$ 89.83

Financial code: 01-71110300003-62210001

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

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

BB-

X: Board/Honorary/Supplementary Expenses Claim Form

APPLICANT COPY



**Sales & Customer Service**  
 (403) 716-6000  
 M-F 7:30am-10pm  
 S-S 7:30am-10pm

**TV Technical Support**  
 (403) 716-6060  
 24/7/365

**Internet & Phone Technical Support**  
 (403) 750-6990  
 24/7/365

Customer Name: **PS MARTIN**  
 Account Number:  
 Service Address:  
 Service Period:  
 Invoice Date:  
 Due Date:

**PS MARTIN**  
 01-Jun-06 to 30-Jun-06  
 May 09, 2006 s.17(1), 17(4)(g)(i)  
 June 01, 2006

Visit us at [SHAW.CA](http://SHAW.CA)

PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 113.51  
 Payment Received - Thank You 28-Apr-06 -113.51

**Outstanding Balance 0.00**

**Current Charges**

Entertainment Bundle  
 Full Cable & High-Speed Bundle 83.95  
 GST (Registration 873690457RT) 5.88

**Total Current Charges Due by 01-Jun-06 89.83**

**Total Amount Due \$89.83**

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit [shaw.ca](http://shaw.ca) or call your local Shaw office for more details.

By bundling your services, you have saved \$7.95 on this bill.

**Shaw Digital Phone**  
 Now available for an introductory rate of \$29.95/month for the first 3 months. Call us for details.

**Take control of your TV!**  
 Pause, rewind and play live television with Shaw's High Definition Personal Video Recorder.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

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

Amount Due **\$89.83**  
 By 01-Jun-06

Amount Enclosed

5 / 12  
 PS MARTIN

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

17754

626(B)

**SHAW CABLE**  
 PO BOX 2468 STN MAIN  
 CALGARY, ALBERTA  
 T2P 4Y2

000008983 0



403 568 0763 >> CHR-CEO/Board

96

2006-06-13 08:46 00187





APPLICAN



INTERNET



Sales & Customer Service  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: PS MARTIN  
Account Number:  
Service Address:  
Service Period: 01-Jun-06 to 30-Jun-06  
Invoice Date: May 09, 2006  
Due Date: June 01, 2006 s.17(1), 17(4)(g)(i)

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 113.51  
Payment Received - Thank You 28-Apr-06 -113.51

**Outstanding Balance 0.00**

Current Charges

Entertainment Bundle  
Full Cable & High-Speed Bundle 83.95  
GST (Registration 873690457RT) 5.88

**Total Current Charges Due by 01-Jun-06 89.83**

**Total Amount Due \$89.83**

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Thank you for keeping your account current.

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Take control of your TV! Pause, rewind and play live television with Shaw's High Definition Personal Video Recorder.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due \$89.83  
By 01-Jun-06

Amount Enclosed

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

5 / 12  
PS MARTIN

17754

626(B)

SHAW CABLE  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000008983 0

00 706 900

96

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Lynn Macri

FOR THE MONTH OF:

June 2006

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

EXPENSES

ENTERED JUL 14 2006

01-71110300002

AIRFARE:

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

CAR RENTAL:

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

ACCOMMODATION:

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

MEALS:

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

PARKING:

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

TAXIS:

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

OTHER (please describe):

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

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

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

MILEAGE: 471 km at .43¢ /km  
(Attach Local Travel Expense Claim form)

\$ 202.53 62210000

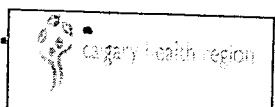
TOTAL EXPENSES:

\$ 202.53

Y. Deloste

RS

**APPLICANT COPY**



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

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Lynn Martin</i>		EMPLOYEE NUMBER	
DEPARTMENT	PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE
		(for mileage)	
6.	Finance tea meetings	52	
8	CHR display Alderman <sup>Bishop McNaught</sup> meetings	26	
13	long term service tea	54	
14	Aboriginal Council	47	
15	PLC Southport	52	
19	Wellness Task Force Southport	52	
21	Rocky view guesting	61	
22	Q+A Southport	52	
23	Elders Dinner	23	
27	Board Southport	52	
		471	

**CODING & AUTHORIZATION**

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

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin  
 FOR THE MONTH OF July / August 2006 s.17(1), 17(4)(g)(i)

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

Date	Description	Amount	GST	Total
July	Shaw Cable			173.90
Aug.				

TOTAL EXPENSES: **ENTERED SEP 15 2006** R \$ 173.90

Financial code: 01-71110300003-62210001

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

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

X:Board/Honoraria/Supplementary Expenses Claim Form

**SHAW**

APPLICANT

TELEVISION



INTERNET

**Sales & Customer Service**  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Sep-06 to 30-Sep-06  
**Invoice Date:** August 09, 2006  
**Due Date:** September 01, 2006

Visit us at [SHAW.CA](http://SHAW.CA)

PAGE 1 OF 2 s.17(1), 17(4)(g)(i)

**Previous Charges**

Balance Carried forward from Previous Statement 178.65  
Payment Received - Thank You 2-Aug-06 -150.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice  
Due Now **28.65**

**Current Charges**

Entertainment Bundle  
Full Cable & High-Speed Bundle 86.95

GST (Registration 873690457RT) 5.22

**Total Current Charges** Due by 01-Sep-06 **92.17**

**Total Amount Due** **\$120.82**

By bundling your services, you have saved \$6.95 on this bill.

*July + Aug*

Interested in getting involved with community TV? Contact your local Shaw TV office.

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit [shaw.ca](http://shaw.ca) or call your local Shaw office for more details.

**Moving?**  
Let Shaw make your upcoming move a little easier. Call us today and keep connected.

*86.95*  
*x 2 = 173.90*  
*July + Aug*

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Lynn Maclean

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

EXPENSES

01-71110300002

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

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

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

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

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

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

OTHER (please describe): 1  
\$ \_\_\_\_\_

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

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

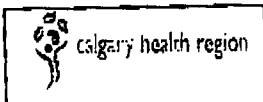
MILEAGE: 380 km at .43¢/km R \$ 163.40 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 163.40

ENTERED SEP 15 2006

Ch. Deloste

APPLICANT COPY



ACH FMC Southport  
 PLC RGH Other

LOCAL TRAVEL EXPENSE CLAIM  
 MILEAGE & PARKING

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER	
DEPARTMENT	PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
5 <sup>th</sup>	Board BBO (Bing Creek)	122	
6	Southport Pancake Breakfast	52	
6 <sup>th</sup>	Golf tournament (working)	43	
11 <sup>th</sup>	Foothills Pancake Breakfast	47	
13 <sup>th</sup>	PLC Pancake Breakfast	21	
(Aug)			
11	Team meeting	52	
17 <sup>th</sup>	Chubius hospice	43	
			380

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Lynn Martin

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

EXPENSES

ENTERED OCT 13 2006

01-71110300002

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

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

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

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

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

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

OTHER (please describe):

Flowers for Luncheon \$ 27.51 69500000

MILEAGE: 335 km at .43¢ /km  
(Attach Local Travel Expense Claim form) \$ 144.05 62210000

TOTAL EXPENSES: \$ 171.56

L. DeLaste



APPLICANT COPY

<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ <b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b></li> <li>▪ Amounts under \$ 100.00 can be reimbursed from site cashier office where available.</li> </ul>	

