

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

March 2004

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Mar 3	Invitation by Thomas Lukas. MLA - to meet w/ minister of Seniors in Castle Downs					02
" 5	SP4P - U of A					35
" 6	Star Galg - Shaul Centre					20
" 8	Health Council N.E Health Centre					05
" 10	U of A Community Health Liaison					35
" 10	Royal Glenora MLA Reception					25
Mar 11	Telstra Tims Centre U of A Governors Rec					35
" 12	Fantasy Hotel Mental Health Conf.					40
" 14	Alta Health Regional Con					20
" 15	" " " " Westin Hotel					20
" 16	" " " " Dinner w/ East Central					20
" 19	Lunch meeting at Kensington Care centre					35

I certify that this claim is for Authority business. w/ John Pray, Margarite Rowe, Thomas Lukasuk & Vietnamese Delegation

NAME (print): Molly Warring
 SIGNATURE: [Signature]
 DATE: _____

TOTAL HONORARIA	\$	389
TOTAL EXPENSES (from reverse)	\$	Parking 24.00
TOTAL CLAIM	\$	

Reviewed by: _____ Date: _____
 Authorized By: _____ Date: _____

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 24	Royal Alex Public Meeting					20
March 25	Premier's Dinner @ Sha					22
March 30	New Conference - Royal Alex & Glenrose 46th Geriatr					15
March 31	Hosting & attendance Aspen Dinner Bernard Snell Hall					35
						Next

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): Molly Warring
 SIGNATURE: M. Warring
 DATE: _____

TOTAL HONORARIA \$ _____
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 171.82
(from reverse)
Code: 201 9000 7110300000

389
TOTAL KMS
transfer to back

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

Reviewed by: _____
 Authorized By: _____

Non-Responsive

Date: April 1/04

Date: _____

ON
 MIS 171.82
 0409
 06 APR 04
 2

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
March 15	Parking	\$ 12.00
" 16	"	12.00

TOTAL KMS (from front) 389 X 38¢ 147.82 ✓
TOTAL EXPENSES \$ 171.82 ✓
 (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

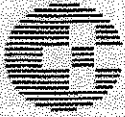
APPLICANT COPY

CITY OF EDINGTON
LIBRARY PARKADE
BBT # 11926270 RTU:01

RCR# 46156
03/15/04 16:37 LH 2 AM 12 TXM171417
03/15/04 07:40 In 05/15/04 16:37 Out
TR# 374046
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN

CITY OF EDINGTON
LIBRARY PARKADE
BBT # 11926270 RTU:01

RCR# 46377
03/16/04 16:41 LH 2 AM 29 TXM171417
03/16/04 07:53 In 03/16/04 16:41 Out
TR# 374275
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
April 5	North Edm Health Council					10
April 6	5 P&P - U of A					35
April 6	Glencose 70th - Geriatric organ Group					25
April 19	U of A - Trans plant News					35
April 19	Sod Turning - Vets L Griesbach					05
April 20	Glencose Board					20
" 21	Participants Council Royal Alex					20
" 28	Audit & Finance					35
" 28	Long Service Awards - West Heath Awards					22
" 29	↓ ↓ - Glencose					20
" 30	5 P&P - U of A					35

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA \$ 262 **TOTAL KMS** 262
Code: 201 9000 7110300000 6850000 transfer to back

TOTAL EXPENSES \$ 104.56
(from reverse) Code: 201 9000 7110300000

TOTAL CLAIM \$ 366.56
s.17(1), 17(4)(g)(i)

NAME (print): Dolly A Herring
 SIGNATURE: [Signature]
 DATE: April 30 104

Reviewed by: [Signature] Non-Responsive Date: Apr 30/04
 Authorized By: [Signature] Date: _____
 revised: March 2004 5 TON MIS 104.56- 0410 04MAY04 [Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
<i>April 28</i>	<i>Parking at Westin</i>	<i>\$ 5.00</i>

TOTAL KMS (from front) *262* X 38¢ *99.56*

TOTAL EXPENSES *\$ 104.56*
(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

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

2004

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
May 3	Mental Health U of A awareness launch					35
May 8	Community Health Council Consultation					20
May 10	Health Council Meeting Community Council NE Regulet Monthly NE Centre					25
May 11	Physicians Council U of A					35
May 14	SPAP - U of A					35
May 18	Health Council U of A					35
May 18	Glenrose Monthly Meeting					20
May 21	Reach Awards / Alkath at Faculty Club					35
May 26	Public Meeting Royal Alex					15

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA \$ 255 **TOTAL KMS** 255
Code: 201 9000 7110300000 6850000
transfer to back

TOTAL EXPENSES \$ 96.90
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM \$

NAME (print): Molly A Warring

SIGNATURE: Molly A Warring

DATE: June 1 2004

Reviewed by: [Signature] Non-Responsive

Authorized By: [Signature] Date: June 4/04

revised: March 2004 Date: _____

7

NON
MIS 96.90
0413
08JUN04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 255 X 38¢

96.90 ✓

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
June 7	S.P&P - U of A					35
June 9	Dr. Rachlin - U of A Glenrose Hosp - Prince Takamado Dry Run					35
June 11	Lunch - Govt House for Princess & followed by Host Tour of Glenrose Ho w/Princess Takamado					25
June 14	Orientation at 2451 Plaza Re: North Edm Health Council					20 10
June 15	Glenrose AGM @ Mayfair					25
June 16	Royal Alex - official opening - end					20
June 23	Glenrose - Dr. Bill Bla Pavilion					20
June 24	staff picnic - Ft. Edm.					30
June 28	Glenrose - unveiling of Painting in Foundation					20
June 29	Altq Hosp. - Public Meeting					35 20
	Royal Alex					25

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

NAME (print):

M. A. Warring

SIGNATURE:

M.A. Warring

DATE:

June 29 2008

\$	
\$	117.10
\$	

TOTAL KMS transfer to back

200

Reviewed by:

Leela Shind

Authorized By:

9

HON

MIS 117.10

0415

06.TULO.02

Date:

July 1/08

Date:

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 14	Parking at 124 St. Plaza	\$ 5.00

TOTAL KMS (from front) 295 X 38¢ 112.10

TOTAL EXPENSES \$ 5.50

(transfer to front) 117.10

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 7	S.P&P - U of A					35
June 9	Dr. Rachlin - U of A Glenrose Hosp - Princess Takamado Dry Run					35
June 11	Lunch - Govt House for Princess & followed by Host Tour of Glenrose Hosp w/ Princess Takamado					25
June 14	Orientation at 2451 Plaza No: North Edm Health Council					20 10
June 15	Glenrose AGM @ Mayfair					25
June 16	Royal Alex - official opening - end					20
June 23	Glenrose - Dr. Bill Blair Pavilion					20
June 24	staff Picnic - Pk. Edm.					30
June 28	Glenrose - unveiling of Painting in R					20
June 29	Alta Hosp. - Foundation					35
June 29	Public Meeting Royal Alex					20

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

\$ [Redacted]

\$ 117.10

\$ [Redacted]

TOTAL KMS
transfer to back

295

290

NAME (print): M. A. Warring

SIGNATURE: *M. A. Warring*

DATE: June 29 2004

Reviewed by: *[Signature]*

Authorized By: *[Signature]*

Non-Responsive
Date: July 4/04

Date: July 7/04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 14	Parking at 124 St. Plaza	\$ 5.00

TOTAL KMS (from front) 295 X 38¢ 112.10

TOTAL EXPENSES \$ 5.00

(transfer to front) 117.10

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
July 15 ²⁰⁰⁴	Mental Health Foundation Formation - UJA					35
July 20	Glenrose - Discussion on EX. Dir replacement					20
" 21	Klondike Breakfast (Royal Alex)					20
" 22	Klondike Breakfast					20
" 28	" " - 1243th 40th Anniversary					22
July 29	Glenrose MSR Unit of Rehab					20
Aug 11	Power Point Awards Announcement (Alex Taylor)					21
18	Tele Conference					40
20	MLA Bar-B-Q					21
	Ground Ambulance Meet.					0

Signed original to follow
 (Signature)

I certify that this claim is for Authority business.

NAME (print): M A Warring

SIGNATURE: (Signature)

DATE: Aug 30 2004

Code: 201 9000 71110300000

TOTAL CLAIM 1104

\$	219
TOTAL KMS transfer to back	
\$	83.22
\$	

Reviewed by: _____

Authorized By: _____

0419 HON

13115 (83.22)
 n.g.

