

**CALGARY HEALTH REGION
BOARD EXPENSE FORM**

NAME: Mairi Matheson
FOR THE MONTH OF: January/February 2004 s.17(1), 17(4)(g)(i)

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

ENTERED MAR 23 2004

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 118 km at .38¢ /km ^R \$ 44.84 62210000

TOTAL EXPENSES: \$ 44.84

Handwritten signature

APPLICANT COPY

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

EMPLOYEE NAME (PRINT) <i>Matheson M.</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM RATE (for mileage)	
<i>Jan 12</i>		<i>To Hillhurst return 1km</i>		<i>19 km</i>	
<i>Jan 15</i>		<i>Quality Care Southport 10x2</i>		<i>20 km</i>	
<i>Jan 20</i>		<i>Beard Mtg. Southport 10x2</i>		<i>20 km</i>	
<i>Jan 29</i>		<i>Board Strategy Southport 10x2</i>		<i>20 km</i>	
<i>Feb 5</i>		<i>Hill Home Woodbine RHMAC 5x2</i>		<i>10 km</i>	
<i>Feb 10</i>		<i>Joint mtg QC & Finance 10x2 km</i>		<i>20 km</i>	
<i>Feb 12</i>		<i>Drug Treatment Court ^{Salvation Army} 1x2</i>		<i>14 km</i>	

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: M. MATHESON

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

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 364 km at .38¢ /km \$ 138.32 62210000

TOTAL EXPENSES: \$ 138.32

ENTERED APR 19 2004

Bandy RB

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER	
M. MATHESON				
DEPARTMENT	SITE	PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 4	Airdrie Rtn	46k		
Mar 11	Quality Care SouthPort Rtn	20km		
Mar 23	CHK Boond SouthPort Rtn	20k		
Mar 25	Bitmae - HUHUst Rtn	14k		
Mar 29	Clareholm Rtn	264Km		

FINANCIAL CODE

Org	Functional Centre	Account	Mileage/Parking	\$
		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	

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: M. Matheson

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

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
		Non-Responsive		
Jan. 04	Rogers Wireless			35.79

ENTERED MAY 17 2004

TOTAL EXPENSES: 2 \$ 95.33

Financial code: 01-71110300003-62210001

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

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

RB

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: M. MATTHESON

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

EXPENSES ENTERED MAY 17 2004

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 200 km at .38¢ /km *R* \$ 76.00 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 76.00

RB

APPLICANT COPY

 LOCAL TRAVEL EXPENSE CLAIM
 MILEAGE & PARKING

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

EMPLOYEE NAME (PRINT) <i>MATTHEWSON MAIRI</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE <i>CITY Board</i>		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE
April 2.		<i>RITMAC High River ALN 75</i>		150	
April 7.		<i>RITMAC - WOODS Home ALN 8</i>		16	
April 20		<i>Southport Board ALN 10</i>		20	
April 30		<i>RITMAC { Hillhurst ALN 7 } { Mandeville Loop ALN }</i>		14	

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

MAIRI MATHESON

FOR THE MONTH OF:

MAY 2004

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

EXPENSES

ENTERED JUN 16 2004

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

R \$ 8.50 62210000

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 132 km at .38¢ /km

R \$ 50.16 62210000

TOTAL EXPENSES:

\$ 58.66

Bandy

APPLICANT COPY

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

EMPLOYEE NAME (PRINT) <i>M. Matheson</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT <i>Board.</i>		SITE		PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS			# OF KM (for mileage)	RATE	AMOUNT
<i>May 06</i>	<i>Quality Care Southport 10x2</i>			<i>20</i>		
<i>May 11</i>	<i>Special mtg Board (+Nurses Lunch) Southport 10x2</i>			<i>20</i>		
<i>May 05</i>	<i>Canadian Mental Health Panel member (Attmpe) Kananaskis Centre 8x2</i>			<i>16</i>		
<i>May 17</i>	<i>C.FAP Presentation 20x2 CHC updates - Big Rock Banquet</i>			<i>40</i>		
<i>May 20</i>	<i>Physician Lesson Southport 10x2</i>			<i>20</i>		
<i>May 31</i>	<i>People First Award Rep. DThes. 8x2</i>			<i>16</i>		

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

APPLICANT COPY

002 310000 0000

0000 0000

*People
First.*

~~PERFORMING ARTS~~

CENTRE

~~INCL. G.S.T.~~

---591153--- 2 --

MO 31.05.04 17:24

00 ==>D500

#ST P5 -2590-

8.50 \$

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: M. Matheson

FOR THE MONTH OF May (and before!) 2004 s.17(1), 17(4)(g)(i)

EXPENSES
(Please attach original receipts.)

ENTERED JUN 16 2004

Date	Description	GST	Amount
May 104	Rogers Wireless		2 29.10
Apr 104	" "		31.78
Mar 104	" "		33.12
Feb 104	" "		2 34.45
Jan 104	Internet		2 38.90
Feb 104	"		2 38.90
Mar 104	"		2 38.90
Apr 104	"		2 39.48
May 104	"		39.48

TOTAL EXPENSES:

2 324.11
\$ 324.11

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Landry</u>	Print Name: <u>Shirley Landry</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>9143-1122</u>

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

RB

Previous bill for account:

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

Account	Bill amount	Due date	Bill period ending
1-0124-9449	\$ 31.78	04/19/2004	04/05/2004
1-0124-9449	\$ 33.12	03/19/2004	03/05/2004
1-0124-9449	\$ 34.45	02/19/2004	02/05/2004
1-0124-9449	\$ 35.79	01/19/2004	01/05/2004 - already submitted

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



[back](#)

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

Sales & Service Or Billing Inquiries 310-2255
If calling Outside Alberta 1-800-400-2598

Details of your new charges

Monthly Local Services (including rental equipment if applicable)

(from Jan 19 to Feb 18)

	31.81
1 Residence Line Touchtone	\$23.86
1 Call Display	7.95
Total charges for monthly local services	\$31.81

Additional Charges and Credits

	39.47
1 E9-1-1 Provincial Network Fee Jan 16	\$.13
1 E9-1-1 Municipal Call Answer Fee Jan 16	.44

For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

Freedom Internet Security Dec 25
High Speed Access Dec 25

Total TELUS Internet Services

Total additional charges and credits

3.95
34.95
\$38.90
\$39.47

Directory Assistance

.75

Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
------------------------------	---------------------------------------	--------------------

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

Operator assisted - dial rate

1 Sat Jan 10 12:56 pm DIR ASST	.75
--------------------------------	-----

Total Directory Assistance

\$.75

Long Distance Charges

5.77

Long Distance Administration Fee Jan 19

2.95

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

0053700015

96



Sales & Service Or Billing Inquiries 310-2255
If calling Outside Alberta 1-800-400-2598

Details of your new charges

Monthly Local Services (including rental equipment if applicable)

(from Feb 19 to Mar 18)

	31.81
1 Residence Line Touchtone	\$23.86
1 Call Display	7.95
Total charges for monthly local services	\$31.81

Additional Charges and Credits

	39.47
1 E9-1-1 Provincial Network Fee Feb 16	\$.13
1 E9-1-1 Municipal Call Answer Fee Feb 16	.44

For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

High Speed Access Jan 25	3.95
Total TELUS Internet Services	34.95
Total additional charges and credits	\$38.90
	\$39.47

Directory Assistance	.75
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Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
-----------------------	--------------------------------	-------------

Operator assisted - dial rate s.17(1), 17(4)(g)(i)

1 Fri Jan 30 10:08 am DIR ASST	.75
--------------------------------	-----

Total Directory Assistance	\$.75
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Long Distance Charges	5.95
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Long Distance Administration Fee Feb 19	2.95
---	------

Your Way Straight - Calling Card and Overseas

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



[REDACTED]
M. MATHESON

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

Sales & Service Or Billing Inquiries 310-2255
If calling Outside Alberta 1-800-400-2598

Details of your new charges

Monthly Local Services (including rental equipment if applicable)

(from Mar 19 to Apr 18)

	31.81
1 Residence Line Touchtone	\$23.86
1 Call Display	7.95
Total charges for monthly local services	\$31.81

Additional Charges and Credits

	39.48
1 E9-1-1 Provincial Network Fee Mar 16	\$.14
1 E9-1-1 Municipal Call Answer Fee Mar 16	.44

TELUS [REDACTED]

For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

High Speed Access Feb 25
Freedom Internet Security Feb 25

34.95
3.95
\$38.90

Total TELUS Internet Services	\$38.90
Total additional charges and credits	\$39.48

Directory Assistance **1.50**

Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
-----------------------	--------------------------------	-------------

Operator assisted - dial rate s.17(1), 17(4)(g)(i)

1 Mon Feb 23 12:16 pm DIR ASST	.75
2 Fri Feb 27 06:54 pm DIR ASST	.75

Total Directory Assistance **\$1.50**

Long Distance Charges **7.61**

Long Distance Administration Fee Mar 19 2.95

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

0053790017

96

TELUS® Your TELUS Statement

TELUS Communications Inc.

Sales & Service Or Billing Inquiries 310-2255
If calling Outside Alberta 1-800-400-2598

Page
1 of 4

M MATHESON

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

2

Your account number Your TELUS Account ID

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

Here's what you owe this month: \$88.28

Amount of your last bill	\$88.20
Payment we processed on Apr 06 - Thank You	-88.20
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Apr 19 to May 18	23.86
1 Call Display from Apr 19 to May 18	7.95
Additional Charges and Credits (see details below)	39.48
Directory Assistance (see details below)	.75
Long Distance Charges (see details below)	10.29
Alternate Service Billing (see details below)	.20
GST (Registration 100652692) at 7%	5.75
<hr/>	
Total new charges	88.28
Total amount due by May 10	\$88.28

• Thank you for keeping your account up to date.

Additional Charges and Credits

1 E9-1-1 Provincial Network Fee Apr 16	\$.14
1 E9-1-1 Municipal Call Answer Fee Apr 16	.44

39.48

For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

Tear off here



Payment return slip

DO NOT pay this bill. \$88.28 will be debited to your pre-authorized payment account on May 07, 2004.

Phone number

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

238 (G)

M MATHESON

0126795
3
00453367
BCTREG01

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

051900008828000000004

00537 900 18

96

Sales & Service Or Billing Inquiries 310-2255
If calling Outside Alberta 1-800-400-2598

M MATHESON

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

2

Your account number Your TELUS Account ID

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

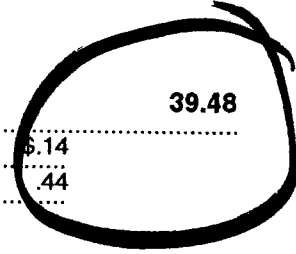
Here's what you owe this month: \$85.34

Amount of your last bill	\$88.28
Payment we processed on May 07 - Thank You	-88.28
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from May 19 to Jun 18	23.86
1 Call Display from May 19 to Jun 18	7.95
Additional Charges and Credits (see details below)	39.48
Directory Assistance (see details below)	1.50
Long Distance Charges (see details below)	4.29
Alternate Service Billing (see details below)	2.70
GST (Registration 100652692) at 7%	5.56
<hr/>	
Total new charges	85.34
Total amount due by Jun 10	\$85.34

• Thank you for keeping your account up to date.

Additional Charges and Credits

1 E9-1-1 Provincial Network Fee May 16	\$.14
1 E9-1-1 Municipal Call Answer Fee May 16	.44



For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

Tear off here



Payment return slip

DO NOT pay this bill. \$85.34 will be debited to your pre-authorized payment account on Jun 06, 2004.

Phone number

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

238 (S)

M MATHESON

0126478
3
00486755
BCTREG01

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

061900008534000000009

00537 900 19

96

**CALGARY HEALTH REGION
BOARD EXPENSE FORM**

NAME: Mairi Matheson

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

EXPENSES

ENTERED JUN 16 2004

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):
\$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 80 km at .38¢ /km ^R \$ 30.40 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 30.40

Handwritten signature

- 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>M. Matheson</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT <i>Board</i>		SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS		# OF KM (for mileage)	RATE	AMOUNT
<i>June 3</i>	<i>South Post & RTN 10K (QA)</i>		<i>20K</i>		
<i>June 17</i>	<i>South Post & RTN 10K (FIN)</i>		<i>20K</i>		
<i>June 11</i>	<i>South Post & RTN 10K (Safety)</i>		<i>20K</i>		
<i>June 29</i>	<i>South Post & RTN 10K (Brd)</i>		<i>20K</i>		

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

**CALGARY HEALTH REGION
BOARD EXPENSE FORM**

NAME: Matheson, Mairi

FOR THE MONTH OF: July 04 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____ ~~ENTERED AUG 1 0 2004~~

MEALS: \$ _____

PARKING: R \$ 21.40 62210000

TAXIS: \$ _____

OTHER (please describe): _____

_____ \$ _____

_____ \$ _____

_____ R \$ _____

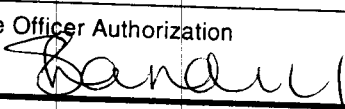
MILEAGE: 105 km at .38¢ /km
(Attach Local Travel Expense Claim form) \$ 39.90 62210000

TOTAL EXPENSES: \$ 61.30

Bandu RB

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #	DATE	
DATE OF TRAVEL /EXPENSE	DETAILS			# OF KM (for mileage)	RATE	AMOUNT
	Mairi Matheson					
July 6	South Port & Rtn			20km		
July 7	Schickman DNE Sancluis			25km		
July 7	South Port & Rtn			20km		
July	South Port & Rtn			20km		
July	Dad Tunny & KTN					
July 19	Dad Tunny & KTN			20k		

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

Send Completed Form to Accounts Payable



OFFICIAL RECEIPT

DATE: June 7/09

Received from Ms. Matheson
the sum of twenty-one ~~40~~ ~~20~~
in payment of Valet Parking
\$ 21.40

Method of Payment

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

*Schwarzenegger
Dimitri
eau Claire*

[Signature]
Hotel Authorization

Time: _____

Matheson



15699

Dear Guest,

Please present this ticket to the **Front Desk** for payment and retrieval of your vehicle.

Allow approximately 10 minutes for retrieval.

Remove all contents from your vehicle.

PLEASE SEE REVERSE

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairi Matheson

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

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: 102 km at .38¢ /km
(Attach Local Travel Expense Claim form) *R* \$ 38.76 62210000

TOTAL EXPENSES: \$ _____

RB
Bandy

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

EMPLOYEE NAME (PRINT) <i>M. Matheson</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER
DEPARTMENT		SITE	PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>SEPT 16</i>	<i>Southport Home Int.</i>	<i>20</i>		
<i>Sept 16</i>	<i>(Southport) Village Plk 2000 (RTN)</i>	<i>22</i>		
<i>Sept 21</i>	<i>Southport & RTN</i>	<i>20</i>		
<i>Sept 28</i>	<i>CITC Board Southport RTN</i>	<i>20</i>		
<i>Sept 29</i>	<i>Southport & RTN</i>	<i>20</i>		

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	\$
Employee Signature <i>Bandy</i>		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: M. Matheson.

FOR THE MONTH OF Sept. (+ Previous months) ^{s.17(1), 17(4)(g)(i)} 2004

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Sept 04	Internet			£ 38.90
Aug 04	Internet			£ 38.90
July 04	Internet			£ 38.90
June 04	Internet			£ 38.90
June 04	Rogers Wireless			£ 34.45
July 04	Rogers Wireless			£ 37.13
Aug 04	Rogers Wireless			£ 31.78

TOTAL EXPENSES: £ 258.96

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)

SL



Sales & Service: Internet 1-877-310-4NET Other products 310-2255
If calling from outside Alberta, call Toll-free: 1-800-400-2598
Manage your account @telus.com/customer-care

(continued from previous page)
Additional Charges and Credits

Total TELUS Internet Services	\$38.90
Total additional charges and credits	\$39.48

Directory Assistance	.75
-----------------------------	------------

Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
-----------------------	--------------------------------	-------------

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

Operator assisted - dial rate

1 Fri Aug 27 12:41 pm DIR ASST	.75
--------------------------------	-----

Total Directory Assistance	\$.75
-----------------------------------	--------------

Long Distance Charges	11.22
------------------------------	--------------

Long Distance Administration Fee Sep 19	3.95
---	------

Late payment fee If you don't pay the amount owing by the due date, a late payment fee applies to the total outstanding balance. The fee is 1.00% per month (12.68% per year) of the outstanding balance. Details on TELUS terms and conditions for providing service can be found in the "General Terms of Service" section of the White Pages Directory and the TELUS web site at <http://www.telus.com>

Paying your bill

You can mail your payment to:
TELUS
PO BOX 7575
VANCOUVER BC V6B 8N9

Paid stamp

TELUS Your TELUS Statement
 Sep 20, 2004

TELUS Communications Inc.

Page
1 of 6

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

M MATHESON

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

2

Your account number

Your TELUS Account ID

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

Here's what you owe this month: \$98.60

Amount of your last bill	\$93.12
Payment we processed on Sep 06 - Thank You	-93.12
Amount overdue from your last bill	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Sep 19 to Oct 18	23.86
1 Call Display from Sep 19 to Oct 18	7.95
Additional Charges and Credits (see details below)	39.48
Directory Assistance (see details below)	.75
Long Distance Charges (see details below)	11.22
Alternate Service Billing (see details below)	8.91
GST (Registration 100652692) at 7%	6.43

Total new charges 98.60
Total amount due by Oct 10 **\$98.60**

Additional Charges and Credits **39.48**

E9-1-1 Municipal Call Answer Fee Sep 19	\$.44
E9-1-1 Provincial Network Fee Sep 19	.14

TELUS Internet Services

Freedom Internet Security Aug 25	3.95
High Speed Access Aug 25	34.95

Tear off here



Payment return slip

DO NOT pay this bill. \$98.60 will be debited to your pre-authorized payment account on Oct 07, 2004.

Phone number

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

238 (J)

0126866

M MATHESON

00448513
 BCTREG01

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

101900009860000000007

00537900

96



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

(continued from previous page)
Additional Charges and Credits

Total TELUS Internet Services	\$38.90
Total additional charges and credits	\$39.18

Directory Assistance **5.25**

Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
-----------------------	--------------------------------	-------------

Operator assisted - dial rate s.17(1), 17(4)(g)(i)

1	Fri Aug 06 05:06 pm DIR ASST	.75
2	Tue Aug 10 11:27 am DIR ASST	.75
3	Tue Aug 10 11:29 am DIR ASST	.75
4	Thu Aug 12 10:23 am DIR ASST	.75
5	Thu Aug 12 10:26 am DIR ASST	.75
6	Fri Aug 13 03:31 pm DIR ASST	.75
7	Sat Aug 14 09:18 am DIR ASST	.75

Total Directory Assistance **\$5.25**

Long Distance Charges **5.71**

Long Distance Administration Fee Aug 19 3.95

Late payment fee *If you don't pay the amount owing by the due date, a late payment fee applies to the total outstanding balance. The fee is 1.00% per month (12.68% per year) of the outstanding balance. Details on TELUS terms and conditions for providing service can be found in the "General Terms of Service" section of the White Pages Directory and the TELUS web site at <http://www.telus.com>*

Paying your bill

You can mail your payment
 to:
 TELUS
 PO BOX 7575
 VANCOUVER BC V6B 8N9

Paid stamp

TELUS® Your TELUS Statement
 Aug 20, 2004

TELUS Communications Inc.

Page
1 of 4

Sales & Service: Internet 1-877-310-4NET Other products 310-2255
 If calling from outside Alberta, call Toll-free: 1-800-400-2598

M MATHESON

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

2

Your account number

Your TELUS Account ID

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

Here's what you owe this month: \$93.12

Amount of your last bill	\$105.79
Payment we processed on Aug 06 - Thank You	-105.79
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Aug 19 to Sep 18	23.86
1 Call Display from Aug 19 to Sep 18	7.95
Additional Charges and Credits (see details below)	39.48
Directory Assistance (see details below)	5.25
Long Distance Charges (see details below)	5.71
Alternate Service Billing (see details below)	4.80
GST (Registration 100652692) at 7%	6.07

Total new charges 93.12

Total amount due by Sep 10 **\$93.12**

Additional Charges and Credits

39.48

E9-1-1 Municipal Call Answer Fee Aug 19	\$.44
E9-1-1 Provincial Network Fee Aug 19	.14

TELUS Internet Services

Freedom Internet Security Jul 25
 High Speed Access Jul 25

3.95
 34.95

Tear off here

Payment return slip

DO NOT pay this bill. \$93.12 will be debited to your pre-authorized payment account on Sep 06, 2004.



Phone number

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

238 (H)

M MATHESON

0125826
 3
 00471559
 BCTREG01

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

091900009312000000007

⑆00537⑈900⑆

96



(continued from previous page)
Additional Charges and Credits

Total TELUS Internet Services	\$38.90
Total additional charges and credits	\$39.48

Directory Assistance 1.50

Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
s.17(1), 17(4)(g)(i)		
Operator assisted - dial rate		
1 Wed Jul 07 08:20 am	DIR ASST	.75
2 Tue Jul 13 08:00 pm	DIR ASST	.75

Total Directory Assistance **\$1.50**

Long Distance Charges **3.95**

Long Distance Administration Fee Jul 19 3.95

Alternate Service Billing **22.15**

CanopCo Incorporated

Late payment fee *If you don't pay the amount owing by the due date, a late payment fee applies to the total outstanding balance. The fee is 1.00% per month (12.68% per year) of the outstanding balance. Details on TELUS terms and conditions for providing service can be found in the "General Terms of Service" section of the White Pages Directory and the TELUS web site at <http://www.telus.com>*

Paying your bill

You can mail your payment
 to:
 TELUS
 PO BOX 7575
 VANCOUVER BC V6B 8N9

Paid stamp



Your TELUS Statement

Jul 20, 2004

TELUS Communications Inc.

Page 1 of 4

Sales & Service: Internet 1-877-310-4NET Other products 310-2255
If calling from outside Alberta, call Toll-free: 1-800-400-2598

M MATHESON

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

2

Your account number

Your TELUS Account ID

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

Here's what you owe this month: \$105.79

Amount of your last bill	\$87.86
Payment we processed on Jul 07 - Thank You	-87.86
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jul 19 to Aug 18	23.86
1 Call Display from Jul 19 to Aug 18	7.95
Additional Charges and Credits (see details below)	39.48
Directory Assistance (see details below)	1.50
Long Distance Charges (see details below)	3.95
Alternate Service Billing (see details below)	22.15
GST (Registration 100652692) at 7%	6.90

Total new charges 105.79

Total amount due by Aug 10 \$105.79

Additional Charges and Credits

39.48

E9-1-1 Municipal Call Answer Fee Jul 19	\$.44
E9-1-1 Provincial Network Fee Jul 19	.14

TELUS Internet Services

Freedom Internet Security Jun 25	3.95
High Speed Access Jun 25	34.95

Tear off here



Payment return slip

DO NOT pay this bill. \$105.79 will be debited to your pre-authorized payment account on Aug 06, 2004.