EMPLOYEE NAME (Print) <i>M. Mac</i>		EMPLOYEE NUMBER	
DEPARTMENT <i>Food</i>	PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
18	Southport Meeting	52	
21	Q+A + Park Southport	52	
21	Recs submitted to... long term...	47	
26	Education Board	96	
29	Tea MacDonnell	42	
20	Aboriginal Health Council	46	
		335	

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

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

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

*Jo Teal in Cochran*



CALGARY CO-OP  
FOREST LAWN  
G.S.T.# 100730894  
PHONE # 403-299-4473

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

4 INCH GERBERA	\$3.99 G
6 INCH POTTED MUM	\$9.99 G
4 INCH GERBERA	\$3.99 G
4 INCH GERBERA	\$3.99 G
4 INCH GERBERA	\$3.99 G

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

Purchase \$ 27.51  
 Debit # Chequing  
 9011 10/04/2006 15:40:14 E:6053234  
 Ref.:0010014830 Auth:008479 S  
 00 Approved - Thank You 001

BALANCE DUE \$27.51

DEBIT CARD \$27.51

[S]

Auth Code 008479 s.17(1), 17(4)(e.1)

CHANGE \$0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST 8%	\$25.95	\$1.56 G

C0114 #9011 15:40:14 4OCT2006  
S00005 R003

NOW HIRING  
- ALL DEPARTMENTS  
GET YOUR APPLICATIONS AT  
CUSTOMER SERVICE OR VISIT  
now-hiring.ca

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

FOR THE MONTH OF October 2005

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

Date	Description	Amount	GST	Total
Oct	Shaw Cable			86.95
Nov 06	Printer Cartridges	34.94	2.10	37.04

ENTERED NOV 17 2006

**TOTAL EXPENSES:** \$ 123.99

Financial code: 01-71110300003-62210001

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

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

X: Board/Honoraria/Supplementary Expenses Claim Form

**SHAW**



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INTERNET



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S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Oct-06 to 31-Oct-06**  
Invoice Date: **September 09, 2006**  
Due Date: **October 01, 2006**

Visit us at **SHAW.CA**

**PAGE 3 OF 3** s.17(1), 17(4)(g)(i)

**Current Charge Details**

**Entertainment Bundle**

Full Cable & High-Speed Bundle

01-Oct-06 to 31-Oct-06 86.95

**86.95**

**Other Charges**

Late Payment Charge

0.57

**0.57**

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

APPLICANT COPY

NO REFUNDS PAST 90 DAYS: 30 DAYS HOME  
ELECTRONICS, SOME EXCEPTIONS APPLY  
ZELLERS STORE 109  
5115 17TH AVE S E T2A0V8  
CALGARY AB

SALE

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

2 CANON BCI-24 CLR 713  
013803003857 24.97 GC  
3 CANON BCI-24 713  
013803003864 9.97 GC  
SUBTOTAL  
121968549 6% GST  
ALBERTA PST  
TOTAL

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

DEBIT CARD  
NO: \*\*\*\*\*  
PURCHASE  
AUTHOR: 754146 S01  
SEQ: 001001702  
MERCH #: 20194738 TID H20194738013  
/00

*Printer  
cartridges*

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

REGULAR MEMBER / 55

TO OBTAIN YOUR POINT BALANCE PLEASE  
UPDATE YOUR ADDRESS AT THE CUSTOMER  
SERVICE DESK, THANK YOU!

An Hbc Credit Card would earn  
the following bonus points:  
2050



TRAN ID: 1344 0109 046 11692006

TRN# TRM# OPER# STR# DATE TIME  
1344 46 1358862 109 11/09/06 4:45PM

THANK YOU FOR SHOPPING AT ZELLI

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Martin Lynn

FOR THE MONTH OF: Dec 2006

RECEIVED  
JAN 18 2007


EXPENSES

01-71110300002

AIRFARE:	\$	_____	_____
CAR RENTAL:	\$	_____	_____
ACCOMMODATION:	\$	_____	_____
MEALS:	\$	_____	_____
PARKING:	\$	<u>20.00</u>	<u>62210000</u>
TAXIS:	\$	_____	_____
OTHER (please describe):	\$	_____	_____
	\$	_____	_____
	\$	_____	_____
MILEAGE: <u>344</u> km at .43¢/km <sup>R</sup>	\$	<u>147.92</u>	<u>62210000</u>
(Attach Local Travel Expense Claim form)			
<b>TOTAL EXPENSES:</b>	\$	<u>167.92</u>	

*L. Deloste*

APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
	<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>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.</li> <li><b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b></li> <li>Amounts under \$ 100.00 can be reimbursed from site cashier office where available.</li> </ul>	

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
8	Aboriginal Council Retreat	21		
9	Meeting with AB. Friends	54		
11	Southport Alumni Party	52		
6	PLC Tea Christmas	14		
15	PLC package from Southport	52		
19	Board Meeting	52		
21	PLC meeting (Physiotherapy)	52		
6	Board Christmas party	47		
		344		

CODING & AUTHORIZATION												
ORG.		FUNCTIONAL CENTRE		ACCOUNT		GL DESCRIPTION		AMOUNT (Including GST)				
				6	2	2	1	0	0	0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE						TOTAL PAYABLE TO EMPLOYEE						
AUTHORIZATION						AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER				
4 Holoste s.17(1), 17(4)(g)(i) 00073								943-1122				

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

2007-01-13 19:30 00930

403 568 0763 >> CHR-CEO/Board

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Lynn Martin

FOR THE MONTH OF

Dec 2006

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

RECEIVED

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Nov	Shaw Cable	86.95	5.22	92.17
Dec	Shaw Cable	86.95	5.22	96.34

ENTERED JAN 19 2007

TOTAL EXPENSES:

\$ 188.51

Financial code: 01-71110300003-62210001

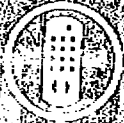
Expenditure Officer Authorization: <u>H. Deloste</u>	Print Name: <u>Lou Deloste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

X:Board/Honoraria/Supplementary Expenses Claim Form

RB





TELEVISION



INTERNET



PHONE

Sales & Customer Service  
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S-S 7:30am-10pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: PS MARTIN  
Account Number: s.17(1), 17(4)(g)(i)  
Service Address:  
Service Period: 01-Jan-07 to 31-Jan-07  
Invoice Date: December 09, 2006  
Due Date: January 01, 2007

Advanced Parking Lot 9

Visit us at SHAW.CA

By bundling your services, you have saved \$6.95 on this bill.

Previous Charges

Balance Carried forward from Previous Statement		249.17
Payment Received - Thank You		-120.00
Payment Received - Thank You	15-Nov-06	-125.00
	8-Dec-06	

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice

Due Now 4.17

Current Charges

Entertainment Bundle		86.95
Full Cable & High-Speed Bundle		

GST (Registration 873690457RT)

5.22

Total Current Charges

Due by 01-Jan-07 92.17

Total Amount Due

\$96.34 x2

NOV -

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit shaw.ca or call your local Shaw office for more details.

Shaw wishes you and your family a safe and happy holiday season.

