

782839

PAYEE INFORMATION (Check one only) Vendor Patient (if applicable)

Invoice Date **Apr.5/12** Invoice Number **Misc 20120405** PO #

Vendor Name **Alison Tonge**

Address **s.17(1), 17(4)(g)(i)** City

Province/State Postal Code Country

If **not** a PO purchase, does it comply with items under AHS Policy , Contracts #CF-2, Appendix "B"
 Yes describe No Explain **N/A - payment/funds not under an AHS contract**

Reason for Payment: **Supplemental Pension Plan Contributions and Interest payable at employee termination less taxes**

Are original attachments to be mailed with cheque? (Note 2) Yes No

FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)

Balancing Unit	Location	Functional Centre	Expense/Secondary Account	Expense Sub-Total	GST (if applicable)	Total Payment
101	0000	71110101023	31045002			\$23,223.63
101	0005	71115000003	16010010			\$204.12
101	0000	00000000000	01135512			\$27,279.08
101	0000	00000000000	01135512			\$1,491.80
101	0006	00000000000	04141000			(\$15,659.59)
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			TOTAL PAYMENT			\$36,539.04

CAPITAL PROJECT CODING (if more space is needed for coding, please attached an additional sheet)

Project	Expense	GST	Total Payment
<p><i>Apr. 9/12</i> <i>marks:</i> <i>Please pay Alison Tonge her SAP payment. As per the last page attached, she should be set up already.</i></p>			
<input type="checkbox"/> Cana			
AUTHOR			
Requisitio			Phone # 780-735-0585
Title/Progr			
Approved			Phone # 780-735-0598
Title/Progr			
Approved by (Print name) (as required)	(Signature) <i>Phil Hewbert</i>	Employee #	Phone #
Title/Program Group:		Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH DELEGATION OF AUTHORITY FOR FINANCIAL COMMITMENTS POLICY # CF-3

- 1) All employee claims must be submitted on the Travel & Employee Expense Claim form
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will **NOT** be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing
- 4) Payment requisition is required for service P.O. or items that comply with AHS Policy Contracts #CF-2 Appendix B.

APPLICANT COPY

Phil Heuchert

From: Phil Heuchert
Sent: February 9, 2012 3:56 PM
To: Mark Palka
Cc: Darlene Babiy; Christa Taylor
Subject: Another SPP Payment

Mark:

Can you set up in the A/P system another SPP payout for:

Alison Tonge

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

We are still waiting for some information but should be sending a payment requisition in the next little while.

Thanks in advance.

Phil Heuchert
Employee Benefits & Retirement Programs
Alberta Health Services
phone (780)735-0585
fax (780)735-0597
e-mail phil.heuchert@albertahealthservices.ca

Instruction:

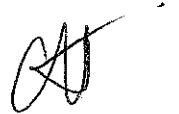
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$3,566.95</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: _____

Statement of Transactions

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

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/03/2011	252274185	AIR CAN 0141752662468, AIR CANADA	✓ 693.96	CAD	693.96	.00	.00	Conf Bd of Canada
23/03/2011	252274186	AIR CAN 0141752662469, AIR CANADA	✓ 436.96	CAD	436.96	.00	.00	Calg & return
24/03/2011	252274184	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	✓ 38.60	CAD	38.60	1.84		calg cab to Delta airport
26/03/2011	252417640	DELTA CALGARY AIRPORT, DELTA HOTELS	✓ 281.89	CAD	281.89	13.42		Delta airport hotel
26/03/2011	252417641	DELTA CALGARY AIRPORT, DELTA HOTELS	✓ 17.60	CAD	17.60	.84		breakfast at Delta
30/03/2011	252865058	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	✓ 139.00	CAD	139.00	6.62		home-airport / return
31/03/2011	252865057	AIR CAN 0141752736758, AIR CANADA	✓ 467.96	CAD	467.96	.00	.00	Gr Pr board mtg
01/04/2011	253441178	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	✓ 130.00	CAD	130.00	6.19		Mar 31 calg trip
03/04/2011	253037107	AIRPORT TOWNE CAR SERV, LIMOUSINES AND TAXICABS	✓ 345.00	CAD	345.00	16.43		2 days cab in Calg
03/04/2011	253121297	AIRFLIGHT SERVICES, LIMOUSINES AND TAXICABS	✓ 60.00	CAD	60.00	2.86		airport cab to TO hotel
05/04/2011	253298150	SHERATON, SHERATON HOTELS	✓ 381.94	CAD	381.94	19.10	.00	Conf Bd hotel
06/04/2011	253441179	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	✓ 130.00	CAD	130.00	6.19		Cab - Toronto trip
07/04/2011	253441177	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	✓ 37.03	CAD	37.03	1.76		business lunch
12/04/2011	253848372	RED ARROW EXPRESS LTD, BUS LINES	✓ 144.90	CAD	144.90	6.90		Marc Leduc bus
14/04/2011	253981590	SANDMAN HOTELS #1-42, SANDMAN INN	✓ 132.11	CAD	132.11	6.29		hotel in Gr Pr
18/04/2011	254310383	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	✓ 130.00	CAD	130.00	6.19		Home - Airt & return



Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

S Whitson
Name of Cardholder Designate

S Whitson
Signature of Cardholder Designate

Exec Assistant
Cardholder Designate Position/Title

April 26/11
Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON
Name of Cardholder

ASgo
Signature of Cardholder

EXECUTIVE VICE PRESIDENT
Cardholder Position/Title

APR 27 2011
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Chris Mazurkewich
Name of Approver

Chris Mazurkewich
Signature of Approver

E.V.Pand CFO
Approver Position/Title

April 27/11
Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

 Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CAITLIN KELK KELK Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 61984
Date: March 24, 2011
Page: 1/2
Our Reference: ZCH0063854C L0WW3G
Your Reference: PERSONAL

INVOICE

(Duplicate)

For
MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)

Itinerary

Thursday, March 31, 2011

Air

AIR CANADA
From: EDMONTON INTL AL
To: CALGARY AL
Stops: 0
Seat(s): 03D
JAZZ

Flight: 8133 T CLASS
07:00:AM Equipment: D8 (300 SERIES)
07:51:AM

Mile(s) Flown: 153

Air

AIR CANADA
From: CALGARY AL
To: EDMONTON INTL AL
Stops: 0
Seat(s): 07C
JAZZ

Flight: 8156 W CLASS
06:00:PM Equipment: D8 (300 SERIES)
06:51:PM

Mile(s) Flown: 153

Cost:

TKT- AC1752662469 E-TKT

s.17(1), 17(4)(e.1)
(CA) 377.00
Tax: 59.96
Ticket Total: 436.96

APPLICANT COPY

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 61984
Date: March 24, 2011
Page: 2/2
Our Reference: ZCH0063854C L0WW3G
Your Reference: PERSONAL

INVOICE
(Duplicate)

Total:

Grand Total:	436.96
Less Credit Card Payments:	436.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT..VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CAITLIN KELK KELK Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4


Invoice Number: 61982
Date: March 24, 2011
Page: 1/2
Our Reference: ZCH0063853C LOSJ58
Your Reference: PERSONAL

INVOICE
(Duplicate)

For: MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)

Itinerary

Thursday, April 28, 2011

 Air

AIR CANADA

From: EDMONTON INTL AL

To: TORONTO


Stops: 0

Seat(s): 24C

Flight: 114 T CLASS
06:30:AM Equipment: A319
12:03:PM

Mile(s) Flown: 1676

Friday, April 29, 2011

 Air

AIR CANADA

From: TORONTO

To: EDMONTON INTL AL

Stops: 0

Seat(s): 23C

Flight: 177 T CLASS
01:10:PM Equipment: A320
03:13:PM

Mile(s) Flown: 1676

Cost:

TKT- AC1752662468 E-TKT

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

(CA)

634.00

Tax: 59.96

Ticket Total: 693.96

APPLICANT COPY

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 61982
Date: March 24, 2011
Page: 2/2
Our Reference: ZCH0063853C L0SJ58
Your Reference: PERSONAL

INVOICE
(Duplicate)

Total:

Grand Total:	693.96
Less Credit Card Payments:	693.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8

Tel: 403-291-2600 Fax: 403-250-6121

AB HEALTH SERVICES

Alison Ms Tonge

Room: 753
 Folio: 198879
 Cashier: 23
 Arrival: 03-24-11
 Departure: 03-25-11

Date	Description	Additional Information	Charges	Credits
03-24-11	Pay TV - Movies	Room# 753 : MOVIE	14.69	
03-24-11	In Room Dining - Dinner	CHECK# 0047993	32.56	
03-24-11	Room Charge		209.00	
03-24-11	Room Destination Marketing Fee		6.27	
03-24-11	Room Tourism Levy		8.61	
03-24-11	Room GST		10.76	
03-25-11	Mastercard s.17(1), 17(4)(e.1)			281.89 (1)
03-25-11	Compass Restaurant - Breakfast	CHECK# 0012657	17.60	
03-25-11	Mastercard s.17(1), 17(4)(e.1)			17.60 (2)

Total	299.49	299.49
Balance Due	0.00	CDN

GST Summary	
Registration No:	846543619
Room	10.76
F&B	1.91
Other	0.70
Total	13.37

Guest Signature: _____

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.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CAITLIN KELK KELK Tel: 780-425-8611

APPLICANT COPY

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 62367
Date: March 31, 2011
Page: 1/2
Our Reference: ZCH0064242C KRCKBC
Your Reference: PERSONAL

INVOICE

(Duplicate)

For
MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)

Itinerary

Wednesday, April 13, 2011

Air

AIR CANADA

From: EDMONTON INTL AL

To: GRANDE PRAIRIE AL

Stops: 0

Seat(s): 06C

JAZZ

Flight: 8359 S CLASS
08:20:AM Equipment: D8 (300 SERIES)
09:29:AM

Mile(s) Flown: 250

Thursday, April 14, 2011

Air

AIR CANADA

From: GRANDE PRAIRIE AL

To: EDMONTON INTL AL

Stops: 0

Seat(s): 04D

JAZZ

Flight: 8364 W CLASS
01:20:PM Equipment: D8 (300 SERIES)
02:28:PM

Mile(s) Flown: 250

Cost:

TKT- AC1752736758

E-TKT

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

(CA

)

417.00

Tax:

50.96

Ticket Total:

467.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

APPLICANT COPY

Invoice Number: 62367
Date: March 31, 2011
Page: 2/2
Our Reference: ZCH0064242C KRCKBC
Your Reference: PERSONAL

INVOICE

(Duplicate)

Total:

Grand Total:	467.96
Less Credit Card Payments:	467.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Date: 31-Mar-11

GST No: 86481 0676 RT0001
 In Account With:
 ALISON TONGE

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
24-Mar-11	1.52 pm	Ms. Tonge - Airport to University of Alberta (333 - 5th Avenue, SW)	\$ 75.00
31-Mar-11	7.51 am	Ms. Tonge - Airport to Foothills Medical	\$ 75.00
31-Mar-11	10.30 am	Ms. Tonge - Foothills Medical to Southport Lane	\$ 75.00
31-Mar-11	4.20 pm	Ms. Tonge - Southport Lane to Airport	\$ 75.00

Sub Total	\$	300.00
Gratuity	\$	45.00
5% GST	\$	-
TOTAL	\$	345.00

Thank you for your patronage

37 Royal Oak Cove, NW, Calgary, Alberta T3G 4X7
 Phone: 512-8751 Fax: 1-866-465-8319
 Canada/US Toll Free: 1-866-512-8751
 email: sam@estyle-group.com

Best Copy Possible

APPLICANT COPY

3300 STEELES AVE W SUITE
CONCORD, ON
4164451999

: 05213631

Purchase

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

WARD
ID: 092

Entry Metho.

\$	54.99
\$	1.26
\$	

14/03

9816760010

Code: 01/027

APPROVED

Thank You

Airport-Hotel
Customer Copy

- IMPORTANT -

eta. This for your net

DELTA CENTRE SUITE HOTEL
10222 - 102 STREET
EDMONTON, ALBERTA

4C5

BOOK: 1072
LE: 12/1
SERVER: 201 TANYA
DATE: APR06'11 12:49PM
CARD TYPE: MASTERCARD
ACCT #:
EXPIRE DATE:
MCC CODE: 144959

ATLISON, TONGE

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

TOTAL: 32.03

TUITY 5.00

AL 37.00

SIGNATURE

Business Lunch S. Duckett

EASE R

*Do you have
the restaurant
receipt?*

NO just this

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

CHARGE TO: s.17(1), 17(4)(e.1) ACCOUNT NO:

Capital taxi
Proud To Be Canadian

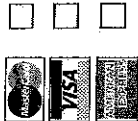
Courtesy & Service

423-2425

UNIT NO	DRIVER	DAY	MO.	YR.

273054

FARE	
INTL	
GRATUITY	
TOTAL	37.00



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.

FROM: *Calgary trip*

TO: *Calgary*

PRINT NAME: *ATLISON, TONGE*

CUSTOMER'S SIGNATURE: *[Signature]*

CUSTOMER COPY

Capital
Proud To Be Canadian

Courtesy & Service

423-24

UNIT NO	DRIVER	DAY	MO.	YR.

282824

FARE	
INTL	
GRATUITY	
TOTAL	37.00



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.

FROM: *Airport X Return*

TO: *Airport*

PRINT NAME: *ATLISON, TONGE*

CUSTOMER'S SIGNATURE: *[Signature]*

Sheraton Centre Toronto Hotel
 123 Queen Street W.
 Toronto, ON M5H 2M9 CA

APPLICANT COPY



f -- 416 361 1000
 f -- 416 947 4854

GUEST / CLIENT

TRAVEL AGENT / CHARGE TO

Allison Tonge
 700 Manulife Place
 Edmondson, AB T5J 3S4
 Canada
 HEA03A

ROOM 3525
 RATE 169.00
 # PERS. 1
 FOLIO 4750646 A
 PAGE 1
 ARRIVE 03-APR-11 14:59
 DEPART 05-APR-11
 PAYMENT MC

DATE REFERENCE DESCRIPTION CHARGES / CREDITS

03-APR-11	RT3525	Room Chrg Grp Association	169.00
03-APR-11	RT3525	Rooms HST	21.97
04-APR-11	RT3525	Room Chrg Grp Association	169.00
04-APR-11	RT3525	Rooms HST	21.97
05-APR-11	MC	MasterCard	381.94-

For Authorization Purposes Only
 s.17(1), 17(4)(e.1)

Auth Date	Code	Authorized
03-APR-11	145924	456.30

Balance Due 0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
03-APR-11	190.97	0.00	0.00	0.00	0.00	190.97	0.00
04-APR-11	190.97	0.00	0.00	0.00	0.00	190.97	0.00
05-APR-11	0.00	0.00	0.00	0.00	0.00	0.00	381.94-
Total	381.94	0.00	0.00	0.00	0.00	381.94	381.94-

Thank you for choosing Starwood Hotels. For billing inquiries please e-mail
 billingcustomerserviceS.00271@sheraton.com. Visit again soon!

** continued on the next page **

SIGNATURE 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.

Allison Tonge
 FOLIO 4750646 03-APR-11

APPLICANT COPY

Sylvia Whitson

From: Reservations [itinerary@redarrow.ca]
 Sent: Tuesday, April 12, 2011 9:22 AM
 To: Alison Tonge
 Subject: Invoice



Invoice

Date: 2011-04-12

Bill To: You can reach us at:

MARC LEDUC
 700 MANULIFE PLACE
 EDMONTON, AB T5J 3S4

304 - 35 Avenue NE
 Calgary, AB
 Phone: 1-800-232-1958

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
701799	2011-04-12		-	-	2011-04-13	2011-04-13	-	MURRAY

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

LEDUC/MARC

Product	Details	Duration	Price Basis	Qty	Each	Billed
EDMCAL 08:30 Assigned to: 07A	Depart EDMTO 2011-04-13 at 08:30 Arrive CALTO 2011-04-13 at 12:00	3 hrs 30 mins	Adult	1	69.00	72.45
CALEDM 18:00 Assigned to: 07B	Depart CGYNORTH 2011-04-13 at 18:15 Arrive EDMTO 2011-04-13 at 21:40	3 hrs 25 mins	Adult	1	69.00	72.45

Payments Received:

Date	From	Reference	Amount
2011-04-12	customer: MARC LEDUC	MasterCard	144.90 CAD

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

Base Price: 138.00 CAD
 Discounts: 0.00 CAD
 Service Charges: 0.00 CAD
 GST: 6.90 CAD
 Invoice Total: 144.90 CAD
 Commission: 0.00 CAD
 Received: 144.90 CAD
 Balance: 0.00 CAD

Red Arrow reserves the right to conduct baggage checks at any time.
 When travelling with Red Arrow you may be asked for ID at any time. *****
 GST# BN139981476

Thank you for choosing Red Arrow.

**Corporate Billing - Please remit payment to:
 8351 McIntyre Road, Edmonton, AB, T6E 5J7 **780-468-6771

 ***** Our
 Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude
 | Team Work | Loyalty | Accountability | Respect | Dedication



SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel:780.513.5555
Fax:780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website:www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 320161 Description: room & taxes only

www.sandmanhotels.com

Mail To: Alberta Health Services/calhea
P.O. Box 1740 Station M
Calgary AB
T2P 4Z6

Res. #: 278866
Arrive: 13/04/2011 06:19pm
Depart: 14/04/2011 12:29am
Room: QWNN 411

Group:
Guest: Alison Tonge

Bill To: Alberta Health Services/Calhea

Date	Description	Voucher	Amount
13/04/2011	Room Revenue	GP -411	120.00
13/04/2011	Destination Marketing Fee	GP -411	1.20
13/04/2011	GST	GP -411	6.06
13/04/2011	Provincial Tourism Levy	GP -411	4.85
14/04/2011	Mastercard	THANK YOU	-132.11
Balance:			.00

Bill To: Alberta Health Services/Calhea

Total GST 6.06
GST Registration # R-121767065

Signature



APPLICANT COPY

Best Copy Possible

TRANSACTION REF: 11

Cher... Flow Cabs
316... Road 9F
C... AB... TX
403...

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

SRV: 1090 / 4406
881170310
5339540

FARE 32.00
TAX 300.00
GRAT 301.00
TOTAL 633.00

AIRTEL+EX-TAX \$ 33.60
TAX 300.00
GRAT 301.00

*Session back to Delta
Airport.*

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

ISOR TONGS HEALTH SERVICES

Capital Taxi
Proud To Be Canadian
Courtesy & Service
423-2425

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

273059

FARE	114.57
INT'L	
GRATUITY	2.50
TOTAL	117.07

MASTERCARD
 VISA
 AMERICAN EXPRESS

G.S.T. #
FROM
TO
PRINT NAME
CUSTOMER'S SIGNATURE
X

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.

CUSTOMER COPY

CHARGE TO: ACCOUNT NO.
s.17(1), 17(4)(e.1)

ISOR TONGS HEALTH SERVICES

Capital Taxi
Proud To Be Canadian
Courtesy & Service
423-2425

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

283870

FARE	811.00
INT'L	
GRATUITY	16.00
TOTAL	827.00

MASTERCARD
 VISA
 AMERICAN EXPRESS

G.S.T. #
FROM
TO
PRINT NAME
CUSTOMER'S SIGNATURE
X

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.

CUSTOMER COPY

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

TONGE, ALISON
EXECUTIVE VICE PRESIDENT

Cardholder's Name

Cardholder's Position/Title

 Billing Reporting Period: 20/05/2011
STRATEGY & PERFORMANCE
MANULIFE PLACE

Cardholder's Dept

Cardholder's Site/Location

 Total Statement Amount: \$3,091.75
ALISON.TONGE@ALBERTAHEALTHSERVICES.CA
s.17(1), 17(4)(e.1)

Cardholder's e-mail address

Last 6 digits of the P-Card #: _____

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/04/2011	254776009	AIR CAN 0142854878780, AIR CANADA	441.96	CAD	441.96	.00	.00	Calgary Mtgs
29/04/2011	255177717	SHERATON, SHERATON HOTELS	168.37	CAD	168.37	.00	.00	CEHQ Toronto
29/04/2011	255177718	AIR CAN 0142854878947, AIR CANADA	1,320.71	CAD	1,320.71	.00	.00	UK Mgt Course
04/05/2011	255636211	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	38.00	CAD	38.00	1.81		Airport - Delta So.
04/05/2011	255636212	YELLOW CAB, LIMOUSINES AND TAXICABS	130.00	CAD	130.00	6.19	.00	Limo service hm-Yeg-hm
05/05/2011	255636213	AIR CAN 0142854923684, AIR CANADA	75.36	CAD	75.36	.00	.00	change to earlier ft.
06/05/2011	255636210	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	350.39	CAD	350.39	16.69		EC and PSL mtgs
11/05/2011	256070141	AIR CAN 0142195313628, AIR CANADA	436.96	CAD	436.96	.00	.00	Calgary meetings
16/05/2011	256535490	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	130.00	CAD	130.00	6.19		hm-YEG-home CEHQ trip



Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

S. WHITSON
Name of Cardholder Designate

Exec Assistant
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

May 30/11
Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON
Name of Cardholder

EXECUTIVE VICE PRESIDENT
Cardholder Position/Title

[Signature]
Signature of Cardholder

May 30/11
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Chris Mazurkewich
Name of Approver

E.V.P. CFO - Acting COO
Approver Position/Title

[Signature]
Signature of Approver

May 31/11
Date of Signature

Submit approved statement with attachments to Accounts Payable:

- Attach:**
- Original itemized receipts
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:**
- Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter

Address:
Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 LOCATOR : S6F958
 OUR REF : ZCH0065381C
 AGENT : CAITLIN KELK KELK

I N V O I C E
 *** D U P L I C A T E ***

INV NO: 63121
 DATE: 25APR11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(e.1)
 PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8131 T	HK 03MAY	5:45A	6:36A		
			D8 (300 SERIE					
			SEAT 03C					
CALGARY	JAZZ EDMONTON INTL	AIR CANADA	284 W	HK 05MAY	5:30P	6:17P		
			E90					
			SEAT 18F					

C O S T

AIR CANADA	TKT NO	AC 2854 878780	(INCL 59.96 TAX)	441.96
***	SUB-TOTAL EXCLUDING GST/HST & APT			441.96
***	TOTAL CHARGES THIS INVOICE ***			441.96
	PAYMENT BY CA	TKT 2854878780		441.96
***	BALANCE DUE THIS INVOICE **** s.17(1), 17(4)(e.1)			0.00
	BALANCE DUE TO DATE			0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

Alison Tonge
 7th Floor Manuilife Place
 Edmonton, AB T5J 3S4
 Canada
 CED28A

502
 149.00
 1
 1241315 A
 1
 28-APR-11 12:49
 29-APR-11
 MC

CEHQ - Toronto.

28-APR-11	RT502	Room Charge - Group Assocn	149.00
28-APR-11	RT502	Rooms HST	19.37
29-APR-11	MC	MasterCard	168.37-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room	Food/Bev	Phone	Taxes	Other	Total	Payment
28-APR-11	149.00	0.00	0.00	19.37	0.00	168.37	0.00
29-APR-11	0.00	0.00	0.00	0.00	0.00	0.00	168.37-
Total	149.00	0.00	0.00	19.37	0.00	168.37	168.37-

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

HST Summary for your stay:

Room Revenue HST	19.37
Food & Beverage HST	0.00
Photo/Fax/Copy Services HST	0.00
Other Revenue HST	0.00
Total HST for your stay:	19.37

Sheraton Gateway Hotel HST Vendor # 140047879
 ** continued on the next page **

Alison Tonge
 FOLIO 1241315 28-APR-11



APPLICANT COPY

Alison Tonge

7th Floor Manuilife Place
Edmonton, AB T5J 3S4
Canada

CED28A

502
149.00
1
1241315 A
2
28-APR-11 12:49
29-APR-11
MC

Start planning your next vacation at Sheraton Resorts Enjoy a relaxing vacation or a fun-filled family getaway at over 60 breathtaking resorts around the globe. Learn more at www.sheratonresorts.com

As a Starwood Preferred Guest you have earned at least 327 Starpoints for this visit A52044199939.

Alison Tonge
FOLIO 1241315 28-APR-11

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: ASHLEY QUACH Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 63398
Date: April 29, 2011
Page: 1/2
Our Reference: ZCH0065652C LBZ06I
Your Reference: PERSONAL

INVOICE

For
MS ALISON TONGE

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

Itinerary

Saturday, June 18, 2011

✈ Air

AIR CANADA
From: EDMONTON INTL AL
To: LONDON-HEATHROW
Stops: 0 Arrival: 19Jun11
Seat(s): 13C

Flight: 898 S CLASS
10:25:PM Equipment: BOEING 767
02:05:PM

Mile(s) Flown: 4246

Saturday, June 25, 2011

✈ Air

AIR CANADA
From: LONDON-HEATHROW
To: EDMONTON INTL AL
Stops: 0
Seat(s): 14C

Flight: 899 S CLASS
04:15:PM Equipment: BOEING 767
06:10:PM

SNACK
Mile(s) Flown: 4246

Cost:

TKT- AC2854878947 E-TKT

s.17(1), 17(4)(e.1)
(CA) 768.00
Tax: 552.71
Ticket Total: 1320.71



To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

APPLICANT COPY

Invoice Number: 63398
Date: April 29, 2011
Page: 2/2
Our Reference: ZCH0065652C LBZ06I
Your Reference: PERSONAL

INVOICE

Total:

Grand Total:	1320.71
Less Credit Card Payments:	1320.71
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

** TAXES SHOWN ARE TOTAL AIR TAXES. NO GST. **

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
LOCATOR : S6F958
OUR REF : ZCH0065992C
AGENT : KAREN GONZALEZ

I N V O I C E
*** D U P L I C A T E ***

INV NO: 63801
DATE: 11MAY11
PAGE: 1

FOR: MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)
PERSONAL

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8152 V	HK	05MAY	4:30P	5:20P		
			D8 (300 SERIE						
			SEAT 12D						
	JAZZ								

----- C O S T -----

AIR CANADA	TKT NO	AC	2854 923684	(INCL	TAX)	75.36
*** SUB-TOTAL EXCLUDING GST/HST & APT						75.36
*** TOTAL CHARGES THIS INVOICE ***	s.17(1), 17(4)(e.1)					75.36
PAYMENT BY CA	TKT	2854923684				75.36
*** BALANCE DUE THIS INVOICE ****						0.00
BALANCE DUE TO DATE						0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY



DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES
 Alison Tonge
 1400 North Tower 10030-107 st
 Edmonton, AB T5J 3E4
 CA

Room: 0310
 Folio:
 Cashier: 122
 Arrival: 05-03-11
 Departure: 05-05-11

Group: AHS Provincial Senior Leadership Meeting

Date	Description	Additional Information	Charges	Credits
05-03-11	In Room Dining Charges	#310 : CHECK #0180	27.05	
05-03-11	Room Charge		144.00	
05-03-11	DMF		4.32	
05-03-11	Room GST		7.42	
05-03-11	Tourism Levy		5.93	
05-04-11	Room Charge		144.00	
05-04-11	DMF		4.32	
05-04-11	Room GST		7.42	
05-04-11	Tourism Levy		5.93	

GST Summary	
Registration No:	895126332
Room	14.84
F&B	0.00
Other	0.00
Total	14.84

Total	350.39	0.00
Balance Due	350.39	CDN

Guest Signature: _____



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.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.

APPLICANT COPY

MARLEN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: ASHLEY QUACH Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 63794
Date: May 11, 2011
Page: 1/2
Our Reference: ZCH0066307C N31MSP
Your Reference: PERSONAL

INVOICE


For

MS ALISON TONGE

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


Itinerary

Wednesday, May 25, 2011

 Air

AIR CANADA
From: EDMONTON INTL AL Flight: 8133 T CLASS
To: CALGARY AL 07:00:AM Equipment: D8 (300 SERIES)
Stops: 0 07:51:AM Mile(s) Flown: 153
JAZZ
AIR CANADA CONFIRMATION K4L5FM
TICKET NUMBER 0142195313628
SEAT 2D

Thursday, May 26, 2011

 Air

AIR CANADA
From: CALGARY AL Flight: 8152 S CLASS
To: EDMONTON INTL AL 04:30:PM Equipment: D8 (300 SERIES)
Stops: 0 05:20:PM Mile(s) Flown: 153
JAZZ
AIR CANADA CONFIRMATION K4L5FM
TICKET NUMBER 0142195313628
SEAT 7C

APPLICANT COPY

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 63794
Date: May 11, 2011
Page: 2/2
Our Reference: ZCH0066307C N31MSP
Your Reference: PERSONAL

INVOICE

Cost:	s.17(1), 17(4)(e.1)	
AIR CANADA ONLINE 2195313628	(CA)	353.00
	Tax:	83.96
	Ticket Total:	436.96
Total:		
	Grand Total:	436.96
	Less Credit Card Payments:	436.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

** TAXES SHOWN ARE TOTAL AIR TAXES. NO GST. **

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

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

TRANSACTION RECEIPT =

Checker/Yellow Cabs
16 Meridian Road SE
Calgary, AB T2A 1X2
299-9999

CARD TYPE: CREDIT CARD
CARD NUMBER

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

CARD TYPE: MC
EXPIRE/DATE:
05/04 07:39:24
AUTH#: 093946

VEH/DRV 0849 / 6852
GST#: 851345785
TXN ID: 5456236

Meeting to hotel.

FARE: \$ 31.43
FLAT: \$000.00
EXTRAS \$000.00
GST \$ 1.57

FA+FL+EX+TAX: \$ 33.00
TIP: \$ 5.00
DISCO : \$000.00

TOTAL: \$ 38.00

SIGNATURE:

CHARGE TO: ACCOUNT NO:

Capital Taxi
Proud To Be Canadian

Courtesy & Service

423-2425

ALISON TORRE
AND HEALTH SERVICES

G.S.T.#
Home - Airport Home

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE
X

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	4	5 11

305576



FARE	
INT'L	
GRATUITY	
TOTAL	38.00

CUSTOMER COPY

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.

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

CHARGE TO: ACCOUNT NO:

ALISON TORRE
AND HEALTH SERVICES

YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-8500

G.S.T.#
Toronto trip

FROM
25 APT 11

TO

PRINT NAME

CUSTOMER'S SIGNATURE
X

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	29	4 11

3932628



FARE	114.00
INT'L	
GRATUITY	
TOTAL	130.00

CUSTOMER COPY

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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the P-Cardholder's name appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$3,900.45</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address			<u>s.17(1), 17(4)(e.1)</u>
		Last 6 digits of the P-Card #:	<u> </u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/05/2011	257297435	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	185.07	CAD	185.07	8.81		Overnight in Calg
30/05/2011	257615318	AIR CAN 0142855107127, AIR CANADA	501.96	CAD	501.96	.00	.00	to Calg for meetings
01/06/2011	257896200	AIR CAN 0142196088789, AIR CANADA	441.96	CAD	441.96	.00	.00	to Calg for Board mtg
01/06/2011	257896201	AIR CAN 0142196089849, AIR CANADA	441.96	CAD	441.96	.00	.00	to Calg for HAC
02/06/2011	257896199	AIR CAN 0142196124764, AIR CANADA	15.00	CAD	15.00	.00	.00	tax on changed ticket
02/06/2011	257896202	AIR CAN 0142196124764, AIR CANADA	50.00	CAD	50.00	.00	.00	changed flight
02/06/2011	257896203	AIR CAN 0142855107270, AIR CANADA	90.00	CAD	90.00	.00	.00	change to earlier flight home
03/06/2011	258220089	YELLOW CAB, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14	.00	home - airport & return home
04/06/2011	258134735	MIKE S LIMOUSINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		home-airport & return- home
06/06/2011	258134734	AIRPORT TOWNE CAR SERV, LIMOUSINES AND TAXICABS	538.20	CAD	538.20	25.83		limo service in Calg
08/06/2011	258487666	JASPER PARK LODGE F/D, FAIRMONT HOTELS	511.82	CAD	511.82	.00	.00	AIHS conf at Jasper
10/06/2011	258631471	AIR CAN 0142196397528, AIR CANADA	120.00	CAD	120.00	.00	.00	changed flight to later one
10/06/2011	258631472	AIR CAN 0142196397528, AIR CANADA	50.00	CAD	50.00	.00	.00	tax for revised ticket
13/06/2011	258801553	AIR CAN 0142196477470, AIR CANADA	100.00	CAD	100.00	.00	.00	didn't stay overnight as plann
13/06/2011	258801554	AIR CAN 0142196477470, AIR CANADA	90.00	CAD	90.00	.00	.00	tax on changed flight
14/06/2011	258907927	AIR CAN 0142855193888, AIR CANADA	263.48	CAD	263.48	.00	.00	To Calg for mtgs
14/06/2011	258907928	MIKE S LIMOUSINE, LIMOUSINES AND TAXICABS	181.00	CAD	181.00	8.62		Home YEG-Home & back to YEG
16/06/2011	259066364	YELLOW CAB, LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95	.00	YEG to home

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u>	<u>EXECUTIVE VICE PRESIDENT</u>	Billing Reporting Period: <u>20/07/2011</u>
Cardholder's Name	Cardholder's Position/Title	
<u>STRATEGY & PERFORMANCE</u>	<u>MANULIFE PLACE</u>	Total Statement Amount: <u>\$2,757.88</u>
Cardholder's Dept	Cardholder's Site/Location	<u>s.17(1), 17(4)(e.1)</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #: _____
Cardholder's e-mail address		

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/06/2011	259285914	THE STRAND PALACE HTL, LODGING HOTELS, MOTELS, RESORTS	681.49	CAD	681.49	.00		Hotel in London for course
20/06/2011	259372517	MIKE S LIMOUSINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		Home-YEG-home cab
22/06/2011	259626798	1600 WORLD BIER HAUS, EATING PLACES, RESTAURANTS	494.46	CAD	494.46	23.55	.00	A Robertson's farewell appetiz
27/06/2011	260036886	WESTJET 0002855222111, Westjet Airlines	411.96	CAD	411.96	83.96	.00	YEG to YYC for SCNs
29/06/2011	260532931	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	54.00	CAD	54.00	2.57		cab from Delta Airpt-Delta So
30/06/2011	260219830	DELTA CALGARY AIRPORT, DELTA HOTELS	52.46	CAD	52.46	2.50		AT 121 & dinner with Heather T
01/07/2011	260219831	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	178.51	CAD	178.51	8.50		in Calgary 2 day mtgs
03/07/2011	260361615	MIKE S LIMOUSINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		home-YEG-home cab
11/07/2011	260877718	AIRPORT TOWNE CAR SERV, LIMOUSINES AND TAXICABS	627.00	CAD	627.00	29.86		in Calg lemo service

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

S. Whitson
 Name of Cardholder Designate

S. Whitson
 Signature of Cardholder Designate

Exec Assistant
 Cardholder Designate Position/Title

JUL 26 2011
 Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON
 Name of Cardholder

A. Tonge
 Signature of Cardholder

EXECUTIVE VICE PRESIDENT
 Cardholder Position/Title

JUL 26 2011
 Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

 Name of Approver Designate

 Signature of Approver Designate

 Approver Designate Position/Title

JUL 26 2011
 Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

C. Mazurkewich
 Name of Approver

Chris Mazurkewich
 Signature of Approver

CFO / Acting Coo
 Approver Position/Title

July 26/11
 Date of Signature

Submit approved statement with attachments to Accounts Payable:

- Attach:**
- Original itemized receipts
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
- Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter

Address:

Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T4J 3E4

Alberta Health Services
 Accounts Payable

JUL 28 2011

RECEIVED

Accounts Payable only:

Reference #: _____ Reviewed by: [Signature] Date: Aug 03/11

APPLICANT COPY

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

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

ALISON TONGE
AB HEALTH SERVICES

MIKE'S LIMOUSINE
129793340

EXPIRY DATE CHECKED: DATE EXPIRATION VERIFIÉE:

AUTHORIZATION NO./N° D'AUTORISATION: 05 533

BILL NO DE NOTE: 6 29

CLERK COMMS: 05 533

PLEASE WRITE LIKE THIS WHEN FILLING IN BOXES VEUILLEZ REMPLIR LES CASES COMME SUIT: 1 2 3 4 5 6 7 8 9 0

SALES DRAFT CHARGEX FACTURE

AMOUNT MONTANT	114 00
TAX TAXE	15 00
TIPS POURBOIRE	

CARDHOLDER'S SIGNATURE: [Signature]

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.

LE DÉTENTEUR DE LA CARTE MENTIONNÉE CI-DESSUS PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

VISA 81505 (5-89)

TOTAL \$ CDN CAN

MERCHANT COPY / COPIE DU COMMERÇANT

*Alison's
DELTA
CALGARY AIRPORT
121 +
Dinner Mtg
with H. Toppan*

ass Restaurant
Airport Rd N.E
ary, Alberta T2E 6Z8
) 291-2600
K: 2768
E: 36/1
ER: 111 Tony
: JUN29'11 7:55PM
TY E: MASTER CARD
#:
DATE: XX/XX s.17(1), 17(4)(e.1)
CODE: 215557
TSON. TONGE

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

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

ALISON TONGE
AB HEALTH SERVICES

MIKE'S LIMOUSINE
129793340

EXPIRY DATE CHECKED: DATE EXPIRATION VERIFIÉE:

AUTHORIZATION NO./N° D'AUTORISATION: 05 698

BILL NO DE NOTE: 6 15

CLERK COMMS: 05 698

PLEASE WRITE LIKE THIS WHEN FILLING IN BOXES VEUILLEZ REMPLIR LES CASES COMME SUIT: 1 2 3 4 5 6 7 8 9 0

SALES DRAFT CHARGEX FACTURE

AMOUNT MONTANT	114 00
TAX TAXE	15 00
TIPS POURBOIRE	129 00

CARDHOLDER'S SIGNATURE: [Signature]

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.

LE DÉTENTEUR DE LA CARTE MENTIONNÉE CI-DESSUS PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

VISA 81505 (5-89)

TOTAL \$ CDN CAN

MERCHANT COPY / COPIE DU COMMERÇANT

TOTAL: 47.00
CITY: 5.00
32.46
SIGNATURE: [Signature]

PLEASE RETURN A STAMP TO YOUR GST # R49540119

*No billing from restaurant
Sony*

ATED CAR 41 AVE NE 100 ON THE PK 298-1117 STONALS

2011/86/ 28: 28: 073088-458241837 12 HC **/s AP22314 49.8 8.6 4.6

JP TIME: 28: 28: 073088-458241837 12 HC **/s AP22314 49.8 8.6 4.6

ID: 073088-458241837 12 HC **/s AP22314 49.8 8.6 4.6

MBER: 073088-458241837 12 HC **/s AP22314 49.8 8.6 4.6

TYPE: 073088-458241837 12 HC **/s AP22314 49.8 8.6 4.6

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

500

FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@HAW ASSOCIATEDUCAB C.

CUSTOMER'S COPY

Alison Tonge

Billing Address

14th Floor, North Tower
 10030 - 107 Street
 Edmonton
 Alberta CA
 T5J 3E4

STATEMENT

Room Number: 646
 Arrival Date: 19/06/2011
 Departure Date: 22/06/2011
 Booking Ref:
 Invoice No: R00TG9G67LR
 Client Ref:
 Filename:

Date	Time	Description	Net	VAT	Gross
19/06/2011	15:52:54	PAY MASTERCARD	£0.00	£0.00	-£416.00
Totals			£0.00	£0.00	-£416.00
Total Due:					-£416.00

Slip

**CARD SALE VOUCHER
 CUSTOMER COPY**

to the above charges

19/06/11 15:53
 TERMINAL-USER-TRAN-REFNO
 22251771-0001-4910-646

**THE STRAND PALACE
 HOTEL
 372 STRAND
 LONDON
 WC2R 0JJ**

**** THIS IS NOT A VAT INVOICE ****

MERCHANT ID : 000102002539190
**GOODS TOTAL
 GBP416.00**

CANADIAN \$
 EXCHANGE RATE 1.6382

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

SWIPED

MASTERCARD
 EXPIRY DATE

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

**SALE TOTAL
 TRANSACTION CURRENCY**

CAD681.49

ALISON TONGE

PLEASE DEBIT MY ACCOUNT WITH THE
 TOTAL AMOUNT IN CAD SHOWN.

SIGNATURE VERIFIED

I HAVE CHOSEN NOT TO USE THE
 MASTERCARD CURRENCY CONVERSION PROCESS
 AND AGREE THAT I WILL HAVE NO RECOURSE
 AGAINST MASTERCARD CONCERNING THE
 CURRENCY CONVERSION OR ITS DISCLOSURE.

PLEASE RETAIN THIS RECEIPT FOR YOUR
 RECORDS.

APPLICANT COPY

1600-90th Ave S.W.

IBER.PRT

Server: Ashton
Table 202/2
Guests: 8

06/22/2011
7:10 PM
20102

Open Food	402.00
subtotal	402.00
Tax	20.10
Total	422.10
Gratuity 18.00%	72.36
Total	494.46
M/C	494.46
Auth:185626	

Thank You!
GST# 844367722RT0001
Happy Hour 30% OFF DRINKS
Everyday 3pm-5pm
Join us on our patio!!!!
Reservations 1600bierhaus.com

--- Check closed ---

APPLICANT COPY

07-07-2011 1:46 PM

1:46 PM

Roberta Wheeler

From: Amelia Voth
Sent: July 06, 2011 1:55 PM
To: Roberta Wheeler; Sylvia Whitson
Subject: FW: Function June 22, Andrea Robertson

From: Amy MacDonald [<mailto:ac.macdonald@me.com>]
Sent: June 16, 2011 14:39
To: Amelia Voth
Subject: Re: Function June 22, Andrea Robertson

Hello Amelia,

I spoke with Roberta and this is the function sheet we had gone over. To answer a few of you questions, the flatbreads are a 10" pie.

I changed your wings to the special price (see below)

Our Menu is posted online - we offer a full menu for any of your guest that would like to order an appetizer or entree.

I will be working the lunch hour tomorrow, would it be ok to call you at 1pm?

Function Sheet

Name: Roberta Wheeler

Date: June 22nd

Time: 5pm

Food service at 5:15

Buffet style (3 tables set up for buffet with napkins, plates and cutely)

People: 75

Party booked by Amy MacDonald

Menu

150 wings of assorted flavours of wings \$30.00

10 Flatbreads \$140.00

2 Meat and Cheese Platters \$50.00

2 Fruit and Fresh Vegetable Platters \$50.00

4 Dipping platters \$52.00

4 Greek Rib Platters \$80.00

Grand Total: \$402.00

GST: \$20.10

Gratuity: \$72.36

Grand Total: \$494.46

cc on file

Cancelation policy is 24hours

Amy MacDonald
Marketing & Promotions
Classic Jacks Restaurant & Lounge
1410 & 1600 World Bier Haus

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

INVNO65539FORZCH0068966C.txt
BRANCH: N61107

GST REG# 885101915

PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
LOCATOR : JCB23W
OUR REF : ZCH0068966C
AGENT : BARBARA LAZARENKO

I N V O I C E

INV NO: 65539
DATE: 27JUN11
PAGE: 1

FOR: MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)
PERSONAL

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	WESTJET AI	110 V	HK 29JUN	7:00A	7:44A		
		736						
CALGARY	EDMONTON INTL	WESTJET AI	259 L	HK 30JUN	5:30P	6:15P		
		73W						

----- C O S T -----

WESTJET AIR TKT NO WS 2855 222111 (INCL 83.96 TAX) 411.96

*** SUB-TOTAL EXCLUDING GST/HST & APT	411.96	
*** TOTAL CHARGES THIS INVOICE ***		411.96
PAYMENT BY CA	TKT 2855222111	411.96
*** BALANCE DUE THIS INVOICE *** s.17(1), 17(4)(e.1)		0.00
BALANCE DUE TO DATE		0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Alison G Tonge
Seventh Street Plaza, North Tower, 14th Floor
Edmonton, AB, AB T5J 3E4
CA

Room: 0385
Folio:
Cashier: 122
Arrival: 06-29-11
Departure: 06-30-11

Date	Description	Additional Information	Charges	Credits
06-29-11	Room Charge		159.00	
06-29-11	DMF		4.77	
06-29-11	Room GST		8.19	
06-29-11	Tourism Levy		6.55	

GST Summary	
Registration No: 895126332	
Room	8.19
F&B	0.00
Other	0.00
Total	8.19

Total	178.51	0.00
Balance Due	178.51	CDN

Guest Signature: _____

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.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.