Phone number

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

238 (E)

0125786

3

00492991

BCTREG01

M MATHESON

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

081900010579000000003

⑆00537⑈900⑆

96



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

(continued from previous page)
Additional Charges and Credits

Total TELUS Internet Services	\$38.90
Total additional charges and credits	\$39.48

Directory Assistance	1.50
-----------------------------	-------------

Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
-----------------------	--------------------------------	-------------

Operator assisted - dial rate s.17(1), 17(4)(g)(i)

- | | | |
|-----------------------|----------|-----|
| 1 Wed May 19 01:58 pm | DIR ASST | .75 |
| 2 Wed May 26 09:34 pm | DIR ASST | .75 |

Total Directory Assistance	\$1.50
-----------------------------------	---------------

Long Distance Charges	5.49
------------------------------	-------------

Long Distance Administration Fee Jun 19	3.95
---	------

Late payment fee If you don't pay the amount owing by the due date, a late payment fee applies to the total outstanding balance. The fee is 1.00% per month (12.68% per year) of the outstanding balance. Details on TELUS terms and conditions for providing service can be found in the "General Terms of Service" section of the White Pages Directory and the TELUS web site at <http://www.telus.com>

Paying your bill

You can mail your payment to:
TELUS
PO BOX 7575
VANCOUVER BC V6B 8N9

Paid stamp

Sales & Service Or Billing Inquiries 310-2255
 If calling Outside Alberta 1-800-400-2598

M MATHESON

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

2

Your account number

Your TELUS Account ID

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

Here's what you owe this month: \$87.86

Amount of your last bill	\$85.34
Payment we processed on Jun 06 - Thank You	-85.34
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jun 19 to Jul 18	23.86
1 Call Display from Jun 19 to Jul 18	7.95
Additional Charges and Credits (see details below)	39.48
Directory Assistance (see details below)	1.50
Long Distance Charges (see details below)	5.49
Alternate Service Billing (see details below)	3.85
GST (Registration 100652692) at 7%	5.73

Total new charges **87.86**

Total amount due by Jul 10 **\$87.86**

Additional Charges and Credits	39.48
E9-1-1 Municipal Call Answer Fee Jun 19	\$.44
E9-1-1 Provincial Network Fee Jun 19	.14

TELUS Internet Services

- Manage your account online @: telus.com/customer-care
- To purchase or inquire about high speed internet or other services call Toll-free: 310-2255

High Speed Access May 25	34.95
Freedom Internet Security May 25	3.95

Tear off here



Payment return slip

DO NOT pay this bill. \$87.86 will be debited to your pre-authorized payment account on Jul 07, 2004.

Phone number

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

238 (Q)

0126255

M MATHESON

00485593
BCTREG01

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

07190000878600000009

⑆00537⑈900⑆

96



Your Rogers statement

MS MAIRI MATHESON

Total amount due

\$37.13

Debited from your account on or after

July 19, 2004

Summary of your charges

	<small>(taxes included)</small>	<small>Details on page</small>
⑤ Balance from your last bill	\$0.00	3
⑤ Wireless services	37.13	4
Total	\$37.13	

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services

Invoice date
July 05, 2004

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494474

Any payments we received and
processed after July 06, 2004
will show on your next bill.

Questions?

Visit www.rogers.com or see
Contact us on page 3.

How to pay your Rogers Bill:

- There are several convenient ways to pay
your Rogers bill. You can pay:
- online at www.rogers.com
 - automatically by pre-authorized bank
or credit card payment
 - by cheque and mailing to:
 - Rogers
 - PO Box 9100
 - Don Mills, ON
 - M3C 3P9
 - at most banks
 - at your local Rogers Video stores



Thank you!

Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

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

Your account number :
Total amount due : **\$37.13**

(W)

MS MAIRI MATHESON

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

0407070000037130000000000000000000000000



Your Rogers statement

MS MAIRI MATHESON

Total amount due

\$31.78

Debited from your account on or after

August 20, 2004

Summary of your charges

	Details on page
1 Balance from your last bill <small>(including taxes)</small>	\$0.00 3
2 Wireless services	29.70 5
Total before tax	29.70
G.S.T. (#88824 9463)	2.08
Total	\$31.78

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services

Invoice date
August 05, 2004

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494484

Any payments we received and processed after August 07, 2004 will show on your next bill.

Questions?

Visit www.rogers.com or see Contact us on page 3.

How to pay your Rogers Bill:

- There are several convenient ways to pay your Rogers bill. You can pay:
- online at www.rogers.com
 - automatically by pre-authorized bank or credit card payment
 - by cheque and mailing to:
Rogers
PO Box 9100
Don Mills, ON
M3C 3P9
 - at most banks

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



Thank you!

Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

Your account number :
Total amount due : **\$31.78**

(W)

MS MAIRI MATHESON

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

0408070000031780000000000000000000000000

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

MATHESON M.

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

FOR THE MONTH OF

OCTOBER 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
10/19/2004	Regus Cell.	31.51		31.51

TOTAL EXPENSES:

2 \$ 31.51

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)

RLB

Payment history details

Payment Created by:

External (payment was made outside of online billing)

Reference Number	Account Number	Transaction Date	Payment Amount	Paid By	Status
EXT-12010152052		10/19/2004	\$31.51	Bank debit	Payment Received

[back](#)

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

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

Rogers Cell phone.

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: M. MATHESON

FOR THE MONTH OF: October 2004

EXPENSES

		01-71110300002
AIRFARE:	\$ ^R <u>402.55</u>	<u>62212000</u>
CAR RENTAL:	\$ <u>278.20</u>	
ACCOMMODATION:	\$ 278.20 ^{350.05} <u>299.50</u> ²⁴³²	<u>62212000</u>
MEALS:	\$ ^R <u>17.12</u>	<u>69500000</u>
PARKING:	\$ ^R <u>76.40</u>	<u>62210000</u>
TAXIS:	\$ ^R <u>63.00</u>	<u>62212000</u>
OTHER (please describe):	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
MILEAGE: <u>184</u> km at .38¢ /km (Attach Local Travel Expense Claim form)	\$ ^R <u>69.92</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u>928.51</u>	

2004

Handwritten signature

- 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	
MATHESON M.					
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
OCT 4	Glencoe /RTN Dr Bob Petr.	4 K			
OCT 7	Transalta rtn	8 K			
OCT 14	Village Pk 2nd rtn L.Awards	14K			
OCT 15	Hillhurst RMTA	18K			
"	Petroleum Club Braan 2nd. Hotchkiss	10K		Parking 16 \$	
15 CONF	Safety Conference Airport & RTN	24K		airline \$ 402.55	
	Trans. to Westin /rtn Edmonton Air			63.00	
	Parking Calgary Airport			30.00	
OCT 18	Wellness Centre Southport	20K			
OCT 19	Wellness Southport /Bp Health /Bramby	20K			
OCT 21	Village Pk 2nd L.S. Awards	14K			
OCT 17	Breakfast @ Westin EDMTN			\$ 17.12	
	Juice charges in room			6.83	
OCT 25	Canadian Union Council Palliser rtn	12K		Parking/Valet \$ 21.40	
OCT 28	Sheldon Churnis - Palliser	12K		Parking \$ 9.00	
	L.S. Awards Village Pk 2nd	14K			
OCT 29	Finance rty Southport	20K			

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

APPLICANT COPY



RECEIPT/RECU

15OCT04

FLT/VOL 240

GATE/PRT D47

03:30PM

MATHESON/MAIRI F

Seq 124 ERE3CE

DEP: CALGARY

04:00PM

ARR: EDMONTON

04:45PM

FARE/TARIF:	183.00
FUEL/INS/NAV/ASS/CAR	12.00
AIF/RACALGARY	10.00
GST/HST/TPS/TVA (866112535)	14.74
SECURITY/SECURITE	5.61

2E

Seat/Place

TOTAL: 225.35

THANKS FOR CHOOSING WESTJET!
MERCİ DE VOYAGER AVEC WESTJET!

Best Copy Possible

WestJet
Edmonton

THE WESTJET
Travel Centre & Lounge
Edmonton, Alberta

Gate: 3 10:25 AM Seat: 4A
1700104 Seq# 2 Flt No: 64

Depart: EDMONTON	10:25 AM
Arrive: CALGARY	11:55 AM
Fare	177.20
NAV/INS	12.00
AIF EDMONTON	10.00
SECURITY TAX	5.61
GST/HST (#866112535)	11.59
Fare Total	177.20

5 Adult
1700104
1 Adult buffet
Sundae
Ice
Total Due \$17.12

Bag Tag#'s:

Save \$8 for each return flight that you book online at westjet.com

APPLICANT COPY



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

Ms. Mairi Matheson

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

Arrival 10/15/04
 Departure 10/17/04
 Payment Method VA

Room 0717
 Cashier
 Page 1
 Starwood Pref.#
 Airline Partner AC
 Folio No.

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

** INFORMATION ** The Westin Edmonton, 10/16/04

Date	Description	Room	Charges	Credits
10/15	Room Charge	0717	130.00	
10/15	Room Tax 5%		6.50	
10/15	Room GST 7%		9.10	
10/15	Tel-Long Distance		1.49	
	->#717 :	s.17(1), 17(4)(g)(i)		
10/16	Room Charge		130.00	
10/16	Room Tax 5%		6.50	
10/16	Room GST 7%		9.10	
10/16	Refreshment Centre		6.83	
Total			299.52	
Balance			299.52	\$

Room GST 18.20
 F&B GST 0.48
 Other GST 0.10
 Total GST 18.78

GST Vendor R101577591

Your Air Canada Aeroplan Program miles have been awarded.

PALLISER PARKADE
 CALGARY AB
 RECEIPT ONLY!
 PAY STATION: C3

 ENTRY DATE/TIME:
 20 10/04 17:12
 EXIT DATE/TIME:
 20 10/04 22:02
 PARK DUR.: HRS:MIN
 0:04:50

 PAID: \$ 9.00
 CASH

 * YOU MUST TAKE *
 * ORIGINAL TICKET *
 * WITH YOU AND USE *
 * IT TO EXIT *

 GST INCLUDED
 GST No. RT12201449

YELLOW

10135-31 Avenue
 Edmonton, AB T6N 1C2

ADMIN: 465-8500
 FAX: 462-2722

CAB

462-3456

THANK YOU/MERCI

Date: 15/10/04 Amount/Montant: \$ 50.00 Car/Voiture # 404

Driver/Chauffeur: Raja Cab: C04-8434

From/De: Inl To/A: Westin



CALGARY AIRPORT
 Terminal Parkade
 GST No. R122556194

RECEIPT H2
 ENTRY DATE/TIME:
 10/15/04 15:00:13
 EXIT DATE/TIME:
 10/17/04 12:02:10
 PAID: \$ 30.00
 LENGTH OF STAY:
 1 21:02
 METHOD OF PAYMENT:
 CASH

THANK YOU FOR YOUR VISIT

Valet Charge **\$21.40** **The Fairmont PALLISER CALGARY**
 Includes tax

THIS CONTRACT LIMITS OUR LIABILITY
 PLEASE READ IT

The holder of this ticket is purchasing a valet service and the use of a parking space, or valet service alone. The vehicle may be parked on a street. Remove all valuables from vehicle.

Regardless of the parking facilities used, the holder of this ticket accepts all risk and The Fairmont Palliser is not liable for any loss or damages to the vehicle however caused. The driver/park user assumes no liability for supervision of the vehicle while parked or for losses due to theft and vandalism. Any claim for loss or damage is waived by the customer unless itemized and reported in writing to The Fairmont Palliser before the vehicle is removed by the customer.

This agreement cannot be modified or waived by any employee

No 0935

INDIGO 535
 EDMONTON INT'L AIRPORT
 780-890-4490
 GST-FED #: 897152666

SALE 000417 0535 003 00002 18560
 04/10/17 09:09

FICTION & LIT MA 0440237629 1146

1 @		11.99
07.0% GST - FED		0.84
TOTAL SALE		12.83
CASH		20.00
CHANGE		7.17

REFUNDS OR EXCHANGES IN 14 DAYS

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 001
 The Westin Hotel
 Machine Serial #: 000003290021

EXPIRY DATE AND TIME s.17(1), 17(4)(e.1)
 EXP 01:25pm
 OCT 15, 2004

TICKET# LOT#
 00002303 00030001

CC \$0016.00 Visa MACH# 003
 FOLLOW INSTRUCTIONS ON SIGNS POSTED
 s.17(1), 17(4)(e.1)
 2 hours \$16

EXP 01:25pm
 OCT 15, 2004
 CC \$0016.00
 11:30am
 Purchase Time

DISPLAY FACE UP ON DASH RECEIPT

APPLICANT COPY

Mairi Matheson

From: <itinerarv@westjet.com> s.17(1), 17(4)(g)(i)
To:
Sent: Thursday, October 14, 2004 9:10 AM
Subject: Your Ticketless Itinerary - Thank you and have a great flight.

WESTJET
5055 11 ST NE
CALGARY, AB T2E 8N4
Agent Number: 1219

MAIRI MATHESON

Confirmation Number: ERE3CE
Date Booked: 14OCT04
Modified: 14OCT04
Booked By: MAIRI

s.17(1), 17(4)(g)(i)
Welcome Aboard: Mairi Matheson

Date	Flt	Depart	Seat	Arrive	Stops
Fri 15Oct04	240	CALGARY	4:00pm	EDMONTON	4:45pm 0
Sun 17Oct04	64	EDMONTON	10:55am	CALGARY	11:38am 0

Total for 01 guest(s) Fare: 316.00
NAV/INS: 24.00
CALGARY AIF: 10.00
EDMONTON AIF: 15.00
ATSC: 11.22
GST/HST: 26.33

Call us Toll Free: 1-800-538-5696
In Calgary: 250-5839

Total \$402.55 CA

Visit our Website at www.westjet.com

Visa: \$402.55-

Balance Due: \$0.00 CA

Rules and other stuff:

QST# 1202807956TQ0001
GST# 866112535

* For Domestic Flights: Identification will be checked for adults 16 years of age and older. Please check-in a minimum of

60 minutes prior to scheduled departure. Our counters will be open 3 hours prior to departure. Although we will do our best to

10/14/2004

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: MATHESON MARI

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

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Sept 04	Rogers wireless	31.26		31.26
Nov. 04	"			30.71
Nov. 04	Internet			41.63
Oct. 04	"			41.63

TOTAL EXPENSES:

\$ 145.23

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)

RB

APPLICANT COPY

Payment history

Display payment history for: **All Accounts** **go**

Items 1-10 of 21

[Next>](#)

Reference Number	Account Number	Transaction Date	Payment Amount	Paid By	Status
EXT-12720485052		11/19/2004	\$30.71	Bank debit ****	Payment Received
EXT-12010152052		10/19/2004	\$31.51	Bank debit ****	Payment Received <i>already paid</i>
EXT-11397170052		09/19/2004	\$31.26	Bank debit ****	Payment Received
EXT-10655007052		08/20/2004	\$31.78	Bank debit ****	Payment Received "
EXT-10125534052		07/19/2004	\$37.13	Bank debit ****	Payment Received "
EXT-9565774052		06/19/2004	\$34.45	Bank debit ****	Payment Received <i>already paid</i>
EXT-8987991052		05/19/2004	\$29.10	Bank debit ****	Payment Received "
EXT-8431248052		04/19/2004	\$31.78	Bank debit ****	Payment Received "
EXT-7858361052		03/19/2004	\$33.12	Bank debit ****	Payment Received "
EXT-7333544052		02/19/2004	\$34.45	Bank debit ****	Payment Received "

Items 1-10 of 21 s.17(1), 17(4)(g)(i)

[Next>](#)

*Rogers Bills
Cell phone account*

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

MATHESON, MAIRI

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



MAIRI MATHESON . account number:

log out

my account

currently viewing: mathesom (view another account)

manage services

contact info

payment method

account usage

view bill

member referral



Mr. MAIRI MATHESON

TELUS Communications Inc.
P.O. Box 3660 Stn Terminal
Vancouver, BC V6B 3Y8
Canada

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

Bill Date Oct 25 2004	Bill Number B1-258829574	Internet Account Number	Due Date Oct 30 2004	Amount Due Can\$ 41.63
---------------------------------	------------------------------------	--------------------------------	--------------------------------	----------------------------------

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

This statement is for your records only.
Payment will be made via your regular payment method for Internet services.

Summary of your account

Balances	Total
Previous Balance:	0.00
Current Balance:	41.63
Total Balance Due:	41.63

Summary of new charges		
Description	Item No.	Total
Accounts/Receivable Items		
Webspace Monthly Fee	B1-258829574,4	0.00
TELUS Internet Security	B1-258829574,6	3.95
Usage		
Dial-Up Access Monthly Fee	B1-258829574,1	0.00
Email Monthly Fee	B1-258829574,2	0.00
High Speed Access Monthly Fee	B1-258829574,5	34.95
Free Dial-Up Usage	B1-258829574,3	0.00
GST Registration 100652692	B1-258829574,7	2.73
Other Items		
Payment	P1-20382099	-41.63

Additional charges and credits				
Start Date and Time	End Date and Time	Quantity	Rate Description	Total
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	Bundled 10 MB Webspace	0.00
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	Bundled TELUS Anti-Virus	0.00
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	Add-on TELUS Firewall	3.95
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	POP 15MB	0.00
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	Bundled Email	0.00
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	Velocity ADSL	42.95
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	Long Distance Loyalty Discount	-3.00
Oct 25 12:00:00 AM	Nov 24 11:59:59 PM	1	QuickConnect Velocity ADSL Discount	-5.00
Oct 25 12:00:00 AM	Oct 25 12:00:00 AM	0	GST Registration 100652692	2.73

- For Internal Use Only.
- Note: For Details regarding Usage or Roaming, please logon to Your Account for more information. Details are available on-line for the previous 4 months.

Customer Accounts & Billing Inquiries


Online: You may also contact us online using the [contact us form](#).
[How to read your online statement](#)

Phone:	Alberta Customers:	310-4638 (Toll free in AB)	1-877-310-4638 (Can/US)
	B.C. Customers:	310-4638 (Toll free in BC)	1-877-310-4638 (Can/US)
	Ontario Customers:	1-866-468-3587 (Can/US)	

- Credits on account are non-transferable and not redeemable for cash.
- Please print or save this statement if you require a copy for your records or tax purposes.
- TELUS is not responsible for reproducing statements.

Select a date from the menu below and click the "View Statement" button to display the statement.

Nov. 25, 2004   view selected statement

 send statement to

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

[close account](#) (info about how to close your TELUS Internet Services account)

[other TELUS sites](#) | [contact us](#) | [sitemap](#) | [frequently asked questions](#) | [security](#) | [terms & conditions](#) | [privacy](#)





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

MAIRI MATHESON . account number:

log out

my account

currently viewing: matheson (view another account)

manage services

contact info

payment method

account usage

view bill

member referral



Mr. MAIRI MATHESON

TELUS Communications Inc.
P.O. Box 3660 Stn Terminal
Vancouver, BC V6B 3Y8
Canada

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

Bill Date	Bill Number	Internet Account Number	Due Date	Amount Due
Nov 25 2004	B1-260322854		Nov 30 2004	Can\$ 41.63

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

This statement is for your records only.

Payment will be made via your regular payment method for Internet services.

Summary of your account

Balances	Total
Previous Balance:	0.00
Current Balance:	41.63
Total Balance Due:	41.63

Summary of new charges		
Description	Item No.	Total
Accounts/Receivable Items		
Webspace Monthly Fee	B1-260322854,3	0.00
TELUS Internet Security Usage	B1-260322854,5	3.95
Dial-Up Access Monthly Fee	B1-260322854,7	0.00
Email Monthly Fee	B1-260322854,2	0.00
High Speed Access Monthly Fee	B1-260322854,1	0.00
Free Dial-Up Usage	B1-260322854,4	34.95
GST Registration 100652692	B1-260322854,2	0.00
	B1-260322854,6	2.73
Other Items		
Payment	P1-21280693	-41.63

Additional charges and credits				
Start Date and Time	End Date and Time	Quantity	Rate Description	Total
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	Bundled 10 MB Webspace	0.00
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	Add-on TELUS Firewall	3.95
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	Bundled TELUS Anti-Virus	0.00
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	POP 15MB	0.00
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	Bundled Email	0.00
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	QuickConnect Velocity ADSL Discount	-5.00
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	Velocity ADSL	42.95
Nov 25 12:00:00 AM	Dec 24 11:59:59 PM	1	Long Distance Loyalty Discount	-3.00
Nov 25 12:00:00 AM	Nov 25 12:00:00 AM	0	GST Registration 100652692	2.73

- For Internal Use Only.
- Note: For Details regarding Usage or Roaming, please logon to Your Account for more information. Details are available on-line for the previous 4 months.

Customer Accounts & Billing Inquiries


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How to read your online statement

Phone:	Alberta Customers:	310-4638 (Toll free in AB)	1-877-310-4638 (Can/US)
	B.C. Customers:	310-4638 (Toll free in BC)	1-877-310-4638 (Can/US)
	Ontario Customers:	1-866-468-3587 (Can/US)	

- Credits on account are non-transferable and not redeemable for cash.
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Nov. 25, 2004   view selected statement

 send statement to

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

[close account](#) (info about how to close your TELUS Internet Services account)

[other TELUS sites](#) | [contact us](#) | [sitemap](#) | [frequently asked questions](#) | [security](#) | [terms & conditions](#) | [privacy](#)



CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Matheson Mairi

FOR THE MONTH OF:

November 2004 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED DEC 15 2004
01-7111030002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

²\$ 8.00 62210000

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 92 km at .38¢ /km ^R
(Attach Local Travel Expense Claim form)

\$ 34.96 62210000

TOTAL EXPENSES:

\$ 42.96

Bandy KB

- 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>MARI MATHESON</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT <i>Board</i>		SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
<i>Nov 4</i>	<i>SouthPort / RTN</i>	<i>20</i>			
<i>Nov 17</i>	<i>RHMAC (Kensington RTN)</i>	<i>12</i>			
<i>Nov 18</i>	<i>SouthPort / RTN</i>	<i>20</i>			
<i>Nov 22</i>	<i>SouthPort / RTN</i>	<i>20</i>			
<i>Nov 23</i>	<i>SouthPort</i>	<i>20</i>			

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE: *30/11 01:01 PM*

EXPIRATION TIME: *01:01 PM*

AMOUNT PAID: *\$ 8.00*

DETACH RECEIPT FROM TICKET

DATE ISSUED: *30/11/04* TIME ISSUED: *10:21 AM* AMOUNT PAID: *\$ 8.00*

CREDIT CARD NUMBER: *44133*

Wellness interview

PRECISE PARKLINK™

NON TRANSFERABLE 0190

PRECISE PARKLINK™

RECEIPT 0190

AUTHORIZATION & CODING											
FINANCIAL CODE				GL Description	Amount (including GST)						
Org	Functional Centre	Account									
		6	2	2	1	0	0	0	0	Mileage/Parking	\$
Employee Signature <i>[Signature]</i>				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: M. Matheson

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

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
	Internet	39.48	2.76	42.24

TOTAL EXPENSES: Z \$ 42.24

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Bandy</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)

JAN 10 2005

RB

My TELUS Statement

Bill Date: Nov 20, 2004 Due Date: Dec 10, 2004

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$89.69
Payment we processed on Nov 06	-89.69
Amount overdue from your last bill	\$0.00

New Charges

Monthly Local Services (including rental equipment if applicable)	\$31.81
Additional Charges and Credits - <i>high speed ADSL - internet</i>	39.48
Directory Assistance	3.75
Long Distance Charges	4.13
Alternate Service Billing	10.35
GST (Registration 100652692) at 7%	6.24
Total new charges	\$95.76
Total amount owing	\$95.76

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Mauri Matheson

FOR THE MONTH OF:

December 2004

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

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: Wellness mtgs / lunch 2 \$ 48.09 62210000

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

Two Wellness Books \$ _____

The Living Workplace. 21.95 x 2 2 \$ 46.97 18500000

_____ \$ _____

MILEAGE: 94 km at .38¢ /km R \$ 35.72 62210000

TOTAL EXPENSES: \$ 130.78

RB
Bandy 35.72
95.06

- 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	RATE
			(for mileage)	
			AMOUNT	
	Mara Matheson.			
	Board			
Dec 8	Southport Return		20	
Dec 8	Peter Longhead Hsp & return		28	
Dec 19	Glenora Club / return		6	
Dec 16	Hosp Ann Return		20	
Dec 20	Southport / return		20	

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

APPLICANT COPY

** CUSTOMER COPY **

INTERAC DIRECT PAYMENT
TRANSACTION RECORD 041215/13:59

INDIGO #279#
5570 SIGNAL HILL CT
CALGARY, AB
T3H 3P8

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

OP ID: 163

ACCOUNT TYPE: CHEQUING PURCHASE
TRAN RECORD #: 4512

TOTAL \$63.41

(000) APPROVED
AUTH #155938
THANK YOU!

