

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MARCH 05-04	Strategic Priorities					60
09-04	Strategic Planning					60
10-04	Liaison Committee					60
11-04	Evansburg CHC					170
						—
14-04	Health Authorities Conference					60
						—
						—
						—
19-04	Audit and Finance					60

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

170

TOTAL KMS
transfer to back

464.01

NAME (print): SEWELL, GEORGE

SIGNATURE: *George Sewell*

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

DATE: March 20-04

Reviewed by: _____

Authorized By: _____

HOW
MIS 464.01
0408
01APR04

Non-Responsive

Date: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
march 14-15	Health Board Conference	\$ 285.41

TOTAL KMS (from front) 470 X 38¢ 178.60 ✓
 TOTAL EXPENSES \$ 464.01 ✓
 (transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE
 38¢ km

2

APPLICANT COPY



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

Mr. George Sewell

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

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

Room 0707
 Cashier 51
 Page 1
 Starwood Pref.#
 Airline Partner
 Folio No. 298713

Guest Account The Westin Edmonton, 03/16/04

Date	Description	Room	Charges	Credits
03/14	Room Charge	0707	105.00	
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
03/14	Parking GST 7%		1.47	
03/14	Expert Valet Park		21.00	
03/14		s.17(1), 17(4)(g)(i)	25.04	
03/15	Room Charge		105.00	
03/15	Room Tax 5%		5.25	
03/15	Room GST 7%		7.35	
03/15	Parking GST 7%		1.47	
03/15	Expert Valet Park		21.00	
03/15	Refreshment Centre		5.27	WATER
	->#707 : CHECK #	3496		
03/16	Visa	s.17(1), 17(4)(e.1)		310.45

Capture method:swiped

Total 310.45 310.45
 Balance 0.00 \$

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

Room GST 14.70
 F&B GST 1.76
 Other GST 2.94
 Total GST 19.40

GST Vendor R101577591

310.45
 - 25.04

 285.41

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
April 06-04	Strategic Planning					60
07-04	Municipal Advisory					50
08-04	Evansburg C.H.C.					
08-04	In Community CMC					170
21-04	Participants Council					50
28-04	Audit + Finance					60
28-04	Regional Awards					60
30-04	Special Strategic Planning					60

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): SEWELL George
 SIGNATURE: George Sewell
 DATE: April 30-04

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 71110300000

TOTAL CLAIM \$

510
 TOTAL KMS
 transfer to back
 20480
 4

Reviewed by: Leila Shved
 Authorized By: [Signature]

HON
 MIS 20480
 CAIC
 CAMAYC9
 CB

Non-Responsive
 Date: Apr 30/04
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
April 28-04	Parking	\$ 11.00

TOTAL KMS (from front) 510 ✓ X 38¢ 193.80 ✓
 TOTAL EXPENSES \$ 2,04.80 ✓
 (transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

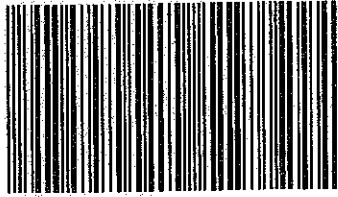
MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE 5
 38¢ km

APPLICANT COPY

Welcome To Westin Hotel
Hotel Guests Must Present
This Ticket At Front Desk
Upon Check-In

Managed By Expert Parking



2004/04/28 16:57
021853
0043810665

Entry

11:00

APPLICANT COPY



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-04 -08	CHC					55
-11	Physician Liaison					60
						-
						-
						-
-14	Strategic Priorities					60
						-
						-
						-
	Sustainability Task Force					60

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

NAME (print): SEWELL, GEORGE

SIGNATURE: [Signature] s.17(1), 17(4)(g)(i)

DATE: JUNE 09-04

\$

\$

\$

235

TOTAL KMS

transfer to back

89.30

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: June 9/04

Date: _____

HOW
MIS 89.30
0413
41104
03

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 235 X 38¢ 89.30 ✓
 TOTAL EXPENSES \$ _____
 (transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE 8
 38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JUNE 02-04	Municipal Advisory					50
07-04	Strategic Planning					60
08-04	Accreditation					60
						—
09-04	Primary Care Health Reform					60
10-04	Examiner CHE					170
						—
						—
24-04	Staff Picnic St Edmund					50
28-04	Audit Finance					60
29-04	Accreditation					60

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

\$ [Redacted]

570

TOTAL KMS transfer to back

NAME (print): GEORGE JEWELL

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

\$ 216.60

SIGNATURE: [Signature]

TOTAL CLAIM

\$ [Redacted]

[Handwritten mark]

DATE: Aug 04-04

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

Reviewed by: [Signature]

HON
MIS 216.60
0417
Aug 9/04
[Signature]

Non-Responsive
Date: Aug 5/04

Authorized By: [Signature]

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 570 X 38¢ = 216.60
 TOTAL EXPENSES = \$ 216.60
 (transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE 10
 38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JUNE 30-04	Municipal Advisory					50

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): GEORGE SEWELL
 SIGNATURE: [Signature]
 DATE: Aug 04-04

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 71110300000

TOTAL CLAIM \$

50	TOTAL KMS
19.00	transfer to back
[Signature]	

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: Aug 5/04
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 50 X 38¢ 19.00

TOTAL EXPENSES \$

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
August 04	Accreditation					60
August 20						50

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): SEWELL, GEORGE

SIGNATURE: *George Sewell*

DATE: October 12-04

TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$

(from reverse)
Code: 201 9000 7110300000

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

110
TOTAL KMS

transfer to back

41.80

(Signature)

Reviewed by: *Keils Sewell*

Authorized By: *(Signature)*

HON
MIS 41.80-
0422
13 Oct 15/04
JB

Non-Responsive

Date: 10/13/04

Date: _____

(see sep. claim)

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 110 X 38¢ 41.80 /

TOTAL EXPENSES \$ 41.80 /

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE
 38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
September						—
						—
						—
Sept. 15-04	Strategic Planning					60
21-04	Devon 50 th					50
22-04	Audit & Finance					60
						—
24-04	Evening Sunshine Lodge					170
27-04	Sustainability					60

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

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

TOTAL CLAIM

400

TOTAL KMS
transfer to back

152 =

(signature)

NAME (print): SEWELL, GEORGE

SIGNATURE: *[Signature]*

DATE: October 12-04

Reviewed by: *[Signature]*

Authorized By: _____

HON
MIS 152.00
0422
15 Oct 15/04
83

Non-Responsive

Date: Oct 13/04

Date: _____

(see attached) *[Signature]*

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 400 X 38¢ 152

TOTAL EXPENSES \$ 152

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day

\$280 for over four hours and up to and including eight hours in any day

\$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day

\$203 for over four hours and up to and including eight hours in any day

\$318 for over eight hours in any day

MILEAGE

38¢ km

16

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October 04-04	C.H.C. Appreciation					60
05-04	Community Liaison					60
06-04	Board Meeting					50
08-04	Strategic Planning					60
12-04	Physician Liaison					60
13-04	Accreditation					60
	Reach Awards					50

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

400

TOTAL KMS transfer to back

152.00

00

NAME (print): Seveth, George

SIGNATURE: [Signature]

DATE: November 01-04

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

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS 597.92
0424
NOV 4/04

Date: Nov 1/04

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 400 X 38¢ 152
 TOTAL EXPENSES \$ 152
(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE
 38¢ km

18

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>October</i>						
<i>15th</i>	<i>Workshop</i>					<i>50</i>
<i>16th</i>	<i>Workshop</i>					<i>—</i>

RECEIVED

Non-Responsive *50*

I certify that this claim is for Authority business.

TOTAL HONORARIA \$
Code: 201 9000 71110300000 6850000

TOTAL KMS
transfer to back

NAME (print): *SEWELL, George*

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

361.56

SIGNATURE: *[Signature]*

TOTAL CLAIM \$

DATE: *October 18-04*

Reviewed by: *[Signature]*

Non-Responsive Date: *Nov 1/04*

Authorized By: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 14-15	Accommodation	\$ 342. ⁵⁶

TOTAL KMS (from front) 50 X 38¢ 19.⁰⁰

TOTAL EXPENSES \$ 361.⁵⁶

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day

\$280 for over four hours and up to and including eight hours in any day

\$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day

\$203 for over four hours and up to and including eight hours in any day

\$318 for over eight hours in any day

MILEAGE 20

38¢ km

APPLICANT COPY



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

Mr. George Sewell

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

Arrival 10/14/04
 Departure 10/16/04
 Payment Method VA

Room 1902
 Cashier 18
 Page 1
 Starwood Pref.#
 Airline Partner
 Folio No. 331403

Guest Account The Westin Edmonton, 10/16/04

Date	Description	Room	Charges	Credits
10/14	Room Charge	1902	130.00	
10/14	Room Tax 5%		6.50	
10/14	Room GST 7%		9.10	
10/14	Parking GST 7%		1.68	
10/14	Outside Valet Park		24.00	
10/15	Room Charge		130.00	
10/15	Room Tax 5%		6.50	
10/15	Room GST 7%		9.10	
10/15	Parking GST 7%		1.68	
10/15	Outside Valet Park		24.00	
10/16	Visa	XX/XX		342.56

Capture method:swiped s.17(1), 17(4)(e.1) Total 342.56 342.56
 Balance 0.00 \$

Room GST 18.20
 F&B GST 0.00
 Other GST 3.36
 Total GST 21.56

GST Vendor R101577591

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October 20-04	Board Retreat					222

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): SEWELL, GEORGE

SIGNATURE: [Signature]

DATE: October 22-04

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$
(from reverse)
Code: 201 9000 711103000000

TOTAL CLAIM \$

222
TOTAL KMS
transfer to back

8436

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive
Date: Nov 1/04

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 22.04	m	\$ 84.36

TOTAL KMS (from front) 222 X 38¢

84.36

TOTAL EXPENSES

\$

84.36

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

- \$165 for up to and including four hours in any day
- \$280 for over four hours and up to and including eight hours in any day
- \$447 for over eight hours in any day

MEMBER

- \$122 for up to and including four hours in any day
- \$203 for over four hours and up to and including eight hours in any day
- \$318 for over eight hours in any day

MILEAGE

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
December						/
						/
17-04	Accreditation					60

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL KMS
transfer to back

NAME (print): SEWELL, George

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 71110300000

22.80

SIGNATURE: [Signature]

TOTAL CLAIM \$

DATE: Dec 17 - 04

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

Reviewed by: [Signature]

HON
MIS 22.80
0427

Non-Responsive
Date: Dec. 17/04

Authorized By: [Signature]

Date: _____

24 Dec 29, 2004

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 60 X 38¢

22.80

TOTAL EXPENSES
(transfer to front)

\$ 22.80

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day
\$280 for over four hours and up to and including eight hours in any day
\$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day
\$203 for over four hours and up to and including eight hours in any day
\$318 for over eight hours in any day

MILEAGE

25

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JANUARY 05-05	Deputy Minister					60
10-05	Expert Speaker					60
11-05	Physician Lecture					60
12-05	Municipal Advisory					60
13-05	Albert Hospital UVA					60
						-
14-05	Planning					60
						-
19-05	Lecture for MCH					50
21-05	Audit & Finance					60

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): SEWELL, GEORGE

SIGNATURE: George Sewell

DATE: February 17-2005

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

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

TOTAL CLAIM \$

470
TOTAL KMS
transfer to back

184.85 ✓

60

Reviewed by: Keela Shue

Authorized By: [Signature]

HON
MIS 184.85 -
26 0505
Feb 23/05

Non-Responsive
Date: Feb 17/05

Date: _____

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE
PH # (780) 428-4544
OPERATED BY SPOTS PARKING INC.
FOR THE CITY OF EDMONTON
GST # R119326270 RT0001

Recpt#118373
02/09/05 13:44 LN 2 AM 12 Ty#0437536
02/09/05 11:21 In 02/09/05 13:44 Out
Regular Rate \$ 5.04
Total Tax \$ 0.41
Total Fee \$ 6.25
CASH PAID \$ 6.25-
Cash Tender \$ 10.00
Change Due \$ 3.75
THANK-YOU!
WE APPRECIATE YOUR BUSINESS.
COME AGAIN!