APPLICANT COPY



Date: 30-Jun-11

GST No: 86481 0676 RT0001
 In Account With:
 ALISON TONGE

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
3-Jun-11	7.50 am	Ms.Tonge - Airport to Southport Lane office	\$ 78.00
3-Jun-11	4.05 pm	Ms. Tonge - Southport office to Airport	\$ 78.00
10-Jun-11	9.49 am	Centre	\$ 78.00
10-Jun-11	3.00 pm	Ms. Tonge - Colonel Belcher Care Centre to Airport	\$ 78.00
11-Jun-11	7.51 am	Ms. Tonge - Airport to Delta Calgary South	\$ 78.00
11-Jun-11	1.00 pm	Ms. Tonge - Delta Calgary South to Airport	\$ 78.00
15-Jun-11	7.51 am	Ms. Tonge - Airport to Southport Lane office	\$ 78.00
15-Jun-11	6.00 pm	Ms. Tonge - Founders Club Entrance to Airport	\$ 78.00
30-Jun-11	4.00 PM	Ms. Tonge - Southport office to Airport	\$ 78.00

Sub Total	\$	546.00
Gratuity	\$	81.90
5% GST	\$	-
TOTAL	\$	627.90

Thank you for your patronage

37 Royal Oak Cove, NW, Calgary, Alberta T3G 4X7
 Phone: 512-8751 Fax: 1-866-465-8319
 Canada/US Toll Free: 1-866-512-8751
 email: sam@estyle-group.com

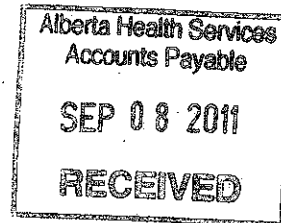
Instruction:

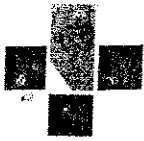
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/08/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$785.71</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		s. <u>17(1), 17(4)(e.1)</u> Last 6 digits of the P-Card #: _____

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/07/2011	261723505	AIR CAN 0142855307869, AIR CANADA	391.96	CAD	391.96	.00	.00	to Calg return
08/08/2011	263006920	BUKSA ASSOCIATES INC.. CONSULTING, MANAGEMENT, AND PUBLIC RELATIONS	393.75	CAD	393.75	18.75		Conf Registration fee





Signatures

Cardholder Designate (if Applicable)

By signing this statement

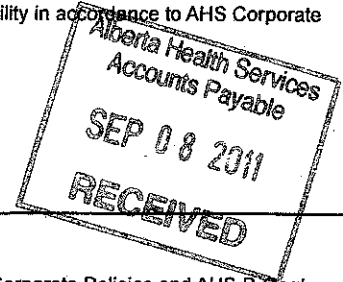
- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

S. WHITSON
Name of Cardholder Designate

Exec Assistant
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

SEP 2 - 2011
Date of Signature



Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON
Name of Cardholder

EXECUTIVE VICE PRESIDENT
Cardholder Position/Title

[Signature]
Signature of Cardholder

SEP 2 - 2011
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

D. Rhodes for C. Mazurkewich
Name of Approver

SUP Finance
Approver Position/Title

[Signature]
Signature of Approver

Sept. 7/2011
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original itemized receipts.
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T4J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: [Signature]

Date: Sept 11/11

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 LOCATOR : RF8GJA
 OUR REF : ZCH0069819C
 AGENT : CASANDRA WAGNER

I N V O I C E

INV NO: 66206
 DATE: 20JUL11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(e.1)
 PERSONAL

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8133 T	HK	01SEP	7:00A	7:51A		
		D8 (300 SERIE SEAT 05C							
CALGARY	EDMONTON INTL	AIR CANADA E	284 T	HK	01SEP	5:30P	6:19P		
		E90 SEAT 18C							

----- C O S T -----

AIR CANADA	TKT NO	AC	2855 307869	(INCL 59.96 TAX)	391.96
*** SUB-TOTAL EXCLUDING GST/HST & APT					391.96
*** TOTAL CHARGES THIS INVOICE ***			s.17(1), 17(4)(e.1)		391.96
PAYMENT BY CA			TKT 2855307869		391.96
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

Jacqueline Foreman

From: Accelerating Primary Care Conference [primarycare@buksa.com]
Sent: Tuesday, August 02, 2011 2:38 PM
To: Alison Tonge
Subject: Accelerating Primary Care - Online Notice

Mrs. Alison Tonge
Alberta Health Services

Dear Mrs. Tonge,

Thank you for registering for the Accelerating Primary Care Conference, hosted by the Primary Care Initiative, October 2 to 4, 2011 at the Westin Edmonton (10135 - 100 Street - MAP). An official confirmation letter will follow once your registration has been processed by our office. If you do not receive an official confirmation letter within ten business days, please contact us at primarycare@buksa.com. The details of your registration follow:

REGISTRATION

Table with 4 columns: Details, Status, Fee, Owing. Rows include Oct 3 - Early Bird, Note: You are not registered for a pre-conference workshop, TOTAL, and To be paid by: MasterCard*.

*Your registration will be verified before payment is processed, thus the amount due showing on this notice. An official receipt and confirmation with a \$0 balance will be sent once payment has been processed.

Please Note: You have not requested that we book your accommodation. If you would like us to do so please email primarycare@buksa.com.

CANCELLATION POLICY

Notice of cancellation must be made in writing to the Conference Secretariat at primarycare@buksa.com. A \$105.00 (incl. 5% GST) cancellation fee will apply for conference registrations cancelled until September 12, 2011. After this date, no refunds will be issued.

For additional program information please visit the official conference website: http://www.buksa.com/APCC/.

Yours sincerely,
Katherine Kupchenko
Registration Coordinator

Accelerating Primary Care Conference 2011
c/o BUKSA Strategic Conference Services
Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2
Phone: (780) 436-0983 x223 Fax: (780) 437-5984 Email: primarycare@buksa.com
www.buksa.com/APCC

Instruction:

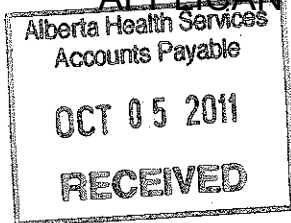
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/09/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,405.41</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		s.17(1), 17(4)(e.1) Last 6 digits of the P-Card #: _____

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/08/2011	263874348	AIR CAN 0142855607998, AIR CANADA	100.00	CAD	100.00	.00	.00	change of flight
25/08/2011	264398763	MARLIN TRAVEL, TRAVEL AGENCIES AND TOUR OPERATORS	90.00	CAD	90.00	4.29	.00	charge for reversal
01/09/2011	264826905	AIR CAN 0142855705681, AIR CANADA	694.96	CAD	694.96	.00	.00	to Bd Mtg -Med Hat
09/09/2011	265318697	THE DELTA, CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	196.51	CAD	196.51	9.36		overnight in Calg
10/09/2011	265890801	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		home-YEG-home
14/09/2011	265890800	EXECUTIVE ROYAL INN, LODGING HOTELS, MOTELS, RESORTS	194.94	CAD	194.94	9.28		Speaker's room & food

APPLICANT COPY



AHS.znd

RUN DATE: 09/28/2011

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions



de
Cardholder Stat

Signatures	
Cardholder Designate (if Applicable)	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance with BMO Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 	
<u>S. WHITSON</u>	<u>Exec Assistant</u>
Name of Cardholder Designate	Cardholder Designate Position/Title
<u>S. Whitson</u>	<u>SEP 28 2011</u>
Signature of Cardholder Designate	Date of Signature
Cardholder	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that the P-Card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf. 	
<u>TONGE, ALISON</u>	<u>EXECUTIVE VICE PRESIDENT</u>
Name of Cardholder	Cardholder Position/Title
<u>[Signature]</u>	<u>OCT 3 2011</u>
Signature of Cardholder	Date of Signature
Approver Designate (if Applicable)	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies and Program User Guide and Training on behalf of a authorized approver. 	
_____	_____
Name of Approver Designate	Approver Designate Position/Title
_____	_____
Signature of Approver Designate	Date of Signature
Approver	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that the P-card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and Program User Guide and hereby approve the transactions as listed. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf. 	
<u>C. Mazurkewich</u>	<u>Acting CFO + EVP</u>
Name of Approver	Approver Position/Title
<u>Chris Mazurkewich</u>	<u>OCT 4/11</u>
Signature of Approver	Date of Signature

Submit approved statement with attachments to Accounts Payable:

[Signature] OCT 05/11

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
LOCATOR : RF8GJA
OUR REF : ZCH0071072C
AGENT : CASANDRA WAGNER

I N V O I C E

INV NO: 67119
DATE: 19AUG11
PAGE: 1

FOR: MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)
PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	285 T	HK 07SEP	7:30P	8:20P		
		E90						
CALGARY	EDMONTON INTL	AIR CANADA	8152 T	HK 08SEP	4:30P	5:20P		
		D8 (300 SERIE						
		AIR CANADA E						

C O S T

AIR CANADA	TKT NO	AC	2855 607998	(INCL	TAX)	100.00
*** SUB-TOTAL EXCLUDING GST/HST & APT						100.00
*** TOTAL CHARGES THIS INVOICE ***	s.17(1), 17(4)(e.1)					100.00
PAYMENT BY CA	TKT	2855607998				100.00
*** BALANCE DUE THIS INVOICE ****						0.00
BALANCE DUE TO DATE						0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107

PHONE: 780-425-8611

TONGE
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

OUR REF: ZCH0068034C
AGENT: RYAN KOWALYK

R E C E I P T

*** D U P L I C A T E ***

REC NO: 66100
DATE: 25AUG11
PAGE: 1

RECEIVED FROM: TONGE

FOR: MS ALISON TONGE

THE SUM OF NINETY DOLLARS AND ZERO CENTS (\$90.00)
PAID IN CAD FUNDS BY CREDIT CARD
CA s.17(1), 17(4)(e.1)

FILE CORRECTION. CHARGED BACK ONTO PAX CC.

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

RECEIVED WITH THANKS BY

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 LOCATOR : M62L9Y
 OUR REF : ZCH0071601C
 AGENT : ASHLEY QUACH

I N V O I C E

INV NO: 67555
 DATE: 01SEP11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(g)(i)
 PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8368 S	HK 14SEP	8:30P	9:21P		
		D8 (300 SERIE SEAT 03D						
CALGARY	AIR CANADA E MEDICINE HAT	AIR CANADA	7247 S	HK 14SEP	11:00P	11:52P		
		BEH SEAT 02A						
MEDICINE HAT	CENTRAL MOUN CALGARY	AIR CANADA	7244 W	HK 15SEP	3:55P	4:55P		
		BEH						
CALGARY	CENTRAL MOUN EDMONTON INTL	AIR CANADA	284 W	HK 15SEP	5:30P	6:19P		
		E90 SEAT 15D						

C O S T

AIR CANADA	TKT NO	AC	2855 705681	(INCL 34.96 TAX)	694.96
***	SUB-TOTAL EXCLUDING GST/HST & APT				694.96
***	TOTAL CHARGES THIS INVOICE *** s.17(1), 17(4)(e.1)				694.96
	PAYMENT BY CA TKT 2855705681				694.96
***	BALANCE DUE THIS INVOICE ****				0.00
	BALANCE DUE TO DATE				0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

CONTINUED ON NEXT PAGE

APPLICANT COPY

**DELTA**

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5

Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
 Mrs Alison G Tonge
 Seventh Street Plaza, North Tower, 14th Floor
 10030 - 107 Street
 Edmonton, AB AB T5J 3E4
 Canada

Room: 0278
 Folio: 158765
 Cashier: 35
 Arrival: 09-07-11
 Departure: 09-08-11

Date	Description	Additional Information	Charges	Credits
09-07-11	Room Charge		159.00	
09-07-11	DMF		4.77	
09-07-11	Room GST		8.19	
09-07-11	Tourism Levy		6.55	
09-08-11	Atrium Cafe Charges	Line# 278 : CHECK# 0055	18.00	
09-08-11	Mastercard	s.17(1), 17(4)(e.1)		196.51

GST Summary	
Registration No:	895126332
Room	8.19
F&B	0.00
Other	0.00
Total	8.19

Total	196.51	196.51
Balance Due	0.00	CDN

Guest Signature: _____

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.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.

Mrs Alison G Tonge
Seventh Street Plaza, North Tower,
14th Floor
10030 - 107 Street
Edmonton, AB AB T5J 3E4
Canada

APPLICANT COPY



Date : 09-08-11
Time 08:34 AM
Room 0278
Conf No 1962408
Recpt No 173137

PAYMENT RECEIPT

Date	Description	App. Code	Exp. date	Amount
09-08-11	Mastercard s.17(1), 17(4)(e.1)	225502	XX/XX	196.51CAD

Guest Signature

Cashier 35

APPLICANT COPY

GUEST ACCOUNT

~~Executive Royal Inn Leduc~~
 8450 Sparrow Drive
 Leduc, AB T9E 7G4
 Ph: 780-986-1840/Fax: 780-986-1864

LIPKIN MICHAEL

~~780-349-2900~~

TORONTO, ON

ALBERTA HEALTH SERVICES
 Room # 551 Invoice # 512993-2

Arrive 09/13/11 Depart 09/14/11

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
2-R/1/M				
09/13/11	PDG	2-Room Charg		159.00
09/13/11	PDG	42-Tourism Le	On Room Charge	6.36
09/14/11	XXX	10-Restaurant	124/3009/GST 0.14	2.99
09/14/11	XXX	10-Restaurant	156/3040/GST 0.79	18.64
09/14/11	BW	91-Mastercard		-194.94
			GST On Room Charge	7.95
			GST Reg. # 879535953RT0004	
				0.00

BILLING INSTRUCTIONS		BALANCE DUE →
COMPANY	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 part or the full amount of these charges.	
ADDRESS		
CITY POSTAL		
ATTENTION		
		SIGNATURE
		X

EXECUTIVE ROYAL INN
 NORTH CALGARY
 Tel: (403) 291-2003 1-877-ROYALNC
 Fax: (403) 291-2019
 2828 - 23rd Street N.E., Calgary, Alberta T2E 8T4

EXECUTIVE ROYAL INN
 WEST EDMONTON
 Tel: (780) 484-6000 1-800-661-4879
 Fax: (780) 489-2900
 10010 - 178 Street, Edmonton, Alberta T5S 1T3

EXECUTIVE ROYAL INN
 LEDUC (Edmonton International Airport)
 Tel: (780) 986-1840 1-888-202-3770
 Fax: (780) 986-1864
 8450 Sparrow Drive, Leduc, Alberta T9E 7G4

EXECUTIVE EXPRESS
 LEDUC
 Tel: (780) 986-1760 1-888-388-3932
 Fax: (780) 986-1762
 8116 Sparrow Crescent, Leduc, Alberta T9E 8B7

Explore the Exceptional... Enjoy the Experience

APPLICANT COPY

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

ACCOUNT NO:

Capital Taxi
Proud To Be Canadian

Courtesy & Service

423-2425

1000 TANDER
10 HEALTH SERVICES

G.S.T. #	<i>Home-YES Home.</i>
FROM	
TO	
PRINT NAME	
CUSTOMER'S SIGNATURE	<i>[Signature]</i>

AUTH. NO	DRIVER	UNIT NO
TIME	DAY	MO. YR.
	<i>8</i>	<i>SEP 11</i>

304150



FARE	
INT'L	
GRATUITY	
TOTAL	<i>132.00</i>

CUSTOMER COPY

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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/10/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$2,817.76</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		s.17(1), 17(4)(e.1) Last 6 digits of the P-Card #: _____

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/09/2011	266323754	AIR CAN 0143547566136, AIR CANADA	411.96	CAD	411.96	.00	.00	YEG-YYG return
22/09/2011	266492769	THE FLOWER SHOPPE (WES, FLORISTS	57.75	CAD	57.75	2.75		Thanks- for Heather T
23/09/2011	266632726	YELLOW CAB, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14	.00	home-YEG-home
27/09/2011	266928444	AIR CAN 0143547597469, AIR CANADA	110.00	CAD	110.00	.00	.00	Change flgt
29/09/2011	267098197	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	50.00	CAD	50.00	2.38		PSL in Calg
30/09/2011	267098195	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	211.92	CAD	211.92	10.09		overnight in Calg
30/09/2011	267098196	AIRPORT TOWNE CAR SERV, LIMOUSINES AND TAXICABS	538.20	CAD	538.20	25.63		limo service in Calg
03/10/2011	267466641	AIR CAN 0143547597677, AIR CANADA	561.96	CAD	561.96	.00	.00	Bd mtg in Ft. Mac
04/10/2011	267735801	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		home-airport-home
13/10/2011	268235887	CHATEAU NOVA FORT MCMU, LODGING HOTELS, MOTELS, RESORTS	206.01	CAD	206.01	9.81	.00	Bd mtg in Ft. Mac
17/10/2011	268572655	AIR CAN 0143547717856, AIR CANADA	411.96	CAD	411.96	.00	.00	to Calg Joint portfolio

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

S. WHITSON
 Name of Cardholder Designate

Exec Assistant
 Cardholder Designate Position/Title


 Signature of Cardholder Designate

NOV - 2 2011
 Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON
 Name of Cardholder

EXECUTIVE VICE PRESIDENT
 Cardholder Position/Title


 Signature of Cardholder

NOV - 2 2011
 Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

 Name of Approver Designate

 Approver Designate Position/Title

 Signature of Approver Designate

 Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Chris Mazurkewich
 Name of Approver

COO + Acting CFO
 Approver Position/Title

 Signature of Approver

 Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

 Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

 Reviewed by: 

 Date: NOV 07 11

APPLICANT COPY



P-Card
details Online®
Cardholder Statement Report

Signatures								
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 								
<p><u>S. WHITFIELD</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Finance Assistant</u> Cardholder Designate Position/Title</p> <p><u>NOV - 2 2011</u> Date of Signature</p>							
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 								
<p><u>TONGE, ALISON</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>EXECUTIVE VICE PRESIDENT</u> Cardholder Position/Title</p> <p><u>NOV - 2 2011</u> Date of Signature</p>							
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 								
<p><u>Tricia Hemstra</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>EAC</u> Approver Designate Position/Title</p> <p><u>NOV 3, 2011</u> Date of Signature</p>							
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 								
<p><u>[Signature]</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>CFO - Acting CFO</u> Approver Position/Title</p> <p><u>Nov 7/11</u> Date of Signature</p>							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Alberta Health Services Accounts Payable</p> <p>NOV 07 2011</p> <p>RECEIVED</p> </div>								
<p>Submit approved statement with attachments to Accounts Payable:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Attach:</p> <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter </td> <td style="width: 50%; vertical-align: top;"> <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> </td> </tr> </table>			<p>Attach:</p> <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>				
<p>Attach:</p> <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>							
<p>Accounts Payable only:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Reference #:</td> <td style="width: 33%;">Reviewed by:</td> <td style="width: 33%;">Date:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Reference #:	Reviewed by:	Date:			
Reference #:	Reviewed by:	Date:						

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

INVNO68519FORZCH0072574C.txt
 BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 OUR REF : ZCH0072574C
 AGENT : TIFFANY ASKE

I N V O I C E

INV NO: 68519
 DATE: 27SEP11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(g)(i)
 PERSONAL

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8139 V	HK 28SEP	10:00A	10:51A		
		D8 (300 SERIE						
		SEAT 08D						

AIR CANADA E

----- C O S T -----

AIR CANADA	TKT NO	AC	3547 597469	(INCL	TAX)	110.00
*** SUB-TOTAL EXCLUDING GST/HST & APT					110.00	
*** TOTAL CHARGES THIS INVOICE ***	s.17(1), 17(4)(e.1)					110.00
PAYMENT BY CA	TKT 3547597469					110.00
*** BALANCE DUE THIS INVOICE ***						0.00
TOTAL CHARGES PREVIOUS INVOICES						411.96
TOTAL PREVIOUS PAYMENTS						411.96
BALANCE DUE TO DATE						0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

MARLIN TRAVEL
 0-0 PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

INVNO68519FORZCH0072574C.txt
 BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 OUR REF : ZCH0072574C
 AGENT : TIFFANY ASKE

I N V O I C E

INV NO: 68519
 DATE: 27SEP11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(g)(i)
 PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8139 V	HK 28SEP	10:00A	10:51A		
			D8 (300 SERIE					
			SEAT 08D					

AIR CANADA E

C O S T

AIR CANADA	TKT NO	AC	3547 597469	(INCL	TAX)	110.00
*** SUB-TOTAL EXCLUDING GST/HST & APT					110.00	
*** TOTAL CHARGES THIS INVOICE ***	s.17(1), 17(4)(e.1)					110.00
PAYMENT BY CA	TKT 3547597469					110.00
*** BALANCE DUE THIS INVOICE ****						0.00
TOTAL CHARGES PREVIOUS INVOICES						411.96
TOTAL PREVIOUS PAYMENTS						411.96
BALANCE DUE TO DATE						0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

PHONE (780) 307-3703

APPLICANT COPY FAX (780) 307-3715



The Flower Shoppe (Westlock) Ltd.



10623A - 100 AVE., WESTLOCK, AB T7P 2J4

SEND KINDNESS WITH FLOWERS

DATE Sept. 22/11

SOLD TO Sylvia Whitson
@ AB Health Services

(780) 342-2049

PHONE

ARRANG	CORSAGE	WREATH	PLANT	BASKET	CONTAINER	VASE	AMOUNT
fall - silk + fresh							55.00
'nice'							
DEL.							
WIRE CHARGES							
TAX							2.75
CARD	BIRTHDAY	ANNIV.	SYMP.	CONGRAT.	RECOVERY	BIRTH	PLAIN
Heather							57.75
Good luck. Look forward to continue working with you.							
-Alison-							
DELIVER TO	Heather Toprawski						
	AB Health Admin Bldg.						
	350-310b						
WHEN AND HOW SHIP							
tomorrow. - Fri AM							
PAID <input type="checkbox"/> CHARGE <input type="checkbox"/>							
C.O.D. <input type="checkbox"/> O.P.A.C.C. <input type="checkbox"/>							

THE FLOWER SHOPPE
(WESTLOCK)
10623A 100TH AVENUE
WESTLOCK AB
S.17(1), 17(4)(e.1)

CARD: MASTERCARD
CARD TYPE: MASTERCARD
DATE: 2011/09/22
TIME: 0696 14:01:26
RECEIPT NUMBER: M30698658-001-001-172-0

PURCHASE TOTAL: **\$57.75**

APPROVED

AUTH# 150126 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

7776

Thank You!

Sales Receipt

The Flower Shoppe (Westlock)
10623A - 100 Ave
Westlock, AB T7P 2J4
Phone (780) 307-3703

Date: 9/22/2011
Sale No.: 38723
Paid By: MasterCard

Description	Qty	Ea	Amt
Fresh Flowers - Arrangements wof 7776	1	55.00	55.00
GST On Sales		5.00%	2.75

LAZY DAYS OF SUMMER
ENJOY

Total: \$57.75

GST ... 8587171...

Exchange or Store Credit Only on all Returns within 30 Days of Purchase.

APPLICANT COPY

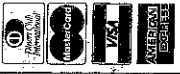
CHARGE TO: s.17(1), 17(4)(e.1) ACCOUNT NO.

YELLOW CAB (780) 462-3456
PRESTIGE CABS (780) 462-4444
 ADMINISTRATION (780) 465-8500

ALISON TONGE
AD HEALTH SERVICES

AUTH. NO.	DRIVER	UNIT NO.
	M.L.	33
TIME	DAY	MO.
	15	9

4242695



G.S.T.#	FROM	TO	FARE	INTL	GRATUITY	TOTAL
	Home	Airport and Back	114			
	PRINT NAME	CUSTOMER'S SIGNATURE				
		<i>[Signature]</i>				

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.

CUSTOMER COPY

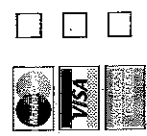
CHARGE TO: s.17(1), 17(4)(e.1) ACCOUNT NO.

CapitalTaxi
 Proud To Be Canadian
 Courtesy & Service
423-2425

ALISON TONGE
AD HEALTH SERVICES

AUTH. NO.	DRIVER	UNIT NO.
		319974
TIME	DAY	MO.
	29	09

319974



G.S.T.#	FROM	TO	FARE	INTL	GRATUITY	TOTAL
						124.00
	PRINT NAME	CUSTOMER'S SIGNATURE				
		<i>[Signature]</i>				

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.

= TRANSACTION RECEIPT =

Checker/Yellow Cabs
 316 Meridian Road SE
 Calgary, AB T2A 1X2
 403 299 9999

TYPE: CREDIT CARD
 NIIMREF

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

TYPE: MC
 E/TIME:
 09/29 15:56:33
 H#: 175709

I/DRV: 0424 / 5552
 #: 307999308
 ID: 5893683

RE: \$ 44.76
 AT: \$000.00
 TRAS: \$000.00
 T: \$ 2.24

FA+FL+EX+TAX: \$ 47.00
 TIP: \$ 3.00
 DISCOUNT: \$000.00

TOTAL: \$ 50.00

SIGNATURE:

APPLICANT COPY



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
 Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
 Mrs Alison G Tonge
 Seventh Street Plaza, North Tower, 14th Floor
 10030 - 107 Street
 Edmonton, AB AB T5J 3E4
 Canada

Room: 0510
 Folio:
 Cashier: 122
 Arrival: 09-28-11
 Departure: 09-29-11

Date	Description	Additional Information	Charges	Credits
09-28-11	Atrium Cafe Charges	Line# 510 : CHECK# 0106	50.25	
09-28-11	Room Charge		144.00	
09-28-11	DMF		4.32	
09-28-11	Room GST		7.42	
09-28-11	Tourism Levy		5.93	

GST Summary	
Registration No:	895126332
Room	7.42
F&B	0.00
Other	0.00
Total	7.42

Total	211.92	0.00
Balance Due	211.92	CDN

*Cafe' - Dinner - Alison Tonge
 Sherry Thompson
 No restaurant receipt.*

Guest Signature: _____

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.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.

APPLICANT COPY



Date: 30-Sep-11

GST No: 86481 0676 RT0001
In Account With:
ALISON TONGE

Receipt

DATE	TIME	DESCRIPTION	Amount Charged	
7-Sep-11	8.20 pm	Ms.Tonge - Airport to Delta South	\$	78.00
8-Sep-11	8.15 am	Ms. Tonge - Delta Calgary South to Fort Calgary	\$	78.00
8-Sep-11	10.30 am	Ms. Tonge - Calgary Fort to 4520 - 16th Ave., NW	\$	78.00
8-Sep-11	3.15 pm	Ms. Tonge - 4520 - 16th Avenue, NW to Airport	\$	78.00
28-Sep-11	10.51 am	Ms. Tonge - Airport to Delta Calgary South	\$	78.00
29-Sep-11	3.30 pm	Ms. Tonge - Delta Calgary South to Airport - No Show after confirming with Karen Ramkhelawan	\$	78.00

Will be credited next invoice

Sub Total	\$	468.00
Gratuity	\$	70.20
5% GST	\$	-
TOTAL	\$	538.20

Thank you for your patronage

37 Royal Oak Cove, NW, Calgary, Alberta T3G 4X7
Phone: 512-8751 Fax: 1-866-465-8319
Canada/US Toll Free: 1-866-512-8751
email: sam@estyle-group.com

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

INVNO68893FORZCH0073239C.txt
BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
OUR REF : ZCH0073239C
AGENT : SHANNON CARTER

I N V O I C E
*** D U P L I C A T E ***

INV NO: 68893
DATE: 03OCT11
PAGE: 1

FOR: MS ALISON TONGE
AC
PERSONAL

*Edmonton - Ft. McMurray
Oct 12-13, 2011.*

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

C O S T

AIR CANADA	TKT NO	AC	3547 597677	(INCL 64.96 TAX)	561.96
*** SUB-TOTAL EXCLUDING GST/HST & APT					561.96
*** TOTAL CHARGES THIS INVOICE ***			s.17(1), 17(4)(e.1)		561.96
PAYMENT BY CA			TKT 3547597677		561.96
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.





APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P:780-791-6682 F:780-743-0560
Toll Free 1-866-924-6682
Arrive 10/12/11 Depart 10/13/11

TONGE ALISON

ALBERTA HEALTH SERVICES
Room # 1201 Invoice # 20789

Table with 5 columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Rows include 10/12/11, 10/12/11, 10/13/11 with descriptions like 2-Accommodat, 3-Room Tax, 92-MasterCard, On Accommodation, GST On Accommodatio, and Tax Reg. # 856465620RT0001.

BILLING INSTRUCTIONS

BALANCE 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 part or the full amount of these charges.

SIGNATURE

X

"Where Comfort and Service are at their best!"

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta - Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray
Saskatchewan - Kindersley
NWT & Nunavut Inuvik, Iqaluit

APPLICANT COPY

*AI travel to Calgary
for Oct. 24/11
Joint Portfolio mtg*

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
LOCATOR : MJM86V
OUR REF : ZCH0073948C
AGENT : CASANDRA WAGNER

I N V O I C E

INV NO: 69399
DATE: 17OCT11
PAGE: 1

FOR: MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)
PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8133 T	HK	24OCT	7:00A	7:51A		
			D8 (300 SERIE						
			SEAT 05A						
CALGARY	EDMONTON INTL	AIR CANADA	8152 T	HK	24OCT	4:30P	5:20P		
			D8 (300 SERIE						
			SEAT 02A						
		AIR CANADA	E						

C O S T

AIR CANADA	TKT NO	AC	3547 717856	(INCL 59.96 TAX)	411.96
*** SUB-TOTAL EXCLUDING GST/HST & APT					411.96
*** TOTAL CHARGES THIS INVOICE ***	s.17(1), 17(4)(e.1)				411.96
PAYMENT BY CA	TKT		3547717856		411.96
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Section 3: Invoice Processing		Number: AP 3.507
Grid	P-Card Quality & Compliance Non Compliant Form	Approved YYYY MM DD
Approving Authority Alberta Health Services Executive(?)		Last Update May 25, 2011
Procedure Sponsor AP Quality & Compliance		Next Review YYYY MM DD

- To ensure any Non- Compliant issues on P-Card statements are documented and followed through. (only fill in the applicable non-compliant fields)

OBJECTIVE:

Cardholder Name: TONGE, Alison

Statement Date: 20-Jan-12

Review completed by:
(AP P-Card Clerk) Henrietta Moes

Date completed: 2-Feb-12

Record Reference #: _____

Compliance Check Points:	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Referred to	Follow Up Initiation Date:
--------------------------	-----------------------	-----------------------------	--------------------------------	--------------------------	-------------------------------

Appropriate Approval Signatures:

Approval Type	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Referred to	Follow Up Initiation Date:
CardHolder Approval	no	missing signature <i>see attached</i>		P-Card Administrator	
Designated Approver (Can only be for: VP/EVP/SVP)				P-Card Administrator	
Statement Approval (Approver listed on statement = hardcopy approval signature)				P-Card Administrator	
Personal Expenses Waiver (ensure completion if applicable)				P-Card Administrator	

Submission Requirements:

Requirement	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Referred to	Follow Up Initiation Date:
Cardholder statement and backup submitted within deadline.				P-Card Administrator	

Receipts:

Receipt Requirement	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Referred to	Follow Up Initiation Date:
All Receipts attached (including order form/ vendor invoice/shipping docs)				Approver	
Receipt includes Alcohol (needs to be reimbursed)				Approver	
Returned Item Receipts				Approver	
Missing Receipts have documentation				Approver	
Receipts match charges on statement				Approver	
Meal Allowances within Travel Policy				Approver	
Out Of Province Travel (approval form attached)				Approver	
Out of Country Travel (approval form attached)				Approver	

Personal Expenses:

Requirement	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Referred to	Follow Up Initiation Date:
Payment attached				P-Card Administrator	

Disputing a P-Card Charge:

Requirement	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Referred to	Follow Up Initiation Date:
Letter from Cardholder attached				P-Card Administrator	

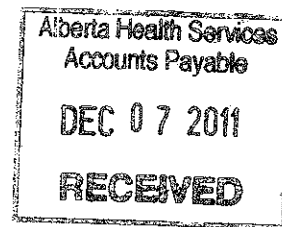
Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$2,277.89</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		<u>s.17(1), 17(4)(e.1)</u> Last 6 digits of the P-Card #:

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/10/2011	268834656	AIR CAN 0143547718043, AIR CANADA	401.96	CAD	401.96	.00	.00	Attend Health Policy in Banff
21/10/2011	268988912	YELLOW CAB, LIMOUSINES AND TAXICABS	131.00	CAD	131.00	6.24	.00	home-YEG-home
26/10/2011	269264367	BOUN THAI RESTAURANT, EATING PLACES, RESTAURANTS	66.41	CAD	66.41	3.16		EVP office working lunch
28/10/2011	269774220	YELLOW CAB, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14	.00	home-YEG-home limo
03/11/2011	270090763	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		home - YEG - home
04/11/2011	270229913	AIR CAN 0143547884421, AIR CANADA	521.96	CAD	521.96	.00	.00	to Calg for meetings
08/11/2011	270520050	AIR CAN 0143547884530, AIR CANADA	364.48	CAD	364.48	.00	.00	Ottawa for ACAHO
08/11/2011	270718739	WESTJET 0003547884531, Westjet Airlines	299.48	CAD	299.48	.00	.00	return from ACAHO
14/11/2011	271236757	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		home-YEG - home Nov 10 to Calg
15/11/2011	271236756	RED DEER LODGE, LODGING HOTELS, MOTELS, RESORTS	105.60	CAD	105.60	.00	.00	Retreat in R Deer





Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

S. WHITSON

Name of Cardholder Designate

S. Whitson

Signature of Cardholder Designate

Exec. Assistant

Cardholder Designate Position/Title

NOV 28 2011

Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON

Name of Cardholder

A. Tonge

Signature of Cardholder

EXECUTIVE VICE PRESIDENT

Cardholder Position/Title

NOV 29 2011

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

D. Rhodes

Name of Approver

Acting CFO

Approver Position/Title

D. Rhodes

Signature of Approver

Dec. 2 / 2011

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #:

Reviewed by:

AD Rhodes

Date:

Dec 8 / 11

APPLICANT COPY

Travelport ViewTrip™

Passenger Name TONGE, ALISON MS PERSONAL	Billing Address: No Address On Record	Delivery Address: ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4
---	---	---

Agency Information
 MARLIN
 9929 108Th St Government Ctr
 Edmonton, AB T5K 1G8
 CANADA
 Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-TIFFANY
 Agency IATA Number: 60879350

e-Ticket Receipt - 0143547718043 - AC 8145 - 27 Oct 2011 - YEG Today's Date: 20 Oct 2011

e-Ticket Number : 0143547718043	Apollo Reservation Number: PW5RPM	Ticket Issue Date: 20 Oct 2011
Frequent Traveller Number	Passenger	
Air Canada (AC)	TONGE, ALISON MS	

Flight Information		Air Canada Confirmation Number: NMJB3E
27 Oct 2011		
Air Canada (AC) 8145	Economy (T)	
Flight Operated By:	AIR CANADA EXPRESS JAZZ	
Depart:	Edmonton Intl Arpt (YEG) 1:00 PM	*Baggage: 1 Piece
Arrive:	Calgary Intl Arpt (YYC) 1:51 PM	Fare Basis: T7ITPA
		Not Valid Before: 27 Oct
		Not Valid After: 27 Oct
*Contact airline to confirm baggage allowance.		Status: Confirmed
29 Oct 2011		
Air Canada (AC) 8152	Economy (T)	
Flight Operated By:	AIR CANADA EXPRESS JAZZ	
Depart:	Calgary Intl Arpt (YYC) 4:30 PM	*Baggage: 1 Piece
Arrive:	Edmonton Intl Arpt (YEG) 5:20 PM	Fare Basis: T7STPA
		Not Valid Before: 29 Oct
		Not Valid After: 29 Oct
*Contact airline to confirm baggage allowance.		Status: Confirmed

Fare Information		Form of Payment: CA
Fare Calculation: 27OCT YEA AC YYC Q3.00Q9.00 154.00AC YEA Q3.00Q9.00 164.00CAD342.00END		s.17(1), 17(4)(e.1)
Fare:	CAD 342.00	
Taxes/Fees/Charges:	CAD 14.96 CA	
	CAD EMPT XG	
	CAD 45.00 SQ	
Total:	CAD 401.96	
Endorsement Information: AC ONLY-NON-REF-CHGE FEE AB H EALTH SERVICES COF		

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

IMPORTANT INFORMATION FOR TRAVELERS WITH ELECTRONIC TICKETS - PLEASE READ.
 Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

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Release Version: 11.4.0.2
 Server: 182

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611


To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: 70287
Date: November 4, 2011
Page: 1/2
Our Reference: ZCH0075051C MFK65N
Your Reference: PERSONAL

INVOICE

For
MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)

Thursday, November 10, 2011

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Seat(s): 09C
AIR CANADA E

Flight: 8393 V CLASS
07:00:AM Equipment: D8 (300 SERIES)
07:51:AM

Mile(s) Flown: 153

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Seat(s): 09C
AIR CANADA E

Flight: 8154 V CLASS
05:00:PM Equipment: D8 (300 SERIES)
05:52:PM

Mile(s) Flown: 153

Cost:

TKT- AC3547884421 E-TKT

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

Tax:
Ticket Total:

462.00
59.96
521.96

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 LOCATOR : P48XX0
 OUR REF : ZCH0075222C
 AGENT : ASHLEY QUACH

I N V O I C E

INV NO: 70399
 DATE: 08NOV11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(g)(i)
 PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	OTTAWA	AIR CANADA	104	T	HK 26NOV	8:15A	1:58P		
		E90							
		SEAT	14D						
OTTAWA	EDMONTON INTL	WESTJET AI	573	P	HK 28NOV	2:05P	5:33P		
		736							STOPS 1

C O S T

AIR CANADA	TKT NO	AC	3547	884530	(INCL 27.48	TAX)	364.48
WESTJET AIR	TKT NO	WS	3547	884531	(INCL 50.48	TAX)	299.48

*** SUB-TOTAL EXCLUDING GST/HST & APT	663.96	
*** TOTAL CHARGES THIS INVOICE *** s.17(1), 17(4)(e.1)	663.96	
PAYMENT BY CA	TKT 3547884530	364.48
PAYMENT BY CA	TKT 3547884531	299.48
*** BALANCE DUE THIS INVOICE ****	0.00	
BALANCE DUE TO DATE	0.00	

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 LOCATOR : P48XX0
 OUR REF : ZCH0075222C
 AGENT : ASHLEY QUACH

I N V O I C E

INV NO: 70399
 DATE: 08NOV11
 PAGE: 1

FOR: MS ALISON TONGE
 AC s.17(1), 17(4)(g)(i)
 PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	OTTAWA	AIR CANADA	104 T	HK 26NOV	8:15A	1:58P		
		E90						
		SEAT	14D					
OTTAWA	EDMONTON INTL	WESTJET AI	573 P	HK 28NOV	2:05P	5:33P		
		736						
							STOPS	1

C O S T

AIR CANADA	TKT NO	AC	3547 884530	(INCL 27.48	TAX)	364.48
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*** SUB-TOTAL EXCLUDING GST/HST & APT	663.96	
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PAYMENT BY CA	TKT 3547884530	364.48
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*** BALANCE DUE THIS INVOICE ****		0.00
BALANCE DUE TO DATE		0.00

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 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
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 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Date 11/16/11
Time 04:23
Page 1

APPLICANT COPY

4311 49 AVE

RED DEER, ALBERTA T4N 5Y7

1-800-661-1657

(403) 346-8841

Acct# P08973-02

Room# 676

Rate Code PG

Group

Room Type TNK

Room Rate 96.00

Arrive NOV 15 11 22:00

Depart NOV 16 11

TONGE, ALSION

ARR 3PM

ALBERTA HEALTH SERVICES

10030 107 ST

EDMONTON

AB

T5J 3E4

Payment MC

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

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

=====
Date | Description | Reference | Room | Charges | Credits
=====

Date	Description	Reference	Room	Charges	Credits
NOV 15	ROOM CHARGE			96.00	
NOV 15	G.S.T.			4.80	
NOV 15	TOURISM LEVY			3.84	
NOV 15	DESTINATION MARK FEE			.96	

=====
G.S.T.=subtotal: 4.80
TOURIS subtotal: 3.84

Balance Due: 105.60

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.
Privacy Policy: you may opt-out of having certain personal information collected.
G.S.T. #865650352 Direct Bill Signature: _____

APPLICANT COPY

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

CHARGE TO:

ACCOUNT NO.

SIN TOURE
HEALTH SERVICES

YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	AIC	510
TIME	DAY	MO. YR.
	13	10 11

3955891



FARE	116
INTL	
GRATUITY	11
TOTAL	127

G.S.T.#

FROM: 2 E.A.P. TIP

TO: 7/2 TIP. A

PRINT NAME

CUSTOMER'S SIGNATURE: [Signature]

X

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.

Guest Check Note de repas

DATE	SERVER SERVEUR	TABLE NO. N° DE TABLE	GUESTS / NOMBRE DE PERSONNES
------	-------------------	--------------------------	---------------------------------

MEALS / REPAS	AMOUNT MONTANT
---------------	-------------------

65 - Silvia	7.95
5P - Silvia	8.95
35 - B Sharon + stem	13.95
28 - B - Marc + stem	13.95
Silvia	
Ricex 111 (10)	4.50
BEVERAGES / BOISSONS	

36 - Caren + stem	13.95
-------------------	-------

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

CHARGE TO:

ACCOUNT NO.

SIN TOURE
HEALTH SERVICES

YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	AIC	510
TIME	DAY	MO. YR.
	24	10 11

3955927



FARE	114
INTL	
GRATUITY	
TOTAL	127

CUSTOMER COPY

G.S.T.#

FROM: 2 E.A.P. TIP

TO

PRINT NAME

CUSTOMER'S SIGNATURE: [Signature]

X

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.

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

CHARGE TO:

ACCOUNT NO.

SIN TOURE
HEALTH SERVICES

Capital Taxi
Proud To Be Canadian

Courtesy & Service

423-2425

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	13	10 11

395562



FARE	114
INTL	
GRATUITY	
TOTAL	127

CUSTOMER COPY

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE: [Signature]

X

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.

RESTAURANT
ST IN
AB

2827-14

Auth

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

RCARD

Entry Method: M

it:

al:

11/10/26

12:56:42

Acq #: 0015828120

Appr Code: 145642

Resp Code: 01/027

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

APPLICANT COPY

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

CHARGE TO:

ACCOUNT NO.

Capital Taxi
Proud To Be Canadian

Courtesy & Service

423-2425

G.S.T. #
FROM
TO
PRINT NAME
CUSTOMER'S SIGNATURE X

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

319380



<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FARE	
INT'L.	
GRATUITY	
TOTAL	

CUSTOMER COPY

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.

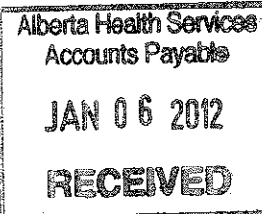
Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/12/2011</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$4,578.96</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		s. <u>17(1), 17(4)(e.1)</u> Last 6 digits of the P-Card #: _____

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/11/2011	271805687	OCDE, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	126.00	USD	135.48	.00		Health Indicators publication
29/11/2011	272120595	CHATEAU LAURIER, FAIRMONT HOTELS	449.74	CAD	449.74	22.49		ACAHO
29/11/2011	272226186	AIR CAN 0143548042625, AIR CANADA	1,555.21	CAD	1,555.21	.00	.00	Jim Hughes trip
30/11/2011	272396704	AIR CAN 0143548042625, AIR CANADA	126.00	CAD	126.00	.00	.00	Jim Hughes visit
30/11/2011	272396707	CAPITAL TAXI LINE, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14		Home - YEG - Home
01/12/2011	272396705	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	26.34	CAD	26.34	.00	.00	Making People Sick in Pursuit of Health
02/12/2011	272396706	Amazon.ca, COMPUTER NETWORK/INFORMATION SERVICES	30.24	CAD	30.24	.00	.00	Thinking Fast and Slow
06/12/2011	272770648	AL FRACHE S FLOWERS LT, FLORISTS	84.90	CAD	84.90	4.04		bye & good luck for KA
06/12/2011	272770649	AIRPORT TOWNE CAR SERV, LIMOUSINES AND TAXICABS	179.40	CAD	179.40	8.54		limo in Calg
08/12/2011	273035434	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	1,037.61	CAD	1,037.61	49.41		Dr. Hughes visit
09/12/2011	273275653	AIR CAN 0143548082671, AIR CANADA	501.96	CAD	501.96	.00	.00	Calgary meetings
16/12/2011	273634455	SHERATON EAU CLAIRE SU, FAIRMONT HOTELS	323.08	CAD	323.08	15.38		calg meetings



Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Sylvia Whitson

Name of Cardholder Designate

S Whitson

Signature of Cardholder Designate

Exec Assistant

Cardholder Designate Position/Title

DEC 28 2011

Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON

Name of Cardholder

A. Tonge

Signature of Cardholder

EXECUTIVE VICE PRESIDENT

Cardholder Position/Title

DEC 30 2011

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

D. Rhodes

Name of Approver

Deborah Rhodes

Signature of Approver

Acting CFO

Approver Position/Title

Jan 4, 2012

Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

 Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

 Reviewed by: AD Rhodes

 Date: Jan 5/12



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Email: oecdrow@turpin-distribution.com Website: www.turpin-distribution.com

Receipt Number	OEC11R016478
Date	28 November 2011
Customer Number	CU-0918331
Credit Card Number	
Publisher's Tax Reg. No.	
Customer's Tax Reg. No.	
TAX ANALYSIS FOR INFORMATION ONLY	

OECD is a TAX-EXEMPT international Organisation

Alison Tonge
 Alberta Health Services
 14th Floor North Tower
 10030 - 107 Street
 Edmonton
 Ab T5J 3E4
 Canada

Rate	Tax	Goods
------	-----	-------

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Seq	Product No.	Description	Qty	Price	Disc	Net	Tax	Total
-----	-------------	-------------	-----	-------	------	-----	-----	-------

Delivery to: CU-0918331 Alison Tonge Alberta Health Services 14th Floor North Tower 10030-107 Street Edmonton Ab T5J 3E4 Canada

1	9789264111530	Health at a Glance 2011: OECD Indicators (Paperback) Online Bookshop Order Ref: 20111124011410TON-1	1	42.00		126.00		126.00
---	---------------	--	---	-------	--	--------	--	--------

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 to OECD iLibrary at
www.oecd-ilibrary.org/

1. Don Sieben
2. Stafford Dean
3. Alison Tonge

In the event of any query please contact our customer service department:

Amount received - Do not pay	US DOLLARS	126.00
------------------------------	------------	--------

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Register Now!

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

LOCATOR : P24HKG
 OUR REF : ZCH0076363C
 AGENT : ASHLEY QUACH

I N V O I C E

INV NO: 71298
 DATE: 30NOV11
 PAGE: 1

FOR: DR JAMES HUGHES

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
LONDON-HEATHR	TORONTO PEARS	AIR CANADA	869 Q	HK	03DEC	9:00A	12:05P	BS	
BOEING 767									
TORONTO PEARS	EDMONTON INTL	AIR CANADA	127 Q	HK	03DEC	3:00P	5:07P		
E90									
SEAT 28D									
EDMONTON INTL	TORONTO PEARS	AIR CANADA	172 Q	HK	07DEC	1:10P	6:54P		
A319									
TORONTO PEARS	LONDON-HEATHR	AIR CANADA	848 Q	HK	07DEC	8:05P	8:25A	K	
BOEING 767									
SEAT 23H									
ARRIVAL 08DEC									

C O S T

AIR CANADA	TKT NO AC 3548 042625	(INCL 496.21 TAX)	1555.21
*** SUB-TOTAL EXCLUDING GST/HST & APT			1555.21
*** TOTAL CHARGES THIS INVOICE ***	s.17(1), 17(4)(e.1)		1555.21
PAYMENT BY CA	TKT 3548042625		1555.21
*** BALANCE DUE THIS INVOICE ****			0.00
BALANCE DUE TO DATE			0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

Fairmont
CHÂTEAU LAURIER

1 Rideau Street
Ottawa, ON, Canada K1N 8S7
T (613) 241-1414 F (613) 562-7030
G.S.T. / H.S.T Registration #831927355

Room/Chambre : 0334
Folio # :
Invoice # :
Cashier/Cassier # : 547
Page # : 1 of 1

Group Name/Groupe Association of Canadian Academic H

Association of Canadian Academic Healthc
Alison Tonge

Arrival/Arrivée : 11-26-11
Departure/Départ : 11-28-11
Fairmont President's Club
s.17(1), 17(4)(g)(i)

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

Date	Description	Additional Information/Supplémentaire	Charges	Credits
11-26-11	Room Charge		199.00	
11-26-11	Room HST (13%)		25.87	
11-27-11	Room Charge		199.00	
11-27-11	Room HST (13%)	s.17(1), 17(4)(e.1)	25.87	
11-28-11	MasterCard			449.74
Total			449.74	449.74

Balance Due/Solde 0.00

GST Summary / Sommaire		HST Summary / Sommaire	
Room/Chambre	0.00	Room/Chambre	51.74
F&B/Restauration	0.00	F&B/Restauration	0.00
Other/Autres	0.00	Other/Autres	0.00
Total	0.00	Total	51.74

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Mr. Claude Sauvé, General Manager, at Claude.Sauve@fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi les Hôtels Fairmont.