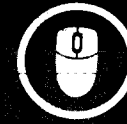
Total: 20.00 T1  
Entry Time: 19/10/2006 07:01  
Exit Time: 19/10/2006 10:03  
C.C. No.:  
C.C. exp.:

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

403 568 0763 > > CHR-CEO/Board

2007-01-13 19:30 00930

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INTERNET



**Sales & Customer Service**  
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 M-F 7:30am-10pm  
 S-S 7:30am-10pm

**TV Technical Support**  
 (403) 716-6060  
 24/7/365

**Internet & Phone Technical Support**  
 (403) 750-6990  
 24/7/365

Customer Name: **PS MARTIN**  
 Account Number: **s.17(1), 17(4)(g)(i)**  
 Service Address:  
 Service Period: **01-Jan-07 to 31-Jan-07**  
 Invoice Date: **December 09, 2006**  
 Due Date: **January 01, 2007**

**Advanced Parking Lot 9**

Visit us at [SHAW.CA](http://SHAW.CA)

By bundling your services, you have saved \$6.95 on this bill.

Create special holiday greetings this season with Shaw Photo Share. Visit [SHAW.CA](http://SHAW.CA) today.

Shaw wishes you and your family a safe and happy holiday season.

**Previous Charges**

Balance Carried forward from Previous Statement		249.17
Payment Received - Thank You	15-Nov-06	-120.00
Payment Received - Thank You	8-Dec-06	-125.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice

Due Now	<b>4.17</b>
---------	-------------

PAGE 1 OF 2

**Current Charges**

Entertainment Bundle		
Full Cable & High-Speed Bundle		86.95

GST (Registration 873690457RT)		5.22
--------------------------------	--	------

**Total Current Charges**

Due by 01-Jan 07	<b>92.17</b>
------------------	--------------

**Total Amount Due**

**\$96.34**

NOV -

X2

Thank you for keeping your account current.

Shaw Digital Phone now includes direct international dialing (011) and 1000 minutes per month of calling to select, favorite international destinations. Please visit [shaw.ca](http://shaw.ca) or call your local Shaw office for more details.

Total: 20.00 T1  
 Entry Time: 19/10/2006 07:01  
 Exit Time: 19/10/2006 10:03  
 C.C. No.:  
 C.C. exp.:

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

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

FOR THE MONTH OF January 07 s.17(1), 17(4)(g)(i)

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

ENTERED FEB 14 2007

Date	Description	Amount	GST	Total
Jan 07	Show Cable	86.95	5.22	92.17

TOTAL EXPENSES: R \$ 92.17

Financial code: 01-71110300003-62210001

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

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

X: Board/Honoraria/Supplementary Expenses Claim Form



INTERNET



**Sales & Customer Service**  
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M-F 7:30am-10pm  
S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Feb-07 to 28-Feb-07**  
Invoice Date: **January 09, 2007**  
Due Date: **February 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2 s.17(1), 17(4)(g)(i)

**Previous Charges**

Balance Carried forward from Previous Statement 96.34

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice Due Now **96.34**

**Current Charges**

Entertainment Bundle  
Full Cable & High-Speed Bundle 86.95

GST (Registration 873690457RT) 5.22

**Total Current Charges** Due by 01-Feb-07 **92.17**

**Total Amount Due** **\$188.51**

Thank you for keeping your account current.

By bundling your services, you have saved \$6.95 on this bill.

Get faster downloads with Shaw High-Speed Internet, it's the fastest. Call today for details.

View your monthly Shaw bill online - save time and paper with Shaw eBill. Visit SHAW.CA for details.

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Martin Lynn

FOR THE MONTH OF:

Feb 07

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

**EXPENSES**

01-71110300002

AIRFARE:

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

CAR RENTAL:

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

ACCOMMODATION:

321.18  
\$ 333.30 62212000

MEALS:

2  
\$ 11.17 62210000

PARKING:

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

TAXIS:

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

OTHER (please describe):

ENTERED MAR 16 2007

\_\_\_\_\_

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

\_\_\_\_\_

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

MILEAGE: 317 km at .43¢ /km  
(Attach Local Travel Expense Claim form)

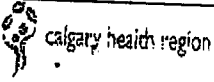
R  
\$ 136.31 62210000

**TOTAL EXPENSES:**

\$ 480.78

457.49  
L. Deloste  
#71 2329

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
	<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>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.</li> <li><b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b></li> <li>Amounts under \$ 100.00 can be reimbursed from site cashier office where available.</li> </ul>	

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER	
DEPARTMENT		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE
		(for mileage)	
2	H Calgary Aboriginal Consultation	51	
5	Report to Committee	48	
6	South Port	52	
14	Foot Wiles Agenda	49	
21	Health Council	47	
23	Sunridge Town	22	
27	Board meeting Roomley	48	
		<b>317</b>	

**CODING & AUTHORIZATION**

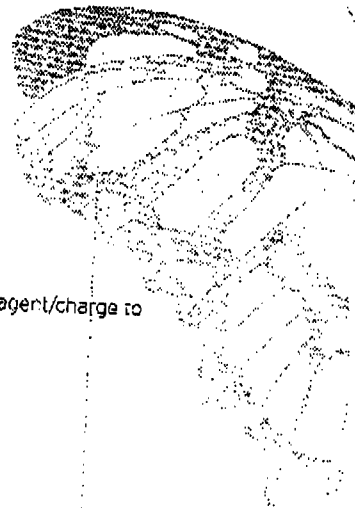
ORG		FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
			6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE				TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER		
00073 U. DeLato s.17(1), 17(4)(g)(i)			943-1122		

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

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



guest

Lynn Martin

10101 Southport Road S.w.  
Calgary, AB T2W 3N2  
Canada

HHC10A

room 945  
rate 150.00  
no. pers. 1  
folio 133450 EX-A  
page 1  
arrive 11-MAR-07 15:59  
depart 13-MAR-07  
payment VI

travel agent/charge to

DATE	REFERENCE	DESCRIPTION	AMOUNT
11-MAR-07	RT945	Room Charge	150.00
11-MAR-07	RT945	GST	9.09
11-MAR-07	RT945	DMF	1.50
11-MAR-07	RT945	Tourism Levy	6.06
12-MAR-07	RT945	Room Charge	150.00
12-MAR-07	RT945	GST	9.09
12-MAR-07	RT945	DMF	1.50
12-MAR-07	RT945	Tourism Levy	6.06
13-MAR-07	VI	Visa	333.30-
Total Charges			333.30
Total Credits			333.30-
Balance Due			0.00

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

Lynn Martin  
FOLIO 133450 11-MAR-07



007-03-13 23:50 01178

403 568 0763 >> CHR-CEO/Board

APPLICANT COPY

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

guest

Lynn Martin

10101 Southport Road S.w.  
 Calgary, AB T2W 3N2  
 Canada

HHC10A

room 945  
 rate 150.00  
 no. pers. 1  
 folio 133450 EX-A  
 page 1  
 arrive 11-MAR-07 15:59  
 depart 13-MAR-07  
 payment VI

travel agent/charge to

date	reference	description	charges/credits
11-MAR-07	RT945	Room Charge	150.00
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11-MAR-07	RT945	Tourism Levy	6.06
12-MAR-07	RT945	Room Charge	150.00
12-MAR-07	RT945	GST	9.09
12-MAR-07	RT945	DMF	1.50
12-MAR-07	RT945	Tourism Levy	6.06
13-MAR-07	VI	Visa	333.30-
Total Charges			333.30
Total Credits			333.30-
Balance Due			0.00

945

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

\*\* continued on the next page \*\*

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

Signature

Lynn Martin  
 FOLIO 133450 11-MAR-07





Best Copy Possible

Take out  
Order # 1014

2009  
1000  
200  
1000



*AB... ..*

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Lynn Martin

FOR THE MONTH OF

Feb 07

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

EXPENSES  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 07	Shaw Cable			92.66

ENTERED MAR 16 2007

TOTAL EXPENSES:

2 \$ 92.66

Financial code: 01-71110300003-62210001

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

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

X: Board/Honoraria/Supplementary Expenses Claim Form

RB

**SHAW**

APPLICATION



INTERNET

**Sales & Customer Service**  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Apr-07 to 30-Apr-07**  
Invoice Date: **March 09, 2007**  
Due Date: **April 01, 2007** s.17(1), 17(4)(g)(i)

Visit us at **SHAW.CA**

PAGE 1 OF 3

By bundling your services, you have saved \$6.95 on this bill.