Capital

APPLICANT COPY

Non-Responsive



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March 05 13-14-15	H B A. Workshop					60
						—
						—

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): GEORGE SEWELL

SIGNATURE: [Signature]

DATE: March 16 05

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM

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

\$	
\$	366.80
\$	

TOTAL KMS
transfer to back

✓
✓
00

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: _____

Date: _____

HON
29 M15 (366.00)

PP0506

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MARCH 13-14-15	Room - Parking	\$ 344 =

TOTAL KMS (from front) 60 X 38¢

22.80

TOTAL EXPENSES
(transfer to front)

\$ 366.80

REMUNERATION - effective March 1, 2004

CHAIRMAN

- \$165 for up to and including four hours in any day
- \$280 for over four hours and up to and including eight hours in any day
- \$447 for over eight hours in any day

MEMBER

- \$122 for up to and including four hours in any day
- \$203 for over four hours and up to and including eight hours in any day
- \$318 for over eight hours in any day

MILEAGE

30

38¢ km

APPLICANT COPY
WESTIN
HOTELS & RESORTS

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

Mr. George Sewell

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

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

Room 0406
Cashier 46
Page 1
Starwood Pref.#
Airline Partner
Folio No. 354193

Guest Account The Westin Edmonton, 03/15/05

Date	Description	Room	Charges	Credits
03/13	Room Charge	0406	111.00	
03/13	Room Tax 5%		5.55	
03/13	Room GST 7%		7.77	
03/13	Parking GST 7%		1.68	
03/13	Expert Valet Park		24.00	
03/13	Service Express		44.00	
	->#406 : CHECK #3954			
03/14	Room Charge		111.00	
03/14	Room Tax 5%		5.55	
03/14	Room GST 7%		7.77	
03/14	Parking GST 7%		1.68	
03/14	Expert Valet Park		24.00	
03/15	Visa	XX/XX		344.00

Capture method:swiped s.17(1), 17(4)(e.1) Total 344.00 344.00
Balance 0.00 \$

Room GST 15.54
F&B GST 3.08
Other GST 3.36
Total GST 21.98

GST Vendor R101577591

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March 05						
03-09-05	Board/CEO Evaluation					60
03-10-05	C.H.C. Liaison Committee					60
	Evansburg C.H.C.					170
03-16-05	SP-P meeting					60
03-23-05						
	Special SP-P					60
03-24-05	Accreditation Meeting					60
						470

I certify that this claim is for Authority business.

NAME (print): GEORGE SEWEHL

SIGNATURE: George Sewehl

DATE: March 24-05

Reviewed by: [Signature]

Authorized By: _____

Non-Responsive

TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM \$

\$	470
\$	178.60
\$	

TOTAL KMS
transfer to back

Non-Responsive
Date: _____

Date: _____

HOW
MIS 178.60
0508
APRIL 11 05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 470 X 38¢ 178.60 ✓
TOTAL EXPENSES \$ 178.60
(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE 33
 38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
April 05						
April 06-05						
	Strategic Task Force					120
April 11-05						
	Physician Liaison					120
April 14-05						
	Tri Communities C.H.C					
April 26-05	Strategic Task Force					60
April 30-05	C.H.C Consultation					60

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

360

TOTAL KMS
transfer to back

\$

145.80

\$

NAME (print): GEORGE ZEWETH

SIGNATURE: George Sewell

DATE: May 02-05

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

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive

Date: May 2/05

Date: _____

HON
 MIS 145.80 -
 0510
 34 May 11/05
 AR

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 360 X 40.5¢

145⁸⁰

TOTAL EXPENSES
(transfer to front)

\$ 145⁸⁰

REMUNERATION - effective March 1, 2005

CHAIRMAN
 \$170 for up to and including four hours in any day
 \$288 for over four hours and up to and including eight hours in any day
 \$460 for over eight hours in any day

MEMBER
 \$126 for up to and including four hours in any day
 \$209 for over four hours and up to and including eight hours in any day
 \$328 for over eight hours in any day

MILEAGE
 40.5¢ km

APPLICANT COPY



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 03-04-05	HEALTH Symposium					↓ 640
04-						
05-						

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

\$

640

TOTAL KMS
transfer to back

NAME (print): SEWELL, GEORGE

TOTAL EXPENSES

(from reverse)
Code: 201 9000 71110300000

\$

981.69

SIGNATURE: George Sewell

§.17(1), 17(4)(g)(i)

TOTAL CLAIM

\$

DATE: May 09-05

Reviewed by: *[Signature]*

Authorized By: _____

HON
MIS 981.69-
0510
36 May 17/05
93

Non-Responsive
Date: May 13/05
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAY 02-03-04	Hotel	\$ 722.49

TOTAL KMS (from front) 640 X 40.5¢ 259.20
TOTAL EXPENSES \$ 981.69
 (transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN
 \$170 for up to and including four hours in any day
 \$288 for over four hours and up to and including eight hours in any day
 \$460 for over eight hours in any day

MEMBER
 \$126 for up to and including four hours in any day
 \$209 for over four hours and up to and including eight hours in any day
 \$328 for over eight hours in any day

MILEAGE
 40.5¢ km

APPLICANT COPY

THE WESTIN CALGARY
 320 4th Avenue SW
 Calgary, Alberta
 Canada T2P 2S6
 403-266-1611

Mr. George Sewell

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

Arrival 05/02/05 Room 0305
 Departure 05/05/05 Cashier 30
 Payment Method VA Page 1
 Invoice 426355 Starwood Preferred Guest #
 Airline Partner #

The Westin Calgary, 05/05/05

Date	Text	Room	Charges	Credits
05/02	Room Charge	0305	189.00	
05/02	Tourism Levy 4%		7.56	
05/02	Room GST 7%		13.23	
05/02		s.17(1), 17(4)(g)(i)	31.00-	
05/02	Park-Valet Weekday		20.00	34.00
05/03	Room Charge		189.00	31.00
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/03	Room Service #305 : CHECK #3610		27.12	
05/03			34.00-	65.00
		s.17(1), 17(4)(g)(i)		
05/03	Park-Valet Weekday		23.00	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%		7.56	
05/04	Room GST 7%		13.23	
05/04	Park-Valet Weekday		23.00	
05/05	Visa	XX/XX		787.49

Capture method:swiped s.17(1), 17(4)(e.1) Total 787.49 787.49
 Balance 0.00 \$

Room GST 39.69
 F&B GST 5.82
 Other GST 4.32
 Total GST 49.83
 GST Vendor R861336493

787.49
 - 65.00
722.49

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 01	Municipal Advisory					60
June 03	Special Planning					60
						—
						—
						—
15	Strategic Planning					60
22	International Arts Conf.					60
24	" " "					60
28	Audit & Finance					60
29	Board Mtg.					60

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): GEWEHL, GEORGE

SIGNATURE: *George Sewehl*

DATE: June 29-05

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

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

\$
\$ 183.10
\$

1120
TOTAL KMS
transfer to back

all

Reviewed by: *Rachel Shroyer*

Authorized By: *Dean M. Tolomin*

Date: July 8/05

Date: July 12, 2005

NON
MIS 183.10-
0515
July 14/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
JUNE 22	Parking	\$ 6.50
24	Parking	6.50

TOTAL KMS (from front) 420 X 40.5¢

170.10

TOTAL EXPENSES

\$ 183.10

(transfer to front)

Handwritten signature

REMUNERATION - effective March 1, 2005

CHAIRMAN

- \$170 for up to and including four hours in any day
- \$288 for over four hours and up to and including eight hours in any day
- \$460 for over eight hours in any day

MEMBER

- \$126 for up to and including four hours in any day
- \$209 for over four hours and up to and including eight hours in any day
- \$328 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

102nd STREET PARKADE
HAVE A NICE DAY !
GST# 123045679 RT0034
PRICE IS GST INCLUDED

102nd STREET PARKADE
HAVE A NICE DAY !
GST# 123045679 RT0034
PRICE IS GST INCLUDED

04-25-2005 MED 07419

04-25-2005 FRT 05019

EARLY BIRD 6.50
TAX 6.50
DATING 10.00
DINING 11.50

EARLY BIRD 6.50
CASH 6.50

CL1 5713 12:00TH

CL1 4085 12:00TH

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (Specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
September 08-05	Lark Lane					60
12-05	Food Service Tour					75
13-05	C.H.C. Liaison					60
14-05	Planning					60
	C.H.C. Appreciation					60
19-05	Accreditation					60
						-
21-05	Audit + Finance					60
28-05	Board mtg.					60

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

\$ [Redacted]

495

TOTAL KMS
transfer to back

NAME (print): SEWELL, GEORGE

TOTAL EXPENSES

(from reverse)
Code: 201 9000 7110300000

\$ 200.47

SIGNATURE: George Sewell s.17(1), 17(4)(g)(i)

TOTAL CLAIM

\$ [Redacted]

DATE: October 03-05

Reviewed by: [Signature]

HOW
MIS 224.77-
0021

Non-Responsive

Date: 10/05/05

Authorized By: [Signature]

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 495 X 40.5¢ 200.47

TOTAL EXPENSES \$ 200.47

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

\$176 for up to and including four hours in any day
\$300 for over four hours and up to and including eight hours in any day
\$478 for over eight hours in any day

MEMBER

\$131 for up to and including four hours in any day
\$217 for over four hours and up to and including eight hours in any day
\$340 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 06-05	Health Minister Evans					60

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE
 SIGNATURE: *George Sewell*
 DATE: October 03-05

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 711103000000
TOTAL CLAIM \$

60
TOTAL KMS
 transfer to back
 24.30
 A

Reviewed by: *Taylor Shiner*
 Authorized By: *[Signature]*

Non-Responsive
 Date: 10/5/05
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 60 X 40.5¢ 24.30

TOTAL EXPENSES \$ 24.30

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day
MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day
MILEAGE
 40.5¢ km

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October ⁰³ / ₀₅	Accreditation					60
October 07-05	Accreditation					60
						—
October 12-05	Planning					60
October 12-05	Task Force					60
						—
October 15-05	CHC Consultation					60
October 18-05	Lain Hole Opening					55
	CHC Recognition					60
October 19-05	Special Planning					60
	Dr. Jack Murray Alberta Hospital Foundation					60
						535

I certify that this claim is for Capital Health business.

^{2 pages}
Non-Responsive
TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

~~298~~
TOTAL KMS

transfer to back

NAME (print): SEWELL, GEORGE

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

\$ 216.68
~~119.47~~

689.31

SIGNATURE: [Signature]

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

\$

DATE: November 01-05

Reviewed by: [Signature]

HON

Non-Responsive
Date: Nov 2/05

Authorized By: _____

MIS 889.31

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 535 X 40.5¢ 216.68

TOTAL EXPENSES \$
(transfer to front)

REMUNERATION - effective August 1, 2005

<p>CHAIRMAN \$176 for up to and including four hours in any day \$300 for over four hours and up to and including eight hours in any day \$478 for over eight hours in any day</p> <p>MEMBER \$131 for up to and including four hours in any day \$217 for over four hours and up to and including eight hours in any day \$340 for over eight hours in any day</p> <p>MILEAGE 40.5¢ km</p>	<p>47</p>
---	-----------

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October 20-22	Health Care Symposium					600
October 25-05	Physician Liaison					60
October 27-05	Reach Awards					60

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, George

SIGNATURE: [Signature]

DATE: November 01-05

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 711103000000

TOTAL CLAIM

\$
\$
\$

672.⁶⁶

720
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: _____

Non-Responsive
Date: Nov 1/05

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 20-22	The Westin Calgary	\$ 381. ⁰⁶

TOTAL KMS (from front) 720 X 40.5¢ 291.60
 TOTAL EXPENSES \$ 672.66
 (transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km.