TERMINAL ID: 02476552
MERCHANT #: 00176109

DUPLICATE

The Glencoe Club
636 29th Ave S.W.
Calgary, Alberta T2S0P1
403-243-2506

90950
MARIA L Table 405
Tue 12/14/04 2:05 PM Guests 2
Guest Num: 2 GRILLE RM

1 GL-ST. RITA SAU 4.50
1 GL-ST. RITA MER 4.50
2 XMAS LUNCH BUFF 37.90

Total 46.90
C CHG 7.04
Res... 3.77

Total 57.71

MEMBER CHG Amount Sup Ind 57.71

MEMBER CHG Tendered 57.71

Acct: s.17(1), 17(4)(g)(i)
MATHE ON MAINT

THANK YOU

WELLNESS Com

CASH FOREG
E DE. Penny Howe
udc

2 Books to
Senior VP's
Wellness.

INDIGO SIGNAL HILL
Indigo store 279
5570 Signal Hill Centre SW
Calgary AB T3H 3P8
(403)246-1321 Fax: (403)242-8815
GST# R997152666

131309 Reg 2 ID 110 2:00 pm 15/12/04

Sales for Customer # s.17(1), 17(4)(g)(i)

5 LIVING WORKPLACE 3 @ 21.90 65.85
3 0006385699
REWARDS DISCOUNT -6.59
SUBTOTAL 59.26
TAX: GST - 7% 4.15
TOTAL SALES TAX 4.15
TOTAL 63.41
DEBIT CARD PAYMENT 63.41

List 65.85 Sell 59.26 Your Savings 6.59

Refund or exchange on gifts
until January 15, 2005. Items must be
in store-bought condition.
No refund or exchange of magazines,
opened multimedia, DVD's and CD's

WELLNESS

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Mairi Matheson

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

FOR THE MONTH OF January 2005

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan 05	internet access	39.98	2.76	42.74
Jan 19	Bogers Cellular	33.45	2.34	35.79

ENTERED FEB 17 2005

TOTAL EXPENSES: \$ 78.03

Financial code: 01-71110300003-62210001

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

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

RB

My TELUS Statement

Bill Date: Jan 20, 2005 Due Date: Feb 10, 2005

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

[Current Month](#)

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$129.41
Payment we processed on Jan 06	-129.41
Amount overdue from your last bill	\$0.00

New Charges

Monthly Local Services (including rental equipment if applicable)	\$31.81
Additional Charges and Credits - <i>High Speed ADSL- internet</i>	39.48
Directory Assistance	1.50
Long Distance Charges	68.95
Alternate Service Billing	7.25
GST (Registration 100652692) at 7%	10.41
Total new charges	\$159.40
Total amount owing	\$159.40



Your Rogers statement

MS MAIRI MATHESON

Total amount due \$35.79

Debited from your account on or after **January 19, 2004**

Summary of your charges	(taxes included)		Details on page
1 Balance from your last bill	\$0.00		3
2 Wireless services	35.79		4
Total	\$35.79		

Invoice date
January 05, 2004
Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494414
Any payments we received and
processed after **January 06, 2004**
will show on your next bill.

For more savings...
Get two months free!
See page 5 for details

Questions?
Visit www.rogers.com or see
Contact us on page 3.

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



Thank you!
Your Rogers AT&T bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

Your account number :
Total amount due : **\$35.79**

(W)

MS MAIRI MATHESON

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

040107000003579000000000000000000000000000000

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Maici Matteson

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

EXPENSES

ENTERED FEB 11 2005

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: Receipts attached
Wellness Committee R \$ 47.18

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

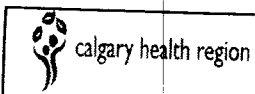
_____ \$ _____

MILEAGE: 154 km at .38¢ /km R \$ 58.52
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 105.70

Y. DeCoste RB

APPLICANT COPY



ACH FMC Southport
 PLC RGH Other _____

**LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING**

INSTRUCTIONS:

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

EMPLOYEE NAME (Print) <i>Mairi Matheson</i>		EMPLOYEE NUMBER	
DEPARTMENT <i>CHR Board.</i>		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE
		(for mileage)	
<i>Jan 12</i>	<i>(Southport) Laluna Rest. + Return</i>	<i>12</i>	
<i>Jan 12</i>	<i>Salvation Army + Return</i>	<i>12</i>	
<i>Jan 13</i>	<i>Southport + Return</i>	<i>20</i>	
<i>Jan 14</i>	<i>Southwood Care Center + Return</i>	<i>20</i>	
<i>Jan 17</i>	<i>Southport + Return</i>	<i>20</i>	
<i>Jan 18</i>	<i>Southport + Return</i>	<i>20</i>	
<i>Jan 25</i>	<i>Ranchmans Club + Return</i>	<i>10</i>	
<i>Jan 26</i>	<i>Southport + Return</i>	<i>20</i>	
<i>Jan 27</i>	<i>Southport + Return</i>	<i>20</i>	
		<i>154</i>	<i>\$58.52</i>

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

Best Copy Possible

the ... Club
53rd Ave S.W.
Edmonton, Alberta T2S0P1
403-243-2506

the ... Club
53rd Ave S.W.
Edmonton, Alberta T2S0P1
403-243-2506

4778.1
MARIA L Table 402
Fri 01/07/05 2:34 PM Guests 2
Guest Name 2 GRILLE RM

13599.1
TRALEY M Table 322
Mon 01/07/05 1:48 PM Guests 2
Guest Name 2 SPICE LOUNG

15.90
8.75
1.75
1.75

Subtotal 26.15
TAX 3.92
Total 30.07

12.20
1.80
1.00

SubTotal 15.00
TAX 0.00
Total 15.00

Please pay this amount
Total 32.17

Requested 15.00
Tendered 15.00

WELLNESS
Lunett.
E.J.S.
"Wellness
In Interactive"

WELLNESS
Inman
Dr C

SIGNATURE

MEMBER #

SIGNATURE

THANK YOU

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

MAIKI MATHESON

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

FOR THE MONTH OF

FEBRUARY 2005

EXPENSES

(Please attach original receipts.)

ENTERED MAR 10 2005

Date	Description	Amount	GST	Total
Feb	Rogers cell phone	30.71		
Feb	Telus Internet	39.48		

TOTAL EXPENSES:

\$ 70.19

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)

BB

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Feb 20, 2005 Due Date: Mar 10, 2005

View History

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

<u>Amount of your last bill</u>	\$159.40
<u>Payment we processed on Feb 06</u>	-159.40
Amount overdue from your last bill	\$0.00

New Charges

<u>Monthly Local Services (including rental equipment if applicable)</u>	\$31.81
<u>Additional Charges and Credits</u>	39.48
<u>Directory Assistance</u>	2.25
<u>Alternate Service Billing</u>	4.15
<u>GST (Registration 100652692) at 7%</u>	5.41
Total new charges	\$83.10
Total amount owing	\$83.10

Internet

**CALGARY HEALTH REGION
BOARD EXPENSE FORM**

NAME:

Mari Mattison

FOR THE MONTH OF:

February 2005

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

EXPENSES

ENTERED MAR 10 2005

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS: Wellness Comm.

2

\$ 54.83

62210000

PARKING:

\$ _____

TAXIS:

\$ _____

OTHER (please describe):

Gift Certificate

2

\$ 100.00

69500000

MILEAGE: 124 km at .38¢ /km
(Attach Local Travel Expense Claim form)

R

\$ 47.12


62210000

TOTAL EXPENSES:

\$ 201.95

4. Deloste

APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> 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>MARI MATHESON</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD CHC</i>	PHONE NUMBER <i>403 244 4085</i>	DATE <i>MAR 01 2005</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Feb 01</i>	<i>Univ of Calgary Persin Health Syrn</i>	<i>24 km</i>		
<i>Feb 02</i>	<i>SOUTHPORT & RTN</i>	<i>20 km</i>		
<i>Feb 04</i>	<i>Kennecore SouthPort</i>	<i>20 km</i>		
<i>Feb 09</i>	<i>WELLNESS SouthPort/Nellogton & Return</i>	<i>20 km</i>		
<i>Feb 14</i>	<i>Wellness meeting, SouthPort</i>	<i>20 km</i>		
<i>Feb 15</i>	<i>CHC Board mtg. SouthPort</i>	<i>20 km</i>		
		<i>124</i>		

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: 7 WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

WELLINGTONS/OSCAR'S

10325 Bonaventure Dr. SE
Tel: 403-278-5250

INDIGO SIGNAL HILL

Indigo Store #79
2070 Signal Hill Centre SW
Calgary, AB T2C 3P8
Tel: 403-278-5250 (403) 278-5250
3074 887102550

Server: Denis

Date: 02/09/20

05

Table: 10

Time: 13:21

100048 Reg 1 10 125 2107 14 04/02/20

Sales for Customer #

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

VISA

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

MATHESON/MAIRI

AUTH

036395

ONLINE

MERCHANT#

9999

SUBTOTAL \$ 44.83

TIP \$ 10.00

TOTAL \$ 54.83

Wellness meeting

**** CUSTOMER COPY ****

3 people in Rickets

F. Girard
m. Matheson Chair

Wellington's/Oscar's

Please pay server.

Thank-you.

INDIGO SIGNAL HILL
Sales for Customer # 100.00

DATE PAID
DATE PAID PAYMENT 219.53

Exchange of 14 days
receipt. Items must be in
bought condition.
Please note we cannot accept a return or
exchange of magazines or newspapers.

Best Copy Possible

APPLICANT COPY

** CUSTOMER COPY **

GIVEX TRANSACTION RECORD 050204/14:02

INTERAC DIRECT PAYMENT
TRANSACTION RECORD 050204/14:03

CUSTOMER COPY

INDIGO #279#
5570 SIGNAL HILL CT
CALGARY, AB
T3H 3P8 s.17(1), 17(4)(e.1)

INDIGO #279#
5570 SIGNAL HILL CT
CALGARY AB
T3H3P8

CARD #
OP ID: 125

GIVEX CERT. #: 27701977
CERTIFICATE SECURITY CODE: 193895
OP ID: 4930

ACCOUNT TYPE: CHEQUING PURCHASE
TRAN RECORD #:5411

TRANS TYPE: GIVEX ACTIVATE
TRANS REF #: 409384

TOTAL \$219.53

(000) APPROVED
AUTH #160345
THANK YOU

ACTIVATION AMOUNT \$100.00
BALANCE \$

GIVEX TERMINAL ID: 17533

100.-

TERMINAL # 01473356
MERCHANT # 00176103

APPROVED (0)

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Maur Matheson

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

FOR THE MONTH OF March 2005

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
March 05	Regens Wireless			31.78
March 05	" "			33.12
March 05	Telus Internet			42.00
		ENTERED	APR 13 2005	

TOTAL EXPENSES: \$ 106.90

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)

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Mar 20, 2005 Due Date: Apr 10, 2005

[View History](#)

[Current Month](#)

Summary of my account


[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$83.10
<u>Payment we processed on Mar 09</u>	-83.10
Amount overdue from your last bill	\$0.00

New Charges

<u>Monthly Local Services (including rental equipment if applicable)</u>	\$0.00
Bundles, Packages and Contracts	95.49
Additional Charges and Credits	-18.80
<u>Long Distance Charges</u>	9.74
GST (Registration 100652692) at 7%	6.03
Total new charges	\$92.46
Total amount owing	\$92.46

*includes internet
42%*




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

MS MAIRI MATHESON

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

Account number:

Invoice number:

1012494444

Page 3 of 5
April 05, 2004

3 Balance from your last bill

Amount of your last bill			\$33.12
Payment received - thank you	March 19, 2004	credit of	33.12
Balance from your last bill			<u>\$0.00</u>

Any payments we received and processed after April 06, 2004 will show on your next bill.

Contact us

Visit www.rogers.com

Call Customer Service at
1-877-764-3772

*811

Fax Customer Service at
1-800-709-9992

To sign up for new
Rogers services

Visit www.rogers.com
Call 1-800-imagine



MS MAIRI MATHESON

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

Account number:
Invoice number:

1012494444

Page 4 of 5
April 05, 2004

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

Wireless services

Your new charges for

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

Rogers Wireless 100 Plan Fee (Apr 06/04 to May 05/04)	\$20.00
911 Emergency Svc Access Fee (Apr 06/04 to May 05/04)	0.25
System Access Fee (Apr 06/04 to May 05/04)	6.95
Directory Assistance	2.50
Net Wireless charges	\$29.70
G.S.T. (#88824 9463)	2.08
Your total new charges	\$31.78

Did you know?

You can perform a variety of account and service related changes online at www.rogers.com

You can:

- change your address/phone number or confirm that your address change request has been processed
 - change your method of bill payment
 - subscribe to a pre-authorized payment plan
- our online self-service centre is available 24/7 - so register now!

Summary of airtime charges ending Apr 05/04

	You used (min:sec)	Total cost(\$)
100 Anytime Inclusive Minutes	48:32	0.00
Total airtime charges	48:32	\$0.00

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: MARIE MATHESON

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

EXPENSES

ENTERED APR 13 2005

01-71110300002

AIRFARE: Bus FARE	\$ <u>98.00</u>	<u>62212000</u>
CAR RENTAL:	\$ _____	_____
ACCOMMODATION: See below	\$ <u>202.07</u> <u>216.06</u> ↓	<u>62212000</u>
MEALS: Father Jacombe Dinner	\$ _____	_____
PARKING: Westin Hotel Calgary	\$ <u>14.00</u>	<u>62210000</u>
TAXIS: - Westin HOTEL CONF EDMONTON	\$ <u>10.00</u>	<u>62212000</u>
OTHER (please describe):		
<u>Westin Hotel Edmonton</u>	\$ <u>160.33</u> 174.32	_____
<u>Westin Hotel Edmonton</u>	\$ <u>41.74</u> 216.06 202.07.	_____
MILEAGE: <u>140</u> km at .38¢/km (Attach Local Travel Expense Claim form)	\$ <u>53.20</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u>391.26</u> <u>377.27</u>	

62212 - 281.34
- 28.73
62210 - 53.10
14.00

Y. Deloste

APPLICANT COPY
WESTIN
HOTELS & RESORTS

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

Ms. Mairi Matheson

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

Arrival 03/14/05
Departure 03/15/05
Payment Method CA

Room 1005
Cashier 34
Page 1
Starwood Pref.#
Airline Partner
Folio No.

** INFORMATION ** The Westin Edmonton, 03/14/05

Date	Description	Room	Charges	Credits
03/14	Debit Card	1005		174.32

Total 174.32

Balance -174.32 \$

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

GST Vendor R101577591

APPLICANT COPY
WESTIN
HOTELS & RESORTS

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

Ms. Mairi Matheson

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

Arrival 03/14/05
Departure 03/15/05
Payment Method CA

Room 1005
Cashier 38
Page 1
Starwood Pref.#
Airline Partner
Folio No.

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

Date	Description	Room	Charges	Credits
03/14	Room Charge	1005	111.00	
03/14	Room Tax 5%		5.55	
03/14	Room GST 7%		7.77	
03/14	Tel-Local Calls #1005 :		1.49	
03/14	Tel-Long Distance		7.91	
	->#1005 :			
03/14	Service Express		51.04	
	->#1005 : CHECK #3000			
03/14		s.17(1), 17(4)(g)(i)	13.99	
03/14	Debit Card			174.32
03/15	Tel-Local Calls #1005 :		1.49	
03/15	Tel-Long Distance		6.33	
	->#1005 :			
03/15	Tel-Long Distance		9.49	
	->#1005 :			
03/15	Debit Card			41.74
	->auth #150820	XX/XX		
Total			216.06	216.06
Balance			0.00 \$	

Room GST 7.77
F&B GST 3.57
Other GST 2.85
Total GST 14.19

GST Vendor R101577591

APPLICANT COPY THE WESTIN EDMONTON
10135 100TH STREET
EDMONTON AB

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 001
The Westin Hotel
Machine Serial # 000041403001

EXPIRY DATE AND TIME
**EXP 06:00am
MAR 05, 2005**

TICKET# 00003585 LOT# 00030001

\$0014.00 CC MACH# 003
FOLLOW INSTRUCTIONS ON SIGNS POSTED
s.17(1), 17(4)(e.1)
til 6 am \$14
GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

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

CARD NUMBER
ACCOUNT TYPE CHEQUING
DATE/TIME 2005/03/15 13:07:58
RECEIPT NUMBER S47000963-898-007
PURCHASE
TOTAL AMOUNT \$41.74

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

00 APPROVED 001 AUTH. # 150820
THANK YOU

THE WESTIN EDMONTON
10135 100TH STREET
EDMONTON AB

CARD NUMBER
ACCOUNT TYPE CHEQUING
DATE/TIME 2005/03/14 17:42:48
RECEIPT NUMBER S47000963-897-003
PURCHASE
TOTAL AMOUNT \$174.32

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

00 APPROVED 001 AUTH. # 194309
THANK YOU

MATHESON/MAIRI
C-E 03/14 2p
E-C 03/15 2p

PLEASE FOLLOW EXP. DATE
2005/03/15 17:42:48
S47000963-897-003

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


CARD NUMBER
EXPIRY DATE
CARD TYPE VISA
DATE/TIME 2005/03/11 09:31:42
INVOICE NUMBER 68028
RECEIPT NUMBER M00545056-142-008
PURCHASE
TOTAL AMOUNT \$98.00

01 APPROVED 027 AUTH. # 077216
THANK YOU

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

CARDHOLDER SIGNATURE

Bado's 499-1243 24 Hours
Luxury Taxi 7 Days a Week



Date: MAR 14/05 Amount: 5.00
From: _____ To: _____
PLEASE PHONE 1 HOUR IN ADVANCE
Luxury Service at Regular Prices Driver

PRESTIGE 10135 - 31 Avenue
CABS Edmonton, Alberta T6N 1C2
462-4444
THANK YOU/MERCI

ADMIN. 465-8500
FAX: 462-2722

Date: MAR Amount/Montant \$ 5 Car/Voiture # 992
Driver/Chauffeur: 15/05 G.S.T. # _____
From/De: _____ To/A: _____
PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

THE WESTIN EDMONTON
10135 100TH STREET
EDMONTON AB

DISPLAY FACE UP ON DASH RECEIPT
Impark Lot 001
The Westin Hotel
Machine Serial # D00041403001
EXPIRY DATE AND TIME
EXP 06:00am
MAR 05, 2005
TICKET# 00003585 LOT# 00030001
\$0014 00 CC / MACH# 003
FOLLOW INSTRUCTIONS ON SIGNS POSTED
s.17(1), 17(4)(e.1)
til 6 am \$14
GST REG# R102466000
N DASH DISPLAY FACE UP ON DASH RECEIPT

CARD NUMBER
ACCOUNT TYPE CHEQUING s.17(1), 17(4)(e.1)
DATE/TIME 2005/03/15 13:07:58
RECEIPT NUMBER S47000963-898-007
PURCHASE
TOTAL AMOUNT \$41.74
00 APPROVED 001 AUTH. # 150820
THANK YOU

THE WESTIN EDMONTON
10135 100TH STREET
EDMONTON AB s.17(1), 17(4)(e.1)

CARD NUMBER
ACCOUNT TYPE CHEQUING
DATE/TIME 2005/03/14 17:42:48
RECEIPT NUMBER S47000963-897-003
PURCHASE
TOTAL AMOUNT \$174.32
00 APPROVED 001 AUTH. # 194309
THANK YOU

Bado's
Luxury
Taxi
499-1243 24 Hours
7 Days a Week
Date MAR 14/05 Amount 5.00
From: _____ To: _____
PLEASE PHONE 1 HOUR IN ADVANCE
Luxury Service at Regular Prices Driver

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

Date: MAR Amount/Montant \$ 5 Car/Voiture # 992
Driver/Chauffeur: 15105 G.S.T. # 50E
From/De: _____ To/A: _____
PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

MATHEWSON/MAIRI
C-E 03/14 2p
E-C 03/15 2p

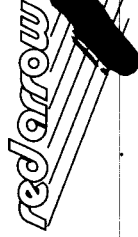
PLEASE PHONE 1 HOUR IN ADVANCE
Luxury Service at Regular Prices
s.17(1), 17(4)(e.1)

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA
DATE/TIME 2005/03/11 09:31:42
INVOICE NUMBER 68028
RECEIPT NUMBER M00545056-142-008
PURCHASE
TOTAL AMOUNT \$98.00

01 APPROVED 027 AUTH. # 077216
THANK YOU

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

CARDHOLDER SIGNATURE



ITINERARY/RECEIPT

Passenger:
MATHESON/MAIRI

No: 001197005/R

Original Date:
Mar 14/05 2:00pm

Item	From	To	Date/Time	Seat
CALEDM CAL	TICKET OFF EDM	TICKET OFF EDM	Mar 14/05 2:00pm	07A
EDMCAL EDM	TICKET OFF CAL	TICKET OFF CAL	Mar 15/05 2:00pm	08C
				Fare : 91.60
				Taxes : 6.42
				Total : 98.02

Receipt: 98.00

 Balance: 0.02

Issued: Mar 15/05 at Red Arrow

Ref: 00168028 P43652 E00032

GST#:R101410017



COUPON

Passenger:
MATHESON/MAIRI

No: 001197005/C

FT Pts:2840
Mar 14/05 2:00pm

1-800-232-1958
OR 531-0350

THE 2004 NLL CHAMPIONS
CALGARY ROUGHNECKS

HOST
SAN JOSE STEALTH

FRIDAY, MARCH 18 - PENGROWTH SADDLEDOME

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

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

Ref: 00168028 P43652 E00032

**CALGARY HEALTH REGION
BOARD EXPENSE FORM**

NAME: MAIREL MATHESON
 FOR THE MONTH OF: April, May, June 2005 s.17(1), 17(4)(g)(i)

EXPENSES


01-7111030002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____ 2 2.50
MEALS: <i>receipts attached</i>	\$ <u>32.51</u>	<u>62210000</u> ✓
PARKING: <i>receipts attached</i>	\$ <u>89.00</u>	<u>62210000</u> ✓
TAXIS: <i>receipt attached to Bus</i>	\$ <u>15.00</u>	<u>62210000</u> -
OTHER (please describe):		
<i>Wellson claim</i> ^{June 14} Parking Hotel at Medical Centre	\$ <u>7.00</u>	<u>62210000</u> -
Bus Trip to Edmonton & Return for meeting @ Dr. C. Bennett Minister of Public Health Can.)	\$ <u>86.00</u>	<u>62212000</u> *
MILEAGE: <u>566</u> km at .40.5¢ /km (Attach Local Travel Expense Claim form)	\$ <u>229.23</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u>458.74</u>	

APPROVED 07 14 2005

Y. De Leste
~~330~~ 363.24
 449.24 R
 9.50 Z

APPLICANT COPY

 calgary health region	___ ACH ___ FMC ___ Southport ___ PLC ___ RGH Other _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
--	--	---

INSTRUCTIONS:

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

EMPLOYEE NAME (Print) MAIRI MATHESON		EMPLOYEE NUMBER		
DEPARTMENT Board		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
APRIL 10, 11, 12, 15, 19.	South Port & RTN @ 20k @	120 km		
APRIL 21	Petrolium - Clerk & RTN 8	16 km		
MAY 3, 4, 5	WESTIN Hotel & RTN 8 km one way	48 km		
MAY 16, 19	South Port & RTN 20	40 km		
MAY 25	Petro Canada Tower & RTN 8	16 km		
MAY 28	Englewood Restaurant (RTN ⁽¹⁰⁾) 20	20 km		
MAY 31	Board & Southport & RTN 10	20 km		
JUNE 3	Home to Kimmastis & RTN 125 one way	250 km		
JUNE 13	Southport & RTN 10	20 km		
JUNE 14	Mac Donnell Centre & RTN 8	16 km		
JUNE 16	Southport & RTN 10	20 km		
JUNE 28	Southport & RTN 10	20 km		
		566		

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>Mairi Matheson</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>G. Deloste</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

Best Copy Possible

CHECK # 87960 DATE 4/01/05
TABLE # 11 TIME 6:14PM

-- Cafe : Anna --

ITEMS ORDERED AMOUNT

1 P.R. BUFFET SNR 13.95
1 SOFT DRINK 2.10

SUBTOTAL 16.05
GST 1.12

TOTAL DUE 17.17

GRATUITY NOT INCLUDED
G.S.T. # 10103 5467 RT0020

TIP _____

TOTAL _____

ROOM NUMBER _____

PRINT NAME _____

SIGNATURE _____

Thank You For Joining Us At The
Coast Edmonton Plaza Hotel
(780) 423-4811

GST# _____

TOTAL

ROOM #

PRINT NAME

SIGNATURE

NOT A CREDIT CARD VOUCHER

CASH \$15.34
Comp.

