

44077

6496Z

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

ROBERT MOSKOVITZ
MOSKOVITZ

FOR THE MONTH OF:

MARCH 2006

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: WESTIN \$ ^{248.55} 9.31 257.86 62212000

MEALS: DINNER WITH LYNN M. & GEORGE P. \$ 2.68¹⁰ 62212000

PARKING: \$ R 38.52 62212000

TAXIS: \$ _____

OTHER (please describe):

ENTERED APR 18 2006

\$ _____

R \$ _____

MILEAGE: 641 km at .43¢ /km (Attach Local Travel Expense Claim form) \$ 275.63 62212000

TOTAL EXPENSES: \$ 640.11

d. Deloste

562.70
78.11

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 1P7, CANADA
TEL: (780) 426-5638 FAX: (780) 428-1454

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

G
U
E
S
T

Mr. Robert Moskowitz
Calgary Health Region

ROOM
RATE 115.00
NO. PERS. 1
FOLIO 57333 EX-A
PAGE 1
ARRIVE 12-MAR-06 15:48
DEPART 14-MAR-06
PAYMENT VI

A
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C
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GRAUTH s.17(1), 17(4)(g)(i)

1101

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT1101	Room Charge	115.00
12-MAR-06	RT1101	GST	8.13
12-MAR-06	RT1101	DMF	1.15
12-MAR-06	RT1101	Tourism Levy	4.65
12-MAR-06	RT1101	Parking Self	18.00
12-MAR-06	RT1101	Tax GST	1.26
13-MAR-06	RT1101	Room Charge	115.00
13-MAR-06	RT1101	GST	8.13
13-MAR-06	RT1101	DMF	1.15
13-MAR-06	RT1101	Tourism Levy	4.65
13-MAR-06	RT1101	Parking Self	18.00
13-MAR-06	RT1101	Tax GST	1.26
14-MAR-06	VI	Visa	296.38-
		Total Charges	296.38
		Total Credits	296.38-
		Balance Due	0.00

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

** continued on the next page **

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

SIGNATURE

Mr. Robert Moskowitz
FOLIO 57333 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

GUEST RECEIPT

Thank You!

118042

DATE	AMOUNT	G.S.T.
March 10	680	450

REG. NO. _____

*W/with
BOARD:
Lynn
George*

COSMOPOLITAN GREEK VILLAGE
20 101A AVE
AB

CARD NUMBER
EXPIRY DATE
CARD TYPE SA 5057
TIME 03/12 18:00:04
RECEIPT NUMBER 502091-583-033
HORIZONTAL
AMOUNT \$ 8.80

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

TIP
TOTAL AMOUNT

APPROVED 027 AUTH. # 074916
THANK YOU

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

ROBERT MOSKOVITZ

CALGARY HEALTH REGION

BOARD EXPENSE FORM s.17(1), 17(4)(g)(i)

NAME: Robert Moskowitz

FOR THE MONTH OF: May 2006

EXPENSES

ENTERED JUN 16 2006

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ 8.00 67210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____


_____ \$ _____

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

TOTAL EXPENSES: R \$ 8.00

L. Costa

APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" 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>ROBERT MOSKOWITZ</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		
		DATE <i>JUNE 5, 2006</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>May 23</i>	<i>PARKING AT McDougall</i>			<i>8.00</i>
	<p style="font-size: small;"> Mr. Dougall 451 - 6 Street SW CAN-T2P 4R2 Calgary, AB Tax Code CA GST #119457869 CT 1 (82) Cashier 36 23/05/06 17:43 Receipt 093102 Short-term Parking Short-term parking tkt McDougall Parkade 23/05/06 17:43 23/05/06 17:43 Period 0d:2h00' (GST) ----- \$8.00 Gross total \$8.00 Payment Cash \$8.00 Net total \$7.48 GST (7%) 0.52 All amounts in CAD. Deliv. Date=Receipt Date <i>Moskowitz</i> <i>L. Clarke</i> </p>			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>8.00</i>
EMPLOYEE SIGNATURE <i>[Signature]</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>[Signature]</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