APPLICANT COPY

THE WESTIN CALGARY
 320 4th Avenue SW
 Calgary, Alberta
 Canada T2P 2S6
 403-266-1611

Mr. George Sewell

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

Arrival	10/20/05	Room	1014
Departure	10/22/05	Cashier	35
Payment Method	VA	Page	1
Invoice	459791	Starwood Preferred Guest #	
		Airline Partner #	

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1014	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Valet Weekday		23.00	
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Park-Valet Weekend		15.00	
10/22	Visa	XX/XX		381.06

Capture method:swiped	s.17(1), 17(4)(e.1)	Total	381.06	381.06
		Balance		0.00 \$

Room	GST	21.64
F&B	GST	0.00
Other	GST	2.49
Total	GST	24.13
GST Vendor		R861336493

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You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October ⁰³ / ₀₅	Accreditation					60
October 07-05	Accreditation					60
						—
October 12-05	Planning					60
October 13-05	Task Force					60
						—
October 15-05	CHC Consultation					60
October 18-05	Lain Hole Opening					55
	CHC Recognition					60
October 19-05	Special Planning					60
	Dr. Jack Munnings About Hospital Founders					60
						535

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWELL, GEORGE

SIGNATURE: [Signature]

DATE: November 01-05

TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM \$

TOTAL KMS
transfer to back

216.68
~~119.47~~

[Signature]
Kent

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: Nov 2/05

Date: Nov 4/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 535 X 40.5¢ 216.68

TOTAL EXPENSES \$ _____
(transfer to front)

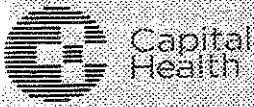
REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October 20-22	Health Care Symposium					600
October 22-05	Physician Liaison					60
October 27-05	Reach Awards					60

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWELL, George
 SIGNATURE: [Signature]
 DATE: November 01-05

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 7110300000

TOTAL CLAIM \$

	720
TOTAL KMS	
transfer to back	
	672.66

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: Nov 1/05
 Date: Nov 4/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
<i>October 20-22</i>	<i>The Western Calgary</i>	\$ <i>381.⁰⁶</i>

TOTAL KMS (from front) 720 X 40.5¢ 291.60
TOTAL EXPENSES \$ 672.⁶⁶
(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN \$176 for up to and including four hours in any day \$300 for over four hours and up to and including eight hours in any day \$478 for over eight hours in any day MEMBER \$131 for up to and including four hours in any day \$217 for over four hours and up to and including eight hours in any day \$340 for over eight hours in any day MILEAGE 40.5¢ km	54
--	----

APPLICANT COPY

THE WESTIN CALGARY
 320 4th Avenue SW
 Calgary, Alberta
 Canada T2P 2S6
 403-266-1611

Mr. George Sewell

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

Arrival	10/20/05	Room	1014
Departure	10/22/05	Cashier	35
Payment Method	VA	Page	1
Invoice	459791	Starwood Preferred Guest #	
		Airline Partner #	

The Westin Calgary, 10/22/05

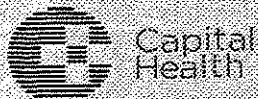
Date	Text	Room	Charges	Credits
10/20	Room Charge	1014	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Valet Weekday		23.00	
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Park-Valet Weekend		15.00	
10/22	Visa	XX/XX		381.06

Capture method:swiped	s.17(1), 17(4)(e.1)	Total	381.06	381.06
		Balance		0.00 \$

Room GST	21.64
F&B GST	0.00
Other GST	2.49
Total GST	24.13
GST Vendor	R861336493

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BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 01/05 Nov.	Dr Shoo Lee					60
Nov. 09-05	Kippes Centre					60
Nov 10-05	EVANSBURG TBI community					170
Nov 14-05	Blair Sadler					60
Nov 16/05	Sherwood Park Chamber					80
16/05	Participants Council					60
Nov 23/05	Audit & Finance					60
Nov 28/05	Retreat					40
						—

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA \$ 590

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 238.95

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM \$ 60

TOTAL KMS 590
transfer to back

NAME (print): SEWELL, George

SIGNATURE: [Signature]

DATE: Dec. 05-05

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

Reviewed by: [Signature] Non-Responsive Date: Dec 5/05

Authorized By: [Signature] Date: _____

AOW
MIS 238.95
0525
Dec 9/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 590 X 40.5¢ 238.95
TOTAL EXPENSES \$ 238.95
 (transfer to front)

REMUNERATION - effective August 1, 2005

- CHAIRMAN**
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec - 05	Non-Responsive				\$	—
06	Community Liaison					60
09	Strategic Planning					60
19	Board / CEO Evaluation					60
						—

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA \$ 180
Code: 201 9000 7110300000 6850000
TOTAL KMS
transfer to back

TOTAL EXPENSES \$ 224.24
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM \$

NAME (print): SEWELL, GEORGE

SIGNATURE: George Sewell

DATE: December 20-05

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

Reviewed by: Leyla Shuey HON Date: Dec 18/05

Authorized By: Helen M. Pearce MIS 224.24 Date: Dec 19/05
 0526

revised: September 2005

58 DEC 21 05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec 05-05	Airport Suites Calgary	\$ 151.34

TOTAL KMS (from front) 180 X 40.5¢ 72.90
 TOTAL EXPENSES \$ 224.24
 (transfer to front)

Handwritten signature

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km

59



APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

Mr George Sewell ROOM 337 RATE 1 NO. PERS. 1 FOLIO 495193 EX-A PAGE 1 ARRIVE 01-DEC-05 12:05 DEPART 02-DEC-05 PAYMENT VI T R A G E N T C H A R G E

1130HB s.17(1), 17(4)(g)(i)

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES, CREDITS. Rows include Room Charge, DMF, Alberta Tourism Levy, 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.

EXPENSE REPORT SUMMARY

Table with columns: Date, Room & Tax, Food & Bev, Telephone, Other, Total, Payment. Summary of expenses for 01-DEC-05.

We have a Service Promise and would appreciate any feedback you may have. Please send to Ross Meredith at rmeredith@sheratonsuites.com.

** 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 For Reservations Call 1-888-784-8370

Mr George Sewell ROOM 337 DEPART AGENT FOLIO 495193 01-DEC-05 337



APPLICANT COPY

**Sheraton
Suites Calgary**
EAU CLAIRE

255 BARCLAY PARADE SW
CALGARY, ALBERTA T2P 5C2
PHONE (403) 266-7200
FAX (403) 266-1300

G U -	Mr George Sewell	ROOM	337			T R A G E N T C H A R G E
		RATE				
		NO. PERS.	1			
		FOLIO	495193	EX-A		
		PAGE	2			
		ARRIVE	01-DEC-05	12:05		
		DEPART	02-DEC-05			
		PAYMENT	VI			
1130HB	s.17(1), 17(4)(g)(i)					

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

GST Summary

GST Room Revenue	9.54
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	9.54

139445290 RT0021

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

For Reservations
Call 1-888-784-8370

As a Starwood Preferred Guest, you could have earned 2 Starpoints for each \$1 USD spent . Please provide your member number or enroll today.

Mr George Sewell	ROOM	DEPART	AGENT
FOLIO 495193 01-DEC-05	337		

The Sheraton Suites Calgary Eau Claire is
OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
01-04-06	Chair meeting					60
	KRAEBS DINNER					50
01-06-06	Mental Health organization					60
01-09-06	Strategic Priorities					60
01-10-06	Physician Liaison					60
01-11-06	Municipal Advisory					55
01-12-06	Evansburg CME					170
						—
01-17-06	Mental Health					60
						—
01-27-06	Mental Health					50

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): GEORGE SEWEHL

SIGNATURE: [Signature]

DATE: February 04, 06

TOTAL HONORARIA \$ [Redacted]
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 262.13
(from reverse) 238.00
Code: 201 9000 7110300000

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

675
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

HON [Redacted]
MIS 262.13 -
0603

Non-Responsive
Date: Feb 6/06

Date: _____

62 Feb 7/06

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
01-27-a	Parking	\$ 9. ⁰⁰

TOTAL KMS (from front) 625 X 40.5¢ ~~253.13~~ 253.13
 TOTAL EXPENSES \$ ~~253.13~~ 253.13
 (transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day
MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day
MILEAGE
 40.5¢ km

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

27/01/06 18:00

AMOUNT PAID

\$ 9.00 24570000 08:33

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

27/01/06 08:33 \$ 9.00

CREDIT CARD NUMBER

05038

NON TRANSFERABLE

Capital
PARKING
062850

RECEIPT

Capital
PARKING
062850

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
February 06-06	Audit of Finance					60
						—
						—
14-06	Capital Care Foundation					50
15-06	Primary Care					50
15-06	Represent Board Brookhampton Stony Plain					50
16-06	Primary Care (Westin)					50
21-06	CHE					60
21-06	Brian Popp Reception					60
23-06	Pharmacy Group					60
24-06	Special Strategic Planning					60

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

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

500
~~710~~

TOTAL KMS
transfer to back

NAME (print): SEWELL, GEORGE

SIGNATURE: *[Signature]*

DATE: March 01-06

\$
\$ 199.²⁰
223.50
\$

[Handwritten initials]

Reviewed by: *[Signature]*

Authorized By: *[Signature]*

HOW
MIS 223.50 -
0606
March 8/06
JB

Non-Responsive
Date: _____
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
February 15-16-06	Parking	\$ 21 ⁰⁰

TOTAL KMS (from front) 500 X 40.5¢

~~178.25~~ 202.50

TOTAL EXPENSES
(transfer to front)

\$ 199.25 223.50

SM

REMUNERATION - effective August 1, 2005

CHAIRMAN	
\$176	for up to and including four hours in any day
\$300	for over four hours and up to and including eight hours in any day
\$478	for over eight hours in any day
MEMBER	
\$131	for up to and including four hours in any day
\$217	for over four hours and up to and including eight hours in any day
\$340	for over eight hours in any day
MILEAGE	
40.5¢	km

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

Imperial Parking
Lot 0002-0004
GST 789731 50 00 00 001
Machine Serial # 789731

EXPIRY DATE AND TIME EXP 11:29am
FEB 16, 2006

TICKET# LOT#
00072721 00020004

C \$002.00 MA 001
PURCHASER NAME ADDRESS

Park 4 hours \$12.00
Question Comments
Ph: 780 420 1976

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

Imperial Parking
Lot 0002-0004
GST 789731 50 00 00 001
Machine Serial # 789731

EXPIRY DATE AND TIME EXP 10:14am
FEB 15, 2006

TICKET# LOT#
00072480 00020004

C \$003.00 MA 001
PURCHASER NAME ADDRESS

Park 3 hours \$9.00
Question Comments
Ph: 780 420 1976

DISPLAY FACE UP ON DASH

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MARCH 01-06	Board mtg.					60
						—
10-06	Abacus Education					60
	Briefing					
12-06	Patient Care Workshop					55
						—
						—

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

\$ [Redacted]

TOTAL KMS
transfer to back

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

\$ 385.02

(from reverse)

Code: 201 9000 7110300000

NAME (print): SEWELL, GEORGE

SIGNATURE: *[Signature]*

DATE: March 30-06

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

TOTAL CLAIM

\$ [Redacted]