Pour donner votre opinion sur votre séjour, veuillez contacter M. Claude Sauvé, Directeur général, à Claude.Sauve@fairmont.com.
Nous vous invitons également à partager les souvenirs de votre expérience sur notre forum - www.everyonesanoriginal.com.

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 \$1.00 (Mon-Fri) and \$2.00 (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 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ 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

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

LOCATOR : P24HKG
 OUR REF : ZCH0076363C
 AGENT : ASHLEY QUACH



I N V O I C E

INV NO: 71300
 DATE: 30NOV11
 PAGE: 1

FOR: DR JAMES HUGHES

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
LONDON-HEATHR	TORONTO PEARS	AIR CANADA	869 Q	HK	03DEC	9:00A	12:05P	BS	
BOEING 767									
TORONTO PEARS	EDMONTON INTL	AIR CANADA	127 Q	HK	03DEC	3:00P	5:07P		
E90									
SEAT 28D									
EDMONTON INTL	TORONTO PEARS	AIR CANADA	172 Q	HK	07DEC	1:10P	6:54P		
A319									
TORONTO PEARS	LONDON-HEATHR	AIR CANADA	848 Q	HK	07DEC	8:05P	8:25A	K	
BOEING 767									
SEAT 23H									
ARRIVAL 08DEC									

C O S T

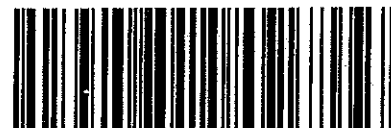
AIR CANADA	TKT NO	ACO	3548042625	126.00
*** SUB-TOTAL EXCLUDING GST/HST & APT				126.00
*** TOTAL CHARGES THIS INVOICE ***				126.00
PAYMENT BY CA	TKT	3548042625		126.00
*** BALANCE DUE THIS INVOICE ****	s.17(1), 17(4)(e.1)			0.00
TOTAL CHARGES PREVIOUS INVOICES				1555.21
TOTAL PREVIOUS PAYMENTS				1555.21
BALANCE DUE TO DATE				0.00

PREFERRED SEATING
 I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED: VALID PASSPORT... VISA... TOURIST CARD...
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

CONTINUED ON NEXT PAGE



APPLICANT COPY
http://www.amazon.ca



Amazon.com.ca, Inc.
c/o ACFSI
6363 Millcreek Drive
Mississauga, ON L5N 1L8
Canada

Billing Address/Adresse de correspondance:
Accounts Payable
10th Floor North Tower
10030 - 107 Street
Edmonton, Alberta T5J 3E4
Canada

Shipping Address/Adresse d'expédition:
Alison Tonge, AHS
14th Floor, North Tower
10030 - 107 Street
Edmonton, Alberta T5J 3E4
Canada

Invoice for/Bon de livraison pour

Your order of/Votre commande du: November 30, 2011
Order ID/N° commande: 702-0567470-6012267

Invoice number/N° bon de livraison DcSx06mpR November 30, 2011

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
1	Overdiagnosed: Making People Sick in the Pursuit of Health (** B-13 **) 0807022004	Hardcover	CDN\$ 17.61	CDN\$ 17.61
		Subtotal/Sous-total		CDN\$ 17.61
		Shipping and Handling/Frais de port		CDN\$ 7.48
		GST/HST/TPS/TVH		CDN\$ 1.25
		PST/TVP		CDN\$ 0.00
		Order Total/Montant total		CDN\$ 26.34
		Paid via/Payé par Mastercard		CDN\$ 26.34
		Balance Due/Montant dû		CDN\$ 0.00

As you requested, we've sent this portion of your order separately to give you the speediest service possible. The other items in your order are shipping separately.

You can always check the status of your orders from the "Your Account" link on our home page.

Thanks for shopping at Amazon.ca, and please come again!

Tel que demandé, nous avons envoyé cette partie de votre commande séparément afin de vous donner le service le plus rapide qui soit. Les autres articles seront expédiés séparément

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210
GST Registration Number/N° enregistrement TPS 85730 5932 RT0001





http://www.amazon.ca

SW



Amazon.com.ca, Inc.
 c/o ACFSI
 6363 Millcreek Drive
 Mississauga, ON L5N 1L8
 Canada

Billing Address/Adresse de correspondance:
Accounts Payable
 10th Floor North Tower
 10030 - 107 Street
 Edmonton, Alberta T5J 3E4
 Canada

Shipping Address/Adresse d'expédition:
Alison Tonge, AHS
 14th Floor, North Tower
 10030 - 107 Street
 Edmonton, Alberta T5J 3E4
 Canada

Invoice for/Bon de livraison pour

Your order of/Votre commande du: November 30, 2011
Order ID/N° commande: 702-0567470-6012267

Invoice number/N° bon de livraison D6x6l8mwR December 1, 2011

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Total
1	Thinking, Fast and Slow (** E-9 **) 0385676514	Hardcover	CDN\$ 21.32	CDN\$ 21.32
		Subtotal/Sous-total		CDN\$ 21.32
		Shipping and Handling/Frais de port		CDN\$ 7.48
		GST/HST/TPS/TVH		CDN\$ 1.44
		PST/TVP		CDN\$ 0.00
		Order Total/Montant total		CDN\$ 30.24
		Paid via/Payé par Mastercard		CDN\$ 30.24
		Balance Due/Montant dû		CDN\$ 0.00

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our home page.

Thanks for shopping at Amazon.ca, and please come again!

Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca, Inc. 410 Terry Avenue North Seattle, WA 98109-5210
 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001



APPLICANT COPY

INVOICE

Handwritten notes and signatures at the top of the invoice, including a signature that appears to be "S. J. ..."

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

Best Copy Possible

REG. NO. 17(1), 17(4)(e.1)

DATE: 12/15/90
TIME: 10:00 AM
PLACES: 1
TOTAL: \$84.90

\$84.90

APPROVED

DATE: 12/15/90

REMARKS: 1000

REMARKS: 1000

Main body of the invoice containing a table with handwritten entries, including dates like "12/15/90" and various numerical values.

6543

95-1807



Date: 30-Sep-11

GST No: 86481 0676 RT0001
In Account With:
ALISON TONGE

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
10-Nov-11	7.51 am	Ms.Tonge - Airport to Southport Tower - NO CHARGE (Adjustment to the Sept 29 charged for No Show)	\$ -
10-Nov-11	12.30 pm	Ms. Tonge - Southport Tower to Foothills Campus	\$ 78.00
10-Nov-11	3.30 pm	Ms. Tonge - Foothills Campus to Airport	\$ 78.00

Sub Total	\$	156.00
Gratuity	\$	23.40
5% GST	\$	-
TOTAL	\$	179.40

Thank you for your patronage

37 Royal Oak Cove, NW, Calgary, Alberta T3G 4X7
 Phone: 512-8751 Fax: 1-866-465-8319
 Canada/US Toll Free: 1-866-512-8751
 email: sam@estyle-group.com

APPLICANT COPY

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

INVNO71665FORZCH0076826C.txt
BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
LOCATOR : VV09XY
OUR REF : ZCH0076826C
AGENT : BARBARA LAZARENKO

I N V O I C E

INV NO: 71665
DATE: 09DEC11
PAGE: 1

FOR: MS ALISON TONGE
AC s.17(1), 17(4)(g)(i)
PERSONAL

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8393 V	HK 14DEC	7:00A	7:53A		
			D8 (300 SERIE SEAT 05A					
CALGARY	EDMONTON INTL	AIR CANADA	8156 W	HK 15DEC	5:30P	6:24P		
			D8 (300 SERIE SEAT 09C					
		AIR CANADA E						

C O S T

AIR CANADA	TKT NO	AC	3548 082671	(INCL 59.96 TAX)	501.96
*** SUB-TOTAL EXCLUDING GST/HST & APT					501.96
*** TOTAL CHARGES THIS INVOICE ***	S.17(1), 17(4)(e.1)				501.96
PAYMENT BY CA	TKT 3548082671				0.00
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Sheraton Suites Calgary East Centre
 255 Barclay Parade SW
 Calgary, AB T2P 5C2
 403 266 7200 / 403 266 1300
 http://www.sheratonsuites.com

APPLICANT COPY



Tonge, Alison	Page Number	1	Invoice Nbr	1000008474
	Guest Number	935509	Arrive Date	12-14-2011
	Folio ID	A	Depart Date	12-15-2011
s.17(1), 17(4)(g)(i)	No. Of Guest	1		
	Room Number	205		
	Club Account			s.17(1), 17(4)(g)(i)
	Time	12-15-2011 07:36		

Invoice

Tax Identification 846543619 RT0002

Date	Reference	Description	Charges	Credits
12-14-2011	4124	In Suite Dining	\$32.30	
12-14-2011	RT205	Room Charge	\$259.00	
12-14-2011	RT205	DMF	\$7.77	
12-14-2011	RT205	Alberta Tourism Levy (4%)	\$10.67	
12-14-2011	RT205	GST (5%)	\$13.34	
12-15-2011	MC	Master Card		\$-323.08
		** Total	\$323.08	\$-323.08
		** Balance	\$0.00	
****			\$14.64	

Continued on the next page

AB Health Services
Master
Master
Canada

Room Number: 1606
Arrival Date: 12-03-11
Departure Date: 12-07-11
Page No: 1 of 2

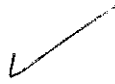
Guest Name Hughes, James

INFORMATION INVOICE

Folio No: 102870

12-30-11

Date	Description		Charges	Credits
12-03-11	Room Service	Room# 1606 : CHECK# 2788	25.44	
12-03-11	Room Revenue		229.00	
12-03-11	Tourism Levy - 4%		9.16	
12-03-11	Destination Marketing Fee - 1%		2.29	
12-03-11	Tourism Levy on DMF		0.09	
12-04-11	Room Service	Room# 1606 : CHECK# 2867	50.01	
12-04-11	Room Revenue		229.00	
12-04-11	Tourism Levy - 4%		9.16	
12-04-11	Destination Marketing Fee - 1%		2.29	
12-04-11	Tourism Levy on DMF		0.09	
12-05-11	Room Revenue		229.00	
12-05-11	Tourism Levy - 4%		9.16	
12-05-11	Destination Marketing Fee - 1%		2.29	
12-05-11	Tourism Levy on DMF		0.09	
12-06-11	Room Revenue		229.00	
12-06-11	Tourism Levy - 4%		9.16	
12-06-11	Destination Marketing Fee - 1%		2.29	
12-06-11	Tourism Levy on DMF	s.17(1), 17(4)(e.1)	0.09	
12-07-11	Mastercard	XX/XX		1,037.61



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

CHARGE TO:

ACCOUNT NO.:

APPLICANT COPY

Capital Taxi

Proud To Be Canadian

Courtesy & Service

423-2425

1500 TONDEL
HEALTH SERVICES

Halsa

G.S.T. #
FROM
TO
PRINT NAME
CUSTOMER'S SIGNATURE X

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

335823



FARE	
INT'L	
GRATUITY	
TOTAL	29.00

CUSTOMER COPY

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.



Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TONGE, ALISON</u> Cardholder's Name	<u>EXECUTIVE VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/01/2012</u>
<u>STRATEGY & PERFORMANCE</u> Cardholder's Dept	<u>MANULIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$537.10</u>
<u>ALISON.TONGE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		<u>s.17(1), 17(4)(e.1)</u> Last 6 digits of the P-Card #:

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/01/2012	274670585	AIRPORT TOWNE CAR SERV, LIMOUSINES AND TAXICABS	269.10	CAD	269.10	12.81		limo in calg
09/01/2012	275063225	AIR CAN 0142103352774, AIR CANADA	496.96	CAD	496.96	.00	.00	cancelled Calg trip
09/01/2012	275154584	YELLOW CAB, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14	.00	limo service
09/01/2012	275154585	YELLOW CAB, LIMOUSINES AND TAXICABS	129.00	CAD	129.00	6.14	.00	limo service
09/01/2012	275250806	TASF 00004641797, TRAVEL AGENCIES AND TOUR OPERATORS	10.00	CAD	10.00	.43		fee for cancelling
11/01/2012	275825537	AIR CAN 0142103352774, AIR CANADA	-496.96	CAD	-496.96	.00	.00	refund

Alberta Health Services
Accounts Payable
FEB 02 2012
RECEIVED

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Sylvia Whitson
 Name of Cardholder Designate

S Whitson
 Signature of Cardholder Designate

Exec Assistant
 Cardholder Designate Position/Title

Jan 26/12
 Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TONGE, ALISON
 Name of Cardholder

 Signature of Cardholder

EXECUTIVE VICE PRESIDENT
 Cardholder Position/Title

 Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

 Name of Approver Designate

 Signature of Approver Designate

 Approver Designate Position/Title

 Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

D. Rhodes
 Name of Approver

Deborah Rhodes
 Signature of Approver

Acting CFO
 Approver Position/Title

Jan 31/12
 Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

 Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____



Date: 31-Dec-11

GST No: 86481 0676 RT0001
In Account With:
ALISON TONGE

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
✓14-Dec-11	7.51 am	Ms. Tonge - Airport - Southport Lane	\$ 78.00
✓15-Dec-11	9.00 AM	Ms. Tonge - Sheraton Eau Claire to U of C	\$ 78.00
✓15-Dec-11	4.00 PM	Ms. Tonge - SOUTHPORT LANE to Airport	\$ 78.00

Sub Total	\$	234.00
Gratuity	\$	35.10
5% GST	\$	-
TOTAL	\$	269.10



Thank you for your patronage

37 Royal Oak Cove, NW, Calgary, Alberta T3G 4X7
Phone: 512-8751 Fax: 1-866-465-8319
Canada/US Toll Free: 1-866-512-8751
email: sam@estyle-group.com

APPLICANT COPY

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8

BRANCH: N61107
 GST REG# 885101915
 PHONE: 780-425-8611

- Cancelled AT's
 Jan. 12/12 flight to
 Calgary on Jan. 10th
 - Marlin to issue
 refund.

TO: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB, T5J 3E4

YOUR REF : PERSONAL
 LOCATOR : NQG7PR
 OUR REF : ZCH0077659C
 AGENT : CASANDRA WAGNER

INVOICE
 *** D U P L I C A T E ***

INV NO: 72436
 DATE: 09JAN12
 PAGE: 1

FOR: MS ALISON TONGE
 AC
 PERSONAL s.17(1), 17(4)(g)(i)

Original invoice

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8393 W	GK	12JAN	7:00A	7:53A		
		D8 (300 SERIE)							
		AIR CANADA E							
		BOOKING REFERENCE L4F69Z							
		TICKET NUMBER 0142103352774							
CALGARY	EDMONTON INTL	AIR CANADA	8156 W	GK	12JAN	5:30P	6:24P		
		D8 (300 SERIE)							
		AIR CANADA E							
		BOOKING REFERENCE L4F69Z							
		TICKET NUMBER 0142103352774							

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 10JUL12 AT 12:00A
 TO EDMONTON INTL RET10JUL12 AT 12:00A
 1 PACKAGE TOUR
 AIR CANADA CONFIRMATION L4F68Z

----- C O S T -----

AIR CANADA	TKT NO	ACO	2103352774	(INCL 88.96 TAX)	496.96
BSP TASF	TKT NO	954 0004	641797		10.00

*** SUB-TOTAL EXCLUDING GST/HST & APT 506.96

*** TOTAL CHARGES THIS INVOICE ***

PAYMENT BY CA	TKT	2103352774	506.96
PAYMENT BY CA	TKT	0004641797	496.96

*** BALANCE DUE THIS INVOICE **** s.17(1), 17(4)(e.1)
 BALANCE DUE TO DATE

506.96
~~496.96~~
 10.00
 0.00
 0.00

CONTINUED ON NEXT PAGE

APPLICANT COPY

CHARGE TO: s.17(1), 17(4)(e.1) ACCOUNT NO.

LOW TONCE
HEALTH SERVICES

YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-8500

G.S.T.#	
FROM	Z F APT 10
TO	Home - YEG - Home
PRINT NAME	
CUSTOMER'S SIGNATURE	<i>[Signature]</i>
	X

AUTH. NO.	DRIVER	UNIT NO.
	740	513
TIME	DAY	MO. YR.
	12	11

4363406



FARE	116.00
INTL	
GRATUITY	
TOTAL	116.00

CUSTOMER COPY

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.

CHARGE TO: s.17(1), 17(4)(e.1) ACCOUNT NO.

LOW TONCE
HEALTH SERVICES

YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-8500

G.S.T.#	
FROM	Z F APT 10
TO	Dalhousie
PRINT NAME	
CUSTOMER'S SIGNATURE	<i>[Signature]</i>
	X

AUTH. NO.	DRIVER	UNIT NO.
	740	513
TIME	DAY	MO. YR.
	12	11

4363405



FARE	116.00
INTL	
GRATUITY	
TOTAL	116.00

CUSTOMER COPY

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.

APPLICANT COPY

Henrietta Moes

From: Sylvia Whitson
Sent: Thursday, February 02, 2012 10:41 AM
To: Henrietta Moes
Subject: RE: Alison Tonge - Jan P-Card Claim

Yes we know... Alison left AHS on Jan 10th.

Sylvia

From: Henrietta Moes
Sent: Thursday, February 02, 2012 10:26 AM
To: Sylvia Whitson
Subject: Alison Tonge - Jan P-Card Claim

Sylvia,

Alison Tonge's January P-Card claim is missing her signature. Please submit as soon as possible.

<< File: SCHPRINT012020210200.pdf >>

Thanks

Henrietta
P-Cards
10th Floor, North Tower, Seventh Street Plaza
Edmonton



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY) Travel Period from: _____ to _____

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

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

Name: Alison Tonge Position (Title): EVP Strategy & Performance Employee # (E-People): _____ Employee # (Legacy): _____

Location: _____ Dept: _____ Union: _____ Business Phone #: _____ Ext: _____

Out-of-Province Travel: _____

What is your former legacy region (prior to AHS consolidation)? East-Central

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number: _____ Expenditure Organization: _____ Project Task Number: _____ Expenditure Type: _____

Total - Section B - Travel - Pg 2

Pg	Bal Unit	Functional Centre (FC)	Total
2A			
2B			
2C			
2D			

Total - Section C&D - Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0306	71110101001	62600000	1,570.00
**User to enter Coding & \$ amounts				\$1,570.00

NOTE: These fields do not automatically fill for Section C&D

TOTAL REIMBURSEMENT

Total Section B	
Total Section C&D	\$1,570.00
Less Cash Advance	
TOTAL CLAIM	\$1,570.00

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Sylvia Whitson Phone # 780 342-2049 Ext _____

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *Sylvia Whitson for A Tonge* Date *25-Jan-12*

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) *Dr. Chris Eagle* DOFA Level _____ Position # _____

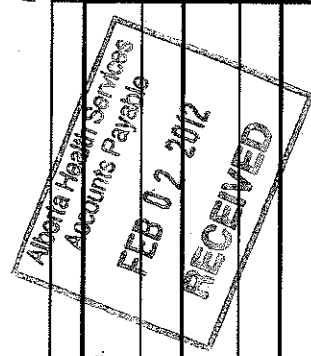
Signature *Dr. Chris Eagle* Title *President & CEO*

Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____

Signature _____ Title _____

Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____

Signature _____ Title _____



Ruby

EXPENSE CLAIM DETAILS

SECTION C Other Expenses

Emp # (E-People)

Emp # (Legacy)

Page 3

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

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

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If NOI claiming any expenses in Sections C or D, this page does NOI have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is <u>ON</u> till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is <u>NOI</u> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
13-Dec-11	Tonge	101	0306	71110101001	62600000		\$1,000.00	\$1,000.00	
13-Dec-11	Tonge	101	0306	71110101001	62600000		\$160.00	\$160.00	
13-Dec-11	Tonge	101	0306	71110101001	62600000		\$398.00	\$398.00	
29-Dec-11	Tonge	101	0306	71110101001	62600000		\$12.00	\$12.00	
	s.17(1), 17(4)(g)(i)								

SECTION D Foreign Currency

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Please click on the following link for the Bank of Canada exchange rate using the date of expense
Bank of Canada Currency Converter → Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

12/13/11

Location :
 HERITAGE VILLAGE
 2041 - 111 Street
 Edmonton, AB T6J 4V9

Date Printed: 2011-12-13
Invoice #: 600412

Business Number:

Bill To:
 Tonge

Services For:
 Tonge

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

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

Account Summary:

Date of Service	Service Provider	Description	Fee	PST	GST	Amount
2011-12-13	Dr. Anthony Salopek	s.17 (4)(a)	\$250.00	\$0.00	\$0.00	\$250.00
Sub Total:			\$250.00	\$0.00	\$0.00	\$250.00

Payments / Refunds:

Date	Trans. Type	Method	Amount
2011-12-13	Payment	MasterCard	\$250.00

Total Balance Due: \$0.00

APPLICANT COPY
Patient Receipt

Location :
 HERITAGE VILLAGE EC 06
 2041 - 111 Street
 Edmonton, AB T6J 4V9

Date Printed: 2011-12-13
Invoice #: 600411

Business Number:

Bill To:
 Tonge

Services For:
 Tonge
 s.17(1), 17(4)(g)(i)

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

Account Summary:

Date of Service	Service Provider	Description	Fee	PST	GST	Amount
2011-12-13	Dr. Anthony Salopek		\$250.00	\$0.00	\$0.00	\$250.00
		s.17 (4)(a)				
		Sub Total:	\$250.00	\$0.00	\$0.00	\$250.00

Payments / Refunds:

Date	Trans. Type	Method	Amount
2011-12-13	Payment	MasterCard	\$250.00
Total Balance Due:			\$0.00

APPLICANT COPY
Patient Receipt

Location :
HERITAGE VILLAGE EC 06
2041 - 111 Street
Edmonton, AB T6J 4V9

Date Printed: 2011-12-13
Invoice #: 600410

Business Number:

Bill To:
Alison Tonge

Services For:
Alison Tonge

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

Account Summary:

Date of Service	Service Provider	Description	Fee	PST	GST	Amount
2011-12-13	Dr. Anthony Salopek	s.17 (4)(a)	\$250.00	\$0.00	\$0.00	\$250.00
Sub Total:			\$250.00	\$0.00	\$0.00	\$250.00

Payments / Refunds:

Date	Trans. Type	Method	Amount
2011-12-13	Payment	MasterCard	\$250.00
Total Balance Due:			\$0.00

APPLICANT COPY Patient Receipt

Location :
HERITAGE VILLAGE EC 06
2041 - 111 Street
Edmonton, AB T6J 4V9

Date Printed: 2011-12-13
Invoice #: 600413

Business Number:

Bill To:
Tonge

Services For:
Tonge
s.17(1), 17(4)(g)(i)

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

Account Summary:

Date of Service	Service Provider	Description	Fee	PST	GST	Amount
2011-12-13	Dr. Anthony Salopek		\$250.00	\$0.00	\$0.00	\$250.00
		s.17 (4)(a)				
Sub Total:			\$250.00	\$0.00	\$0.00	\$250.00

Payments / Refunds:

Date	Trans. Type	Method	Amount
2011-12-13	Payment	MasterCard	\$250.00

Total Balance Due: \$0.00

R. J. A. MEDICENTRES
2041 111 ST NW
EDMONTON, AB T6J 4V9
(780) 438-2386

TERM ID: D4152616 BATCH#: 066
SHIFT#: 001

Sale

INVT#: 000000010 Chip
MCARD SEQ#: 066001001010
Application Label: MasterCard
AID: A0000000041010
TVR:00 00 00 00 00
TST:FR 00

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

Total: CAD\$ 1,000.00

APPROVED RT305B
001/00

13-Dec-11 15:17:16

CUSTOMER COPY
THANK YOU



FAX from: INSIGHT - HERITAGE - FAX# (780) 438-9211

Patient: Tonge,

Dr. Anthony Salopek
Heritage MC, 2041-111 Street
Edmonton AB T6J 4V9

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

Date of Birth:

Date of Exam: December 13, 2011
Exam: 2976971

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

Accession:
Pt. History

PHN:
Other Insurance:

Exam Type:

Sex:

s.17 (4)(a)

Comments: Paid \$40.00 Debit Auth# 300030

TRANSACTION RECORD

HERITAGE VILLAGE XRAY
INSIGHT MEDICAL IM T6J4V9
EDMONTON AB
22073718

PURCHASE

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

12-13-2011 16:26:12
Acct # C
Account Chequing Card Type DP
A0000002771010 Interac

Trace # 700008
FS2207371801
Auth # 300030 RRN 001617008

Total \$160.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

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FAX from: INSIGHT - HERITAGE - FAX# (780) 438-9211

Patient: Tonge,

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

Dr. Anthony Salopek
Heritage MC, 2041-111 Street
Edmonton AB T6J 4V9

Date of Birth:

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

Date of

December 13, 2011

Exam:

2976966

Accession:

Pt. History

PHN:

Other

Insurance:

Exam Type:

Sex:

s.17 (4)(a)

Comments:

Paid \$40.00 Debit Auth#300030

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FAX from: INSIGHT - HERITAGE - FAX# (780) 438-9211

Patient: Tonge,

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

Dr. Anthony Salopek
Heritage MC, 2041-111 Street
Edmonton AB T6J 4V9

Date of Birth:

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

Date of Exam: December 13, 2011
2976959

Accession:
Pt. History

PHN:
Other Insurance:

Exam Type:

Sex:

s.17 (4)(a)

Comments: Paid \$40.00 Debit Auth# 300030

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FAX from: INSIGHT - HERITAGE - FAX# (780) 438-9211

Patient: Tonge,

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

Dr. Anthony Salopek
Heritage MC, 2041-111 Street
Edmonton AB T6J 4V9

Date of Birth:

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

Date of

December 13, 2011

Exam:

2976958

Accession:

Pt. History

PHN:

Other

Insurance:

Exam Type:

Sex:

s.17 (4)(a)

Comments:

Paid \$40.00 Debit Auth# 300030

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ALBERTA HEALTH SERVICES
Accounts Payable
FEB 06 2012
RECEIVED

APPLICANT COPY

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY) Travel Period from: _____ to _____

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

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

Name: Allison Tonge Position (Title): EVP Strategy & Performance Employee # (E-People): _____ Employee # (Legacy): _____
 Location: Seventh Street Plaza Dept: Corporate Office Union: _____ Business Phone # 780 342-2017 Ext: _____ Out-of-Province Travel: _____

What is your former legacy region (prior to AHS consolidation)? East Central

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number: _____ Project Task Number: _____ Expenditure Organization: _____ Expenditure Type: _____

Total - Section B - Travel - Pg 2			Total
Pg	Location	Functional Centre (FC)	Total
2A	0306	71110101001	\$255.86
2B	"	"	\$340.99
2C			
2D			\$596.85

Total - Section C&D - Other & Foreign Expenses - Pg 3				Total
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0306	71110101001	41090000	54.95
				\$54.95

TOTAL REIMBURSEMENT	
Total Section B	\$596.85
Total Section C&D	\$54.95
Less Cash Advance	
TOTAL CLAIM	\$651.80

**User to enter Coding & \$ amounts

NOTE: These fields do not automatically fill for Section C&D

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Sylvia Whitson Phone # 780 342-2049 Ext _____

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Sylvia Whitson for Alison Tonge Date: 25-Jan-12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04), s.17(1), 17(4)(g)(i) Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Deborah Rhodes DOFA Level 3b Position # _____ Phone # 780.735.0930 Ext _____

Signature: Deborah Rhodes Title: Acting CFO Date: Feb. 2/2012

Approved By (PRINT ONLY) Deborah Rhodes DOFA Level _____ Position # _____ Phone # _____ Ext _____

Signature _____ Title _____ Date _____

Ruby

EXPENSE CLAIM DETAILS s.17(1), 17(4)(g)(i)

Enter Finance Coding 101 • 0306 • 71110101001

Emp # (E-People)

Emp # (Legacy)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/expense codes are not required in this section as they are pre-determined by the system.

SECTION B Travel Expenses NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Interf). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown) w/ receipt or per diem		Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	Amount						
7-Sep-11	to Calg for Sep 8 presentation	AB		D	\$12.07						
7-Sep-11	ditto	AB		D	\$3.66						
8-Sep-11	Calg UofC and Southport	AB		L	\$9.53						
12-Sep-11	Launch of Addiction & Mental Health strategy	AB							\$20.00		
12-Sep-11	return to office	AB							\$20.00		
14-Sep-11	S & P Exec Team Meeting in Nisku								\$50.00		
14-Sep-11	To Board mtg in Medicine Hat				\$8.71						
15-Sep-11	cab to board mtg at hospital								\$18.00		
28-Sep-11	To Calg for PSL			B	\$8.71						
29-Sep-11	Return to Edm.				\$5.93						
02-Oct-11	To Board mtg in Fort McMurray			B	\$11.32						
24-Oct-11	To calg for meetings				\$4.65						
24-Oct-11	Breakfast meeting			B	\$6.30						
27-Oct-11	to Banff for Canadian Health Policy conference				\$4.98						
27-Oct-11	ditto			L	\$12.07						
29-Oct-11	Return to Edm			L	\$10.93						
18-Nov-11	U of A meeting					\$14.00					
26-Nov-11	To Ottawa for ACAHO board mtg	ON							\$35.00		
SUBTOTALS						\$98.86	\$14.00		\$143.00		Total Kms

Enter \$0.505 OR rate per Union Agreement	
Mileage \$	\$255.86
Travel \$ Subtotal	\$255.86
Enter on page 1 TOTAL TRAVEL \$	

MEAL PER DIEM RATES
 B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

EXPENSE CLAIM DETAILS s.17(1), 17(4)(g)(i)

Enter Finance Coding _____ Emp # (E-People) _____ Emp # (Legacy) _____ Page 2B

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B Travel Expenses NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter'l). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)		Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)					
				Type	w/receipt or per diem											
27-Nov-11	In Ottawa for ACAHO board mtg	ON														
14-Dec-11	To Calgary for meetings	AB		B	\$11.92				\$40.00							
15-Dec-11	In Calgary for meetings	AB		B	\$12.34											
6-Dec-11	Dinner meeting - VP candidate	AB		D	\$276.73											
SUBTOTALS											\$300.99	\$40.00				Total Kms

Enter \$0.505 OR rate per Union Agreement	
Mileage \$	\$340.99
Travel \$ Subtotal	\$340.99
Enter on page 1 TOTAL TRAVEL \$	
\$340.99	

MEAL PER DIEM RATES
 B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Note, total will auto fill into pg 1, Section E. If form completed electronically - Additional pg 2s can be found at end of form

APPLICANT COPY

HMSHOST
STARBUCKS COFFEE DOM
EDMONTON INTERNATIONAL AIRPORT

8334 Ailyn

HK 5329 SEP28'11 9:09AM

1 GRND LATTE G 4.49
1 WATER FIJI 500ML 3.69
DEPOST BTL CAN 0.12

SUBTOTAL 8.30
9.18 G.S.T. 5%217101 0.41
AMOUNT **8.71**
Cash 20.00
CHANGE 11.29

THANK YOU FOR VISITING STARBUCKS
GST# 137512901
HOW DID WE DO?
HMS HOST EDMONTON INT'L AIRPORT
JOHN VAN BESOUW-GENERAL MANAGER
PHONE-1 780 890 4447
email john.vanbesouw@hmshost.com
ADDRESS-HMS HOST
P.O. BOX 9835
EDMONTON INT'L AIRPORT
EDMONTON, AB T5J 2T2

HMSHOST
STARBUCKS COFFEE DOM
EDMONTON INTERNATIONAL AIRPORT

40 Sheila

HK 7149 OCT12'11 6:40AM

1 GRND LATTE G 4.49
1 LOAF 2.49
1 WATER FIJI 500ML 3.69
DEPOST BTL CAN 0.12

SUBTOTAL 10.79
10.87 G.S.T. 5%217101 0.43
AMOUNT **11.32**
Cash 20.00
CHANGE 8.68

THANK YOU FOR VISITING STARBUCKS
GST# 137512901
HOW DID WE DO?
HMS HOST EDMONTON INT'L AIRPORT
JOHN VAN BESOUW-GENERAL MANAGER
PHONE-1 780 890 4447
email john.vanbesouw@hmshost.com
ADDRESS-HMS HOST
P.O. BOX 9835
EDMONTON INT'L AIRPORT
EDMONTON, AB T5J 2T2

HMS HOST
STARBUCKS A
CALGARY INTERNATIONAL AIRPORT

5 Simone

9394 OCT24'11 3:36PM

ITEM# CARAMEL MAC 4.43

Subtotal 4.43
G.S.T. 0.22
Total 4.65
Cash 10.00
Change Due Cdn\$ 5.35

THANK YOU FOR VISITING STARBUCKS
GST # 137512901

PLEASE TELL US - How Did We Do?
Shost Calgary Intl Airport
Jeff Makeiff, General Manager
jeff.makeiff@hmshost.com
Ph: 4032211779

APPLICANT COPY

HMS HOST
 SECOND CUP
 GARY INTERNATIONAL AIRPORT
 8429 Mary

K 5350 OCT29'11 2:20PM

SML CAFE LATTE 3.68
 CHIX CAESAR SLD 6.73
 SUBTOTAL 10.41
 TAX 0.52
 AMOUNT ~~10.93~~
 Cash 15.00
 CHANGE 4.07

THANK YOU FOR VISITING US!
 GST # 137512901

Use Tell Us - How Did We Do?
 Host Calgary Int'l Airport
 Jeff Makeiff, General Manager
 jeff.makeiff@hmshost.com
 Ph: 4032211779

HMSHOST
 STARBUCKS COFFEE DOM
 EDMONTON INT'L AIRPORT

K 7866 SEP07'11 6:59PM

1 TALL LATTE T 3.49
 3.49
 5%217101 0.17
 66
 4.00
 0.34

THANK YOU FOR VISITING STARBUCKS
 GST# 137512901
 HOW DID WE DO?
 HOST EDMONTON INT'L AIRPORT
 JOHN VAN BESOUW-GENERAL MANAGER
 PHONE-1 780 890 4447
 email john.vanbesouw@hmshost.com
 ADDRESS-HMS HOST
 P.O. BOX 9835
 EDMONTON INT'L AIRPORT
 EDMONTON, AB T5J 2T2

HMSHOST
 STARBUCKS COFFEE TRM
 EDMONTON INTERNATIONAL AIRPORT

2019 Maricris
 K 5097 DEC14'11 6:21AM

1 GRND LATTE G 4.89
 1 LOAF 2.59
 1 WATER FIJI 500ML 3.76
 1 EPOST BTL CAN 0.12
 SUBTOTAL 11.36
 11.24 G.S.T. 5%217101 0.56
 AMOUNT ~~11.92~~
 Cash 20.00
 CHANGE 8.08

THANK YOU FOR VISITING STARBUCKS
 GST# 137512901
 HOW DID WE DO?
 HOST EDMONTON INT'L AIRPORT
 JOHN VAN BESOUW-GENERAL MANAGER
 PHONE 1 780 890 4447
 email john.vanbesouw@hmshost.com
 ADDRESS-HMS HOST
 P O BOX 9835
 EDMONTON INT'L AIRPORT
 EDMONTON, AB T5J 2T2

APPLICANT COPY

Best Copy Possible

HOST

1-

1

1

HMSHOST
QUIZNGS SUBS
EDMONTON AIRPORT

39 Varshaben

67 OCT27'11 12:13PM

SALD CHIX CAESAR	7.69
WATER FIJI 540ML	3.89
DEPOST BTL CAN	0.12

SUBTOTAL	11.50
.38 G.S.T. 5%217'01	0.57
AMOUNT	11.50 07
Cash	12.07

GST # 137512901
 HOW DID WE DO?
 HOST EDMONTON INT'L AIRPORT
 VAN BESOUW-GENERAL MANAGER
 PHONE 1 780 890 4447
 john.vanbesouw@hms-host.ca
 ADDRESS-HMS HOST
 P.O. BOX 3213
 EDMONTON INT'L AIRPORT
 EDMONTON, AB T5J 2T2


EDMO AIRPORT
5J 2T2

APPLICANT COPY

From EPA
 To River bend
 Time 12:00
 Date _____
 Trip Amount 5.0
 Driver Name _____
 Car Number _____
 GST (CASH)

PRESTIGE
0000 CABS **780-462-4444**

GST# _____
 Date: 12.09.11 Amount: 20.00
 Driver: _____ Car #: _____
 From: 10730-1075TR
 To: 12325-1405TR

 10135 - 31 Avenue, Edmonton, AB T6N 1C2

PRESTIGE
0000 CABS **780-462-4444**

GST# _____
 Date: 12.09.11 Amount: 20.00
 Driver: _____ Car #: _____
 From: _____
 To: _____

10135 - 31 Avenue, Edmonton, AB T6N 1C2

Michael Hecker

RECEIPT DATE Sept 15/11

From: MH Lodge
 To: Hospital CASH
 Driver: Kyle
 Amount: 18.00 Car# 31
 Thank You Have a Nice Day

RECEIPT / RECU

Amount/Montant: \$ 35 Date: Nov 26/11
 From/Des: _____
 To: _____
 Taxi #: 776 Driver/Chauffeur: _____
 Thank you! Merci



APPLICANT COPY

Apple Store, Southgate Centre
 5015 111 St
 Edmonton, Alberta T6H 4M6
 southgatecentre@apple.com
 (780) 801-3820
 www.apple.com/ca/retail/southgatecentre
 Apple GST No 10023 6199 RT0001

September 10, 2011 01:17 PM

Alison Tonge

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

Non-Responsive

Incase Magazine Jacket for iPad \$54.95
 Part Number: H3721ZM/A
 Return Date: Sep. 24, 2011

*Please
 claim
 for me
 [Signature]*

Non-Responsive

Sub-Total	\$ 348.85
GST/HST	\$ 17.45
Total	\$ 366.30
Amount Paid Via Master Card (A)	\$ 366.30

s.17(1), 17(4)(e.1)
R4757Z

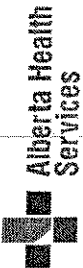
Sep 10 2011 12:16 pm Trans#R4115892599

TRANSACTION RECORD

Card Number : s.17(1), 17(4)(e.1)
 Card Entry : S@1
 Account : MASTERCARD
 Trans Type : PURCHASE
 Amount : \$366.30

Auth # : R4757Z
 Sequence # : 001001778
 Merchant ID : 20436170
 Terminal # : I20436170050
 Date : 11/09/10
 Time : 13:16:19

APPROVED - THANK YOU



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff Only)

Travel Period from:

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name Alison Tonge Position (Title)

Location Dept

What is your former legacy region (prior to AHS consolidation)?

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY →

Project Number Expenditure Organization

Project Task Number Expenditure Type

Total - Section B - Travel - Pg 2			
Pg	Location	Functional Centre (FC)	Total
2A			
2B			
2C			
2D			

Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0923	71110101058	62600000	14,684.00
**User to enter Coding & \$ amounts				\$14,684.00

NOTE: These fields do not automatically fill for Section C&D

TOTAL REIMBURSEMENT	
Total Section B	
Total Section C&D	\$14,684.00
Less Cash Advance	
TOTAL CLAIM	\$14,684.00

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Jennifer Hamstra Phone # 780-342-2028 Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature

Date

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Dr. Chris Eagle

DOFA Level Position #

Phone # 780-342-2029 Ext

Signature

Title President & CEO

Date

Approved By (PRINT ONLY)

DOFA Level Position #

Phone # Ext

Signature

Title

Date

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0508 or email: Mark.Palke@albertahealthservices.ca

AHS - Edmonton Accounts Payable
 AUG 21 2012
 RECEIVED

**Western Moving &
Storage**
11516 – 163 Street
Edmonton, AB T5M 3T3

Memo

To: Alison Tonge
From: Sheila Miranda
Date: 7/17/2012
Re: Cheque Received

Please note that your final charges of \$14,684.00, have been paid in full. Please accept this note as your receipt for payment on your move to UK.

Thank you,

Sheila Miranda

Accounting Department

Western Moving & Storage

APPLICANT COPY

Western Moving & Storage

11516 - 163 Street
 Edmonton, AB , CANADA T5M 3T3
 (780) 454-6683 fax (780) 487-8548

Invoice No. 0002379

INVOICE

Customer		Date
Name	Alison Tonge	8/1/2012
Address		Order No.
City	England Prov UK P.C	
Attention:		

Qty	Description	Unit Price	TOTAL
	<u>Alison Tonge, Edmonton to UK</u>		
	Packing Services		\$2,880.00
	Wrap, Overseas Prep & Loading of Container		\$4,948.00
	Ocean Freight to England		\$6,856.00
		SubTotal	\$14,684.00
		Taxes	
		TOTAL	\$14,684.00

Payment Details

PAYABLE UPON RECEIPT
GST Reg No. R897193058RP0001

Office Use Only

CHARGES ARE PAYABLE UPON RECEIPT OF INVOICE.

Thank you for using Ted LeLacheur's Western Moving & Storage

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period Misc up to - March 31, 2011	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)			
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non Canadian Currency	Exchange Rate	Canadian \$
101 0000 71110101023			153.29
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			\$ 153.29

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *A. Tonge* Date: March 30, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature: <i>Chris Mazurkewich</i>	Date: March 29/11	Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

u JM 2011/03/29

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period Misc up to - March 31, 2011	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses <i>(by Expense Account)</i>			
Finance Code / Accounting Distribution <i>(if applicable)</i> <small>(Corp) (Location) Functional Centre Expense Account</small>	Non-Canadian Currency	Exchange Rate	Canadian \$
101 0000 71110101023			153.29
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			\$ 153.29

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: 

Date: March 30, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature:		Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

EXPENSE CLAIM DETAILS
 (Insert row as required)



10135 - 31 Avenue
 Edmonton, Alberta T6N 1C2

462-4444

THANK YOU/MERCI

ADMIN. 465-8500
 FAX: 462-2722

Date: Dec 01/10 Amount/Montant \$ 32.00
 Car/Voiture # 90

Driver/Chauffeur: Alan G.S.T. # _____

From/De: Mauliffe To/A: Meerwood



PLEASE CALL AGAIN
 AU PLAISIR DE VOUS REVOIR

vel €

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

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



ASSOCIATED CAB

Driver _____ Date Jan 19 Research

Car # _____ Amount \$ 16.00

GST Included # 17 Ave Restaurant
to Carriage House.

TRANSACTION RECEIPT =

Checker/Yellow Cabs
 316 Meridian Road SE
 Calgary, AB T2A 1X2
 299-9999

Carriage Hs to Southport

ACCT TYPE: CASH/VOUCHER
 DATE/TIME:
 11/01/20 08:39:02

VEH/DRV: 0922 / 4693
 GST#: 871328910

FARE: \$ 6.29
 FLAT: \$000.00
 EXTRAS: \$000.00
 GST: \$ 0.31

TOTAL: \$ 10.00

From: _____
 To: Et. MacMurray
 Car: _____
 Driver: _____

Date: 6/2/11 Amount: \$ 35.00



Safe, Courteous
 Taxi Service

PRESTIGE CABS
 780-462-4444
 10135 - 31 Avenue, Edmonton, AB T6N 1C2
 GST# _____
 Date: Feb 01 2011 Amount: \$ 12.50
 Driver: MT
 From: Mauliffe Car #: 026
 To: 11648-855

KDZY KORNER
 RESTAURANT

8802 Frank Ave
 Port Macmurray Alberta
 T6H 2J7, GST#89496526
 Tel: 743-3268 Fax: 743-4118

Driving Forces
Driving Shop

06/1 Chk 3579 Gst 0


Feb 07 11 05:01 PM
 *** Memo Check ***

TEA 1.95
 POP 1.95
 FISH n CHIPS 12.95
 Subtotal 16.85
 GST 0.65
 Total 17.50

PLEASE PAY SERVER*
 PLEASE PAY SERVER*
 PLEASE PAY SERVER*

APPLICANT COPY
YELLOW CAB

780-462-3456

GST# _____
Date: 28 Feb 11 Amount: \$20-
Driver: [Signature] Car #: 719
From: 102 St - 102 St
To: Legislator
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

Date: March 16/2011 Amount: \$10.00
G.S.T. Included
From: Royal Alexandra
To: _____
To: Manalife
Driver: [Signature] Car #: 233
780-425-2525 780-425-8310
www.co-optaxi.com

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #: ^{EC}	Union Name:
Position (Title): EVP Strategy & Performance	Department: s.17(1), 17(4)(g)(1) Strategy & Performance	Location: Seventh Street Plaza
Business Phone #: 342-2017	Travel Period From April 3, 2011 to June 22, 2011	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses							
(by Expense Account)							
Finance Code / Accounting Distribution					Non-Canadian Currency	Exchange Rate	Canadian \$
(Corp)	(Location)	Functional	Centre	Expense Account			
101	0000	71110101023		62300000	£194.93		\$141.29
Total GST							5.88
Subtotal							
Less Cash Advance (if applicable)							
Total							✓ \$ 448.96

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *ASPE* Date: July 25, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & COO	Phone #
Signature: <i>Chris Mazurkewich</i>		Date: <i>July 28/11</i>
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

APPLICANT COPY

*Conference Bd. of Canada
Conference*

KENSINGTON FOOD COURT
PITTO PEARSON INT'L AIRPORT

SOZIA

366 APR03'11 2:00PM

ULIANNE SID T/O 8.99
HICKEN SOUP 8.99
FRESH FRUIT 1.19
Tax 2.49
Payment 21.66
Cash 25.00
Change Due 3.34

For you, Questions & Comment
mailto:comments@hmc.host.com

za Pizza

ie

Walk In
5500100135 Emp 55

Taken: 04/03/2011 06:09:40 PM

per Slice \$3.