Dismiss with TWO Boards.
TO ORDER
YOUR VEHICLE *Fairmont*
PALLISER
Please Dial ☎ 4 MAY 05 2005
(allow 20 minutes advance notice to retrieve vehicle)
• DO NOT LEAVE VALUABLES IN CAR •

10# No 1586

SEE REVERSE FOR CONDITIONS

Tom

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrival door.



Driver km Date April 1, 05
Car # 1040 Amount 15
GST Included # _____

I attended a meeting with the Minister of Health & Wellness at McDougall Center on July 14, 2005. The machine did not return a receipt but I paid \$7.00

I confirm I did attend this meeting and the cost was \$7.00.

0 * *

Mairi Matheson

A note from...

MAIRI MATHESON

2,500.1 x
12.1 =
27,600.1 *

Public Health Fed. Mtg.

APRIL 11 BUS FARE TO EDMONTON
& RETURN 86

APRIL 1 Meal - Coast Plaza 17.17

APRIL 1 TAXI TO BUS 15.00

MAY 03 Imperial
Parking 17.00

MAY 02 " "
SENIOR Kirby 10.00

*Penning
Receipts*

17. +
17. +
17. +
10. +
18. +
10. +
0. +
89. *
0. *

MAY 25 Mtg David
Jules Parking
Impark 18.00

MAY 05 Impark Symp. 17.00
MAY 04 Impark Symp. 17.00
MAY 3 - Westin Coffee shop
Meals = \$15.30



TICKET VOID



IMPERIAL PARKING
PHONE 299-7275

UP ON DASH

TICKET VOID IF RE-SOLD



Station: LOT 157
Trans: 00000228
Time: 11:45A MAY 03
Price: \$17.00

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

6:00P TUE
MAY 03 05

PLACE THIS SIDE I

VOID IF RE-SOLD

INSTRUCTIONS ON BACK
GST REG # R102466000
OUR CUSTOMERS ARE #1

N5150

Senator Jachy ✓

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 001
The Westin Hotel
Machine Serial # 000041403000

EXPIRY DATE AND TIME
EXP 05:46pm
MAY 02, 2005

TICKET# **00005499** LOT# **00030001**

\$10.00 CC # _____ MACH# 003
FOLLOW INSTRUCTIONS ON SIGNS POSTED

EXP 05:46pm
MAY 02 2005
#1
TIC# 00005499
CC \$000000
MAY02 2005
04:32pm
Purchase Time

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

1 hr 15 min \$10

GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 239-7275 ✓

IMPARK

IMPERIAL PARKING
PHONE 239-7275 ✓

IMPARK

IMPERIAL PARKING
PHONE 239-7275 ✓

IMPARK

6:00P WED
MAY 25 05

INSTRUCTIONS ON BACK
GST REG # R102466000
HANK IMPARK

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

RE-SOLD

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 239-7275 ✓

DAILY PARKER
IMPARK

Meter: LOT 197
Trans: 00000340
Time: 6:35A MAY 04
Price: \$17.00 s.17(1), 17(4)(e.1)

Card: _____
Expires: _____

6:00P WED
MAY 04 05

INSTRUCTIONS ON BACK
GST REG # R102466000
OUR CUSTOMERS ARE #1

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 239-7275 ✓

DAILY PARKER
IMPARK

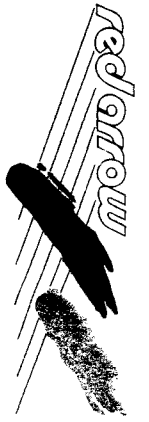
Meter: LOT 197
Trans: 00000340
Time: 6:35A MAY 05
Price: \$17.00 s.17(1), 17(4)(e.1)

Card: _____
Expires: _____

6:00P THU
MAY 05 05

INSTRUCTIONS ON BACK
GST REG # R102466000
OUR CUSTOMERS ARE #1

PLACE THIS SIDE UP ON DASH



ITINERARY/RECEIPT
No: 001209192/R

Passenger:
MATHESON/MAIRI
Original Date:
Apr 1/05 8:30am

Item	From	To	Date/Time	Seat	Fare	Taxes
CALEDM	CAL	TICKET OFF EDM	Apr 1/05	8:30am 08C	80.38	
ECEXP	EDM	TICKET OFF CAL	Apr 1/05	7:00pm 08C		5.62
Total :					86.00	

Issued: Mar 31/05 at Red Arrow

Receipt: 86.00
Balance: 0.00

Ref: 00174482 P43652 E00036 GST#:R101410017



COUPON
No: 001209192/C

Passenger:
MATHESON/MAIRI
FT Pts:5680
Apr 1/05 8:30am

1-800-232-1958 THE 2004 NLL CHAMPIONS
OR 531-0350 CALGARY ROUGHNECKS
HOST
THE ARIZONA STING

SUNDAY, APRIL 03 - PENGROWTH SADDLEDOME @ 1:00pm
RED ARROW, THE OFFICIAL TRANSPORTATION PROVIDER OF
CALGARY ROUGHNECK FANS IN EDMONTON AND RED DEER!

GET YOUR PREMIUM ALL-STAR PACKAGE
EXCLUSIVE TO RED ARROW PASSENGERS ONLY!
PRICE WILL INCLUDE TRANSPORTATION AND GAME DAY TICKET
Ref: 00174482 P43652 E00036

APPLICANT COPY

matheson/maizi

RED ARROW EXPRESS *C-E*
205 9TH AVE S. *Edm/01/05*
CALGARY AB *8:30*
25

CARD NUMBER		s.17(1), 17(4)(e.1)
EXPIRY DATE		
CARD TYPE	VISA	1:4
DATE/TIME	2005/03/28	10:00:05
INVOICE NUMBER	11182	
	00004562 281 021	
PURCHASE	-----	
TOTAL AMOUNT	\$86.00	

01 APPROVED 027 AUTH. # 033712
THANK YOU

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

CARDHOLDER SIGNATURE

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Mairi Matheson

FOR THE MONTH OF

APRIL May June 2005

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

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
april	Royus Bills	32.05		32.05
may	" "	30.71		30.71
June	Royus Bills	27.45	1.92	29.37
April	Telus Internet	41.63		41.63
May	Telus Internet	41.63		41.63

TOTAL EXPENSES:

PROCESSED 07 14 2005

\$ 175.39 R

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>H. Deloste</u>	Print Name: <u>Hou DiLoste</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



MAIRI MATHESON . account number:

log out

my account

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

currently viewing: matheson (view another account)

manage services

contact info

payment method

account usage

view bill

member referral

Statement



Mr. MAIRI MATHESON

TELUS Communications Inc.
P.O. Box 3660 Stn Terminal
Vancouver, BC V6B 3Y8
Canada

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

Bill Date	Bill Number	Internet Account Number	Due Date	Amount Due
Apr 25 2005	B1-268182025		Apr 30 2005	Can\$ 41.63

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

This statement is for your records only.
Payment will be made via your regular payment method for Internet services.

Summary of your account	
Balances	Total
Previous Balance:	0.00
Current Balance:	41.63
Total Balance Due:	41.63

Summary of new charges		
Description	Item No.	Total
Accounts/Receivable Items		
Webspace Monthly Fee	B1-268182025,5	0.00
TELUS Internet Security	B1-268182025,7	3.95
Usage	B1-268182025,1	0.00
Usage	B1-268182025,2	0.00
Dial-Up Access Monthly Fee	B1-268182025,4	0.00
Email Monthly Fee	B1-268182025,3	0.00
High Speed Access Monthly Fee	B1-268182025,6	34.95
Free Dial-Up Usage	B1-268182025,4	0.00
GST Registration 100652692	B1-268182025,8	2.73
Other Items		
Payment	P1-25895426	-41.63

Additional charges and credits				
Start Date and Time	End Date and Time	Quantity	Rate Description	Total
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	Bundled 10 MB Webspace	0.00
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	Bundled TELUS Anti-Virus	0.00
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	Add-on TELUS Firewall	3.95
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	Bundled Email	0.00
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	POP 15MB	0.00
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	Velocity ADSL	42.95
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	Long Distance Loyalty Discount	-3.00
Apr 25 12:00:00 AM	May 24 11:59:59 PM	1	QuickConnect Velocity ADSL Discount	-5.00
Apr 25 12:00:00 AM	Apr 25 12:00:00 AM	0	GST Registration 100652692	2.73

- For Internal Use Only.
- Note: For Details regarding Usage or Roaming, please logon to Your Account for more information. Details are available on-line for the previous 4 months.

Customer Accounts & Billing Inquiries


Online: You may also contact us online using the contact us form.
How to read your online statement

Phone:	Alberta Customers:	310-4638 (Toll free in AB)	1-877-310-4638 (Can/US)
	B.C. Customers:	310-4638 (Toll free in BC)	1-877-310-4638 (Can/US)
	Ontario Customers:	1-866-468-3587 (Can/US)	

- Credits on account are non-transferable and not redeemable for cash.
- Please print or save this statement if you require a copy for your records or tax purposes.
- TELUS is not responsible for reproducing statements.

Select a date from the menu below and click the "View Statement" button to display the statement.

May 25, 2005   view selected statement

 send statement to

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

[other TELUS sites](#) | [contact us](#) | [sitemap](#) | [frequently asked questions](#) | [security](#) | [terms & conditions](#) | [privacy](#)





MAIRI MATHESON . account number:

log out

my account

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

currently viewing: mathesom (view another account)

manage services

contact info

payment method

account usage

view bill

member referral

Statement



Mr. MAIRI MATHESON

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

TELUS Communications Inc.
P.O. Box 3660 Stn Terminal
Vancouver, BC V6B 3Y8
Canada

Bill Date	Bill Number	Internet Account Number	Due Date	Amount Due
May 25 2005	B1-269771023		May 30 2005	Can\$ 41.63

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

This statement is for your records only.

Payment will be made via your regular payment method for Internet services.

Summary of your account	
Balances	Total
Previous Balance:	0.00
Current Balance:	41.63
Total Balance Due:	41.63

Summary of new charges		
Description	Item No.	Total
Accounts/Receivable Items		
Webspace Monthly Fee	B1-269771023,3	0.00
TELUS Internet Security	B1-269771023,5	3.95
Usage		
Usage	B1-269771023,8	0.00
Usage	B1-269771023,7	0.00
Dial-Up Access Monthly Fee	B1-269771023,2	0.00
Email Monthly Fee	B1-269771023,1	0.00
High Speed Access Monthly Fee	B1-269771023,4	34.95
Free Dial-Up Usage	B1-269771023,2	0.00
GST Registration 100652692	B1-269771023,6	2.73
Other Items		
Payment	P1-26829930	-41.63

Additional charges and credits				
Start Date and Time	End Date and Time	Quantity	Rate Description	Total
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	Bundled 10 MB Webspace	0.00
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	Add-on TELUS Firewall	3.95
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	Bundled TELUS Anti-Virus	0.00
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	Bundled Email	0.00
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	POP 15MB	0.00
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	Velocity ADSL	42.95
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	QuickConnect Velocity ADSL Discount	-5.00
May 25 12:00:00 AM	Jun 24 11:59:59 PM	1	Long Distance Loyalty Discount	-3.00
May 25 12:00:00 AM	May 25 12:00:00 AM	0	GST Registration 100652692	2.73

- For Internal Use Only.
- Note: For Details regarding Usage or Roaming, please logon to Your Account for more information. Details are available on-line for the previous 4 months.

Customer Accounts & Billing Inquiries


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	B.C. Customers:	310-4638 (Toll free in BC)	1-877-310-4638 (Can/US)
	Ontario Customers:	1-866-468-3587 (Can/US)	

- Credits on account are non-transferable and not redeemable for cash.
- Please print or save this statement if you require a copy for your records or tax purposes.
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Select a date from the menu below and click the "View Statement" button to display the statement.

Apr. 25, 2005   view selected statement

 send statement to

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

[other TELUS sites](#) | [contact us](#) | [sitemap](#) | [frequently asked questions](#) | [security](#) | [terms & conditions](#) | [privacy](#)





Your Rogers statement

MS MAIRI MATHESON

Total amount due **\$29.37**

Debited from your account on or after June 19, 2005

Summary of your charges

		Details on page
● Balance from your last bill <small>(including taxes)</small>	\$0.00	3
● Wireless services	27.45	5
Total before tax	27.45	
G.S.T. (#88824 9463)	1.92	
Total	\$29.37	

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services



Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

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

010124944910124944605000700000293700000000000000000000001

Invoice date
June 05, 2005

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494465

Any payments we received and processed after June 06, 2005 will show on your next bill.

Questions?

Visit www.rogers.com or see Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

Choose a method that's convenient for you:

- online at rogers.com/onlinebilling
- automatically by pre-authorized chequing or credit card payment
- at any Rogers Video
- at most banks
- by cheque and mailing to:
Rogers
PO Box 9100
Don Mills, ON
M3C 3P9

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

Your account number :
Total amount due : \$29.37

Previous bill for account:

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

Account	Bill amount	Due date	Bill period ending
<u>1-0124-9449</u>	\$ 30.71	05/19/2005	05/05/2005
<u>1-0124-9449</u>	\$ 32.05	04/19/2005	04/05/2005
<u>1-0124-9449</u>	\$ 81.01	03/19/2005	03/05/2005 ✓
<u>1-0124-9449</u>	\$ 30.71	02/19/2005	02/05/2005 ✓
<u>1-0124-9449</u>	\$ 29.37	01/19/2005	01/05/2005 ✓

back

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME: Mgiri MATHESON

FOR THE MONTH OF August SEPTEMBER / OCTOBER 2005

* Lou! Please add July charge e.g 67.76

ENTERED NOV 17 2005

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Aug 20	Telus internet 2	67.76		67.76
Sept 20	Telus internet 2	67.76		67.76
Oct 20	Telus internet 2	67.76		67.76
July 19	Rogers Cell Phone 2	35.26		35.26
Aug 19	Rogers Cell Phone 2	41.14		41.14
Sept 19	Rogers Cell Phone 2	32.58		32.58
Oct 19	Rogers Cell Phone 2	29.37		29.37
July 20	Telus Internet 2	67.76		67.76

TOTAL EXPENSES: \$ 409.39

Financial code: 01-71110300003-62210001

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

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

Previous bill for account:

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

Account	Bill amount	Due date	Bill period ending
1-0124-9449	\$ 32.58	09/19/2005	09/05/2005
1-0124-9449	\$ 41.14	08/19/2005	08/05/2005
1-0124-9449	\$ 35.26	07/19/2005	07/05/2005
1-0124-9449	\$ 29.37	06/19/2005	06/05/2005
1-0124-9449	\$ 30.71	05/19/2005	05/05/2005
1-0124-9449	\$ 32.05	04/19/2005	04/05/2005

back

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Aug 20, 2005 Due Date: Sep 10, 2005

View History

Aug 20, 2005 ▾

New Charges

[Summary Statement](#) [Download/Print](#) [Usage Reports](#) [Help](#)

Bundles, Packages and Contracts [Return to Top](#)

Smart Internet Bundle - exclusive to Long Distance customers

67.76

Total Bundles, Packages and Contracts

\$67.76

Explanation of Call Types:

- 0 - Customer Dialed Call
- 1 - Operator Assisted Call
- 2 - 3rd Number Call
- 3 - Calling Card Call
- 4 - Collect Call
- 5 - Toll-Free Call
- 8 - Operator Assisted Dial Rate Applied
- 9 - Customer Dialed Operator Assisted Rate

- B - Station Night Call
- C - Person Night Call
- K - Station Day Call
- L - Person Day Call
- S - Station Evening Call
- T - Person Evening Call

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Sep 20, 2005 Due Date: Oct 10, 2005

[View History](#)

Sep 20, 2005 ▾

New Charges

[Summary Statement](#) [Download/Print](#) [Usage Reports](#) [Help](#)

Bundles, Packages and Contracts [Return to Top](#)

Smart Internet Bundle - exclusive to Long Distance customers

67.76

Total Bundles, Packages and Contracts

\$67.76

Explanation of Call Types:

- 0 - Customer Dialed Call
- 1 - Operator Assisted Call
- 2 - 3rd Number Call
- 3 - Calling Card Call
- 4 - Collect Call
- 5 - Toll-Free Call
- 8 - Operator Assisted Dial Rate Applied
- 9 - Customer Dialed Operator Assisted Rate

- B - Station Night Call
- C - Person Night Call
- K - Station Day Call
- L - Person Day Call
- S - Station Evening Call
- T - Person Evening Call

My TELUS Statement

Bill Date: Oct 20, 2005 Due Date: Nov 10, 2005

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

Current Month

New Charges

[Summary Statement](#) [Download/Print](#) [Usage Reports](#) [Help](#)

Bundles, Packages and Contracts [Return to Top](#)

<u>Smart Internet Bundle - exclusive to Long Distance customers</u>	67.76
Total Bundles, Packages and Contracts	\$67.76

Explanation of Call Types:

- | | |
|--|--------------------------|
| 0 - Customer Dialed Call | B - Station Night Call |
| 1 - Operator Assisted Call | C - Person Night Call |
| 2 - 3rd Number Call | K - Station Day Call |
| 3 - Calling Card Call | L - Person Day Call |
| 4 - Collect Call | S - Station Evening Call |
| 5 - Toll-Free Call | T - Person Evening Call |
| 8 - Operator Assisted Dial Rate Applied | |
| 9 - Customer Dialed Operator Assisted Rate | |

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

Maini Matheson

FOR THE MONTH OF:

October 2005

EXPENSES

ENTERED NOV 17 2005

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

\$ _____

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 108 km at ⁴³ .405¢ /km
(Attach Local Travel Expense Claim form)

\$ 46.44 62210000

TOTAL EXPENSES:

\$ 46.44

U. Deloste

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

Maria Matheson

FOR THE MONTH OF:

SEPT. / OCTOBER 2005

EXPENSES

ENTERED NOV 17 2005

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: ① - Parked @ Hotel for interview with Dr. ... } \$ 8.00 62210000
Sept 29 2005 \$8.00

TAXIS: ② Parking Chronic Disease } \$ 18.00 62210000
Sept 28 05 \$18.00

OTHER (please describe):

TAXI Cab to Centaur Subcom } \$ 12.00 62210000
following mvd meeting

Aug 24, 05

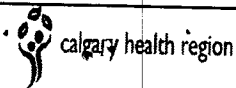
MILEAGE: 166 km at .405 /km } \$ 67.23 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 105.23

U. Deleste

NOV 17 2005

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>M. Matheson</i>		EMPLOYEE NUMBER	
DEPARTMENT <i>CHR BOARD</i>		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
<i>Aug 24</i>	<i>Southport / RTN *1</i>	<i>19 km</i>	
<i>July 14</i>	<i>" "</i>	<i>20 km</i>	
<i>Sept 8</i>	<i>Southport / RTN</i>	<i>20 km</i>	
<i>Sept 13</i>	<i>" "</i>	<i>20 km</i>	
<i>Sept 15</i>	<i>Red/White Club / RTN</i>	<i>24 km</i>	
<i>Sept 19</i>	<i>Southport / RTN</i>	<i>20 km</i>	
<i>Sept 27</i>	<i>Southport / RTN</i>	<i>20 km</i>	
<i>Sept 29</i>	<i>D. Tarr's office / RTN</i>	<i>16 km</i>	
<i>Sept 29</i>	<i>J.S. Wards / RTN</i>	<i>16 km</i>	
	<i>*1 - Had to take cab from Southport to Centaur Suburban my car broke down! see expenses.</i>		
		<i>166</i>	

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

Habitat for Humanity of Galveston
2004
Date: _____
Habitat for Humanity of Galveston
2004

Habitat for Humanity of Galveston
2004
Date: _____

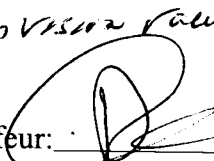
Non-Cash	\$18.00
Cash	\$18.00
Total	\$18.00
Payment	
Cash	\$18.00
Total	\$18.00
Total	\$18.00

Date: _____

28 sept 05
Chronic Disease
Cont - Parking Chrt
Attendance Do Charge.

MISSION VISION VALUES

Date: 08/24

Chauffeur: 

Unit No.: 80

Amount: \$12.00

G.S.T. INCLUDED

needed Cash to Contain Suisane

G.S.T. No.: _____

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Mairi Matheson

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

FOR THE MONTH OF

Nov 05 Dec 05, Jan 06

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan 5	Rogers	29.37	2	29.37
Dec 5	Rogers	32.05	2	32.05
Nov 20	Rogers	31.78	2	31.78
Dec 20	Telus Bill	67.76 4.53	5.09	77.38
Nov 20	" "	67.76 4.53	5.04	77.33
ENTERED FEB 10 2006				

NOTE TO include July receipt

TOTAL EXPENSES:

\$ 248.66

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



Your Rogers statement

MS MAIRI MATHESON

Total amount due \$32.05

Debited from your account on or after December 20, 2005

Summary of your charges		Details on page
Balance from your last bill (Including taxes)	\$0.00	3
Wireless services	29.95	4
Total before tax	29.95	
G.S.T. (#86239 5381)	2.10	
Total	\$32.05	

SEASONS GREETINGS FROM ROGERS WIRELESS!

Wishing you and your loved ones a safe and happy holiday season.



Thank you !
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

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

010124944910124944905120700000329500000000000000000000000002

Invoice date
December 05, 2005

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
10124944C5

Any payments we received and processed after December 07, 2005 will show on your next bill.

Questions?

Visit www.rogers.com or see Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

Choose a method that's convenient for you:

- online at rogers.com/onlinebilling
- automatically by pre-authorized chequing or credit card payment
- at any Rogers Video
- at most banks
- by cheque and mailing to:
Rogers
PO Box 9100
Don Mills, ON
M3C 3P9

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

Your account number :
Total amount due : **\$32.05**



Your Rogers statement

MS MAIRI MATHESON

Total amount due \$29.37

Debited from your account on or after January 20, 2006

Summary of your charges		Details on page
<input checked="" type="radio"/> Balance from your last bill <small>(including taxes)</small>	\$0.00	3
<input checked="" type="radio"/> Wireless services	27.45	4
Total before tax	27.45	
G.S.T. (#86239 5381)	1.92	
Total	\$29.37	

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services

Invoice date
January 05, 2006

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494416

Any payments we received and processed after January 07, 2006 will show on your next bill.

Questions?