[Handwritten initials]

Reviewed by: *[Signature]* for L. Steward HON [Redacted] Non-Responsive Date: _____

Authorized By: _____ MIS 385.02 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MARCH 12-14	Westin	\$ 214. ¹⁵

TOTAL KMS (from front) 175 X 40.5¢ = 70.87
 TOTAL EXPENSES \$ 385.02
 (transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km

APPLICANT COPY

THE WESTIN
EDMONTON

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

G U E S T	Gary Pollock	ROOM	904			
	Provincial Health Authority	RATE	115.00			
		NO. PERS.	1			
		FOLIO	50298	A		
		PAGE	1			
		ARRIVE	12-MAR-06	15:31		
		DEPART	14-MAR-06	08:49		
	GRAUTH	PAYMENT	VI			

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DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
12-MAR-06	RT904	Room Charge		115.00
12-MAR-06	RT904	GST		8.13
12-MAR-06	RT904	DMF		1.15
12-MAR-06	RT904	Tourism Levy		4.65
12-MAR-06	RT904	Parking Self		18.00
12-MAR-06	RT904	Tax GST		1.26
12-MAR-06	221A	0025 21:24	s.17(1), 17(4)(g)(i)	1.39
12-MAR-06	221A	Tax - GST		0.10
13-MAR-06	RT904	Room Charge		115.00
13-MAR-06	RT904	GST		8.13
13-MAR-06	RT904	DMF		1.15
13-MAR-06	RT904	Tourism Levy		4.65
13-MAR-06	RT904	Parking Self		18.00
13-MAR-06	RT904	Tax GST		1.26
13-MAR-06	S468	In Room Movie		14.01
13-MAR-06	S468	Tax GST		0.98
14-MAR-06	357A	0010 07:39	s.17(1), 17(4)(g)(i)	1.39
14-MAR-06	357A	Tax - GST		0.10
14-MAR-06	VI	Visa		314.35-

Total Charges	314.35
Total Credits	314.35-
Balance Due	0.00-

In Canadian Dollar:	
Total Charges	314.35
Total Credits	314.35-
Balance Due	0.00-

** continued on the next page **

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

SIGNATURE

Gary Pollock
FOLIO 50298 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

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

G U E S T	Gary Pollock	ROOM	904					
	Provincial Health Authority	RATE	115.00					
		NO. PERS.	1					
		FOLIO	50298	A				
		PAGE	2					
		ARRIVE	12-MAR-06	15:31				
		DEPART	14-MAR-06	08:49				
	GRAUTH	PAYMENT	VI					

T A G E N T
C H A R G E

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-MAR-06	115.00	8.13	4.65	0.00	1.49	20.41	149.68
13-MAR-06	115.00	8.13	4.65	0.00	0.00	35.40	163.18
14-MAR-06	0.00	0.00	0.00	0.00	1.49	0.00	1.49
Total	230.00	16.26	9.30	0.00	2.98	55.81	314.35
* Canadian	230.00	16.26	9.30	0.00	2.98	55.81	314.35

Date	Payment
12-MAR-06	0.00
13-MAR-06	0.00
14-MAR-06	314.35-
Total	314.35-
* Canadian	314.35-

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

GST Summary:

GST Room Revenue:	16.26
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.20
GST Other:	0.98
	17.44
* Canadian Dollar	17.44

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 840 Starpoints for this visit. Please provide your member number or enroll today.

Gary Pollock
FOLIO 50298 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
April-06 10-06	CHE Interviews					55
11-06	Physician Liaison					60
12-06	Municipal Gov.					55
12-06	CHE Interviews					55
						—
18-06	Dever Hospital Foundation					65
19-06	Strategic Priorities					60
						—
26-06	Audit & Finance					60
						—

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): GEORGE SEWELL

SIGNATURE: [Signature]

DATE: April 28-06

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

	\$	410
	\$	176.30
	\$	

TOTAL KMS transfer to back

[Signature]

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS 176.30-
0609
72 May 2, 2006

Non-Responsive
Date: April 27/06

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ ^{43¢}~~X=40.5¢~~ 176.30

TOTAL EXPENSES \$ _____
 (transfer to front)

REMUNERATION - effective April 1, 2006

<p>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</p> <p>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</p> <p>MILEAGE 40.5¢ km</p>	<p>73</p>
---	-----------

APPLICANT COPY



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 03 2006	Enhancing Safety					50
04-06						50
06-06	CHC Consultation					55
12-06	Strategic Priorities					60
16-06	Devon Foundation					60
23-06	CHC Liaison					60
25-06	Minister Health					50
31-06						
	Audit - Finance					100

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 711103000000

TOTAL CLAIM

NAME (print): SEWEHL, GEORGE

SIGNATURE: *[Signature]*

DATE: May 31-2006

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

\$	
\$	262.55
\$	

TOTAL KMS
transfer to back

485
+ 83.13
100
= 345.68

Reviewed by: *[Signature]*

Authorized By: *[Signature]*

HON
MIS 345.68

Non-Responsive
Date: May 31/06

Employee #	Name	Payment for KM2 form Oct/05- Mar/06	Payment for KM2 from Apr/06	Total	KM2s Paid @ \$0.405/ KM2	Should be Paid @ \$0.43 /KM2	Balance Owed	Non-Responsive	Comments
------------	------	--	-----------------------------------	-------	--------------------------------	---------------------------------------	-----------------	----------------	----------

68346	Sewell, G.	1,346.63	-	1,346.63	3,325.01	1,429.76	83.13		June 16, 2006
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AP

OPY

Non-Responsive

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 03	Parking	\$ 18.00
04		9.-
May 31		9.-
		18.00
		54

TOTAL KMS (from front) 485 X 43¢ 208.55

TOTAL EXPENSES \$ 262.55

(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

APPLICANT COPY

TICKET VOID IF RE-SOLD

LOT 004
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003291
Machine #: 02000401
Time: 7:52A
5/ 3/06

Cost: \$18.00

Valid until:

MAY 3, 2006
10:02AM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

LOT 004
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003291
Machine #: 02000401
Time: 7:52A
5/ 3/06

Cost: \$18.00

Valid until:

MAY 3, 2006
5:00PM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

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

TICKET VOID IF RE-SOLD

LOT 004
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003291
Machine #: 02000401
Time: 7:52A
5/ 3/06

Cost: \$18.00

Valid until:

MAY 3, 2006
10:02AM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

LOT 004
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003291
Machine #: 02000401
Time: 7:52A
5/ 3/06

Cost: \$18.00

Valid until:

MAY 3, 2006
5:00PM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

LOT 001
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003762
Machine #: 02000401
Time: 7:35A
5/ 4/06

Cost: \$18.00

Valid until:

MAY 4, 2006
7:35PM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

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

TICKET VOID IF RE-SOLD

LOT 001
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003762
Machine #: 02000401
Time: 7:35A
5/ 4/06

Cost: \$18.00

Valid until:

MAY 4, 2006
7:35PM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

LOT 004
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003460
Machine #: 02000401
Time: 7:52A
5/ 4/06

Cost: \$18.00

Valid until:

MAY 4, 2006
5:00PM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

IN DASH

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

LOT 004
IMPARK EDMONTON
impark

Machine: 001
Transaction: 003460
Machine #: 02000401
Time: 7:52A
5/ 4/06

Cost: \$18.00

Valid until:

MAY 4, 2006
5:00PM

GST # 88731 5638 RT000

impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

APPLICANT COPY



**Capital
Health**

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>TUNE</i>						
07-06	Reach Awards					75
08-06	Transbrun CHC					170
						60
09-06	CASA Kids					50
19-06	Audit + Finance					60
21-06	Strategic P+P					60
23-06	Board mtg.					60

Non-Responsive

I certify that this claim is for Authority business.

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

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

\$		1475
\$	204.25	575
\$		1475

TOTAL KMS
transfer to back

NAME (print): SEWEHL, GEORGE

SIGNATURE: *[Signature]*

DATE: Tune, 06

Reviewed by: *Louisa Shives*

Authorized By: *[Signature]*

Non-Responsive Date: _____

HON Date: _____

MIS - 204.25 Date: _____

0613

JUNE 27/06 EB

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 475 ⁴³ X ~~43~~ = 204.25

TOTAL EXPENSES \$ _____
 (transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN	
\$165 for up to and including four hours in any day	
\$280 for over four hours and up to and including eight hours in any day	
\$447 for over eight hours in any day	
MEMBER	
\$122 for up to and including four hours in any day	
\$203 for over four hours and up to and including eight hours in any day	
\$318 for over eight hours in any day	
MILEAGE	
38¢ km	79

APPLICANT COPY

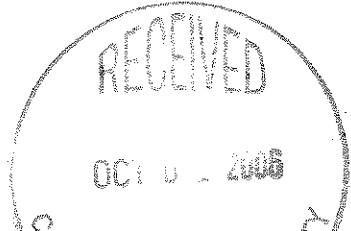


Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA



DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 08-06	SP+P					60
	CHARMHC Interviews					60
11-06	CHARMHC Interviews					60
12-06	CHARMHC Interviews					60
14-06	Evening CHE					—
	Wis Community CHE					—
19-06	Westview etc. Anniversary					—
20-06	Westview etc. Official Opening					—
21-06	Lunch - RMMC members					60
22-06	Board Policy Task Force					60
23-06	CHE Region Consultation					55
26-06	ABSCUS opening					60
	Special SP+P					60
27-06	CH Board mtg. (Public)					60
28-06	MOU signing					60
	Region 2					60
22-06	Blencoe Foundation					60

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, George
 SIGNATURE: [Signature]
 DATE: Sept 29-06

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

\$	595
\$	255.32
\$	
	TOTAL KMS
	transfer to back

Reviewed by: [Signature]
 Authorized By: [Signature]

HON
 MIS (255.32)
 0621
 OCT 11 2006
 Date: Oct 2/06
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 595^{km} X 43¢ 255⁸⁵
 TOTAL EXPENSES \$ 255⁸⁵
 (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
 40.5¢ km

81



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October						
	Mental Health First Aid Mental Health Committee					75
04-06	Municipal Advisory					75
10-06	Physician Liaison					60
11-06	Policy Task Force					60
						—
						—
17-06	Devon Hospital Foundation					60
	Reach Awards					50
18-06	Strategic Planning					60

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): George Jewell

SIGNATURE: George Jewell

DATE: October 31-06

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

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

TOTAL CLAIM \$

440
TOTAL KMS
transfer to back

394.00 (pg 2)
189.20

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS(53320)
0623
2009.0006
82

Non-Responsive

Date: Nov 2/06

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 440 X 43¢ 189.20

TOTAL EXPENSES \$ 189.20

(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
 40.5¢ 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
October 19-06	Canadian Health Care Safety					800
20-06	_____					/
21-06	_____					

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): GEORGE SEWELL

SIGNATURE: George Sewell

DATE: October 31-06

TOTAL HONORARIA Code: 201 9000 7110300000 6850000
TOTAL EXPENSES Code: 201 9000 7110300000
(from reverse)

TOTAL CLAIM

\$		800
\$	344.00	TOTAL KMS transfer to back
\$		

[Handwritten initials and 'nit' are present in the bottom right of this box]

Reviewed by: _____

Authorized By: _____

Non-Responsive
Date: _____

Date: _____

revised: May 1, 2006

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 800 X 43¢ 344.00

TOTAL EXPENSES \$ 344.00

(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

40.5¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
December 01-06	Idus Hospital Opening					100
06-06	J. McKenna Royal Alex					55
06-06	CHARM HAE					55
	In Community CHC					75
15-06	Evansbyg CHC Survey - Wildwood					180
16-06	Joint School Board Strathcona					55
20-06	St. Louis - Site Opening					140
21-06	Sevan Foundation					60
22-06	Audit/Finance					60
23-06	Board Mtg.					60
						840