SubTotal: \$3
HST: \$0
Tot: \$3
Cash: \$5
Change Due: \$1
GST# 864514
Restaurant#

See You Come Again!

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

CHARGE TO:

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

THE Conference to home

YELLOW CAB (780) 462-3456
PRESTIGE CABS (780) 462-4444
ADMINISTRATION (780) 465-8500

ALITH. NO.	DRIVER	UNIT NO.
	MT	05
TIME	DAY	MO. YR.
	15	04 11

38693346

G.S.T.#

FROM *Alison Tonge*

CUSTOMER NAME *Alison Tonge*

CUSTOMER'S SIGNATURE *Alison Tonge*



FARE	27.00
INTL.	
GRATUITY	3.00
TOTAL	30.00

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.

CUSTOMER COPY

Fare: 6.70 Date: 14 April 2011
From: *Sundowner* To: *Hospital*
Driver: *Fayman* C.No.: *167*
Co. Name: *Boonville*
Print Name: *Boonville*
Signature: *[Signature]*

APPLICANT COPY

CEHQ conference

SSP America
Exchange Domestic T1
Lester B. Pearson Int'l Airport
GST # 825875560RT001
416-776-2477

27 PARUL U

Apr 28 '11 12:30 PM Sat

TO GO

2.00
8.00
14
8.99
2.49
1.49
1.00

Best Copy Possible

TalkToUs

We always welcome your comments.

Please call us at 877-325-8777
Or, email:
TalkToUs@foodtravexperts.com

T1 KENSINGTON FOOD COURT
ONTO PEARSON INT'L AIRPORT

FOZIA

7826 APR29'11 11:16AM

MEAL BOWL PROTIN 9.30
FIJI WATER 3.99

Tax 1.72
Payment 15.01
Cash 20.00
Change Due 4.99

Thank you, Questions & Comments
toronto.comments@hmshost.com

THANK YOU FOR RIDING WITH CHECKER

Date: 17/05/11 Amount: 25
From: 10730 100 ave
To: 14230 133 ave
Unit: _____ Driver: _____

GST# 139185722

PLEASE CALL AGAIN
484-8888

CHARGE TO: _____ ACCOUNT NO. _____

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

YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-8500

ALPH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.

3954366



FARE	9.14
TAX	
GRATUITY	
TOTAL	

CUSTOMER COPY

FROM: Long Sero Awards
Edin Zone
Italian Cultural Centre

TO: _____

PRINT NAME: _____

CUSTOMER'S SIGNATURE: _____
X

Driver # HE Car # 437

To: 10301 Southport Ln. S.W.

From: DELIA S.W.T.W.

Date: MAY 26 / 11 Amount: 7

GST# _____

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.

APPLICANT COPY

CAFE FIORI

*** COPY *****
*** COPY *****
*** COPY *****

CAFFE NERO
UNIT B PORTCULLIS HOUSE
1-2 BRIDGE STREET
LONDON
SW1A 2JH

Table 17
Server: FRANCESCA
19/06/11

Veg Lasagne 9.25
Mixed Salad 3.70
Orange Juice 2.80
Orange Juice 2.80

total Due 18.55

41/43 Cranbourn Street
London
WC2H 7AN
Tel 0207 437 3215
VAT# 240 463 391

No: 020 7925 0781
Site: www.caffenero.com
Phone: 795 8716 59
95871659

Receipt No: SALE 440171 COPY
Date: 19/06/2011 19:27
Server: ANNA K
Terminal: TILLO4002/430

REGULAR x1 2.10
TOTAL 2.10
VAT @ 20% 0.35
TOTAL 2.45
GRAND TOTAL 2.45
CHANGE 0.00

RECEIPT TAX RECEIPT


ITEMS INCLUDE VAT
* COPY *****
* COPY *****
* COPY *****

Licensed taxi receipt

Date 19/06/11

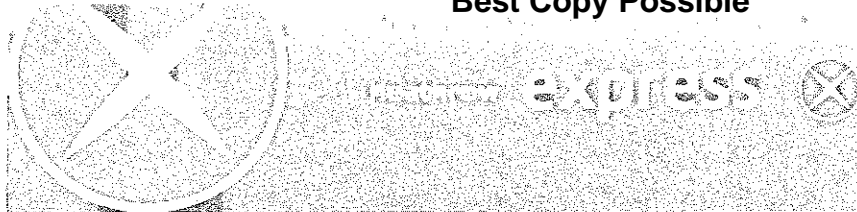
Amount 16.40

Signature _____

BT. Bringing it all together **BT** 

APPLICANT COPY

Best Copy Possible



Sunday Sat
19th + 25th

Step 6 of 6 - Receipt

If you have a card on file, your payment will be taken from your card unless you have opted to pay by bank transfer.

19 June 2011 - Heathrow to London Paddington
1 x Adult First Class Return

Reference Code:
71557207

£50
(UK)

Your Tickets

Your tickets will be sent to the email address or mobile phone number you provided.

Your Receipt

Please print or save this page for future reference.

Ticket Validity

Tickets are valid for:

- State - one way
- Return - one tender month
- Joint - 12 months

Printing Problems

In case you are unable to print the attached receipt, you may also refer to the following information on our website: [http://www.heathrowexpress.com](#) where you will be able to confirm details for travel.

For more information

Clicking the symbol , where shown, will display helpful hints & tips in this panel

APPLICANT COPY

Best Copy Possible

Costa Coffee
8 Adelaide Street
London
WC2N 4HZ

Costa Coffee
VAT NO:243 292 884
FOUAD 20/06/2011 08:48

Till 1 Sale 164895

1 Massimo Cappuccino SK Fo	1.05
1 Costa Crisp...	1.30
<hr/>	
TOTAL	3.95
CASH	5.00
CHANGE	1.05
* V.A.T	0.66

Tel: 020 7800 0000
Thank you!

YOU COULD HAVE EARNED 10 POINTS
BY USING A COFFEE CLUB CARD

Forgotten your card? Bring your card and
surrender this receipt by 18/07/2011
to collect these points at participating
stores.

Costa Coffee
4 Great Portland Street
London
W1W 8QJ

Costa Coffee
VAT NO:243 292 884
DOMINIC 20/06/2011

Till 1 Sale 164895


1 Carac...	75*
1 Latte Medio El	45*
<hr/>	
TOTAL	120
CASH	15.80
CHANGE	10.70

Costa Coffee
VAT NO:243 292 884
DOMINIC 20/06/2011

YOU COULD HAVE EARNED 20 POINTS
BY USING A COFFEE CLUB CARD

Forgotten your card? Bring your card and
surrender this receipt by 18/07/2011

Pizza Hut (UK) Ltd
11 Regent Street
London
SW1Y 4NQ
Tel: 020 7287 8560
VAT No. 454 1466 52

Gregg M. 

31/1 Chk 217 Gst
ion 3 20Jun'11 19:4

Dine In
Regular Italian 11.00
R It Veg Supreme 6.40
Person 3.40

HOW MANY MORE DO YOU WANT?
* Complete your order with a

OR YOU CAN WIN
USE THIS CODE: 20020406111728
T&Cs apply

Please respond within 30 days

Thank You
AT No 454 1466 52
Service Not Included
AT charged at 20%


THANK YOU!

Total 11.85
AT 1.96

Items on this order

rtg™ Taxi Receipt

Radio Taxicab Group Limited The world's first
Carbon Neutral taxi company

Date 20.6.11.
Amount £ 10.90
Signature 

To book a taxi call 020 7272 0272

All major credit cards accepted
Radio Taxicab has no responsibility for journeys that are not booked through the company

APPLICANT COPY

Costa
8 Adelaide
Ln,
WC2N

Best Copy Possible

Costa Coffee
VAT NO: 243 292 864
SIMON 21/06/2011 08:11

Till Sale 165115

2 Latte Medio UK £1.70
1 Tiramisu (with) £1.70

TOTAL
CASH 10.00
CHANGE 3.95
V.A.T.

020 7836 9584

Costa Coffee
8 Adelaide Street
London
WC2N 4HZ

Thank you for using
Costa Coffee and for
surrendering your card and
participating in the
loyalty programme.

Costa Coffee
8 Adelaide Street
London
WC2N 4HZ

Costa Coffee
VAT NO: 243 292 864
ALDONA 22/06/2011 08:53

Till Sale 165434

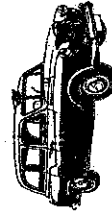
1 Latte Medio UK £1.70
1 Tiramisu (with) £1.70
TOTAL 4.15
CASH 5.00
CHANGE 0.85
V.A.T. 0.69

020 7836 9584
Thank you!

Costa Coffee
8 Adelaide Street
London
WC2N 4HZ

Thank you for using
Costa Coffee and for
surrendering your card and
participating in the
loyalty programme.

Licensed London
Black Taxi Receipt



Date:
Amount: £ 12.00

Thank you for using
Licensed London Black Taxi
Email: clivenaturalman@yahoo.com
www.clivenatural.com
N. C. Promo

1-06-22 1181811 1 5 1249 5:1

Driver: Venkat
TAXI # : 1249

LATTE 200Z TA
BUXTON STILL 500 BTL
DDF PANINI TUNA MELT

20%
AL

CASH
Change

VAT NUMBER: 884 2579 78
THANK YOU

Select Service Partner
169 Euston Road, London NW1 2AE
Comments welcome at- www.sspfeedback.com
STORE #1181811

Travel Approval Form (Out-of-Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	
Destination: London, UK		Name: Alison Tonge	
Employee #: _____		Report To: Chris Eagle	
Department: Strategy & Performance		Office Location: SSP 14	
Business Phone #: 342-2017		What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).	
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
Dates: From (day/month) June 21 /11 (year) to (day/month) June 24/11 (year)			
Purpose of Trip: Complete final course in professional strategy consultant			
Employee Signature: <i>A. Tonge</i>			Date: MAY - 2 2011
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print)		Title:	Phone #
Signature:		Date:	
Approved By: (please print) Dr. Chris Eagle		Title: President and CEO	Phone #
Signature: <i>[Signature]</i>		Date: May 03 2011	
B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars			
Category	Description	Amount	
1. Accommodation Charge	# 4 Nights at \$	Can. \$ 1,000.	
2. Meals			
3. Registration	(1295 GBP)	2,000	
4. Airfare or Other Travel Costs		1,320	
5. Other Expenses (please specify)	Meals, cabs	400	
Total Estimated Travel Costs		(est) \$ 4800	
C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)			
Advance Amount (\$) Requested:		Date Required:	

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period From	
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses
(by Expense Account)

Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
01 71110101025 6240000			284.95
Re location 4901711101000 6230010			908.25
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			\$ 1193.20

Alberta Health Services
Accounts Payable
NOV 26 2010
RECEIVED

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: NOV 24 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature: <i>Chris Mazurkewich</i>		Date: Nov 23/10
Approved By (please print):	Title:	Phone #
Signature: <i>[Signature]</i>		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

[Handwritten notes]

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period From	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses
(by Expense Account)

Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
01 71110101025 6230000			284.95
Re location 4961711101000 6230010			906.25
Trav Exps Dec 17/09 - Nov 10/10			
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			\$ 1193.20

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature:  Date: NOV 24 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature:		Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

Handwritten notes and stamps: "T2", "APPROVED", "2010 11 24", and other illegible marks.

Best Copy Possible

APPLICANT COPY

KELOWNA CABS
5-3312 Appaloosa Road
Kelowna, BC V1V 2G9

878-1111
762-2222
762-4444

Date: _____ Amount: _____ GST #102795754 RP

Rec'd From: _____

Driver: _____ Car #: _____

From: _____ To: _____

Driver Cell: _____

Date: 01-01-2010 Amount: 23.80
Moutant: _____ GST Included: _____

From/De: M. S. ...

To/A: A. ...

To/A: _____

Driver: ALEX Car #: 103

Chauffeur: _____ Voiture: _____

425-8310 www.co-optaxi.com **425-2525**

RECEIPT

Date: OCT 14 Time: 5:50

From: COAST To: AIRPORT

Driver: SC Amount: 20.00

Signature: _____

A-PLUS TAXI LTD. **403-317-7777**

PRESTIGE

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

CABS

462-4444

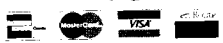
ADMIN. 465-8500
FAX: 462-2722

THANK YOU/MERCI

Date: Jul 22, 10 Amount/Montant \$ 16.00 Car/Voiture # 911

Driver/Chauffeur: Helen G.S.T. # _____

From/De: 6922-128th To/A: 10180-102nd



PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

YELLOW CAB

780-462-3456

GST# _____

Date: _____ Amount: _____

Driver: _____ Car #: _____

From: _____ To: _____

To: _____

10135 - 31 Avenue, Edmonton, AB T6N 1C2

PRESTIGE
0000 CABS

780-462-4444

GST# _____

Date: 07-09-10 Amount: 19.40

Driver: _____ Car #: _____

From: _____ To: _____

To: _____

10135 - 31 Avenue, Edmonton, AB T6N 1C2

YELLOW CAB

780-462-3456

GST# _____

Date: SEP 08 Amount: 20.00

Driver: _____ Car #: _____

From: 9499-137 Ave

To: 101 Ave 103 St

10135 - 31 Avenue, Edmonton, AB T6N 1C2

PRESTIGE
0000 CABS

780-462-4444

GST# _____

Date: _____ Amount: _____

Driver: _____ Car #: _____

From: _____ To: _____

To: _____

10135 - 31 Avenue, Edmonton, AB T6N 1C2

Date: Oct 18/10 Amount: 10.00
G.S.T. Included: 10.00

From: GRH

To: Manuafa

To: _____

Driver: _____ Car #: _____

780-425-2525 **780-425-8310**

www.co-optaxi.com

THANK YOU FOR RIDING WITH CHECKER

Date: 10/11/10 Amount: 10.00

From: _____

To: _____

Unit: 9000 Driver: _____

GST# 139185722


PLEASE CALL AGAIN

484-8888

APPLICANT COPY

Best Copy Possible

Item	Date	Cost	Receipt Attached?
House Inspection	17-02-09	\$446.25	✓
Removal	23-04-10	\$462.00	✓
		<hr/>	
		\$908.25	


 I am claiming
 removal to my residence
 home - I am claiming
 the entire receipts
 made on 16/09/10 &
 10/10/10
 can you please confirm
 to me?


 20/04/22

A. Inspection Contract

Please print clearly

Invoice Number: 6905

Inspection Address: _____ hereinafter referred to as the "Property"

Special Instructions: See agent's letter s.17(1), 17(4)(g)(i)
750 483 2842

Inspection Contract Between Alberta Property Inspection hereinafter referred to as the "Company" and

Client Information

Name: Touge hereinafter referred to as the "Client"

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

Fee: 425.00

City: _____ GST: 91.25 Date: Dec 17, 2011

Telephone #: _____ Postal/Zip Code: _____ Total: 446.25 Time: 1:00 AM

[Signature]
2011/11/22

This **VISUAL INSPECTION** is carried out at your request and on your behalf in accordance with the following conditions:

INITIALS

1. **GENERAL** – This inspection, which is carried out at your request, is intended to provide the client with a better understanding of the property conditions as observed at the time of the inspection. The Company carries out a visual inspection only and will operate the various systems as detailed in this report. The goal of the inspection is to identify any major visual deficiencies visible at the time of the inspection requiring immediate major repair. This report must be read in its entirety to put the inspection, its terminology, and its limitations in the proper perspective. The Company's oral comments and written report will be based on his opinion of the property's condition at the time of the inspection. This report cannot be taken as a guaranty, warranty, policy of insurance, or fitness for obtaining insurance. The company cannot comment on manufacturers recalls or legal actions since it does not have the expertise or information concerning the specific appliance, fixture, or material.

INITIALS

2. **SCOPE OF INSPECTION** – The inspection is conducted according to the standards of practice of the private inspection industry. These standards are provided in the procedure section of each section and these form an integral part of the report. This is not a building code or by-law compliance inspection. This inspection is not a confirmation of the adequacy of any installations of appliances, fixtures or materials.

INITIALS

3. **LIMITATIONS** – The inspection is limited to those parts of the property and related equipment that are easily accessible and can be evaluated visually. The inspection does not include any reference to potentially hazardous substances, including but not limited to urea formaldehyde foam insulation (UFFI), radon, asbestos, PCB's, mould, mildew, and lead. The Company is not permitted to alter equipment of systems if doing so could result in property damage. Therefore, if equipment is not functioning the Company will be unable to evaluate its operating capability. Further details regarding limitations are noted in the report.

INITIALS

4. **EXCLUSIVE USE** – The inspection report is for the exclusive private use of the client. Use of or reliance upon the information contained herein by other parties is strictly prohibited.

INITIALS

5. **GENERAL EXCLUSIONS** – The Company is not required to comment on: life expectancy of any component or system; causes of the need for a major repair; the suitability of the property for specialized use; market value of the property or its marketability; any component or system which was not observed; the presence or absence of pests, such as wood damaging organisms, rodents or insects; cosmetic items; underground items or items not permanently installed. The Company is not required to: offer or perform any act or service contrary to law; offer any warranties or guarantees of any kind; calculate the strength, adequacy, or efficiency of any system or component; disturb insulation, move personal items, furniture, equipment, plant life, soil, snow, ice, or debris which obstructs access or visibility; determine the presence or absence of any suspected hazardous substances including but not limited to toxins, carcinogens, noise, contaminants in soil, water, air, and allergens. The Company is not required to comment on the indoor air quality of the property.

INITIALS

6. **ACT OF NATURE** – The client agrees that the Company is not responsible for damage to the property or persons as a result of extreme weather, including but not limited to floods, high winds, heavy rain, snow, hail, ice, earthquakes, tremors. The client understands that construction practices do not design or prevent damage from extreme weather. The Company does not confirm if the property is in a floodplain, hazardous area, or contaminated site.

APPLICANT COPY

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7. **DISPUTE RESOLUTION** – It is agreed that any dispute with the Company must be brought to the attention of the Company in writing prior to alteration, repair or replacement of the item. The client shall allow reasonable notice and access to permit the Company or appointee to view the complaint issue. The client agrees to hold the Company harmless for any and all claims relating to conditions that are altered or repaired without said notice or inspection. The parties agree that no action may be sought to recover damages against the Company after (1) year from the date of inspection noted above. Both parties agree to resolve any dispute through a mediation process with a mediator approved by both parties
8. **TIME OF CONTRACT SIGNING** – This contract must be read prior to commencement of the inspection. The client acknowledges that they have read this contract prior to commencement of the inspection. The client may refuse to sign the contract and the Company will not proceed with the inspection. The client has the opportunity to use another firm and is not obligated to proceed with this inspection
9. **CONTRACT PARTIES** – This inspection is being carried out exclusively by the Company. The booking company or affiliated companies assume no responsibility whatsoever for the inspection.
10. **ENGINEERING EVALUATION** – This inspection is not an engineering evaluation. Additional fees, expertise, and time are required to complete an engineering evaluation of the property
11. **MOULD EXCLUSION** – This inspection specifically excludes any and all responsibility or liability to any problem or issue relating to fungi (including but not limited to yeast, mould, mildew, rust, smut or mushroom). These exclusion problems include:
 - a) The actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, growth or presence of;
 - b) Any costs or expense incurred to prevent, respond to test for, monitor, abate, mitigate, remove, cleanup, contain, remediate, treat, detoxify, neutralize, assess or otherwise deal with or dispose of;
 - c) The actual or alleged failure to detect, report, test for monitor, cleanup, remove, contain, dispose of, treat, detoxify, neutralize, or in any way respond to, assess the effects of or advise of the existence of or the conditions for the potential growth of; any fungi or any spores, mycotoxins, odours, or any other substances, products or by-products produced by, released by, or arising out of the current or past presence of fungi.
12. **LIMIT OF LIABILITY** – The client acknowledges that the Company's liability is limited to a maximum amount equal to the inspection fee.
13. **INSURANCE** – This report cannot be used to obtain property or other insurance. This report is not a guaranty or warranty regarding the fitness of the property for obtaining insurance. The client must discuss and resolve this directly with an insurance representative prior to purchasing the property.
14. I/We (The client or representative), hereby agree to the contract, conditions and limitations as set out above and agree to read the entire report prior to using the information contained in the report
15. The client has received a copy of the contract by e-mail prior to the inspection and agrees to all of the above noted conditions.

Client's Signature _____ Date and Time _____

for the "Company" _____ Date and Time _____

Report Instructions On site to: _____ Mail to: _____ Fax #: _____
 Customer / Agent / Lawyer (Name): _____ Date sent: _____

Receipt Amount Received \$ _____ Cheque Cash Credit Card

Method of Payment Visa / Mastercard # _____ Expiry _____
 GST# _____

for the "Company" _____ Date _____



APPLICANT COPY AAA QUALITY MOVERS LTD.

9245A - 35 Ave,
Edmonton, AB. T6E 5Y1
Ph: (780) 461-6800
(780) 413-0246

DATE OF MOVING _____ 20 _____
BOOKING TIME _____ AM / PM
TYPE OF TRUCK _____ TON

NAME OF THE CONSIGNEE: _____ OTHER: _____

HOME PH NO: _____ WORK PH NO: _____ CELL: _____ FAX: _____

MOVING FROM: _____

DESTINATION: _____

RATE PER HOUR: \$ _____ STARTING TIME: _____ AM / PM

TRAVELLING TIME: _____ FINISHING TIME: _____ AM / PM

HOURS CONSUMED: _____

BRIEF DESCRIPTION

TOTAL HOURS CHARGEABLE: _____

TOTAL HOURS RECOVERABLE: \$ _____

+ STORAGE CHARGES: \$ _____

+ MOVING SUPPLIES CHARGES: \$ _____

+ OUT OF PROVINCE PERMIT CHARGES: \$ _____

(GST # 888718632) GST: \$ _____

TOTAL AMOUNT DUE: \$ _____

ESTIMATED COST: \$ _____

DEPOSIT: \$ _____

FLAT RATE: \$ _____

BALANCE: \$ _____

TERMS: CASH • VISA • M/C • BANK DRAFT • CERTIFIED CHEQUE

Received all goods in order, no claims allowed unless reported within 48 hours in writing.

SIGNATURE OF THE SHIPPER

SIGNATURE OF THE CONSIGNEE

IMPORTANT CONTRACT CONDITIONS:

1. Unless previous payment arrangements have been made with our credit department, our drivers are instructed to collect cash or certified cheque **PRIOR TO UNLOADING THE TRUCK**. This is in compliance with the practice of all recommended movers and does in no way reflect on your integrity.
2. Goods on which storage or other charges remain unpaid for two months will be sold at a private sales to pay charges etc. and notice to the last known post office and address will be considered a legal notice of such sale.
3. I am the legal owner of the goods referred to or the authorized agent thereof I have read and accepted the terms and conditions above and on the reverse side.
4. No responsibility on any box packed by owner, and if owner is helping, he is responsible for any damage while loading and unloading the truck.
5. The carrier will not relinquish possession of shipment until all charges are paid in cash, money order or certified cheque. Any adjustments to this Bill of Lading must be made at Head Office only.
6. All goods are stored at owners risk in case of fire (Storage rates do not include insurance). The company liability is limited to \$50.00 for any loss while in storage.
7. We are not responsible for mechanical function of pianos, radios, phonograph, clocks, mechanical refrigerators or other instruments or appliances for damage to linoleum or th heating elements of gas or electric heaters, irrespective of who packs or unpacks, moves or store them.
8. The company is not responsible for articles in drawers of furniture or other contents of trunks, bureaus, barrels, cases and other packages including bonds, jewelry and currency.
9. I have received a copy of this agreement.
10. Minimum charge is 4 hrs. Deposit is not returnable.

White: Office copy Yellow: Customer copy

Work Order & Invoice

You are valued customer. Thanks For Your Business.

222984

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

RECEIVED
JUL 28 2010

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period From May 1 to June 30, 2010	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)			
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
01 71110101025 6240000			\$140.50
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			\$ 140.50

ENTERED AUG 18 2010

03 May - 10 June 2010

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: July 22, 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.


Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature: <i>[Signature]</i>		Date: July 13/10
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

APPLICANT COPY

PRESTIGE
0000 CABS

780-462-4444

GST# _____
Date: 3.05.10 Amount: 20.00
Driver: _____ Car #: _____
From: Midlife Blvd
To: Delta South
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

Date: 06 10 10 Amount: 26.00
Moutant GST Included

From/De _____
To/A _____
To/A _____
Driver _____ Car # 352
Chauffeur _____ Voiture
425-8310 www.co-optaxi.com **425-2525**


Driver # Virk Car # 6i
To: 10/00 South part LN SKI
From: Delta South
Date: MAY 13/10 Amount: \$16.00
GST# 8550 44 368

Date: May 31/10

Chauffeur: _____
Unit No.: _____ Amount: 30.00
G.S.T. INCLUDED
G.S.T. No.: _____


YELLOW CAB

780-462-3456

GST# _____
Date: _____ Amount: 25.00
Driver: 5/06/10 Car #: 455
From: _____ s.17(1), 17(4)(g)(i)
To: Weston Hill
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

YELLOW CAB

780-462-3456

GST# _____
Date: 05/06/10 Amount: 29.00
Driver: _____ Car #: _____
From: _____
To: _____ s.17(1), 17(4)(g)(i)
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

1992780

to Sylvia

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period From February 1 to February 28, 2010	
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses			
(by Expense Account)			
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
01 71110101025			\$157.56
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total		Am 21 m.	\$ 157.56

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: *[Signature]* Date: May 21, 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature: <i>[Signature]</i>		Date: 3 June 10.
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

1928690

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Alison Tonge	Employee #:	Union Name:
Position (Title): EVP Strategy & Performance	Department: Strategy & Performance	Location: Manulife Place
Business Phone #: 342-2017	Travel Period From February 1 to February 28, 2010	
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)			
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
4901711101015 6240000			1,341.86
01.71110101025			
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			\$ 1,341.86

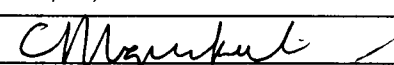
ENTERED MAR 12 2010

RECEIVED
MAR 10 2010
FINANCE

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature:  Date: March 5, 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone #
Signature: 		Date: March 9/10
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

88590
45596

EXPENSE CLAIM DETAIL
(Insert row as required)

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meals \$	Course Registration & Materials	Transportation \$	Other \$	Mileage km
01 02 10	Cab Manulife - CHC					R 10.00		
04 02 10	Home to Airport/Ret					114.00 129.00		
	Calg Airport - SPT					Z 75.00		
07 02 10	SPT - Calg Airport					Z 75.00		
10 02 10	Home - Airport /Ret					114.00 129.00		
10 02 10	Calg Airport to SPT					Z 75.00		
10 02 10	SPT to Airport					Z 75.00		
	Calg Cabs Gratuity					Z 45.00		
17 02 10	Red Arrow to Calg & Return					D 140.70		
	Cab SPT					R 30.60		
	NW II to Hotel					R 20.00		
	Hotel & Meals		161.78 170.24	Z 72.50				
18 02 10	Hotel to SPT					R 10.00		
24 02 10	Edm - Calg - Return					(282 km x 2)		564
								Total km
								Applicable mileage rate @
Totals			170.24	72.50		814.30		R 284.82

Note: Record the total amount for each expense categories from above to the summary table on page 1.

EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.)

1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast \$10
- b) Lunch \$12
- c) Dinner \$21

Meal expenses should be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

3. Travel

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year (except where collective agreement specifies otherwise).
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY



Date: 28-Feb-10

GST No: 86481 0676 RT0001

In Account With:

ALISON TONGE

Receipt

DATE	TIME	DESCRIPTION		Amount Charged
4-Feb-10	7.51 am	Ms. Tonge - Airport to 10301 Southport Lane	\$	75.00 ✓
7-Feb-10	4.30 pm	Ms. Tonge - 10301 Southport Lane to Calgary Airport	\$	75.00 ✓
10-Feb-10	7.51 am	Ms. Tonge - Airport to 10301 Southport Lane	\$	75.00 ✓
10-Feb-10	4.30 pm	Ms. Tonge - 10301 Southport Lane to Calgary Airport	\$	75.00 ✓

Sub Total	\$	300.00
Gratuity	\$	45.00 ✓
Sub Total	\$	345.00
5% GST	\$	-
TOTAL	\$	345.00

Thank you for your patronage

37 Royal Oak Cove, NW, Calgary, Alberta T3G 4X7
Phone: 512-8751 Fax: 1-866-465-8319
Canada/US Toll Free: 1-866-512-8751
email: sam@estyle-group.com

CHARGE TO:

ACCOUNT NO.

APPLICANT COPY

PROFESSIONAL CAB AREA LTD
11111 AVE NE (433) 299
EDMONTON ALBERTA T6N 1G7

YELLOW (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

G.S.T.# _____

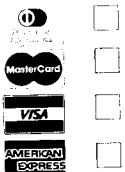
FROM: _____

TO: _____

PRINT NAME _____

CUSTOMER'S SIGNATURE _____
X

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



FARE	
INTL	
GRATUITY	
TOTAL	

CUSTOMER COPY

DATE: 2610
 PICK UP TIME: 11:33
 DROP OFF TIME: 7:29
 FLEET ID: 729242
 LOCATION: 875088 45824183/87
 CAR NUMBER: 8117
 CAR TYPE: MC S
 EXPIRY: _____
 AUTH: s.17(1), 17(4)(e.1)

FARE (\$) _____
 EXTRA (\$) _____
 TOTAL (\$) _____

30.60

\$129.00

CHARGE TO:

ACCOUNT NO.

YELLOW (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

PRESTIGE

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

CABS

462-4444

THANK YOU/MERCI

ADMIN. 465-8500
FAX: 462-2722

Date: 1-2-10 Amount/Montant \$ 10 Car/Voiture # _____

Driver/Chauffeur: _____ G.S.T. # _____

From/De: Humble To/A: J.P. Fleury



PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

G.S.T.# _____

FROM: _____

TO: _____

PRINT NAME _____

CUSTOMER'S SIGNATURE _____
X

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



FARE	
INTL	
GRATUITY	
TOTAL	

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.

\$129.00

Driver # 5665 Car # 632

To: _____

From: _____

Date: 18-Feb-10 Amount: \$10.00

GST# 877211904

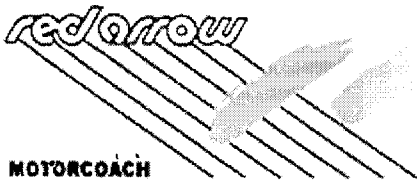
Driver # _____ Car # _____

To: _____

From: _____

Date: 17-02-10 Amount: 20.00

GST# _____



Order #	Customer #	Group Name	Sales Rep	Sales Agent
517169				KYLIE

Traveller:TONGE/ALISON s.17(1), 17(4)(g)(i)

Rewards Balance:

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

Product	Date/Time	Description	Seat	Price Basis
EDMCAL 08:30	2010-02-17 at 08:45 2010-02-17 at 12:00	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) Arrives Calgary (CALTO / Ticket Office)	05A	Adult
CEEXP 16:00	2010-02-18 at 16:00 2010-02-18 at 18:45	Departs Calgary (CALTO / Ticket Office) Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn)	02A	Adult

Net Fare	134.00
Taxes	6.70
Total	140.70
Balance Due	0.00

HAVE YOU EARNED ENOUGH FREQUENT TRAVELLER POINTS TO TRAVEL AT NO CHARGE ? ASK YOUR CUSTOMER SERVICE AGENT NEXT TIME YOU CALL TO BOOK. FTPoints can not be redeemed mid-December through mid-January.

***** GST# BN139981476 BAGGAGE LIABILITY - Red Arrow is not responsible for baggage loss or damage however caused. Maximum baggage liability is \$100.00. Any damage must be reported to Red Arrow within 24 hours or claims will be refused.

***** If you wish to make any changes to this reservation - time change, date change, or cancel for a full refund - we only require 3 hours notice prior to p.m. departures and a half hour notice prior to a.m. departures. Wheelchair reservations and reservations during our Christmas Blackout season require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or failure to arrive on time for departure, will result in the forfeiture of funds paid and the ability to get a refund. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. Thank you for choosing Red Arrow.

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication



135 Southland Drive S.E.
 Calgary, Alberta T2J 5X5
Phone: (403) 278-5050 Fax: (403) 225-5834
 Toll Free Reservations 1 (877) 278-5050
 Email: info@deltacalgarysouth.com
 Web address: www.deltacalgarysouth.com

APPLICANT COPY

G.S.T. NO. 895126332 RT

Room : 0251
Folio # : 105896
Invoice #
Cashier # : 164
Page # : 1 of 1

ALBERTA HEALTH SERVICES

Alison Tonge
Suite 700 Manulife Place 10180-101 Street,
NW
Edmonton, AB T5J 3S4

Arrival : 02-17-10
Departure : 02-18-10

Description	Additional Information	Charges	Credits
02-17-10 In Room Dining Charges	#251 · CHECK #0155	45.70	
02-17-10 Room Charge		154.00	
02-17-10 DMF		1.54	
02-17-10 Room GST		7.78	
02-17-10 Tourism Levy		6.22	
	Non-Responsive	— X	
02-18-10 Miscellaneous GST		0.70	
02-18-10 In Room Dining Charges	#251 : CHECK #0005	26.80	
02-18-10 Mastercard	XX/XX		256.73
s.17(1), 17(4)(e.1)			
Total		256.73	256.73
Balance Due		0.00	\$ 242.74
G.S.T. Summary			
Room	7.78		
F&B	0.00		
Other	0.70		
Total	0.70		

Guest Signature X _____

I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$0.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Regardless of charge instructions, I acknowledge the above as personal indebtedness.

E. & OE.



Without Prejudice

January 24, 2012

Ms. Alison Tonge

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

Dear Alison:

This letter will confirm our discussion of today in which we advised you that your employment with Alberta Health Services has been terminated as of January 10, 2012.

As this termination is without cause, in lieu of notice of termination, and as a full and final offer pursuant to the terms of your Employment Contract, Alberta Health Services is prepared to provide you with the following severance package:

1. Pursuant to Paragraph 30 of your Employment Contract, payment equal to a maximum of 12 months base salary at the rate in effect at the date of termination equaling \$370,000. This equates to monthly payments of \$30,833.33 representing salary. Under your Employment Contract, "Pay at Risk" is excluded from salary for the purposes of calculating severance pay entitlements.
2. Pursuant to Paragraph 31 of your Employment Contract, you are further entitled to an additional 15% of each monthly payment in lieu of all other benefits which equates to \$4,625 monthly, or a further \$55,500 should you become entitled to the full amount.
3. Payments of the above shall be made to a maximum of 12 equal monthly installments of \$35,458.33 (\$30,833.33 salary plus \$4,625.00 in lieu of benefits), less applicable statutory deductions and set-offs, subject to the application of Paragraph 32 of your Employment Contract which requires you to mitigate damages by diligently seeking alternate employment. Should you obtain alternate employment during the 12 month notice period, you are requested to notify Alberta Health Services of your employment date. The monthly payments under Paragraphs 30 and 31 of your Employment Contract will then cease as of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.
4. Pursuant to Paragraph 15 of your Employment Contract, you will also be entitled to a proportionate amount of "Pay at Risk" for the months worked within the 2011/12 fiscal year based on the prior year's Pay at Risk amount. As your prior year Pay at Risk amount was \$59,348.00, the proportionate amount based on nine (9) months service in the 2011/12 fiscal year is \$44,511.00 ($\$59,348/12 \times 9$) less applicable statutory deductions.

.../2

5. In order for you to make sufficient alternate arrangements as required, please be advised that the \$1,250 monthly amount paid to you for personal, financial and tax advice, club memberships and other similar expenses as provided under Paragraph 19, as well as the \$1,000 monthly amount paid to you as an annual taxable vehicle allowance as provided under Paragraph 26 of your Employment Contract will cease effective immediately. A pro-rated portion of the current monthly amount up to January 10, 2012 will be paid to you accordingly.
6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in the process of completing your application to obtain Canadian permanent residency, Alberta Health Services will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, Alberta Health Services will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
8. Your employment benefits will cease, including but not limited to, your coverage under our Life Insurance, Short and Long Term Disability Programs, Dental and Extended Health. See the attached Benefits document for more information.
9. Although not contemplated in your Employment Contract, we are offering career transition services to you on a good faith basis through Career Transition Services up to a maximum of six months. These services are provided by Toombs Inc. and can be accessed by contacting:

Sonja Henning, Project Manager
Toombs Inc.
Phone: 780-424-4700 (ext 235)
Toll Free: 1-877-424-4700

Please note that these services must be initiated within 30 days from date of termination. Payment for career transition services will be remitted directly to the provider upon receipt of an invoice directed to Alberta Health Services.

If you prefer to access career transition services through a provider other than Toombs Inc., you can arrange this with the agency of your choice and submit a claim for reimbursement to Alberta Health Services up to a maximum of \$6,460.00.

10. Counseling services, available through the Alberta Health Services Employee and Family Assistance Program will continue to be available to you for up to three months should you wish to access these services. Special arrangements will be made with the Employee Assistance provider to ensure that these services are available even though your employment ceases.

11. Upon termination, you will be paid out any accrued, but unused vacation and statutory entitlements. For clarification, any unused personal leave days will not be paid out.

Please take some time to consider the offer and to consult legal, financial or any other professional advice you feel is appropriate. If, after that consideration and advice you wish to accept our offer, you may do so by signing the enclosed Release and returning the signed documents to Susan McGillivray, Vice President, Human Resources. Please contact Susan at susan.mcgillivray@albertahealthservices.ca or 780-426-8522 to make these arrangements.

We ask that you respond to this offer within ten working days. If you have any questions please contact Susan McGillivray. Should you not accept this offer or fail to reply by the deadline of January 27, 2012, Alberta Health Services will pay out severance to you in accordance with the Employment Standards Code which in your case would be equivalent to two weeks of pay.

At your earliest convenience, please return to Lorinda Prociuk all Alberta Health Services property in your possession, including confidential information, credit cards, keys, materials, documents and any other data of any nature whatsoever pertaining to the activities of Alberta Health Services. All outstanding claims for travel, credit card bills, or other expenses as well as payment of personal education courses, seminars and other professional development activities as previously agreed pursuant to Paragraph 18 of your Employment Agreement that have been incurred up to January 10, 2012 are to be submitted by March 31, 2012 to Lorinda Prociuk as well.

We hope that the above meets with your acceptance and again we thank you for your service to Alberta Health Services.

Yours truly,



Chris Eagle, MD, MBA, FRCPC
President and Chief Executive Officer

Copy: Employee Relations (employee.relations@albertahealthservices.ca)
Personnel File

Attachments:

1. Executive Release
2. EFAP Information
3. Employee Benefits Information
4. Expense Claim
5. Severance Payment Direction Form



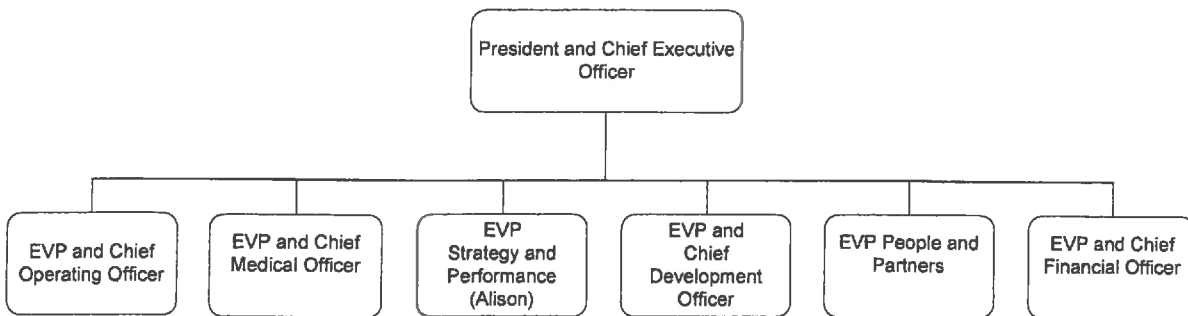
January 24, 2012

To Whom It May Concern:

Letter of Recommendation for Mrs. Alison Tonge

Alison worked for Alberta Health Services (AHS) from November 2009 to January 2012, as Executive Vice President of Strategy and Performance.

Alison reported to me, Dr. Chris Eagle President and Chief Executive Officer. The organizational chart below outlines the reporting relationship in Alberta Health Services.



Her portfolio consisted of the following areas:

Research and Health Intelligence: key objectives of building the Alberta Academic Health Network, research infrastructure and health technology assessment processes, innovation supports.

Data Integration, Measurement and Reporting: leading the Alberta data repository build with Alberta Health and Wellness (AHW), development of health system, health program and site measures including target setting and common definitions to support measurement of quality and outcomes for Alberta.

Health System Planning and Performance: 5-year planning, zone planning and integrated business/financial planning. Health scenario planning for 2030 including economic modeling and research into high performing systems features and innovations.

Population and Public Health: commencing a review of functions at the centre and in each zone, new population health strategy and inequalities policy.

Clinical Strategies: chronic disease management – key focus on obesity pathways, and chronic disease infrastructure. Addictions and Mental Health – joint strategy with AHW, Seniors – continuing care strategy and home care strategy.

...2

Strategic Clinical Networks development: development of leadership supports, resourcing, integration with operations.

Alison also co-sponsored the Access initiatives with the COO, CMO and CBDO.

Alison is a transformational leader who is intelligent, and persuasive. She demonstrated an ability to work with a range of complex stakeholders including Universities through the Academic Health Network, Ministry partners - AHW, Alberta Seniors and Community Supports, and Alberta Advanced Education and Technology.

I would like to list four main areas where I would note significant achievements led by Alison over the last two years.

Creating an aligned common direction and future focus

When Alison joined AHS in 2009 we did not have an integrated clear health plan. Alison collaborated with AHW in developing the Alberta's 5-Year Health Action Plan. This had five pillars of transformation with key initiatives and programs all linked to outcome performance measures for the system.

In 2011 new zone plans were developed to support the evolving structure of AHS, and a more integrated single planning process developed with finance and business planning. There was a high level of alignment created in AHS at an individual level, zone level and system level in terms of goals and directions.

In 2011 she led work to examine what the next five years beyond 2012 might look like, informed by scenario based modeling, equity and needs assessment, visioning exercises with communities, and world class research based seminars on high performing systems and innovations. This work translated to a new Strategic Directions for AHS.

Measurement, Analytic and decision supports

Alison led a strong focus on measurement and analytics, firstly through establishing jointly agreed health system measures with AHW, championing the AHS data repository, establishing governance structures within AHS on measurement development and with AHW on performance. More recently this work has resulted in an agreed joint measurement framework which includes system, program and site level approaches to measurement. She initiated and sponsored the prioritization methodology and framework for AHS investment and disinvestment. Alison initiated processes to provide gated review of investments and business cases.

Latterly Alison co-chaired the Alberta Health Technology Assessment committee with AHW and co-sponsored the strategic review of processes and methods which lead to a clearer basis for decision making.

Innovation

She provided papers, research and proposals to inform innovative service models for AHS. Significantly she worked on the Access policy and wait time measures, new family care clinic principles and features, and latterly a system performance framework for primary care. She



worked with population health, analytics and research to develop a renewed focus on inequalities and child health. Alison enjoyed bringing in thought leaders to assist in developing new approaches, three international conferences [high performing systems, population health, disruptive innovations] she recently organized a mentoring panel for AHS executive and board based on personal connections with key international and national partners. She arranged numerous internal seminars and learning sessions with staff, many with UK based leaders.

I know Alison is proud of co-championing the initiation of the Strategic Clinical Networks in Alberta, to build on the success of the original clinical networks, she wrote many papers arguing for these new integrated clinical leadership structures, outlined accountabilities and functions, and developed a capability framework to measure success. Latterly Alison was heavily involved in making the case for resources to support the networks ahead.

Building credible partnerships

Alison was on a range of key partnership structures. She co-chaired with AHW the HTA process, Performance committee, Primary Care review, and Mental Health strategic cross ministry partnership. She was an active member on the Academic Health Network and Committee of Academic Medicine. She was on the Board of the Institute of Health Economics. Alison was just starting to build some national presence and was recently invited to advice on a health system review in BC.

Her formal membership of committees was I know, supplemented by many hours of meetings and one to one relationship building to enable AHS to have a credible place at key tables and influence the strategic direction of the health system.

Alison's employment ended in January 2012, as AHS enters the next phase of organizational development. The Strategy and Performance portfolio will become more integrated with operations and our strategic clinical networks through matrix working and different reporting arrangements are required.

I would recommend Alison to any assignment of a significant, complex and strategic nature. She is a dynamic and visionary person who would be an asset to any future employer.

I am willing to provide a verbal reference in addition to this written recommendation. You may contact me directly at 780-342-2003 or e-mail at chris.eagle@albertahealthservices.ca.

Yours truly,

Chris Eagle, MD, MBA, FRCPC
 President and Chief Executive Officer

APPLICANT COPY

Isaac Van Dyne

From: Lorinda Prociuk
Sent: Wednesday, September 19, 2012 12:06 PM
To: Isaac Van Dyne
Subject: FW: Tonge - Revised Letter of Termination/Letter of Reference

From: Lorinda Prociuk
Sent: Monday, January 23, 2012 6:21 PM
To: Patricia Fernandez
Subject: FW: Tonge - Revised Letter of Termination/Letter of Reference

Can you format for tomorrow's signing file.

Thanks, Lorinda

From: Mona Sikal
Sent: Monday, January 23, 2012 3:20 PM
To: Lorinda Prociuk
Cc: Susan McGillivray
Subject: Tonge - Revised Letter of Termination/Letter of Reference

Hi Lorinda.. attached please find the revised letter of termination that Susan has spoken to Dr. Eagle about. The revisions were related to the administration of reporting on her employment as well as the utilization of the Career Transition Services. Both changes have been discussed between Susan and Dr. Eagle.



s.17(4)(d)

Tonge - Termination letter (re...
Tonge - Letter of Reference.do...

Both are ready to be put onto Dr.Eagle's letterhead and for his signature. If you could arrange for Dr. Eagle to sign both and then have both signed documents returned to Susan McGillivray, we will then arrange to have them sent over to Alison's lawyer.

