



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
May 12/06	Board Orientation					20
May 25	Meeting with Minister					20
Aug 3	Meadowbank - Dr. Aursford Netcare demonstration					20
Sept 27	Public Board Meeting					20
Oct 27	Special P+P					20
Nov 15	Special P+P					20
Nov 22	Audit + Fin. Committee					20
Nov 27	Board Orientation					20
Nov 23	Public Meeting					20
						—

I certify that this claim is for Capital Health business.

NAME (print): Bob Normand

SIGNATURE: [Signature] s.17(4), 17(4)(g)(i)

DATE: Dec 6 / 06

Reviewed by: [Signature]

Authorized By: [Signature]

revised: May 1, 2006

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

160

TOTAL KMS
transfer to back

6880 ✓

[Signature]

HON
MIS(6880) ✓
0626
Dec 27/06
[Signature]

Non-Responsive
Date: Dec 11/06
Date: _____

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 160 X 43¢ = 68.80 ✓
TOTAL EXPENSES \$ 68.80
(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN
 \$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$492 for over eight hours in any day

MEMBER
 \$135 for up to and including four hours in any day
 \$224 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day

MILEAGE
 43¢ km



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JAN 12/07	SPECIAL P+P Meeting					20
JAN 15/07	Strategic Priorities Committee					20
						/
Feb 21/07	Special P+P and Fin. Committee					20
Feb 26/07	Dinner Meeting - Cap. Reg. MHA's					20
Mar 1/07	Audit Committee Meeting					20
Mar 7	Strategic P+P Comm.					20
Mar 14	Audit Committee					20
Mar 15	Joint Capital Health / U of A					20
						/
						/
Mar 26/07	Joint Research Retreat					20

I certify that this claim is for Capital Health business.

NAME (print): Bob NORMAND

SIGNATURE: [Signature]

DATE: March 29/07

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

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$	180	TOTAL KMS
\$	77.40	transfer to back
\$		

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS (7740)
April 4/07
[Signature]

Non-Responsive
Date: _____
Date: _____



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

carry fwd. 205

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov 6/07	Meeting with Donna Turner re STARS					20
Nov 9/07	SP+P					20
Nov 14/07	First Comm. Meeting at Morrison Joint Task Force					
Nov 15/07	Joint Meeting of School Boards					20
Nov 22/07	FIN Committee					20
Nov 23/07	SP+P					20
Nov 26/07	Public Board Meeting					30
Nov 30/07	FIN Committee					20
Dec 10/07	Joint Task Force Meeting					20
Dec 12/07	SP+P					20

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): Bob Normand

SIGNATURE: *Bob Normand*

DATE: Dec 14, 2007

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$
(from reverse)
Code: 201 9000 71110300000

s.17(1), 17(4)(g)(i) **TOTAL CLAIM** \$

395
335
335

TOTAL KMS
transfer to back

221.10
220.50

LT
Dec 20/07

Reviewed by: *Kathleen*

Authorized By: _____

Non-Responsive
Date: Dec 21/07

4
MIS 221.10
0726
Dec 24/07

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	from int page	47.30

TOTAL KMS (from front) ~~395~~ 60 X 43¢ }
 335 + 44 }
TOTAL EXPENSES \$ 220.50
 (transfer to front)

REMUNERATION - effective April 1, 2006
CHAIRMAN
 \$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$492 for over eight hours in any day
MEMBER
 \$135 for up to and including four hours in any day
 \$224 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day
MILEAGE
 43¢ km



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Aug 14/07	Meeting with Donna Torres					20
Sept 19/07	SP+P					20
Oct 17/07	SP+P					20
Oct 17/07	Research Awards					25
Oct 22/07	Audit Prep Meeting					20
Oct 23/07	Health Link Tour/Meeting					20
Oct 29/07	SP+P / Health Plan Rpt					20
Oct 30/07	Audit Committee					20
Oct 30/07	Stollery Tour					20
Oct 31/07	Attend Chamber Luncheon					20
						205

I certify that this claim is for Capital Health business.

NAME (print):

Bob Norman

SIGNATURE:

[Signature]

DATE:

Dec 14, 2008

Non-Responsive

TOTAL HONORARIA

\$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

\$

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$

Approved on next sheet

TOTAL KMS
transfer to back

Reviewed by:

[Signature]

Date:

Authorized By:

Date:

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Aug 24/07	Long Distance for Conf Call.	\$ 39.30 ✓
Oct 31/07	Parking for Chamber Lunch.	8.00

(see receipt)
 Carl

all items
 ID card
 parking tickets.