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE

SIGNATURE: George Sewell

DATE: Nov. 30-06

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000

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

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

TOTAL KMS
 transfer to back

905.20 ✓

Reviewed by: Keelan Shueff

Authorized By: [Signature]

revised: May 1, 2006

HON
 MIS(90520)
 DEC 7 2006
 86
 0625

Non-Responsive
 Date: Dec 7/06

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 19-20-06	Vaneruse Conference (Hotel)	\$ 544. ⁰⁰

TOTAL KMS (from front) 840 X 43¢

361.²⁰

TOTAL EXPENSES
(transfer to front)

\$ 905.²⁰

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
40.5¢ km

APPLICANT COPY

Sheraton Vancouver Wall Centre Hotel

1068 Burrard Street
 Vancouver British Columbia V6Z 1R9 Canada

Mr. George Sewell
 Buska Associates

3209

1

239575

1A

VIA FAX:

Oct 19/06

Oct 21/06

VISA

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

Invoice: 239575

19-Oct-06	Room Charge	\$	215.00
19-Oct-06	Room Tax	\$	21.50
19-Oct-06	Room GST	\$	12.90
19-Oct-06	Parking	\$	22.60
20-Oct-06	Room Charge	\$	215.00
20-Oct-06	Room Tax	\$	21.50
20-Oct-06	Room GST	\$	12.90
20-Oct-06	Parking	\$	22.60

s.17(1), 17(4)(e.1)	Sub-Total	\$	544.00
---------------------	-----------	----	--------

22-Oct-06 Payment	21431 VISA		-544.00
-------------------	------------	--	---------

50.00

Jamie Clowe
 Sheraton Vanc Wall Centre Hotel
 Ph: 604-893-7138 Fax: 604-893-7262

GST # R138381629

T 604 331 1000
 F 604 331 1001
 sheratonvancouver.com

The Sheraton Vancouver Wall Centre Hotel is owned by Wall Centre Hotel Corporation and operated under license provided by the Clow-Krowe Hotel Limited Partnership

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec-01-06	Policy Task Force					60
06-06	Board Retreat					50
						—
08-06	Policy Task Force					60
12-06	R/A Social					50
						—
18-06	Paul Junction					50
20-06	Policy Task Force					60
						—
08-06	Board Social					50
						—

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): GEORGE Sewell
 SIGNATURE: George Sewell
 DATE: Dec. 20-06

TOTAL HONORARIA \$ [redacted]
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 163.40
 (from reverse)
 Code: 201 9000 7110300000

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

380
TOTAL KMS
 transfer to back

Reviewed by: Lela Skues
 Authorized By: [Signature]

hon
 MIS(163.40)
 O7d
 Jan 8/07
 DN ay

Non-Responsive
 Date: Jan 4/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 380 X 43¢ 163.40

TOTAL EXPENSES \$ 163.40

(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

90



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

Best Copy Possible

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MARCH 07-07	SP+D					60
08-07	Boarding CMC					60
09-07	Boarding Board					60
12						60
15	U of H Boarding Board					60
28	Durham Hospital Boarding					90
29	Boarding Board					60

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

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

NAME (print) SEWELL, George

SIGNATURE: George Sewell

DATE: April 10-07

\$		515
\$	221.45	
\$		

TOTAL KMS transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS (84823)
0708
91 Apr 17 07

Non-Responsive

Date: Apr 18/07

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 515 X 43¢

221.45

TOTAL EXPENSES

\$ 221.45

(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

92



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March						
22-07						60

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, George
SIGNATURE: [Signature]
DATE: April 10-07

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
(from reverse)
Code: 201 9000 7110300000
TOTAL CLAIM \$

\$	TOTAL KMS
\$	transfer to back
\$	

Reviewed by: _____
Authorized By: _____

Date: _____
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 43¢ _____

TOTAL EXPENSES \$ _____

(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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>February</i>						/
<i>08-07</i>	<i>Evening CME</i>					<i>162</i>
<i>20-07</i>	<i>Devon CME Foundations</i>					<i>55</i>
<i>21-07</i>	<i>Finance Committee</i>					<i>60</i>
<i>22-07</i>	<i>C.H.C. Liaison Committee</i>					<i>60</i>
<i>26-07</i>	<i>C.H. mHA Information</i>					<i>55</i>
						395

I certify that this claim is for Capital Health business.

NAME (print) SEWELL GEORGE
 SIGNATURE:
 DATE: MARCH 19-07

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 169.85
(from reverse)
Code: 201 9000 7110300000
TOTAL CLAIM \$

TOTAL KMS
transfer to back

Reviewed by:
 Authorized By:

Date: Apr 17/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 43¢ _____

TOTAL EXPENSES \$ _____

(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

40.5¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JANUARY 04-07	Lark Force Policy					60
12-07	Special SP+P					60
15-07	SP+P - Board Organizational					60
16-07	Devon Hospital Foundation					55
16-07	Physician Liaison					60
17-07	CHMHAC					55

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWELL GEORGE
 SIGNATURE: [Signature]
 DATE: MARCH 19-07

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 150.50
(from reverse)
 Code: 201 9000 7110300000 [Signature]

TOTAL CLAIM \$

350
TOTAL KMS
 transfer to back

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: Apr 18/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 350 X 43¢ 150.50
TOTAL EXPENSES \$ 150.50
(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
40.5¢ km

Pg 1



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>in ARCH 12-14</i>	<i>Health Boards Alberta</i>				<i>\$ 306.⁴²</i>	<i>—</i>

I certify that this claim is for Capital Health business.

NAME (print): *SEWELL, GEORGE*

SIGNATURE: *[Signature]*

DATE: *March 19-07*

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

\$ <i>—</i>	TOTAL KMS
\$ <i>306.⁴²</i>	transfer to back
\$ <i>306.⁴²</i>	

Reviewed by: *[Signature]*

Date: *Apr 17/07*

Authorized By: *[Signature]*

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 43¢ _____

TOTAL EXPENSES \$ _____

(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

40.5¢ km

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			travel agent/charge to
George Sewell	room	916	
	rate	115.00	
	no. pers.	1	
8440 112th Str	folio	142898	EX-A
Edmonton, AB T6G 2B7	page	1	
Canada	arrive	11-MAR-07	16:12
	depart	13-MAR-07	
HHC10A	payment	VI	

916

DATE	RT/916	DESCRIPTION	AMOUNT
11-MAR-07	RT916	Room Charge	115.00
11-MAR-07	RT916	GST	6.97
11-MAR-07	RT916	DMF	1.15
11-MAR-07	RT916	Tourism Levy	4.65
11-MAR-07	RT916	Parking Valet - Outside	24.00
11-MAR-07	RT916	Tax GST	1.44
12-MAR-07	RT916	Room Charge	115.00
12-MAR-07	RT916	GST	6.97
12-MAR-07	RT916	DMF	1.15
12-MAR-07	RT916	Tourism Levy	4.65
12-MAR-07	RT916	Parking Valet - Outside	24.00
12-MAR-07	RT916	Tax GST	1.44
13-MAR-07	VI	Visa	306.42-
Total Charges			306.42
Total Credits			306.42-
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 _____

George Sewell
 FOLIO 142898 11-MAR-07

APPLICANT COPY



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 03-07	Long Service Awards (STAFF)					50
04-07	Finance Meeting					60
	Devon Long Service Award					50
08-07	M/H Meeting Agenda					50
						—
	Evansburg Long Service Award					165
	CHMHAAC Meeting					50
10-07	Evansburg CME					165
15-07	Policy Review Committee					60
22-07	CME - Liaison Committee					60
						—
						—
						710

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

TOTAL KMS
transfer to back

NAME (print): Sewell, George

SIGNATURE: [Signature]

DATE: May 24-07

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

\$	[Redacted]
\$	318.40
\$	[Redacted]

Reviewed by: [Signature]
 Authorized By: [Signature]

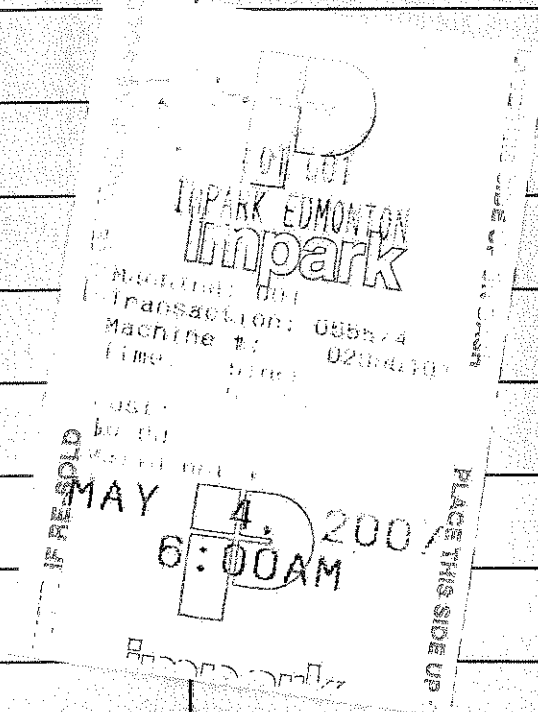
Non-Responsive
 Date: May 24/07
 Date: _____

HON [Redacted]
 MISC(1007.50)
 0711
 May 25/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 3	Parking	\$ 6.00



TOTAL KMS (from front) 710 ~~44¢~~ X ~~43¢~~ 312.40

TOTAL EXPENSES \$ 318.40
(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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
April 23-07	Board Retreat					60
24-07	Board Retreat					60

I certify that this claim is for Capital Health business.

NAME (print): Sewell George

SIGNATURE:

DATE: May 21-07

Non-Responsive

TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM \$

120

TOTAL KMS

transfer to back

263.24

dm

Reviewed by:

Authorized By:

Non-Responsive

Date: May 22/07

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
April 23-07	Board Retreat	\$
April 23	Hote 1 MacDonald	211.64

TOTAL KMS (from front) 120 X 43¢ = 51.60

TOTAL EXPENSES \$ 263.24

(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

APPLICANT COPY



10065 - 100 STREET
 EDMONTON, AB, CANADA T5J 0N6
 T (780) 424-5181 F (780) 429-6481
 G.S.T. Registration # 139445290

Room : 0321
 Folio # : 60923
 Cashier # : 260
 Page # : 1 of 1

George Sewell
 8440 112th Street
 Edmonton, AB T6G 2B7
 CA

Arrival : 04-23-07
 Departure : 04-24-07

Date	Description	Additional Information	Charges	Credits
04-23-07	Confederation Lounge	#0328 : CHECK #5365	5.00	
04-23-07	Room Charge		165.00	
04-23-07	Room - DMF		1.65	
04-23-07	Room - AB Tourism Levy		6.67	
04-23-07	Room - GST		10.00	
04-23-07	Parking - Overnight	s.17(1), 17(4)(e.1)	22.00	
04-23-07	Parking - GST		1.32	
04-24-07	Visa	XX/XX		211.64
Total			211.64	211.64
Balance Due			0.00	

GST Summary

Room	10.00
F&B	0.18
Other	1.32
Total	11.50

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:
 États-Unis ou 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. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (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. (18,00% 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 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ 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



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
April-07 09-07	CHE Interviews					55
10-07	CHE Interviews					55
	Physicians Liaison					60
11-07	Municipal Advisory					55
	CHMHAAC					50
12-07	Evansburg CHE					165
13-07	SP & P					60
						—
17-07	Accelerating Primary Care					50
19-07	Devon Hospital Foundation					50
						—
27-07	Mental Health Forum					60

I certify that this claim is for Capital Health business.