Let me know if you have any questions. Thanks Lorinda! Mona

Mona Sikal

Director, Employee Relations
Employee & Labour Relations
900, 9925-109 Street NW
Edmonton, AB T5K 2J8



Without Prejudice

January 10, 2012

Ms. Alison Tonge

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

Dear Alison:

This letter will confirm our discussion of today in which we advised you that your employment with Alberta Health Services has been terminated as of January 10, 2012.

As this termination is without cause, in lieu of notice of termination, and as a full and final offer pursuant to the terms of your Employment Contract, Alberta Health Services is prepared to provide you with the following severance package:

1. Pursuant to Paragraph 30 of your Employment Contract, payment equal to a maximum of 12 months base salary at the rate in effect at the date of termination equaling \$370,000. This equates to monthly payments of \$30,833.33 representing salary. Under your Employment Contract, "Pay at Risk" is excluded from salary for the purposes of calculating severance pay entitlements.
2. Pursuant to Paragraph 31 of your Employment Contract, you are further entitled to an additional 15% of each monthly payment in lieu of all other benefits which equates to \$4,625.00 monthly, or a further \$55,500 should you become entitled to the full amount.
3. Payments of the above shall be made to a maximum of 12 equal monthly installments of \$35,458.33 (\$30,833.33 salary plus \$4,650.00 in lieu of benefits), less applicable statutory deductions and set-offs, subject to the application of Paragraph 32 of your Employment Contract which requires you to mitigate damages by diligently seeking alternate employment. Each month prior to receipt of the monthly payment of \$35,458.33, you will be required to provide Alberta Health Services with confirmation that you continue to seek alternate employment and the date you have been unsuccessful. Should you obtain alternate employment during the 12 month notice period, the monthly payments under Paragraphs 30 and 31 of your Employment Contract will cease and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

.../2

4. Pursuant to Paragraph 15 of your Employment Contract, you will also be entitled to a proportionate amount of "Pay at Risk" for the months worked within the 2011/12 fiscal year based on the prior year's Pay at Risk amount. As your prior year Pay at Risk amount was \$59,348.00, the proportionate amount based on nine (9) months service in the 2011/12 fiscal year is \$44,511.00 ($\$59,348/12 \times 9$) less applicable statutory deductions.
5. In order for you to make sufficient alternate arrangements as required, please be advised that the \$1,250 monthly amount paid to you for personal, financial and tax advice, club memberships and other similar expenses as provided under Paragraph 19, as well as the \$1,000 monthly amount paid to you as an annual taxable vehicle allowance as provided under Paragraph 26 of your Employment Contract will cease effective immediately. A pro-rated portion of the current monthly amount up to January 10, 2012 will be paid to you accordingly.
6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in process of completing your application to obtain Canadian permanent residency, Alberta Health Services will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, Alberta Health Services will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
8. Your employment benefits will cease, including but not limited to, your coverage under our Life Insurance, Short and Long Term Disability Programs, Dental and Extended Health. See the attached Benefits document for more information.
9. Although not contemplated in your Employment Contract, we are offering career transition services to you on a good faith basis through Career Transition Services up to a maximum of six months. These services are provided by Toombs Inc. and can be accessed by contacting:

Sonja Henning, Project Manager
Toombs Inc.
Phone: 780-424-4700 (ext 235)
Toll Free: 1-877-424-4700

Please note that these services must be initiated within 30 days from date of termination. Payment for career transition services will be remitted directly to the provider upon receipt of an invoice directed to Alberta Health Services. In accepting this service, you are granting Alberta Health Services consent to communicate with representatives of Toombs Inc. regarding updates on your potential future employment for the purposes of determining the entitlement to further payments pursuant to Paragraph 32 of your Employment Contract.

10. Counseling services, available through the Alberta Health Services Employee and Family Assistance Program will continue to be available to you for up to three months should you wish to access these services. Special arrangements will be made with the Employee Assistance provider to ensure that these services are available even though your employment ceases.
11. Upon termination, you will be paid out any accrued, but unused vacation and statutory entitlements. For clarification, any unused personal leave days will not be paid out.

Please take some time to consider the offer and to consult legal, financial or any other professional advice you feel is appropriate. If, after that consideration and advice you wish to accept our offer, you may do so by signing the enclosed Release and returning the signed documents to Susan McGillivray, Vice President, Human Resources. Please contact Susan at susan.mcgillivray@albertahealthservices.ca or 780-426-8522 to make these arrangements.

We ask that you respond to this offer within ten working days. If you have any questions please contact Susan McGillivray. Should you not accept this offer or fail to reply by the deadline of January 24, 2012, Alberta Health Services will pay out severance to you in accordance with the Employment Standards Code which in your case would be equivalent to two weeks of pay.

At your earliest convenience, please return to Lorinda Prociuk all Alberta Health Services property in your possession, including confidential information, credit cards, keys, materials, documents and any other data of any nature whatsoever pertaining to the activities of Alberta Health Services. All outstanding claims for travel, credit card bills, or other expenses as well as payment of personal education courses, seminars and other professional development activities as previously agreed pursuant to Paragraph 18 of your Employment Agreement that have been incurred up to January 12, 2012 are to be submitted by March 31, 2012 to Lorinda Prociuk as well.

We hope that the above meets with your acceptance and again we thank you for your service to Alberta Health Services.

Yours truly,



Chris Eagle, MD, MBA, FRCPC
President and Chief Executive Officer

Copy: Employee Relations (employee.relations@albertahealthservices.ca)
Personnel File

Attachments:

1. Executive Release
2. EFAP Information
3. Employee Benefits Information
4. Expense Claim
5. Severance Payment Direction Form

EXECUTIVE FORM OF FINAL RELEASE

I, Alison Tonge, in consideration of the maximum sum of \$425,500.00 (four hundred and twenty five thousand five hundred dollars) less amounts required to be withheld by law or pursuant to Paragraph 32 of my Employment Contract dated November 4, 2009, the receipt of which is hereby acknowledged, do hereby remise, release and forever discharge **ALBERTA HEALTH SERVICES** and the **ALBERTA HEALTH SERVICES BOARD**, its predecessors, successors, subsidiaries and assigns, and its respective officers, employees and agents (hereinafter referred to as the Releasees) from all grievances, actions, causes of actions, contracts and covenants, whether express or implied, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever arising, which I have had, may now have, or may hereinafter have, up to the date of this release, in any way connected with my employment with the said Releasees, the termination of my employment, the loss of employment with the Releasees, the loss of any medical, insurance, short-term and long-term insurance coverage, claims or benefits contributed to or sponsored by the said Releasees, and all costs of seeking alternate employment.

FOR SAID CONSIDERATION I further covenant and agree to save harmless and indemnify the said Releasees from and against any and all claims and demands made by the Canada Revenue Agency requiring the Releasees to pay income tax, penalties or charges under the *Income Tax Act* (Canada), and from and against any and all claims and demands made by Service Canada with respect to any amounts which may, in the future, be found to be payable or repayable by the Releasees under the *Employment Insurance Act* (Canada).

IT IS UNDERSTOOD AND AGREED that by executing this Release that I am waiving all rights that I have had, may now have, or may hereinafter have under any employment standards legislation, occupational health and safety legislation, workers' compensation legislation and any human rights legislation and I specifically waive any right to bringing any complaint under the *Human Rights Act* (Alberta) including any rights to further compensation or reinstatement.

FOR SAID CONSIDERATION I further covenant not to disclose the terms of this Release to members of the public, including the employees and former employees of Alberta Health Services,

excepting only any necessary communication with my legal and financial advisors on the express condition that said advisors maintain the confidentiality thereof, or any disclosure which is required by law.

I ACKNOWLEDGE that during my employment with the Releasees, I have had access to certain confidential and proprietary information, the disclosure of which could seriously harm the business interests of the Releasees or Releasees' business partners, customers, clients or service providers. I therefore agree, in addition to any other conditions of confidentiality to which I have agreed:

- (a) not to disclose or release any confidential or proprietary information of the Releasees, Releasees' business partners, customers, clients or service providers;
- (b) that I have taken, and will continue to take in the future, appropriate precautions to safeguard the confidential and proprietary information of the Releasees; and
- (c) that I have not been released from and will abide by any and all obligations of confidentiality that I have to the Releasees or Releasees' business partners, clients or service providers, whether under contract or imposed by law.

I ACKNOWLEDGE AND FURTHER COVENANT:

- (a) that I have not removed any records, in any form, including electronic records, belonging to the Releasees, its clients, or others doing business with the Releasees;
- (b) to return to the Releasees any such records now in my possession; and
- (c) that I will not disparage the Releasees or its businesses or act in a manner which would be to the detriment prejudice of the Releasees or its management and officers.

IT IS UNDERSTOOD AND AGREED that the payment set out in paragraph 1 of this Release, is not deemed any admission whatsoever of liability on the part of the Releasees.

I FURTHER ACKNOWLEDGE AND AGREE that by accepting this payment I will not be eligible for re-employment or contract on a fee for service basis with the Releasees or any of its respective wholly-

owned subsidiaries, affiliates, associated corporations and successor entities including, but not limited to Alberta Health Services, Carewest, Calgary Lab Services, Covenant Health and Capital Care for a period equivalent to the lump sum payment period contemplated by this Release calculated from the date of execution of this Release. If I become employed by the Releasees or any of its respective subsidiaries, affiliates, associated corporations and successor entities including, but not limited to Alberta Health Services, Carewest, Calgary Lab Services, Covenant Health and Capital Care for the duration of the lump sum payment period contemplated by this Release, I will be obliged to repay to the Releasees a pro rata amount of lump sum payment received, net of deductions, calculated on the basis of the months remaining in my notice period.

IT IS FURTHER UNDERSTOOD AND AGREED that I have had the opportunity to obtain independent legal advice in respect of the contents of the within Release and waive all further rights in that respect.

DATED this _____ day of _____, 20__.

Witness Signature

Signature

Printed Name of Witness

Printed Name of Releasor

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

Travel Period from: _____ to _____

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name _____ Position (Title) _____ Employee # (E-People) _____ Employee # (Legacy) _____

Location _____ Dept _____ Union _____ Business Phone # _____ Ext _____ Out-of-Province Travel _____

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B - Travel - Pg 2			
Pg	Bal Unit	Functional Centre (FC)	Total
2A			
2B			
2C			
2D			

Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

**User to enter Coding & \$ amounts

NOTE: These fields do not automatically fill for Section C&D

TOTAL REIMBURSEMENT	
Total Section B	
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	

SECTION F Authorization

If applicable, **print** the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) _____ Phone # _____ Ext _____

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.
Employee Signature _____ Date _____

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.
Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
Signature _____ Title _____ Date _____

Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
Signature _____ Title _____ Date _____

Payment Requisition

PAYEE INFORMATION <i>(Check one only)</i> <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <i>(if applicable)</i>						
Invoice Date		Invoice Number			PO #	
Vendor Name						
Address					City	
Province/State			Postal Code		Country	
If not a PO purchase, does it comply with items under AHS Policy , Contracts #CF-2, Appendix "B" <input type="checkbox"/> Yes describe <input type="checkbox"/> No Explain						
Reason for Payment:						
Are original attachments to be mailed with cheque? <i>(Note 2)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No						
FINANCE CODE/ACCOUNTING DISTRIBUTION <i>(Departments must provide Complete Coding)</i>						
Balancing Unit	Location	Functional Centre	Expense/Secondary Account	Expense Sub-Total	GST (if applicable)	Total Payment
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other TOTAL PAYMENT						
CAPITAL PROJECT CODING <i>(if more space is needed for coding, please attached an additional sheet)</i>						
Project	Task	Expense Type	Expense Org.	Expense Sub-Total	GST (if applicable)	Total Payment
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other TOTAL PAYMENT						
AUTHORIZATION						
Requisitioned by <i>(Print name)</i>			<i>(Signature)</i>		Employee #	Phone #
Title/Program Group:				Date		
Approved by <i>(Print name)</i>			<i>(Signature)</i>		Employee #	Phone #
Title/Program Group:				Date		
Approved by <i>(Print name)</i> <i>(as required)</i>			<i>(Signature)</i>		Employee #	Phone #
Title/Program Group:				Date		
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH DELEGATION OF AUTHORITY FOR FINANCIAL COMMITMENTS POLICY # CF-3						
1) All employee claims must be submitted on the Travel & Employee Expense Claim form 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing. 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing 4) Payment requisition is required for service P.O. or items that comply with AHS Policy Contracts #CF-2 Appendix B.						

EMPLOYEE BENEFITS

For Senior Leadership/Management/OOS Employees on the *Benefit Program*

The following is important information related to benefits on termination of employment. As there may be small differences in plan administration (as per the former AHS entity your benefits are administered through), please call the Employee Benefit representative in your area for additional questions/details specific to you:

Health & Dental Coverage:	Coverage continues to the end of the month the termination occurs. Any claims incurred prior to the end of the month must be submitted to the provider within 60 days.
Health/Personal Spending Accounts:	Coverage continues to the end of the month the termination occurs. Any claims incurred prior to the end of the month must be submitted to the provider within 60 days.
Group Life Insurance/ Accidental Death & Dismemberment/ Critical Illness:	Coverage terminates on the date of termination; individuals have 31 days to convert their current coverage to a private policy with the insurance carrier without medical evidence. The amount of coverage is limited to maximums set by the insurance policy held by the employer.
Salary Continuance:	Coverage terminates on the date of termination.
Long-Term Disability:	Coverage terminates on the date of termination.
Local Authorities Pension:	Contributions cease on the date of termination. Notification of termination including contributions and service year to date is forwarded to Alberta Pensions Services after the termination has been processed. Alberta Pensions Services will forward a termination option package to the employee's home address. Individuals who are looking at retirement options should contact local benefits area to review the documentation requirements.
Group RRSP/TSFA:	Contributions cease on date of termination. Notification of termination will be forwarded to the provider after the final pay has been processed. Contact your provider to discuss options available.

APPLICANT COPY



SEVERANCE PAYMENT DIRECTION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO YOUR LOCAL HUMAN RESOURCES s.17(1), 17(4)(g)(i)

EMPLOYEE NAME: Alison Tonge EMPLOYEE NUMBER:

The undersigned hereby authorizes and directs Alberta Health Services to provide my termination settlement (less weeks in lieu) of \$425,500 to be paid in 12 monthly installments of \$35,458.33 as follows: (A)

MONTHLY LUMP SUM PAYMENT (CASH)

(Subject to applicable income tax and other withholdings) \$

LESS Any Settlements Amounts Previously Paid \$ \$

Tax Implications

Table with 2 columns: All Employees, 10% tax withheld on lump sum, 20% tax withheld on lump sum, 30% tax withheld on lump sum and corresponding amounts: \$0 - \$5,000.00, \$5,000.01 - \$15,000.00, over \$15,000.00

MONTHLY LUMP SUM TRANSFERRED TO AN RRSP: Eligible Roll Over room \$

Note:

You may reduce the amount of retiring allowance subject to tax deductions if you transfer it directly to an RRSP. The amount that is eligible for transfer based on employment is limited to:

- \$2,000 for each year or part year up to and including 1995 during which the employee was employed by the employer
PLUS
Additional \$1,500 up to and including 1988 for each year in which any or all of the employer's contribution to the Registered Pension Plan was not vested in the employee's name when the employer pays the retiring allowance.

MONTHLY LUMP SUM TRANSFERRED TO AN RRSP: Personal Contribution Room

It is the responsibility of the employee to ensure adequate personal RRSP room

\$

DEFERRED CONTRIBUTIONS - allowed from September to December in each calendar year to be paid in January of the subsequent year

\$

TOTAL \$ (Total to = (A) above)

Transfer funds to my RRSP Account as follows:

Name of Financial Institution; Address; City/Province; PC; Account Number; Attention;

Dated this ___ day of ___, 2012

Signature

Name (please print)

Address

Phone Number

Received by: Human Resources Advisor:

For Payroll Use Only

Payment in Lieu amount paid out \$

Severance amount to be processed \$

HR Verification

TOTAL NOT TO EXCEED (A) ABOVE

NOTIFICATION OF TERMINATION/SEVERANCE REQUEST COVER SHEET

Employee name: Alison Tonge Position: EVP, Strategy and Performance
 Former entity: _____ Reports to: Dr. Chris Eagle

Career Framework Allocation EVP Status: RFT
 Management or Out-of-Scope: Management Service date 11/04/2009
 MM/DD/YYYY
 SIN: s.17(1), 17(4)(g)(i) Termination date 01/10/2012
 MM/DD/YYYY
 Date of birth: s.17(1), 17(4)(g)(i) Service Period 2 3
 MM/DD/YYYY # years # months

Note: Credit partial months (e.g. 2 months 5 days = 3 months)

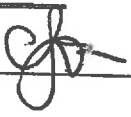
Is employee on probation? (Y/N) N Is this associated with a Workforce Adjustment initiative? (Y/N) N
 If yes, which one? _____
 Employment contract on file (Y/N) Yes (If yes, please attach)

Please provide details on efforts to retain employee, including redeployment efforts, performance management, etc.:

SUMMARY OF SEVERANCE ENTITLEMENT (from Severance Calculation Worksheet)

Severance Payment - Wages [C] \$370,000
 Payment in lieu of benefits: [D] \$55,500
 Other (based on Employment Contract): [E] \$

TOTAL SEVERANCE PAYMENT \$425,500 (max entitlement)

Approved by: Dr. Chris Eagle
President and Chief Executive Officer
 Executive Vice President (please print) Signature 
January 11, 2012
 Date

Reviewed by: S.M. O'Livray
HR Services Zone Director (please print) Signature 
Jan 10/12
 Date

Please ensure that severance approvals from the EVP are included



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

Travel Period from: _____ to _____

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name Alison Tonge	Employee # (E-People)	Employee # (Legacy)	Position (Title)
Location	Business Phone #	Ext	Out-of-Province Travel
What is your former legacy region (prior to AHS consolidation)? David Thompson			
SECTION E Finance Coding & Total Claim Please click in cell and select from dropdown menu			

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____

Project Task Number _____ Expenditure Type _____

Total - Section B - Travel - Pg 2			Total
Pg	Bal Unit	Functional Centre (FC)	
2A			
2B			
2C			
2D			

Total - Section C&D - Other & Foreign Expenses - Pg 3				Total
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	
101	0923	71110101058		5,031.94

**User to enter Coding & \$ amounts
 NOTE: These fields do not automatically fill for Section C&D

TOTAL REIMBURSEMENT	
Total Section B	
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	5,031.94

SECTION F Authorization

If applicable, **print** the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Jennifer Hamstra Phone # 780-342-2028 Ext _____

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *[Signature]* Date 24-May-12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Dr. Chris Eagle DOFA Level _____ Position # _____

Signature *[Signature]* Title President & CEO Phone # 780-342-2029 Ext _____

Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____ Date *May 25, 2012* Phone # _____ Ext _____

APPLICANT COPY



PRIVATE & CONFIDENTIAL
Ms. Alison Tonge
Edmonton,
Alberta,
Canada

12th May 2012

Dear Ms. Tonge,

We confirm receipt with thanks of your payment of £3,120.00 Inc VAT.

Yours Sincerely,

Remy Martin

Office Administrator



Private and Confidential.

Connaught Executive Ltd
Market Preparation Services
Ms. Alison Tonge



Summary of Services

Market Preparation

Connaught has an experienced team of specialists that will work with you to prepare you for the job market. Your pre market preparation will cover:

- Analysis exercise."Understanding your product" i.e. you as the candidate.
- Psychometric profile. Analysis of your personal profile and results.
- Understanding your requirements, aspirations and longer term career needs.
- Defining the focus and career direction that should suit you best.
- Redrafting your CV to support your objectives using all the relevant evidence and information to demonstrate why you should be considered
- Preparing your personal identity, qualifications and reference information pack.
- Reviewing and developing your on line presence(s) in line with your objectives
- Interview training and feedback
- Negotiation. How to manage salary and package issues more effectively to avoid selling yourself short or pricing yourself out of a position with significant upward potential
- Assessment and review of the routes to market available to you and which will be most appropriate for you to identify and secure the better offers
- Support in agreeing your marketing plan of campaign.

Your Connaught programme is designed to support you in developing your job search skills and conducting a more pro-active marketing campaign. Understand how you prefer to work and identify the roles and opportunities that will suit you and your ongoing career objectives. Developing and honing your job search skills and expertise at this stage, will assist you with your next move and then again throughout your career.

We will work with you to improve your skills and search capabilities to support you more effectively as you progress to make your next career move



AGREEMENT

Between

Connaught Executive Ltd (Connaught) of Dauntsey House, Frederick's Place, London EC2R 8AB

And

Ms. Alison Tonge (The Client) of Edmonton, Alberta, Canada.

SERVICES

Connaught Executive Ltd, (Connaught) agrees to make available its Market Preparation Services (Connaught Services) as described below.

- Analysis exercise. Understanding your product, i.e. you as the candidate
• Psychometric profile. Analysis of your personal profile and results
• Understanding your requirements, aspirations and longer term career needs.
• Defining the focus and career direction that should suit you best.
• Redrafting your CV to support your objectives using all the relevant evidence and information to demonstrate why you should be considered
• Preparing your personal identity, qualifications and reference information pack.
• Reviewing and developing your on line presence(s) in line with your objectives
• Interview training and feedback
• Negotiation. How to manage salary and package issues more effectively to avoid selling yourself short or pricing yourself out of a position with significant upward potential
• Assessment and review of the routes to market available to you and which will be most appropriate for you to identify and secure the better offers
• Support in agreeing your marketing plan of campaign.

Connaught Services are provided to The Client, exclusively to seek to enhance The Client's career prospects.

FEE PAYMENT

Market Preparation as per attached Summary of Services

Fee £2,600.00 + Vat, (Two thousand Six hundred pounds + Vat at 20%)

Vat £520.00

Total £3,120.00 (Three thousand One hundred and Twenty pounds) payable at commencement.

Connaught shall be entitled to terminate or suspend the Connaught Services immediately if The Client fails to pay fees to Connaught in accordance with the terms of this agreement or if The Client fails to co-operate or communicate with Connaught, without prejudice to Connaught's right to payment of any fees due under this agreement.

CONFIDENTIALITY

Connaught agrees to observe all written requests as to confidentiality and The Client agrees that all information provided by Connaught, and the terms of this Agreement, shall be treated as confidential.

Governing Law

This agreement is subject to the laws of England and Wales and the parties agree to submit to the exclusive jurisdiction of the courts of England and Wales.

The Client:

For and on behalf of Connaught Executive Ltd

Signature [Handwritten Signature] Date 2/5/2012

Signature [Handwritten Signature] Date 2/5/2012

Bank details. HSBC Oxford Circus Branch. 198 Oxford St London
Online banking FPS payment s to Sort code: 40-05-16 Account No: 81613340
IBAN: GB18MIDL40051681613340 Swift code: MIDLGB2107E



Client Service and Satisfaction

Connaught is committed to providing professional support and guidance to each of our clients. Based on many years of experience we have established procedures to help us to deliver value and satisfaction.

1. **Connaught Commitment.** In order to achieve the maximum benefit from our service, we ask that our clients report all information with integrity, act on the recommendations made by the Connaught Executive consulting staff..

2. **Client Satisfaction Reports.** In our commitment to provide continuously improved career counselling and marketing support, we do require that our clients complete some brief service reports to provide important feedback.

3. **Customer Care Line. +44(0)207 710 9400.** In the event that you wish to speak personally with another Connaught representative, we have an established customer care procedure. All calls will be handled confidentially by a senior member of our staff. You are encouraged to share both positive and negative experiences with us. Every effort will be made to respond to your concerns within one working day.

4. **In participating in the programme.** The preparation and ground work activity will be time consuming. It is important to realise that without this ground work, defining the brand, message to market and establishing contact(s) with the appropriate networks, individual success can be impeded.

ALISON TOMLIE: SEVERANCE AGREED BUDGET \$6460
EXPENSE CLAIM DETAILS

SECTION C Other Expenses Emp # (Legacy) Emp # (E-People) Page 3

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated.
 • If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
 • If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Continuing Education Select type from dropdown menu (if applicable)	GST is QN till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bel Unit	Location	Functional Centre				
	Career Transition Support						\$ 3120	
	As per severance agreement						X 1-53	
	OR pay cheque in GBP						\$ 5086	

SECTION D Foreign Currency

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
 If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.
 Bank of Canada Currency Converter → Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bel Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

Home > Rates & Statistics > Exchange Rates > Daily currency converter

Daily currency converter

Convert to and from Canadian dollars, using the latest noon rates.

Currency Converter

Amount: cash rate:

From:

To:

Convert

Answer:

Exchange Rate:

Summary: On May 23, 2012, 1.00 U.K. pound sterling(s) = 1.61 Canadian Dollar(s), at an exchange rate of 1.6121 (using nominal rate).

Copyright © 1995 - 2012, Bank of Canada. Terms of Use.

APPLICANT COPY

Jennifer Hamstra

From: Lorinda Prociuk
Sent: Wednesday, May 23, 2012 6:57 PM
To: Jennifer Hamstra
Subject: FW: A.T. - career transition services
Attachments: SHBAPRINT0412052316060.pdf

Chris has to sign off on these. Can you code and check with AP to ensure the format is ok and then put in Chris' signing file.

Thanks

-----Original Message-----

From: Ross Fiebelkorn
Sent: Wednesday, May 23, 2012 5:28 PM
To: Lorinda Prociuk
Subject: A.T. - career transition services

Hi Lorinda. Alison contacted us and had arranged her own career transition services with a company in the UK. She paid for this herself rather than having the company invoice AHS and was also paid for in British pounds. I contacted Finance and they indicated that they will pay Alison in Canadian funds and to have the expense claim completed. Alison has completed the form and provided the documents from the agency confirming the amount that she paid.

Appreciate your help in having this paid to Alison. The conversion factor that Alison used on the form when she completed is very close to today's conversion factor I looked up today and have attached.

Let me know if I can be of any assistance to have the amount reimbursed to Alison. I have been the contact with Alison regarding this matter and can continue to do so. Just need some assistance with the form and coding. You can send it back to me and I can work with Finance to complete the process.

Thanks

-----Original Message-----

From: northcopier@hbas.local [mailto:northcopier@hbas.local]
Sent: Wednesday, May 23, 2012 4:07 PM
To: Ross Fiebelkorn
Subject: Scanned Document

Hello, here is the document you requested from the North Tech Centre photocopier.



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

Travel Period from: _____ to _____

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

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

Name Alison Tonge Position (Title) _____ Employee # (E-People) _____

Location _____ Dept _____ Union _____ Business Phone # _____ Employee # (Legacy) _____

What is your former legacy region (prior to AHS consolidation)? _____ Ext _____ Out-of-Province Travel _____

SECTION E Finance Coding & Total Claim East Central

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____ Expenditure Type _____

Total - Section B - Travel - Pg 2		
Pg	Location	Total
2A		
2B		
2C		
2D		

Total - Section C&D - Other & Foreign Expenses - Pg 3			
Bal Unit	Location	Functional Centre (FC)	Total
101	0923	71110101058	14,684.00
**User to enter Coding & \$ amounts			\$14,684.00

NOTE: These fields do not automatically fill for Section C&D

TOTAL REIMBURSEMENT	
Total Section B	
Total Section C&D	\$14,684.00
Less Cash Advance	
TOTAL CLAIM	\$14,684.00

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Jennifer Hamstra

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature _____

Date _____

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Dr. Chris Eagle

DOFA Level _____ Position # _____

Phone # 780-342-2029 Ext _____

Approved By (PRINT ONLY) _____

Title President & CEO

Date Aug 10 2012

Signature _____

DOFA Level _____ Position # _____

Phone # _____ Ext _____

Date _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palta, Director Accounts Payable at 780-735-0506 or email: Mark.Palta@albertahealthservices.ca

**Western Moving &
Storage**
11516 – 163 Street
Edmonton, AB T5M 3T3

Memo

To: Alison Tonge
From: Sheila Miranda
Date: 7/17/2012
Re: Cheque Received

Please note that your final charges of \$14,684.00, have been paid in full. Please accept this note as your receipt for payment on your move to UK.

Thank you,

Sheila Miranda
Accounting Department
Western Moving & Storage

APPLICANT COPY

Western Moving & Storage

11516 - 163 Street
 Edmonton, AB , CANADA T5M 3T3
 (780) 454-6683 fax (780) 487-8548

Invoice No. 0002379

INVOICE

Customer

Name Alison Tonge
 Address _____
 City England Prov UK P.C. _____
 Attention: _____

Date 8/1/2012
 Order No. _____

Qty	Description	Unit Price	TOTAL
	<u>Alison Tonge, Edmonton to UK</u>		
	Packing Services		\$2,880.00
	Wrap, Overseas Prep & Loading of Container		\$4,948.00
	Ocean Freight to England		\$6,856.00

Payment Details

PAYABLE UPON RECEIPT
GST Reg No. R897193058RP0001

SubTotal	\$14,684.00
Taxes	
TOTAL	\$14,684.00

Office Use Only

CHARGES ARE PAYABLE UPON RECEIPT OF INVOICE.

Thank you for using Ted LeLacheur's Western Moving & Storage

EXPENSE CLAIM DETAILS s.17(1), 17(4)(g)(i)

SECTION C Other Expenses

Emp # (E-People)

Emp # (Legacy)

Page 3

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is <u>ON</u> till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is <u>NOT</u> on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Ball Unit	Location	Functional Centre					
17-Jul-12	Relocation Expenses to UK - as per termination agreement	101	0923	71110101058	62600000				

SECTION D Foreign Currency

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
 If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.
 Bank of Canada Currency Converter → Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Ball Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

APPLICANT COPY

Jennifer Hamstra

From: Lorinda Prociuk
Sent: Sunday, August 05, 2012 2:29 PM
To: Jennifer Hamstra
Subject: FW: Alison Tonge relocation reimbursement - Please process for Chris to sign on Tuesday - with all of the attachments



RE: Alison Tonge
relocation re...

From: Ross Fiebelkorn
Sent: Friday, August 03, 2012 5:25 PM
To: Lorinda Prociuk
Subject: Alison Tonge relocation reimbursement

Hi Lorinda. Wondering if you may be able to assist with this reimbursement to Alison. AHS has agreed to pay Alison moving expenses upfront for her to relocate to the UK where she will be seeking employment. Attached letter was provided to Alison confirming the arrangement. Also attached is the moving expenses she has paid and to be reimbursed in the amount of \$14,684.

I believe this should be processed as a A/P payment. Are you able to arrange this and send to Finance? We processed her last reimbursement through A/P and was done as a direct deposit rather than a manual cheque for convenience. Perhaps this reimbursement can be done this way as well.

I will be glad to assist to get this processed.

Thanks!



Scanned Document

Ross Fiebelkorn, Senior Advisor Employee Relations
Alberta Health Services
Edmonton, AB
Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

This communication is intended for the sole use of the recipient to which it was addressed and may contain confidential, personal, or privileged information. Please contact the sender immediately if you are not the intended recipient of this information and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted and destroyed. Thank you.



July 20, 2012

Ms Alison Tonge

s.17(1), 17(4)(g)(i)
Hi Alison:

Thank you for patience in awaiting my response to your inquiry about reimbursement of relocation expenses under the terms of your termination agreement with Alberta Health Services. I understand you are returning to the UK to seek alternate employment.
s. 27(2)

My letter to dated February 10, 2012 said that AHS would provide reimbursement of relocation expenses up to a maximum of \$15,000 (Canadian funds) will be provided to you upon submission of original receipts to Alberta Health Services *where you obtain employment outside the City of Edmonton and relocation from your current residence is required.*

Although our agreement also contemplated providing you with relocation expenses after you obtained employment outside of Edmonton, we do acknowledge that a search for employment in the UK may be difficult to do so from this distance. Therefore, we are prepared to amend the conditions of the original letter and provide you with relocation expenses to support you in searching for employment in the UK.

It is recommended that you obtain quotes from three moving companies to make the most cost effective use of these funds. Reimbursement of relocation expenses (up to \$15,000) will be paid to you upon submission of original receipts to Alberta Health Services.

In accordance with the severance provisions of your employment contract, please note should you secure alternate employment that you are also required to notify Alberta Health Services of your employment date. Your monthly severance installments of \$35,458.33 (gross) will then cease of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

I trust this properly addresses your questions and assists you with any personal decisions regarding future employment opportunities and possible relocation. If you have any further questions, please contact me at 780-426-8522 or e-mail susan.mcgillivray@albertahealthservices.ca.

Sincerely,


Susan McGillivray
Vice President, Human Resources

Copy: Stephen Gould, EVP People & Partners, AHS
Employee Relations, AHS
Human Resources File, AHS

20120720.1



NOTIFICATION OF TERMINATION/SEVERANCE REQUEST COVER SHEET

Employee name: Alison Tonge Position: EVP, Strategy and Performance
 Former entity: _____ Reports to: Dr. Chris Eagle

Career Framework Allocation EVP Status: RFT
 Management or Out-of-Scope: Management Service date 11/04/2009
 MM/DD/YYYY
 SIN: s.17(1), 17(4)(g)(i) Termination date 01/10/2012
 MM/DD/YYYY
 Date of birth: s.17(1), 17(4)(g)(i) Service Period 2 3
 MM/DD/YYYY # years # months

Note: Credit partial months (e.g. 2 months 5 days = 3 months)

Is employee on probation? (Y/N) N Is this associated with a Workforce Adjustment Initiative? (Y/N) N

If yes, which one? _____

Employment contract on file (Y/N) Yes (If yes, please attach)

Please provide details on efforts to retain employee, including redeployment efforts, performance management, etc.:

SUMMARY OF SEVERANCE ENTITLEMENT (from Severance Calculation Worksheet)

Severance Payment - Wages [C] \$370,000
 Payment in lieu of benefits: [D] \$55,500
 Other (based on Employment Contract): [E] \$

TOTAL SEVERANCE PAYMENT \$425,500 (max entitlement)

Approved by: Dr. Chris Eagle
President and Chief Executive Officer
 Executive Vice President (please print)
 Date January 11, 2012

Signature [Signature]

Reviewed by: S.M. O'Livray
 HR Services Zone Director (please print)
 Date JAN 10/12

Signature [Signature]

Please ensure that severance approvals from the EVP are included



SEVERANCE CALCULATION WORKSHEET (EMPLOYEE CONTRACT)

(to be completed by HR Services Zone Director or designate)

M A N A G E M E N T

Employee name: Alison Tonge
 Annual Salary: \$370,000 Hourly Rate: \$180.92 Weekly Rate: \$7,010.65
Annual Salary ÷ # of hrs/yr Hourly Rate X # of hrs/wk

WAGE ENTITLEMENT CALCULATION – ATTACH EMPLOYEE CONTRACT

Service date: Nov 4/09

Please identify all severance provisions and calculations:

<u>Severance Provision</u>	<u>Calculation</u>
Maximum of 12 months salary with duty to mitigate (\$30,833.33 paid monthly) ^{VTF}	\$370,000
15% benefits (\$4,625 paid monthly) ^{VTF}	\$55,500 ^{VTF}
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$425,500 ^{VTF}

CAREER TRANSITION SERVICES ENTITLEMENT: 6 months (provided on a gratuitous basis – not in contract)

Completed by: Ross Feibelkorn HR Advisor Phone: 780-416-8530
Name & Title
Jana Foster, HR Advisor Email: ross.feibelkorn@albertahealthservices.ca
Jan 9/12
Date

PLEASE COMPLETE AND RETURN THIS FORM TO employee.relations@albertahealthservices.ca

AHS ER Use Only

Payroll verification _____
 ER approval  _____



Without Prejudice

January 24, 2012

Ms. Alison Tonge

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

Dear Alison:

This letter will confirm our discussion of today in which we advised you that your employment with Alberta Health Services has been terminated as of January 10, 2012.

As this termination is without cause, in lieu of notice of termination, and as a full and final offer pursuant to the terms of your Employment Contract, Alberta Health Services is prepared to provide you with the following severance package:

1. Pursuant to Paragraph 30 of your Employment Contract, payment equal to a maximum of 12 months base salary at the rate in effect at the date of termination equalling \$370,000. This equates to monthly payments of \$30,833.33 representing salary. Under your Employment Contract, "Pay at Risk" is excluded from salary for the purposes of calculating severance pay entitlements.
2. Pursuant to Paragraph 31 of your Employment Contract, you are further entitled to an additional 15% of each monthly payment in lieu of all other benefits which equates to \$4,625 monthly, or a further \$55,500 should you become entitled to the full amount.
3. Payments of the above shall be made to a maximum of 12 equal monthly installments of \$35,458.33 (\$30,833.33 salary plus \$4,625.00 in lieu of benefits), less applicable statutory deductions and set-offs, subject to the application of Paragraph 32 of your Employment Contract which requires you to mitigate damages by diligently seeking alternate employment. Should you obtain alternate employment during the 12 month notice period, you are requested to notify Alberta Health Services of your employment date. The monthly payments under Paragraphs 30 and 31 of your Employment Contract will then cease as of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.
4. Pursuant to Paragraph 15 of your Employment Contract, you will also be entitled to a proportionate amount of "Pay at Risk" for the months worked within the 2011/12 fiscal year based on the prior year's Pay at Risk amount. As your prior year Pay at Risk amount was \$59,348.00, the proportionate amount based on nine (9) months service in the 2011/12 fiscal year is \$44,511.00 (\$59,348/12 x 9) less applicable statutory deductions.



5. In order for you to make sufficient alternate arrangements as required, please be advised that the \$1,250 monthly amount paid to you for personal, financial and tax advice, club memberships and other similar expenses as provided under Paragraph 19, as well as the \$1,000 monthly amount paid to you as an annual taxable vehicle allowance as provided under Paragraph 26 of your Employment Contract will cease effective immediately. A pro-rated portion of the current monthly amount up to January 10, 2012 will be paid to you accordingly.
6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in the process of completing your application to obtain Canadian permanent residency, Alberta Health Services will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, Alberta Health Services will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
8. Your employment benefits will cease, including but not limited to, your coverage under our Life Insurance, Short and Long Term Disability Programs, Dental and Extended Health. See the attached Benefits document for more information.
9. Although not contemplated in your Employment Contract, we are offering career transition services to you on a good faith basis through Career Transition Services up to a maximum of six months. These services are provided by Toombs Inc. and can be accessed by contacting:

Sonja Henning, Project Manager
Toombs Inc.
Phone: 780-424-4700 (ext 235)
Toll Free: 1-877-424-4700

Please note that these services must be initiated within 30 days from date of termination. Payment for career transition services will be remitted directly to the provider upon receipt of an invoice directed to Alberta Health Services.

If you prefer to access career transition services through a provider other than Toombs Inc., you can arrange this with the agency of your choice and submit a claim for reimbursement to Alberta Health Services up to a maximum of \$6,460.00.

10. Counseling services, available through the Alberta Health Services Employee and Family Assistance Program will continue to be available to you for up to three months should you wish to access these services. Special arrangements will be made with the Employee Assistance provider to ensure that these services are available even though your employment ceases.

11. Upon termination, you will be paid out any accrued, but unused vacation and statutory entitlements. For clarification, any unused personal leave days will not be paid out.

Please take some time to consider the offer and to consult legal, financial or any other professional advice you feel is appropriate. If, after that consideration and advice you wish to accept our offer, you may do so by signing the enclosed Release and returning the signed documents to Susan McGillivray, Vice President, Human Resources. Please contact Susan at susan.mcgillivray@albertahealthservices.ca or 780-426-8522 to make these arrangements.

We ask that you respond to this offer within ten working days. If you have any questions please contact Susan McGillivray. Should you not accept this offer or fail to reply by the deadline of January 27, 2012, Alberta Health Services will pay out severance to you in accordance with the Employment Standards Code which in your case would be equivalent to two weeks of pay.

At your earliest convenience, please return to Lorinda Prociuk all Alberta Health Services property in your possession, including confidential information, credit cards, keys, materials, documents and any other data of any nature whatsoever pertaining to the activities of Alberta Health Services. All outstanding claims for travel, credit card bills, or other expenses as well as payment of personal education courses, seminars and other professional development activities as previously agreed pursuant to Paragraph 18 of your Employment Agreement that have been incurred up to January 10, 2012 are to be submitted by March 31, 2012 to Lorinda Prociuk as well.

We hope that the above meets with your acceptance and again we thank you for your service to Alberta Health Services.

Yours truly,



Chris Eagle, MD, MBA, FRCPC
President and Chief Executive Officer

Copy: Employee Relations (employee.relations@albertahealthservices.ca)
Personnel File

Attachments:

1. Executive Release
2. EFAP Information
3. Employee Benefits Information
4. Expense Claim
5. Severance Payment Direction Form



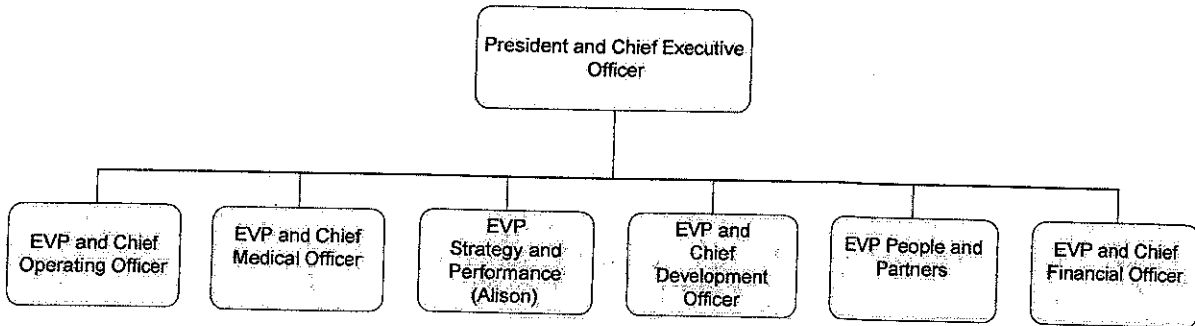
January 24, 2012

To Whom It May Concern:

Letter of Recommendation for Mrs. Alison Tonge

Alison worked for Alberta Health Services (AHS) from November 2009 to January 2012, as Executive Vice President of Strategy and Performance.

Alison reported to me, Dr. Chris Eagle President and Chief Executive Officer. The organizational chart below outlines the reporting relationship in Alberta Health Services.



Her portfolio consisted of the following areas:

Research and Health Intelligence: key objectives of building the Alberta Academic Health Network, research infrastructure and health technology assessment processes, innovation supports.

Data Integration, Measurement and Reporting: leading the Alberta data repository build with Alberta Health and Wellness (AHW), development of health system, health program and site measures including target setting and common definitions to support measurement of quality and outcomes for Alberta.

Health System Planning and Performance: 5-year planning, zone planning and integrated business/financial planning. Health scenario planning for 2030 including economic modeling and research into high performing systems features and innovations.

Population and Public Health: commencing a review of functions at the centre and in each zone, new population health strategy and inequalities policy.

Clinical Strategies: chronic disease management – key focus on obesity pathways, and chronic disease infrastructure. Addictions and Mental Health – joint strategy with AHW, Seniors – continuing care strategy and home care strategy.

Strategic Clinical Networks development: development of leadership supports, resourcing, integration with operations.

Alison also co-sponsored the Access initiatives with the COO, CMO and CBDO.

Alison is a transformational leader who is intelligent, and persuasive. She demonstrated an ability to work with a range of complex stakeholders including Universities through the Academic Health Network, Ministry, partners - AHW, Alberta Seniors and Community Supports, and Alberta Advanced Education and Technology.

I would like to list four main areas where I would note significant achievements led by Alison over the last two years.

Creating an aligned common direction and future focus

When Alison joined AHS in 2009 we did not have an integrated clear health plan. Alison collaborated with AHW in developing the Alberta's 5-Year Health Action Plan. This had five pillars of transformation with key initiatives and programs all linked to outcome performance measures for the system.

In 2011 new zone plans were developed to support the evolving structure of AHS, and a more integrated single planning process developed with finance and business planning. There was a high level of alignment created in AHS at an individual level, zone level and system level in terms of goals and directions.

In 2011 she led work to examine what the next five years beyond 2012 might look like, informed by scenario based modeling, equity and needs assessment, visioning exercises with communities, and world class research based seminars on high performing systems and innovations. This work translated to a new Strategic Directions for AHS.

Measurement, Analytic and decision supports

Alison led a strong focus on measurement and analytics, firstly through establishing jointly agreed health system measures with AHW, championing the AHS data repository, establishing governance structures within AHS on measurement development and with AHW on performance. More recently this work has resulted in an agreed joint measurement framework which includes system, program and site level approaches to measurement. She initiated and sponsored the prioritization methodology and framework for AHS investment and disinvestment. Alison initiated processes to provide gated review of investments and business cases.

Latterly Alison co-chaired the Alberta Health Technology Assessment committee with AHW and co-sponsored the strategic review of processes and methods which lead to a clearer basis for decision making.

Innovation

She provided papers, research and proposals to inform innovative service models for AHS. Significantly she worked on the Access policy and wait time measures, new family care clinic principles and features, and latterly a system performance framework for primary care. She



worked with population health, analytics and research to develop a renewed focus on inequalities and child health. Alison enjoyed bringing in thought leaders to assist in developing new approaches, three international conferences [high performing systems, population health, disruptive innovations] she recently organized a mentoring panel for AHS executive and board based on personal connections with key international and national partners. She arranged numerous internal seminars and learning sessions with staff, many with UK based leaders.

I know Alison is proud of co-championing the initiation of the Strategic Clinical Networks in Alberta, to build on the success of the original clinical networks, she wrote many papers arguing for these new integrated clinical leadership structures, outlined accountabilities and functions, and developed a capability framework to measure success. Latterly Alison was heavily involved in making the case for resources to support the networks ahead.

Building credible partnerships

Alison was on a range of key partnership structures. She co-chaired with AHW the HTA process, Performance committee, Primary Care review, and Mental Health strategic cross ministry partnership. She was an active member on the Academic Health Network and Committee of Academic Medicine. She was on the Board of the Institute of Health Economics. Alison was just starting to build some national presence and was recently invited to advice on a health system review in BC.

Her formal membership of committees was I know, supplemented by many hours of meetings and one to one relationship building to enable AHS to have a credible place at key tables and influence the strategic direction of the health system.

Alison's employment ended in January 2012, as AHS enters the next phase of organizational development. The Strategy and Performance portfolio will become more integrated with operations and our strategic clinical networks through matrix working and different reporting arrangements are required.