Robert Moskowitz

FOR THE MONTH OF:

June 2006

ENTERED JUL 14 2006

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 44 km at .43¢ /km \$ 18.92
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 18.92

Y. DeLente

calgary health region **APPLICANT COPY**

ACH FMC Southport
 PLC RGH Other BOARD

**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) <u>ROBERT MOSKOWITZ</u> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER	
DEPARTMENT <u>BOARD</u>	PHONE NUMBER	DATE <u>JULY 4, 2006</u>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE s.17(1), 17(4)(g)(i) AMOUNT
<u>JUNE 6</u>	<u>PARKING COMMITTEE</u>	<u>10</u>	<u>0.43</u> <u>\$ 4.30</u>
<u>JUNE 8</u>	<u>PROTECT & ENL 607</u>	<u>10</u>	<u>0.58</u> <u>\$ 4.30</u>
<u>JUNE 15</u>	<u>PHYSICIANS LIAISON</u>	<u>12</u>	<u>0.53</u> <u>\$ 5.16</u>
<u>JUNE 27</u>	<u>BOARD MEETING</u>	<u>12</u>	<u>0.43</u> <u>\$ 5.16</u>
<u>TOTAL</u>		<u>44</u>	

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<u>\$ 18.92</u>
EMPLOYEE SIGNATURE <u>[Signature]</u>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <u>[Signature]</u>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <u>943-1122</u>	

00073

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

X:Board/Honoraria/Local Travel Expense Claim

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Robert Moskowitz

FOR THE MONTH OF: September 2006

EXPENSES

ENTERED OCT 13 2006

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 60 km at .43¢ /km \$ 25.80 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 25.80

e. Deloste

APPLICANT COPY

<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	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>ROBERT MOKLOVITZ</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE <i>OCTOBER 3, 2006</i>
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>SEPT 19</i>	<i>Carb SERVICE MEETINGS</i>	<i>12</i>	<i>0.53</i>	<i>5.16</i>
<i>SEPT 20</i>	<i>" " "</i>	<i>12</i>	<i>0.53</i>	<i>5.16</i>
<i>SEPT 21</i>	<i>PHYSICIANS LIAISON</i>	<i>12</i>	<i>0.53</i>	<i>5.16</i>
<i>SEPT 22</i>	<i>FINANCE COMMITTEE</i>	<i>12</i>	<i>0.53</i>	<i>5.16</i>
<i>SEPT 26</i>	<i>FULL BOARD</i>	<i>12</i>	<i>0.53</i>	<i>5.16</i>
<i>TOTAL</i>				<i>25.80</i>
		<i>60</i>		

CODING & AUTHORIZATION

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

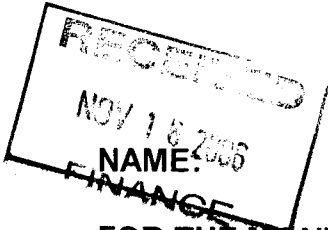
00073

DISTRIBUTION:

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM



ROBERT MOXLEY

FOR THE MONTH OF:

OCTOBER 2006

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

CONFERENCE IN VANCOUVER

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ 683.70 748.20 62214000

MEALS: Dinner x 2 (\$19.70/day) \$ 2 38.40 62214000

PARKING: \$ R 35.25 62214000

TAXIS: \$ 2 30.00 62214000

OTHER (please describe): \$ ENTERED NOV 17 2006

_____ \$ _____

_____ \$ _____

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

TOTAL EXPENSES: \$ 851.85

[Signature]

718.95
132.90

U. Kelaste



APPLICANT COPY

Sheraton Vancouver Wall Centre Hotel
1088 Burrard Street
Vancouver British Columbia V6Z 2R9 Canada
T 604 331 1000 sheratonvancouver.com

Come back soon

GUEST

Robert Moskowitz
Buksa Associates

Room 807
Rate 215.00
No pers 1
Folio 244253 EX-A
Page 1
Arrive 19-OCT-06 19:14
Depart 22-OCT-06
Payment VI

TRAVEL AGENT / CHARGE TO

SNATI2

Table with columns: DATE, REFERENCE, DESCRIPTION, DEBIT, CREDIT. Rows include Room Charge, Room Tax, Room GST, and Visa charges.