Non-Responsive Date: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 219 X 38¢ 83.22
TOTAL EXPENSES \$ 83.22
 (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

14

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 15 ²⁰⁰⁴	Mental Health Foundation Formation - U/A					35
July 20	Elmerose - Discussion on EX. Dir replacement					20
" 21	Klondike Breakfast (Royal Alex)					20
" 22	Klondike Breakfast					20
" 28	" " - 127.37					22
July 29	40th Anniversary Elmerose MSR Unit of Rehab					20
Aug 11	Power Point Awards Appreciation (Alex Taylor)					21
18	Tele conference					40
	MLA Bar-B-Q					
20	Ground Ambulance					21
						0

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 711103000000

TOTAL CLAIM

NAME (print): M A Warring

SIGNATURE: M A Warring

DATE: Aug 30 2004

	219
\$	TOTAL KMS
\$	transfer to back
\$	83.22
\$	

all Aug 31/04

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive
Date: Aug 31/04
Date: Sept 2/04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 219 X 38¢

83.22

[Signature]

TOTAL EXPENSES
(transfer to front)

\$ 83.22

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
Sept 3	Henry Singer Adm Panel events					35
"	Health Council orientation - O of A					35
Sept 13	Interview of Glenrose - Candidate for CEO - Foundation					20
Sept 13	North Edm Council					10
						0
Sept 21	Glenrose Foundation					20
Sept 22	Sustainability Committee					35
Sept 28	O of A - Eric Hewitt					21
Sept 29	Glenrose - official Re-opening of Corner Store					20

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): M. A. Warring

SIGNATURE: M.A. Warring s.17(1), 17(4)(g)(i)

DATE: Oct 1, 2004

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

TOTAL EXPENSES \$ 66.88
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM \$ [redacted]

176
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

HON [redacted]
MIS 66.88 -
0422
Oct 1/04
03

Non-Responsive
Date: [Signature]

Date: _____

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 3	Henry Singer Ded. Paul's event					35
" 8	Health Council orientation - U of A					35
Sept 13	Interview w/ Glenrose - Candidate for CEO - Foundation					20
Sept 13	North Edm Council					10
						0
Sept 21	Glenrose Foundation					20
Sept 22	Sustainability Committee					35
Sept 28	U of A - Eric Newell					21
Sept 29	Glenrose - official Re-opening of Corner Store					20

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): M. A. Warring
 SIGNATURE: [Signature]
 DATE: Oct 1, 2004

TOTAL HONORARIA
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES
 (from reverse)
 Code: 201 9000 711103000000
TOTAL CLAIM

176
 TOTAL KMS
 transfer to back
 \$ 66.88
 \$

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

HON
 MIS 66.88 -
 0422
 Oct 12/04
 83

Non-Responsive
 Date: [Signature]
 Date: _____

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 4	Health Council Appreciation Bernard Nike					35
Oct 5	Health Council Task Force					35
" 6	Public Meeting Royal Alex					20
" 8	S, P & P - U of A					35
" 8	Dinner w/ Health Minister Federal guest of sine c Sherwood Park					45
Oct 12	Physicians Council					35
Oct 13	Reach Awards - Pet. Club					20
Oct 14	Can. Healthcare Safety sympos.					22
Oct 15	" " " " S, P & P					22
Oct 16	Can Health care Safety					22
Oct 18	North Edm Health Council					10
Oct 19	Glenrose Foundation					20
Oct 20	Board Retreat - Pigeon					22
Oct 21	" " " "					20
Oct 26	City Council swearing in					20
Oct 26	Glenrose 40th Annivars					20
Oct 27	MLA Breakfast - Delta South 5:45am					40

I certify that this claim is for Authority business.

NAME (print): Molly A Warring
 SIGNATURE: Molly A Warring
 DATE: Oct 31 2004

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 236.36
 (from reverse)
 Code: 201 9000 7110300000

TOTAL CLAIM \$

TOTAL KMS
 transfer to back

Reviewed by: [Signature]

Authorized By: _____

HON
 MIS 236.36
 0424
 Nov 4/04
 JB

Non-Responsive
 Date: Nov 1/04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 622 X 38¢ = 236.36
 TOTAL EXPENSES \$ 236.36
 (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
Nov 3	Good Neighbour Lunch Fantasyland Hotel					35
Nov 5	S, R/P - U of A					35
Nov 15	Glencose - Forewell Lunch for Patricia Masutka					20
Nov 15	Power Awards - Wings					20
Nov 16	W/ Lois Hole Royal Alex - Women's Partners					21
Nov 17	Alta Hosp. Oliver - Home Care Unit					35
Nov 23	Glencose 10 th Anniversary Unit 4D					20
Nov 23	Public Meeting Royal Alex					5

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

s.17(1), 17(4)(g)(i) Code: 201 9000 7110300000

TOTAL CLAIM

NAME (print): M. A. ...

SIGNATURE: M. A. ...

DATE: _____

\$

\$

\$

TOTAL KMS
transfer to back

144.92

137

[Signature]

Non-Responsive

Reviewed by: [Signature]

Authorized By: [Signature]

HON

MIS 144.92

0426

Dec 6/04

Date: _____

Date: Dec 2/04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Nov 15	Parking for Masutka Luncheon	\$ 6.00
" 15	Power Point - Parking	5.00
Nov.	Xmas. Chocolates for North Council members	62.86

TOTAL KMS (from front) 187 X 38¢ = 71.06

TOTAL EXPENSES \$ 144.92
(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

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

WELCOME TO SAVE-ON-FOODS #6664
100% MONEY BACK GUARANTEE
RECEIPT REQUIRED PLEASE
GST # 11932184785
www.saveonfoods.com

Rcpt# 77529
 11/15/04 13:50 L# 2 AM 40 Txn#271701
 11/15/04 11:54 In 11/15/04 13:50 Out
 Tkt# 436013
 Regular Rate \$ 5.61
 Total Tax \$ 0.39
 Total Fee \$ 6.00
 CASH PAID \$ 6.00-
 Cash Tender \$ 20.00
 Change Due \$ 14.00
 THANK YOU
 COME AGAIN

SAVE-ON-MORE SAVES YOU \$

#5.0 M Reg.
 14 @ 4.45/4.99
 ALMOND MILK 62.86 69.85 T
 Save-On-More #: _____
 Balance _____
~~4 @ 9.99/10.99 s.17(1), 17(4)(g)(i)~~
~~STRAWBERRY MILK 39.99 49.99 T~~

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

* Save-On-More Savings 11.00-
 * Save-On-More Savings 11.00-
 Subtotal 102.82
 PCT 0.00
 GST 7.20
 Amount Due 110.02
 CASH 110.02
 Change 0.00

Rcpt# 77630
 11/15/04 19:49 L# 2 AM 36 Txn#271965
 11/15/04 17:04 In 11/15/04 19:49 Out
 Tkt# 023897
 Regular Rate \$ 4.67
 Total Tax \$ 0.33
 Total Fee \$ 5.00
 CASH PAID \$ 5.00-
 Cash Tender \$ 20.00
 Change Due \$ 15.00
 THANK YOU
 COME AGAIN

This Order # _____
 * Save-On-More Savings 7.41
 * Save-On-More Savings 1.03
 * Grand Total 110.02

SAVE-ON-FOODS
 SAVE-ON-MORE IN STORE
 Date 11-12-2004 Clerk 4 99114 Trans# 16211

Your cashier today was DONNA

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 2	Chateau Louis School Board Meeting					22
Dec 6	North Health Council Meeting & Xmas dinner					20
Dec 9	Glencrose - Shriners Xmas. visit at unit					15
Dec 11	Xmas. reception at Chairman's Res					84.20 Cab fare
Dec 14	Glencrose Foundation Xmas reception at C					94.00 Cab fare
Dec 15	Xmas. Dinner at Dick Long Term Care					10
						0

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

67

TOTAL KMS
transfer to back

NAME (print): Molly A Warring

SIGNATURE: M.A. Warring

DATE: Dec 22, 2004

\$		67
\$	203.66	
\$		

Reviewed by: [Signature]

Authorized By: [Signature]

HON [Redacted] Non-Responsive

Date: Dec 29/04

MIS 203.66 -

0501

January 6, 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec 11	Round trip Cab fare from to	84.20
Dec 14	Round trip from to	94.00
	s.17(1), 17(4)(g)(i)	
		178.20

TOTAL KMS (from front) 67 X 38¢

25.46

TOTAL EXPENSES

\$ 203.46

(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

CHARGE TO: ACCOUNT NO.

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

V

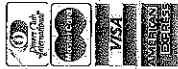
WELLS (780) 462-3456
FREESTONE (780) 462-4444
ADMINISTRATION (780) 465-9500

HOLLY MARRING

Road Trip

AUTH. NO.	DRIVER	UNIT NO.
	PAV	MO. YR.
TIME		

1290527



FARE	8400
INT'L	
GRATUITY	1000
TOTAL	9400

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

G.S.T.# FROM TO FROM

CUSTOMER'S SIGNATURE
Holly Marring

CUSTOMER'S SIGNATURE
Holly Marring

CUSTOMER COPY

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

CHARGE TO: ACCOUNT NO.