NAME (print): GEORGE SWEHL
 SIGNATURE: [Signature]
 DATE: MAY 21-07

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 7110300000
TOTAL CLAIM \$

660
TOTAL KMS
 transfer to back
 \$ 625.80
 \$ [Signature]

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: May 22/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
April 10-17	Hotel Westin	\$ 342.88

TOTAL KMS (from front) 660 X 43¢ 283.80

TOTAL EXPENSES \$ 625.88

(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
 40.5¢ km

108

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

travel agent/charge to

Mr. George Sewell	room	309	
Capital Health	rate	140.00	
8440-112 Street	no. pers.	1	
Edmonton, AB T6G 2B7	folio	154571	EX-A
Canada	page	1	
	arrive	16-APR-07	19:38
	depart	18-APR-07	
CAB14B	payment	VI	

309

Edmonton			
16-APR-07	RT309	Room Charge	140.00
16-APR-07	RT309	GST	8.48
16-APR-07	RT309	DMF	1.40
16-APR-07	RT309	Tourism Levy	5.66
16-APR-07	3754	In Room Dining	31.00
17-APR-07	RT309	Room Charge	140.00
17-APR-07	RT309	GST	8.48
17-APR-07	RT309	DMF	1.40
17-APR-07	RT309	Tourism Levy	5.66
18-APR-07	VI	Visa	342.08-
		Total Charges	342.08
		Total Credits	342.08-
		Balance Due	0.00

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

** continued on the next page **

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

signature _____

Mr. George Sewell
 FOLIO 154571 16-APR-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

travel agent/charge to

Mr. George Sewell	room	309	
Capital Health	rate	140.00	
8440-112 Street	no. pers.	1	
Edmonton, AB T6G 2B7	folio	154571	EX-A
Canada	page	2	
	arrive	16-APR-07	19:38
	depart	18-APR-07	
CAB14B	payment	VI	



EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
16-APR-07	140.00	8.48	5.66	31.00	0.00	1.40	186.54
17-APR-07	140.00	8.48	5.66	0.00	0.00	1.40	155.54
Total	280.00	16.96	11.32	31.00	0.00	2.80	342.08

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

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

GST Summary:

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

861336493RT0005

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

signature _____

As a Starwood Preferred Guest, you could have earned 619 Starpoints for this visit. Please provide your member number or enroll today.

Mr. George Sewell
 FOLIO 154571 16-APR-07

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MAY 26-07	CHC-h Consultation					55
June 04-07	Larkwood					55
June 05-07	Special SP&P					60
June 06-07	Municipal Advisory					55
	Member Retirement					55
						—
	CHC Appreciation					55
June 08-07	CHMHAC Agenda					55
June 12-07	Physician Liaison					60
June 13-07	Provincial m/H announcement					55
June 13-07	CHMHAC					55

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWELL, GEORGE

SIGNATURE: [Signature]

DATE: June

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000

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

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

TOTAL CLAIM \$

560
 TOTAL KMS
 transfer to back

246.40

Reviewed by: [Signature]

Authorized By: [Signature]

HMN
 MIS (30140)
 0713
 June 26/07

Non-Responsive
 Date: June 22/07

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 560 X ^{44¢}43¢ = 246.40 ✓

TOTAL EXPENSES \$
(transfer to front)

REMUNERATION - effective April 1, 2006

<p>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</p> <p>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</p> <p>MILEAGE 43¢ km</p>



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
						—
						—
June 19-07	Devon Hospital Foundation					65
June 20-07	SP + P					60

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWEHL, GEORGE
 SIGNATURE: [Signature]
 DATE: June 20-07

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 7110300000
TOTAL CLAIM \$

✓
 125
TOTAL KMS
 transfer to back
 55.00

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: June 22/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 125 ⁴⁴ X 43¢ = 55.00 ✓

TOTAL EXPENSES \$ _____
(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

Capital Health
 115 0719
 Oct 2/07

DATE	ACTIVITY (Specify meeting)	AMOUNT	MIS
June 26-07	S.P.P		60
	Board meeting		60

certify that this claim is for Capital Health business.

NAME (print): SEWELL, George
 SIGNATURE: [Signature]
 DATE: Sept 26-07

Non-Responsive
TOTAL HONORARIA \$
 Code: 201-9000-7-110300000, 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201-9000-7-110300000
TOTAL CLAIM \$
 s.17(f), 17(4)(g)(i)

120
 TOTAL KMS
 transfer to back
60
60
 10/2/07

Reviewed by: [Signature]
 Authorized By: [Signature]
 Issued: May 1, 2008

NON-RESPONSIVE
 Date: Oct 2/07
 Date: _____
 MIS 52.80
 115 0719
 Oct 2/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 120 ¹⁴¹ _{XASE} 57.60 52.80 141
TOTAL EXPENSES \$ 57.60 52.80 141
 (transfer to front)

REMUNERATION - effective April 1, 2008
CHAIRMAN
 \$161 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
 \$136 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

116

APPLICANT COPY



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 26 07	SPTP					60
	Board meeting					60

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWEHL, George
 SIGNATURE: [Signature]
 DATE: Sept 26-07

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 52.80 LH
 (from reverse) 51.60
 Code: 201 9000 7110300000

TOTAL CLAIM \$

120
 TOTAL KMS
 transfer to back

LH
 09/26/07

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: 10/24/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 120 ⁴⁴¹ X ~~43¢~~ 57.60 52.80 LH
 TOTAL EXPENSES \$ 57.60 52.80 LH
 (transfer to front)

REMUNERATION - effective April 1, 2006

<p>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</p> <p>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</p> <p>MILEAGE 43¢ km</p>	<p>118</p>
---	-------------------



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

OCT 07 2007

Non-Responsive

HONORARIA

DATE	ACTIVITY	START	END	AMOUNT	KMS
Sept 05-07	CHM HAC meeting June AME				98
Sept 07-07	Isak Jones Planning				60
Sept 12-07	Isak Jones Policy				60
Sept 13-07	Presidents CMC				175
Sept 16-07	Devon Hospital Foundation				55
Sept 19-07	SP-P				60
Sept 24-07	Finance Committee				60
Sept 25-07	CMC South West				60
Sept 26-07	St. Jack. Second Breakfast				120
	Board mtg				60

certify that this claim is for Capital Health business

Non-Responsive

AME (print) SEWELL, GEORGE

SIGNATURE: [Signature]

DATE: Sept. 26.07

TOTAL HONORARIA
Code: 201 9000 7110300000 8860000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

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

TOTAL CLAIM

808

TOTAL KMS
transfer to back

44
0002/07

viewed by: [Signature]

authorized By: _____

Date: Oct 2/07
Non-Responsive

HON
MIS 355.52
119.071903
(421X)

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 808 ⁴⁴⁹ x .43¢ 347.44 355.52 LH

TOTAL EXPENSES \$ 347.44 355.52 LH
 (transfer to front)

REMUNERATION - effective April 1, 2008

CHAIRMAN
 \$161 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
 \$482 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
 \$3¢/km 120

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF	AMOUNT	KMS
September 05-07	CHMHAC meeting					98
	June AHE.					
Sept 07-07	Task Force Planning					60
Sept. 12-07	Task Force Policy					60
Sept. 13-07	Examining CHE					175
Sept 18-07	Devon Hospital Foundation					55
Sept. 19-07	SP+P					60
Sept 24-07	Finance Committee					60
Sept 25-07	CHE South West					60
Sept 26-07	St. Joseph. Award Breakfast					120
	Board mtg					60
						808.

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE

SIGNATURE: George Sewell

DATE: Sept. 26. 07

Reviewed by: [Signature]

Authorized By: _____

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 355.52
 (from reverse) 347.44
 Code: 201 9000 7110300000

TOTAL CLAIM \$

TOTAL KMS
 transfer to back

LH
oct 2 / 07

[Signature]

Date: Oct 2 / 07

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 808 ⁴¹⁹ X ~~43¢~~ 347.44 355.52 LH

TOTAL EXPENSES \$ 347.44 355.52 LH

(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
122

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT	KMS
July						—
	Service CHMHAC - recognition					60
July 18-07	Policy Review					60
						—
						—
July 30-07	Round Breaking Leduc Seniors					100

Capital Health
Payroll
OCT 02 2007
RECEIVED

certify that this claim is for Capital Health business
 NAME (print): SEWELL, GEORGE
 SIGNATURE: [Signature]
 DATE: Sept 26-07

Non-Responsive
 Code: 201 9000 7110300000 8850000
 Code: 201 9000 7110300000

TOTAL HONORARIA	\$	220.00
TOTAL EXPENSES (from reverse)	\$	96.80 / 247.60
TOTAL CLAIM	\$	

TOTAL KMS
transfer to back
LH LH OCT 26

Reviewed by: [Signature]
 Authorized By: [Signature]

Date: Oct 2/07
 Non-Responsive
 Date: _____
 HDN
 MIS 96.80-
 0719
 1230 Oct 2/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT

Capital Health Board
 PAYROLL
 2006-2007
 10/1/06

TOTAL KMS (from front) 220 x ^{44¢} = ~~96.80~~
 TOTAL EXPENSES \$ 96.80
 (transfer to front)

96.80 96.80 / 44¢
96.80 96.80 / 44¢

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July						—
	Service CHMHAC - recognition					60
July 18-07	Policy Review					60
						—
						—
July 30-07	Round Breaching Lodge Seniors					100

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE
 SIGNATURE: [Signature]
 DATE: Sept 26-07

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 96.80
 (from reverse) 97.50
 Code: 201 9000 7110300000
TOTAL CLAIM \$

220
TOTAL KMS
 transfer to back

LH
 LH
 Oct 2/07

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: Oct 2/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

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

TOTAL EXPENSES
(transfer to front)

94.60 96.80 LH
\$ 94.60 96.80 LH

REMUNERATION - effective April 1, 2006

CHAIRMAN \$184 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
--

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 29-07	Consultation CHE-L					55
Oct 01-07	Edmonton Clinic Grand Opening					60
Oct 03-07	CHMHAC					55
Oct 10-07	Policy Task Force					60
Oct 11-07	Evansburg CHE					170
Oct 12-07	Task Force					60
Oct 13-07	West Country Health Official Opening					40
Oct 17-07	SP+P					60
	Reach Awards					55
Oct 19-07	Policy Task Force					60

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE

SIGNATURE: [Signature]

DATE: Nov 07-07

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

Non-Responsive
TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)

Code: 201 9000 71110300000

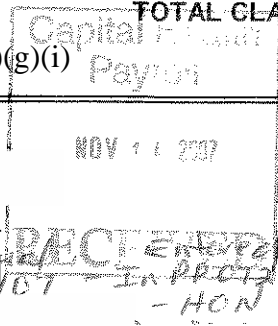
TOTAL CLAIM

\$	1675
TOTAL KMS	transfer to back
\$	397.00
	290.35
\$	[Signature]

Reviewed by: _____

Authorized By: Judy Russell

revised: May 1, 2006



Non-Responsive

Date: _____

Date: 09/11/07

Normal Cheque sent to Non-Responsive

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 675 ~~444~~ X ~~43¢~~ 290.25 297.00
 TOTAL EXPENSES \$ 290.25 297.00 ✓
 (transfer to front)

REMUNERATION - effective April 1, 2006

<p>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</p> <p>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</p> <p>MILEAGE 43¢ km</p>	<p>128</p>
---	------------

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 26-07	Strathcona Hospital Board Meeting					60
Oct 29-07	Special SP & P					60
Oct 30-07	Lower Stollery Hospital					60

I certify that this claim is for Capital Health business.