TOTAL KMS (from front) _____ X 43¢

TOTAL EXPENSES
 (transfer to front)

47.30
 carry forward
 \$ carry forward

REMUNERATION - effective April 1, 2006

CHAIRMAN
\$181 for up to and including four hours in any day
\$309 for over four hours and up to and including eight hours in any day
\$492 for over eight hours in any day
MEMBER
\$135 for up to and including four hours in any day
\$224 for over four hours and up to and including eight hours in any day
\$350 for over eight hours in any day
MILEAGE
43¢ km

ROBERT NORMAND

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

Account number:
Invoice number:

Page 9 of 10
September 19, 2007

Details of wireless usage for

(continued)

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

Date	Call time	Call from	Number called	Location called	Rate Call prd type	Length of call (min:sec)	Cost per minute (\$)	Airtime charges (\$)	Long distance charges (\$)	Total charges (\$)
------	-----------	-----------	---------------	-----------------	--------------------	--------------------------	----------------------	----------------------	----------------------------	--------------------

- Rate period**
 MW = Weeknight/Weekend
 OD = Mobile Internet/Data Usage
 OM = Other Minutes
 WD = Weekday
- Type of call**
 INC = Incoming local call
 IRM = Roaming call received outside local calling area
 OUT = Outgoing Call
 RCL = Roaming call placed - within Canada - Directory Assistance Call Completion
 ROM = Roaming call placed - within Canada - outside local calling area
 VM = Voicemail

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

Total

0.01
 39.30
 0.20
 Total

Rate period

Air time

Voicemail

NW
OM
WD

Total minutes used

Details of data usage

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

Date	Rate prd	Volume (KB)	Total charges (\$)
------	----------	-------------	--------------------

On Aug 24th, 40 minutes
 Long distance interview with
 Jim handler of Dalan
 Manning. Never push me
 over max usage on
 my plan @ cost \$39.30

[Handwritten Signature]

06 20 1 900

96



ROBERT NORMAND

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

Account number:
Invoice number:

Page 5 of 10
September 19, 2007

Details of wireless usage for

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

Date	Call time	Call from	Number called	Location called	Rate Call prd-type	Length of call (min:sec)	Cost per minute (\$)	Airtime charges (\$)	Long distance charges (\$)	Total charges (\$)
------	-----------	-----------	---------------	-----------------	--------------------	--------------------------	----------------------	----------------------	----------------------------	--------------------

Rate period
 NW = Weeknight/Weekend
 OD = Mobile Internet/Data Usage
 OM = Other Minutes
 WD = Weekday

Type of call
 INC = Incoming local call
 IRM = Roaming call received outside local calling area
 OUT = Outgoing Call
 RCL = Roaming call placed - within Canada - Directory Assistance Call Completion
 ROM = Roaming call placed - within Canada - outside local calling area
 VM = Voicemail

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

39	Fri	Aug 24	12:01	HUNTINGDON PC	EDMONTON	AB	WD	ROM	01:00	0.00	0.00	0.00	0.00
40	Fri	Aug 24	12:03	HUNTINGDON PC	EDMONTON	AB	WD	ROM	01:00	0.00	0.00	0.00	0.00
41	Fri	Aug 24	12:05	HUNTINGDON PC	EDMONTON	AB	WD	ROM	01:00	0.00	0.00	0.00	0.00
42	Fri	Aug 24	12:05	HUNTINGDON PC	EDMONTON	AB	WD	ROM	03:00	0.00	0.00	0.00	0.00
43	Fri	Aug 24	12:10	INCOMING	HUNTINGDO	PQ	WD	IRM	02:00	0.00	0.00	0.00	0.00
44	Fri	Aug 24	12:15	INCOMING	HUNTINGDO	PQ	WD	IRM	02:00	0.00	0.00	0.00	0.00
45	Fri	Aug 24	12:32	INCOMING	HUNTINGDO	PQ	WD	IRM	30:00	0.00	0.00	0.00	0.00

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

*40 mins fee @ 10¢ per minute
\$ 4.00*



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Apr 24 /07	Board Retreat					—
Apr 26/07	Audit Committee					25
May 4/07	Finance Committee					20
May 16/07	Audit Committee					20
May 22/07	Space Planning Meeting					20
May 23	SP+P + Audit Committee					20
June 5	SP+P					20
June 20	Audit + SP+P					20
June 25	Meeting with Chairman					20
June 26	SP+P (in Capital Mon)					20
June 27	Board Meeting					20
						225

I certify that this claim is for Capital Health business.

NAME (print): Bob Norman

SIGNATURE: [Signature]

DATE: June 27, 2007

s.17(1), 17(4)(g)(i) **TOTAL CLAIM**

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

\$	[Redacted]	TOTAL KMS	225
\$	99.00 86.75	transfer to back	[Signature]
\$	[Redacted]		

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive Date: June 28/07

Date: _____

HON
MIS(99.00)
0.714
June 29/07
on

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 225 X ⁴⁴ ~~43¢~~ = 96.75 99.00 ✓
TOTAL EXPENSES \$ 96.75 99.00
(transfer to front)

REMUNERATION - effective April 1, 2006
CHAIRMAN
 \$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$492 for over eight hours in any day
MEMBER
 \$135 for up to and including four hours in any day
 \$224 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day
MILEAGE
 43¢ km

Keyed 0810



Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Apr 12/08	Meeting w Donna Touss					20
Apr 14	HSM Conference					30
Apr 15	✓ ✓					30
Apr 16	✓ ✓					30
Apr 22	Board Mtg					20
Apr 23	✓ ✓					20
Apr 28	FIN Committee + Mazan Kazim Briefing					20
Apr 29	FIN Committee + Audit Committee					20
Apr 30	Slt P					20

I certify that this claim is for Capital Health business.