**Previous Charges**

Balance Carried forward from Previous Statement 155.68

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice Due Now **155.68**

**Current Charges** (Details on following pages)

Entertainment Bundle 86.95

Other Charges 1.27

GST (Registration 873690457RT) 5.22

**Total Current Charges**

Due by 01-Apr-07 **93.44**

Share your thoughts on our products and services. Complete our online survey on SHAW.CA

**Total Amount Due**

Your account is overdue.  
If payment has been made, thank you and please disregard the following message.

Outstanding Balance	\$155.68	Due Now
Current Charges	\$93.44	Due by 01-Apr-07

To avoid any interruption in services and late fees, please pay immediately.  
If immediate payment is not received a \$20.00 processing fee may be applied to your account.

Payment can be made over the telephone or in person at your local Shaw Cable office or our 24 hour quick deposit mailbox where available.

**Did You Know**  
Shaw has over 8500 employees working for you?  
Visit [peoplepowered.ca](http://peoplepowered.ca) to learn more!

CALGARY HEALTH REGION

BOARD EXPENSE FORM

APR 11 2007

NAME:

L Martin

FOR THE MONTH OF:

March 2007

EXPENSES ENTERED APR 12 2007 s.17(1), 17(4)(g)(i)

01-7111030002

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

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

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

MEALS: 3 receipts plus 1 lunch allowance \$10.75 <sup>9.68</sup> \$ 51.44 62210000

PARKING: R \$ 3.50 62210000

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

OTHER (please describe):

~~Ink refill Computer Printer~~ \$ 10.57

~~Staw~~ \$ 92.17

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

MILEAGE: 538 km at .43¢ /km R \$ 231.34 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 286.28

241.02  
45.24  
L Deloste

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH     Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>	
	<b>INSTRUCTIONS:</b>		
	• 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. • <b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b> • Amounts under \$ 100.00 can be reimbursed from site cashier office where available.		

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

EMPLOYEE NAME (Print) <i>Lynn Martin</i>		EMPLOYEE NUMBER	
DEPARTMENT		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
	DETAILS	# OF KM <small>(for mileage)</small>	RATE
			AMOUNT
<i>1st</i>	<i>Q+A Southport</i>	<i>52</i>	
<i>2</i>	<i>Father Lacombe</i>	<i>36</i>	
<i>14</i>	<i>Aboriginal meeting</i>	<i>42</i>	
<i>15</i>	<i>Board evaluation + Agenda setting</i>	<i>56</i>	
<i>16</i>	<i>Immigrant Distinction Awards</i>	<i>36</i>	
<i>19</i>	<i>Wellness task force</i>	<i>52</i>	
<i>21</i>	<i>Region 3 Health ABA Council</i>	<i>47</i>	
<i>22</i>	<i>People First Awards</i>	<i>113</i>	
<i>27</i>	<i>Board - Southport</i>	<i>52</i>	
<i>29</i>	<i>PLK " "</i>	<i>52</i>	
		<i>538</i>	

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY



CALGARY PARKING AUTHORITY

Display this receipt on  
dashboard this side up

Start--Date--Start--Time

04-01 08:00

Date Expiry Time

01-18:00

2007

PDM ID: Lot 111

Fee: \$ 3.50

\*\*\*1459

Issued: 24-01-2007 08:58

Receipt #: 1196

GST #: 19457869

0156

Server: MELISSA P  
03/08/07 20:38, Swiped

Rec: 66  
Terminal: 2

BOSTON PIZZA FALCONRIDGE  
5455 #1 SBRIDGE-DRIVE NE  
CALGARY, ALBERTA  
(403)285-8585  
MERCHANT #: 07380017

Transaction Record

Tran #: 443

Direct Payment Purchase  
From Chequing

*Approved*

*one meal*

*\$ 15.99*

*LM*

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

Amount: ~~\$42.65~~

APPROVED 784116  
00-001 784116  
BPO14302/BP143001  
592001001026  
2007/03/08 20:39:11

Best Copy Possible

A & W  
A & W CARCLEANING

#430  
2 DOWNER  
2 RASH BAR  
1 K COFFEE  
2 XETOP  
1 TIR  
2 BALANCE

001 00000000  
Terminal 1000  
0000 01 45 000 0000 00 000000

0048

Server: MANDY B (#88) Rec: 18  
03/29/07 11:03, Swiped T: 51 Term: 3

\*\*\*Duplicate Copy\*\*\*

Transaction Record

Tran #: 12190

Direct Payment Purchase  
From Chequing

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

Amount: \$13.02  
Tip: \$2.00  
Total: \$15.02

APPROVED 383746  
00-001 383746  
SMS80053/SMS80003  
120001001010  
2007/03/29-10:59:28

*Approved*  
*M. B. C.*

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

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

**ENTERED EXPENSES 2007**  
 (Please attach original receipts.)

131107

Date	Description	Amount	GST	Total
March	Shaw Cable	86.95	5.22	R 92.17
March 26	Ink Refill	9.97	.60	R 10.57

**TOTAL EXPENSES:** \$ 102.74

Financial code: 01-71110300003-62210001

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

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

X: Board/Honoraria/Supplementary Expenses Claim Form



APPLICA



INTERNE



INTERN

**Sales & Customer Service**  
(403) 716-6060  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Mar-07 to 31-Mar-07**  
Invoice Date: **February 09, 2007**  
Due Date: **March 01, 2007** s.17(1), 17(4)(g)(i)

Visit us at **SHAW.CA**

PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 188.51  
Payment Received - Thank You 1-Feb-07 -125.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice  
Due Now **63.51**

**Current Charges**

Entertainment Bundle  
Full Cable & High-Speed Bundle 86.95

GST (Registration 873690457RT) 5.22

**Total Current Charges**

Due by 01-Mar-07 **92.17**

**Total Amount Due**

~~92.17~~

Thank you for keeping your account current.

By bundling your services, you have saved \$6.95 on this bill.

Introducing **Shaw Digital Phone Lite**, a phone plan for light long distance users. Visit **SHAW.CA** for more details.

Did you know you get Photo Share 2.0, Web Mail, Email Filter and more with your Shaw Internet? Visit **SHAW.CA** to learn more.