I would recommend Alison to any assignment of a significant, complex and strategic nature. She is a dynamic and visionary person who would be an asset to any future employer.

I am willing to provide a verbal reference in addition to this written recommendation. You may contact me directly at 780-342-2003 or e-mail at chris.eagle@albertahealthservices.ca.

Yours truly,

A handwritten signature in black ink, appearing to read 'Chris Eagle'.

Chris Eagle, MD, MBA, FRCPC
President and Chief Executive Officer

EXECUTIVE FORM OF FINAL RELEASE

I, Alison Tonge, in consideration of the maximum sum of \$425,500.00 (four hundred and twenty five thousand five hundred dollars) less amounts required to be withheld by law or pursuant to Paragraph 32 of my Employment Contract dated November 4, 2009, the receipt of which is hereby acknowledged, do hereby remise, release and forever discharge **ALBERTA HEALTH SERVICES** and the **ALBERTA HEALTH SERVICES BOARD**, its predecessors, successors, subsidiaries and assigns, and its respective officers, employees and agents (hereinafter referred to as the Releasees) from all grievances, actions, causes of actions, contracts and covenants, whether express or implied, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever arising, which I have had, may now have, or may hereinafter have, up to the date of this release, in any way connected with my employment with the said Releasees, the termination of my employment, the loss of employment with the Releasees, the loss of any medical, insurance, short-term and long-term insurance coverage, claims or benefits contributed to or sponsored by the said Releasees, and all costs of seeking alternate employment.

FOR SAID CONSIDERATION I further covenant and agree to save harmless and indemnify the said Releasees from and against any and all claims and demands made by the Canada Revenue Agency requiring the Releasees to pay income tax, penalties or charges under the *Income Tax Act* (Canada), and from and against any and all claims and demands made by Service Canada with respect to any amounts which may, in the future, be found to be payable or repayable by the Releasees under the *Employment Insurance Act* (Canada).

IT IS UNDERSTOOD AND AGREED that by executing this Release that I am waiving all rights that I have had, may now have, or may hereinafter have under any employment standards legislation, occupational health and safety legislation, workers' compensation legislation and any human rights legislation and I specifically waive any right to bringing any complaint under the *Human Rights Act* (Alberta) including any rights to further compensation or reinstatement.

FOR SAID CONSIDERATION I further covenant not to disclose the terms of this Release to members of the public, including the employees and former employees of Alberta Health Services,

excepting only any necessary communication with my legal and financial advisors on the express condition that said advisors maintain the confidentiality thereof, or any disclosure which is required by law.

I ACKNOWLEDGE that during my employment with the Releasees, I have had access to certain confidential and proprietary information, the disclosure of which could seriously harm the business interests of the Releasees or Releasees' business partners, customers, clients or service providers. I therefore agree, in addition to any other conditions of confidentiality to which I have agreed:

- (a) not to disclose or release any confidential or proprietary information of the Releasees, Releasees' business partners, customers, clients or service providers;
- (b) that I have taken, and will continue to take in the future, appropriate precautions to safeguard the confidential and proprietary information of the Releasees; and
- (c) that I have not been released from and will abide by any and all obligations of confidentiality that I have to the Releasees or Releasees' business partners, clients or service providers, whether under contract or imposed by law.

I ACKNOWLEDGE AND FURTHER COVENANT:

- (a) that I have not removed any records, in any form, including electronic records, belonging to the Releasees, its clients, or others doing business with the Releasees;
- (b) to return to the Releasees any such records now in my possession; and
- (c) that I will not disparage the Releasees or its businesses or act in a manner which would be to the detriment prejudice of the Releasees or its management and officers.

IT IS UNDERSTOOD AND AGREED that the payment set out in paragraph 1 of this Release, is not deemed any admission whatsoever of liability on the part of the Releasees.

I FURTHER ACKNOWLEDGE AND AGREE that by accepting this payment I will not be eligible for re-employment or contract on a fee for service basis with the Releasees or any of its respective wholly-

owned subsidiaries, affiliates, associated corporations and successor entities including, but not limited to Alberta Health Services, Carewest, Calgary Lab Services, Covenant Health and Capital Care for a period equivalent to the lump sum payment period contemplated by this Release calculated from the date of execution of this Release. If I become employed by the Releasees or any of its respective subsidiaries, affiliates, associated corporations and successor entities including, but not limited to Alberta Health Services, Carewest, Calgary Lab Services, Covenant Health and Capital Care for the duration of the lump sum payment period contemplated by this Release, I will be obliged to repay to the Releasees a pro rata amount of lump sum payment received, net of deductions, calculated on the basis of the months remaining in my notice period.

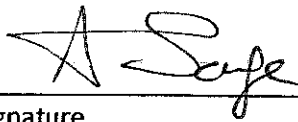
IT IS FURTHER UNDERSTOOD AND AGREED that I have had the opportunity to obtain independent legal advice in respect of the contents of the within Release and waive all further rights in that respect.

DATED this 16 day of February, 2012.

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

Printed

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



Signature

ALISON TONGE

Printed Name of Releasor

AFFIDAVIT OF EXECUTION

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

ALBERTA) I, _____ of the City of ●, in
) the Province of Alberta, ___
) (occupation)
)
TO WIT:)
) MAKE OATH AND SAY

- 1. That I was personally present and did see ALISON TONGE named in the within instrument who is personally known to me to be the person named therein, duly sign and execute the same for the purpose named therein.
2. That the same was executed at the City of ●, in the Province of Alberta, and that I am the subscribing witness thereto.
3. That I know the said Alison Tonge, and he/she is in my belief of the full age of 18 years.

SWORN before me at the City of Edmonton, in the Province of Alberta on this 16th day of February
[Signature]
A Commissioner for Oaths in and for the Province of Alberta

Karen Scott
Barrister & Solicitor

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

APPLICANT COPY



SEVERANCE PAYMENT DIRECTION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO YOUR LOCAL HUMAN RESOURCES s.17(1), 17(4)(g)(i)

EMPLOYEE NAME: Alison Tonge EMPLOYEE NUMBER:

The undersigned hereby authorizes and directs Alberta Health Services to provide my termination settlement (less weeks in lieu) of \$425,500 to be paid in 12 monthly installments of \$35,458.33 as follows: (A)

MONTHLY LUMP SUM PAYMENT (CASH) (Subject to applicable income tax and other withholdings) \$ 35458.33

LESS Any Settlements Amounts Previously Paid \$ / \$ 35458.33

Tax Implications

Table with 2 columns: Tax rate and Amount. Rows: 10% tax withheld on lump sum (\$0 - \$5,000.00), 20% tax withheld on lump sum (\$5,000.01 - \$15,000.00), 30% tax withheld on lump sum (over \$15,000.00)

MONTHLY LUMP SUM TRANSFERRED TO AN RRSP: Eligible Roll Over room / \$

Note:

You may reduce the amount of retiring allowance subject to tax deductions if you transfer it directly to an RRSP. The amount that is eligible for transfer based on employment is limited to:

- \$2,000 for each year or part year up to and including 1995 during which the employee was employed by the employer
PLUS
Additional \$1,500 up to and including 1988 for each year in which any or all of the employer's contribution to the Registered Pension Plan was not vested in the employee's name when the employer pays the retiring allowance.

MONTHLY LUMP SUM TRANSFERRED TO AN RRSP: Personal Contribution Room

It is the responsibility of the employee to ensure adequate personal RRSP room

\$ /

DEFERRED CONTRIBUTIONS - allowed from September to December in each calendar year to be paid in January of the subsequent year

\$ /

TOTAL

\$ (Total to = (A) above)

Transfer funds to my RRSP Account as follows:

Name of Financial Institution:
Address:
City/Province: PC:
Account Number:
Attention:

Dated this ___ day of ___, 2012

Signature [Handwritten Signature]

Name (please print) ALISON TONGE

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

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

Received by: Human Resources Advisor:

For Payroll Use Only

Payment in Lieu amount paid out \$

Severance amount to be processed \$

HR Verification

TOTAL NOT TO EXCEED (A) ABOVE

Ross Fiebelkorn

From: Susan McGillivray
Sent: Tuesday, January 10, 2012 12:15 PM
To: Ross Fiebelkorn
Subject: FW: Termination letter and Executive Release

From: Lorinda Prociuk
Sent: Tuesday, January 10, 2012 11:04 AM
To: Susan McGillivray
Cc: David Diamond
Subject: RE: Termination letter and Executive Release

s.17(4)(d)

From: Susan McGillivray
Sent: Tuesday, January 10, 2012 11:02 AM
To: Lorinda Prociuk
Cc: David Diamond
Subject: RE: Termination letter and Executive Release

s.17(4)(d)

From: Lorinda Prociuk
Sent: Tuesday, January 10, 2012 10:57 AM
To: Susan McGillivray
Cc: David Diamond
Subject: RE: Termination letter and Executive Release

s.17(4)(d)

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

L

From: Susan McGillivray
Sent: Tuesday, January 10, 2012 10:39 AM
To: Lorinda Prociuk
Cc: David Diamond
Subject: Termination letter and Executive Release

APPLICANT COPY

Hi Lorinda,

Documents are attached. Just click on "read only" to open any documents that may be password protected.

I will follow up with the additional attachments re: benefits, EFAP, etc.

<< File: Tonge - Termination Letter.draft.Jan 10.docx >>

<< File: Tonge - Executive Form of Final Release (final).doc >>

We have made arrangements for Sonja from Toombs to be present. After Chris finishes his comments, he can leave. I can walk through the letter, then leave Alison with Sonja from Toombs who talk with her about next steps. Sonja will also collect the keys, blackberry etc. that she has with her, escort Alison to her office to collect coat and walk out with her. Sonja will also make arrangements with Alison about when/how she would like to collect any personal belongings in her office.

Let me know if you have any questions.

s.

Susan McGillivray
Vice President, Human Resources
Alberta Health Services
Phone: (780) 426-8522
E-mail: susan.mcgillivray@albertahealthservices.ca

January 10, 2012

Without Prejudice

Ms. Alison Tonge

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

Dear Alison:

This letter will confirm our discussion of today in which we advised you that your employment with Alberta Health Services has been terminated as of January 10, 2012.

As this termination is without cause, in lieu of notice of termination, and as a full and final offer pursuant to the terms of your Employment Contract, Alberta Health Services is prepared to provide you with the following severance package:

1. Pursuant to Paragraph 30 of your Employment Contract, payment equal to a maximum of 12 months base salary at the rate in effect at the date of termination equaling \$370,000. This equates to monthly payments of \$30,833.33 representing salary. Under your Employment Contract, "Pay at Risk" is excluded from salary for the purposes of calculating severance pay entitlements.
2. Pursuant to Paragraph 31 of your Employment Contract, you are further entitled to an additional 15% of each monthly payment in lieu of all other benefits which equates to \$4,625.00 monthly, or a further \$55,500 should you become entitled to the full amount.
3. Payments of the above shall be made to a maximum of 12 equal monthly installments of \$35,458.33 (\$30,833.33 salary plus \$4,650.00 in lieu of benefits), less applicable statutory deductions and set-offs, subject to the application of Paragraph 32 of your Employment Contract which requires you to mitigate damages by diligently seeking alternate employment. Each month prior to receipt of the monthly payment of \$35,458.33, you will be required to provide AHS with confirmation that you continue to seek alternate employment and the date you have been unsuccessful. Should you obtain alternate employment during the 12 month notice period, the monthly payments under Paragraphs 30 and 31 of your Employment Contract will cease and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.
4. Pursuant to Paragraph 15 of your Employment Contract, you will also be entitled to a proportionate amount of "Pay at Risk" for the months worked within the 2011/12 fiscal year based on the prior year's Pay at Risk amount. As your prior year Pay at Risk amount was \$59,348.00, the proportionate amount based on nine (9) months service in the 2011/12 fiscal year is \$44,511.00 ($\$59,348/12 \times 9$) less applicable statutory deductions.
5. In order for you to make sufficient alternate arrangements as required, please be advised that the \$1,250 monthly amount paid to you for personal, financial and tax advice, club memberships and other similar expenses as provided under Paragraph 19, as well as the \$1,000 monthly amount paid to you as an annual taxable vehicle allowance as provided under Paragraph 26 of your Employment Contract will cease effective immediately. A pro-rated portion of the current monthly amount up to January 10, 2012 will be paid to you accordingly.

6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in process of completing your application to obtain Canadian permanent residency, AHS will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, AHS will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
8. Your employment benefits will cease, including but not limited to, your coverage under our Life Insurance, Short and Long Term Disability Programs, Dental and Extended Health. See the attached Benefits document for more information.
9. Although not contemplated in your Employment Contract, we are offering career transition services to you on a good faith basis through Career Transition Services up to a maximum of six months. These services are provided by Toombs Inc. and can be accessed by contacting:

Sonja Henning, Project Manager
Toombs Inc.
Phone: 780-424-4700 (ext 235)
Toll Free: 1(877) 424-4700

Please note that these services must be initiated within 30 days from date of termination. Payment for career transition services will be remitted directly to the provider upon receipt of an invoice directed to Alberta Health Services. In accepting this service, you are granting AHS consent to communicate with representatives of Toombs Inc. regarding updates on your potential future employment for the purposes of determining the entitlement to further payments pursuant to Paragraph 32 of your Employment Contract.

10. Counseling services, available through the AHS Employee and Family Assistance Program will continue to be available to you for up to three months should you wish to access these services. Special arrangements will be made with the Employee Assistance provider to ensure that these services are available even though your employment ceases.
11. Upon termination, you will be paid out any accrued, but unused vacation and statutory entitlements. For clarification, any unused personal leave days will not be paid out.

Please take some time to consider the offer and to consult legal, financial or any other professional advice you feel is appropriate. If, after that consideration and advice you wish to accept our offer, you may do so by signing the enclosed Release and returning the signed documents to Susan McGillivray, Vice President, Human Resources. Please contact Susan at susan.mcgillivray@albertahealthservices.ca or 780-426-8522 to make these arrangements.

We ask that you respond to this offer within ten working days. If you have any questions please contact Susan McGillivray. Should you not accept this offer or fail to reply by the deadline of January 24, 2012, Alberta Health Services will pay out severance to you in accordance with the Employment Standards Code which in your case would be equivalent to two weeks of pay.

At your earliest convenience, please return to Lorinda Prociuk all Alberta Health Services property in your possession, including confidential information, credit cards, keys, materials, documents and any other data of any nature whatsoever pertaining to the activities of AHS. All outstanding claims for travel, credit card bills, or other expenses as well as payment of personal education courses, seminars and other professional development activities as previously agreed pursuant to Paragraph 18 of your Employment Agreement that have been incurred up to January 12, 2012 are to be submitted by March 31, 2012 to Lorinda Prociuk as well.

We hope that the above meets with your acceptance and again we thank you for your service to Alberta Health Services.

Sincerely,

Dr. Chris Eagle
President & CEO
Alberta Health Services

copy: Employee Relations (employee.relations@albertahealthservices.ca)
Personnel File

Attachments:

1. Executive Release
2. EFAP Information
3. Employee Benefits Information
4. Expense Claim
5. Severance Payment Direction Form

EXECUTIVE FORM OF FINAL RELEASE

I, Alison Tonge, in consideration of the maximum sum of \$425,500.00 (four hundred and twenty five thousand five hundred dollars) less amounts required to be withheld by law or pursuant to Paragraph 32 of my Employment Contract dated November 4, 2009, the receipt of which is hereby acknowledged, do hereby remise, release and forever discharge **ALBERTA HEALTH SERVICES** and the **ALBERTA HEALTH SERVICES BOARD**, its predecessors, successors, subsidiaries and assigns, and its respective officers, employees and agents (hereinafter referred to as the Releasees) from all grievances, actions, causes of actions, contracts and covenants, whether express or implied, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever arising, which I have had, may now have, or may hereinafter have, up to the date of this release, in any way connected with my employment with the said Releasees, the termination of my employment, the loss of employment with the Releasees, the loss of any medical, insurance, short-term and long-term insurance coverage, claims or benefits contributed to or sponsored by the said Releasees, and all costs of seeking alternate employment.

FOR SAID CONSIDERATION I further covenant and agree to save harmless and indemnify the said Releasees from and against any and all claims and demands made by the Canada Revenue Agency requiring the Releasees to pay income tax, penalties or charges under the *Income Tax Act* (Canada), and from and against any and all claims and demands made by Service Canada with respect to any amounts which may, in the future, be found to be payable or repayable by the Releasees under the *Employment Insurance Act* (Canada).

IT IS UNDERSTOOD AND AGREED that by executing this Release that I am waiving all rights that I have had, may now have, or may hereinafter have under any employment standards legislation, occupational health and safety legislation, workers' compensation legislation and any human rights legislation and I specifically waive any right to bringing any complaint under the *Human Rights Act* (Alberta) including any rights to further compensation or reinstatement.

FOR SAID CONSIDERATION I further covenant not to disclose the terms of this Release to members of the public, including the employees and former employees of Alberta Health Services,

excepting only any necessary communication with my legal and financial advisors on the express condition that said advisors maintain the confidentiality thereof, or any disclosure which is required by law.

I ACKNOWLEDGE that during my employment with the Releasees, I have had access to certain confidential and proprietary information, the disclosure of which could seriously harm the business interests of the Releasees or Releasees' business partners, customers, clients or service providers. I therefore agree, in addition to any other conditions of confidentiality to which I have agreed:

- (a) not to disclose or release any confidential or proprietary information of the Releasees, Releasees' business partners, customers, clients or service providers;
- (b) that I have taken, and will continue to take in the future, appropriate precautions to safeguard the confidential and proprietary information of the Releasees; and
- (c) that I have not been released from and will abide by any and all obligations of confidentiality that I have to the Releasees or Releasees' business partners, clients or service providers, whether under contract or imposed by law.

I ACKNOWLEDGE AND FURTHER COVENANT:

- (a) that I have not removed any records, in any form, including electronic records, belonging to the Releasees, its clients, or others doing business with the Releasees;
- (b) to return to the Releasees any such records now in my possession; and
- (c) that I will not disparage the Releasees or its businesses or act in a manner which would be to the detriment prejudice of the Releasees or its management and officers.

IT IS UNDERSTOOD AND AGREED that the payment set out in paragraph 1 of this Release, is not deemed any admission whatsoever of liability on the part of the Releasees.

I FURTHER ACKNOWLEDGE AND AGREE that by accepting this payment I will not be eligible for re-employment or contract on a fee for service basis with the Releasees or any of its respective wholly-

owned subsidiaries, affiliates, associated corporations and successor entities including, but not limited to Alberta Health Services, Carewest, Calgary Lab Services, Covenant Health and Capital Care for a period equivalent to the lump sum payment period contemplated by this Release calculated from the date of execution of this Release. If I become employed by the Releasees or any of its respective subsidiaries, affiliates, associated corporations and successor entities including, but not limited to Alberta Health Services, Carewest, Calgary Lab Services, Covenant Health and Capital Care for the duration of the lump sum payment period contemplated by this Release, I will be obliged to repay to the Releasees a pro rata amount of lump sum payment received, net of deductions, calculated on the basis of the months remaining in my notice period.

IT IS FURTHER UNDERSTOOD AND AGREED that I have had the opportunity to obtain independent legal advice in respect of the contents of the within Release and waive all further rights in that respect.

DATED this _____ day of _____, 20__.

Witness Signature

Signature

Printed Name of Witness

Printed Name of Releasor

AFFIDAVIT OF EXECUTION

ALBERTA)
)
)
)
)
)
 TO WIT:)
)

I, _____ of the City of ●, in
 the Province of Alberta, _____
 (occupation)

MAKE OATH AND SAY

1. That I was personally present and did see _____ named in the within instrument who is personally known to me to be the person named therein, duly sign and execute the same for the purpose named therein.
2. That the same was executed at the City of ●, in the Province of Alberta, and that I am the subscribing witness thereto.
3. That I know the said _____, and he/she is in my belief of the full age of 18 years.

SWORN before me at the City of ●, in the Province)
 of Alberta)
 on this _____ day of _____)
)
)
)
 _____)
 A Commissioner for Oaths in and for the Province)
 of Alberta)

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Tuesday, January 10, 2012 12:47 PM
To: Connie Shea
Subject: RE: Severance

Hi Connie. Everything has been arranged for the meeting this afternoon at 4 pm. We finalized the letter and release with Kara this morning given the provisions of Alison's contract. A package has been prepared for the meeting and they are ready to go. Dr. Eagle, Susan, and Sonja from Toombs will be at the meeting. Lorinda has arranged for IT access to be terminated once they go into the meeting and Sonja will gather passes, BB, etc.. Hopefully everything will run as well as it can given the situation. I understand this will come as a surprise to Alison. They provided 10 business days for Alison to respond to the severance and sign the release.

After the meeting, I will ask for your assistance to have her termination and arrange to have her final pay processed including the pay at risk amount. I will send along a signed copy of the letter once I receive it. Once she signs the release (unless she decides to take legal action), I'll send this over as well to process the severance. This is going to be more problematic given her contract was to have the severance paid over the course of 12 monthly payments as she is obligated to mitigate and inform us when she finds another position during the 12 month period.

I'll keep you posted.

Thanks

From: Connie Shea
Sent: Monday, January 09, 2012 3:47 PM
To: Ross Fiebelkorn
Subject: RE: Severance

Thanks Ross. Susan had sent me the contract as well so wanted to make sure that we were not duplicating efforts with the documents and calcs. I can assist with the execution of the termination (in e-people and IT access) if needed. Are you calculating the pay at risk as well? It needs to be paid out on termination.

I do not have wording for the exec terminations. Have not had an exec who has asked for it. I would defer to the standard message – Dr Eagle needs to get in and out quickly without saying too much.

Can you cc me on the emails related to this so I am in the loop?

Thanks Ross. Let me know if you need assistance.

Connie Shea

Director, HR Client Services - Corporate
Alberta Health Services
10301 Southport Lane SW Calgary AB T2W 1S7
connie.shea@albertaheathservices.ca

Phone: (403) 943-1242
Cell: (403) 690-2112
Fax: (403) 943-2795

APPLICANT COPY

<http://insite.albertahealthservices.ca/1005.asp>
www.albertahealthservices.ca

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From: Ross Fiebelkorn
Sent: January 09, 2012 15:32
To: Connie Shea
Subject: RE: Severance

Hi Connie. I'm starting on the letter and the calculations. We pulled the contract and checked salary in the system confirming base given the pay at risk wording in the contract. I'll be reviewing the letter with Kara who is here the next couple days. I'll also be contacting Toombs to have them here as well. They are planning the meeting for tomorrow at 4 pm unless plans change.

Susan asked for a short script that Dr. Eagle may use. Have you done anything that would be beneficial to say at the executive level? I know what is normally said at the termination meetings but you may have some insight what they may also discuss at the exec level.

Thanks

Ross Fiebelkorn, Senior Advisor Human Resources

Employee & Labour Relations
Alberta Health Services
Edmonton, Alberta

Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309
E-mail: Ross.Fiebelkorn@albertahealthservices.ca

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From: Connie Shea
Sent: Monday, January 09, 2012 3:25 PM
To: Ross Fiebelkorn
Subject: Severance

Hi Ross, Do we need to connect about Alison? I am not sure what pieces you are working on? Do you need to prepare anything?

Connie Shea

Director, HR Client Services - Corporate
Alberta Health Services
10301 Southport Lane SW Calgary AB T2W 1S7
connie.shea@albertahealthservices.ca

Phone: (403) 943-1242
Cell: (403) 690-2112
Fax: (403) 943-2795

<http://insite.albertahealthservices.ca/1005.asp>

Ross Fiebelkorn

From: Susan McGillivray
Sent: Wednesday, January 11, 2012 9:07 AM
To: 'Alison Tonge'
Subject: Copy of your contract attached
Attachments: SHBAPRINT0412010916360.pdf

Hi Alison,

A copy of your contract is attached, as requested.

Please feel free to call or e-mail if you have any questions about it, or the offer.

Take care,
Susan

Susan McGillivray
Vice President, Human Resources
Alberta Health Services
Phone: (780) 426-8522
E-mail: susan.mcgillivray@albertahealthservices.ca

APPLICANT COPY

EMPLOYMENT CONTRACT

THIS AGREEMENT made effective the 4th day of November, 2009.

BETWEEN:

ALBERTA HEALTH SERVICES
(also referred to as "AHS" or "the Employer")

- and -

ALISON TONGE
(also referred to as "the Employee")

WHEREAS Alberta Health Services is responsible for the provision of health services throughout Alberta.

AND WHEREAS AHS has agreed to retain the services of Alison Tonge in the capacity of Executive Vice President, Strategy and Performance.

AND WHEREAS the parties have agreed to enter into a contract of employment and the execution of this agreement was contemplated by the parties to formalize the terms and conditions of her employment relationship.

NOW THEREFORE in consideration of the material advantages accruing to both the Employee and AHS, the parties agree as follows:

TERM

1. The Employer agrees to employ the Employee for an indefinite term commencing November 4, 2009. This agreement and her employment will therefore continue until terminated under the provisions of paragraphs 29, 30, 34 or 35 herein.

POSITION AND DUTIES

2. The Employee will be employed in the position of Executive Vice President, Strategy and Performance and reports to and accepts instructions from the President and Chief Executive Officer or his designate.
3. It is recognized by both parties that this position is a managerial position, which from time to time and as necessary will require the Employee's services beyond normal working hours without additional compensation, overtime pay or time in lieu thereof.

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4. The Employee shall, at all times, faithfully, industriously and to the best of her ability perform all duties and functions required of her by the President and Chief Executive Officer or his designate, in a professional manner and to the satisfaction of the Employer. The Employee shall provide timely and good quality work, always acting in a competent, trustworthy and loyal fashion.
5. The Employee's duties are set out in the Position Description attached as "Schedule A" to this agreement. The duties referenced in Schedule A may be changed by the President and Chief Executive Officer and the Board of AHS as it deems necessary from time to time.
6. The Employee agrees to operate within the policies, practices and procedures established by the Employer, as changed or amended from time to time, except where they contradict the express terms of this agreement.
7. Except as agreed by the Employer and the Employee in writing, she will devote her full working time and attention to the business and affairs of AHS and, in particular, to the carrying out of her employment duties and obligations.
8. The Employee agrees to avoid any external commitments that interfere with her obligations to the Employer or that constitute a potential, perceived or real conflict of interest. The Employee further agrees to refrain from publicly taking positions in conflict with those of the Employer.

COMPENSATION

9. The Employee will receive an annual base salary of \$462,500.00, less lawful deductions at source. The salary will be paid in accordance with the Employer's customary practices.
10. The Employee's base salary will be reviewed annually in accordance with AHS Total Compensation Program.
11. A portion of the Employee's annual base salary, up to a maximum of 20% of her annual base salary, is dependent upon successful achievement of annual performance targets. This portion is said to be "Pay at Risk" depending on the degree to which performance expectations have been met. The "Pay at Risk" will be withheld until the end of the fiscal year, at which time it will be payable in accordance with paragraph 12.
12. The Employee will be rated against her annual performance targets and the President and Chief Executive Officer will approve the "Pay at Risk" amount. This amount will be paid to the Employee in the form of a lump sum, within thirty (30) calendar days of the receipt of an unqualified opinion from the Auditor General of Alberta on the Employer's financial statements for the prior fiscal year.
13. Performance targets will be established annually and mutually agreed to by the President and Chief Executive Officer, the Board of AHS, and the Employee.

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14. For the first year of employment, the Employee's annual performance targets will be established and agreed upon with the President and Chief Executive Officer within the first 45 days of employment. The Employee is only entitled to earn a proportionate lump sum amount of "Pay at Risk" for the months worked within that fiscal year.
15. Upon cessation of the employment relationship under clause 29, the Employee is not entitled to any proportionate amount of "Pay at Risk" based on the prior year performance. In other circumstances of termination, the Employee is entitled to a proportionate amount of "Pay at Risk" for the months worked within that fiscal year, based on the prior year's "Pay at Risk" amount.

BENEFITS

16. The Employee shall participate in, and be entitled to, employment benefits consistent with the benefit package in effect for the Employer's management staff. Such benefits will include up to five (5) paid Personal Leave Days (38.75 hours) per year (April 1st to March 31st) in recognition of additional time contributed and flexible schedules of work. These days cannot be carried over from year to year or paid out.
17. The scope of the benefit coverage shall be as determined by the Employer from time to time. The Employer expressly reserves the right to change carriers, plans or policies, or amend or terminate coverage, as it deems appropriate. Where coverage is in force, the Employer's obligations do not extend to guaranteeing payment of claims under any particular plan or policy. The provisions of the policies and plans shall govern with respect to eligibility, plan administration and benefits provided.
18. The Employee will have an annual professional development allowance of \$10,000.00 (at President and Chief Executive Officer's discretion) available to be used for the payment of personal education courses, seminars and other professional development activities consistent with an agreed personal development plan approved by the President and Chief Executive Officer. For the first year of employment, the Employee is eligible to use a proportionate amount of the annual professional development allowance for the months worked within that fiscal year. Reimbursement of such expenses will require the Employee to provide receipts, statements or vouchers to AHS prior to reimbursement.
19. The Employee will have a further annual allowance of \$15,000.00 available to be used for personal, financial and tax advice, club memberships and other similar purposes, payable at a rate of \$1,250.00 monthly.

RELOCATION

20. AHS will pay all customary and reasonable relocation expenses to move the Employee from England to Edmonton. The Employee agrees to obtain estimates from three (3) reputable moving companies and will engage the lowest costing moving company. A further lump sum amount of \$30,000.00 will be provided (at President

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and Chief Executive Officer's discretion) to cover the reasonable expenses of moving the Employee from England to Edmonton. This will include:

- a) Up to two (2) months of temporary accommodation;
 - b) Two (2) trips from England to Edmonton for the Employee and her spouse for the purposes of purchasing real estate and other matters related to the relocation;
 - c) Any other costs associated with relocating to Edmonton.
21. If this agreement is terminated under the provisions in paragraphs 29 or 34 within twelve (12) months of the effective date, all payments under this relocation allowance will be immediately repayable to AHS, and AHS may set-off these sums against any sums payable by AHS to the Employee.

VACATION

22. The Employee is entitled to six (6) weeks (at President and Chief Executive Officer's discretion) of paid annual vacation.
23. The timing of the annual vacation will be as mutually agreed in advance between the Employee and the President and Chief Executive Officer and the Board of AHS, but in the event agreement cannot be reached, the Employer retains the right to unilaterally establish the vacation period or periods.
24. There will be no carry-over of vacation entitlements from year to year unless prior authorization in writing has been obtained from the Employer.
25. Upon cessation of the employment relationship for any reason the Employee is entitled only to payout of any accrued, but untaken, vacation entitlement.

AUTOMOBILE

26. The Employee is entitled to an annual taxable vehicle allowance of \$12,000.00 (at President and Chief Executive Officer's discretion), payable at a rate of \$1,000.00 monthly.
27. All expenses concerning the ownership, operation and maintenance of the vehicle, whether leased or owned, shall be the responsibility of the Employee.

BUSINESS EXPENSES

28. The Employee is entitled to reimbursement of business expenses incurred while on authorized AHS business, provided such claims are supported by relevant receipts and documentation, are submitted in a timely fashion and comply with applicable AHS policies and budgetary limits.

TERMINATION

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29. The Employer may terminate this agreement and the Employee's employment at any time for just cause. In such circumstances, the Employee is entitled to only her earned salary and other accrued entitlements to the date of termination less any appropriate deductions and sets-offs. Upon such payment, the Employee shall have no further claim against the Employer for the termination.
30. The Employer may terminate this agreement and the Employee's employment at any time without just cause. In such circumstances, the Employee shall receive her earned salary and other accrued entitlements to the date of termination less any appropriate deductions and sets-offs. In addition, the Employer will pay the Employee termination (severance) pay equal to 12 months base salary at the rate in effect at the date of termination. Such severance shall be paid in 12 equal monthly installments in arrears to commence upon receipt of an executed Release in a form satisfactory to AHS. "Pay at Risk" will be excluded from salary for the purposes of calculating termination (severance) pay entitlements under paragraphs 30 and 31.
31. In the event of termination under paragraph 30 the Employee shall also be paid 15% of the severance in lieu of all other benefits.
32. In the event of termination under paragraph 30, the Employee acknowledges her legal duty to mitigate her damages by diligently seeking alternate employment. Upon obtaining alternate employment, the payments under paragraphs 30 and 31 will cease and the Employee will be paid a lump sum equal to one-half of any payments then remaining under paragraphs 30 and 31.
33. The parties expressly acknowledge that the payment set out in paragraph 30 and 31 above constitutes the agreed-upon payment in lieu of reasonable notice when the Employee is terminated without just cause. Upon such payment, the Employee shall have no further claim against the Employer for the termination.
34. The Employee may terminate this agreement and her employment upon first giving a minimum of three months written notice. Upon such termination, the Employer will have no further obligations to the Employee.
35. This agreement, the Employee's employment and all obligations of the Employer to the Employee will also cease upon:
 - a) The Employee's death;
 - b) The Employee's permanent incapacity to perform the essential functions of the position, as determined by the Employer and a duly qualified physician selected by the Employer;
 - c) Dissolution or disestablishment of the Employer, triggering severance under paragraphs 30 and 31, unless the operations of the Employer are carried on by a successor entity and this agreement is assigned to that successor entity;

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- d) Frustration of the employment relationship; or
 - e) Mutual agreement in writing.
36. The Employee acknowledges that she is in a fiduciary relationship and position of trust with AHS. The Employee further acknowledges that through the employment responsibilities, she will acquire confidential information and data concerning the operations of the Employer.
37. The Employee further acknowledges that the disclosure of such confidential information would be detrimental to the legitimate interests of AHS and that AHS is therefore entitled to protect its proprietary interest in such confidential information.
38. The obligations of confidentiality and non-disclosure shall continue in effect indefinitely. In the event of the Employee's breach or threatened breach, the Employer shall be entitled to all legal remedies including seeking both temporary and permanent injunctive relief.
39. The Employee therefore agrees that she will not, during her employment with AHS, or thereafter, divulge, communicate or otherwise disclose to any person or body any such confidential information or use such confidential information for purposes inconsistent with the interests of AHS.
40. This confidentiality obligation does not apply to:
- a) information within the public domain;
 - b) information disclosed in compliance with any applicable statute or regulation, or as compelled by a governing court or quasi-judicial body;
 - c) information disclosed where authorized by the Employer;
 - d) information whose disclosure or use is legitimately required to fulfill the Employee's employment duties on behalf of the AHS; or
 - e) information disclosed to the Employee's financial and legal advisors in the seeking of advice for the purposes of protecting or advancing her personal rights in conflict with the Employer, on the express condition that said advisors maintain the confidentiality thereof.

GENERAL

41. This agreement constitutes the entire agreement between the Employee and AHS concerning her employment relationship. It supersedes any and all other agreements or contracts, whether verbal or written, between the parties. The Employee further acknowledges that there are no promises or representations made to her apart from obligations of the Employer expressly set out in this agreement.

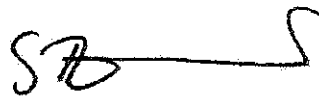
APPLICANT COPY

- 42. This agreement was negotiated freely and voluntarily and the Employee acknowledges that she has had a reasonable opportunity to seek independent legal advice with respect to this agreement and its terms.
- 43. The Employee agrees to immediately return to the Employer, upon cessation of the employment relationship for any reason, all business documents, records, files, computer disks, software products, equipment and all other property of the Employer, including copies of any items.
- 44. This agreement may be amended at any time by mutual agreement of the parties in writing.
- 45. The invalidity, or unenforceability, of any term of this agreement shall be severable from, and shall not affect enforceability of, the remainder of this agreement.
- 46. This agreement shall be interpreted and governed by the laws in force in the Province of Alberta. The Parties hereby irrevocably attorn to the exclusive jurisdiction of the courts of the Province of Alberta.
- 47. This agreement may be executed in counterparts, each of which is deemed to be an original but all of which taken together shall constitute one agreement, notwithstanding that both parties are not signatory to the same counterpart.

This agreement is subject to approval by the Minister.

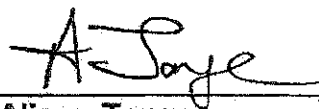
SIGNED at Edmonton, Alberta, this 17th day of ^{February} January, 2010. D

ALBERTA HEALTH SERVICES

Per: 

SIGNED in the presence of:
s.17(1), 17(4)(g)(i)

Witness' signature


Alison Tonge

SCHEDULE "A"

POSITION DESCRIPTION

Position Title: Executive Vice President of Strategy and Performance
Division: Strategy and Performance
Reports To: Chief Executive Officer

Job Summary:

The Executive Vice President of Strategy and Performance is a key executive role, founding and leading the Strategy and Performance division, and reporting to the Chief Executive Officer. A member of the executive leadership team, the Executive Vice President of Strategy and Performance will contribute to the development of Alberta Health Services' Strategic Plan and the establishment of priorities for the Strategy and Performance division.

This position is responsible and accountable for providing vision and leadership to the strategic planning, delivery and evaluation of priorities for the Strategy and Performance division that are aligned with the overall organizational mission, vision, and plan. The Strategy and Performance division is responsible for: Strategic Planning, Performance Reporting, Health Information Management, the Community Connection, the Workforce Agenda, and Research. The Strategy and Performance division will be undertaking transformational change, large-scale integration, continuous improvement, process reengineering, and breakthrough thinking and innovation. As administrative head of the portfolio, The Executive Vice President of Strategy and Performance is responsible and accountable for:

- The portfolio's resource management (financial, human and capital);
- Building the relationships necessary to work effectively with diverse internal and external stakeholder groups;
- Providing strong leadership, stability and direction to the Strategy and Performance function and team, ensuring the successful integration of these functions across the province;
- Designing, implementing, managing and monitoring a practical, organization-wide business planning process, as well as annual and multi-year organizational strategic plans that will drive organizational decision-making;
- Leading the development of standard, province-wide, best practices, such as for performance reporting and health information management across the province to ensure that information being collected and reported for the use of health system planning is relevant, timely, and accurate, and so that decision makers have accurate information on accessibility, cost and quality of health services in the province;
- Ensuring that there is standardized and regular reporting, monitoring and action planning on key performance indicators that are aligned with the strategic plan to guide decision-making;
- Providing leadership in all aspects of clinical information management, supporting data collection, use, access and disclosure, as well as analyzing system-wide information to identify trends and support decision-making;
- Working with community health councils and foundations to identify the needs of the communities within Alberta and the best means of meeting those needs;

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- Setting objectives for the implementation, operationalization, management and monitoring of Community Connections programs that are aligned with community needs;
- Developing strategic directions to optimize the use and development of the health workforce in support of quality health services, taking into consideration skill-level and volume requirements for health workforce distribution across the province;
- Ensuring that AHS partners effectively with research organizations across the province so that AHS is aware of and can take advantage of research that happens in the province.

Responsibilities and Activities:

- Setting the direction, goals and measurements of success within the portfolio;
- Overseeing and approving the portfolio's use of financial, human and capital resources to ensure that resources are maximized and effectively managed to meet goals;
- Ensuring that the portfolio's structure, systems and processes enable staff to effectively and efficiently develop, implement, manage and monitor programs and services across Alberta Health Services;
- Ensuring the alignment and integration of portfolio policies and programs to reflect and support the direction of Alberta Health Services;
- Modeling Alberta Health Services values;
- Developing the organizational strategy to deliver fully integrated programs and services required to achieve the vision, mission and business plan of Alberta Health Services;
- Leading and fostering integration of the Strategy and Performance portfolio key areas across the province to successfully deliver high-quality, accessible, sustainable health services;
- Advocating and fostering innovation and change required to address evolving internal and external client and stakeholder needs;
- Establishing positive and effective relationships and collaborating with leaders from other AHS portfolios to ensure the successful integration of health services planning and delivery;
- Establishing positive and effective relationships and collaborating with community and other public sector leaders to ensure the successful delivery of client services that meet expectations;
- Establishing positive and productive relationships with external stakeholders in the health delivery system to ensure the successful two-way communication of goals and expectations;
- Leading, mentoring, coaching and developing an executive management team within the portfolio and broadly ensuring that human resource management plans meet future needs;
- Implementing Alberta Health Services' policies and decisions, leading and directing staff, and ensuring activities are aligned with the Alberta Health Services strategic agenda;
- Providing strategic advice on policy issues and significant operational program decisions.

Education and Experience Requirements:

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The incumbent will possess, at a minimum, a Bachelor or Master level degree, or an equivalent combination of education and experience, and will demonstrate a clear pattern of professional and personal development.

In addition, the successful candidate will possess a record of accomplishment in the following areas:

- Executive leadership experience in a large, complex health system;
- Exceptional leadership skills, solid general management skills, a strong results orientation, and an ability to operate in and deliver results within complex, multi-stakeholder environments;
- Significant strategic planning experience within a large, complex health system;
- Integration and change management experience within a complex environment, with the ability to balance short-term performance objectives and long-term directional strategies in order to ensure the successful integration of program and service planning and delivery;
- Experience providing leadership through effective strategic planning, communication, ethical decision-making, and commitment to achieving established goals and objectives;
- Ability to build, develop, coach and retain a strong and cohesive team;
- Experience building cultures that are customer-focused and accountable, with a strong commitment to quality and process improvement;
- A track record of innovation in finding solutions and delivering results;
- Strong relationship builder and a superb communicator at all levels;
- Strong diplomacy and listening skills, the ability to be collaborative and decisive, as appropriate, and to take a firm stand in the face of objections when necessary.

**Executive Leaders
Job Competency Profile – Part B**

Leadership Competencies	Behaviours Demonstrated by Successful Executive Leaders
ACHIEVING RESULTS	
<p>Building Partnerships – Strategic Networking for the Organization</p> <p>The ability to build and maintain friendly and reciprocal relationships with networks of internal and external stakeholders who may assist in attaining goals. These relationships are built deliberately, recognizing the importance of leveraging them in order to achieve organizational objectives and improve the health of Albertans.</p>	<ul style="list-style-type: none"> ▪ Leads and determines the overall strategy the organization should take in forming stakeholder partnerships. ▪ Develops and maintains a planned network of external relationships in the global health care community, including industry and professional associations to identify opportunities, and seeks input to problems with a view to achieving strategic goals. ▪ Creates and establishes new relationships/ partnerships beyond own provincial and national stakeholders.
<p>Collaborative Practice – Builds Across the Organization</p> <p>The intention to collaborate with others, to be part of a team, to work together, as opposed to working separately or competitively. At its higher levels, Collaborative Practice involves promoting a positive climate and resolving conflict across the organization.</p>	<ul style="list-style-type: none"> ▪ Helps the team understand the broader context of their work. ▪ Aligns the work of the team to new knowledge and other practice innovations. ▪ Creates opportunities to collaborate and build capacity across the organization. ▪ Generates and maintains an environment that encourages the development of new ideas. ▪ Prepares and implements detailed strategies for gaining the support of a wide audience
<p>Results Orientation – Strive for Superior Business Results</p> <p>The personal drive and need to achieve results and the ability to focus one’s attention on accomplishing key objectives and outcomes for oneself and one’s team. This is demonstrated by improving performance, by developing oneself, and by committing oneself and appropriate resources to accomplishing challenging goals, even in the fact of uncertainty and change.</p>	<ul style="list-style-type: none"> ▪ Sets challenging goals to further the organization’s business success and growth. ▪ Makes decisions and creates plans affecting a significant part of the organization based on the strategic business direction. ▪ Anticipates specific future needs or opportunities for the organization and develops action plans to optimize results. ▪ Takes calculated risks to achieve significant performance gains and fosters a culture that focuses on results.
<p>Service Orientation – Uses a Long-Term Quality and Service Perspective</p> <p>The desire to help or serve clients, customers, patients and stakeholders to meet their needs. It is about</p>	<ul style="list-style-type: none"> ▪ Works with a long-term perspective to anticipate patient, client needs and ensure cross-organization services exist to meet those needs. ▪ Optimizes allocation of human, financial, and

Leadership Competencies	Behaviours Demonstrated by Successful Executive Leaders
<p>ensuring quality in the delivery of services, and complying with existing rules, regulations and legislation. It is expressed in the monitoring and checking service of information, insisting on clarity of roles and expectations, and setting up and maintaining systems that enhance quality and maximize efficiencies.</p>	<p>infrastructure resources in order to provide a safe and accessible health system.</p> <ul style="list-style-type: none"> ▪ Leads quality improvement processes to integrate evidence-based best practices into service delivery. ▪ Takes a lead role in creating a culture of quality and service across the organization.
LEADING EFFECTIVELY	
<p>Empowerment – Encourages Delegation and Provides Longer-Term Coaching, Mentoring or Training</p> <p>Delegating appropriate authority and responsibility to employees, and supporting their efforts, to take responsibility and develop the confidence to make their own decisions. In addition, it involves the genuine intent to foster the long-term learning or development of one-self and others through coaching, managing performance and mentoring. The individual's actions are driven by a genuine desire to develop self, others and empower, rather than simply a need to transfer skills to complete tasks.</p>	<ul style="list-style-type: none"> ▪ Fosters an environment in which each area of the organization takes responsibility for the achievement of their business goals. ▪ Delegates full authority and responsibility as long as results are achieved. ▪ Consults with individual staff members and ensures appropriate and helpful assignments, formal training, or other experiences for the purpose of fostering a person's long term learning and development. ▪ Gives staff specific opportunities, wherever possible, to stretch their capabilities and practice new skills. ▪ Engages in continuous self development by exploring opportunities to enhance own skills and abilities. ▪ Fosters an empowered work environment which delegates decision making and supporting calculated risk-taking.
<p>Leading Change – Sponsors Change and Creates the Vision</p> <p>The ability to lead others, particularly through new or modified approaches, practices, and processes in the organization. It involves helping the organization's members understand what the change means to them, and providing the ongoing guidance and support that will maintain enthusiasm and commitment to the change process. At higher levels it involves leading or sponsoring change initiatives to improve business performance.</p>	<ul style="list-style-type: none"> ▪ Initiates large or long-term changes in the organization in response to anticipated future requirements. ▪ Develops, executes and promotes the vision inside and outside the organization. ▪ Evaluates the impact of the change and assesses the risk-to-benefit ratio before making a decision. ▪ Promotes the need for change across the entire organization. ▪ Communicates the vision and improvements in business performance that can be achieved through change. ▪ Sets the "pace" for the entire organization (e.g. drives the organization toward a challenging vision).
THINKING CRITICALLY	

Leadership Competencies	Behaviours Demonstrated by Successful Executive Leaders
<p>Decisive Insight – <i>Makes Complex Plans or Analyses</i></p> <p>Combines the ability to draw on one’s own experience, knowledge and training to effectively problem-solve in increasingly difficult and complex situations. It involves breaking down problems, tracing implications and recognizing patterns and connections that are not obviously related. It translates into identifying underlying issues and making the best decisions at the most appropriate time.</p>	<ul style="list-style-type: none"> ▪ Draws from own breadth and depth of knowledge and experience when sythesizing information and reflecting on available options/approaches. ▪ Leads a process for high level problem solving. ▪ Draws on expertise of team members to ensure use of analytical problem solving techniques. ▪ Ensures resulting decisions fit within organizational business plan. ▪ Consistently makes the best decision when there are competing and ambiguous priorities. Matches with organizational vision and strategic objectives
<p>Strategic Orientation – <i>Understands External Impact on Internal Strategy</i></p> <p>The ability to understand the business implications of decisions on one’s role and link organizational strategy to daily work. This ranges from a simple understanding to a sophisticated awareness of the impact of the world at large on strategies and on choices.</p>	<ul style="list-style-type: none"> ▪ Is aware of the projected directions of trends in the industry and the community at large and how changes might impact the health system. ▪ Determines how present policies, processes, and methods will be affected by future developments and trends. ▪ Creates a strategic vision that will guide the health system and region into the future.