NAME (print): SEWEN, GEORGE
 SIGNATURE: [Signature]
 DATE: Nov 07-07

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 79.20
 (from reverse) 79.40
 Code: 201 9000 71110300000

Cap. Health
 Payroll

NOV 14 2007

RECEIVED

180
 TOTAL KMS
 transfer to back
 \$
 \$
 [Signature]

Reviewed by: _____
 Authorized By: [Signature]

Non-Responsive
 Date: _____
 Date: 09/11/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 180 ^{44¢} X ~~43¢~~ $\frac{79.20}{77.40}$

TOTAL EXPENSES \$ 77.40 79.20

(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

APPLICANT COPY



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
Nov 20- 2007	Travel to Banff					
Nov 21 2007	Mental Health Conference					
Nov 22 2007	Mental Health Conference					
Nov 23 2007	Mental Health Conference					
	Travel Home					
						1105 km

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWETH, GEORGE
 SIGNATURE: *George Seweth*
 DATE: Nov 26-07

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 71110300000
TOTAL CLAIM \$
 s.17(1), 17(4)(g)(i)

552
 TOTAL KMS
 transfer to back
 927.84 / NOV 27 / 07
 LH

Reviewed by: *[Signature]*
 Authorized By: _____

Non-Responsive
 Date: _____
 Date: _____

revised: May 1, 2006

Pd PPO724
 Manual cheque
 as it came late Nov 28 / 07
 134
 Hon Non-Responsive

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Jan 20-23	Rimrock Hotel	\$ 631.44
	Park Pass	53.40

TOTAL KMS (from front) 552 ⁴⁴ X 43¢

243.

(242.88)

TOTAL EXPENSES
(transfer to front)

\$ 927.84

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

PARC NATIONAL
BANFF
NATIONAL PARK

11/20/2007

Valid/Valide - 1611:
11/23/2007

3.00 x 17.80 54.00
PAY AD GR/JR:GR ADULTE

Total 54.00
GST/TPS 9.40
Cash/Comptant 19.30
5:23 PM K.M.
GATE/BANFF/111 16111

Q-14/NO DE TPS:R121491607

APPLICANT COPY



The RIMROCK
RESORT HOTEL

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

MOUNTAIN AVENUE
POST OFFICE BOX 1110

SEWELL, M/M GEORGE &
BUKSA CONF MGMT
1J2 WALTER C MACKENZIE CENTRE
EDMONTON, AB T6G 2B7 CA

BANFF, ALBERTA, CANADA T1L 1J2
ÉLÉPHONE: (403) 762-3356 • FAX: (403) 762-4132
G.S.T. NO. / N° T.P.S. R121509582

Room Number: 715
Daily Rate: 174.00
Room Type: QQP
No. of Guests: 2 / 0

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

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
11/20/2007	11/23/2007		CONF	CONF	11110189086

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
11/20/2007	715			\$83.00
11/20/2007	715			\$38.00
11/20/2007	715			\$10.74
11/20/2007	715			\$7.26
11/20/2007	715	VALET PARKING CHARGES	\$18.00 VALET PARKING	\$18.00
11/20/2007	715	GST	GST	\$1.08
11/20/2007	715	ROOM CHARGES	#715 SEWELL, M/M GEORGE &	\$174.00
11/20/2007	715	ROOM GST	ROOM GST	\$10.44
11/20/2007	715	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$6.96
11/21/2007	715	VALET PARKING CHARGES	\$18.00 VALET PARKING	\$18.00
11/21/2007	715	GST	GST	\$1.08
11/21/2007	715	ROOM CHARGES	#715 SEWELL, M/M GEORGE &	\$174.00
11/21/2007	715	ROOM GST	ROOM GST	\$10.44
11/21/2007	715	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$6.96
11/22/2007	715	VALET PARKING CHARGES	\$18.00 VALET PARKING	\$18.00
11/22/2007	715	GST	GST	\$1.08
11/22/2007	715	ROOM CHARGES	#715 SEWELL, M/M GEORGE &	\$174.00
11/22/2007	715	ROOM GST	ROOM GST	\$10.44
11/22/2007	715	ROOM TOURISM LEVY	ROOM TOURISM LEVY	\$6.96
11/23/2007	715	VISA	VISA	(3778.44)

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

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

631.44 ✓

1105 Kkm ÷ 2 = 552

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



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
December 04-07	Lash Force Police					60
						—
06-07	Board Christmas Function					50
07-07	June Royal Alex					50
05-07	CHMHAE Royal Alex					50
12-07	SP+P					60
						—
						—
						—
18-07	Lash Force System Measures					60
						—
						—

330
TOTAL KMS
transfer to back

I certify that this claim is for Capital Health business.

Non-Responsive
TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$
(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM \$

NAME (print): Sewell, George

SIGNATURE: George Sewell

DATE: December 21-07

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

\$	
\$	145.20
\$	

Reviewed by: [Signature]
Authorized By: [Signature]

HON
MIS 145.20
0726
135 Dec 21/07
PB

Date: Dec 18/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 44¢

TOTAL EXPENSES

(transfer to front)

\$ _____

REMUNERATION - effective October 15, 2007

CHAIRMAN

\$200 for up to and including four hours in any day
 \$350 for over four hours and up to and including eight hours in any day
 \$550 for over eight hours in any day

MEMBER

\$150 for up to and including four hours in any day
 \$265 for over four hours and up to and including eight hours in any day
 \$390 for over eight hours in any day

MILEAGE

44¢ km



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
November 01-07	Devon Foundation ^{Isate} Fundraiser					50
05-07	CHMHAAC					50
07-07	meet with chair of CHMHAAC A.H.E. Foundation					50
						60
09-07	Special SP + P					60
15-07	Joint School Boards					50
20-07	Devon Hospital Foundation					50
						—
26-07	Board Mtg.					60
29-07	^{Joint} AMA meeting					60
30-07	Finance					60

certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA \$ 490
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 215.60
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM \$

TOTAL KMS 490
transfer to back

NAME (print): SEWEHL, GEORGE

SIGNATURE: George Sewell

DATE: Dec. 12-07

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

Reviewed by: [Signature]

Authorized By: [Signature]

Revised: Oct 19, 2007

Non-Responsive
Date: Dec 12/07
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 490 X 44¢

215.60

TOTAL EXPENSES

\$ 25.60

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

- \$200 for up to and including four hours in any day
- \$350 for over four hours and up to and including eight hours in any day
- \$550 for over eight hours in any day

MEMBER

- \$150 for up to and including four hours in any day
- \$265 for over four hours and up to and including eight hours in any day
- \$390 for over eight hours in any day

MILEAGE

44¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JAN 08-08	CHMHAE					50
JAN 09-08	Bus Lunch					40
						—
						—
JAN 15-08	Dover Foundation					55
	CHMHAE Tour 108st					55
JAN 23-08	SP+P					60

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA \$ 260

Code: 201 9000 7110300000 6850000

TOTAL KMS transfer to back

NAME (print): SEWELL, GEORGE Non-Responsive

TOTAL EXPENSES \$ 114.40

(from reverse)

Code: 201 9000 71110300000

SIGNATURE: George Sewell

TOTAL CLAIM \$

DATE: February 12-08

Reviewed by: [Signature] Date: Feb 24/08

Authorized By: [Signature] s.17(1), 17(4)(g)(i) Date: _____

HON: 139
 MIS < 114.40 > ✓ 0804 AM ✓

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 260 X 44¢

114.40 ✓

TOTAL EXPENSES
(transfer to front)

\$ 114.40

REMUNERATION - effective October 15, 2007

CHAIRMAN

- \$200 for up to and including four hours in any day
- \$350 for over four hours and up to and including eight hours in any day
- \$550 for over eight hours in any day

MEMBER

- \$150 for up to and including four hours in any day
- \$265 for over four hours and up to and including eight hours in any day
- \$390 for over eight hours in any day

MILEAGE

44¢ km

Non-Responsive

APPLICANT COPY
Keyed PPO708

Filed April 01, 2008

Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	DESCRIPTION	AMOUNT
February 27-08	CH Board mtg member	60
28-08	CH/AHAC recruitment	60
29-08	AHE Foundation mtg	50

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

certify that this claim is for Capital Health business.

Non-Responsive *HON-*

NAME (print): SEWELL George

SIGNATURE: [Signature]

DATE: [Signature]

TAX Non-Responsive

Non-Responsive

TOTAL HONORARIA \$
 TOTAL EXPENSES \$ (from reverse)
 TOTAL CLAIM \$

550
 TOTAL KMS
 460.33
 APR 01/08

Reviewed by: _____
Authorized By: [Signature]

Date: _____
Date: _____



Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

February		
05-08	CHMHAC	60
07-08	SPAP	60
07-08	People in Progress	50
08-08	" "	50
12-08	Primary Care	—
13-08	" "	50
20-08	SPAP	60
5-26-08	Edmonton III	50

certify that this claim is for Capital Health business.

NAME (print) SWELL, GEORGE

SIGNATURE: [Signature]

PHONE: _____

Reviewed by: _____

Authorized By: _____

Printed: Oct 19, 2007

TOTAL HONORARIA
Code: 201 9000 7110300000 2850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

\$		TOTAL HONORARIA
\$		TOTAL EXPENSES
\$		TOTAL CLAIM
		TOTAL KMS <small>transfer to back</small>

Date: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

EXPENSES		
DATE	DESCRIPTION	AMOUNT (\$)

TOTAL KMS (from front) 550 X 44¢

242.00
\$ 218.33

TOTAL EXPENSES
(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN
 \$200 for up to and including four hours in any day
 \$350 for over four hours and up to and including eight hours in any day
 \$550 for over eight hours in any day

MEMBER
 \$150 for up to and including four hours in any day
 \$265 for over four hours and up to and including eight hours in any day
 \$390 for over eight hours in any day

MILEAGE
 44¢ km

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

February 12-08	Parking	20.00 -
	Parking	7.00 -
February 26	Westin	191.33 ✓

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE: 15/01/08
EXPIRATION TIME: 18:00

DATE ISSUED: 15/01/08
TIME ISSUED: 14:55
AMOUNT PAID: \$ 7.00

AMOUNT PAID: \$ 7.00
CREDIT CARD NUMBER: 38220000 14:55

CREDIT CARD NUMBER: 44000

NON TRANSFERABLE **Capital PARKING** 465852 RECEIPT **Capital PARKING** 465852



NAME: Sewell, G DATE: Feb 12/08
ROOM OR ACC. NO.

EXPLANATION	TAX	AMOUNT
Non Registered Guest Valet Charge		20.00 -

SIGNATURE:

\$150 for up to and including four hours in any day
 \$265 for over four hours and up to and including eight hours in any day
 \$390 for over eight hours in any day.
 MILEAGE
 44¢ km

APPLICANT COPY

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.428.3536 fax 780.428.1454
 westin.com/edmonton



guest

Mr. George Sewell
 Capital Health
 3440-112 Street
 Edmonton, AB T6G 2B7
 Canada

Room 804
 Rate 149.00
 No. Rates 243961 EX-A
 Folio 1
 Date 26-FEB-08 12:35
 Service 27-FEB-08
 Depart VI
 Payment

Travel agent/charge to

804

26-FEB-08	RT804	GST		
26-FEB-08	RT804	DMP		7.52
26-FEB-08	RT804	Tourism Levy		1.49
26-FEB-08	RT804	Parking Valet		6.02
26-FEB-08	RT804	Tax GST		26.00
27-FEB-08	VI	Visa		1.30
191.33-				
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.

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
26-FEB-08	149.00	7.52	6.02	0.00	0.00	26.79	191.33
Total	149.00	7.52	6.02	0.00	0.00	26.79	191.33

Date	Payment
26-FEB-08	0.00
Total	0.00

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

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

Signature _____

Mr. George Sewell
 FOLIO 243961 26-FEB-08

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
February 27-08	CH Board mtg					60
28-08	CH/AAC- recruitment member					60
28-08	A.H.F. Foundation mtg					50

certify that this claim is for Capital Health business.