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

V

WELLS (780) 462-3456
FREESTONE (780) 462-4444
ADMINISTRATION (780) 465-9500

HOLLY MARRING

Road Trip

AUTH. NO.	DRIVER	UNIT NO.
	PAV	MO. YR.
TIME		

1212662



FARE	7900
INT'L	1000
GRATUITY	900
TOTAL	9800

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

G.S.T.# FROM TO FROM

PRINT NAME
Holly A. Marring

CUSTOMER'S SIGNATURE
Holly A. Marring

CUSTOMER COPY

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

2005

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan. 5	Reception for Patti Meade Dep. Dir.					35
Jan 10	Speakers Forum - U of A & Nor Edm. Council					35 00 A North Edm 10
Jan. 11	Physicians Council					35
Jan. 14	S. P&P - U of A					35
Jan 18	Memorial for Lt. Gov. Lois Winspear Hale					25
Jan. 19	Obesity Launch - YMCA 1195th					40
Jan. 21	Budget & Audit Meeting					35
Jan 25	Glenrose Foundation					20
Jan 26	Chamber of Hearts Reception					25
Jan 27	Dinner to Honour Donna Strathling					40
Jan 28	Funeral service for Jaclyn & Councilor Ed Gibbons Adams					35
Jan. 29	Sturgeon Foundation Gala, Name O Garrison					15

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

385

TOTAL KMS transfer to back

206.30

20

NAME (print): Molly A. Garrison

SIGNATURE: M.A. Garrison s.17(1), 17(4)(g)(i)

DATE: Jan 30, 2005

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS 206.30 -
27 0503
Feb 8/05

Non-Responsive
Date: Feb 3/05
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

No. 85

\$50.00

Friday
 January 28, 2005
 Silent Auction
 @ 5:30 pm
 Dinner & Show
 6:30 pm
 Robin Hood:
 Men with Swords
 General Seating

"Ed Gibbons Roast"
 Slowly Roasted
 Gently Basted

DATE	EXPENSE ITEM	
Jan. 18	Parking at Library	
Jan 26	Parking at Chateau	\$ 5.00
Jan. 28	Ticket to Councillor Gibbons Roast	50.00
		60.00

TOTAL KMS (from front) 385 X 38¢

146.30

TOTAL EXPENSES
 (transfer to front)

\$206.30

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



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

2005

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan. 5	Reception for Patti Meade Dep. Min					35
Jan 10	Speakers forum - U of A Edm. Council					35 U of A North Edm 10
Jan 11	Physicians Council					35
Jan 14	S. P&P - U of A					35
Jan 18	Memorial for Lt. Gov. Lois Winspear					25
Jan. 19	Obesity Launch - YMCA 119544					40
Jan. 21	Budget & Audit Meeting					35
Jan 25	Glencase Foundation					20
Jan 25	Chamber of Hearts Reception					25
Jan 27	Dinner to Honour Donna Stretching					40
Jan 28	Funeral service for Janette & Councilor Ed Gibbons Board					35
Jan. 29	Sturgeon Foundation Gala Name EO Garrison					15
						385

I certify that this claim is for Authority business.

NAME (print): Molly A. Warring
 SIGNATURE: M.A. Warring
 DATE: Jan 30, 2005

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 206.30
 (from reverse)
 Code: 201 9000 71110300000
TOTAL CLAIM \$

TOTAL KMS
 transfer to back

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

Non-Responsive
 Date: Feb 3/05
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Jan. 18	Parking at Library	5.00
Jan 26	Parking at Chateau	\$ 5.00
Jan. 28	Ticket to Councillor Gibbons Roast	50.00
		60.00

TOTAL KMS (from front) 385 X 38¢ 146.30
 TOTAL EXPENSES \$206.30
 (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	30
38¢ km	



**"Ed Gibbons Roast"
Slowly Roasted
Gently Basted**

Friday
January 28, 2005
Silent Auction
@ 5:30 pm
Dinner & Show
6:30 pm
Robin Hood:
Men with Swords
General Seating
\$50.00

TBI. 721

No. 85

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
Feb 14	Regional Mental Health Foundation Committee					35
Feb 14	Sine Chadi Reception at Okrose/92 Chance					
Feb 15	Dean Bell Farewell Reception					45
Feb 22	Strategic Plan Committee					35
Feb 22	Okrose Foundation					20
Feb 17	Mike Cardinal Dinner Meeting at City Hall					0
Feb 25	Kim Krustell, Ron Taylor & Janice Berich					21
Feb 28	Ed Stelmach Breakfast at Petroleon Club					15

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

NAME (print): Molly A Warring
SIGNATURE: [Signature]
DATE: March 1, 2005

		171
\$		TOTAL KMS transfer to back
\$	72.48	
\$		

Reviewed by: [Signature] HON
Authorized By: [Signature] MIS (72.48)

Non-Responsive Date: March 3/05
Date: March 7/05

0505
March 8/05 of . 2

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Feb 14	Parking at Manulife Bldg	\$ 7.50

TOTAL KMS (from front) 171 X 38¢

TOTAL EXPENSES
(transfer to front)

$\frac{1.50}{64.98}$
\$ 72.48

[Handwritten signature]

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

MANULIFE PLACE
OPERATED BY

05FEB14 14:09 001 001
05FEB14 12:07
/ 2:02 #115212

8517605	
RATE 1	\$7.50
TOTAL	\$7.50
CASH	\$20.00
CHANGE	\$12.50

GST INCLUDED
GST# R119580595
HAVE A NICE DAY

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

2005 DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March 4	Salvation Army Fund Raiser - Gaccione					10
" 5	Stars Galg - Shaw					21
" 6	Compassion House Center Fund raiser - Sorrentinos					21
" 10	CHC Liaison Committee of A					35
" 13	AHB Conference					21
" 14	" Westin North Edm Health Council Castle Downs AGM					36
" 15	AHB Conf. - Westin					21
" 16	S, P & P - U of A					35
" 18	Com. Health Council - on w/ 500 services					20
" 22	Glenrose Monthly meeting					15
" 23	Special Board & S, P & P					35

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

\$ [Redacted]

270

TOTAL KMS transfer to back

NAME (print): Molly A. Warring

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

\$ 150.61

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

TOTAL CLAIM

\$ [Redacted]

DATE: March 30, 2005

Non-Responsive

Reviewed by: [Signature]

HON MIS 150.61 - 0508 April 7/05

Date: March 31/05

Authorized By: [Signature]

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Jan 26	Parking for Chamber of Commerce function at Crown Plaza	4.00
Mar. 14	Parking at Westin for AHB Conf.	12.00
" 15	" " " " "	12.00
Mar. 18	Lunch w/ Joy de Melo of North Comm. Health Council	26.01
		49.01

TOTAL KMS (from front) 270 X 38¢ = 102.60
 TOTAL EXPENSES = \$ 150.61
 (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 36
 38¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

AHB conf.

Rcpt# 93608
03/14/05 17:25 L# 2 A# 28 Txn#326263
03/14/05 08:18 In 03/14/05 17:25 Out
Tkt# 476188
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN

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

AQUA MARINA ITALIAN RES.
13578 FORT ROAD
EDMONTON AB

*Chapter of Commerce
YOUR FUNCTION*

THANK YOU

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 0105
DATE/TIME 2005/03/18 13:00:27
RECEIPT NUMBER 580141125-637-002
AUTHORIZATION
AMOUNT \$17.01

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL PARKING

05JAN26 19:06 001 002
05JAN26 17:41 01
/ 1:25 #034917
=01000171
DAY RATE \$4.00
TOTAL \$4.00
CASH \$4.00

TIP 3.00
TOTAL AMOUNT 20.01

01 APPROVED 027 AUTH. # 042621
THANK YOU

FOR INQUIRIES CALL
780 420 1976

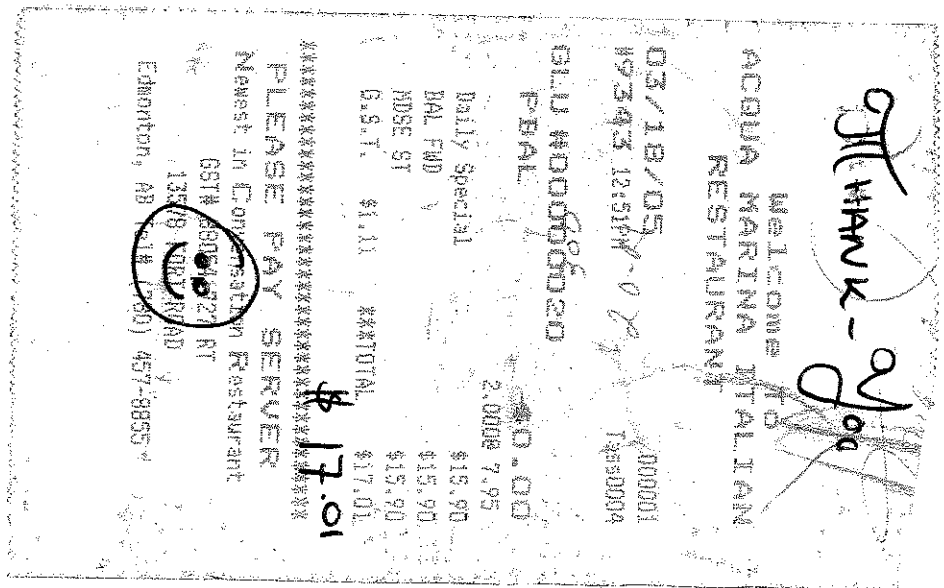
CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

Molly Warring
MOLLY WARRING

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

AHB conf.