Visit www.rogers.com or see
Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

Choose a method that's convenient for you:

- online at rogers.com/onlinebilling
- automatically by pre-authorized chequing or credit card payment
- at any Rogers Video
- at most banks
- by cheque and mailing to:

Rogers
PO Box 9100
Don Mills, ON
M3C 3P9

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



Thank you !
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

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

010124944810124944806010700000293700000000000000000000000000000000

Your account number :
Total amount due : **\$29.37**

Payment history

Display payment history for: 1-0124-9449

Items 1-10 of 33 s.17(1), 17(4)(g)(i)

Next>

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

Reference Number	Account Number	Transaction Date	Payment Amount	Paid By	Status
EXT-20396222052		12/20/2005	\$32.05	Bank debit ****	Payment Received
EXT-19823738052		11/20/2005	\$31.78	Bank debit ****	Payment Received
EXT-18637731052		09/19/2005	\$32.58	Bank debit ****	Payment Received
EXT-18092920052		08/19/2005	\$41.14	Bank debit ****	Payment Received
EXT-17501212052		07/19/2005	\$35.26	Bank debit ****	Payment Received
EXT-16871538052			17	Bank debit ****	Payment Received
EXT-16248289052			1	Bank debit ****	Payment Received
EXT-15625675052			5	Bank debit ****	Payment Received
EXT-15009645052			1	Bank debit ****	Payment Received
EXT-14425293052			1	Bank debit ****	Payment Received

Items 1-10 of 33

Next>

marina,

July bill

was missing

from

submission in October

2005

You please check and provide payment for nov & Dec. (35.26) as this the July payment required? Thanks

APPLICANT COPY



TELUS e.Bill - p. 1 of 4
Bill Date: Nov 20, 2005
Account No:

My TELUS Statement

Nov 20, 2005

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

Bill Date: Nov 20, 2005
Due Date: Dec 10, 2005
M MATHESON

Customer Service
Manage my account online @: telus.com
Other inquiries @: telus.com/contactus

My Account No:
My TELUS Account ID:

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

Total new charges: \$77.33
Total amount owing: \$77.33 due by Dec 10, 2005

Account Summary

Previous Charges and Credits

Amount of your last bill	\$77.33
Payment we processed on Nov 06 - Thank You	-77.33
Total amount overdue from your last bill	\$0.00

New Charges

Bundles, Packages and Contracts	67.76
Additional Charges and Credits	4.53
GST (Registration 100652692) at 7%	5.04
Total new charges	\$77.33
Total amount owing	\$77.33

APPLICANT COPY



TELUS e.Bill - p. 2 of 4

Bill Date: Nov 20, 2005

Account No:

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

Summary of Current Charges

Current Charges Details

Bundles, Packages and Contracts

Smart Internet Bundle - exclusive to Long Distance customers	67.76
Total bundles, packages and contracts	\$67.76

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Nov 19	0.44
E9-1-1 Provincial Network Fee Nov 19	0.14
TELUS Internet Services	3.95
Total additional charges and credits	\$4.53

Taxes and government levies

GST (Registration 100652692) at 7%	5.04
Total tax amount	\$5.04
Total new charges	\$77.33
Total amount owing	\$77.33

APPLICANT COPY



TELUS e.Bill - p. 3 of 4

Bill Date: Nov 20, 2005

Account No:

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

Explanation of Call Types:

- | | |
|--|--------------------------|
| 0 - Customer Dialed Call | B - Station Night Call |
| 1 - Operator Assisted Call | C - Person Night Call |
| 2 - 3rd Number Call | K - Station Day Call |
| 3 - Calling Card Call | L - Person Day Call |
| 4 - Collect Call | S - Station Evening Call |
| 5 - Toll-Free Call | T - Person Evening Call |
| 8 - Operator Assisted Dial Rate Applied | |
| 9 - Customer Dialed Operator Assisted Rate | |

Smart Internet Bundle - exclusive to Long Distance customers

The Smart Internet Bundle combines your TELUS Internet service with your current Long Distance plan, and your choice of a Calling Feature Pack or your TELUS Mobility plan.

	Quantity	You Pay
Local and Calling Feature 3 Pack (from Nov 19 to Dec 18)		37.81
Residence Line ADSL	1	
Call Display	1	
High Speed Access Oct 25		34.95
		You Pay
		-5.00
Total Smart Internet Bundle - exclusive to Long Distance customers		67.76

APPLICANT COPY



TELUS e.Bill - p. 4 of 4
Bill Date: Nov 20, 2005
Account No
s.17(1), 17(4)(g)(i)

TELUS Internet Services

TELUS Internet Services

TELUS Internet Security Oct 25

Total TELUS Internet Services

**You
Pay**
3.95

3.95

APPLICANT COPY



TELUS e.Bill - p. 1 of 5

Bill Date: Dec 20, 2005

Account No

My TELUS Statement

Dec 20, 2005

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

Bill Date: Dec 20, 2005

Due Date: Jan 10, 2006

M MATHESON

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

Customer Service

Manage my account online @: telus.com

Other inquiries @: telus.com/contactus

My Account No:

My TELUS Account ID:

Total new charges: \$78.13

Total amount owing: \$78.13 due by Jan 10, 2006

Account Summary

Previous Charges and Credits

Amount of your last bill	\$77.33
Payment we processed on Dec 07 - Thank You	-77.33
Total amount overdue from your last bill	\$0.00

New Charges

Bundles, Packages and Contracts	67.76
Additional Charges and Credits	4.53
Directory Assistance	0.75
GST (Registration 100652692) at 7%	5.09
Total new charges	\$78.13
Total amount owing	\$78.13



Summary of Current Charges

Current Charges Details

Bundles, Packages and Contracts

Smart Internet Bundle - exclusive to Long Distance customers	67.76
Total bundles, packages and contracts	\$67.76

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Dec 19	0.44
E9-1-1 Provincial Network Fee Dec 19	0.14
TELUS Internet Services	3.95
Total additional charges and credits	\$4.53

Directory Assistance

Directory Assistance	0.75
Total directory assistance	\$0.75

Taxes and government levies

GST (Registration 100652692) at 7%	5.09
Total tax amount	\$5.09

Total new charges	\$78.13
Total amount owing	\$78.13

APPLICANT COPY



TELUS e.Bill - p. 3 of 5

Bill Date: Dec 20, 2005

Account No:

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

Explanation of Call Types:

- | | |
|--|--------------------------|
| 0 - Customer Dialed Call | B - Station Night Call |
| 1 - Operator Assisted Call | C - Person Night Call |
| 2 - 3rd Number Call | K - Station Day Call |
| 3 - Calling Card Call | L - Person Day Call |
| 4 - Collect Call | S - Station Evening Call |
| 5 - Toll-Free Call | T - Person Evening Call |
| 8 - Operator Assisted Dial Rate Applied | |
| 9 - Customer Dialed Operator Assisted Rate | |

Smart Internet Bundle - exclusive to Long Distance customers

The Smart Internet Bundle combines your TELUS Internet service with your current Long Distance plan, and your choice of a Calling Feature Pack or your TELUS Mobility plan.

	Quantity	You Pay
Local and Calling Feature 3 Pack (from Dec 19 to Jan 18)		37.81
Residence Line ADSL	1	
Call Display	1	
High Speed Access Nov 25		34.95
		You Pay
		-5.00
Total Smart Internet Bundle - exclusive to Long Distance customers		67.76

APPLICANT COPY



TELUS e.Bill - p. 5 of 5

Bill Date: Dec 20, 2005

Account No:

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

Directory Assistance

#	Date & Time	Place/Call From	Place/Call To	You Pay	Min	Reference	Type
001	Fri Dec 16 08:25am		DIR ASST	0.75	2	(8K
Total Directory Assistance			s.17(1), 17(4)(g)(i)	0.75			

APPLICANT COPY



TELUS e.Bill - p. 4 of 5

Bill Date: Dec 20, 2005

Account No:

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

TELUS Internet Services

TELUS Internet Services

TELUS Internet Security Nov 25

Total TELUS Internet Services

**You
Pay**

3.95

3.95

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Mairi Matheson

FOR THE MONTH OF: Nov 05, Dec 05, & Jan 06

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ ENTERED PTD 0.000

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 348 km at ^{.43}~~.405~~/km \$ 149.64 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 149.64

M. DeLeste

APPLICANT COPY

calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH Other _____	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>Maire Matheson</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board</i>	PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Nov 17</i>	<i>Southport</i>	<i>20 km</i>		
<i>Nov 23</i>	<i>Golf & Country Club</i>	<i>10 km</i>		
<i>Nov 29</i>	<i>Southport</i>	<i>20 km</i>		
<i>Dec 2</i>	<i>Home to Okotoks to Stratmore & KTN</i>	<i>154 km</i>		
<i>Dec 15</i>	<i>Hosp 2nn (Physician home)</i>	<i>20 km</i>		
<i>Dec 20</i>	<i>Board Southport</i>	<i>20 km</i>		
<i>Jan 9</i>	<i>Broken Place (Wellness)</i>	<i>24 km</i>		
<i>Jan 16</i>	<i>Southport</i>	<i>20 km</i>		
<i>Jan 17</i>	<i>Southport</i>	<i>20 km</i>		
<i>Jan 19</i>	<i>Southport</i>	<i>20 km</i>		
<i>Jan 31</i>	<i>Southport</i>	<i>20 km</i>		
		<i>348</i>		

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Mairi Matheson

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

EXPENSES
(Please attach original receipts.)

ENTERED MAY 18 2006

Date	Description	Amount	GST	Total
MAR	Telus Internet	67.76		2 67.76
APRIL	Telus Email	67.76		2 67.76
MAR	Rogers Wireless	34.99	R	34.99
APR	Rogers Wireless	34.19	R	34.19

TOTAL EXPENSES: \$ 204.70

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. De Coste</u>	Print Name: <u>Lae De Coste</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



Your Rogers statement

MS MAIRI MATHESON

Total amount due \$34.99

Debited from your account on or after March 20, 2006

Summary of your charges		Details on page
● Balance from your last bill <small>(including taxes)</small>	\$0.00	3
● Wireless services	32.70	4
Total before tax	32.70	
G.S.T. (#86239 5381)	2.29	
Total	\$34.99	

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services

Invoice date
March 05, 2006

Your account number

Your invoice number
1012494436 s.17(1), 17(4)(g)(i)

Any payments we received and processed after March 07, 2006 will show on your next bill.

Questions?

Visit www.rogers.com or see
Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

Choose a method that's convenient for you:

- online at rogers.com/onlinebilling
- automatically by pre-authorized chequing or credit card payment
- at any Rogers Video
- at most banks
- by cheque and mailing to:
Rogers
PO Box 9100
Don Mills, ON
M3C 3P9

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



Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

Your account number :
Total amount due : \$34.99

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

010124944910124944906030700000349900000000000000000000000000000004



Your Rogers statement

MS MAIRI MATHESON

Total amount due **\$34.19**

Debited from your account on or after April 20, 2006

Summary of your charges		Details on page
Ⓢ Balance from your last bill <small>(including taxes)</small>	\$0.00	3
📶 Wireless services	31.95	4
Total before tax	31.95	
G.S.T. (#86239 5381)	2.24	
Total	\$34.19	

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services

Invoice date
April 05, 2006

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494446

Any payments we received and processed after April 07, 2006 will show on your next bill.

Questions?

Visit www.rogers.com or see Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

Choose a method that's convenient for you:

- online at rogers.com/onlinebilling
- automatically by pre-authorized chequing or credit card payment
- at any Rogers Video
- at most banks
- by cheque and mailing to:

Rogers
PO Box 9100
Don Mills, ON
M3C 3P9



Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

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

Your account number :
Total amount due : **\$34.19**

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

01012494491012494490604070000341900000000000000000000000000000000000

My TELUS Statement

Bill Date: Mar 20, 2006 Due Date: Apr 10, 2006

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

Mar 20, 2006

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$94.97
Payment we processed on Mar 09	-94.97
Amount overdue from your last bill	\$0.00

New Charges

Bundles, Packages and Contracts	\$67.76
Additional Charges and Credits	4.52
Directory Assistance	4.50
GST (Registration 812758878) at 7%	5.35
Total new charges	\$82.13
Total amount owing	\$82.13

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Apr 20, 2006 Due Date: May 10, 2006

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$82.13
Payment we processed on Apr 06	-82.13
Amount overdue from your last bill	\$0.00

New Charges

Bundles, Packages and Contracts	\$67.76
Additional Charges and Credits	4.52
Directory Assistance	10.50
Long Distance Charges	106.38
GST (Registration 812758878) at 7%	13.22
Total new charges	\$202.38
Total amount owing	\$202.38

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: M MATHESON

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

ENTERED MAY 18 2006

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 19	Rogers Wireless	28.95	2.03 R	30.98
Feb	Illus. Internet Email		2	67.76

TOTAL EXPENSES: \$ 98.74

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>H. De Coste</u>	Print Name: <u>Lou De Coste</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



Your Rogers statement

MS MAIRI MATHESON

Total amount due \$30.98

Debited from your account on or after February 19, 2006

Summary of your charges

	Details on page
\$ Balance from your last bill (including taxes)	\$0.00 3
Wireless services	28.95 4
Total before tax	28.95
G.S.T. (#86239 5381)	2.03
Total	\$30.98

Other Rogers services available to you

- Magazines
- Messaging services
- Long distance services

Invoice date
February 05, 2006

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494426

Any payments we received and processed after February 06, 2006 will show on your next bill.

Questions?

Visit www.rogers.com or see
Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

- Choose a method that's convenient for you:
- online at rogers.com/onlinebilling
 - automatically by pre-authorized chequing or credit card payment
 - at any Rogers Video
 - at most banks
 - by cheque and mailing to:
Rogers
PO Box 9100
Don Mills, ON
M3C 3P9

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



Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

Your account number :
Total amount due : **\$30.98**

#####

MS MAIRI MATHESON

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

01012494481012494490602070000030980000000000000000000000001

My TELUS Statement

Bill Date: Feb 20, 2006 Due Date: Mar 10, 2006

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

Feb 20, 2006

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$94.17
Payment we processed on Feb 06	-94.17
Amount overdue from your last bill	\$0.00

New Charges

Bundles, Packages and Contracts	\$67.76
Additional Charges and Credits	4.52
Directory Assistance	16.50
GST (Registration 100652692) at 7%	6.19
Total new charges	\$94.97
Total amount owing	\$94.97

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

EMPLOYEE NAME (Print) <i>M. MATHESON Mar 06</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board</i>	PHONE NUMBER	DATE <i>Mar / April '06</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Mar 1</i>	<i>South Port 4 hrs</i>	<i>20km</i>		
<i>Mar 9</i>	<i>Red Deer Yrks Club</i>	<i>24km</i>		
<i>Mar 10</i>	<i>" "</i>	<i>24km</i>		
ENTERED MAY 18 2006				
<i>Mar 28</i>	<i>Board / So. Port</i>	<i>20km</i>		
<i>Mar 31</i>	<i>Summit</i>	<i>28km</i>		
<i>April 25</i>	<i>Board Mtg, South Port</i>	<i>20km</i>		
<i>April 27</i>	<i>RMHC</i>	<i>28km</i>		
		<i>164</i>	<i>.43</i>	<i>R 70.52</i>

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
<i>0171110300002</i>		<i>62210000</i>	<i>MILEAGE/PARKING</i>	
EMPLOYEE SIGNATURE <i>[Signature]</i>			TOTAL PAYABLE TO EMPLOYEE	<i>70.52</i>
AUTHORIZATION <i>[Signature]</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
<i>s.17(1), 17(4)(g)(i)</i>			<i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

RB

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

M. MATHESON

FOR THE MONTH OF:

February 2006

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

ENTERED MAY 18 2006

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: _____

ACCOMMODATION: ~~118.77~~ 114.49 + 4.28 = 118.77 _____ 62212000

MEALS: Diskui Inn R \$ 31.51 _____ 62212000

PARKING: Calgary Airport R \$ 32.00 _____ 62212000

TAXIS: \$10.00 + TD Southport Car hire down R \$ 10.00 _____ 62212000

OTHER (please describe): 188.00 + 4.28 = _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 98 km at .43¢ /km R \$ 42.14 _____ 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 234.42

L. Deloste

APPLICANT COPY



Nisku Inn and Conference Centre
 1101 - 4th Street
 Nisku, Alberta T9E 7N1
 Tel. (780) 955 7744
 Fax. (780) 955 7743
 www.niskuinn.com

MAIRI MATHESON

Bill 2006005652
 Date 2/25/2006
 Room 179 1King nonsmk-JETTED TUB
 Arrival 2/24/2006
 Departure 2/25/2006

s.17(1), 17(4)(g)(i)
 Nisku Inn and Conference Centre, Edmonton

GST REG#: 102501764

Date	Description	Supplement	Qty.	Price	Amount
2/24/2006	Provincial Government		1	107.00	107.00
2/24/2006		s.17(1), 17(4)(g)(i)	1		13.99 X
2/25/2006	Visa				-133.74
		s.17(1), 17(4)(e.1)		Sub total	120.99
				GST 7%	8.47
				Room tax 4%	4.28
				Total	133.74
				Paid	133.74
				Balance	0.00

Thank you!

107.00
 7.49 (7%)
 4.28

 118.77

APPLICANT COPY

Best Copy Possible

YELLOW

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 24-2-26 Amount Montant \$ 10.00 Car/Voiture # 745

Driver/Chauffeur: PO GST# _____

From/De: LAP To/A: NISKU



ONTARIO AIRPORT
Terminal Parkade
667 101 RISTORANTE

RECEIPT NO
DATE/TIME
CARD NO
EXPIRY DATE
CITY
MERCHANT
LENGTH OF STAY
NUMBER OF PAYMENTS
CASH

THANK YOU FOR YOUR VISIT

Nisku Inn
Martinique

CHECK # 567563-6

DUPLICATE
CUSTOMER # _____

NISKU INN
EDMONTON INT'L AIRPORT
EDMONTON AB

1 1/2 Unmad.	\$4.50
1 Breakfast	\$14.95
1 Single-Breakfast	\$1.50
2 Soft N.H. MERLOT	\$8.50
SUB-TOTAL	\$21.45
Gst #R102501764	\$2.05

TOTAL \$31.51

Room: _____

Total: _____

Name: _____

Signature _____

Time: 20:4 _____

Enjoy your day
Please Pay Server

YOU HAVE BEEN SERVED
BY: Jamie

CARD NUMBER
EXPIRY DATE
CARD TYPE
DATE/TIME
CLOCK NUMBER
RECEIPT NUMBER
PURCHASE
TOTAL AMOUNT

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

VISA 8896
2006/02/05 12:25:40
1
660535678-551-048
\$139.74

01 APPROVED 027 AUTH. # 091993
THANK YOU

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

Natri Matheson
NATRI MATHESON

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

M. Matheson.

FOR THE MONTH OF

June 2006

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

EXPENSES

ENTERED JUL 14 2006

(Please attach original receipts.)

Date	Description	Amount	GST	Total
June	Rogers Wireless	30.45	2.13 ^R	32.58
June 10	Delus Internet	68.76	2	68.76
	(new)			

TOTAL EXPENSES:

\$ 101.34

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeLeste</u>	Print Name: <u>Lou DeLeste</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

My TELUS Statement

Bill Date: May 20, 2006 Due Date: Jun 10, 2006

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	\$202.38
Payment we processed on May 07	-200.00
Amount overdue from your last bill	\$2.38

New Charges

Bundles, Packages and Contracts	\$68.76
Additional Charges and Credits	4.54
Directory Assistance	9.75
GST (Registration 812758878) at 7%	5.79
Total new charges	\$88.84
Total amount owing	\$91.22

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: M. Matheson

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

ENTERED JUL 14 2006

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
May	Rogers Wireless	29.37		29.37

TOTAL EXPENSES: R \$ 29.37

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u>	Print Name: <u>Lou DeCoste</u>
Authorizer's Employee Number: <u>1001</u>	Authorizer Phone Number (in full): <u>943-1122</u>

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

X: Board/Honoraria/Supplementary Expenses Claim Form

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: M. Matheson.

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

ENTERED JUL 14 2006

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: Dr. Howe and \$ _____

MEALS: } Brothers ① 7.50 R \$ 50.58 62210000

PARKING: } ② 10.00 R \$ 7.50 + 10.00
\$ 17.50 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

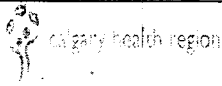
_____ \$ _____

MILEAGE: 41 km at .43¢ /km R \$ 17.63 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 85.71

K. DeCaste
RB

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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>M. Matheson</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board</i>	PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>June 5</i>	<i>Glencoe + Return</i>	<i>6</i>		
<i>June 15</i>	<i>South Port, Zoo - Return</i>	<i>11</i>		
		<i>12</i>		
		<i>12 RTN</i>		
		<i>41</i>		

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

07/06 04:48 PM

EXPIRATION TIME

DATE ISSUED

07/06 01:48 PM \$ 7.50

TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER

44000

For Hours



NON TRANSFERABLE

10842324



RECEIPT

10842324

Barbara Matheson

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

09/06 11:51 AM

EXPIRATION TIME

DATE ISSUED

09/06 11:51 AM

TIME ISSUED

AMOUNT PAID

AMOUNT PAID

\$ 10.00

CREDIT CARD NUMBER

Barb Matheson



NON TRANSFERABLE

11023136



RECEIPT

11023136

D U P L I C A T E

The Glencoe Club
636 29th Ave S.W.
Calgary, Alberta T2C 0P1
403-243-2900

MARIA I

Member Club 1: 16 PM
Guest Club 2: 2:00 PM

2 Coffee	3.50
1 PEPSI	1.60
1 HALIBUT CLUB	14.50
1 MUSSELS	13.50
1 EXOTIC DRG	8.00

Total 50.58
MEMBER CHG 50.58
Total 50.58

MEMBER CHG Amount Applied 50.58

MEMBER CHG Tended 50.58

Acct: s.17(1), 17(4)(g)(i)
MATHESON, MAIRI

THANK YOU

Maria Matheson
SIGNATURE

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: MAIRI MATHESON

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

EXPENSES ENTERED JUL 14 2006

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: ① May 11, 12, 13 rental hall \$ 54.00 + 5.00 + 3.00

PARKING: ② 18 \$ x 3 Hyatt Conf. R \$ 62.00 62210000

TAXIS: ③ ② minister's car ③ foothills Pkg \$

OTHER (please describe):

\$

\$

\$

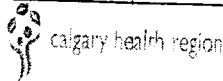
MILEAGE: 138 km at .43¢ /km R \$ 59.34 62210000

TOTAL EXPENSES: \$ 121.34

Y. DeCoster

PP

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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>M. Matheson</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board</i>	PHONE NUMBER	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>May 2.</i>	<i>To Hotel 11'arts return</i>	<i>22.</i>		
<i>May 11</i>	<i>Dental Health Hotel</i>	<i>24</i>		
	<i>Hyatt & Return.</i>	<i>-</i>		
<i>12.</i>	<i>" " "</i>	<i>24</i>		
<i>13</i>	<i>" " "</i>	<i>24</i>		
<i>May 18</i>	<i>Quality & Access St. Port.</i>	<i>22</i>		
<i>May 30</i>	<i>Southport & Return.</i>	<i>22</i>		
		<i>138</i>		

CODING & AUTHORIZATION

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

The Hyatt Regency Calgary

Please insert this pass into the exit column for Passage. Thank you for choosing The Hyatt.