APPLICANT COPY

**WAL\*MART**

WAL\*MART

WE SELL FOR LESS

(403) 235-2352

CALGARY ALBERTA

ST# 3012 DP# 00006631 TE# 04 TR# 02583

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

ATM DEBIT 001380300356 9.97 <sup>Tot</sup> 60

SUBTOTAL  
GST 6%  
TOTAL  
VISA TEND

ACCOUNT # s.17(1), 17(4)(e.1)  
APPROVAL #067798  
TRANS ID -0087086093603165  
VALIDATION -X4BB  
PAYMENT SERVICE - E  
CHANGE DUE 0.00  
GST/HST 137466199 RT 0001  
IST 1016551356 TQ 0001

**# ITEMS SOLD 11**

TC# 9847 9511 4575 7069 2688 5



Thank You for shopping at Wal-Mart!  
TO 6:00 PM DEC. 24  
03/26/07 20:36:01

\*\*\*CUSTOMER COPY\*\*\*

**CALGARY HEALTH REGION**

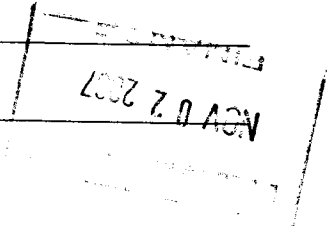
**BOARD EXPENSE FORM**

NAME:

Lynn Martin

FOR THE MONTH OF:

April 07



**EXPENSES**

01-71110300002

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

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

ACCOMMODATION: \$ 311.08 62212000

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

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

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

OTHER (please describe):

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

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

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

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

**TOTAL EXPENSES:** \$ 311.08

Ch. Deloste

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Lynn Martin

**FOR THE MONTH OF:** April 07

**EXPENSES**

01-71110300002

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

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

**ACCOMMODATION:** \$ 311.08 62512000

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

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

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

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

ENTERED APR 30 2007.

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

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

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

**TOTAL EXPENSES:** \$ 311.08

299.63  
11.45

4. DeCoste  
Reloc

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

guest

travel agent/charge to

Ms. Lynn Martin  
 Calgary Health Region

room 1114  
 rate 140.00  
 no. pers. 1  
 folio 148933 EX-A  
 page 1  
 arrive 16-APR-07 18:33  
 depart 18-APR-07  
 payment VI

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

CAB14B

1114

Date	Reference	Description	Charges Credits
16-APR-07	RT1114	Room Charge	140.00
16-APR-07	RT1114	GST	8.48
16-APR-07	RT1114	DMF	1.40
16-APR-07	RT1114	Tourism Levy	5.66
17-APR-07	RT1114	Room Charge	140.00
17-APR-07	RT1114	GST	8.48
17-APR-07	RT1114	DMF	1.40
17-APR-07	RT1114	Tourism Levy	5.66
18-APR-07	VI	Visa	311.08-
Total Charges			311.08
Total Credits			311.08-
Balance Due			0.00

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

\*\* 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. Lynn Martin  
 FOLIO 148933 16-APR-07



2007-04-26 10:14 01331

403 568 0763 >> CHR-CEO/Board

APPLICANT COPY

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

quest \_\_\_\_\_ travel agent/charge to \_\_\_\_\_  
Ms. Lynn Martin room 1114  
Calgary Health Region rate 140.00  
no. pers. 1  
folio 148933 EX-A  
page 2  
arrive 16-APR-07 18:33  
depart 18-APR-07  
payment VI  
s.17(1), 17(4)(g)(i)  
CAB14B

date reference description charges/tax

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
16-APR-07	140.00	8.48	5.66	0.00	0.00	1.40	155.54
17-APR-07	140.00	8.48	5.66	0.00	0.00	1.40	155.54
Total	280.00	16.96	11.32	0.00	0.00	2.80	311.08

Date	Payment
16-APR-07	0.00
17-APR-07	0.00
Total	0.00

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

GST Summary:

GST Room Revenue:	16.96
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	16.96

861336493RT0005

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

signature \_\_\_\_\_

As a Starwood Preferred Guest, you could have earned 560 Starpoints for this visit. Please provide your member number or enroll today.

Ms. Lynn Martin  
FOLIO 148933 16-APR-07



1296296

23627

### CALGARY HEALTH REGION

## BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Lynn Martin

FOR THE MONTH OF

April 2007

### EXPENSES

(Please attach original receipts.)

ENTERED MAY 22 2007

Date	Description	Amount	GST	Total
May	Shaw Cable	86.95	5.22	92.17

TOTAL EXPENSES:

\$ 92.17

Financial code: 01-71110300003-62210001

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

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

X:Board/Honoraria/Supplementary Expenses Claim Form

**SHAW**



**TELEVISION**



**INTERNET**

**Sales & Customer Service**  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Jun-07 to 30-Jun-07  
**Invoice Date:** May 09, 2007  
**Due Date:** June 01, 2007 s.17(1), 17(4)(g)(i)

Visit us at **SHAW.CA**

PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 191.29  
Payment Received - Thank You 27-Apr-07 -200.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice

**-8.71**

**Current Charges**

Entertainment Bundle  
Full Cable & High-Speed Bundle 86.95  
GST (Registration 873690457RT) 5.22

**Total Current Charges**

Due by 01-Jun-07 **92.17**

**Total Amount Due**

**\$83.46**

By bundling your services, you have saved \$6.95 on this bill.

Get more phone for your money with Shaw's home phone service. Call us or Visit SHAW.CA for more details.

Make your old TV new again with a Shaw Digital Terminal. Call us for more details!

Thank you for keeping your account current.

Effective July 1, 2007, the monthly rate for your services will be adjusted to \$89.95, plus taxes. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

If you are being billed a promotional rate or had a change in service since this invoice was printed, the adjusted rate quoted above may differ.

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

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

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

Date	Description	Amount	GST	Total
	Printer Cartridge	34.64	2.08	36.72

ENTERED JUN 4 2007

TOTAL EXPENSES: R \$ 36.72

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u>	Print Name: <u>Lou DeCoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1127</u>

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

*LR*

X: Board/Honoraria/Supplementary Expenses Claim Form



**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

FOR THE MONTH OF July 2007

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

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

Date	Description	Amount	GST	Total
May	Shaw Cable		F	99.12
July	Shaw Cable		R	95.35
ENTERED AUG 17 2007				

TOTAL EXPENSES: R \$ 194.47

Financial code: 01-71110300003-62210001

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

s.17(1), 17(4)(g)(i)  
X: Board/Honoraria/Supplementary Expenses Claim Form

*RM*

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TELEVISION



INTERNET



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Sales & Customer Service  
(403) 716-6000  
M-F 7:30am-10pm  
S-S 7:30am-10pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: PS MARTIN  
Account Number:  
Service Address:  
Service Period: 01-May-07 to 31-May-07  
Invoice Date: April 09, 2007  
Due Date: May 01, 2007

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

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 249.12  
Payment Received - Thank You 2-Apr-07 -150.00

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice  
Due Now 99.12

Current Charges

Entertainment Bundle  
Full Cable & High-Speed Bundle 86.95

*Jammy*

GST (Registration 873690457RT) 5.22

Total Current Charges Due by 01-May-07 92.17

Total Amount Due \$191.29

Thank you for keeping your account current.

By bundling your services, you have saved \$6.95 on this bill.

Share your thoughts on our products and services. Complete our online survey on SHAW.CA

Why Pay For Security?  
Shaw Secure is a world class security suite available at no cost to all Shaw Internet customers. A \$90 retail value, Shaw Secure updates 4 times as often as Norton & McAfee.