Rcpt# 93697
03/15/05 11:42 L# 2 A# 39 Txn#326508
03/15/05 07:55 In 03/15/05 11:42 Out
Tkt# 476362
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN





Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

Signed originals to follow

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	MIS
April 5	S. P&P - U of A Hosp.				35
" 6	Long Service Awards Westin Hotel				20
" 7	Meeting Re: Mental Health Foundation				18
" 7	Meet w/ Terry Yuen Re: Glenn (Weber Motors) Foundation				40
" 11	North Edm. Health Council				10
" 15	Budget Orientation				0
" 19	Strategic - Sustainability Royal Glenora				30
" 25	Catholic School Board Meeting Re: Hi				30
" 26	Strategic - Sustainability				35
" 26	Glenora - Beach & Long				20
" 26	" Reg. Board Meet				5
" 30	Community Health Council				35

I certify that this claim is for Capital Health business.

NAME (print): Nolly A Warring
 SIGNATURE: [Signature]
 DATE: April 30 2005

s.17(1), 17(4)(g) of the Access to Information Act / R.S.O. 1990 7110300000

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

TOTAL CLAIM

\$

\$

\$

110.57

273
~~297~~

TOTAL KMS transfer to back

Reviewed by: [Signature]
 Authorized By: _____

HON
 MIS 110.57
 OSRO
 May 11/05
 SB

Non-Responsive
 Date: May 6/05
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) ²⁷³~~244~~ X 40.5¢ = 7.110.57
TOTAL EXPENSES \$ 117.60
(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

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 5	S.P.P. - S of A Hosp					35
" 6	Long Service Awards Western Hotel					20
" 7	Meeting Re: Mental Health Foundation					18
" 7	Meet w/ Terry Yuen Re: Glen (Weber Motors) Foundation					40
" 11	North Edm. Health Coun					10
						0
" 19	Strategic-Sustainability Royal Glenora					30
" 25	Catholic School Board Meeting Re: Hi					30
" 26	Strategic-Sustainability					35
" 26	Glenrose - Beach & Long					20 5
" 30	Community Health Conso					35

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): Molly A Warring
 SIGNATURE: [Signature]
 DATE: April 30 2005

TOTAL HONORARIA
 Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
 (from reverse)
 Code: 201 9000 7110300000

TOTAL CLAIM

\$
 \$ 110.57
 \$

273
~~294~~
TOTAL KMS
 transfer to back

81

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

Non-Responsive
 Date: May 6/05
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) ²⁷³~~294~~ X 40.5¢ = 7.110.57

TOTAL EXPENSES \$ 117.60
(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



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
2005 May 2	Heart Institute - Plaza Naming Ceremony in Edm					274
" 3	Calgary - Health Symposium					40 Calgary return
" 4	" " "					40 Edmonton
" 5	" " "					"
07	Shaw Legacy Ball - Centre					22
11	Interviews for CHC					21
14	S. P&P					35
19	Mental Health Found					21
25	Public Meeting Spruce Grove					65
26	Rotary Meeting w/Pete Westie					21
27	AGM - Army w/Anne Salvation Lough					21
28	Glenrose Foundation Westin					19

I certify that this claim is for Capital Health business.

NAME (print): Molly A Warring
 SIGNATURE: [Signature]
 DATE: June 1, 2005

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

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

899
TOTAL KMS
 transfer to back
 \$ 1,100.83

HON
 MIS 1,100.83 -
 0512
 June 8/05

Non-Responsive
 Date: June 3/05
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 1, 3 & 5	Calgary - Westin Hotel	\$ 717.24
May 3	Cab in Calgary	6.00
24	Parking - Edm Library	4.50
27	" " "	9.00
		736.74

TOTAL KMS (from front) 899 X 40.5¢ 364.09
TOTAL EXPENSES \$ 1,100.83
 (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

Ms. Mollv Warring

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

Arrival	05/02/05	Room	0318
Departure	05/05/05	Cashier	30
Payment Method	VA	Page	2
Invoice	426371	Starwood Preferred Guest #	
		Airline Partner #	

The Westin Calgary, 05/05/05

Date	Text	Room	Charges	Credits
05/04	->#318 : Tel-Long Dist domestic	s.17(1), 17(4)(g)(i)	13.72	
05/04	->#318 : Park-Self Weekday		15.00	
05/05	Visa	XX/XX		761.34

Capture method:swiped	Total	761.34	761.34
s.17(1), 17(4)(e.1)	Balance	0.00 \$	

Room GST	39.69
F&B GST	0.00
Other GST	8.63
Total GST	48.32
GST Vendor	R861336493

Less 44.10
 717.24

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

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

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

Ms. Molly Warring

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

Arrival	05/02/05	Room	0318
Departure	05/05/05	Cashier	30
Payment Method	VA	Page	1
Invoice	426371	Starwood Preferred Guest #	
		Airline Partner #	

The Westin Calgary, 05/05/05

Date	Text	Room	Charges	Credits
05/02	Room Charge	0318	189.00	
05/02	Tourism Levy 4%		7.56	
05/02	Room GST 7%		13.23	
05/02	Park-Self Weekday		15.00	
05/02		s.17(1), 17(4)(g)(i)	13.90	<i>delete</i>
05/03	Room Charge		189.00	
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/03	Tel-Local Calls		1.00	
	->#318 :			
05/03	Tel-Local Calls		1.00	
	->#318 :	s.17(1), 17(4)(g)(i)		
05/03	Tel-Long Dist domestic		6.07	
	->#318 :			
05/03	Tel-Long Dist domestic		4.36	
	->#318 :	s.17(1), 17(4)(g)(i)		
05/03	Tel-Long Dist domestic		13.72	
	->#318 :			
05/03	Park-Self Weekday		15.00	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%		7.56	
05/04	Room GST 7%		13.23	
05/04	Tel-Local Calls		1.00	
	->#318 :			
05/04	Tel-Local Calls		1.00	
	->#318 :	s.17(1), 17(4)(g)(i)		
05/04	Tel-Long Dist domestic		30.20	<i>delete</i>
	->#318 :			
05/04	Tel-Long Dist domestic		1.00	

13.90
30.20

44.10

Best Copy Possible

CITY OF EDMONTON
LIBRARY PARADE
GST # R13326270 RT0001

RCPT# 3556
05/26/05 13:39 LH 1 AM 40 TXNH 27631
05/26/05 10:48 IN 05/26/05 13:39 Out
TKNH 130386

Regular Rate \$ 8.41
Total Tax \$ 0.57
Total Fee \$ 9.00
Cash Paid \$ 9.00-
Cash Tender \$ 20.00
Change Due \$ 11.00
THANK YOU
COME AGAIN

RCPT# 3556
05/26/05 13:39 LH 1 AM 40 TXNH 27631
05/26/05 10:48 IN 05/26/05 13:39 Out
TKNH 130386

Regular Rate \$ 8.41
Total Tax \$ 0.57
Total Fee \$ 9.00
Cash Paid \$ 9.00-
Cash Tender \$ 20.00
Change Due \$ 11.00
THANK YOU
COME AGAIN

APPLICANT COPY

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

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

Air Canada International Arrival WestJet

ASSOCIATED CAB

Driver May 3/05 Date

Car # 17209 Amount

GST Included # _____

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

2005

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 7	Senior's Week celebrations open House - Glenrose					20
June 8	Mental Health Foundation 109 St & 99 Ave					21
June 9	Meeting w/ Complainant Re: Glenrose Hosp.					20
" 10	① Glenrose Centennial Garden					20
" 11	② Mental Health Found. June official Open Dinner Planning at Castle Downs Police station					05
" 15	S.P.&P. - U of A Hosp.					35
" 20	S P & P & Physicians Council					35
June 21	U of A Governors & CHA					31
June 23	① Health & Humanities Conf. ^{Mayfield}					25
June 24	② Family Picnic - Ft. Edm.					40
" 25	Health & Humanities Conf.					20
June 28	Glenrose Monthly Meeting					20
June 29	Public Meeting - U of A					25
						352

I certify that this claim is for Capital Health business.