7/06044515/170016000/082127
042510 13/05/06 10:00

Non-Guest 1 Day \$18.00
14/05/06 09:59



Hyatt Regency Calgary
200 Centre St South
Can-T2G 5P6 Calgary

Att 1
Cashier 50 12/05/06 07:25
Receipt 042408

1 DAY PASS
12/05/06 07:15-
12/05/06 07:14
No. 081813
1 Quant @ \$18.00
(V.A.T.) \$18.00
Gross Total \$18.00
Payment Cash \$18.00
Net Total \$16.82
V.A.T. (7%) 1.18

All amounts in CAD.
Deliv. Date=Receipt Date
Thank-You

Hyatt Regency Calgary
200 Centre St South
Can-T2G 5P6 Calgary

Att 1
Cashier 50 11/05/06 09:58
Receipt 042318

Non-Guest 1 Day \$18.00
11/05/06 09:45-
12/05/06 09:44
No. 081626
1 Quant @ \$18.00
(V.A.T.) \$18.00
Gross Total \$18.00
Payment Cash \$18.00
Net Total \$16.82
V.A.T. (7%) 1.18

All amounts in CAD.
Deliv. Date=Receipt Date
Thank-You

PRECISE PARKLINK™
NON TRANSFERABLE 11010190
PRECISE PARKLINK™
RECEIPT 11010190

AMOUNT PAID \$ 3.00 20060509 10:28 AM
EXPIRATION DATE 23/05 11:28 AM
EXPIRATION TIME
DATE ISSUED 22/05/06 10:28 AM
TIME ISSUED
AMOUNT PAID \$ 3.00
CREDIT CARD NUMBER 440000
For other copies see

DISPLAY THIS SIDE UP ON DASHBOARD
DETACH RECEIPT FROM TICKET

PRECISE PARKLINK™
NON TRANSFERABLE 11010191
PRECISE PARKLINK™
RECEIPT 11010191

AMOUNT PAID \$ 5.00 20060509 10:29 AM
EXPIRATION DATE 23/05 12:09 PM
EXPIRATION TIME
DATE ISSUED 22/05/06 10:29 AM
TIME ISSUED
AMOUNT PAID \$ 5.00
CREDIT CARD NUMBER 440000
mmaka

DISPLAY THIS SIDE UP ON DASHBOARD
DETACH RECEIPT FROM TICKET

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Mairi Matheson

FOR THE MONTH OF: October, September to Nov 3 2006

RECEIVED
NOV 16 2006
FIN...

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	1. Banff Sprgs 467.11 \$ 482.96	<u>62210000</u>
ACCOMMODATION:	2. Rimrock Htl 750.48 \$ 780.24	<u>62210000</u>
MEALS:	meals (one dinner) 45.65 \$ 51.91	<u>62210000</u>
PARKING:	R \$ 31.80	<u>62210000</u>
TAXIS:	\$ _____	_____
OTHER (please describe):		
<u>Banff Park Pass</u>	R \$ 22.95	<u>62210000</u>
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>297</u> km at .43¢/km	R \$ 127.71	<u>62210000</u>
(Attach Local Travel Expense Claim form)		
TOTAL EXPENSES:	\$ <u>1,497.57</u>	

ENTERED NOV 17 2006

1445.10
52.47

u. Welaste

Check-Out by telephone from the convenience of your guestroom!
 Simply touch '50' on your telephone to leave a message in your Express Check-Out Mailbox.
 Leave your name, room number, and time you are departing from your guestroom. If you would like a
 copy of your final bill sent to you by fax, or email, please indicate the details on the message.

APPLICANT COPY

THE *Fairmont*
BANFF SPRINGS
 405 SPRAY AVENUE
 P.O. BOX 960
 BANFF, ALBERTA CANADA T1L 1J4
 T 403 762 2211 F 403 762 5755
 G.S.T. Registration #815456876RT0001

Room : 0617
 Folio # :
 Cashier # : 147
 Page # : 1 of 1
 Group Name Calgary Health Region

Mairi Matheson
 CA

Arrival : 10-24-06
 Departure : 10-26-06

Date	Description	Additional Information	Charges	Credits
10-24-06	Package Charge	[NA Pkg. Trx]	209.00	
10-24-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96	
10-24-06	Room GST (6%)	[Add: 6%.(B)]	11.94	
10-24-06	Package GST (6%)	[Add: 6%.(B)]	0.60	
10-25-06	Telephone Long Distance	21:59 #70617 [00:16:00]	23.96	
10-25-06	Package Charge	[NA Pkg. Trx] s.17(1), 17(4)(g)(i)	209.00	
10-25-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96	
10-25-06	Room GST (6%)	[Add: 6%.(B)]	11.94	
10-25-06	Package GST (6%)	[Add: 6%.(B)]	0.60	
Total			482.96	0.00
Balance Due			482.96	

GST Summary

Room	23.88
F&B	0.00
Other	2.56
Total	26.44

Guest signature

Signature du client X

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
 United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
 De États-Unis or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

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

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

APPLICANT COPY



The RIMROCK
RESORT HOTEL

MOUNTAIN AVENUE
POST OFFICE BOX 1110
BANFF, ALBERTA, CANADA T1L 1J2
TÉLÉPHONE: (403) 762-3356 • FAX: (403) 762-4132
G.S.T. NO. / N° T.P.S. R121509582

Room Number: 623
Daily Rate: 177.00
Room Type: KD
No. of Guests: 1 / 0

MATHESON, MS MAIRI
BUKSA CONF MGMT

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

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/29/2006	11/2/2006		CONF	CONF	11110135997

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
10/29/2006	623	ROOM CHARGES	#623 MATHESON, MS MAIRI	\$177.00
10/29/2006	623	ROOM GST	ROOM GST	\$10.62
10/29/2006	623	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$7.08
10/30/2006	623	LONG DISTANCE	623/061030/13:58/1	\$1.44
10/30/2006	623	MINIBAR FOOD	623/4674/18:01/MINIBAR FOOD	\$6.50
10/30/2006	623	MINIBAR GST	623/4674/18:01/MINIBAR GST	\$0.39
10/30/2006	623	ROOMSERVICE DINNER FOOD	623/7846/19:26/ROOMSERVICE DINNER FOOD	\$29.00
10/30/2006	623	ROOMSERVICE DINNER TIP	623/7846/19:26/ROOMSERVICE DINNER TIP (Built in by Hotel.)	\$5.22
10/30/2006	623	ROOMSERVICE DINNER GST	623/7846/19:26/ROOMSERVICE DINNER GST	\$2.05
10/30/2006	623	VALET PARKING CHARGES	\$15.00 VALET PARKING	\$15.00
10/30/2006	623	GST	GST	\$0.90
10/30/2006	623	ROOM CHARGES	#623 MATHESON, MS MAIRI	\$177.00
10/30/2006	623	ROOM GST	ROOM GST	\$10.62
10/30/2006	623	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$7.08
10/31/2006	623	VALET PARKING CHARGES	\$15.00 VALET PARKING	\$15.00
10/31/2006	623	GST	GST	\$0.90
10/31/2006	623	ROOM CHARGES	#623 MATHESON, MS MAIRI	\$177.00
10/31/2006	623	ROOM GST	ROOM GST	\$10.62
10/31/2006	623	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$7.08
11/1/2006	623	MINIBAR FOOD	623/4721/17:09/MINIBAR FOOD	\$8.25
11/1/2006	623	MINIBAR GST	623/4721/17:09/MINIBAR GST	\$0.50
11/1/2006	623	ROOM CHARGES	93030 / FOR LATE CHECK OUT	\$177.00
11/1/2006	623	ROOM GST	ROOM GST	\$10.62
11/1/2006	623	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$7.08
11/1/2006	623	VISA	VISA	

Handwritten notes and calculations on the right side of the table:

- 194.70 (sum of first three rows)
- 196.14 (sum of first four rows)
- 43.16 (sum of rows 5-8)
- 15.90 (sum of rows 9-10)
- 194.70 (sum of rows 11-13)
- 15.90 (sum of rows 14-15)
- 194.70 (sum of rows 16-18)
- 8.75 (sum of rows 19-20)
- 194.70 (sum of rows 21-23)

(\$863.95)

TOTAL DUE: \$0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any or the full amount of these charges.

Je comprends que ma responsabilité pour cette facture n'est pas annulée et je consens à être tenu personnellement responsable dans le cas où la personne, la compagnie ou l'association indiquée ne paierait pas pour toute partie ou pour le total de ces frais.

APPLICANT COPY

Mental Health Research Showcase 2006
 October 30 to November 1, 2006
 The Rimrock Resort Hotel
 Banff, Alberta

Confirmation Notice
 GST # 124072513 RT0011

August 10, 2006

Ms. Mairi Matheson
 Board Member
 Calgary Health Region
 10101 Southport Road SW
 Calgary AB T2W 3N2
 Fax: (403) 943-1124

Dear Ms. Matheson,

We are pleased that you will be attending the Mental Health Research Showcase at the Rimrock Resort Hotel (Mountain Avenue) in Banff, Alberta, from October 30 to November 1, 2006.

Start Date	Time	Event	Ticket Description	Fee	Total
30 October	7:00 am	Mental Health Research Showcase 2006	1 Early Bird Registration Fee	450.00	450.00

Your materials will be available for pick-up during the following hours at the registration desk:

Monday, October 30, 2006 7:00 a.m. to 5:00 p.m.
 Tuesday, October 31, 2006 7:00 a.m. to 5:00 p.m.
 Wednesday, November 1, 2006 7:00 a.m. to 12:00 p.m.

**** Accommodation Confirmation - Please read carefully as your room preferences may not have been available.**

A room has been reserved for you at The Rimrock Resort Hotel.

Check-in: October 29, 2006 Check-out: November 02, 2006
 Number of Beds: Two Beds Confirmation No: 11110135997
 Smoking Room: No Guests: 1 Room Type: Deluxe Room (\$184/n+tax)
 Special Instructions:

**** The room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on your registration form. The hotel will finalize your bill when you check-out.**

Your registration payment information is as follows:

Total Cost: \$450.00
 Paid: \$450.00
 Amount Due: \$0.00

Please Note: If you paid by credit card, your statement will read "BUKSA Assoc. (780) 436-0983 Edm.".

Your nametag is listed as: **Mairi Matheson**
Calgary Health Region
 If this is not how you would like your nametag to read, please notify us by fax or email at your earliest convenience with requested changes. Please specify "Mental Health Research Showcase" in your correspondence.

If no accommodation information appears above, a room has not been reserved for you. To reserve accommodation please contact the conference secretariat. For more information, please refer to www.amhb.ab.ca/showcase.

Yours Sincerely,

Shirley Lead Board Member

Sabrina Chan
 Showcase Secretariat

NOTE Due to snowstorm I arrived noon Oct 30 but room 29 - 30th @ 4pm was changed.

Mental Health Research Showcase 2006
 c/o BUKSA Conference Management and Program Development
 Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
 Phone: (780) 436-0983 x 231 Fax: (780) 437-5984 Email: showcase@buksa.com

APPLICANT COPY

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

*Carinto Pak
for Confirmation*

DO NOT WRITE ABOVE THIS LINE - NE RIEN ECRIRE AU-DESSUS DE CETTE LIGNE

DAVID BATHESON

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

771000

5 015

AUTHORIZATION NUMBER/NO D'AUTORISATION									
DATE	AMOUNT-MONTANT								
<table border="1"> <tr> <td>CLERK COMMISS</td> <td>D-J</td> <td>Y-A</td> <td>TAKEN EMPORTÉ <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DEPT. RAYON</td> <td></td> <td>DELIVERED LIVRE <input type="checkbox"/></td> </tr> </table>	CLERK COMMISS	D-J	Y-A	TAKEN EMPORTÉ <input type="checkbox"/>		DEPT. RAYON		DELIVERED LIVRE <input type="checkbox"/>	
CLERK COMMISS	D-J	Y-A	TAKEN EMPORTÉ <input type="checkbox"/>						
	DEPT. RAYON		DELIVERED LIVRE <input type="checkbox"/>						
DESCRIPTION	AMOUNT-MONTANT								
AFT CHARGE X FACTURE									
CAN \$ 863.95									

CUSTOMER COPY
COPIE DU CLIENT

X
CARD

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

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

VISA

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DETENTEUR DE LA CARTE CI-HAUT MENTIONNEE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

PARC NATIONAL
BANFF
NATIONAL PARK

10/30/2006

Valid/Valide - 16h:
11/2/2006

22.95

22.95

Total	22.95
GST/TPS	1.30
Cash/Comptant	40.00
Change/Monnaie	17.05
1:59 PM L.W.	54
GATE/BARRIERE-BANFF	

GST#/No de TPS: R121491807

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Mairi Matheson

FOR THE MONTH OF

Expenses for June, July, August, Sept, Oct. to Nov 3 '06.

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
July 19 '06	Rogers Cell phone	32.28		Z 32.28
Aug 19 '06	" " "	36.25		R 36.25
Sept 19 '06	" " "	29.10		R 29.10
Oct 21 '06	" " "	29.13		R 29.13
Jul 10 '06	Plus email	68.76		Z 68.76
Aug 10 '06	" " "	68.76		Z 68.76
Sept 10 '06	" " "	68.88		Z 68.88
Oct 10 '06	" " "	68.24		Z 68.24

ENTERED NOV 17 2006

TOTAL EXPENSES:

\$ 401.40
399.40 ✓

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)

X: Board/Honorary/Supplementary Expenses Claim Form

94.48
304.92

Previous bill for account:

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

Account	Bill amount	Due date	Bill period ending
	\$ 32.28	07/19/2006	07/05/2006 <i>July</i>
	\$ 32.58	06/19/2006	06/05/2006 <i>June - paid</i>
	\$ 29.37	05/20/2006	05/05/2006 <i>- paid</i>
	\$ 34.19	04/20/2006	04/05/2006 <i>- paid</i>
	\$ 34.99	03/20/2006	03/05/2006 <i>- paid</i>

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

back



Your Rogers statement

MS MAIRI MATHESON

Total amount due **\$29.10**

Debited from your account on or after September 19, 2006

Summary of your charges

		Details on page
Ⓢ Balance from your last bill (including taxes)	\$0.00	3
☎ Wireless services	27.45	4
Total before tax	27.45	
G.S.T. (#86239 5381)	1.65	
Total	\$29.10	

Other Rogers services available to you

- Magazines
- Long distance services
- Messaging services

Invoice date
September 05, 2006

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494496

Any payments we received and
processed after **September 06, 2006**
will show on your next bill.

Questions?

Visit www.rogers.com or see
Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

- Choose a method that's
convenient for you:
- online at
rogers.com/onlinebilling
 - automatically by pre-authorized
chequing or credit card payment
 - at any Rogers Video
 - at most banks
 - by cheque and mailing to:
Rogers
PO Box 9100
Don Mills, ON
M3C 3P9



Thank you!
Your Rogers bill is paid by pre-authorized debit from your
bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

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

0101249449101249448060807000002910000000000000000000000000004

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

Your account number :
Total amount due : **\$29.10**

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Jun 20, 2006

Due Date: Jul 10, 2006

[View History](#)

[Current Month](#)

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill

\$91.22

Payment we processed on Jun 06

-91.22

Amount overdue from your last bill

\$0.00

New Charges

Bundles, Packages and Contracts

\$68.76

Additional Charges and Credits

4.52

Directory Assistance

17.10

GST (Registration 812758878) at 7%

6.30

Total new charges

\$96.68

Total amount owing

\$96.68

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Jul 20, 2006

Due Date: Aug 10, 2006

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill

\$96.68

Payment we processed on Jul 07

-96.68

Amount overdue from your last bill

\$0.00

New Charges

Bundles, Packages and Contracts

\$68.76

Additional Charges and Credits

4.52

Directory Assistance

3.20

Alternate Service Billing

15.15

GST (Registration 812758878) at 6%

5.88

Total new charges

\$97.51

Total amount owing

\$97.51

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Aug 20, 2006 Due Date: Sep 10, 2006

[View History](#)

Current Month -

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill

Payment we processed on Aug 06

\$97.51

Amount overdue from your last bill

-97.51

\$0.00

New Charges

Bundles, Packages and Contracts

Additional Charges and Credits

Directory Assistance

Long Distance Charges

GST (Registration 812758878) at 6%

\$66.88

3.76

11.20

12.35

5.63

Total new charges

\$99.82

Total amount owing

\$99.82

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Sep 20, 2006 Due Date: Oct 10, 2006

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

Amount of your last bill	
Payment we processed on Sep 06	\$99.82
Amount overdue from your last bill	-99.82
	\$0.00

New Charges

<u>Bundles, Packages and Contracts</u>	✓ \$68.24 ✓
<u>Additional Charges and Credits</u>	4.52
<u>Directory Assistance</u>	5.60
<u>Long Distance Charges</u>	5.89
<u>GST (Registration 812758878) at 6%</u>	5.03
Total new charges	\$89.28
Total amount owing	\$89.28

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Maire Matheson

FOR THE MONTH OF: November 06, December 06 Jan 07

EXPENSES

RECEIVED
FEB 14 2007

01-71110300002

AIRFARE: \$ _____ ENTERED FEB 14 2007

CAR RENTAL: \$ _____

ACCOMMODATION: Nis que Inn 12.33
Jan 14/15 \$ 134.21 62212000

MEALS: 2 \$ 42.47 62212000

PARKING: \$ _____

TAXIS: Jan 14 airport to Nis que Inn \$ 15.00 62212000

OTHER (please describe):

Hyatt Parking Chamber Course 2 \$ 32.00 62210000

Airport Parkade 14-15 Jan. R \$ 36.00 62210000

\$ _____

MILEAGE: 150 km at .43¢/km R \$ 64.50 62210000
(Attach Local Travel Expense Claim form)

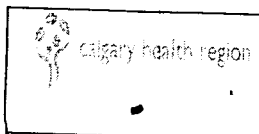
TOTAL EXPENSES: \$ 324.18

141.33
50.35

100.50
32.00

U. 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)		Maire Matheson		EMPLOYEE NUMBER		Board	
DEPARTMENT		Board		PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE		AMOUNT		
Nov 3 '06	Board Retreat 8km x 2	16km					
Nov 16 '06	Quality + Access 10km x 2	20km					
Nov 17 '06	Ethics lunch Hospitality 20km x 2	20km					
Nov 20 '06	Wellness / Southport 10 x 2	20km					
Nov 28 '06	CHE Board Mtg Southport	20km					
January 4/5 '07	Travel air to Nrsque return	X					
Jan 18 '07	Quality + Access Southport one way	10km					
	Southport to Hyatt / return	24km					
Jan 30 '07	the Board and Board Southport 10 x 2	20km					

CODING & AUTHORIZATION

150

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION U. Delate 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
 Nisku Inn and Conference Centre
 1101 - 4th Street
 Nisku, Alberta T9E 7N1
 Tel. (780) 955 7744
 Fax. (780) 955 7743
 www.niskuinn.com

MAIRI MATHESON

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

Bill 2007001572
Date 01/15/2007
Room 185 King NS-JETTED TUB
Arrival 01/14/2007
Departure 01/15/2007

Nisku Inn and Conference Centre, Nisku

GST REG #: 102501764

Date	Description	Supplement	Qty.	Price	Amount
01/14	Stopover+Nisku Spl		1	119.00	119.00
01/14	Guest Long Distance 185 01/14 18:53:00 0005/	s.17(1), 17(4)(g)(i)	1		3.12
01/14	Martinique Food 185 20070115 00:17:12 Restaurant / 69		1		42.47
01/15	Visa				-176.68
				Net	164.59
				GST 6%	7.33
				Room tax 4%	4.76
				Gross	176.68
				Paid	-176.68
				Balance	0.00

We thank you for your visit and wish you a safe trip.

APPLICANT COPY

NISKO INC
EDMONTON INT'L AIRPORT
EDMONTON AB s.17(1), 17(4)(e.1)

NISKO INC
EDMONTON INT'L AIRPORT
EDMONTON AB

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 1677
DATE/TIME 2007/01/14 19:27:51
CLERK NUMBER 2
RECEIPT NUMBER 90535678-9-0-028
AUTHORIZATION
AMOUNT \$160.00

TIP

TOTAL AMOUNT

01 APPROVED 027 AUTH. # 025877
THANK YOU

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

MAINT WATHESON

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 4927
DATE/TIME 2007/01/18 11:36:16
CLERK NUMBER 1
RECEIPT NUMBER 90535678-9-0-028
PURCHASE ADVISE
TOTAL AMOUNT \$176.69

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

01 APPROVED 027 AUTH. # 025877
THANK YOU

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

CARDHOLDER SIGNATURE

Guest Service Agent: Hull

Amt. Charged: 432.00

Date: 18/01/07

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194

RECEIPT H3
ENTRY DATE/TIME:
01/14/07 14:40:04
EXIT DATE/TIME:
01/15/07 17:35:59
PAID: \$ 36.00
(GST INCLUDED)
LENGTH OF STAY:
1 02:55
METHOD OF PAYMENT:
CASH

THANK YOU FOR YOUR
VISIT

Date Jan 14 07

Trip Amount 15.00

Driver Name Pugh

Car number 144



CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Maini Matheson

FOR THE MONTH OF Nov 06 Dec 06 Jan 07 ^{s.17(1), 17(4)(g)(i)}

EXPENSES
(Please attach original receipts.) **ENTERED FEB 14 2007**

Date	Description	Amount	GST	Total
Oct 06	Rogers (Please check)	29.73	(1.68)	
Nov 06	Rogers Wireless	27.45	(1.65) R	29.10
Dec 06	Rogers Wireless	28.95	(1.74) R	30.69
Jan 07	Rogers Wireless	31.95	(1.92) R	33.87
Nov 06	Internet Please check			
Dec 10 06	Internet charge	68.24 4.82	4.37 R	77.13
Jan 10 07	Internet charges	35.95		35.95

TOTAL EXPENSES: \$ 206.74

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>

RB.

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

X: Board/Honoraria/Supplementary Expenses Claim Form

170.79
35.95



M MATHESON * phone line:

shopping cart

log out

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

my other bills: [Internet](#) [mobility](#)

you are here [TELUS](#) > [select region](#) > [personal](#) > [customer care](#) > [billing](#) > [view e.bill](#)

[payment options](#) [paper bill is turned off](#) [current balance](#) [lookup a phone number](#) [lookup an area code](#) [contact us](#)

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Nov 20, 2006 Due Date: Dec 10, 2006

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

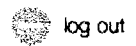
Amount of your last bill	\$88.86
Payment we processed on Nov 06	-88.86
Amount overdue from your last bill	\$0.00

New Charges

Bundles, Packages and Contracts	\$68.24
Additional Charges and Credits	4.52
Directory Assistance	2.40
Long Distance Charges	2.31
GST (Registration 812758878) at 6%	4.63
Total new charges	\$82.10
Total amount owing	\$82.10



M MATHESON phone line:



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

my other bills: internet mobility

you are here TELUS > select region > personal > customer care > billing > view e.bill

payment options paper bill is turned off current balance lookup a phone number lookup an area code contact us

My TELUS Statement

Bill Date: Dec 20, 2006

Due Date: Jan 10, 2007

M MATHESON
Account Number
TELUS Account ID

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

View History

Current Month

New Charges

Summary Statement Download/Print Usage Reports Help

Smart Internet Bundle - exclusive to Long Distance customers

The Smart Internet Bundle combines your TELUS Internet service with your current Long Distance plan, and your choice of a Calling Feature Pack or your TELUS Mobility plan.

(click column headings to sort, click again to reverse)

Subscription adjustment from Nov 28 to Dec 19

26.10

(click column headings to sort, click again to reverse)

High Speed Access Nov 25

5.00

Total Smart Internet Bundle exclusive to Long Distance customers

4.85

Subtotal by Group

Reset

(to split calls, e.g., among roommates, assign them to Group A, B, C, etc., then Subtotal)

Handwritten note: Telus Internet charges as of Dec 7/06. Excess due to fact 2 are not long distance customer!!



M MATHESON phone line:



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

my other bills: Internet mobility

you are here TELUS > select region > personal > customer care > billing > view e.bill

payment options paper bill is turned off current balance lookup a phone number lookup an area code contact us

My TELUS Statement

Bill Date: Dec 20, 2006 Due Date: Jan 10, 2007

M MATHESON
Account Number
TELUS Account ID

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

View History

Current Month

Summary of my account

Usage Reports Download/Print Help

Previous charges and credits

Amount of your last bill	\$82.10
Payment we processed on Dec 07	-82.10
Amount overdue from your last bill	\$0.00

New Charges

Monthly Local Services (including rental equipment if applicable)	\$23.34
Bundles, Packages and Contracts	4.85
Additional Charges and Credits	20.86
Directory Assistance	11.20
Long Distance Charges	13.52
GST (Registration 812758878) at 6%	4.41
Total new charges	\$78.18
Total amount owing	\$78.18

this may be a meter adjustment!