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 Mon-Sun 8am-9pm

**TV Technical Support**  
 (403) 716-6060  
 24/7/365

**Internet & Phone Technical Support**  
 (403) 750-6990  
 24/7/365

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Aug-07 to 31-Aug-07  
**Invoice Date:** July 09, 2007  
**Due Date:** August 01, 2007 s.17(1), 17(4)(g)(i)

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PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 178.81  
 Payment Received - Thank You 28-Jun-07 -100.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice  
 Due Now **78.81**

**Current Charges**

Entertainment Bundle  
 Classic Cable & High-Speed 89.95

GST (Registration 873690457RT) 5.40

**Total Current Charges** Due by 01-Aug-07 **95.35**

**Total Amount Due** **\$174.16**

Thank you for keeping your account current.

By bundling your services, you have saved \$8.95 on this bill.

**Moving?**  
 With one call Shaw will transfer your services at no cost. Call today for more details!

Make life easier with Shaw's home phone service. Call today to learn more!

*for July*

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Martin

FOR THE MONTH OF:

July 2007

**EXPENSES**

01-7111030002

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

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

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

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

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

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

OTHER (please describe):

~~\_\_\_\_\_~~ \$ \_\_\_\_\_

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

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

MILEAGE: 890 km at .44¢ /km \$ 391.60 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 391.60

*U. Deloste*

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Martin, Lynn

FOR THE MONTH OF:

July 2007

**EXPENSES**

ENTERED AUG 20 2007

01-71110300002

AIRFARE:

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

CAR RENTAL:

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

ACCOMMODATION:

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

MEALS:

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

PARKING:

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

TAXIS:

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

OTHER (please describe):

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

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

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

MILEAGE: 890 km at .44¢ /km  
(Attach Local Travel Expense Claim form)

\$ 391.60 62210000

TOTAL EXPENSES:

R \$ 391.60

Ch. Deloste  
CB

### CALGARY HEALTH REGION

### BOARD EXPENSE FORM

NAME:

Martin

FOR THE MONTH OF:

July 2007

### EXPENSES

01-71110300002

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

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

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

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

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

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

OTHER (please describe):

~~\_\_\_\_\_~~ \$ ~~\_\_\_\_\_~~

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

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

MILEAGE: 890 km at .44¢ /km  
(Attach Local Travel Expense Claim form) \$ 391.60 62210000

TOTAL EXPENSES: \$ 391.60

*U. Deloste*

C:\Users\owner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\FJFWND\Honoraria Forms.DOC Revised: February 2006

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

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Martin</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board</i>		PHONE NUMBER	DATE <i>July/2007</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>July 5<sup>th</sup></i>	<i>Bray creek BPO</i>	<i>204k</i>		
<i>12</i>	<i>PLC Breakfast</i>	<i>21k</i>		
<i>23</i>	<i>Team meeting</i>	<i>62k</i>		
<i>30<sup>th</sup></i>	<i>Edmonton HBA</i>	<i>603k</i>		
		<i>890.</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	<b>MILEAGE/PARKING</b>	
EMPLOYEE SIGNATURE <i>L. Delato</i>			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
AUTHORIZATION <i>s.17(1), 17(4)(g)(i)</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1127</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X: Board/Honoraria/Local Travel Expense Claim





**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME:

Lynn Martin

FOR THE MONTH OF

August 2007

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

ENTERED SEP 13 2007

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

Date	Description	Amount	GST	Total
Aug 07	Shaw	91.53	5.40	96.93

TOTAL EXPENSES:

*R* \$ 96.93

Financial code: 01-71110300003-62210001

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

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

*RB*

X: Board/Honoraria/Supplementary Expenses Claim Form

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**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Sep-07 to 30-Sep-07**  
Invoice Date: **August 09, 2007**  
Due Date: **September 01, 2007**

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

Visit us at **SHAW.CA**

*172528*

PAGE 1 OF 3

By bundling your services, you have saved \$8.95 on this bill.

**Previous Charges**

Balance Carried forward from Previous Statement 174.16

**Outstanding Balance**

Due Now ~~174.16~~

Payments you have made after invoice date will appear on your next invoice

**Current Charges** (Details on following pages)

Entertainment Bundle 89.95

Other Charges 1.58

GST (Registration 873690457RT) 5.40

**Total Current Charges**

Due by 01-Sep-07 **96.93**

**Total Amount Due**

Your account is overdue.  
If payment has been made, thank you and please disregard the following message.

Outstanding Balance ~~174.16~~ Due Now  
Current Charges \$96.93 Due by 01-Sep-07

To avoid any interruption in services and late fees, please pay immediately.  
If immediate payment is not received a \$20.00 processing fee may be applied to your account.

Payment can be made over the telephone or in person at your local Shaw Cable office or our 24 hour quick deposit mailbox where available.

*pdw*  
*Full*

**Sign up for Shaw eBill** for your chance to win tickets to Blue Man Group live in concert! Visit **SHAW.CA** today to learn more!

**Moving?** With one call Shaw will transfer your services at no cost. Call today for more details!

**CALGARY HEALTH REGION  
BOARD EXPENSE FORM**

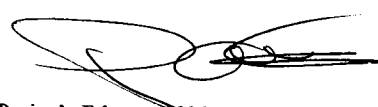
NAME:                     Martin                      
FOR THE MONTH OF:                     Aug. 2007                    

**EXPENSES**

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	\$ <u>13.60</u>	<u>62210000</u>
PARKING:	\$ _____	_____
TAXIS:	\$ _____	_____
OTHER (please describe):		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>108</u> km at .44¢ /km (Attach Local Travel Expense Claim form)	\$ <u>47.52</u>	<u>62210000</u>
<b>TOTAL EXPENSES:</b>	\$ <u><u>61.12</u></u>	

*Ch. Deloste*



CALGARY HEALTH REGION

23627

BOARD EXPENSE FORM

NAME:

Lynn Martin

FOR THE MONTH OF:

Aug. 2007

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

EXPENSES

ENTERED SEP 2 2007

01-71110300002

AIRFARE:

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

CAR RENTAL:

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

ACCOMMODATION:

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

MEALS:

2 \$ 13.60 62210000

PARKING:

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

TAXIS:

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

OTHER (please describe):

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

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

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

MILEAGE: 108 km at .44¢ /km  
(Attach Local Travel Expense Claim form)

R \$ 47.52 62210000

TOTAL EXPENSES:

\$ 61.12

U. Deloste



*meal w/ alcohol*

MILNS RESTAURANT  
222 23RD ST  
LITCHFIELD  
MI 48034

Aug 09 2007 01:20  
Trans#4531

TRANSACTION RECORD  
INTERAC DIRECT PAYMENT

Name :

Card Number:

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

Card Entry : S@1  
Account : DEBIT  
Account Type : SAVINGS

Trans Type :

13.60

Amount : \$ 27.60  
Tip : 4.00  
Total : \$ 31.60

Auth # : 39724  
Sequence # : 001001329  
Merchant ID : 2499350  
Employee : Vanbocqustal  
Employee # : 128  
Terminal # : MI2249905001  
Date : 07/09/09  
Time : 13:30 31

00 APPROVED

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

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

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

Date	Description	Amount	GST	Total
Nov	Snow Cable			50.00

ENTERED DEC 06 2007

TOTAL EXPENSES: 2 \$ 50.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u>	Print Name: <u>Lou DeCoste</u>
Authorizer's Employee Number: <u>s.17(1), 17(4)(g)(i)</u>	Authorizer Phone Number (in full): <u>943-1122</u>
Employee Signature: <u>Lynn Martin</u>	

X: Board/Honoraria/Supplementary Expenses Claim Form

RB



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(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Dec-07 to 31-Dec-07**  
Invoice Date: **November 09, 2007**  
Due Date: **December 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

**Previous Charges**

Balance Carried forward from Previous Statement 289.57  
Payment Received - Thank You 16-Oct-07 -200.00  
Payment Received - Thank You 29-Oct-07 -100.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice **-10.43**

**Current Charges**

Entertainment Bundle  
Classic Cable & High-Speed 89.95

GST (Registration 873690457RT) 5.40

**Total Current Charges** Due by 01-Dec-07 **95.35**

**Total Amount Due** **\$84.92**

Thank you for keeping your account current.