NAME (print): Molly A Waring
 SIGNATURE: [Signature]
 DATE: June 29, 2005

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

TOTAL CLAIM \$
TOTAL KMS transfer to back
 2673.51

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

Non-Responsive
 Date: July 8/05
 Date: July 18/05

HON
 MIS 207.51
 0515
 JUN 14/05 JB

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 23	Parking at Sutton Place	\$ 14.00
" 24	" " " "	14.00
" 25	" " " "	14.00
	Book by 'Dr. G. Mate' "When your body says NO" for Board use?	22.95
		64.95

TOTAL KMS (from front) 352 X 40.5¢

142.56 *Handwritten signature*

TOTAL EXPENSES

\$ 207.51

(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

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

APPLICANT COPY

DE CETTE LIGNE
 AUTHORIZATION NO./N° D'AUTORISATION

EXPIRY CHECKED
 DATE D'EXPIRATION VÉRIFIÉE

DATE DEPT
 05 595

DEPT
 22 15

AMOUNT - MONTANT
 15.00

SALES DRAFT
 15.00

TAXES 17(1), 17(4)(g)

RECEIVED
 00004.55

PLEASE RETAIN THIS AS RECORD OF YOUR TRANSACTION
 COPIE COMME PREUVE DE VOTRE TRANSACTION

PLEASE PRINT IN BOXES
 VEUILLEZ ÉCRIRE EN LETRES
 CARACTÉRIQUES

CARDHOLDER'S SIGNATURE
 DU TITULAIRE

CUSTOMER COPY
 COPIE DU CLIENT

RECYCLED
 RECYCLÉ

DEPT
 22 15

AMOUNT - MONTANT
 15.00

SALES DRAFT
 15.00

TAXES 17(1), 17(4)(g)

RECEIVED
 00004.55

PLEASE PRINT IN BOXES
 VEUILLEZ ÉCRIRE EN LETRES
 CARACTÉRIQUES

CARDHOLDER'S SIGNATURE
 DU TITULAIRE

CUSTOMER COPY
 COPIE DU CLIENT

RECYCLED
 RECYCLÉ

OXFORD TUMLER
 GST# 123045679 RT 0018

06-23-2005 THU #0

DAILY MAX 14.00
 CASH 14.00
 ITEM 1
 ICL 0932 14:39T

OXFORD TUMLER
 GST# 123045679 RT 0018

06-24-2005 FRI #0

DAILY MAX 14.00
 CASH 14.00
 ITEM 1
 ICL 1091 15:27T

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

2005

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 6	Meeting w/ Hon Iris Evans					22
" 13	S.P.P of Health care de briefing					35
" 20	RAH - Klondike Break					15
" 22	Glenrose " "					15
" 23	" Exhibition Grounds Booth					20
" 25	Monday Morning Magic Exhibition ground					20
" 26	Premier's Klondike Break					22
" 27	Glenrose Exhibition Grounds Booth					20
" 29	Regional Mental Health Foundation					21

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): Molly A Herring
 SIGNATURE: Molly A Herring
 DATE: Aug 3, 2005

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

190
~~205~~
TOTAL KMS
 transfer to back

~~83.02~~
 76.95 **83.02**

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

HON
 MIS 83.02 -
 0015
 50 Aug 9/05
 [Signature]

Non-Responsive
 Date: Aug 3/05
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 205 X 40.5¢ 83.02

TOTAL EXPENSES \$ 83.02
(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



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

2005

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Aug 9	Glencore - Tribute to Finest Furniture don					20
Aug 11	Tele conference Briefing Lake Wabamun					0
" 13	Castle Downs centennial celebration invitation by Thomas Luke					5
Aug 19	Mental Health Foundation Premier's Dinner Committee					20
" 23	Glencore Communications Plan					15
" 28	24th Anniversary of Chin Yee Buddhist Temple - Capital Health Platform Guest					05

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 711103000000

TOTAL CLAIM

\$	
\$	26.32
\$	

6.5
TOTAL KMS
transfer to back

NAME (print): Molly A Warring

SIGNATURE: *Molly Warring* s.17(1), 17(4)(g)(i)

DATE: Sept 1 2005

Reviewed by: *Reela Ahmed*

Authorized By: *[Signature]*

HON
MIS 26.32-
0519
Sept 11/05
88

Non-Responsive
Date: Sept 11/05
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 65 X 40.5¢ 26.32

TOTAL EXPENSES \$ 26.32

(transfer to front)

REMUNERATION - effective March 1, 2005

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



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 6	① Mental Health Foundation - Premier's Dinner Committee Meeting ② delivering tickets for event					40
Sept 7	③ Mental Health Board Meeting at Capital Care Board Room Meeting w/ Del Del Kier & Laurie McCallan & delivering tickets for Chinese Comm Dinner - Glenrose Foundation					35
Sept 8	Strategic Planning					35
Sept 9	Chinese Centennial Dinner - S					25
Sept 12	Official opening - Food Service (Mill Woods)					40
Sept 12	CHC - Edm. North - N.E Health C					15
Sept 13	CHC Liaison Committee - U					35
" "	Glenrose - AGM - Pet. C/UB					15
Sept 14	S. P & P - U of A Hosp.					35
" "	CHC - Orientation - Lister H					35
Sept 19	Lunch Meeting w/ Patricia Masutha - re: Mental Health					22
Sept 20	Reception for U of A Pres Bernard Shiel					35
Sept 22	Mental Health Foundation - Capital					25
Sept 23						0
" "	Awarded Alberta Centennial Medal - Chateau L					20
Sept 24	Symposium - Jubilee Adv.					35
Sept 27	Glenrose Foundation - Rea me					15
" "	CNIB Award Pres. - Wing					20
Sept 30	Mental Health - Premier's Dinner Committee					22

I certify that this claim is for Capital Health business.

NAME (print): Molly A. Warring

SIGNATURE: Molly A. Warring

DATE: Oct 1 2005

Reviewed by: Karla Shive

Authorized By: [Signature]

Code: 201 9000 7110300000 6850000
TOTAL HONORARIA \$

Code: 201 9000 7110300000
TOTAL EXPENSES \$ 381.48
 (from reverse)

TOTAL CLAIM \$

504.
TOTAL KMS
 transfer to back

How
 MIS 381.68
 0521
 Oct 12/05
 [Signature]

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

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Sept 9	tickets for Chinese Centennial Dinner Glenrose	150. ⁰⁰
Sept 19	Lunch w/ Patricie Mistuka	27.56

TOTAL KMS (from front) 504 X 40.5¢ = 204.12
 TOTAL EXPENSES \$ 381.68
 (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	55
40.5¢ km	

APPLICANT COPY

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

MOLIE WARRING

DATE SEP 7 2005
M Y Y Y Y

Pay TO THE ORDER OF Glenrose Foundation \$ 150.00
One Hundred & Fifty

PAY TO THE ORDER OF

STYLE 133

Security features include:
① 100 DOLLARS
② s.17(1), 17(4)(g)(i)
③ Details on back.

MEMO Hot Chinese Centennial Dinner

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

BISTRO PRAHA
10168 100A ST
EDMONTON AB T5J0R6

22326611

Name: WARRING MOLLY s.17(1), 17(4)(e.1)
Acct #

Date 05/09/19 Time 12 48 03
Exp Date Auth # 075428
Card Type VI Tran Code 01 s.17(1), 17(4)(e.1)
N22326611001 001631009

Op ID: 141 HANA

Invoice No.: 20196

Subtotal \$24.56
Tip 3.00
Total 27.56

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

Top copy-customer Bottom copy-merchant

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE ²⁰⁰⁵	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 2	U of A Accreditation Reception					35
" 4	Western Health Consultants & Ralph Young - Mcgor delivering tickets for Mental Health Dinner Thor Brody - Save on Food					31
Oct 6	Reading week at Bishop Savarona School					5
	Appreciation Award for Non-Farmer Pres. Glenrose Aux. lian					21
	Tele conference - Dr. Royal Alex - Naming Even					0
Oct. 7	Accreditation debriefing					35
Oct. 12	S. P&P					35
Oct 12	Glenrose Ex. Dir Interview					21
Oct. 13	Strategic Planning U of A					35
" "	Mental Health Foundation					20
Oct 15	CHC Consultation & Salvation Army Brunch					35
Oct 18	Picking up silent & live Auction items for mental					55
" "	CHC Appreciation Dinner					
Oct. 19	S P&P - U of A					35
" "	Mental Health Foundation Dinner					40
Oct. 20	Calgary - Conference					630
Oct 21	" - Weston					
Oct 22	" " & retu					

I certify that this claim is for Capital Health business.