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 10:08 AM
To: Darren Sander; Phil Heuchert; Susan McGillivray
Cc: Mona Sikal
Subject: RE: Alison Tonge

Thanks Darren for the information. Just keep me posted further to the discussions and arrangements that may be determined. Appreciate that this is somewhat complex and details need yet to be confirmed.

Thanks again

From: Darren Sander
Sent: Thursday, January 12, 2012 9:16 AM
To: Ross Fiebelkorn; Phil Heuchert; Susan McGillivray
Cc: Mona Sikal
Subject: RE: Alison Tonge

Thanks Ross. Just talking with Phil on this today. As Allison has SPP (no SERP) we are looking at how to pay this out – real rough guess would have this around \$50,000. As payment options are still in draft, we may need some guidance on if a lump sum would be ok (versus over 5 years) as this should not make a significant difference considering she is already in a high tax bracket and I would guess receiving severance or moving to a new job in a similar tax bracket.

Susan, I will talk with you on this once we have some numbers.

Darren

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 8:59 AM
To: Darren Sander; Phil Heuchert
Cc: Mona Sikal
Subject: Alison Tonge

Hello all. As you may have heard, Alison is no longer with the organization as of January 10. As she had SERP/SPP, just wanted to send along this quick note. We are awaiting final instructions pending agreement and sign-off of her severance package in the meantime.

Please contact me if you have any questions or require any further information.

Thanks

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 9:59 AM
To: Phil Heuchert
Cc: Mona Sikal; Darren Sander
Subject: RE: Alison Tonge

Thanks Phil. I suggest that you hold off contacting Alison at the moment. I will communicate this to the outplacement consultant from Toombs Inc. who is involved and in contact with Alison. I will provide your name and contact information to Toombs who can communicate this to Alison. As there are implications with her SPP and how this is to be processed, may be some outstanding questions that may need to be addressed. Potentially may get wrapped up with a final severance agreement overall so may have to wait and see how this all gets worked out.

Thanks again

From: Phil Heuchert
Sent: Thursday, January 12, 2012 9:16 AM
To: Ross Fiebelkorn
Cc: Mona Sikal; Darren Sander
Subject: RE: Alison Tonge

Ross:

Is there any issue with my contacting Alison about her SPP directly ?

If not, do we have a home e-mail address or something that I can use to contact her ?

Phil Heuchert
Employee Benefits & Retirement Programs
Alberta Health Services
phone (780)735-0585
fax (780)735-0597
e-mail phil.heuchert@albertahealthservices.ca

From: Ross Fiebelkorn
Sent: January 12, 2012 8:59 AM
To: Darren Sander; Phil Heuchert
Cc: Mona Sikal
Subject: Alison Tonge

Hello all. As you may have heard, Alison is no longer with the organization as of January 10. As she had SERP/SPP, just wanted to send along this quick note. We are awaiting final instructions pending agreement and sign-off of her severance package in the meantime.

Please contact me if you have any questions or require any further information.

Thanks

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 8:43 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: Termination Processing

Hi Susan. Connie Shea has been working with HR Shared Services to process Alison's termination pay. It is expected to be processed and deposited into Alison's bank account via direct deposit tomorrow but I will continue to monitor and obtain a payment report of the amounts and deduction for the file. This will represent the hours worked in the current pay period, outstanding vacation bank, the pro-rated amounts for the monthly car allowance and other expenses allowed under article 19 and 26 of the employment contract, and the pay at risk amount.

Please call if you have any questions or require any further information. We will await instruction with respect to the severance and payment thereof as agreed between Alison and AHS.

Thanks

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 8:35 AM
To: Connie Shea
Subject: RE: Signed Termination Letter

Thanks Connie. If Alison doesn't sign the severance release or there is otherwise any other agreement made by Jan 24 with respect to the severance, we will then have to process an amount representing the two weeks' notice in accordance with Employment Standards and as indicated in the letter. Small technical detail in the bigger scheme of things, but something we will have to remember to do.

Will keep you posted as we hear anything further.

-----Original Message-----

From: Connie Shea
Sent: Thursday, January 12, 2012 8:10 AM
To: Ross Fiebelkorn
Subject: RE: Signed Termination Letter

The termination has been processed by shared services. I have confirmed that the last pay, pay at risk, vacation bank, etc will be processed on the next off cycle on Jan 13. It will be deposited into Alison's bank account on file.

Connie Shea

Director, HR Client Services - Corporate Services Alberta Health Services Office 403-943-1242
Cell 403-690-2112 connie.shea@albertahealthservices.ca

From: Ross Fiebelkorn
Sent: January 12, 2012 8:08 AM
To: Connie Shea
Subject: RE: Signed Termination Letter

No problem. When the final pay is processed that is underway, is this being done as a manual cheque or is this through e-people and a direct deposit?

Thanks again

-----Original Message-----

From: Connie Shea
Sent: Thursday, January 12, 2012 8:01 AM
To: Ross Fiebelkorn
Subject: RE: Signed Termination Letter

Thanks Ross.

Connie Shea

Director, HR Client Services - Corporate Services Alberta Health Services Office 403-943-1242
Cell 403-690-2112 connie.shea@albertahealthservices.ca

From: Ross Fiebelkorn
Sent: January 12, 2012 7:30 AM
To: Connie Shea

APPLICANT COPY

Subject: Signed Termination Letter

Hi Connie. Attached is the signed termination letter.

Thanks

-----Original Message-----

From: northcopier@hbas.local [<mailto:northcopier@hbas.local>]

Sent: Thursday, January 12, 2012 8:18 AM

To: Ross Fiebelkorn

Subject: Scanned Document

Hello, here is the document you requested from the North Tech Centre photocopier.

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 8:19 AM
To: Kara Gillespie
Cc: Mona Sikal
Subject: Tonge - termination documents

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

Hi Kara. Given the potential for this to be litigated and provisions being provided by AHS in that regard, attached is a signed copy of the termination letter as well as her employment contract for your reference.

HR Shared Services are processing the termination and related payments. Alison will receive pay for the hours worked in the current pay period, outstanding vacation accrual, pro-rated amounts for the monthly car allowance and other expenses allowed under articles 19 and 26 of the contract, and the pay at risk amount. I expect this will be processed in the next few days and will get a copy of this payment for the files as well.

Please call if you have any questions or require any further information.

Thanks



Tonge - signed
termination let...



Tonge -
ployment Contract.p

Ross Fiebelkorn

From: Jennifer Hamstra
Sent: Thursday, January 12, 2012 11:14 AM
To: Ross Fiebelkorn
Cc: Lorinda Prociuk; Susan McGillivray
Subject: Signed Document

Good Morning Ross...as requested attached please find the internal severance form for A. Tonge signed by Dr. Eagle.

Thanks,

Jennifer Hamstra
Executive Secretary
Office of the President and Chief Executive Officer
Alberta Health Services
(780) 342-2028



SAHSBCORP1312C
11211041.pdf

APPLICANT COPY



NOTIFICATION OF TERMINATION/SEVERANCE REQUEST COVER SHEET

Employee name: Alison Tonge Position: EVP, Strategy and Performance
Former entity: Reports to: Dr. Chris Eagle

Career Framework Allocation: EVP Status: RFT
Management or Out-of-Scope: Management Service date: 11/04/2009
SIN: s.17(1), 17(4)(g)(i) Termination date: 01/10/2012
Date of birth: s.17(1), 17(4)(g)(i) Service Period: 2 # years, 3 # months

Is employee on probation? (Y/N) N Is this associated with a Workforce Adjustment Initiative? (Y/N) N

If yes, which one?

Employment contract on file (Y/N) Yes (If yes, please attach)

Please provide details on efforts to retain employee, including redeployment efforts, performance management, etc.:

SUMMARY OF SEVERANCE ENTITLEMENT (from Severance Calculation Worksheet)

Severance Payment - Wages [C] \$370,000
Payment in lieu of benefits: [D] \$55,500
Other (based on Employment Contract): [E] \$

TOTAL SEVERANCE PAYMENT \$425,500 (max entitlement)

Approved by: Dr. Chris Eagle, President and Chief Executive Officer, Executive Vice President (please print), Signature

Date: January 11, 2012

Reviewed by: S.M. O'Livney, HR Services Zone Director (please print), Signature

Date: JAN 10/12

Please ensure that severance approvals from the EVP are included

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 10:13 AM
To: Kara Gillespie
Cc: Mona Sikal
Subject: FW: Alison Tonge

Hi Kara. Just wanted to pass along this additional information as will likely come up during the settlement discussions.

Thanks

From: Darren Sander
Sent: Thursday, January 12, 2012 9:16 AM
To: Ross Fiebelkorn; Phil Heuchert; Susan McGillivray
Cc: Mona Sikal
Subject: RE: Alison Tonge

Thanks Ross. Just talking with Phil on this today. As Allison has SPP (no SERP) we are looking at how to pay this out – real rough guess would have this around \$50,000. As payment options are still in draft, we may need some guidance on if a lump sum would be ok (versus over 5 years) as this should not make a significant difference considering she is already in a high tax bracket and I would guess receiving severance or moving to a new job in a similar tax bracket.

Susan, I will talk with you on this once we have some numbers.

Darren

From: Ross Fiebelkorn
Sent: Thursday, January 12, 2012 8:59 AM
To: Darren Sander; Phil Heuchert
Cc: Mona Sikal
Subject: Alison Tonge

Hello all. As you may have heard, Alison is no longer with the organization as of January 10. As she had SERP/SPP, just wanted to send along this quick note. We are awaiting final instructions pending agreement and sign-off of her severance package in the meantime.

Please contact me if you have any questions or require any further information.

Thanks

Ross Fiebelkorn

From: Susan McGillivray
Sent: Sunday, January 15, 2012 9:40 AM
To: 'Alison Tonge'
Subject: RE: Copy of your contract attached

Hi Alison,

On benefits related matters, you can contact Del Moylan from the Benefits Team.

Del's phone number is 735-1118 or e-mail del.moylan@albertahealthservices.ca

Thanks,
 Susan

From: Alison Tonge s.17(1), 17(4)(g)(i)
Sent: Thursday, January 12, 2012 1:51 PM
To: Susan McGillivray
Subject: Re: Copy of your contract attached

susan

can you tell me who might advise me on the benefits side. the life insurance and health and dental, group RRSP (i think i have this)
 i havent got details at home and not sure if i can access any on line information or how best to go about sorting out this

alison

From: Susan McGillivray <Susan.McGillivray@albertahealthservices.ca>
To: 'Alison Tonge' s.17(1), 17(4)(g)(i)
Sent: Wednesday, January 11, 2012 9:06:34 AM
Subject: Copy of your contract attached

Hi Alison,

A copy of your contract is attached, as requested.

Please feel free to call or e-mail if you have any questions about it, or the offer.

Take care,
 Susan

Susan McGillivray
 Vice President, Human Resources
 Alberta Health Services
 Phone: (780) 426-8522

APPLICANT COPY

E-mail: susan.mcgillivray@albertahealthservices.ca

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

Ross Fiebelkorn

From: Susan McGillivray
Sent: Sunday, January 15, 2012 10:18 AM
To: Stephen Gould; David Diamond
Subject: FW: your advice
Attachments: On headed AHS paper recommendation.docx
s.17(4)(d)

From: Alison Tonge s.17(1), 17(4)(g)(i)
Sent: Sunday, January 15, 2012 8:48 AM
To: Susan McGillivray
Subject: your advice
s.17(4)(d)

alison

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



s.17(4)(d)

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Ross Fiebelkorn

From: Susan McGillivray
Sent: Tuesday, January 17, 2012 8:07 AM
To: Stephen Gould; David Diamond
Subject: RE: your advice

s.17(4)(d)

From: Stephen Gould
Sent: Tuesday, January 17, 2012 8:03 AM
To: Susan McGillivray; David Diamond
Subject: FW: your advice

s.17(4)(d)

S

From: Alison Tonge
Sent: Monday, January 16, 2012 10:07 PM
To: Stephen Gould
Subject: Fw: your advice

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

s.17(4)(d)

alison

----- Forwarded Message -----

From: Alison Tonge
To: "susan.mcgillivray@albertahealthservices.ca" <susan.mcgillivray@albertahealthservices.ca>
Sent: Sunday, January 15, 2012 8:47:50 AM
Subject: your advice

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

s.17(4)(d)

s.17(4)(d)

alison

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

Ross Fiebelkorn

From: Mona Sikal
Sent: Thursday, January 19, 2012 8:44 AM
To: Ross Fiebelkorn
Subject: FW: toombs

Mona Sikal

Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309

Alberta Health Services

www.albertahealthservices.ca

From: Susan McGillivray
Sent: Tuesday, January 17, 2012 11:19 AM
To: Mona Sikal
Subject: FW: toombs

From: Susan McGillivray
Sent: Sunday, January 15, 2012 9:42 AM
To: 'Alison Tonge'
Subject: RE: toombs

Hi Alison,

Please let me inquire about this. We use Toombs for these services because they are the provider we selected after an RFP process.

Let me see what may be possible given our CPSM guidelines and processes.

Thanks,
 S.

From: Alison Tonge
Sent: Saturday, January 14, 2012 4:25 PM
To: Susan McGillivray
Subject: toombs

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

susan- can you assist me?
 i have had a recommendation that Right Management might be a better career transition company.

APPLICANT COPY

do you know much about them, and if you agree, could you change the company to this. i am going to need some serious assistance to get another position.

alison

Ross Fiebelkorn

From: Mona Sikal
Sent: Thursday, January 19, 2012 8:44 AM
To: Ross Fiebelkorn
Subject: FW: Alison Tonge / AHS - Severance Offer
Attachments: SAHSBCORP1312011116200.pdf

Mona Sikal

Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309

Alberta Health Services

www.albertahealthservices.ca

From: Susan McGillivray
Sent: Tuesday, January 17, 2012 11:18 AM
To: Mona Sikal
Subject: FW: Alison Tonge / AHS - Severance Offer

From: Susan McGillivray
Sent: Sunday, January 15, 2012 10:10 AM
To: Stephen Gould; David Diamond
Subject: FW: Alison Tonge / AHS - Severance Offer

Hi Steve and Dave,

I've had a call with Alison's lawyer to discuss the points raised in the e-mail below. The concerns are about some conditions outlined in the severance offer and attached release that are not in the employment contract. I will consult with our legal team (I'm conscious of the hat I'm wearing), but I wanted to gauge your support for some of the points raised.

Ultimately, I believe we will need Dr. Eagle's approval but I want to make sure we are on the same page from an HR perspective before I talk with legal. See my comments below. Sorry in advance for the long e-mail (not to mention all the legalese . . . darn lawyers!) I've added a few headings in hopes that it helps highlight the issue being raised.

A copy of Alison's letter of termination is attached in case you need that to understand the comments being made by Alison's lawyer.

Let me know if you would prefer to have a quick call to walk through these points.

s. 27(2)

From: @sevenyscott.ca]
Sent: Thursday, January 12, 2012 2:59 PM

APPLICANT COPY

To: Susan McGillivray

Subject: Re: Alison Tonge / AHS - Severance Offer

Susan:

Re: Alison Tonge / AHS – Severance Offer

s. 27(2)

APPLICANT COPY

Edmonton, Alberta

T 780.638.6061 F 780.638.6062

APPLICANT COPY



Without Prejudice

January 10, 2012

Ms. Alison Tonge

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

Dear Alison:

This letter will confirm our discussion of today in which we advised you that your employment with Alberta Health Services has been terminated as of January 10, 2012.

As this termination is without cause, in lieu of notice of termination, and as a full and final offer pursuant to the terms of your Employment Contract, Alberta Health Services is prepared to provide you with the following severance package:

1. Pursuant to Paragraph 30 of your Employment Contract, payment equal to a maximum of 12 months base salary at the rate in effect at the date of termination equalling \$370,000. This equates to monthly payments of \$30,833.33 representing salary. Under your Employment Contract, "Pay at Risk" is excluded from salary for the purposes of calculating severance pay entitlements.
2. Pursuant to Paragraph 31 of your Employment Contract, you are further entitled to an additional 15% of each monthly payment in lieu of all other benefits which equates to \$4,625.00 monthly, or a further \$55,500 should you become entitled to the full amount.
3. Payments of the above shall be made to a maximum of 12 equal monthly installments of \$35,458.33 (\$30,833.33 salary plus \$4,625.00 in lieu of benefits), less applicable statutory deductions and set-offs, subject to the application of Paragraph 32 of your Employment Contract which requires you to mitigate damages by diligently seeking alternate employment. Each month prior to receipt of the monthly payment of \$35,458.33, you will be required to provide Alberta Health Services with confirmation that you continue to seek alternate employment and the date you have been unsuccessful. Should you obtain alternate employment during the 12 month notice period, the monthly payments under Paragraphs 30 and 31 of your Employment Contract will cease and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

.../2



4. Pursuant to Paragraph 15 of your Employment Contract, you will also be entitled to a proportionate amount of "Pay at Risk" for the months worked within the 2011/12 fiscal year based on the prior year's Pay at Risk amount. As your prior year Pay at Risk amount was \$59,348.00, the proportionate amount based on nine (9) months service in the 2011/12 fiscal year is \$44,511.00 ($\$59,348/12 \times 9$) less applicable statutory deductions.
5. In order for you to make sufficient alternate arrangements as required, please be advised that the \$1,250 monthly amount paid to you for personal, financial and tax advice, club memberships and other similar expenses as provided under Paragraph 19, as well as the \$1,000 monthly amount paid to you as an annual taxable vehicle allowance as provided under Paragraph 26 of your Employment Contract will cease effective immediately. A pro-rated portion of the current monthly amount up to January 10, 2012 will be paid to you accordingly.
6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in process of completing your application to obtain Canadian permanent residency, Alberta Health Services will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, Alberta Health Services will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
8. Your employment benefits will cease, including but not limited to, your coverage under our Life Insurance, Short and Long Term Disability Programs, Dental and Extended Health. See the attached Benefits document for more information.
9. Although not contemplated in your Employment Contract, we are offering career transition services to you on a good faith basis through Career Transition Services up to a maximum of six months. These services are provided by Toombs Inc. and can be accessed by contacting:

Sonja Henning, Project Manager
Toombs Inc.
Phone: 780-424-4700 (ext 235)
Toll Free: 1-877-424-4700

Please note that these services must be initiated within 30 days from date of termination. Payment for career transition services will be remitted directly to the provider upon receipt of an invoice directed to Alberta Health Services. In accepting this service, you are granting Alberta Health Services consent to communicate with representatives of Toombs Inc. regarding updates on your potential future employment for the purposes of determining the entitlement to further payments pursuant to Paragraph 32 of your Employment Contract.

APPLICANT COPY



Ms. Alison Tonge
January 10, 2012
Page 3

10. Counseling services, available through the Alberta Health Services Employee and Family Assistance Program will continue to be available to you for up to three months should you wish to access these services. Special arrangements will be made with the Employee Assistance provider to ensure that these services are available even though your employment ceases.
11. Upon termination, you will be paid out any accrued, but unused vacation and statutory entitlements. For clarification, any unused personal leave days will not be paid out.

Please take some time to consider the offer and to consult legal, financial or any other professional advice you feel is appropriate. If, after that consideration and advice you wish to accept our offer, you may do so by signing the enclosed Release and returning the signed documents to Susan McGillivray, Vice President, Human Resources. Please contact Susan at susan.mcgillivray@albertahealthservices.ca or 780-426-8522 to make these arrangements.

We ask that you respond to this offer within ten working days. If you have any questions please contact Susan McGillivray. Should you not accept this offer or fail to reply by the deadline of January 24, 2012, Alberta Health Services will pay out severance to you in accordance with the Employment Standards Code which in your case would be equivalent to two weeks of pay.

At your earliest convenience, please return to Lorinda Prociuk all Alberta Health Services property in your possession, including confidential information, credit cards, keys, materials, documents and any other data of any nature whatsoever pertaining to the activities of Alberta Health Services. All outstanding claims for travel, credit card bills, or other expenses as well as payment of personal education courses, seminars and other professional development activities as previously agreed pursuant to Paragraph 18 of your Employment Agreement that have been incurred up to January 12, 2012 are to be submitted by March 31, 2012 to Lorinda Prociuk as well.

We hope that the above meets with your acceptance and again we thank you for your service to Alberta Health Services.

Yours truly,

A handwritten signature in black ink, appearing to read "Chris Eagle".

Chris Eagle, MD, MBA, FRCPC
President and Chief Executive Officer

Copy: Employee Relations (employee.relations@albertahealthservices.ca)
Personnel File

Attachments:

1. Executive Release
2. EFAP Information
3. Employee Benefits Information
4. Expense Claim
5. Severance Payment Direction Form

Ross Fiebelkorn

From: Mona Sikal
Sent: Friday, January 20, 2012 2:45 PM
To: Susan McGillivray; Ross Fiebelkorn
Subject: RE: Alison Tonge / AHS - Severance Offer

s. 27(2)

Mona Sikal

Director, Employee Relations
Employee & Labour Relations
900, 9925-109 Street NW
Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309

Alberta Health Services

www.albertahealthservices.ca

From: Susan McGillivray
Sent: Friday, January 20, 2012 2:40 PM
To: Mona Sikal; Ross Fiebelkorn
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s. 27(2)

Hello,

I've got instructions from steve gould and talked with

Can you help?

s. 27(2)

From: Susan McGillivray
Sent: Tuesday, January 17, 2012 11:18 AM
To: Mona Sikal
Subject: FW: Alison Tonge / AHS - Severance Offer

From: Susan McGillivray
Sent: Sunday, January 15, 2012 10:10 AM
To: Stephen Gould; David Diamond
Subject: FW: Alison Tonge / AHS - Severance Offer

Hi Steve and Dave,

APPLICANT COPY

I've had a call with Alison's lawyer to discuss the points raised in the e-mail below. The concerns are about some conditions outlined in the severance offer and attached release that are not in the employment contract. I will consult with our legal team (I'm conscious of the hat I'm wearing), but I wanted to gauge your support for some of the points raised.

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A copy of Alison's letter of termination is attached in case you need that to understand the comments being made by Alison's lawyer.

Let me know if you would prefer to have a quick call to walk through these points.

From: [redacted]@sevenyscott.ca] s. 27(2)
Sent: Thursday, January 12, 2012 2:59 PM
To: Susan McGillivray
Subject: Re: Alison Tonge / AHS - Severance Offer

Susan:

Re: Alison Tonge / AHS – Severance Offer s. 27(2)

SEVENY SCOTT Lawyers
Suite 1150 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, January 23, 2012 9:08 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: Alison Tonge / AHS - Severance Offer
Attachments: Tonge - Termination letter (revised).docx

s. 27(2)

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SEVENY SCOTT Lawyers
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APPLICANT COPY

Alberta Health Services
3D1.11 WMC 8440 - 112 Street
Edmonton, AB T6G 2B7

tel: 780-407-8386 fax: 780-407-7734
guylaine.coulombe@albertahealthservices.ca

Alberta Health Services
www.albertahealthservices.ca

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

From: copier@albertahealthservices.ca [mailto:copier@albertahealthservices.ca]
Sent: Friday, January 20, 2012 1:44 PM
To: Guylaine Coulombe
Subject: Message from KMBT_361

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, January 23, 2012 9:18 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: Alison Tonge / AHS - Severance Offer
Attachments: Tonge - Termination letter (revised).docx

No problem. Attached is a revised copy with Jan 27 as the new reply date.

Thanks

From: Susan McGillivray
Sent: Monday, January 23, 2012 9:12 AM
To: Ross Fiebelkorn
Cc: Mona Sikal
Subject: Re: Alison Tonge / AHS - Severance Offer

Thanks Ross, should we revised the "reply by" date to end of this week?

From: Ross Fiebelkorn
Sent: Monday, January 23, 2012 09:08 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: Alison Tonge / AHS - Severance Offer

Hi Susan. Attached is a new letter with the requested revisions in paragraphs 3 and 9. Don't mind if you think any further tweaks are required.

Thanks

From: Susan McGillivray
Sent: Friday, January 20, 2012 2:48 PM
To: Mona Sikal; Ross Fiebelkorn
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s. 27(2)

APPLICANT COPY

Mona Sikal

Director, Employee Relations
Employee & Labour Relations
900, 9925-109 Street NW
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tel: 780-426-8503 fax: 780-424-4309

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APPLICANT COPY

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Let me know if you would prefer to have a quick call to walk through these points.

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SEVENY SCOTT Lawyers
Suite 1150 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

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APPLICANT COPY

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Susan:

Re: Alison Tonge / AHS – Severance Offer

APPLICANT COPY

SEVENY SCOTT Lawyers
Suite 1150 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

APPLICANT COPY



January 10, 2012

Without Prejudice

Ms. Alison Tonge

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

Dear Alison:

This letter will confirm our discussion of today in which we advised you that your employment with Alberta Health Services has been terminated as of January 10, 2012.

As this termination is without cause, in lieu of notice of termination, and as a full and final offer pursuant to the terms of your Employment Contract, Alberta Health Services is prepared to provide you with the following severance package:

1. Pursuant to Paragraph 30 of your Employment Contract, payment equal to a maximum of 12 months base salary at the rate in effect at the date of termination equalling \$370,000. This equates to monthly payments of \$30,833.33 representing salary. Under your Employment Contract, "Pay at Risk" is excluded from salary for the purposes of calculating severance pay entitlements.
2. Pursuant to Paragraph 31 of your Employment Contract, you are further entitled to an additional 15% of each monthly payment in lieu of all other benefits which equates to \$4,625.00 monthly, or a further \$55,500 should you become entitled to the full amount.
3. Payments of the above shall be made to a maximum of 12 equal monthly installments of \$35,458.33 (\$30,833.33 salary plus \$4,625.00 in lieu of benefits), less applicable statutory deductions and set-offs, subject to the application of Paragraph 32 of your Employment Contract which requires you to mitigate damages by diligently seeking alternate employment. Should you obtain alternate employment during the 12 month notice period, you are requested to notify AHS of your employment date. The monthly payments under Paragraphs 30 and 31 of your Employment Contract will then cease as of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.
4. Pursuant to Paragraph 15 of your Employment Contract, you will also be entitled to a proportionate amount of "Pay at Risk" for the months worked within the 2011/12 fiscal year based on the prior year's Pay at Risk amount. As your prior year Pay at Risk amount was \$59,348.00, the proportionate amount based on nine (9) months service in the 2011/12 fiscal year is \$44,511.00 ($\$59,348/12 \times 9$) less applicable statutory deductions.
5. In order for you to make sufficient alternate arrangements as required, please be advised that the \$1,250 monthly amount paid to you for personal, financial and tax advice, club memberships and other similar expenses as provided under Paragraph 19, as well as the \$1,000 monthly amount paid to you as an annual taxable vehicle allowance as provided under Paragraph 26 of your Employment Contract will cease effective immediately. A pro-rated portion of the current monthly amount up to January 10, 2012 will be paid to you accordingly.

6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in process of completing your application to obtain Canadian permanent residency, AHS will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, AHS will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
8. Your employment benefits will cease, including but not limited to, your coverage under our Life Insurance, Short and Long Term Disability Programs, Dental and Extended Health. See the attached Benefits document for more information.
9. Although not contemplated in your Employment Contract, we are offering career transition services to you on a good faith basis through Career Transition Services up to a maximum of six months. These services are provided by Toombs Inc. and can be accessed by contacting:

Sonja Henning, Project Manager
Toombs Inc.
Phone: 780-424-4700 (ext 235)
Toll Free: 1(877) 424-4700

Please note that these services must be initiated within 30 days from date of termination. Payment for career transition services will be remitted directly to the provider upon receipt of an invoice directed to Alberta Health Services.

If you prefer to access career transition services through a provider other than Toombs Inc., you can arrange this with the agency of your choice and submit a claim for reimbursement to AHS up to a maximum of \$6,460.00.

10. Counseling services, available through the AHS Employee and Family Assistance Program will continue to be available to you for up to three months should you wish to access these services. Special arrangements will be made with the Employee Assistance provider to ensure that these services are available even though your employment ceases.
11. Upon termination, you will be paid out any accrued, but unused vacation and statutory entitlements. For clarification, any unused personal leave days will not be paid out.

Please take some time to consider the offer and to consult legal, financial or any other professional advice you feel is appropriate. If, after that consideration and advice you wish to accept our offer, you may do so by signing the enclosed Release and returning the signed documents to Susan McGillivray, Vice President, Human Resources. Please contact Susan at susan.mcgillivray@albertahealthservices.ca or 780-426-8522 to make these arrangements.

We ask that you respond to this offer within ten working days. If you have any questions please contact Susan McGillivray. Should you not accept this offer or fail to reply by the deadline of January 27, 2012, Alberta Health Services will pay out severance to you in accordance with the Employment Standards Code which in your case would be equivalent to two weeks of pay.

At your earliest convenience, please return to Lorinda Prociuk all Alberta Health Services property in your possession, including confidential information, credit cards, keys, materials, documents and any other data of any nature whatsoever pertaining to the activities of AHS. All outstanding claims for travel, credit card bills, or other expenses as well as payment of personal education courses, seminars and other professional development activities as previously agreed pursuant to Paragraph 18 of your Employment Agreement that have been incurred up to January 12, 2012 are to be submitted by March 31, 2012 to Lorinda Prociuk as well.

We hope that the above meets with your acceptance and again we thank you for your service to Alberta Health Services.

Sincerely,

Dr. Chris Eagle
President & CEO
Alberta Health Services

copy: Employee Relations (employee.relations@albertahealthservices.ca)
Personnel File

Attachments:

1. Executive Release
2. EFAP Information
3. Employee Benefits Information
4. Expense Claim
5. Severance Payment Direction Form

Ross Fiebelkorn

From: Mona Sikal
Sent: Monday, January 23, 2012 3:20 PM
To: Ross Fiebelkorn
Subject: FW: Tonge - Revised Letter of Termination/Letter of Reference

The e-mail below and attachments for Tonge's termination file... thanks M

Mona Sikal

Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309

Alberta Health Services

www.albertahealthservices.ca

From: Mona Sikal
Sent: Monday, January 23, 2012 3:20 PM
To: Lorinda Prociuk
Cc: Susan McGillivray
Subject: Tonge - Revised Letter of Termination/Letter of Reference

Hi Lorinda.. attached please find the revised letter of termination that Susan has spoken to Dr. Eagle about. The revisions were related to the administration of reporting on her employment as well as the utilization of the Career Transition Services. Both changes have been discussed between Susan and Dr. Eagle.



s.17(4)(d)

Tonge - Termination letter (re...
 Tonge - Letter of Reference.do...

Both are ready to be put onto Dr.Eagle's letterhead and for his signature. If you could arrange for Dr. Eagle to sign both and then have both signed documents returned to Susan McGillivray, we will then arrange to have them sent over to Alison's lawyer.

Let me know if you have any questions. Thanks Lorinda! Mona

Mona Sikal

Director, Employee Relations
 Employee & Labour Relations

APPLICANT COPY

900, 9925-109 Street NW
Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309

Alberta Health Services

www.albertahealthservices.ca

APPLICANT COPY

s.17(4)(d)



APPLICANT COPY

s.17(4)(d)



s.17(4)(d)



APPLICANT COPY

s.17(4)(d)



APPLICANT COPY



January 10, 2012

Without Prejudice

Ms. Alison Tonge

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

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APPLICANT COPY



6. We will cooperate with you and your financial advisors in structuring the payments to your maximum advantage insofar as we may lawfully do so.
7. As you are in process of completing your application to obtain Canadian permanent residency, AHS will pay all expenses to Spectrum HR Law that have been incurred to date in this regard. In order for you to seek advice on the status of your application, we suggest that you seek independent legal advice to assist you going forward. In order to assist you financially in seeking this advice, AHS will reimburse your legal costs in this regard up to a maximum of \$10,000 upon provision of receipts for such expenses.
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Sonja Henning, Project Manager
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Phone: 780-424-4700 (ext 235)
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Sincerely,

Dr. Chris Eagle
President & CEO
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copy: Employee Relations (employee.relations@albertahealthservices.ca)
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Attachments:

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5. Severance Payment Direction Form

Mona Sikal

From: Susan McGillivray
Sent: Tuesday, January 24, 2012 7:21 AM
To: Mona Sikal
Subject: Fw: AHS / A. Tonge

FYI. I've forwarded to kara. Is she in our offices today?

From: [redacted] s. 27(2)
Sent: Monday, January 23, 2012 05:24 PM
To: Susan McGillivray
Subject: Re: AHS / A. Tonge

Susan:

Re: AHS / A. Tonge s. 27(2)

SEVENY SCOTT Lawyers
Suite 1150 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Thursday, February 02, 2012 11:09 AM
To: 'Sonja Henning'
Subject: RE: Alison Tonge

Hi Sonja. They are still working out the terms of the settlement at the moment. I heard that Alison may want to access her own career transition services so may be the reason why she hasn't had any further contact with you. I will know a little further once they finalize the settlement terms.

Thanks

From: Sonja Henning [<mailto:sonja.henning@toombsinc.com>]
Sent: Thursday, February 02, 2012 8:24 AM
To: Ross Fiebelkorn
Subject: Alison Tonge

Hi Ross,

Just as an FYI – Alison has not engaged in her career transition services and last I heard was that she is still in negotiations re severance with AHS.

Regards,
Sonja

From: Sonja Henning
Sent: January-12-12 11:01 AM
To: 'Ross Fiebelkorn'
Subject: RE: Alison Tonge - SPP

Thank you Ross – I will email the contact information to her.

From: Ross Fiebelkorn [<mailto:Ross.Fiebelkorn@albertahealthservices.ca>]
Sent: January-12-12 10:55 AM
To: Sonja Henning
Cc: Phil Heuchert; Mona Sikal
Subject: Alison Tonge - SPP

Hi Sonja. Thank you again for your assistance with Alison's transition from AHS. As you are in contact with Alison, she will likely begin to inquire about her supplementary pension plan. Phil Heuchert handles the SPP for AHS employees and therefore would be the contact for Alison to call in this regard.

Alison can reach Phil via e-mail at phil.heuchert@albertahealthservices.ca or by phone at 780-735-0585 when she is ready to start making such inquires. Appreciate if you can provide Alison this information when you are next in contact with her.

Thanks

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

Ross Fiebelkorn

From: Susan McGillivray
Sent: Friday, February 03, 2012 3:48 PM
To: Mona Sikal; Ross Fiebelkorn
Subject: Fw: AHS / A. Tonge

From: [redacted] s. 27(2)
Sent: Friday, February 03, 2012 03:23 PM
To: Susan McGillivray
Cc: Alison Tonge s.17(1), 17(4)(g)(i)
Subject: Re: AHS / A. Tonge

Susan:

Re: AHS / A. Tonge s. 27(2)

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

s. 27(2)

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, February 06, 2012 12:04 PM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: AHS / A. Tonge

s. 27(2)

From: Susan McGillivray
Sent: Friday, February 03, 2012 3:48 PM
To: Mona Sikal; Ross Fiebelkorn
Subject: Fw: AHS / A. Tonge

From: [redacted]@sevenyscott.ca] s. 27(2)
Sent: Friday, February 03, 2012 03:23 PM
To: Susan McGillivray
Cc: Alison Tonge s.17(1), 17(4)(g)(i)
Subject: Re: AHS / A. Tonge

Susan: s. 27(2)

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

Ross Fiebelkorn

From: Susan McGillivray
Sent: Wednesday, February 08, 2012 3:55 PM
To: Ross Fiebelkorn; Mona Sikal
Subject: FW: A Tonge

From: Stephen Gould
Sent: Wednesday, February 01, 2012 10:06 AM
To: Susan McGillivray
Cc: David Diamond
Subject: Re: A Tonge

Yes. I am meeting her on Friday, so may get her input after u communicate this to her lawyer

Sent from my iPad

On 2012-02-01, at 8:26 AM, "Susan McGillivray" <Susan.McGillivray@albertahealthservices.ca> wrote:

s. 27(2)

Susan McGillivray
Vice President, Human Resources
Alberta Health Services
Phone: (780) 426-8522
E-mail: susan.mcgillivray@albertahealthservices.ca

Ross Fiebelkorn

From: Susan McGillivray
Sent: Friday, February 10, 2012 2:34 PM
To: Mona Sikal; Ross Fiebelkorn
Subject: FW: AHS / A. Tonge

FYI

From: Susan McGillivray
Sent: Friday, February 10, 2012 2:33 PM
To: s. 27(2)
Cc: Alison Tonge
Subject: RE: AHS / A. Tonge

Hi Dan,

Good point and we weren't intending to cause any inconvenience. I am find with what you propose and your undertaking.

Thanks,
Susan

From: _____@sevenyscott.ca] s. 27(2)
Sent: Friday, February 10, 2012 2:22 PM
To: Susan McGillivray
Cc: Alison Tonge
Subject: Re: AHS / A. Tonge

Hi Susan:

Re: AHS / A. Tonge s. 27(2)

APPLICANT COPY

s. 27(2)

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

On 08/02/12 2:20 PM,

@sevenyscott.ca wrote:

Susan:

s. 27(2)

Re: AHS / A. Tonge

s. 27(2)

Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062



Via Courier

February 10, 2012

s. 27(2)

Seveny Scott Lawyers
Suite 1905 Manulife Place
10180 – 101 Street
Edmonton, AB T5J 3S4

Dear : s. 27(2)

Re: Alison Tonge

Further to our recent discussions, this letter confirms our agreement with respect to the additional severance terms resulting from Ms Tonge's termination from Alberta Health Services. In addition to those items as described in our letter to Ms Tonge dated January 10, 2012, on a without prejudice bases, Alberta Health Services is prepared to provide the following:

- 1) Reimbursement of relocation expenses up to a maximum of \$15,000 should Ms Tonge obtain employment outside the City of Edmonton where relocation from her current residence is required. Reimbursement of these expenses will be provided upon submission of original receipts to AHS. Please be advised that this provision will expire at the end of her 12 month notice period;
- 2) Payment of \$1,000 in consideration of legal expenses payable directly to "Seveny Scott lawyers";
- 3) Letter of recommendation to be signed by Dr. Chris Eagle, President & CEO, Alberta Health Services.

In exchange of the above and as further set out in the termination letter dated January 24, 2012, acceptance of all severance provisions are required by Ms Tonge signing and having witnessed the Executive Form of Final Release and Affidavit of Execution. For your convenience, copies of these forms including the letter of recommendation are attached. Please return copies of the signed releases to my attention. Once received, we will arrange for the necessary payments to be processed accordingly.

We are sending the originals in trust that you will not release them to your client until we have received the executed Executive Form of Release and Affidavit of Execution.

I trust the above is an accurate reflection of our discussion and is satisfactory to Ms Tonge as final resolution in this matter. Please contact me at 780-425-8522 if you have any questions or wish to discuss further.

Sincerely,



Susan McGillivray
Vice President, Human Resources

Copy: Employee Relations
 Personnel File

Attachments: Termination Letter January 24, 2012
 Executive Form of Release and Affidavit of Execution
 Letter of Recommendation

APPLICANT COPY

33

FEB 22 2012

SEVENY SCOTT LAWYERS

Suite 1905 Manulife Place
10180 - 101 Street
Edmonton, Alberta T5J 3S4
T 780.638.6061 F 780.638.6062

February 16, 2012

Via Courier

Alberta Health Services
Human Resources – Employee and Labour Relations
Suite 900, 9925 – 109 Street
Edmonton, AB
T5K 2J8

Attn: Susan McGillivray, Vice President Human Resources

Dear Ms. McGillivray:

Re: Alberta Health Services / Alison Tonge

Further to my email and undertaking this afternoon, I have enclosed the original Executive Form of Final Release, signed by Alison Tonge on February 16, 2012.

I have also enclosed the original Severance Payment Direction.

Yours truly,

SEVENY SCOTT

Per

s. 27(2)

/encl.



February 17, 2012

PRIVATE AND CONFIDENTIAL

Mona Sikal
 Director, Employee Relations
 Alberta Health Services
 9925 - 109 Street, #900
 Edmonton, AB T5K 2J8

Dear Mona:

Please find enclosed an invoice for the following individual:

Client Name	Program Type	Invoice #	Amount
Tonge, Alison	Signature - 6 months ✓	205233	500.00 ✓ 8

Please note that this invoice reflects on-site departure assistance only. If Alison should engage services, we will invoice for the remainder of the program at that time.

Please do not hesitate to call Sonja Henning in our Edmonton office for further information or if you have any questions or concerns related to the client.

If you have any questions related to the invoice itself, please contact our central billing department in Calgary at:

(403) 777-2360 or toll free 1-877-777-6827
 Accounts.Receivable@toombsinc.com

Thank you for using the services of our firm. We look forward to a continuing relationship with you.

Ross Fiebelkorn

From: Lorna Wightman
Sent: Monday, February 27, 2012 8:34 AM
To: Ross Fiebelkorn
Cc: Christopher Dunn
Subject: RE: Alison Tonge severance

Hi There, yes, Income Tax was deducted. There is no EI or CPP deducted on severance payments. We are all good.
 Lorna

-----Original Message-----

From: Ross Fiebelkorn
Sent: February 27, 2012 8:28
To: Lorna Wightman
Cc: Christopher Dunn
Subject: RE: Alison Tonge severance

Thanks Lorna. Just for clarification, the monthly severance amount is less applicable statutory deductions. The letter and release mention it, but I just wanted to highlight it again.

Thanks for your help with this request.

-----Original Message-----

From: Lorna Wightman
Sent: Friday, February 24, 2012 1:50 PM
To: Christopher Dunn
Cc: Ross Fiebelkorn
Subject: RE: Alison Tonge severance

Hi Chris, We are processing the February 10th pay today and it will be a direct deposit on Monday or Tuesday (depends on when her bank posts to her account). I have left the schedule to pay on the 10th of every month with Fatima Mamdani and Sue Berglund our Payroll Senior Advisors. They will diarize in their calendars a reminder a few business days before the 10th of the month to create the direct deposit for Alison.
 Take care and have a great weekend, Lorna

-----Original Message-----

From: Christopher Dunn
Sent: February 24, 2012 8:56
To: Lorna Wightman
Cc: Ross Fiebelkorn
Subject: FW: Alison Tonge severance

Hi Lorna,
 As per our discussion via email.
 Can you please provide Ross and I with confirmation when the first payment is made.
 Thanks in advance.
 Chris

-----Original Message-----

From: Ross Fiebelkorn
Sent: February 23, 2012 12:35

APPLICANT COPY

To: Christopher Dunn
Cc: Connie Shea
Subject: Alison Tonge severance

Hi Chris. Appreciate your assistance to process Alison's severance through payroll.

I have attached the termination letter and signed severance release and severance payment direction form. According to the agreement, the total severance is \$425,500 which is to be paid in twelve monthly installments of \$35,458.33 each. If Alison becomes employed during the twelve month period, any remaining monthly payments would end at that time and she would receive a lump sum payment equal to one half of the remainder.

As Alison was terminated on January 10/12, the monthly payments should be paid as follows:

February 10 - 1st payment
March 10 - 2nd payment
April 10 - 3rd payment
May 10 - 4th payment
June 10 - 5th payment
July 10 - 6th payment
August 10 - 7th payment
September 10 - 8th payment
October 10 - 9th payment
November 10 - 10th payment
December 10 - 11th payment
January 10/13 - 12th payment

Given the arrangement, we have to ensure the monthly payments are processed accordingly by Payroll. If Alison obtains alternate employment during the twelve month period, the rest of the payments cease and the remainder of the lump sum balance paid out to her accordingly. The monthly payments are to be paid as a lump sum and no other accruals (ie. vacation) or benefits are to be applied.

As Alison was to receive a payment on Feb 10 according to this schedule, she is already owed one payment of \$35,458.33 and appreciate if this can be processed as soon as possible.

Thanks for your assistance. Please do not hesitate to call me if you have any questions or need any further information.

Thanks

-----Original Message-----

From: northcopier@hbas.local [mailto:northcopier@hbas.local]
Sent: Thursday, February 23, 2012 7:47 AM
To: Ross Fiebelkorn
Subject: Scanned Document

Hello, here is the document you requested from the North Tech Centre photocopier.

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, February 27, 2012 2:23 PM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: AHS / A. Tonge

s. 27(2)

Hi Susan. I suggest that _____ provides us with an invoice in the amount of \$1,000. We can then write the cheque through Accounts Payable to the law firm and they can pay this to Alison. I understand this is more beneficial for Alison as no tax will have to be withdrawn.

Thanks

From: Susan McGillivray
Sent: Monday, February 27, 2012 1:53 PM
To: Mona Sikal; Ross Fiebelkorn
Subject: FW: AHS / A. Tonge

s. 27(2)

Any advice on how to deal with this? Should _____ send us an invoice for \$1000?