By bundling your services, you have saved \$8.95 on this bill.

Add **SHAW'S HOME PHONE SERVICE** and **GET ONE MONTH FREE!** Plus installation is on us! A \$94.95 Value! **CALL NOW TO ORDER!**

Get a **DIGITAL TERMINAL** this holiday season **FOR ONLY \$55!** Sign up today and get a 30 day preview **Valued over \$60!** **CALL NOW TO ORDER!**

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$84.92**  
By 01-Dec-07

Amount Enclosed

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

38/ 13  
PS MARTIN

41108

626(X)

**SHAW CABLE**  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000008492 5

⑆00706⑆900⑆

96

50.00

95.35



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Lynn Martin

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

**EXPENSES**

01-71110300002

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

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

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

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

**PARKING:** (meter) R \$ 14.00 62210000

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

**OTHER (please describe):**

< \$ \_\_\_\_\_ **ENTERED DEC 0 6 2007**

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

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

**MILEAGE:** 542 km at .44¢ /km \$ 238.48 62210000  
(Attach Local Travel Expense Claim form)


**TOTAL EXPENSES:** R \$ 252.48

**Employee Signature:** L. Martin Y. DeCaste



RM

**APPLICANT COPY**

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

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Lynn Martin</i>		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
3	long-term for PhC volunteer	28		
14	Southport X2	52		
14		52		
20	Q + A Southport	52		
21	AB Health Council, PhC meeting	97		
22	Report to Community Relations + Roundup	106		
23	Diversity Conference	103		
28	Board	52		
		542		

**CODING & AUTHORIZATION**

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

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

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

23627

1465893

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Lynn Martin

FOR THE MONTH OF Dec 08 Jan 08

EXPENSES ENTERED FEB 19 2008  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Dec	Show Cable	r		50.00
Jan	Show Cable			50.00

TOTAL EXPENSES: \$ 100.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:		Print Name:	
u. Deloste		Lou DeGoste	
Authorizer's Employee Number:		Authorizer Phone Number (in full):	
		943-1177	
Employee Signature:			
<i>[Signature]</i>			

X: Board/Honorary/Supplementary Expenses Claim Form

AB

*[Signature]*



TELEVISION



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Mon-Sun 8am-9pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: PS MARTIN  
Account Number:  
Service Address:  
Service Period: 01-Jan-08 to 31-Jan-08  
Invoice Date: December 09, 2007  
Due Date: January 01, 2008

Visit us at SHAW.CA

By bundling your services you have saved \$8.95 on this bill.

**CALL TODAY!**  
Ask about our \$99.95 Bundle! Add Digital Phone Lite to your TV and Internet bundle for as low as \$15/month for the first 3 months!

**Get a DIGITAL TERMINAL**  
this holiday season FOR ONLY \$55!  
Sign up today and get a 30 day preview Valued over \$60!  
**CALL NOW TO ORDER!**

**Previous Charges**

Balance Carried forward from Previous Statement

Payment Received - Thank You

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice

**Current Charges**

Entertainment Bundle

Classic Cable & High-Speed

GST (Registration 873690457RT)

**Total Current Charges**

**Total Amount Due**

Thank you for keeping your account current.

**As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!\* CALL TODAY!**

\*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL(R) Centre Ice(TM)

PAGE 1 OF 2

84.92

-95.00

-10.08

89.95

5.40

Due by 01-Jan-08

95.25

\$85.27

\$ 50.00

*Martin*

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**TELEVISION** **INTERNET**



**Sales & Customer Service**  
(403) 716-6000  
Mon-Sun 8am-9pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Feb-08 to 29-Feb-08  
**Invoice Date:** January 09, 2008  
**Due Date:** February 01, 2008

Visit us at [SHAW.CA](http://SHAW.CA)

By bundling your services you have saved **\$8.95** on this bill.

**CALL TODAY!**

Ask about our **\$99.95 Bundle!** Add Digital Phone Lite to your TV and Internet for as low as **\$15/month** for the first 3 months!

Get a **DIGITAL TERMINAL FOR ONLY \$55!** Sign up today and get a 30 day preview **Valued over \$60!** **CALL NOW!**

**Previous Charges**

Balance Carried forward from Previous Statement  
Payment Received - Thank You

28-Dec-07 85.27  
86.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice

-0.73

**Current Charges**

Entertainment Bundle  
Classic Cable & High-Speed

89.95

GST (Registration 873690457RT)

4.50

**Total Current Charges**

Due by 01-Feb-08 **94.45**

**Total Amount Due**

**\$93.72**

Thank you for keeping your account current.

**As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!\* CALL TODAY!**

\*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL (R) Centre Ice(TM)

*50.00*  
*of months*

PAGE 1 OF 3.17(1), 17(4)(g)(i)

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**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **PS MARTIN**  
Account Number:  
Service Address:  
Service Period: **01-Feb-08 to 29-Feb-08**  
Invoice Date: **January 09, 2008**  
Due Date: **February 01, 2008**

Visit us at **SHAW.CA**

PAGE 1 OF 2 s.17(1), 17(4)(g)(i)

By bundling your services you have **saved \$8.95** on this bill.

**Previous Charges**

Balance Carried forward from Previous Statement 85.27  
Payment Received - Thank You 28-Dec-07 -86.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice **-0.73**

**Current Charges**

Entertainment Bundle  
Classic Cable & High-Speed 89.95

GST (Registration 873690457RT) 4.50

**Total Current Charges**

Due by 01-Feb-08 **94.45**

**Total Amount Due**

**\$93.72**

Thank you for keeping your account current.

**As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!\* CALL TODAY!**

\*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL(R) Centre Ice(TM)

*50.00*  
*of month*

**CALL TODAY!**

Ask about our **\$99.95 Bundle!** Add **Digital Phone Lite** to your TV and Internet for as low as **\$15/month** for the first 3 months!

Get a **DIGITAL TERMINAL FOR ONLY \$55!** Sign up today and get a 30 day preview **Valued over \$60!** **CALL NOW!**

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Mon-Sun 8am-9pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-Jan-08 to 31-Jan-08  
**Invoice Date:** December 09, 2007  
**Due Date:** January 01, 2008

Visit us at [SHAW.CA](http://SHAW.CA)

PAGE 1 OF 2 s.17(1), 17(4)(g)(i)

By bundling your services you have **saved \$8.95** on this bill.

**Previous Charges**

Balance Carried forward from Previous Statement 84.92  
Payment Received - Thank You 3-Dec-07 -95.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice **-10.08**

**Current Charges**

Entertainment Bundle  
Classic Cable & High-Speed 89.95  
GST (Registration 873690457RT) 5.40

**Total Current Charges**

Due by 01-Jan-08 ~~95.35~~

**Total Amount Due**

**\$85.27**

Thank you for keeping your account current.