20 Edmonton

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

NAME (print): Molly Warring

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

SIGNATURE: _____

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

DATE: _____

		1,033
		TOTAL KMS transfer to back
		over

Carried forward

Reviewed by: [Signature]

Date: _____

Authorized By: [Signature]

Non-Responsive

Date: 11/1/05

HON
MIS 127048
NOV 9/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 19	2 tickets for Mental Health Foundation Dinner	200.00
Oct 19	2 books as thank you to Hon Ralph Klein - Premier & Hon. Dave Russell	\$ 80. - (invoice attached)
Oct 20	Postage costs for Artists sculpture donated to Mental Health Foundation Dinner Artist is: Heidi Kuestner - 40-55 East Woods Road Syosset, NY 11791 (brought \$500 to Foundation)	65.82 (receipt attached)
Oct 20-22	Hotel costs at Calgary	451.11
Oct 6	1 soft cover book - in appreciation for service of 30 years to Glenrose for Nora Rigoloff	20.00 (invoice attached)
Oct 27	Parking - Chateau Lacombe	4.00
		820.93

TOTAL KMS (from front) 4110 X 40.5¢

TOTAL EXPENSES \$ 449.55

(transfer to front) \$ 1,270.48

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

Carried over

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 25	Glenrose Monthly Meeting					20
Oct 27	Mental Health Foundation Board					21
Oct 27	Reach Awards - Chateau Lacombe					21
Oct 28	Thomas Lukaszuk, MHA Breakfast Meeting					15

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): Molly A. Wiggins
 SIGNATURE: [Signature]
 DATE: Oct 30, 2005

\$	[Redacted]
\$	5270.48
\$	[Redacted]

1110.
TOTAL KMS
transfer to back

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

Non-Responsive
 Date: Oct 31/05
 Date: Oct 31/05
[Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 40.5¢ _____

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



Postal Money Order
Sender's Copy

Mandat-poste
Copie de l'envoyeur

Not Negotiable
Non négociable

Pay to Payer à *Heidi Gaestner*

809720777 201005 57310 1 us \$ 50.00

Serial no. N° d'ordre	Day Jour	Month Mois	Year Année	Office no. N° du bureau	Fee Code de droit	Currency Monnaie	Amount Montant
809720777		05	2010	57310	1	us \$	50.00
Sender Envoyeur				Name Nom			
Molly Anne Warrick				Address Adresse			
				Postal code Code postal			
				41-015-100 (see 05)			

For your protection
Enter name of payer and sender information on the Sender's Copy and the Money Order IMMEDIATELY. Retain the Sender's Copy as inquiries cannot be processed nor duplicates issued unless the serial number is provided.

Protégez vos intérêts
Inscrivez IMMÉDIATEMENT les noms du bénéficiaire et de l'envoyeur sur votre copie et sur le mandat-poste. Conservez la copie de l'envoyeur puisqu'on ne pourra répliquer aux réclamations ni émettre un duplicata si le numéro d'ordre n'est pas fourni.

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

Canada Post / Postal Service
Postes Canada / Service Postal
1000 1034 Ave
Ottawa, Ontario
K1H 1A1
Téléphone: 1-877-977-2737

20/05/2010 13:49:45 10.000
20/05/2010 13:49:45 10.000

(0) Approved - Thank You
(0) Approuvé - Merci

Use #/N° de carte
Chip - Carte
Use de surface
Barcode
Amount
Type
Merchant ID/N° du commerçant

Swiped
Balayez
Chequins
Chèque

001001928
61 15452
Customer Copy/Copie du client

Best Copy Possible

41-015-100 (see 05)
Description: Mandats-poste É.-U.
Date de destination: États-Unis d'Amérique
Type: Dollar Américain
Valeur nominale: \$50.00
Taux de change: 1.21000
Valeur en \$CA: \$60.50
Valeur totale: \$60.50
Numéro d'ordre: 809720777

NO (US)
Destination Country: United States
Currency Type: US Dollars
Face Value: \$50.00
Exchange Rate: 1.21000
Canadian Value: \$60.50
Total (Total): \$60.50
Serial Number: 809720777

NO (US)
Destination Country: United States
Currency Type: US Dollars
Face Value: \$50.00
Exchange Rate: 1.21000
Canadian Value: \$60.50
Total (Total): \$60.50
Serial Number: 809720777

NO (US)
Destination Country: United States
Currency Type: US Dollars
Face Value: \$50.00
Exchange Rate: 1.21000
Canadian Value: \$60.50
Total (Total): \$60.50
Serial Number: 809720777

APPLICANT COPY



MOLLIE WARRING

DATE Oct 19, 2005
D B M Y Y Y

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

PAY TO THE ORDER OF

Mental Health Foundation: 200.⁰⁰
Two Hundred

100 DOLLARS



Security features included. Details on back.

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

STYLE 133

MEMO

Premier's Dinner Oct 19

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

INVOICE WITH MOLLY ANNE WARRING, AUTHOR

"PARADISE ACRES; THE STRY-KER FAMILY SAGA"

In account with Capital Health

Date: OCT 29, 2005

Number of Copies purchased 2

Soft Cover at \$ 20.00 each 1 at 20.00 = \$ 20.00

Hard Cover at \$40.00 each 2 at \$40.00 = \$ 80.00
100.00

Thank you for the purchase, for further information and or purchases.
please contact Molly Anne Warring at _____ or Cell
or email:

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

Payment to:

Molly A. Warring,

(1) Given as a thank you
to Premier Klinzler
attending the Mental
Health Foundation dinner
Oct 19 2005

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

(3) Given to
Nora Rigoloff
- Glenrose Hosp.
Ladies Auxiliary

(2) Given to Hon Dave
Russell who donated
his \$400. original
oil painting to
the Mental Health
Center on Oct 19 2005

APPLICANT COPY

THE WESTIN
CALGARY

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

Ms. Molly Warring

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

Arrival 10/20/05
Departure 10/22/05
Payment Method VA
Invoice 459809

Room 1502
Cashier 63
Page 1

Starwood Preferred Guest #
Airline Partner #

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

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1502	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	ON Dining Room		63.78	
	->#1502 : CHECK #5098			
10/20	Tel-Local Calls	s.17(1), 17(4)(g)(i)	1.00	
	->#1502 :			
10/20	Tel-Local Calls		1.00	
	->#1502 :	s.17(1), 17(4)(g)(i)		
10/20	Tel-Long Dist domestic	s.17(1), 17(4)(g)(i)	7.78	
	->#1502 :			
10/20	Park-Self Weekday		15.00	
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	Tel-Long Dist domestic	s.17(1), 17(4)(g)(i)	9.49	
	->#1502 :			
10/21	Park-Self Weekend	s.17(1), 17(4)(e.1)	10.00	
10/22	Visa	XX/XX		451.11

Capture method:swiped

Total

451.11

451.11

Balance

0.00 \$

Room GST 21.64
F&B GST 3.79
Other GST 2.90
Total GST 28.33

APPLICANT COPY

THE WESTIN
CALGARY

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

Ms. Molly Warring

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

Arrival 10/20/05
Departure 10/22/05
Payment Method VA
Invoice 459809

Room 1502
Cashier 63
Page 2

Starwood Preferred Guest #
Airline Partner #

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

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
------	------	------	---------	---------

GST Vendor R861336493

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

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
Oct 2	Accreditation Reception Western Health Consultation & Ralph Young - McLeod					35
" 4	delivering tickets for Mental Health Dinner Thor Brode - Save on Food					31
Oct 6	Reading week at Bishop Savaryn School					5
	Appreciation Award for Non Farmer Pres. Glenrose Auxil					21
	Tele conference - re: Royal Alex - Naming Ex					0
Oct 7	Accreditation debriefing					35
Oct 12	5 P&P					35
Oct 12	Glenrose Ex Dir Interview					21
Oct 13	Strategic Planning w/ JH					35
" "	Mental Health Foundation					20
Oct 15	CHC Consultation & Salvation Army Brunch					35
Oct 18	Picking up silent & live Auction items for mental					55
" "	CHC Appreciation Dinner					35
Oct 19	5 P&P - U of A					35
" "	Mental Health Foundation Dinner					40
Oct 20	Calgary - Conference					630
Oct 21	" - West					
Oct 22	" - " & re 20 Edmonton					1,033

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

\$	
\$	
\$	over

TOTAL KMS
transfer to back

NAME (print): _____

SIGNATURE: _____

DATE: _____

Carried Forward

Reviewed by: _____

Date: _____

Authorized By: _____

Date: _____

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

Carried over

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>2005</i> OCT 25	<i>Glenrose Monthly Meeting</i>					<i>1,033</i> <i>20</i>
OCT 27	<i>Mental Health Foundation Board</i>					<i>21</i>
OCT 27	<i>Reach Awards - Chateau Lacombe</i>					<i>21</i>
OCT 28	<i>Thomas Lukaszuk, MHA Breakfast Meeting</i>					<i>15</i>

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): *Molly A Wagging*
 SIGNATURE: *M. Wagging*
 DATE: *Oct 30, 2005*

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

1,110.
 TOTAL KMS
transfer to back
AW

Reviewed by: *Lerla Shined*
 Authorized By: _____

Non-Responsive
 Date: *Oct 31/05*
 Date: _____

APPLICANT COPY



MOLLIE WARRING

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

DATE Oct 19, 2005
M Y Y Y

PAY TO THE
ORDER OF

Mental Health Foundation's 200.00
Two Hundred

100 DOLLARS



Security features
included.
Details on back.