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel.

Thank you for choosing Sheraton Vancouver Wall Centre! We look forward to welcoming you back soon!

** continued on the next page **

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

Signature

Robert Moskowitz
FOLIO 244253 19-OCT-06



APPLICANT COPY

Sheraton Vancouver Wall Centre Hotel
1088 Burrard Street
Vancouver, British Columbia V6Z 2R9 Canada
T: 604 331 1000 sheratonvancouver.com

Come back soon

GUEST

Robert Moskowitz
Buksa Associates

Room 807
Rate 215.00
No pers 1
Folio 244253 EX-A
Page 2
Arrive 19-OCT-06 19:14
Depart 22-OCT-06
Payment VI

TRAVEL AGENT / CHARGE TO

SNATI2

DATE	REFERENCE	DESCRIPTION	DEBIT	CREDIT
------	-----------	-------------	-------	--------

GST Summary for your stay:

Room Revenue GST	38.70
Food & Beverage GST	0.00
Phone/Fax/Copy Services GST	0.00
Other Revenue GST	0.00
Total GST for your stay:	38.70

Sheraton Vancouver Wall Centre GST Vendor # 105576383 RT0001

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

Signature

As a Starwood Preferred Guest, you could have earned 1052 Starpoints for this visit. Please provide your member number or enroll today.

Robert Moskowitz
FOLIO 244253 19-OCT-06

APPLICANT COPY

DATE IN - 16:59 TIME IN - 16:59
DATE OUT - 18:07 TIME OUT - 18:07
TIME PARKED 3 DAYS 1.13 HRS
PARKING FEE 33.25

SUB-TOTAL 33.25
GST 2.00
TOTAL FEE 35.25

GST NO. - R105011050

ARK & JET
9707 BLOW TRAIL T3J3C6
CALGARY AB ..472860

Name: MOSKOVITZ ROBERT
Acct #

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

Date 06/10/22 Time 18 05 33
Exp Date Auth # 084843
Card Type VI Tran Code 00
172860002 001898001

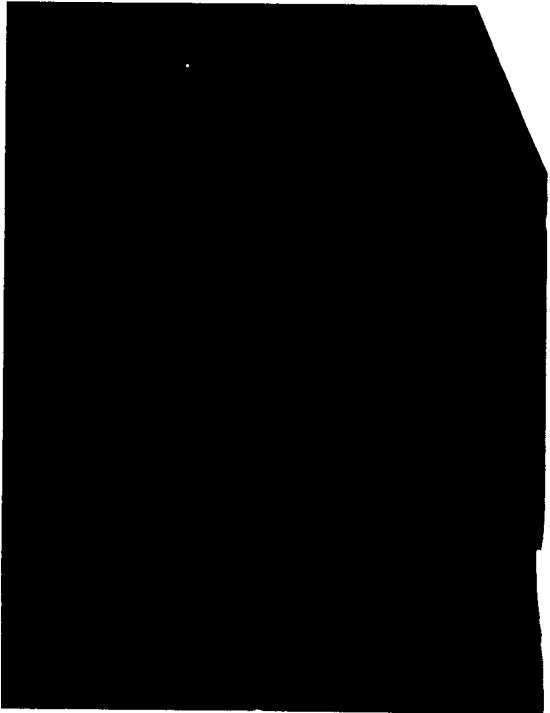
Invoice No.: 662661

Subtotal -----
Tax -----
Total \$35.25

Tel. 226-0010

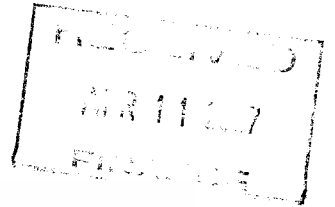
Signature X-----
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant



77399

CALGARY HEALTH REGION
BOARD EXPENSE FORM



NAME:

ROBERT MOSKOWITZ

FOR THE MONTH OF:

MARCH 2007

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

EXPENSES

ENTERED APR 12 2007

01-71110300002

AIRFARE:

HEALTH

\$ _____

CAR RENTAL:

BOARDS

\$ _____

ACCOMMODATION:

CONFERENCE (CANTON)

\$ 359.34 371.16 62212000

MEALS:

R

\$ 22.26 62212000

PARKING:

\$ _____

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE:

635

km at .43¢ /km

(Attach Local Travel Expense Claim form)

R

\$ 273.05 62212000

TOTAL EXPENSES:

\$ 666.77

654.65
12.12

W. We Lester

APPLICANT COPY

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

guest

Robert Moskovitz

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

HHC10A

room 1146
 rate 150.00
 no. pers 1
 folio 133463 EX-A
 page 1
 arrive 11-MAR-07 16:22
 depart 13-MAR-07
 payment VI

Room number/folio

1146

date	reference	description	charges/credits
11-MAR-07	RT1146	Room Charge	150.00
11-MAR-07	RT1146	GST	9.09
11-MAR-07	RT1146	DMF	1.50
11-MAR-07	RT1146	Tourism Levy	6.06
11-MAR-07	RT1146	Parking Self - Outside	18.00
11-MAR-07	RT1146	Tax GST	1.08
12-MAR-07	RT1146	Room Charge	150.00
12-MAR-07	RT1146	GST	9.09
12-MAR-07	RT1146	DMF	1.50
12-MAR-07	RT1146	Tourism Levy	6.06
12-MAR-07	RT1146	Parking Self - Outside	18.00
12-MAR-07	RT1146	Tax GST	1.08
13-MAR-07	VI	Visa	371.46-
Total Charges			371.46
Total Credits			371.46-
Balance Due			0.00

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

** continued on the next page **

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

Robert Moskovitz
 FOLIO 133463 11-MAR-07

APPLICANT COPY

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

guest

Robert Moskovitz

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

HHC10A

room 1146
 rate 150.00
 no. pers. 1
 folio 133463 EX-A
 page 2
 arrive 11-MAR-07 16:22
 depart 13-MAR-07
 payment VI

Travel Agent/Charge

date	reference	description	charges/credits
------	-----------	-------------	-----------------

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
11-MAR-07	150.00	9.09	6.06	0.00	0.00	20.58	185.73
12-MAR-07	150.00	9.09	6.06	0.00	0.00	20.58	185.73
Total	300.00	18.18	12.12	0.00	0.00	41.16	371.46

Date	Payment
11-MAR-07	0.00
12-MAR-07	0.00
Total	0.00

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

GST Summary:

GST Room Revenue:	18.18
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	18.18

861336493RT0005

I agree to remain personally liable for the payment of this account and to indemnify the hotel and its agents from and against all claims, damages, losses and expenses, including reasonable attorney's fees, which may be incurred by the hotel or other third party, should I fail to pay, in full, all of these charges.

As a Starwood Preferred Guest you have earned at least 600 Starpoints for this visit

Robert Moskovitz s.17(1), 17(4)(g)(i)
 FOLIO 133463 11-MAR-07



APPLICANT COPY

*Summary
Order*

WARD VOUCHER

Pradera Lounge

CHECK: 2675

TABLE: 208/1

112 Jody

DATE: 11MAR'07 6:55PM

CARD: Visa

ACCT: XXX/XX

AUTH CODE: 46349 s.17(1), 17(4)(e.1)

REPORT MOSKOVITZ

Sub TOTAL: 22.26

THE WESTIN EDMONTON
Pradera Lounge
GST# 861336493RT0005

112 Jody

TBL 208/1 2675 GST 1
11MAR'07 6:09PM

1 Pop	3.00x
DIET COKE	
1 steak sandwich	18.00
FOOD	18.00
LIQUOR	3.00x
Tax	1.26
Total Due	\$22.26

activity: _____

total: _____

Room # _____

Name (Print) _____

Signature _____