Internet 35.95/mth.



Your Rogers statement

MS MAIRI MATHESON

Total amount due **\$30.69**

Debited from your account on or after December 19, 2006

Summary of your charges

		Details on page
Balance from your last bill (including taxes)	\$0.00	3
Wireless services	28.95	4
Total before tax	28.95	
G.S.T. (#86239 5381)	1.74	
Total	\$30.69	

Other Rogers services available to you

- Magazines
- Long distance services
- Messaging services



Thank you !
 Your Rogers bill is paid by pre-authorized debit from your bank account.
 You don't need to make any additional payments.

MS MAIRI MATHESON

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

010124944910124944906120700000306900000000000000000000005

Invoice date
December 05, 2006

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
10124944C6

Any payments we received and processed after December 06, 2006 will show on your next bill.

Questions?

Visit www.rogers.com or see Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL

- Choose a method that's convenient for you:
- online at rogers.com/onlinebilling
 - automatically by pre-authorized chequing or credit card payment
 - at any Rogers Video
 - at most banks
 - by cheque and mailing to:

Rogers
 PO Box 9100
 Don Mills, ON
 M3C 3P9

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

Your account number :
Total amount due : **\$30.69**



Your Rogers statement

MS MAIRI MATHESON

Total amount due **\$33.87**

Debited from your account on or after January 19, 2007

Summary of your charges		Details on page
\$ Balance from your last bill (including taxes)	\$0.00	3
\$ Wireless services	31.95	4
Total before tax	31.95	
G.S.T. (#86239 5381)	1.92	
Total	\$33.87	

Other Rogers services available to you

- Magazines
- Long distance services
- Messaging services



Thank you !
Your Rogers bill is paid by pre-authorized debit from your bank account.
You don't need to make any additional payments.

#####

MS MAIRI MATHESON

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

01012494491012494490701070000033870000000000000000000000000001

Invoice date
January 05, 2007

Your account number
s.17(1), 17(4)(g)(i)

Your invoice number
1012494417

Any payments we received and processed after January 06, 2007 will show on your next bill.

Questions?
 Visit www.rogers.com or see
Contact us on page 3.

HOW TO PAY YOUR ROGERS BILL
 Choose a method that's convenient for you:

- online at rogers.com/onlinebilling
- automatically by pre-authorized chequing or credit card payment
- at any Rogers Video
- at most banks
- by cheque and mailing to:
 Rogers
 PO Box 9100
 Don Mills, ON
 M3C 3P9

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

Your account number :
Total amount due : \$33.87

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Mairi Matheson

FOR THE MONTH OF: February 07 - March 2nd.

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____ ENTERED MAR 16 2007

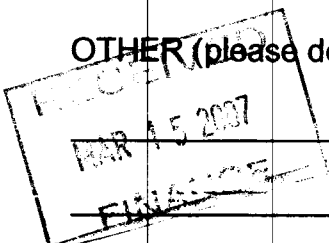
ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: R \$ Meter Parking 10.00
Children's HSP - 7.50 62210000

TAXIS: \$ _____

OTHER (please describe): _____



_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 102 km at .43¢ /km R \$ 43.86 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ R 61.36

Ch. Deloste
RB

APPLICANT COPY



calgary health region

ACH FMC Southport
 PLC RGH Other _____

**LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING**

INSTRUCTIONS:

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
Main Matheson				
DEPARTMENT	PHONE NUMBER	DATE		
City Board	403 244 4085			
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
Feb 5	Roundup Centre → Return	8x2	16	
Feb 10	Palliser Hotel return	10x2	20	
Feb 27	Roundup Centre / Return	8x2	16	
Mar 1	Quality / Access	10x2	20	
Mar 2	Rabbit - Chelmsford	15x2	30	
				102

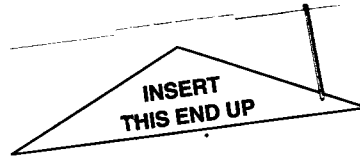
CODING & AUTHORIZATION

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
Y. Deloste s.17(1), 17(4)(g)(i)				943-1122

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY



03/02/07 09:20 E1
TICKET-NO. 10035316
03/02/07 12:13 H1
PAID: 7.50

Children's Hosp:
KEEP TICKET WITH YOU.
Cash and credit card payment accepted at
paystations located in the lobby prior to exit.
Credit card payment only, accepted in exit lane.



CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Maini Matheson

FOR THE MONTH OF

February - Mar (2 wks) 07

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 22	Rogers	27.45	1.65 R	29.10
Feb 20	Telus	30.95	Z	30.95

ENTERED MAR 16 2007

TOTAL EXPENSES:

\$ 60.05

Financial code: 01-7111030003-62210001

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)

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



M MATHESON • phone line:



shopping cart



log out

my TELUS e.bill

my other bills: > internet > mobility

you are here TELUS > select region > personal > customer care > billing > view e.bill

payment options paper bill is turned off current balance lookup a phone number lookup an area code contact us

My TELUS Statement

Bill Date: Feb 20, 2007 Due Date: Mar 10, 2007

M MATHESON
Account Number
TELUS Account ID

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

[View History](#)

Current Month

Summary of my account

[Usage Reports](#) [Download/Print](#) [Help](#)

Previous charges and credits

<u>Amount of your last bill</u>	\$81.51
<u>Payment we processed on Feb 06</u>	-81.51
Amount overdue from your last bill	\$0.00

New Charges

<u>Monthly Local Services (including rental equipment if applicable)</u>	\$23.34
<u>Bundles, Packages and Contracts</u>	30.95
<u>Additional Charges and Credits</u>	4.52
<u>Directory Assistance</u>	1.60
<u>GST (Registration 812758878) at 6%</u>	3.60
Total new charges	\$64.01
Total amount owing	\$64.01

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Mairi Matheson

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

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
	Telus - online	30.95	1.86	R 32.81
19 Mar	Rogus Wireless	30.45	1.83	R 32.28
		ENTERED MAY 17 2007		

TOTAL EXPENSES: R \$ 65.09

Financial code: 01-71110300003-62210001

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

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

RB

X:Board/Honoraria/Supplementary Expenses Claim Form



M MATHESON phone line:

shopping cart

log out

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

my other bills: internet mobility

you are here TELUS > select region > personal > customer care > billing > view e.bill

payment options paper bill is turned off current balance lookup a phone number lookup an area code contact us

My TELUS Statement

M MATHESON
Account Number
TELUS Account ID

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

Bill Date: Mar 20, 2007

Due Date: Apr 10, 2007

View History

Current Month

Summary of my account

Usage Reports Download/Print Help

Previous charges and credits

Amount of your last bill	\$64.01
Payment we processed on Mar 09	-60.83
Bill Copy Charge	-3.00
GST (Registration 812758878)	-0.18
Amount overdue from your last bill	\$0.00

New Charges

Monthly Local Services (including rental equipment if applicable)	\$23.34
Bundles, Packages and Contracts	30.95 <i>x 6%</i>
Additional Charges and Credits	4.36 <i>= 1.86</i>
Directory Assistance	1.60
GST (Registration 812758878) at 6%	3.58
Total new charges	\$63.84

DO NOT pay this bill. \$63.84 will be debited to your pre-authorized payment account on Apr 06, 2007.

\$63.84

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairei Matheson

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

ENTERED MAY 17 2007

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: March 21 - 9.00
March 2 - 7.50 R \$ 16.50 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ R \$ _____

MILEAGE: 124 km at .43¢ /km \$ 53.32 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 69.82

L. Deloste

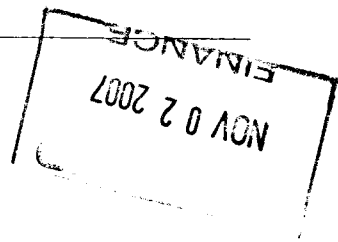
RD

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: MAIRI MATHESON

FOR THE MONTH OF: April - May 4 - 2007



EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 44 Km at .44¢/km \$ 19.36
60 km at .43¢/km \$ 25.80
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 45.16

4. Deloste

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairei Matheson

FOR THE MONTH OF: April - May 4 - 2007

ENTERED JUL 12 2007

RECEIVED
JUL 11 2007
01-7111030002

EXPENSES

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):
\$ _____

\$ _____

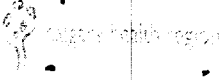
\$ _____

MILEAGE: 44 Km at .44¢/km \$ 19.36
60 km at .43¢/km \$ 25.80
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 45.16

M. Deloste

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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>Mairi Matheson</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD CHR</i>	PHONE NUMBER <i>403 244 4085</i>	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>APRIL 15</i>	<i>Southport & Return</i>	<i>20km</i>		
<i>APRIL 18</i>	<i>Southport & Return</i>	<i>20km</i>		
<i>APRIL 24</i>	<i>Southport & Return</i>	<i>20km</i>		
<i>May 2</i>	<i>Ranchmen's Club / RTN</i>	<i>14km</i>		
<i>May 4</i>	<i>Sunridge Mall / RTN</i>	<i>30km</i>		
		<i>60 @ .434</i>		
		<i>44 @ .444</i>		

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Marie Matheson

FOR THE MONTH OF

June 2007 s.17(1), 17(4)(g)(i)

EXPENSES

(Please attach original receipts.)

JUL 11 2007

Date	Description	Amount	GST	Total
June 22	Reyes	28.95	1.74 R	30.69
June	Delees - internet	30.95	1.86 R	32.81

ENTERED JUL 13 2007

TOTAL EXPENSES:

R \$ 63.50

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Lh. 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

R13

APPLICANT COPY



My TELUS Statement

Bill Date: May 19, 2007

Due Date: Jun 09, 2007

M MATHESON

Account number
TELUS Account ID

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

Summary of my account

Total amount due by Jun 09, 2007

\$71.64

DO NOT pay this bill. \$71.64 will be debited to your pre-authorized payment account on Jun 06, 2007.

Previous charges and credits

Amount of your last bill		105.19
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-105.19
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)	
Bundles (from May 19 to Jun 18)		30.95
Taxes		1.86
Subtotal		\$32.81
Monthly services (from May 19 to Jun 18)	s.17(1), 17(4)(g)(i)	
Usage charges		23.91
Taxes		8.80
Subtotal		34.65
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from May 19 to Jun 18)		3.95
Usage charges		0.00
Taxes		0.23
Subtotal		4.18
Total new charges		\$71.64
Total amount due		\$71.64

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

Mairi Mathson

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

FOR THE MONTH OF

May 2007

EXPENSES
(Please attach original receipts.)

RECORDED
JUL 11 2007

Date	Description	Amount	GST	Total
May 19	Bundles Internet			30.95
May 22	Rogers	28.95	1.74	30.69

ENTERED JUL 13 2007

TOTAL EXPENSES:

\$ 61.64

Financial code: 01-71110300003-62210001

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

RB

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

30.69
30.95

X: Board/Honorary/Supplementary Expenses Claim Form



Ex. 943 1124

Fax this Bill

month for April on next page.

FROM :

Your TELUS statement

Apr 19, 2007

Page 1 of 5

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323
M MATHESON

Your account number

Your TELUS Account ID

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

Total amount you owe.....\$105.19
Summary of your account (details start on page 3)

Thank you for keeping
your account up to date.

Previous charges and credits	
Amount of your last bill	\$63.84
.....
Payment processed Apr 06 - Thank You	-63.84
Balance forward	.00
New charges	

Bundles 30.95

Monthly services 27.86

Additional charges and credits 33.25

Usage charges 7.20

GST (Registration 812758878) 5.93

Total new charges 105.19

Total amount due by *May 14, 2007* \$105.19

Tear off here

Payment return slip
DO NOT pay this bill. \$105.19 will be debited to your pre-authorized payment account
on May 11, 2007.

Account number

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

239 (E)

FAX NO. :

Jul. 09 2007 02:35PM P1

2007-07-09 15:29 01579

>> CHR-CEO/Board

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: MARIE MARTESON

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

FOR THE MONTH OF APRIL - MAY 4 2007

EXPENSES
(Please attach original receipts.)

RECEIVED
JUL 11 2007

Date	Description	Amount	GST	Total
April	Telus			30.95
April 20	Rejus	27.45	1.65	29.10

ENTERED JUL 13 2007

TOTAL EXPENSES: \$ 60.05

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u>	Print Name: <u>LOU DeCoste</u> MARIE MARTESON
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

30.95
29.10 RB

APPLICANT COPY



TELUS e-Bill - p. 1 of 2
Bill Date: Mar 20, 2007
Account No:

My TELUS Statement Mar 20, 2007 s.17(1);17(4)(g)(i)

Bill Date: Mar 20, 2007
Due Date: Apr 10, 2007
M MATHESON

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

Customer Service
Manage my account online @: telus.com
Other Inquiries @: telus.com/contactus

My Account No:
My TELUS Account ID:

Total new charges: \$63.84
Total amount owing: \$63.84 due by Apr 10, 2007

DO NOT pay this bill. \$63.84 will be debited to your pre-authorized payment account on Apr 06, 2007.

Account Summary

Previous Charges and Credits

Amount of your last bill	\$64.01
Payment we processed on Mar 09 - Thank You	-60.83
GST Adjustment on Feb 22	-0.18
Bill Copy Charge on Feb 22	-3.00
Total amount overdue from your last bill	\$0.00

New Charges

Monthly Local Services (including rental equipment if applicable)	23.34
Bundles, Packages and Contracts	30.95
Additional Charges and Credits	4.36
Directory Assistance	1.60
GST (Registration 812759879) at 6%	3.59
Total new charges	\$63.84
Total amount owing	\$63.84

Summary of Current Charges

Current Charges Details

Monthly Local Services (including rental equipment if applicable)	
Residence Line Touchtone from Mar 19 to Apr 18	23.34
Total monthly local services (including rental equipment if applicable)	\$23.34
Bundles, Packages and Contracts	
Smart Internet Bundle - exclusive to Long Distance customers	30.96
Total bundles, packages and contracts	\$30.95
Additional Charges and Credits	
Quality of Service Rebate Mar 06	-0.16
E9-1-1 Municipal Call Answer Fee Mar 19	0.44
E9-1-1 Provincial Network Fee Mar 19	0.13
TELUS Internet Services	3.96
Total additional charges and credits	\$4.36

Jul. 09 2007 03:24PM P1

FAX NO. :

FROM :

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairi Matheson

FOR THE MONTH OF: June 2007

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: (Car battery dead!) \$ _____

TAXIS: June 07 Return trip
South port Ctr. 20# x 2 \$ 40.00 62210000

OTHER (please describe):

_____ \$ _____

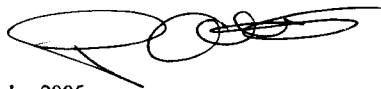
_____ \$ _____

_____ \$ _____

MILEAGE: 388 km at .43¢ /km \$ 166.84 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 206.84

Ch. DeLoste



CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Mai Matheson

FOR THE MONTH OF:

June 2007

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

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING: (Car battery dead!)

\$ _____

TAXIS:

June 07 Return trip Southport Rtn. 20# x 2

20.00

\$ 40.00 62210000

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: 388 km at .43¢ /km
(Attach Local Travel Expense Claim form)

R

\$ 166.84 62210000


TOTAL EXPENSES:

\$ 206.84

L. DeLante


~~20~~ 186.84
20.00

APPLICANT COPY

 calgary health region	___ ACH ___ FMC ___ Southport ___ PLC ___ RGH Other _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
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INSTRUCTIONS:

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

EMPLOYEE NAME (Print) <i>Maria Matheson</i>		EMPLOYEE NUMBER	
DEPARTMENT <i>Board</i>	PHONE NUMBER	DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE
<i>June 7</i>	<i>Southport / Rtn (taxi required)</i>	<i>20km</i>	
<i>June 14</i>	<i>B&A meeting (chamber)</i>	<i>20 km.</i>	
<i>June 19</i>	<i>Clareholm / rtn 156km x 2</i>	<i>312 km</i>	
<i>June 26</i>	<i>Board mtg Southport</i>	<i>20km</i>	
<i>June 26</i>	<i>CMHA</i>	<i>16km</i>	
<i>June 27</i>	<i>Southport Rtn</i>	<i>20 km</i>	
Thank You for choosing ASSOCIATED CAB for all your transportation needs. Visit our counter at the Calgary International Airport international arrival door.			
			
Driver <i>135 in</i> Date <i>JUN 07 07</i> Car # <i>126</i> Amount <i>\$20.00</i> GST Included # _____			
			388

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>Maria Matheson</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>U. Delato</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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairi Matheson
FOR THE MONTH OF: May 2007 to June 2 2007

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	\$ _____	_____
PARKING:	\$ _____	_____
TAXIS:	\$ _____	_____
OTHER (please describe):		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>26</u> km at .44¢ /km (Attach Local Travel Expense Claim form)	\$ <u>37.84</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u><u>37.84</u></u>	

U. Deloste



CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Mairi Matheson

FOR THE MONTH OF: May 2007 to June 2 2007

EXPENSES

RECEIVED
JUL 11 2007
01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ ENTERED JUL 13 2007 _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe): _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 96 km at .44¢ /km
(Attach Local Travel Expense Claim form) \$ R 37.84 62210000

TOTAL EXPENSES: \$ 37.84

U. Deloste
RB

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairi Matheson
FOR THE MONTH OF: July Aug Sept 07

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	\$ _____	_____
PARKING: <u>Hyatt Hotel - C'd Mental Health commission</u>	\$ <u>20.00</u>	<u>62210000</u>
TAXIS: <u>NOTE</u>	\$ _____	_____
OTHER (please describe):		
<u>NOTE - Machine at my</u>	\$ _____	_____
<u>Parking ticket @ Hyatt</u>	\$ _____	_____
<u>Hotel Sept 10 2007!</u>	\$ _____	_____
MILEAGE: <u>94</u> km at .44¢ /km (Attach Local Travel Expense Claim form)	\$ <u>41.36</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u><u>61.36</u></u>	

Mairi Matheson L. Deloste

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairi Matheson

FOR THE MONTH OF: July Aug Sept 07 s.17(1), 17(4)(g)(i)

EXPENSES ENTERED OCT 19 2007

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: Hyatt Hotel - C'd Mental ² \$ 20.00 62210000
Health commission

TAXIS: NOTE \$ _____

OTHER (please describe):

NOTE - Machine at my \$ _____

Parking ticket @ Hyatt \$ _____

Hotel Sept 10 2007! \$ _____

MILEAGE: 94 km at .44¢/km ^R \$ 41.36 62210000
(Attach Local Travel Expense Claim form)

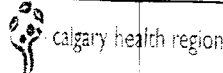
TOTAL EXPENSES: \$ 61.36

Mairi Matheson

Ch. Deloste

41.36
20.00

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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>MARIE MATHESON.</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>CHC Board.</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Sept 07</i>	<i>AMA - NoLave & Return.</i>	<i>16 km</i>		
<i>Sept 10</i>	<i>Hjatt Hotel & Return.</i>	<i>14 km</i>		
<i>Sept 11</i>	<i>Southport & R&N</i>	<i>20 km</i>		
<i>Sept 13</i>	<i>Bonnavista Lake SE & Return.</i>	<i>30 km</i>		
<i>Sept 18</i>	<i>Board Mtg. Stampede Grounds.</i>	<i>14 km</i>		
		<i>94</i>		

CODING & AUTHORIZATION				
FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	<i>MILEAGE/PARKING</i>	
EMPLOYEE SIGNATURE <i>Marie Matheson</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER <i>s.17(1), 17(4)(g)(i)</i>	AUTHORIZER PHONE NUMBER <i>943-1172</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Mairie Matheson.

FOR THE MONTH OF July Aug Sept.

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

ENTERED OCT 19 2007

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
July	Rogers	46.67	2.80 R	49.47
Aug	Rogers	30.45	1.83 R	32.28
Sept	Rogers	30.45	1.83 R	32.28
July	Telus "	30.95	1.86 R	32.81
Aug	Telus "	30.95	1.85 R	32.80
Sept	Telus "	30.95	1.86 R	32.81

TOTAL EXPENSES:

Mairie Matheson

\$ 212.45

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>M. 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



> Search

For Consumers

Home > For Consumers > Customer Service > My Rogers Bills > View My Rogers Bills

Customer Service

- > Online Self Service
- > My Rogers Bills
 - Understand Your Bill
 - Online Billing Sign Up
 - View My Rogers Bills
 - My Current Balance
 - Make a Payment
 - My Payment History
 - My Bill History
 - Change Payment Method
 - Change Contact Info
 - Add a Rogers Account
 - Name My Account
- > My Rogers Services
- > Combine Your Bills
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- > Find a Store
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- > Promotions
- > Cable Help
- > Wireless Tech Support
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- > Contact Us

Better Choice Bundles

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- Home Phone
- Cable TV

Internet Services

For Business

- Rogers Video
- Investor Relations
- Corporate Governance
- About Rogers

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Fast, Easy, Convenient
[Find more](#)

ROGERS YAHOO!
HI-SPEED INTERNET
Check your
Rogers Yahoo! Email

E-MAIL FRAUD

How to spot and
stop identity
theft online



My Rogers Bill

Account #: s.17(1), 17(4)(g)(i)

Invoice Date: July 05, 2007

Name My Account(s)

MS MAIRI MATHESON

Invoice Number: 1012494477

Total amount due: **\$49.47**
Debited from your account on or after: **July 21, 2007**

[Pay My Bill](#)

Summary of your charges

[Current Balance](#)

[Payment History](#)

Balance from your last bill (including taxes)

Amount of your last bill	\$30.69
Payment received - thank you June 22, 2007 credit of	-30.69
Balance from your last bill	\$0.00
Any payments we received and processed after July 08, 2007 will show on your next bill.	

Wireless services

Total before tax	46.67
G.S.T. (#86239 5381)	46.67
Total	\$49.47

[Details](#)

Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

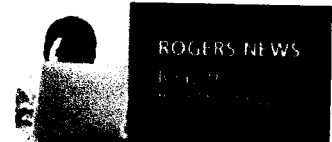
Payment Method

Terms & Conditions

Paper Invoice

Download / Print PDF Invoice

You will need Adobe Acrobat version 3.0 or greater to view.





[> Search](#)

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- > Online Self Service
- > My Rogers Bills
 - Understand Your Bill
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 - View My Rogers Bills
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 - Make a Payment
 - My Payment History
 - My Bill History
 - Change Payment Method
 - Change Contact Info
 - Add a Rogers Account
 - Name My Account
- > My Rogers Services
- > Combine Your Bills
- > Downloads
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- > Cable Help
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- > Internet Help
- > Contact Us

Better Choice Bundles

- Wireless
- Home Phone
- Cable TV

Internet Services

- For Business**
- Rogers Video
- Investor Relations
- Corporate Governance
- About Rogers

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Fast. Easy. Convenient.

[Enrol Now](#)

ROGERS YAHOO!
hi-speed internet
Check your Rogers Yahoo! Email

E-MAIL FRAUD

How to spot and stop identity theft online



My Rogers Bill

Account #: .s.17(1), 17(4)(g)(i)

Invoice Date: August 05, 2007

Name My Account(s)

MS MAIRI MATHESON

Invoice Number: 1012494487

Total amount due: \$32.28 Debited from your account on or after: August 20, 2007	Pay My Bill
---	-----------------------------

Summary of your charges

\$ Balance from your last bill (including taxes)		Current Balance
Amount of your last bill	\$49.47	
Payment received - thank you July 21, 2007 credit of	-49.47	
Balance from your last bill	\$0.00	
Any payments we received and processed after August 07, 2007 will show on your next bill.		
Wireless services		Payment History
Total before tax	30.45	
G.S.T. (#86239 5381)	30.45	
Total	1.83	
	\$32.28	Details

Thank you !
Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

[Payment Method](#)

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Paper Invoice

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You will need Adobe Acrobat version 3.0 or greater to view.