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

STYLE 133

MEMO

Premier's Dinner Oct 19

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

INVOICE WITH MOLLY ANNE WARRING, AUTHOR

"PARADISE ACRES; THE STRY-KER FAMILY SAGA"

In account with Capital Health

Date: OCT 29, 2005

Number of Copies purchased 2

Soft Cover at \$ 20.00 each 1 at 20.00 = \$ 20.00

Hard Cover at \$40.00 each 2 at \$40.00 = \$80.00
100.00

Thank you for the purchase, for further information and or purchases.
please contact Molly Anne Warring a or Cell
or email

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

Payment to:

Molly A. Warring,

① Given as a thank you
to Premier Klein for
attending the Mental
Health Foundation Dinner
Oct 19 2005

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

③ Given to
Nora Rigoloff
- Glencrose Hosp.
Ladies Auxiliary

② Given to Hon Dave
Russell who donated
his \$400.00 original
oil painting to
the Mental Health
Dinner on Oct 19 2005

APPLICANT COPY

THE WESTIN
CALGARY

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

Ms. Molly Warring

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

Arrival	10/20/05	Room	1502
Departure	10/22/05	Cashier	63
Payment Method	VA	Page	1
Invoice	459809	Starwood Preferred Guest #	
		Airline Partner #	s.17(1), 17(4)(g)(i)

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1502	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	ON Dining Room		63.78	
	->#1502 : CHECK #5098			
10/20	Tel-Local Calls		1.00	
	->#1502 :			
10/20	Tel-Local Calls	s.17(1), 17(4)(g)(i)	1.00	
	->#1502 :			
10/20	Tel-Long Dist domestic		7.78	
	->#1502 :			
10/20	Park-Self Weekday		15.00	
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	Tel-Long Dist domestic		9.49	
	->#1502 :	s.17(1), 17(4)(g)(i)		
10/21	Park-Self Weekend		10.00	
10/22	Visa	XX/XX		451.11

Capture method:swiped	s.17(1), 17(4)(e.1)	Total	451.11	451.11
		Balance		0.00 \$

Room	GST	21.64
F&B	GST	3.79
Other	GST	2.90
Total	GST	28.33

APPLICANT COPY

THE WESTIN
CALGARY

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

Ms. Molly Warring

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

Arrival	10/20/05	Room	1502
Departure	10/22/05	Cashier	63
Payment Method	VA	Page	2
Invoice	459809	Starwood Preferred Guest #	
		Airline Partner #	

The Westin Calgary, 10/22/05

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

Date	Text	Room	Charges	Credits
------	------	------	---------	---------

GST Vendor R861336493

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

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.

Canada Post / Postes Canada
 Postal Outlet / Comptoir Postal

Edmonton Main
 9808 103A AVE
 Edmonton T5J2T6
 GST/TPS#: 119321495

Postal Money Order Mandat-poste

Sender's Copy s.17(1), 17(4)(g)(i) Copie de l'envoyeur

Not Negotiable Non négociable

2005/10/20 17:49:45 1d.CED
 RC/CR573310 W/G3 TR906088

Purchase / Achat \$65.82
 00 Approved - Thank You / 00 Approuvé - Merci s.17(1), 17(4)(e.1)

Pay to / Payez à Heidi Kaestner

8097207777 201005 573310 1 us \$ *50.00

Serial no. N° d'ordre	Day Jour	Month Mois	Year Année	Office no. N° du bureau	Fee Code de droit	Currency Monnaie	Amount Montant

Sender / Envoyeur M. M. Anne Harrington Account no. _____

Card #/N° de carte
 Entry Method / Mode de paiement Swiped / Balayez
 Account / Compte Chequins / Chèques
 Merchant ID#/N° du commerçant 22322800

For your protection
 Enter name of payee and sender information on the Sender's Copy and the Money Order IMMEDIATELY. Retain the Sender's Copy as inquiries cannot be processed nor duplicates issued unless the serial number is provided.

Protégez vos intérêts
 Inscrivez IMMÉDIATEMENT les noms du bénéficiaire et de l'envoyeur sur le mandat-poste. Conservez la copie de l'envoyeur puisqu'on ne peut pas traiter les réclamations ni émettre un duplicata si le numéro d'ordre n'est pas inscrit.

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

021057331003 001001928
 10/20/05/15:48:18 154852 éri
 Customer Copy/Copie du client

Taux de change : 1.2100
 Valeur en \$CAN : \$60.50
 Sous-total : \$60.50
 Numéro d'ordre : 8097207777

N/N 1044.95
 MO Issued Fees / Droits d'émission MP \$4.95

G/S 1040.85
 DISCOUNT/RABATIS \$0.50
 Ltr 573-US
 Let/Crt. post. Std. E-U \$0.35

0.006 Kg.
 SUBTL/SUBT-TOTAL \$65.80
 GST/TPS \$0.02
 PST/TVP \$0.00
 HST/TVA \$0.00
 TOTAL/TOTAL \$65.82

Debit Card / Carte de débit \$65.82
 Card Number / Numéro de carte s.17(1), 17(4)(e.1)

CHG. DUE / MONNAIE \$0.00

Receipt required for all returns.
 Recu requis pour tous les retours.

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 1	Health Regions Conf. ^{Cape}					630K/16
Dec 2	" " "					
Dec 6	Glencose Communication Committee					20
Dec 7	Mental Health Foundation Selection Committee					35
Dec 9	S, P&P - U of A					35
Dec 12	CHC - North - Meeting					10
Dec 14	Glencose Staff Xmas Party					20
Dec 16	Mental Health Foundation Premier's Dinner Con					21
Dec 20	Glencose Communication Committee					20

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): Molly A. Warring

SIGNATURE: Molly A. Warring

DATE: Dec. 20, 2005

TOTAL HONORARIA \$ 791
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 551.32
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM \$ 240

TOTAL KMS transfer to back

Reviewed by: Keila Stone

Authorized By: [Signature]

Non-Responsive

Date: Dec 21/05

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec 19 2005	Hotel Expense - Sheraton Calgary	\$ 220.96
	Taxi in Calgary	10.00
		230.96

TOTAL KMS (from front) 791 X 40.5¢ ~~321.40~~ 320.36
 TOTAL EXPENSES \$ ~~547.36~~ 551.32
 (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

74



APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

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

Ms Molly Warring ROOM 615 TRAGENT
U RATE 1
F NO. PERS. 1 495195 A
: FOLIO 1
: PAGE 01-DEC-05 11:04 CHARTO
: ARRIVE 02-DEC-05
: DEPART VI 10:03
1130HB s.17(1), 17(4)(g)(i) PAYMENT VI

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES * CREDITS. Rows include Room Charge, DMF, Alberta Tourism Levy, GST, Valet Pkg, Barclay's Restaurant, and various time-based charges.

For Authorization Purposes Only

Table with columns: Auth Date, Code, Authorized. Includes s.17(1), 17(4)(e.1) and Total-Due 0.00-

EXPENSE REPORT SUMMARY

Table with columns: Date, Room & Tax, Food & Bev, Telephone, Other, Total, Payment. Summary of expenses for 01-DEC-05 and 02-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

Ms Molly Warring ROOM 615 DEPART AGENT
FOLIO 495195 01-DEC-05 615



APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

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

Ms Molly Warring ROOM 615 TRAVEL CHARTER
GUEST 1130HB s.17(1), 17(4)(g)(i) RATE NO. PERS. 1 FOLIO 495195 A PAGE 2 ARRIVE 01-DEC-05 11:04 DEPART 02-DEC-05 PAYMENT VI 10:03

Table with 4 columns: DATE, REFERENCE, DESCRIPTION, CHARGES + CREDITS

GST Summary

GST Room Revenue 9.54
GST Food and Beverage 0.89
GST Telephone 1.64
GST Other Revenue 1.89
Total GST 13.96

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

We are pleased to confirm your Air Canada Aeroplan Program miles will be awarded for this visit. Thank you for your stay with us.

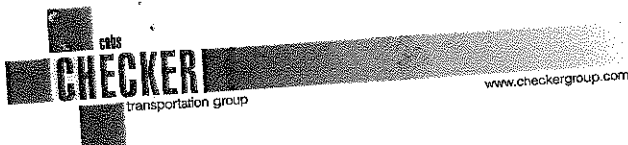
Ms Molly Warring ROOM 615 DEPART 01-DEC-05 AGENT FOLIO 495195

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

APPLICANT COPY

Driver #	<u>S763</u>	Car #	<u>691</u>
To:	_____		
From:	_____		
Date:	_____	Amount:	<u>R 10</u>
GST#	_____		

APPLICANT COPY



CHECKER
RED TOP
YELLOW

299-9999
974-4444
478-1111

TOLL FREE
AIRPORT PICKUP
1-800-661-1355

"Nobody Does It Better"

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
Nov. 14.	7:15 Dr. Blair Sadler - uGA 1:30 teleConference 2:00-3:30 CHC - North Co					35 15
Nov. 16	Chamber Lunch - ^{Fris} Hwy 101 Sherwood Park					45
Nov 17	Glenrose Volunteer Appreciation Event					20
Nov 18	S Pop - U of A					35
						0
Nov. 22	Glenrose No Meeting					20
Nov 24	Mental Health Foundation Board					25
Nov. 28	Board Retreat - Ft. Ho					30
Nov 29	& "Public" Meeting					30 35

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): Molly A. Garrison

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

DATE: Nov 30 2005

\$	[Redacted]
\$	117.45 235.32
\$	[Redacted]