Non-Responsive

2/0

NAME (print): Bob Normand

SIGNATURE: [Signature]

DATE: Apr 30, 2008

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$
(from reverse)
Code: 201 9000 711 10300000

TOTAL CLAIM \$

TOTAL KMS
transfer to back

137.40 -

LET APRIL 30th

Reviewed by: May 1/08 [Signature]

Authorized By: _____

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

Non-Responsive

Date: _____

Date: May 4/08

revised: April 10, 2008

E

HON -

ml12 - 2274.00

TAV -

Non-Responsive

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Apr 14	HSA Conf - Parkers	\$ 17. ⁰⁰ X
Apr 15	HSA ✓ ✓	14. ⁰⁰ X
Apr 16	HSA ✓ ✓	14. ⁰⁰ X
		45 ⁰⁰

TOTAL KMS (from front) 210 X 44¢

92.40 ✓

TOTAL EXPENSES
(transfer to front)

\$ 137.40

REMUNERATION - effective April 1, 2008

CHAIRMAN

- \$210 for up to and including four hours in any day
- \$367 for over four hours and up to and including eight hours in any day
- \$576 for over eight hours in any day

MEMBER

- \$157 for up to and including four hours in any day
- \$278 for over four hours and up to and including eight hours in any day
- \$409 for over eight hours in any day

MILEAGE

44¢ km

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 64371
04/14/08 20:25 L# 2 A# 27 Txn#210064
04/14/08 07:14 In 04/14/08 20:25 Out
Tkt# 383270
Regular Rate \$ 16.19
Total Tax \$ 0.81
Total Fee \$ 17.00 - /
CASH PAID \$ 17.00-
Cash Tender \$ 20.00
Change Due \$ 3.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 64714
04/16/08 13:58 L# 2 A# 41 Txn#210728
04/16/08 08:04 In 04/16/08 13:58 Out
Tkt# 384070
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 21234
04/15/08 16:35 L# 1 A# 38 Txn#139127
04/15/08 08:07 In 04/15/08 16:35 Out
Tkt# 383636
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00 +
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Mar 25	S P + P					20
Mar 27	CPSI Board					30
Mar 28	Fin Comm. Hec					20

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): Bob Norman
 SIGNATURE: [Signature]
 DATE: Apr 10, 2008

TOTAL HONORARIA \$ _____
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 39.80 -
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM \$ _____

70
TOTAL KMS
transfer to back

48.60 -
TOTAL CLAIM \$ _____

APR 30/08

Non-Responsive

Reviewed by: [Signature]
 Authorized By: _____

Date: May 1/08
 Date: _____

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
11/01/07	CPST Board - parking	\$ 9.00
	OVERSEEN TOLLEP COST# 123045470 RT 0010	
	07-27-2000 THU #0	
	MTCF 9.00 CASH 9.00	
	ITEM 1 TEL 7600 20:25TH	
		9.00

TOTAL KMS (from front) 90 X 43¢

38.60 30.80

TOTAL EXPENSES
(transfer to front)

\$ 48.60

48.60

89.80

REMUNERATION - effective April 1, 2006

CHAIRMAN

\$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$492 for over eight hours in any day

MEMBER

\$135 for up to and including four hours in any day
 \$224 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day

MILEAGE

43¢ km



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
					\$	
Feb 7	Special SP+P Committee					30
						—
Feb 14	Fin Comm Meeting (Albion)					30
Feb 14	Capital Law Foundation					30
Feb 20	SP+P					20
Feb 20	Audit Comm. Hec ^(Briefing)					20
Feb 22	Audit Comm. Hec					20
Feb 27	Capital Health Board					20
March 7	Audit Pres (Wester Hall)					20
Mar 14	^{FINANCE} Audit Meeting (Albion)					20
Mar 20	Meeting with Chairman					20

I certify that this claim is for Capital Health business.

NAME (print): Bob Normans

SIGNATURE: [Signature]

DATE: April 10, 2008

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

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

\$	
\$	96.80 -
\$	

220

TOTAL KMS
transfer to back

let April 30/08

Non-Responsive

Reviewed by: [Signature]

Date: May 1/08

Authorized By: _____

Date: _____

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 220 ^{44¢} X 43¢ = 96.80

TOTAL EXPENSES \$ 96.80

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN
 \$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$492 for over eight hours in any day

MEMBER
 \$135 for up to and including four hours in any day
 \$224 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day

MILEAGE
 43¢ km