Non-Responsive

550

TOTAL KMS
transfer to back

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

460.33

LH
Apr 01/08

NAME (print): SEWELL, George

SIGNATURE:

DATE:

Reviewed by: _____

Non-Responsive

Date: _____

Authorized By:

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 550 X 44¢

242.00

TOTAL EXPENSES

\$ 218.33

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

\$200 for up to and including four hours in any day
 \$350 for over four hours and up to and including eight hours in any day
 \$550 for over eight hours in any day

MEMBER

\$150 for up to and including four hours in any day
 \$265 for over four hours and up to and including eight hours in any day
 \$390 for over eight hours in any day

MILEAGE

44¢ km

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>February</i>						
05-08	CHMHAE					60
07-08	SP7P					60
07-08	People in Progress					50
08-08	" "					50
12-08	Primary Care					—
13-08	" "					50
20-08	SP7P					60
25-26-08	Edmonton III					50

I certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE

SIGNATURE:

DATE: _____

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

\$	
\$	
\$	

TOTAL KMS
transfer to back

Reviewed by: _____

Date: _____

Authorized By: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
February 12-08	Parking	\$ 20.00
	Parking	7.00
February 26	Westin	191.33

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

15/01/08 18:00

15/01/08 14:55 \$ 7.00

AMOUNT PAID

\$ 7.00 38220000 14:55

CREDIT CARD NUMBER

44000

Capital PARKING
NON TRANSFERABLE 465852

RECEIPT

Capital PARKING
465852

THE WESTIN
EDMONTON

NAME

Sewell, G

DATE

Feb 12/08

ROOM OR ACC. NO.

EXPLANATION

TRN#

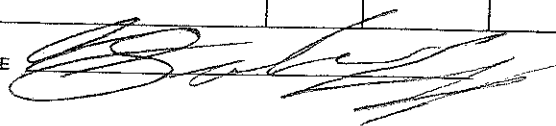
AMOUNT

Non Registered Guest
Valet Charge

20

\$

SIGNATURE



\$150 for up to and including four hours in any day
\$265 for over four hours and up to and including eight hours in any day
\$390 for over eight hours in any day

MILEAGE

44¢ km

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		804	travel agent/charge to
Mr. George Sewell	room	149.00	
Capital Health	rate	1	
8440-112 Street	no. pers.	243961	EX-A
Edmonton, AB T6G 2B7	folio	1	
Canada	page	26-FEB-08	12:35
	arrive	27-FEB-08	
	depart	VI	
	payment		

804

26-FEB-08	RT804	Room Charge	149.00
26-FEB-08	RT804	GST	7.52
26-FEB-08	RT804	DMF	1.49
26-FEB-08	RT804	Tourism Levy	6.02
26-FEB-08	RT804	Parking Valet	26.00
26-FEB-08	RT804	Tax GST	1.30
27-FEB-08	VI	Visa	191.33-
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.

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
26-FEB-08	149.00	7.52	6.02	0.00	0.00	28.79	191.33
Total	149.00	7.52	6.02	0.00	0.00	28.79	191.33

Date	Payment
26-FEB-08	0.00
Total	0.00

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

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

signature _____

Mr. George Sewell
 FOLIO 243961 26-FEB-08

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		804		travel agent/charge to
Mr. George Sewell	room	149.00		
Capital Health	rate	1		
8440-112 Street	no. pers.	243961	EX-A	
Edmonton, AB T6G 2B7	folio	2		
Canada	page	26-FEB-08	12:35	
	arrive	27-FEB-08		
	depart	VI		
	payment			

GST Summary:

GST Room Revenue:	7.52
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	7.52

861336493RT0005

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

As a Starwood Preferred Guest, you could have earned 298 Starpoints for this visit. Please provide your member number or enroll today.

Mr. George Sewell
FOLIO 243961 26-FEB-08

Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START	END	# OF	AMOUNT	KMS
MARCH 04-08	CHMHAC					50
18-08	Devon Hospital Foundation					50
25-08	SP+P					60
26-08	Measures 2008 Force					60
27-08	Governance Meeting					50
28-08	Finance					60
s.17(1), 17(4)(g)(i)						330

TOTAL KMS
transfer to back

Certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE

SIGNATURE: [Signature] Non-Responsive How -

DATE: April 20-08 MTS - 2435.33 TAX

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 7110300000
TOTAL CLAIM \$

435.33
 April 23/08

Reviewed by: [Signature] Non-Responsive

Authorized By: [Signature]

Non-Responsive
 Date: Apr 22/08

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
February 12/08	Lunch	\$ 202. ¹³
	Parking Impark	20. ⁰⁰
	Parking CP&I	8. ⁰⁰
Feb. 13/08	Parking	20. ⁰⁰
April 16/08	Parking H.B.A.	20. ⁰⁰
April 15/08	Parking H.B.A.	20. ⁰⁰

TOTAL KMS (from front) 330 X 44¢

145.²⁰

TOTAL EXPENSES

\$ 435.³³

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

- \$200 for up to and including four hours in any day
- \$350 for over four hours and up to and including eight hours in any day
- \$550 for over eight hours in any day

MEMBER

- \$150 for up to and including four hours in any day
- \$265 for over four hours and up to and including eight hours in any day
- \$390 for over eight hours in any day

MILEAGE

44¢ km

APPLICANT COPY

THE WESTIN
EDMONTON

THE WESTIN EDMONTON
Pradera Cafe & Lounge
GST# 861336493RT0005

DATE Feb 13 / 08

NAME Sewell

ROOM OR ACC. NO. S/E

6 Eddie

1/1 1141 GST 4
12FEB'08 5:34PM

- 2 GI Pen Thom @ 14.00 28.00
- 2 Squash Soup @ 8.50 17.00
- 2 ***** 0.00
- 1 Crab Cakes 13.50
- 1 Arugula Salad 18.00
- M CAESAR
- 1 Open Food 10.00
- 1 Quesadilla 14.00
- 2 @ 6.00
- San Pellegrino 12.00
- 2 @ 40.00
- Fillet Of Beef 80.00

FOOD heard 164.50
WINE ohvrt 18.00
Tax man 9.63
Total Due \$292.13

Gratuity: Quays

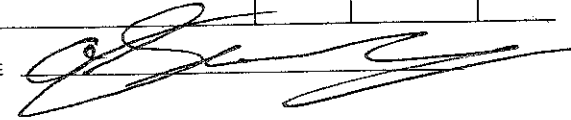
Total : _____

Room # 220

Name Print _____

Signature _____

EXPLANATION	TRN#	AMOUNT
<u>Non Registered Guest</u>		<u>20</u>
<u>Valet Charge</u>		

SIGNATURE 

THE WESTIN
102 STREET PARKADE
GST # 861336493RT0005

03-27-08 11:11

MISC CASH 8.00

ITEM 1
LCL 5234 211027M


APPLICANT COPY

THE WESTIN
EDMONTON

DISCRETIONARY CHARGE

NAME Sewell DATE Apr 15.
ROOM OR ACC. NO. NR6

EXPLANATION	TRN#	AMOUNT
Hotel Valet Parking.		20 00.
HealthBoards		

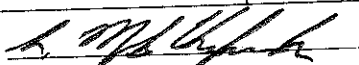
SIGNATURE 

THE WESTIN
EDMONTON

DISCRETIONARY CHARGE

NAME George Sewall DATE April 16, 2008
ROOM OR ACC. NO.

EXPLANATION	TRN#	AMOUNT
Parking		20 00
HBA		

SIGNATURE 

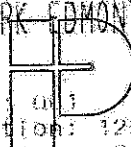
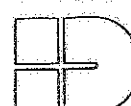
TIC

ASH

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

101 004
IMPARK EDMONTON
Machine #: 02080401
Transaction: 125222
Time: 7:19A
impark
Card:
Exp.:
Valid until: s.17(1), 17(4)(e.1)
FEB 26, 2008
5:00PM

RE-SOLD

PLACE THIS:

Non-Responsive


HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
pmh 22-08	Board Retreat					50
						/
24-08	CHE Interviews					50
28-08	Lour Magenbrooks Heart					60
29-08	Finance Committee					60
	Service Stollery of UofA awards					60
29-08	CA MHPC Meeting					55
30-08	SP+P meeting					60

certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): SEWELL, GEORGE

SIGNATURE: 

DATE: _____

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

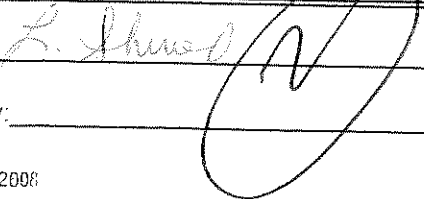
395

TOTAL KMS
transfer to back

\$ 661.00 - LH
April 30/08

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

Non-Responsive

Reviewed by: 

Date: May 1/08

Authorized By: _____

Date: Non-Responsive

Issued: April 16, 2008

Non-
mis - L 850 207

TAX -

Non-Responsive

APPLICANT COPY
CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
April 24-08	Parking M/H Foundation	\$ 12.00 -
13/14-08	HBA Hotel	475.20 -
		s.17(1), 17(4)(e.1)

TOTAL KMS (from front) 395 X 44¢

173.80

TOTAL EXPENSES
(transfer to front)

\$ 661.50 -

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
 \$3409 for over eight hours in any day

MILEAGE

44¢ km



Mr. GEORGE Sewell

Room Number : 1208
 Arrival Date : 04-13-08
 Departure Date : 04-15-08
 Page : 1 of 1
 Folio Number : 88718
 Confirmation : 9916204
 Cashier : 351

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

INVOICE

GST No. : R135760569

04-15-08

Date	Description	Charges	Credits
04-13-08	Room Charge	195.00	
04-13-08	Room Alberta Tourism Levy	7.80	
04-13-08	Room D.M.F.	1.95	
04-13-08	Room GST	9.75	
04-13-08	Room D.M.F. GST	0.10	
04-13-08	Daily Parking Valet	23.00	
04-14-08	Room Charge	195.00	
04-14-08	Room Alberta Tourism Levy	7.80	
04-14-08	Room D.M.F.	1.95	
04-14-08	Room GST	9.75	
04-14-08	Room D.M.F. GST	0.10	
04-14-08	Daily Parking Valet	23.00	
04-15-08	Visa	XX/XX	475.20
Total		475.20	475.20
Balance		0.00	CAD
Room GST	19.50		
F&B GST	0.00		
Misc GST	2.40		
Total	21.90		

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

XX/XX

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE GRANDE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 * Fax 780.441.3098 * 1.866.3.SUTTON (1.866.378.8866)
 email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
08-08	CHMHAC Interviews					60
09-08	CHMHAC Interviews					60
10-08	Evansburg CAC meeting					—
	Lis Community CAC					—
13-08	HBA Registration					
14-08	HBA Education					50
15-08	HBA Education					50
	Filipino Reception					50
17-08	Policy Task Force					60
	CAC Interviews					50
21-08	CAC Interviews					50

certify that this claim is for Capital Health business.

NAME (print): SEWELL, GEORGE

SIGNATURE: 

DATE: _____

Non-Responsive
TOTAL HONORARIA \$

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

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

430
TOTAL KMS
transfer to back
189.20
LA
April 30/08

Reviewed by: 

Authorized By: _____

Non-Responsive
Date: May 1/08

HON - _____
MIS - _____
Date: _____

CAPITAL HEALTH APPLICANT COPY EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 430 X 44¢

189.20

TOTAL EXPENSES
(transfer to front)

\$ 189.20

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
- \$3409 for over eight hours in any day

MILEAGE

44¢ km