290
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

NON [Redacted] Date: Nov 5/05

MIS 235.32 Date: _____

0525
Dec 13/05 [Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
	13 Boxes Chocolates for Council Members North Edm	\$ 77.87
	Hard Cover Book Gift/Gratitude for Attending Glenrose Seniors event to Harriet Winspear-entourion	\$ 40.00
		117.87

Receipts attached

TOTAL KMS (from front) 290 X 40.5¢

TOTAL EXPENSES
(transfer to front)

117.45
235.32

REMUNERATION - effective August 1, 2005

<p>CHAIRMAN</p> <ul style="list-style-type: none"> \$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>MEMBER</p> <ul style="list-style-type: none"> \$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>MILEAGE</p> <p>40.5¢ km</p>	<p>80</p>
---	-----------

APPLICANT COPY

the real Canadian Superstore
 Refunds/Exchanges will be considered
 within 14 days with valid receipt
 Your cashier is Anna

2 @ 0.04 ea Unit Price 0.08 G
 CHKSTND BABS001218

7.0% G.S.T. 105642805 0.01

Chad
 Balance Due 0.09
 4 @ 5.99 ea Unit Price 23.96 G
 PC PECAN CHEWS
Anna
 7 @ 1.69 ea Unit Price 11.98 G
 GOLD BOND CR 3.97 G
 4 @ 1.48 ea Unit Price 5.92 G
 23.96 + 11.98 + 3.97 + 5.92 = 45.83

0.16 G

0.80
 0.99 G
 2.98 G
 6.99 G

s.17(1), 17(4)(g) 105642805 3.54

Balance Due 60.77
 Cheque 60.77

Change Due 0.00
 Total Tax Paid 3.54

2005/11/19 13:07 1573 0078 14 00073376

Army & Navy Ltd. 8025
 Edmonton, South
 18411 - 82ND AVE
 EDMONTON, AB T6E 2A1
 (780) 423-3563

*** CUSTOMER INVOICE ***

Sold To: CUSTOMER PURCHASE
 11/29/05 1511329 INVOICE# 074602
 RECEIPT: 002 SIGNATURE: 05370
 CASHIER: 05300

Item/Description	Qty	Price	Total
	7.002	5.99	41.93

Subtotal 104.91
 Total 7.34
 Amount Tendered 112.25
 Change Due 112.25
 VISA 112.25

Thank you for shopping Army & Navy Ltd!

*** CUSTOMER INVOICE ***

PLEASE RETAIN RECEIPT FOR REFUND
 WITHIN 30 DAYS.
 Ref #100267160

Now more ways to save!
 www.superstore.ca
 E-flyers, web exclusive coupons
 great features and much much more.....

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
2006 Jan 2	CH office					35
Jan 4	Reviewing Glenrose Dr Karen Palowick Reception					25
Jan 9	5 ppl - U of A					35
Jan 12	Seniors Long Term care overview					35
Jan 17	Glenrose Board Meeting					20
Jan 23	Lt. Gov. Reception for Princess Takemado					25
Jan 26	Mental Health Foundation					20

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): Dorothy A Garrison

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

DATE: Jan 31 2006

\$		195
		TOTAL KMS
		transfer to back
\$	728.98	

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS 728.98
0603
82 Feb 7 06
[Signature]

Non-Responsive
Date: Feb 7/06
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
2006 Jan 31	Tickets to	\$
	Glenrose Choc. Affair	500
Jan 31	Tickets to St. Paul	
	Glenrose/Choc. Affair (paid by VISA) of Molly A. Waring	150
		1,650

TOTAL KMS (from front) 195 X 40.5¢ = 78.98

TOTAL EXPENSES \$728.98
(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

MOBILE WARRING

DATE Jan 31, 2006
D B A M Y Y Y Y

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

PAY TO THE ORDER OF

Glenrose Foundation \$ 500.00

Five Hundred / 10 DOLLARS

Security features included. Details on back.

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

STYLE 100

MEMO

tickets for choc.

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

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
Feb 4	Choc. Affair - Glenrose - Wood Hotel					20
Feb 6	Special Briefing w/ J.A.					35
Feb-8	People & Progress Conference					41
" 9	" " " " Fantasyland Hotel					41
" 10	" " " " "					41
" 11	St. Paul - Choc. Affair					380 ^{st Paul} _{Hotel}
" 14	Primary Care Access Conference					20
" 15	" " " " Westin Hotel					20
" 16	" " " " Westin Hotel					20
" 21	Brian Popp Reception w/ J.A.					35
" 22	SP&P - w/ J.A.					35
" 23	Pharmacy Review Meeting & Meeting w/ ASBOC of Mental Health Foundation 109 St.					35
" 24	SP&P - special Meeting					35
" 27	Glenrose Foundation					75

I certify that this claim is for Capital Health business.

NAME (print): Mary A. Warring
 SIGNATURE: M.A. Warring
 DATE: Feb. 28, 2006

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

773
TOTAL KMS
 transfer to back
342.38

Reviewed by: Paula Shum
 Authorized By: [Signature]

Non-Responsive
 Date: Feb Mar 2/06
 Date: Mar 2/06
 HON
 ML5 342.38-
 0605
 March 1/06
 AR

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Feb 14	Parking - Westin - Library	\$ 6.00
15	" " "	12.00
16	" "	10.50
		28.50

TOTAL KMS (from front) 773 X 40.5¢ = 313.88 *OK*
 TOTAL EXPENSES \$ 342.38
 (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

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 30690
02/16/06 11:24 LH 2 AM 6 Txn#102716
02/16/06 07:54 In 02/16/06 11:24 Out
Tkt# 566354
Regular Rate \$ 9.81
Total Tax \$ 0.69
Total Fee \$ 10.50
CASH PAID \$ 10.50-
Cash Tender \$ 20.50
Change Due \$ 10.00
THANK YOU
COME AGAIN

Rcpt# 30168
02/14/06 13:44 LH 2 AM 6 Txn#101399
02/14/06 11:45 In 02/14/06 13:44 Out
Tkt# 566354
Regular Rate \$ 5.61
Total Tax \$ 0.39
Total Fee \$ 6.00
CASH PAID \$ 6.00-
Cash Tender \$ 10.00
Change Due \$ 4.00
THANK YOU
COME AGAIN

Rcpt# 30582
02/15/06 15:41 LH 2 AM 12 Txn#102251
02/15/06 08:13 In 02/15/06 15:41 Out
Tkt# 565987
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

APPLICANT COPY

M. Warrington's last claim form



Capital Health

AUTHORITY MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

Resigned effective March 31 '06

March 2006

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Mar 01	CH Public Meeting					35
" 08	Meeting w/ Premier Klein - Louis					20
" 10	Heart & Stroke Research					35
" 12	Alta Health Boards Com					20
" 13	Westin " " "					20
" 14	Glenrose Communication Focus Group Session					20
" 20	Debriefing of Glenrose Re: Communication					15
" 23	Chamber of Com-Build (Mac Hotel) Speech					20
" 23	Mental Health Found					20
" 28	Glenrose Regular Meeting					15

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

220
TOTAL KMS
transfer to back

NAME (print): M A Warrington

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 7110300000

~~125.90~~
117.60

SIGNATURE: M. Warrington

TOTAL CLAIM \$

DATE: April 1 2006

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

93

Reviewed by: Kabir Patel

Date: _____

Authorized By: _____

Non-Responsive

Date: _____

HON
MIS 117.60-
0608
April 12/06 93

APPLICANT COPY

CAPITAL HEALTH AUTHORITY - MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Packing 17/95		\$ 3.00
13		12.00
14		13.50
		28.50

TOTAL KMS (from front) 220 X ⁴⁴⁵ 33.5¢ = 1 97.90 89.10

TOTAL EXPENSES \$ ~~125.90~~ 117.60

(transfer to front)

REMUNERATION - effective April 1, 2002

<p>MEMBER</p> <p>\$118 for up to and including four hours in any day</p> <p>\$196 for over four hours and up to and including eight hours in any day,</p> <p>\$307 for over eight hours in any day,</p> <p>MILEAGE</p> <p>33.5¢ - up to 15,000 kms in a fiscal year; 27.5¢ over 15,000 kms</p>
--

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 34655
03/13/06 18:23 L# 2 A# 36 Txn#115128
03/13/06 08:05 In 03/13/06 18:23 Out
Tkt# 575435
Regular Rate \$ 12.62
Total Tax \$ 0.88
Total Fee \$ 13.50
CASH PAID \$ 13.50-
Cash Tender \$ 20.00
Change Due \$ 6.50
THANK YOU
COME AGAIN

Rcpt# 34842
03/14/06 15:06 L# 2 A# 38 Txn#115565
03/14/06 07:01 In 03/14/06 15:06 Out
Tkt# 575623
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 12.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Rcpt# 11456
03/12/06 20:27 L# 1 A# 36 Txn# 79841
03/12/06 17:49 In 03/12/06 20:27 Out
Tkt# 575390
Regular Rate \$ 2.80
Total Tax \$ 0.20
Total Fee \$ 3.00
CASH PAID \$ 3.00-
Cash Tender \$ 5.00
Change Due \$ 2.00
THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001