*\$ 50.00*  
*Martin*

**As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!\* CALL TODAY!**

\*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL(R) Centre Ice(TM)

**CALL TODAY!**  
Ask about our **\$99.95 Bundle!**  
Add **Digital Phone Lite** to your TV and Internet bundle for as low as **\$15/month** for the first 3 months!

**Get a DIGITAL TERMINAL** this holiday season **FOR ONLY \$55!**  
Sign up today and get a 30 day preview **Valued over \$60!**  
**CALL NOW TO ORDER!**

23627

1465901

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Lynn Martin

FOR THE MONTH OF:

Dec 07 / Jan 08

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

EXPENSES

ENTERED FEB 19 2008

01-71110300002

AIRFARE:	\$	_____	_____
CAR RENTAL:	\$	_____	_____
ACCOMMODATION:	\$	_____	_____
MEALS:	\$	_____	_____
PARKING:	\$	_____	_____
TAXIS:	\$	_____	_____
OTHER (please describe):	\$	_____	_____
	\$	_____	_____
	\$	_____	_____
	\$	_____	_____
MILEAGE: <u>417</u> km at .44¢ /km <small>(Attach Local Travel Expense Claim form)</small>	\$	<u>183.48</u>	<u>62210000</u>
TOTAL EXPENSES: <u>R</u>	\$	<u>183.48</u>	

Employee Signature: \_\_\_\_\_

*[Handwritten Signature]*

4. Deloste

RR

*[Handwritten Signature]*



calgary health region

ACH     FMC     Southport  
 PLC     RGH     Other

**LOCAL TRAVEL EXPENSE CLAIM  
MILEAGE & PARKING**

**INSTRUCTIONS:**

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

EMPLOYEE NAME (Print) <i>Luigi Martin</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board</i>		PHONE NUMBER		
DATE OF TRAVEL/EXPENSE		DATE		
DATE OF TRAVEL/EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Dec 5</i>	<i>Board Council retreat</i>	<i>47</i>		
<i>Dec 5</i>	<i>Board Christmas Party</i>	<i>51</i>		
<i>Dec 20</i>	<i>PLC Delta</i>	<i>52</i>		
<i>Jan 16</i>	<i>Health Council</i>	<i>47</i>		
<i>Jan 24</i>	<i>AGM Medicals Specs</i>	<i>40</i>		
<i>Jan 25</i>	<i>Lunch Luncheon Sebrae</i>	<i>33</i>		
<i>Jan 29</i>	<i>Board meeting</i>	<i>52</i>		
<i>Jan 31</i>	<i>C+A</i>	<i>52</i>		
<del><i>Board</i></del>	<del><i>Board</i></del>	<del><i>52</i></del>		
<i>16 Jan</i>	<i>Travel Vancouver pin</i>	<i>43</i>		
		<i>417</i>		

**CODING & AUTHORIZATION**

6	2	2	1	0	0	0	0	0	
GL DESCRIPTION									AMOUNT (including GST)
MILEAGE/PARKING									
TOTAL PAYABLE TO EMPLOYEE									

EMPLOYEE SIGNATURE: *[Signature]*

AUTHORIZATION: *L. De (1) 17(4)(g)(i)*

AUTHORIZER EMPLOYEE NUMBER: *00873*

AUTHORIZER PHONE NUMBER: *943-1172*

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honorary/Local Travel Expense Claim

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: Lynn Martin

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

**EXPENSES** ENTERED MAY 14 2008  
 (Please attach original receipts.)

Date	Description	Amount	GST	Total
March	Shaw Cable			50.00
April	Shaw Cable			50.00

TOTAL EXPENSES:

R \$ 100.00

Financial code: 01-71110300003-62210001

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

X:Board/Honoraria/Supplementary Expenses Claim Form

[Signature] RB



INTERNET



Sales & Customer Service  
(403) 716-6000  
Mon-Sun 8am-9pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: PS MARTIN  
Account Number:  
Service Address:  
Service Period: 01-Mar-08 to 31-Mar-08  
Invoice Date: February 09, 2008  
Due Date: March 01, 2008 s.17(1), 17(4)(g)(i)

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 93.72  
Payment Received - Thank You 4-Feb-08 -93.00

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice  
Due Now 0.72

Current Charges

Entertainment Bundle  
Classic Cable & High-Speed 89.95

GST (Registration 873690457RT) 4.50

Total Current Charges Due by 01-Mar-08 94.45

Total Amount Due

**\$95.17**

\$150.00

Thank you for keeping your account current.

Effective April 1, 2008, the monthly rate for your services will be adjusted to \$92.95, plus taxes. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

If you are being billed a promotional rate or had a change in service since this invoice was printed, the adjusted rate quoted above may differ.

By bundling your services you have saved \$8.95 on this bill.

**CALL TODAY!**

Ask about our **\$99.95 Bundle!** Add **Digital Phone Lite** to your TV and Internet for as low as **\$15/month for the first 3 months!**

**Even LOWER LONG DISTANCE RATES to 30 countries!** CALL India, Pakistan and the Philippines from **\$0.06/minute!** VISIT SHAW.CA for more info.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$95.17**  
By 01-Mar-08

Amount Enclosed

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

43 / 13  
PS MARTIN

41772

626(B)

SHAW CABLE  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000009517 6



96

**SHAW**



**Sales & Customer Service**  
(403) 716-6000  
Mon-Sun 8am-9pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

**Customer Name:** PS MARTIN  
**Account Number:**  
**Service Address:**  
**Service Period:** 01-May-08 to 31-May-08  
**Invoice Date:** April 09, 2008 s.17(1), 17(4)(g)(i)  
**Due Date:** May 01, 2008

Visit us at [SHAW.CA](http://SHAW.CA)

By bundling your services you have **saved \$8.95** on this bill.

**CALL TODAY!**

Ask about our **\$99.95 Bundle!** Add **Digital Phone Lite** to your TV and **High-Speed Internet bundle** for as low as **\$15/month for the first 3 months!**

Please note that **Shaw's Channel Line-up will be changing on April 22-24.** Please visit **SHAW.CA** for full details.

**Previous Charges**

Balance Carried forward from Previous Statement 97.77  
Payment Received - Thank You 2-Apr-08 -95.00

**Outstanding Balance**

Payments you have made after invoice date will appear on your next invoice Due Now **2.77**

**Current Charges**

Entertainment Bundle  
Classic Cable & High-Speed 92.95

GST (Registration 873690457RT) 4.65

**Total Current Charges**

Due by 01-May-08 **97.60**

**Total Amount Due**

~~\$100.37~~

**\$ 50.00**

Thank you for keeping your account current.

Whether you use long distance a little or a lot, Shaw has a home phone service plan that's right for you. Visit [Shaw.ca](http://Shaw.ca) for more details.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$100.37**

Amount Enclosed

By 01-May-08

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

41/ 12  
PS MARTIN

40616

626(K)

**SHAW CABLE**  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000010037 7

⑆00706⑉900⑆

96

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Lynn Martini

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

**EXPENSES**

01-7111030002

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

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

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

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

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

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

**OTHER (please describe):**

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

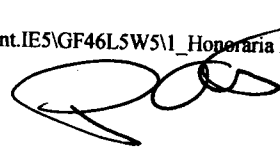
\_\_\_\_\_ \$ \_\_\_\_\_

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

**MILEAGE:** 248 km at <sup>46</sup>44¢ /km \$ 160.08 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** R \$ 160.08

**Employee Signature:** Y. Deloste

 RB