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 - Understand Your Bill
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 - My Bill History
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Internet Services

For Business

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ROGERS Yahoo! hi-speed internet

Check your Rogers Yahoo! Email

E-MAIL FRAUD

How to spot and stop identity theft online



My Rogers Bill

Account #: .s.17(1), 17(4)(g)(i)
Name My Account(s)

Invoice Date: September 05, 2007

MS MAIRI MATHESON

Invoice Number: 1012494497

Total amount due: \$32.28
Debited from your account on or after: September 19, 2007

Pay My Bill

Summary of your charges

Current Balance

Payment History

S Balance from your last bill (including taxes)	
Amount of your last bill	\$32.28
Payment received - thank you August 20, 2007	credit of -32.28
Balance from your last bill	\$0.00
Any payments we received and processed after September 06, 2007 will show on your next bill.	

Wireless services		30.45	Details
Total before tax		30.45	
G.S.T. (#86239 5381)		1.83	
Total		\$32.28	

Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

Payment Method

Terms & Conditions

Paper Invoice

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My TELUS Statement

Bill Date: Jun 19, 2007

Due Date: Jul 11, 2007

M MATHESON
Account number
TELUS Account ID

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

Summary of my account

Total amount due by Jul 11, 2007 **\$65.70**
DO NOT pay this bill. \$65.70 will be debited to your pre-authorized payment account on Jul 08, 2007.

Previous charges and credits

Amount of your last bill		71.64
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-71.64
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)	
Bundles (from Jun 19 to Jul 18)		30.95
Taxes		1.86
Subtotal		\$32.81
	s.17(1), 17(4)(g)(i)	
Monthly services (from Jun 19 to Jul 18)		23.91
Usage charges		3.20
Taxes		1.60
Subtotal		28.71
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from Jun 19 to Jul 18)		3.95
Usage charges		0.00
Taxes		0.23
Subtotal		4.18
Total new charges		\$65.70
Total amount due		\$65.70

https://consumer.telus.com/common/globalForward.do?context_billingAccountId=20068... 26/06/2007



My TELUS Statement

Bill Date: Jul 19, 2007

Due Date: Aug 09, 2007

M MATHESON
Account number
TELUS Account ID

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

Summary of my account

Total amount due by Aug 09, 2007 **\$66.10**
DO NOT pay this bill. \$66.10 will be debited to your pre-authorized payment account on Aug 06, 2007.

Previous charges and credits

Amount of your last bill		65.70
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-65.70
Total balance forward		\$0.00

New charges		
Account	s.17(1), 17(4)(g)(i)	
Bundles (from Jul 19 to Aug 18)		30.95
Taxes		1.85
Subtotal		\$32.80
	s.17(1), 17(4)(g)(i)	
Monthly services (from Jul 19 to Aug 18)		23.91
Usage charges		3.57
Taxes		1.63
Subtotal		29.11
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from Jul 19 to Aug 18)		3.95
Usage charges		0.00
Taxes		0.24
Subtotal		4.19
Total new charges		\$66.10
Total amount due		\$66.10

https://consumer.telus.com/common/globalForward.do?context_billingAccountId=20068... 24/07/2007



My TELUS Statement

Bill Date: Aug 19, 2007

Due Date: Sep 10, 2007

M MATHESON
Account number
TELUS Account ID

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

Summary of my account

Total amount due by Sep 10, 2007 **\$75.24**

DO NOT pay this bill. \$75.24 will be debited to your pre-authorized payment account on Sep 07, 2007.

Previous charges and credits

Amount of your last bill		66.10
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-66.10
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)	
Bundles (from Aug 19 to Sep 18)		30.95
Taxes		1.86
Subtotal		\$32.81
Monthly services (from Aug 19 to Sep 18)	s.17(1), 17(4)(g)(i)	23.91
Usage charges		12.20
Taxes		2.14
Subtotal		38.25
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from Aug 19 to Sep 18)		3.95
Usage charges		0.00
Taxes		0.23
Subtotal		4.18
Total new charges		\$75.24
Total amount due		\$75.24

https://consumer.telus.com/common/globalForward.do?context_billingAccountId=20068... 29/08/2007

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mairi Matheson

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

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

ENTERED DEC 0 6 2007

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 186 km at .44¢ /km \$ 81.84 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 81.84

Mairi Matheson

U. DeCosta

APPLICANT COPY

	___ ACH ___ FMC ___ Southport ___ PLC ___ RGH Other _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
--	--	---

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

EMPLOYEE NAME (Print)	Marc Matheson		EMPLOYEE NUMBER		
DEPARTMENT	Board	PHONE NUMBER	DATE Oct / Nov '07		
DATE OF TRAVEL/EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	
		(for mileage)			
Oct 4	Delta South Return	20km			
Oct 12	RMHAC ACH	24km			
Oct 15	Walners Southport	20km			
Oct 18	Janet Humphrey Southport	20km			
Oct 24	* { Governance Conv. Centre Governance Conf. Centre	16 km			
25		16 km			
Oct 31	Country Club Session	10 km			
Nov 14	Southport = Return	20 km			
Nov 20	Southport & return	20 km			
Nov 28	Southport Board mtg	20 km			
(* Please discuss Parking tickets there)					
		186			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>Faini [Signature]</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	
00073	U. DeLaste s.17(1), 17(4)(g)(i)		943-1122	

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

23995

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Mairi Matheson

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

FOR THE MONTH OF Dec '07 - Jan 08

ENTERED FEB 19 2008

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Dec 11 07	Telus Internet	30.95	1.86	R 32.81
	" "	3.95	.23	R 4.18
Dec 05 07	Rogers (cell)	27.45	1.65	R 29.10
Jan 05 08	Rogers (cell)	28.65	1.43	R 30.08
Dec 19 07	Telus Internet (main)	30.94	1.85	R 32.79
		13.96	4.44	111.19
Jan 19 08	Telus Internet	30.95	1.55	R 32.50
		3.95	.20	R 36.65

TOTAL EXPENSES:

41124

R

\$ 244.01

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>
Employee Signature: <u>Mairi Matheson</u>	s.17(1), 17(4)(g)(i)

X: Board/Honoraria/Supplementary Expenses Claim Form

[Signature] RB

APPLICANT COPY



My TELUS Statement

Bill Date: Nov 19, 2007

Due Date: Dec 11, 2007

M MATHESON
Account number
TELUS Account ID

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

Summary of my account

Total amount due by Dec 11, 2007 **\$76.30**
DO NOT pay this bill. \$76.30 will be debited to your pre-authorized payment account on Dec 08, 2007.

Previous charges and credits

Amount of your last bill		71.15
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-71.15
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)	
Bundles (from Nov 19 to Dec 18)		30.95
Taxes		1.86
Subtotal	s.17(1), 17(4)(g)(i)	\$32.81
Monthly services (from Nov 19 to Dec 18)		23.91
Usage charges		13.20
Taxes		2.20
Subtotal		39.31
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from Nov 19 to Dec 18)		3.95
Usage charges		0.00
Taxes		0.23
Subtotal		4.18
Total new charges		\$76.30
Total amount due		\$76.30

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Better Choice Bundles

Wireless

Home Phone

Cable TV

Internet Services

For Business

Rogers Video

Investor Relations

Corporate Governance

About Rogers

My Rogers Bill

Account #: s.17(1), 17(4)(g)(i) Invoice Date: December 05, 2007

Name My Account(s)

MS MAIRI MATHESON

Invoice Number: 10124944C7

Total amount due: \$29.10 Debited from your account on or after: December 19, 2007

Summary of your charges

Balance from your last bill	
Amount of your last bill	\$33.87
Payment received - thank you November 19, 2007 credit of	-33.87
Balance from your last bill	\$0.00
Any payments we received and processed after December 06, 2007 will show on your next bill.	

Wireless services		<input type="button" value="Details"/>
Total before tax	27.45	
G.S.T. (#86239 5381)	1.65	
Total	29.10	

Thank you! Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

Payment Method

Terms & Conditions

Paper Invoice

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E-MAIL FRAUD

How to spot and stop identity theft online



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E-MAIL FRAUD

How to spot and
stop identity
theft online



My Rogers Bill

Account #: s.17(1), 17(4)(g)(i)

Invoice Date: January 05, 2008

Name My Account(s)

MS MAIRI MATHESON

Invoice Number: 1012494418

Total amount due: **\$30.08**
Debited from your account on or after: **January 19, 2008**

[Pay My Bill](#)

Summary of your charges

[Current Balance](#)

\$ Balance from your last bill

Amount of your last bill	\$29.10
Payment received - thank you December 19, 2007 credit of	-29.10
Balance from your last bill	\$0.00

Any payments we received and processed after January 06, 2008 will show on your next bill.

[Payment History](#)

W Wireless services **28.65**

Total before tax	28.65
G.S.T. (#86239 5381)	1.43
Total	\$30.08

[Details](#)

Thank you!
Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

Payment Method

Terms & Conditions



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Home > For Consumers > Customer Service > My Rogers Bills > My Payment History

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- ▶ Cable Help
- ▶ Wireless Tech Support
- ▶ Internet Help
- ▶ Contact Us

My Payment History

Account #: s.17(1), 17(4)(g)(i)

Name My Account(s)

Sort By:

Transaction Date	Payment Amount	Reference #	Paid By	Status
January 19, 2008	\$30.08	337142789	DD	PYM
December 19, 2007	\$29.10	332522415	DD	PYM
November 19, 2007	\$33.87	327847725	DD	PYM
October 20, 2007	\$29.10	323457190	DD	PYM
September 19, 2007	\$32.28	318812207	DD	PYM
August 20, 2007	\$32.28	314242702	DD	PYM
July 21, 2007	\$49.47	310331894	DD	PYM
June 22, 2007	\$30.69	305799385	DD	PYM
May 22, 2007	\$30.69	301571286	DD	PYM

- Pay My Bill
- Rogers Bill Summary

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E-MAIL FRAUD

How to spot and stop identity theft online



APPLICANT COPY



My TELUS Statement

Bill Date: Dec 19, 2007

Due Date: Jan 09, 2008

M MATHESON
Account number
TELUS Account ID

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

NOTE Moving Charges to #114 2400 Smd News SW.

Summary of my account

Total amount due by Jan 09, 2008 **\$197.43**

DO NOT pay this bill. \$197.43 will be debited to your pre-authorized payment account on Jan 06, 2008.

Previous charges and credits

Amount of your last bill		76.30
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-76.30
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)	
Bundles (from Dec 19 to Jan 18)		30.94
Taxes		1.85
Subtotal		\$32.79
	s.17(1), 17(4)(g)(i)	
Monthly services (from Dec 19 to Jan 18)		23.91
Additional charges and credits		35.00
Usage charges		22.48
Taxes		4.85
Subtotal		86.24
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from Dec 19 to Jan 18)		3.96
Additional charges and credits		70.00
Usage charges		0.00
Taxes		4.44
Subtotal		78.40
Total new charges		\$197.43

Total amount due **\$197.43**



TELUS e.Bill - p. 1 of 4

Bill Date: Jan 19, 2008

Account No:

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

My TELUS Statement

Jan 19, 2008

Bill Date: Jan 19, 2008

Due Date: Feb 10, 2008

M MATHESON

My Account No:

My TELUS Account ID:

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

Customer Service

Manage my account online @: telus.com

Other inquiries @: telus.com/contactus

Summary of my account

Total amount due by Feb 10, 2008 \$72.82

DO NOT pay this bill. \$72.82 will be debited to your pre-authorized payment account on Feb 07, 2008.

Previous charges and credits

Amount of your last bill		197.43	
Total payments processed for Account		-123.23	
Adjustments for Account		-74.20	
Total balance forward	s.17(1), 17(4)(g)(i)		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)		
Bundles (from Jan 19 to Feb 18)		30.95	
Taxes		1.55	
Subtotal	s.17(1), 17(4)(g)(i)		\$32.50
Monthly services (from Jan 19 to Feb 18)		23.91	
Usage charges		10.56	
Taxes		1.70	
Subtotal			36.17
High Speed	s.17(1), 17(4)(g)(i)		
Monthly services (from Jan 19 to Feb 18)		3.95	
Usage charges		0.00	
Taxes		0.20	
Subtotal			4.15
Total new charges			\$72.82
Total amount due			\$72.82

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: MAIRI MATHESON

FOR THE MONTH OF: APRIL '08 to May 15 '08

ENTERED JUN 0 9 2008

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____


_____ \$ _____

MILEAGE: 36 @ .46¢
100 km at .44¢/km \$ 16.56
(Attach Local Travel Expense Claim form) \$ 44.00 62210000

TOTAL EXPENSES: R \$ 60.56

Employee Signature: Mairi Matheson J. Delante

APPLICANT COPY

 calgary health region	___ ACH ___ FMC ___ Southport ___ PLC ___ RGH Other _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
--	--	---

INSTRUCTIONS:

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

EMPLOYEE NAME (Print)		<i>Mairei Matheson</i>		EMPLOYEE NUMBER	
DEPARTMENT		<i>Board</i>		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DETAILS		# OF KM (for mileage)	RATE
APRIL 2		<i>ACC) To Southport & RTN</i>		<i>20km</i>	
APRIL 3		<i>Southport & RTN</i>		<i>20km</i>	
APRIL 7		<i>Southport & RTN</i>		<i>20km</i>	
APRIL 11		<i>Southport & RTN</i>		<i>20km</i>	
APRIL 27		<i>PORT Calgary & RTN</i>		<i>24km</i>	
APRIL 29		<i>Southport & RTN</i>		<i>20km</i>	
				100	
<i>May 12nd</i>		<i>Red & White Club & Rt.</i>		<i>16km</i>	
<i>May 15th</i>		<i>Southport & RTN</i>		<i>20km</i>	
				36	
				<i>136</i>	
				<i>160</i>	

CODING & AUTHORIZATION

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

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Mairi Matheson

FOR THE MONTH OF Feb / March 2008 s.17(1), 17(4)(g)(i)

ENTERED JUN 09 2008

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 19	Telus	30.95	1.55R	32.50
March 19	Telus	30.95	1.55R	32.50
Feb. 5	Rogers	27.45	1.37R	28.82
March 5	Rogers	30.45	1.52R	31.97

TOTAL EXPENSES: R \$ 125.79

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. Delato</u>	Print Name: <u>Lou De Coste</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] RN



TELUS e.Bill - p. 1 of 4
 Bill Date: Feb 19, 2008

Account No:
 s.17(1), 17(4)(g)(i)

My TELUS Statement

Feb 19, 2008

Bill Date: Feb 19, 2008
 Due Date: Mar 11, 2008
 M MATHESON
 My Account No:
 My TELUS Account ID:

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

Customer Service
 Manage my account online @: telus.com
 Other inquiries @: telus.com/contactus

Summary of my account

Total amount due by Mar 11, 2008 **\$71.88**
DO NOT pay this bill. \$71.88 will be debited to your pre-authorized payment account on Mar 08, 2008.

Previous charges and credits

Amount of your last bill		72.82	
Total payments processed for Account		-72.80	
Adjustments for Account		-0.02	
Total balance forward	s.17(1), 17(4)(g)(i)		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)		
Bundles (from Feb 19 to Mar 18)		30.95	
Taxes		1.55	
Subtotal			\$32.50
s.17(1), 17(4)(g)(i)			
Monthly services (from Feb 19 to Mar 18)		23.90	
Usage charges		9.68	
Taxes		1.65	
Subtotal			35.23
High Speed	s.17(1), 17(4)(g)(i)		
Monthly services (from Feb 19 to Mar 18)		3.95	
Usage charges		0.00	
Taxes		0.20	
Subtotal			4.15
Total new charges			\$71.88
Total amount due			\$71.88



TELUS e.Bill - p. 1 of 3
 Bill Date: Mar 19, 2008

Account No:
 s.17(1), 17(4)(g)(i)

My TELUS Statement

Mar 19, 2008

Bill Date: Mar 19, 2008
 Due Date: Apr 12, 2008
 M MATHESON
 My Account No:
 My TELUS Account ID:

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

Customer Service
 Manage my account online @: telus.com
 Other inquiries @: telus.com/contactus

Summary of my account

Total amount due by Apr 12, 2008 **\$67.26**
DO NOT pay this bill. \$67.26 will be debited to your pre-authorized payment account on Apr 09, 2008.

Previous charges and credits

Amount of your last bill	71.88	
Total payments processed for Account	-71.88	
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)		
Bundles (from Mar 19 to Apr 18)		30.95	
Taxes		1.55	
Subtotal			\$32.50
s.17(1), 17(4)(g)(i)			
Monthly services (from Mar 19 to Apr 18)		23.90	
Usage charges		5.28	
Taxes		1.43	
Subtotal			30.61
High Speed	s.17(1), 17(4)(g)(i)		
Monthly services (from Mar 19 to Apr 18)		3.95	
Usage charges		0.00	
Taxes		0.20	
Subtotal			4.15
Total new charges			\$67.26
Total amount due			\$67.26



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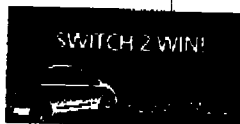
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My Rogers Bill

Rogers Online Billing is available at your online banking site

Account #: s.17(1), 17(4)(g)(i)

Invoice Date: February 05, 2008

Name My Account(s)

MS MAJRI MATHESON

Invoice Number: 1012494428

Total amount due: \$28.82 Debited from your account on or after: February 19, 2008

Summary of your charges

S Balance from your last bill		
Amount of your last bill		\$30.08
Payment received - thank you January 19, 2008 credit of		-30.08
Balance from your last bill		\$0.00
Any payments we received and processed after February 06, 2008 will show on your next bill.		

S Wireless services		27.46
Total before tax		27.46
G.S.T. (#86239 5381)		1.37
Total		\$28.82

Thank you! Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

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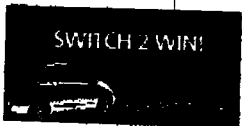
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Account #: s.17(1), 17(4)(g)(i) Invoice Date: March 05, 2008
Name My Account(s)

MS MAIRI MATHESON

Invoice Number: 1012494438

Total amount due: \$31.97
Debited from your account on or after: March 19, 2008

Summary of your charges

S Balance from your last bill		Current Balance
Amount of your last bill	\$28.82	
Payment received - thank you February 19, 2008 credit of	-28.82	Payment History
Balance from your last bill	\$0.00	
Any payments we received and processed after March 06, 2008 will show on your next bill.		
2 Wireless services		Details
Total before tax	30.45	
G.S.T. (#06239 6361)	1.52	
Total	\$31.97	

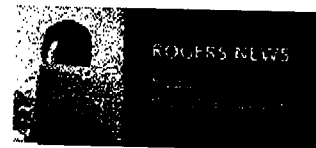
Thank you!
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CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Matheson
Maria Matheson s.17(1), 17(4)(g)(i)

FOR THE MONTH OF April '08 - May 15' 08

ENTERED JUN 0 9 2008

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
April 5	Rogers	27.45	1.37	28.82
April 12	Telus	30.95	1.55	32.50
May 5	Rogers	27.45	1.37	28.82
May 19	Telus	30.95	1.55	32.50

TOTAL EXPENSES:

R \$ 122.64

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeLoste</u>	Print Name: <u>Lou 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]



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Account #: [] s.17(1), 17(4)(g)(i) Invoice Date: April 05, 2008
Name My Account(s)

MS MAIRI MATHESON Invoice Number: 1012494448

Total amount due: \$28.82
Debited from your account on or after: April 19, 2008

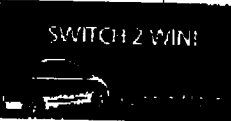
Summary of your charges:

Balance from your last bill		
Amount of your last bill		\$31.97
Payment received - thank you March 19, 2008	credit of	-\$1.97
Balance from your last bill		\$0.00
Any payments we received and processed after April 06, 2008 will show on your next bill.		
Wireless services		27.45
Total before tax		27.46
G.S.T. (#86239 5381)		1.37
Total		\$28.82

Thank you!
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TELUS e.Bill - p. 1 of 3
 Bill Date: Apr 19, 2008

Account No:
 s.17(1), 17(4)(g)(i)

My TELUS Statement

Apr 19, 2008

Bill Date: Apr 19, 2008
 Due Date: May 10, 2008
 M MATHESON
 My Account No:
 My TELUS Account ID:

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

Customer Service
 Manage my account online @: telus.com
 Other inquiries @: telus.com/contactus

Summary of my account

Total amount due by May 10, 2008 **\$69.11**
 DO NOT pay this bill. \$69.11 will be debited to your pre-authorized payment account on May 07, 2008.

Previous charges and credits

Amount of your last bill		67.26	
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-67.26	
Total balance forward			\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)		
Bundles (from Apr 19 to May 18)		30.95	
Taxes		1.55	
Subtotal			\$32.50
s.17(1), 17(4)(g)(i)			
Monthly services (from Apr 19 to May 18)		23.90	
Usage charges		7.04	
Taxes		1.52	
Subtotal			32.46
High Speed	s.17(1), 17(4)(g)(i)		
Monthly services (from Apr 19 to May 18)		3.95	
Usage charges		0.00	
Taxes		0.20	
Subtotal			4.15
Total new charges			\$69.11
Total amount due			\$69.11



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Account #: .s.17(1), 17(4)(g)(i) Invoice Date: May 05, 2008
Name My Account(s)

MS MAIRI MATHESON

Invoice Number: 1012494458

Total amount due: **\$28.82**
Debited from your account on or after: **May 19, 2008**

Summary of your charges



Balance from your last bill

Amount of your last bill \$28.82
 Payment received - thank you April 19, 2008 credit of -28.82
 Balance from your last bill \$0.00
 Any payments we received and processed after May 06, 2008 will show on your next bill.



Wireless services

27.45

Total before tax

27.45

G.S.T. (#86239 5381)

1.37

Total

\$28.82

Thank you !
Your Rogers bill is paid by pre-authorized debit from your bank account. You don't need to make any additional payments.

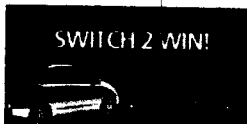
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My TELUS Statement

Bill Date: May 19, 2008

Due Date: Jun 13, 2008

M MATHESON
Account number
TELUS Account ID

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

Summary of my account

Total amount due by Jun 13, 2008

\$149.33

DO NOT pay this bill. \$149.33 will be debited to your pre-authorized payment account on Jun 10, 2008.

Previous charges and credits

Amount of your last bill		69.11
Total payments processed for Account	s.17(1), 17(4)(g)(i)	-69.11
Total balance forward		\$0.00

New charges

Account	s.17(1), 17(4)(g)(i)	
Bundles (from May 19 to Jun 18)		30.95
Taxes		1.55
Subtotal		\$32.50
Monthly services (from May 19 to Jun 18)		23.90
Usage charges		83.44
Taxes		5.34
Subtotal		112.68
High Speed	s.17(1), 17(4)(g)(i)	
Monthly services (from May 19 to Jun 18)		3.95
Usage charges		0.00
Taxes		0.20
Subtotal		4.15
Total new charges		\$149.33
Total amount due		\$149.33

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Mari Matheson

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

EXPENSES

ENTERED JUN 0 9 2008

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: 114 km at .44¢ /km \$ 50.16 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 50.16

Employee Signature: Mari Matheson Ch. Deloste

Rob

23995

**CALGARY HEALTH REGION
BOARD EXPENSE FORM**

NAME: Mairi Matheson.

FOR THE MONTH OF: December '07 , Jan '08 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED FEB 19 2008

01-7111030002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	\$ _____	_____
PARKING:	\$ _____	_____
TAXIS:	\$ _____	_____
OTHER (please describe):	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>40</u> km at .44¢ /km (Attach Local Travel Expense Claim form)	\$ <u>17.60</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u>17.60</u>	

Employee Signature: Mairi Matheson 4. Delaste
RB