From: _____ [mailto:_____[@sevenyscott.ca](mailto:_____@sevenyscott.ca)] s. 27(2)
Sent: Thursday, February 16, 2012 1:39 PM
To: Susan McGillivray
Cc: Alison Tonge
Subject: FW: AHS / A. Tonge

Susan: s. 27(2)

SEVENY SCOTT Lawyers
 Suite 1905 Manulife Place
 Edmonton, Alberta
 T 780.638.6061 F 780.638.6062

----- Forwarded Message

From: _____ [mailto:_____[@sevenyscott.ca](mailto:_____@sevenyscott.ca)] s. 27(2)
Date: Thu, 16 Feb 2012 13:27:02 -0700
To: Susan McGillivray <Susan.McGillivray@albertahealthservices.ca>
Cc: Alison Tonge s.17(1), 17(4)(g)(i)
Conversation: AHS / A. Tonge
Subject: Re: AHS / A. Tonge

Susan:

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

----- End of Forwarded Message

APPLICANT COPY

Ross Fiebelkorn

From: Susan McGillivray
ent: Tuesday, February 28, 2012 12:46 PM
fo: Ross Fiebelkorn
Cc: Mona Sikal
Subject: Fw: AHS / A. Tonge
Attachments: DOC.PDF

Can you please ensure this is paid? Thanks!

From: @sevenyscott.ca] s. 27(2)
Sent: Tuesday, February 28, 2012 12:43 PM
To: Susan McGillivray
Cc: Alison Tonge s.17(1), 17(4)(g)(i)
Subject: Re: AHS / A. Tonge

Hi Susan:

Re: AHS / A. Tonge

I have attached my February 28, 2012 letter / invoice for your review (\$1,000 + gst).

Thank you,

s. 27(2)

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

APPLICANT COPY

SEVENY SCOTT LAWYERS

Suite 1905 Manulife Place
10180 - 101 Street
Edmonton, Alberta T5J 3S4
T 780.638.6061 F 780.638.6062

February 28, 2012

Via E-mail

Alberta Health Services
Human Resources – Employee and Labour Relations
Suite 900, 9925 – 109 Street
Edmonton, AB
T5K 2J8

Attn: Susan McGillivray, Vice President Human Resources

Dear Ms. McGillivray:

Re: Alberta Health Services / Alison Tonge

Further to your email of February 27, 2012, I have enclosed the invoice below for your review:
s. 27(2)

Date	Initial	Description of Service	Amount
2 / 28 / 2012			\$1,000.00
		GST (GST Reg# 84528 4827 RT0001)	\$50.00
		Total:	\$1,050.00

Please do not hesitate to call or email me if you have any questions.

Yours truly,

SEVENY SCOTT

Per:

s. 27(2)

Cc: A. Tonge (via email)

Ross Fiebelkorn

From: Arlene Parsons
Sent: Monday, March 05, 2012 11:42 AM
To: Ross Fiebelkorn
Subject: FW: Cheque Request - Settlement out of CEO office

Sensitivity: Confidential

FYI – once I get it, will send it out and let you know.

a

Arlene (Hewitt) Parsons
Senior Human Resources Advisor
10301 Southport Lane SW
Calgary, Alberta T2W 1S7
Tel: 403-943-1408
Cell: 403-630-3490
Fax: 403-943-1399
arlene.parsons@albertahealthservices.ca

From: Corinne Adams
Sent: March 05, 2012 11:39
To: Arlene Parsons
Cc: Rosanna Woo
Subject: RE: Cheque Request - Settlement out of CEO office
Sensitivity: Confidential

Hi Arlene: We need to set this vendor up in our system - so the earliest the cheque will be available is the Wed. afternoon. We will call you when it is ready..

Thanks

Corinne Adams

*Manager, Accounts Payable
Alberta Health Services
403-943-0838*

From: Arlene Parsons
Sent: March 5, 2012 10:46 AM
To: Corinne Adams
Subject: Cheque Request - Settlement out of CEO office

Hi Corrine,

We have a settlement that we need processed which includes reimbursement for legal expenses. Can Accounts Payable process the attached invoice and send the cheque to me? If you have any questions or concerns, please do not hesitate to contact me.

Arlene

APPLICANT COPY

Arlene (Hewitt) Parsons
Senior Human Resources Advisor
10301 Southport Lane SW
Calgary, Alberta T2W 1S7
Tel: 403-943-1408
Cell: 403-630-3490
Fax: 403-943-1399
arlene.parsons@albertahealthservices.ca

From: Susan Best
Sent: March 05, 2012 9:14
To: Arlene Parsons
Subject: RE: AHS / A. Tonge
Sensitivity: Confidential

Hi Arlene,

Attached is the Payment Requisition to Severyn Scott for \$1050.00 signed by Dr. Chris Eagle.

Have a good day,
Susan

Susan Best

Executive Assistant
Office of the President & Chief Executive Officer
Alberta Health Services
14th Floor, Seventh Street Plaza
10030 - 107 Street, North Tower
Edmonton, AB T5J 3E4
Phone: 780-342-2021 Fax: 780-342-2060
E-mail: susan.best@albertahealthservices.ca

From: Arlene Parsons
Sent: Thursday, March 01, 2012 11:01 AM
To: Susan Best
Subject: FW: AHS / A. Tonge
Sensitivity: Confidential

Hi Susan,

I got your name from Connie Shea, Director Human Resources. Not sure if you are the correct person to connect with. If not can you let me know.

We have to process a payment of \$1000 cheque through Accounts payable as payment for Ms. Tonge's legal fees. To process we need a payment requisition completed for Accounts Payable. Accounts Payable will require the P2P coding and proper expenditure authorization on the requisition. Because Ms. Tonge reported directly into the CEO office, I am not sure of who to contact to get the requisition completed and signed. Do you know who I could contact? The completed requisition can be sent to me via e-mail and I will forward to one of the managers in Accounts payable for processing asap.

Let me know if there are any questions. I am off site this afternoon and tomorrow but am available via e-mail and cell.

APPLICANT COPY

Arlene

Arlene (Hewitt) Parsons
Senior Human Resources Advisor
10301 Southport Lane SW
Calgary, Alberta T2W 1S7
Tel: 403-943-1408
Cell: 403-630-3490
Fax: 403-943-1399
arlene.parsons@albertahealthservices.ca

From: Christopher Dunn
Sent: February 29, 2012 9:33
To: Arlene Parsons
Subject: FW: AHS / A. Tonge

Hi Arlene,
Do you know the quick process to get this paid through A/P?
Can you take care of it and let me know for future reference?
Thanks
Chris

From: Ross Fiebelkorn
Sent: February 29, 2012 9:29
To: Christopher Dunn
Subject: FW: AHS / A. Tonge

Hi Chris. Hoping you can assist with this last item regarding Alison Tonge. Agreed in the settlement that AHS would pay \$1,000 towards Alison's legal fees. Can you have a A/P cheque prepared and sent to Seveny Scott lawyers as per the invoice? Arlene Parsons has helped with similar arrangements and would know the process. It would be charged to the same cost centre as Alison's compensation.

Thanks

From: Susan McGillivray
Sent: Tuesday, February 28, 2012 12:46 PM
To: Ross Fiebelkorn
Cc: Mona Sikal
Subject: Fw: AHS / A. Tonge

Can you please ensure this is paid? Thanks!

From: alison.tonge@sevenyscott.ca s. 27(2)
Sent: Tuesday, February 28, 2012 12:43 PM
To: Susan McGillivray
Cc: Alison Tonge s.17(1), 17(4)(g)(i)
Subject: Re: AHS / A. Tonge

Hi Susan:

Re: AHS / A. Tonge

APPLICANT COPY

I have attached my February 28, 2012 letter / invoice for your review (\$1,000 + gst).

Thank you,

s. 27(2)

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, March 05, 2012 11:10 AM
To: Arlene Parsons
Subject: RE: AHS / A. Tonge

s. 27(2)

Hi Arlene. You can send directly to Alison's lawyer at Seveny Scott lawyers. When the cheque is prepared and sent, appreciate if you can let me know so that I can make a note for the file and follow up if it goes astray.

Thanks

From: Arlene Parsons
Sent: Monday, March 05, 2012 10:45 AM
To: Ross Fiebelkorn
Subject: FW: AHS / A. Tonge

Hi Ross,

Received signed requisition from Dr. Eagle this morning. Am forwarding to AP for processing. Before I do, can you clarify how you would like the cheque? Mailed directly to the lawyer, forwarded to you, or provided to Legal.

a

Arlene (Hewitt) Parsons
 Senior Human Resources Advisor
 10301 Southport Lane SW
 Calgary, Alberta T2W 1S7
 Tel: 403-943-1408
 Cell: 403-630-3490
 Fax: 403-943-1399
arlene.parsons@albertahealthservices.ca

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Sent: February 29, 2012 9:33
To: Arlene Parsons
Subject: FW: AHS / A. Tonge

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 Can you take care of it and let me know for future reference?
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Subject: FW: AHS / A. Tonge

Hi Chris. Hoping you can assist with this last item regarding Alison Tonge. Agreed in the settlement that AHS would pay \$1,000 towards Alison's legal fees. Can you have a A/P cheque prepared and sent to Seveny Scott

APPLICANT COPY

lawyers as per the invoice? Arlene Parsons has helped with similar arrangements and would know the process. It would be charged to the same cost centre as Alison's compensation.

Thanks

From: Susan McGillivray
Sent: Tuesday, February 28, 2012 12:46 PM
To: Ross Fiebelkorn
Cc: Mona Sikal
Subject: Fw: AHS / A. Tonge

Can you please ensure this is paid? Thanks!

From: _____ [mailto:_____@sevenyscott.ca] s. 27(2)
Sent: Tuesday, February 28, 2012 12:43 PM
To: Susan McGillivray
Cc: Alison Tonge s.17(1), 17(4)(g)(i)
Subject: Re: AHS / A. Tonge

Hi Susan:

Re: AHS / A. Tonge

I have attached my February 28, 2012 letter / invoice for your review (\$1,000 + gst).

Thank you,

s. 27(2)

SEVENY SCOTT Lawyers
Suite 1905 Manulife Place
Edmonton, Alberta
T 780.638.6061 F 780.638.6062

Ross Fiebelkorn

From: Susan McGillivray
ent: Thursday, March 01, 2012 5:57 PM
To: 'Alison Tonge'
Cc: Ross Fiebelkorn
Subject: RE: financial issues - follow up

Categories: Red Category

Hi Alison,

Ross Fiebelkorn from our HR team can assist you (or connect you with the right people). I've copied Ross on this email and his phone number is 780.426.8530. I believe Ross is away from the office in meetings on Friday, March 2.

Thanks,
 Susan

From: Alison Tonge
Sent: Tuesday, February 28, 2012 1:39 PM
To: Susan McGillivray
Subject: financial issues - follow up

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

Susan
 can you give me a contact to chase up on these three questions.

- a) severance payments i would expect these to be backdated to date of termination?
- b) SPP (phil heuchert was dealing with this?)
- c) LAPP

Alison

Alison Tonge
 Strategy Innovation Performance Specialist
 Cell: 587 785 5380
 Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Wednesday, March 07, 2012 7:33 PM
To: 'Alison'
Subject: RE: Contact Information

Hi Alison. Sorry for the delay as I was out of the office today. Regarding SPP and LAPP, you can contact Christa Taylor regarding any questions in this regard. Christa is the Manager Employee Benefits and Retirement Programs. Her phone number is 780-735-0602 and e-mail is christa.taylor@albertahealthservices.ca

If you have any other questions, please contact me at your convenience.

Thank you

From: Alison [<mailto:>] s.17(1), 17(4)(g)(i)
Sent: Tuesday, March 06, 2012 4:10 PM
To: Ross Fiebelkorn
Subject: Re: Contact Information

Hi Ross. I'm waiting for final info on SPP and LAPP. Phil H is on sick leave but had asked another colleague to prepare the papers. ?
 Can you investigate from your end as I would like to wrap this up.
 Alison.

Alison Tonge
 Sent from my iPhone

On 2012-03-06, at 11:24 AM, Ross Fiebelkorn <Ross.Fiebelkorn@albertahealthservices.ca> wrote:

Hello Alison. Further to Susan's e-mail last week, I just wanted to provide my contact information if you have any questions with respect to severance payments, SPP, or LAPP. Please feel free to contact me at your convenience. I will be away from the office though the week of March 12 to 16.

Thanks

Ross Fiebelkorn, Senior Advisor Employee Relations
 Alberta Health Services
 Edmonton, AB
 Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

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Ross Fiebelkorn

From: Lorinda Prociuk
Sent: Thursday, April 19, 2012 1:35 PM
To: Mona Sikal
Cc: Ross Fiebelkorn
Subject: RE: Invoice
 s. 27(2)

We will take care of this.

From: Mona Sikal
Sent: Thursday, April 19, 2012 12:14 PM
To: Lorinda Prociuk
Cc: Ross Fiebelkorn
Subject: FW: Invoice
 s. 27(2)

Hi Lorinda... here is an invoice that needs to be paid (sorry I don't know your cost centre number) – it relates to the work that external legal has done on the Alison Tonge issues. Are you able to process this through? Let me know if we need to be doing anything else. Thanks Mona
 s. 27(2)

Mona Sikal, CHRP
 Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
 cell: 780-905-3344

From: Kara Gillespie
Sent: Tuesday, April 17, 2012 10:37 AM
To: Mona Sikal
Subject: Invoice
 s. 27(2)

Mona,

s. 27(2)

Attached is the invoice for the latest work done on Allison Tonge's work. Given that she is no longer an employee and the continued support by AHS in this matter was part of her severance package, this is not an invoice that should be paid by Legal but from operations. Please let me know how you want to handle this.

Kara

Kara Gillespie
 Associate General Counsel, Labour and Employment
 Alberta Health Services
 10301 Southport Lane SW
 Calgary, AB T2W 1S7
 T. (403) 943-0902
 email: kara.gillespie@albertahealthservices.ca

Please consider the environment before printing this email.



**SPECTRUM
HR LAW**

Spectrum HR Law LLP
Suite 1200, 444 - 5th Avenue SW
Calgary, AB T2P 2T8

MAIN 403.444.8100
FAX 403.444.8101
WEB spectrumhrlaw.com

April 12, 2012

PRIVATE AND CONFIDENTIAL

VIA EMAIL

s. 27(2)

Yours truly,

SPECTRUM HR LAW LLP

Enc.



**SPECTRUM
HR LAW**

Spectrum HR Law LLP
Suite 1200, 444 - 5 Avenue S W
Calgary, AB T2P 2T8
Main Line: (403) 444-8100

s. 27(2)

Statement as of March 31, 2012

Amount

**GST/HST 827863465
Payment is due upon receipt
Please make cheque payable to Spectrum HR Law LLP**

APPLICANT COPY

s. 27(2)

Page: 2
Stmt No: 3817
March 31, 2012

Grand Total Now Due: 810.09

Spectrum HR Law LLP

s. 27(2)

GST/HST 827863465
Payment is due upon receipt
Please make cheque payable to Spectrum HR Law LLP

Ross Fiebelkorn

From: Mona Sikal
Sent: Wednesday, May 09, 2012 7:14 AM
To: Ross Fiebelkorn
Subject: FW: Career Transition Support - Claim from agreed budget
Attachments: connaught11.jpg; connaught2.jpg; connaught3.jpg; connaught4.jpg; AHS career transition claim form AlisonTonge.jpg

Ross – could you review this and determine what kind of payment we need to be making.. I think we should go directly to Mark Palka for this.. can I leave this with you? Thanks much Mona

Mona Sikal, CHRP

Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
 cell: 780-905-3344

From: Susan McGillivray
Sent: Tuesday, May 08, 2012 5:23 PM
To: Mona Sikal
Subject: FW: Career Transition Support - Claim from agreed budget

Can you please assist?

I can't open the various attachments, but perhaps you can.

From: Alison Tonge [mailto:alison.tonge@ahs.ca] s.17(1), 17(4)(g)(i)
Sent: Tuesday, May 08, 2012 5:22 PM
To: Susan McGillivray
Cc: Alison Tonge
Subject: Career Transition Support - Claim from agreed budget

hi Susan, hope you are keeping well.

I've appointed a career transition company to help me find a new role in the UK. enclosed is a copy of the agreement and a covering form section 'c' for the claim of funds.

If you wish to raise the cheque in UK GBP that is ok or use the prevailing exchange rate and raise the cheque in canadian. Please can you make the payment to myself ALISON TONGE, or add this to the payment cycle in my severance agreement, i have already made the direct payment to the company to get them going, so there was no delay.

let me know if you need any further information/proof of payment, it would be helpful if i know who is dealing with this claim once you have signed it off in case i need to chase it up.

Alison

APPLICANT COPY

Alison Tonge
Strategy Innovation Performance Specialist
Cell: 587 785 5380
Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

Ross Fiebelkorn

From: Mona Sikal
ent: Wednesday, May 09, 2012 1:09 PM
To: Ross Fiebelkorn
Subject: FW: Career Transition Support - Claim from agreed budget

fyi

Mona Sikal, CHRP
 Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
 cell: 780-905-3344

From: Alison Tonge [mailto: s.17(1), 17(4)(g)(i)]
Sent: Wednesday, May 09, 2012 1:04 PM
To: Mona Sikal
Subject: Re: Career Transition Support - Claim from agreed budget

thanks mona, ill send you the receipt from them

Alison Tonge
 Strategy Innovation Performance Specialist
 Cell: 587 785 5380
 Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

From: Mona Sikal <Mona.Sikal@albertahealthservices.ca>
To: Susan McGillivray <Susan.McGillivray@albertahealthservices.ca>; 'Alison Tonge'
Sent: Wednesday, May 9, 2012 12:50:13 PM s.17(1), 17(4)(g)(i)
Subject: RE: Career Transition Support - Claim from agreed budget

Hi Alison... we are pleased to assist with facilitating this for you. We will need either an invoice from the company (in which we would pay them direct) or a receipt from them to you indicating the amount that you paid. If you send either of those to my attention we will get this processed as asap for you. Thanks Mona

Mona Sikal, CHRP
 Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309

APPLICANT COPY

cell. 780-905-3344

From: Susan McGillivray
Sent: Wednesday, May 09, 2012 8:04 AM
To: 'Alison Tonge'
Cc: Mona Sikal
Subject: RE: Career Transition Support - Claim from agreed budget

Hi Alison,

I have asked Mona Sikal to assist with this. She deals with career transition support services.

Thanks and let me know if you need anything further.

Susan

From: Alison Tonge [mailto:alison.tonge@ca.linkedin.com] s.17(1), 17(4)(g)(i)
Sent: Tuesday, May 08, 2012 5:22 PM
To: Susan McGillivray
Cc: Alison Tonge
Subject: Career Transition Support - Claim from agreed budget

hi Susan, hope you are keeping well.

I've appointed a career transition company to help me find a new role in the UK. enclosed is a copy of the agreement and a covering form section 'c' for the claim of funds.

If you wish to raise the cheque in UK GBP that is ok or use the prevailing exchange rate and raise the cheque in Canadian. Please can you make the payment to myself ALISON TONGE, or add this to the payment cycle in my severance agreement, i have already made the direct payment to the company to get them going, so there was no delay.

let me know if you need any further information/proof of payment, it would be helpful if i know who is dealing with this claim once you have signed it off in case i need to chase it up.

Alison

Alison Tonge
Strategy Innovation Performance Specialist
Cell: 587 785 5380
Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

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Ross Fiebelkorn

From: Mona Sikal
Sent: Monday, May 14, 2012 12:22 PM
To: Ross Fiebelkorn
Subject: FW: Receipt
Attachments: Alison Tonge 12.05.2012.doc

Here it is... I'm assuming they will give her a cheque? M

Mona Sikal, CHRP

Director, Employee Relations
 Employee & Labour Relations
 900, 9925-109 Street NW
 Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
 cell: 780-905-3344

From: Alison Tonge [<mailto:alison.tonge@connaughtexec.com>] s.17(1), 17(4)(g)(i)
Sent: Monday, May 14, 2012 12:20 PM
To: Mona Sikal
Subject: Fw: Receipt

mona, here is the receipt, let me know if you need anything further

how will this be reimbursed? by cheque or direct to bank?

thank you .

Alison

Alison Tonge
 Strategy Innovation Performance Specialist
 Cell: 587 785 5380
 Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

----- Forwarded Message -----

From: Remy Martin <RemyMartin@connaughtexec.com>
To: Alison Tonge s.17(1), 17(4)(g)(i)
Sent: Monday, May 14, 2012 2:45:14 AM
Subject: RE: Receipt

Hi Alison,

Please find attached a confirmation receipt you requested.

Please let me know if there is anything else I can help you with.

APPLICANT COPY

Kind Regards,

Remy Martin
Office Administrator



Connaught Executive Ltd
4B, Frederick's Place
London,
EC2R 8AB

Tel: 0207 710 9413

Client Comments:

<http://www.linkedin.com/company/connaught-executive-ltd/active-search-and-selection-for-the-candidate-and-their-most-suitable-openings-133825/product>

Directions:

<http://www.connaughtexec.com/contactus.html>

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From: Alison Tonge [mailto:alison.tonge@connaughtexec.com] s.17(1), 17(4)(g)(i)
Sent: 11 May 2012 18:15
To: Remy Martin
Subject: Receipt

Remy

can you send me a receipt for the payment made today for the initial marketing service?
please scan and send by email

thank you

Alison Tonge
Strategy Innovation Performance Specialist
Cell: 587 785 5380
Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

APPLICANT COPY

CONNAUGHT
EXECUTIVE

PRIVATE & CONFIDENTIAL

Ms. Alison Tonge
Edmonton,
Alberta,
Canada

12th May 2012

Dear Ms. Tonge,

We confirm receipt with thanks of your payment of £3,120.00 Inc VAT.

Yours Sincerely,

Remy Martin

Office Administrator

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Wednesday, May 23, 2012 5:28 PM
To: Lorinda Prociuk
Subject: A.T. - career transition services
Attachments: SHBAPRINT0412052316060.pdf

Hi Lorinda. Alison contacted us and had arranged her own career transition services with a company in the UK. She paid for this herself rather than having the company invoice AHS and was also paid for in British pounds. I contacted Finance and they indicated that they will pay Alison in Canadian funds and to have the expense claim completed. Alison has completed the form and provided the documents from the agency confirming the amount that she paid.

Appreciate your help in having this paid to Alison. The conversion factor that Alison used on the form when she completed is very close to today's conversion factor I looked up today and have attached.

Let me know if I can be of any assistance to have the amount reimbursed to Alison. I have been the contact with Alison regarding this matter and can continue to do so. Just need some assistance with the form and coding. You can send it back to me and I can work with Finance to complete the process.

Thanks

-----Original Message-----

From: northcopier@hbas.local [<mailto:northcopier@hbas.local>]
Sent: Wednesday, May 23, 2012 4:07 PM
To: Ross Fiebelkorn
Subject: Scanned Document

Hello, here is the document you requested from the North Tech Centre photocopier.

ALISON TONGUE: SEVERANCE AGREEMENT BUDGET \$6460
EXPENSE CLAIM DETAILS

SECTION C Other Expenses Emp # (Legacy) _____ Emp # (E-People) _____ Page 3

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding		Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON bill, enter total amount in this column WITH GST	GST is NOT on bill/slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location					
	Career Transition Support as per Severance Agreement							\$ 3120
	OR Pay Cheque in GBP							X 1.63 = \$5086

SECTION D Foreign Currency
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.
Please click on the following link for the Bank of Canada exchange rate using the date of expense: [Bank of Canada Currency Converter](#) → Select foreign country in "From cell", and Canadian Dollar in "To cell". Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding		Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location					

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
- 3 of 3 -

[Home](#) > [Rates & Statistics](#) > [Exchange Rates](#) > [Daily currency converter](#)

Daily currency converter

Convert to and from Canadian dollars, using the latest noon rates.

Currency Converter

Amount: cash rate:

From:

To:

Convert

Answer:

Exchange Rate:

Summary: On May 23, 2012, 1.00 U.K. pound sterling(s) = 1.61 Canadian Dollar(s), at an exchange rate of 1.6121 (using nominal rate).

Copyright © 1995 - 2012, Bank of Canada. Terms of Use.

APPLICANT COPY

CONNAUGHT
EXECUTIVE

PRIVATE & CONFIDENTIAL
Ms. Alison Tonge
Edmonton,
Alberta,
Canada

12th May 2012

Dear Ms. Tonge,

We confirm receipt with thanks of your payment of £3,120.00 Inc VAT.

Yours Sincerely,

Remy Martin

Office Administrator



Private and Confidential.

Connaught Executive Ltd
Market Preparation Services
Ms. Alison Tonge



Summary of Services

Market Preparation

Connaught has an experienced team of specialists that will work with you to prepare you for the job market. Your pre market preparation will cover:

- Analysis exercise."Understanding your product" i.e. you as the candidate.
- Psychometric profile. Analysis of your personal profile and results.
- Understanding your requirements, aspirations and longer term career needs.
- Defining the focus and career direction that should suit you best.
- Redrafting your CV to support your objectives using all the relevant evidence and information to demonstrate why you should be considered
- Preparing your personal identity, qualifications and reference information pack.
- Reviewing and developing your on line presence(s) in line with your objectives
- Interview training and feedback
- Negotiation. How to manage salary and package issues more effectively to avoid selling yourself short or pricing yourself out of a position with significant upward potential
- Assessment and review of the routes to market available to you and which will be most appropriate for you to identify and secure the better offers
- Support in agreeing your marketing plan of campaign.

Your Connaught programme is designed to support you in developing your job search skills and conducting a more pro-active marketing campaign. Understand how you prefer to work and identify the roles and opportunities that will suit you and your ongoing career objectives. Developing and honing your job search skills and expertise at this stage, will assist you with your next move and then again throughout your career.

We will work with you to improve your skills and search capabilities to support you more effectively as you progress to make your next career move



AGREEMENT

Between
Connaught Executive Ltd (Connaught) of Dauntsey House, Frederick's Place, London EC2R 8AB
And
Ms. Alison Tonge (The Client) of Edmonton, Alberta, Canada.

SERVICES

Connaught Executive Ltd, (Connaught) agrees to make available its Market Preparation Services (Connaught Services) as described below.

- Analysis exercise. Understanding your product, i.e. you as the candidate
• Psychometric profile. Analysis of your personal profile and results
• Understanding your requirements, aspirations and longer term career needs.
• Defining the focus and career direction that should suit you best.
• Redrafting your CV to support your objectives using all the relevant evidence and information to demonstrate why you should be considered
• Preparing your personal identity, qualifications and reference information pack.
• Reviewing and developing your on line presence(s) in line with your objectives
• Interview training and feedback
• Negotiation. How to manage salary and package issues more effectively to avoid selling yourself short or pricing yourself out of a position with significant upward potential
• Assessment and review of the routes to market available to you and which will be most appropriate for you to identify and secure the better offers.
• Support in agreeing your marketing plan of campaign.

Connaught Services are provided to The Client, exclusively to seek to enhance The Client's career prospects.

FEE PAYMENT

Market Preparation as per attached Summary of Services

Fee £2,600.00 + Vat, (Two thousand Six hundred pounds + Vat at 20%)

Vat £520.00

Total £3,120.00 (Three thousand One hundred and Twenty pounds) payable at commencement.

Connaught shall be entitled to terminate or suspend the Connaught Services immediately if The Client fails to pay fees to Connaught in accordance with the terms of this agreement or if The Client fails to co-operate or communicate with Connaught, without prejudice to Connaught's right to payment of any fees due under this agreement.

CONFIDENTIALITY

Connaught agrees to observe all written requests as to confidentiality and The Client agrees that all information provided by Connaught, and the terms of this Agreement, shall be treated as confidential.

Governing Law

This agreement is subject to the laws of England and Wales and the parties agree to submit to the exclusive jurisdiction of the courts of England and Wales.

The Client:

For and on behalf of Connaught Executive Ltd

Signature [Handwritten Signature] Date 3/5/2012

Signature [Handwritten Signature] Date 3/5/2012

Bank details. HSBC Oxford Circus Branch. 196 Oxford St London
Online banking FPS payment s to Sort code: 40-05-16 Account No: 81613340
IBAN: GB18MIDL40051681613340 Swift code: MIDLGB2107E



Client Service and Satisfaction

Connaught is committed to providing professional support and guidance to each of our clients. Based on many years of experience we have established procedures to help us to deliver value and satisfaction.

1. **Connaught Commitment.** In order to achieve the maximum benefit from our service, we ask that our clients report all information with integrity, act on the recommendations made by the Connaught Executive consulting staff..
2. **Client Satisfaction Reports.** In our commitment to provide continuously improved career counselling and marketing support, we do require that our clients complete some brief service reports to provide important feedback.
3. **Customer Care Line. +44(0)207 710 9400.** In the event that you wish to speak personally with another Connaught representative, we have an established customer care procedure. All calls will be handled confidentially by a senior member of our staff. You are encouraged to share both positive and negative experiences with us. Every effort will be made to respond to your concerns within one working day.
4. **In participating in the programme.** The preparation and ground work activity will be time consuming. It is important to realise that without this ground work, defining the brand, message to market and establishing contact(s) with the appropriate networks, individual success can be impeded.

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, May 28, 2012 9:54 AM
To: Lorinda Prociuk
Subject: RE: A. Tonge reimbursement

Thanks again. I will let Alison know.

From: Lorinda Prociuk
Sent: Monday, May 28, 2012 9:54 AM
To: Ross Fiebelkorn
Subject: FW: A. Tonge reimbursement

Finance says that it will be direct deposit.

From: Ross Fiebelkorn
Sent: Monday, May 28, 2012 9:47 AM
To: Lorinda Prociuk
Subject: RE: A. Tonge reimbursement

Thanks Lorinda. Do you know if A/P will be depositing into Alison's account or by manual cheque? She is still active in the system as her severance is paid monthly so shouldn't be a problem if they want to do it this way.

From: Lorinda Prociuk
Sent: Monday, May 28, 2012 9:44 AM
To: Ross Fiebelkorn
Subject: RE: A. Tonge reimbursement

Everything is fine. Chris signed off and it was sent in to Finance for processing.

L

From: Ross Fiebelkorn
Sent: Monday, May 28, 2012 8:57 AM
To: Lorinda Prociuk
Subject: A. Tonge reimbursement

Hi Lorinda. Just wanted to see if everything is okay with processing Alison's reimbursement. I would like to get back to her with an update at least so that she is not waiting for a reply.

Thanks

APPLICANT COPY

Ross Fiebelkorn, Senior Advisor Employee Relations
Alberta Health Services
Edmonton, AB
Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

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Ross Fiebelkorn

From: Wayne King
Sent: Thursday, May 31, 2012 4:37 PM
To: Ross Fiebelkorn
Subject: RE: Reimbursement question

It should get picked up on Monday's check run. She would get a notification, but I don't think her email is updated. The deposit should be in there for Wednesday. Certainly, if you hear from her that things did not happen that way let me know and I will investigate.

Wayne King

Accounts Payable
Telephone: 587-773-9947

From: Ross Fiebelkorn
Sent: Thursday, May 31, 2012 4:35 PM
To: Wayne King
Cc: Hammad Riaz
Subject: RE: Reimbursement question

Thanks Wayne! Do you have an idea when the transfer may occur? Just want to provide a timeline for Alison when she can receive it.

From: Wayne King
Sent: Thursday, May 31, 2012 4:32 PM
To: Ross Fiebelkorn
Cc: Hammad Riaz
Subject: FW: Reimbursement question

Hi Ross,

It appears that everything is set up for Alison to get this money via EFT. I will monitor it and notify you of any unforeseen issues that arise.

Wayne King

Accounts Payable
Telephone: 587-773-9947

From: Hammad Riaz
Sent: Wednesday, May 30, 2012 10:09 AM
To: Wayne King
Subject: FW: Reimbursement question

FYI

Thanks

Hammad Riaz - PMP, MAcc, M.Com
Manager Accounts Payable
Edmonton Zone
Alberta Health Services

APPLICANT COPY

Phone # 780-735-1210

Email: Hammad.riaz@albertahealthservices.ca



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From: Ross Fiebelkorn
Sent: Wednesday, May 30, 2012 10:07 AM
To: Hammad Riaz
Subject: RE: Reimbursement question

Hi Hammad. Attached is Alison's banking information I pulled from e-people. Does this provide you with the information to do an electronic deposit into her account?

Thanks

From: Hammad Riaz
Sent: Wednesday, May 30, 2012 10:00 AM
To: Ross Fiebelkorn; Corinne Adams; Mark Palka
Cc: Wayne King
Subject: RE: Reimbursement question

Hi Ross, Alison's banking information is not attached to the HR record so we can see any banking information in the system. If you prefer the wire transfer please provide us the banking information.

Other option is to mail the cheque at following address (PLEASE CONFIRM THE ADDRESS). We last paid Alison on April 9 2012 at following address.

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

Please advise

Thanks

Hammad Riaz - PMP, MAcc, M.Com
Manager Accounts Payable
Edmonton Zone
Alberta Health Services
Phone # 780-735-1210
Email: Hammad.riaz@albertahealthservices.ca



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From: Ross Fiebelkorn
Sent: Wednesday, May 30, 2012 9:46 AM
To: Hammad Riaz; Corinne Adams; Mark Palka
Cc: Wayne King
Subject: RE: Reimbursement question

Thanks Hammad. Although Alison is technically terminated, her severance is being paid to her monthly and deposited into her bank account in the system as part of her contract. Are you able to deposit the reimbursement in the system or does it have to be by manual cheque? Either is okay, but an electronic deposit would be preferred.

Just let me know and can make the arrangements.
Thanks

From: Hammad Riaz
Sent: Wednesday, May 30, 2012 9:35 AM
To: Corinne Adams; Mark Palka; Ross Fiebelkorn
Cc: Wayne King
Subject: RE: Reimbursement question

Hi Ross, we have processed Alison Tonge reimbursement claim, however there is no banking attached. We will have cheque printed today.

Please confirm the address if we are paying via cheque or provide the banking information if we are paying through wire transfer. We can cancel the cheque and issue a wire transfer.

Thanks

Hammad Riaz - PMP, MAcc, M.Com
Manager Accounts Payable
Edmonton Zone
Alberta Health Services
Phone # 780-735-1210
Email: Hammad.riaz@albertahealthservices.ca



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From: Corinne Adams
Sent: Friday, May 18, 2012 2:46 PM
To: Mark Palka

APPLICANT COPY

Cc: Ross Fiebelkorn; Hammad Riaz

Subject: RE: Reimbursement question

Hi Mark: I just spoke with Ross and he will complete a Travel, Hosting Form as this person is still active in ePeople, attaching the invoice that we are to reimburse to Alison. They will translate this British pound currency invoice to Cdn and send it to your area for processing.. Ross may confirm with Wayne/Hammad that the exchange rate used is correct as they are not familiar with that aspect..

Hope that helps...

Ross: if you have any further questions, please don't hesitate to contact any of us...

Thanks

Corinne Adams

Manager, Accounts Payable

Alberta Health Services

403-943-0838

From: Mark Palka
Sent: May 18, 2012 10:37 AM
To: Corinne Adams
Subject: FW: Reimbursement question

Can you check with Treasury if a wire in British pounds can be sent to a CDN bank account.

Thanks,

From: Ross Fiebelkorn
Sent: Friday, May 18, 2012 10:22 AM
To: Mark Palka
Subject: RE: Reimbursement question

Hi Mark. Just wanted to check if you had an opportunity to look at this further. Would like to provide an update to Alison to avoid any calls.
Thanks

From: Ross Fiebelkorn
Sent: Tuesday, May 15, 2012 9:35 AM
To: Mark Palka
Subject: RE: Reimbursement question

Hi Mark. I contacted Alison and she mentioned she paid the fees in British pounds and is fine to be paid this way as well. Is there a way we can reimburse her in British pounds? If it helps any, she is still active on e-people as we need to make monthly severance payments in accordance with her contract agreement. Does she need to have a British bank account or can this be done to her Canadian account? Let me know what you need and I'll arrange with Alison.

APPLICANT COPY

Thanks

From: Mark Palka
Sent: Monday, May 14, 2012 1:00 PM
To: Ross Fiebelkorn
Subject: RE: Reimbursement question

Hi Ross,
I think we need to go back to her to get more direction.
I can only do wire transfers no cheques, in pounds. In addition I am not sure of the benefit of sending a wire transfer in British pounds unless she has a British bank account, otherwise the bank will convert to Cdn anyway.
If she paid by credit card she could give us the converted rate so the reimbursement is exact in CDN funds.

Thanks,

From: Ross Fiebelkorn
Sent: Monday, May 14, 2012 12:44 PM
To: Mark Palka
Subject: Reimbursement question

Hi Mark. Hope all is well. I have an reimbursement question regarding Alison Tonge that I need to run by you. As you know Alison terminated back in January. As part of her severance package, she was entitled to outplacement services. Alison has been in contact with an agency in England as she is looking for a position in the UK. Attached is a receipt as confirmation of her payment to this agency, however, the payment is in British pounds rather than Canadian funds.

I need to have this payment reimbursed to Alison and appreciate any assistance you can provide. Given the payment wasn't made initially in Canadian funds, this becomes a little more complex. The reimbursement is to be made to Alison directly.

Thanks for your help. Please feel free to re-direct me as appropriate as well.

<< Message: Scanned Document >>

Ross Fiebelkorn, Senior Advisor Employee Relations
Alberta Health Services
Edmonton, AB
Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

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Ross Fiebelkorn

From: Alison Tonge s.17(1), 17(4)(g)(i)
Sent: Tuesday, June 05, 2012 1:23 PM
To: Ross Fiebelkorn
Subject: Re: Receipt

thanks ross, still no sign of the reimbursement for connaught. if you could chase this up i'd appreciate that.

cheers

Alison

From: Ross Fiebelkorn <Ross.Fiebelkorn@albertahealthservices.ca>
To: 'Alison Tonge' s.17(1), 17(4)(g)(i)
Sent: Tuesday, June 5, 2012 12:35:51 PM
Subject: RE: Receipt

Hi Alison. Just as an update, I understand that the \$637 deposit is related to a refund/overpayment for LAPP deductions but I am having this confirmed. Just need to connect with the right people who can provide confirmation. You should be receiving or may have already received the deposit for the Connaught reimbursement. Please let me know if this does not appear in your bank by the end of the week but is expected to go through right away.

Once I get confirmation about the \$637, I will provide a further update. Hope to have this resolved shortly as well.

Thanks

From: Alison Tonge [mailto: | s.17(1), 17(4)(g)(i)
Sent: Friday, June 01, 2012 9:12 AM
To: Ross Fiebelkorn
Subject: Re: Receipt

thanks ross, very helpful
alison

From: Ross Fiebelkorn <Ross.Fiebelkorn@albertahealthservices.ca>
To: 'Alison Tonge' s.17(1), 17(4)(g)(i)
Sent: Friday, June 1, 2012 9:08:48 AM
Subject: RE: Receipt

Hi Alison. The amount that you will be reimbursed for Connaught is a little over \$5,000 and expected to be deposited into your account directly early next week.

I'm not certain about the \$637.94 and will investigate this further as didn't come through to me. It is for something else, just not certain yet what it is.

I will get back to you as soon as I can.

APPLICANT COPY

Thanks

From: Ross Fiebelkorn
Sent: Friday, June 01, 2012 7:28 AM
To: 'Alison Tonge'
Subject: RE: Receipt

Hi Alison. I'm not certain either. I will check into this and get back to you.
Thanks

From: Alison Tonge [mailto:alison.tonge@albertahealthservices.ca] s.17(1), 17(4)(g)(i)
Sent: Thursday, May 31, 2012 9:21 PM
To: Ross Fiebelkorn
Subject: Re: Receipt

Ross, can you help with the reimbursement of Connaught? I seem to have received a payment in my account today for **637.94** not sure what this is for?

the receipt was for 3120 sterling and this would translate to around \$5000

can you look into this and get this sorted for me?

many thanks

Alison

From: Ross Fiebelkorn <Ross.Fiebelkorn@albertahealthservices.ca>
To: 'Alison' s.17(1), 17(4)(g)(i)
Sent: Monday, May 28, 2012 10:01:06 AM
Subject: RE: Receipt

Hi Alison. I just wanted to let you know that the payment is with Finance for processing and will be deposited directly into your account. I don't have an exact date when this will be deposited, but they are usually fairly quick. Please let me know perhaps by the end of next week if the deposit hasn't occurred and I will follow-up for you.

Please do not hesitate to call if you have any further questions.

Thanks

From: Ross Fiebelkorn
Sent: Wednesday, May 23, 2012 5:34 PM
To: 'Alison'
Subject: RE: Receipt

Hi Alison. Sorry this is taking a little longer than expected and appreciate your ongoing patience. I am working with Accounts Payable and seems the best way is to convert the amount from British pounds and pay back to you in Canadian funds.

APPLICANT COPY

I will let you know as soon as I can when the payment will be processed and will make arrangements with you accordingly.

Thanks again

From: Alison [mailto:alison.tonge@albertahealthservices.ca] s.17(1), 17(4)(g)(i)
Sent: Wednesday, May 23, 2012 4:17 PM
To: Ross Fiebelkorn
Subject: Re: Receipt

Any news on this Ross ? I'm happy with Canadian dollars or sterling

A

Alison Tonge
Sent from my iPhone

On 2012-05-15, at 1:44 PM, Ross Fiebelkorn
<Ross.Fiebelkorn@albertahealthservices.ca> wrote:

Thanks Alison. I'm working with Finance and will get back to you as soon as we work out a process to have you reimbursed. Appreciate your patience.

From: Alison Tonge [mailto:alison.tonge@albertahealthservices.ca] | s.17(1), 17(4)(g)(i)
Sent: Monday, May 14, 2012 4:50 PM
To: Ross Fiebelkorn
Subject: Re: Receipt

Hi Ross

I paid in British pounds, if easier for you to pay me in GBP this is absolutely fine- probably more sensible (it will be way below the agreed budget in canadian)

thanks !

Alison

Alison Tonge
Strategy Innovation Performance Specialist
Cell: 587 785 5380
Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

From: Ross Fiebelkorn
<Ross.Fiebelkorn@albertahealthservices.ca>

APPLICA

To:

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

Sent: Monday, May 14, 2012 4:33:54 PM

Subject: Receipt

Hi Alison. I was speaking with Finance about the reimbursement and wondering if you have anything on the conversion rate at the time you made payment to Connaught Executive. For example, if you paid by Visa or Mastercard, there would have been a conversion rate to British pounds and the exact amount in Canadian funds. Just trying to obtain a proper conversion rate in order to facilitate the payment reimbursement. If you paid in British funds, please let me know as well.

Thanks for your assistance. Hope to have this paid to you as quickly as we can.

Ross Fiebelkom, Senior Advisor Employee Relations
Alberta Health Services
Edmonton, AB
Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

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Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Wednesday, June 06, 2012 1:49 PM
To: s.17(1), 17(4)(g)(i)
Subject: Re: just to let you know i received the reimbursement today for 5k thanks

Thanks Alison. Glad it went through and received.

From: alison tonge [mailto:](#) s.17(1), 17(4)(g)(i)
Sent: Wednesday, June 06, 2012 01:26 PM
To: Ross Fiebelkorn
Subject: just to let you know i received the reimbursement today for 5k thanks

no need to chase up ...

Alison

Ross Fiebelkorn

From: Mona Sikal
Sent: Thursday, May 31, 2012 7:33 AM
To: Ross Fiebelkorn
Subject: FW: Alison Tonge

For the file

Mona Sikal, CHRP
Director, Employee Relations
Employee & Labour Relations
900, 9925-109 Street NW
Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
cell: 780-905-3344

From: Kara Gillespie
Sent: Wednesday, May 30, 2012 9:49 PM
To: Mona Sikal
Subject: FW: Alison Tonge

FYI

Kara Gillespie
Associate General Counsel, Labour and Employment
T. (403) 943-0902

From: @spectrumhrlaw.com
Sent: May 30, 2012 15:56
To: Kara Gillespie
Subject: Alison Tonge

Kara, s. 27(2)

APPLICANT COPY

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Wednesday, July 04, 2012 8:06 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: query on severance paragraph
Attachments: Tonge - Relocation Reimbursement Letter.docx

Hi Susan. I prepared the attached draft letter in response to Alison's question for your review. I made an assumption in the second sentence of the second paragraph about the status of the new position to be eligible for relocation but I can amend if you prefer.

If you have any suggested changes, please let me know and I will be glad to do so.

Thanks

From: Susan McGillivray
Sent: Tuesday, July 03, 2012 12:14 PM
To: Mona Sikal
Cc: Ross Fiebelkorn
Subject: RE: query on severance paragraph

Can you please draft letter to AT to this effect.

From: Mona Sikal
Sent: Monday, June 25, 2012 1:51 PM
To: Susan McGillivray
Cc: Ross Fiebelkorn
Subject: RE: query on severance paragraph

Hi there... heres the deal: we will pay for her to relocate outside the city of Edmonton if she gains employment... (payment would be based on receipts) and we would reimburse up to \$15,000.00. Here is the deal though... if she gains employment her severance payments will cease. She can't have us pay to relocate her to England and continue to pay her severance.. at least that's not the way I understand the provisions... does that make sense to you? M

Mona Sikal, CHRP
Director, Employee Relations
Employee & Labour Relations
900, 9925-109 Street NW
Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
cell: 780-905-3344

From: Susan McGillivray
Sent: Tuesday, June 19, 2012 3:28 PM
To: Mona Sikal
Subject: FW: query on severance paragraph

APPLICANT COPY

Can you help?

From: Alison Tonge [mailto:alison.tonge@albertahealthservices.ca] s.17(1), 17(4)(g)(i)
Sent: Tuesday, June 19, 2012 3:25 PM
To: Susan McGillivray
Cc: Ross Fiebelkorn
Subject: Re: query on severance paragraph

susan, did you get this email?, i think you have been away. if you could get back to me that would be helpful

Alison

From: Alison Tonge s.17(1), 17(4)(g)(i)
To: "susan.mcgillivray@albertahealthservices.ca" <susan.mcgillivray@albertahealthservices.ca>
Sent: Wednesday, May 23, 2012 5:58:23 PM
Subject: query on severance paragraph

hi susan s. 27(2)
letter of 10th Feb to which included the additional provision for
relocation costs.
can you clarify for me?

'reimbursement of relocation expenses up to 15k should ms tonge obtain employment outside city of edmonton and relocation required...

im returning to the uk to seek employment as my opportunities and reputation here are severely limited by what has transpired.

on what terms are the funds available? permanent employment or temporary(it doesnt say)

most likely i would get a short term contract when i get over there.

cost is around 18k to move us back.

hope you can assist

best regards

Alison

Alison Tonge
Deputy Chief Executive/ Executive Director of Finance, Performance, Corporate services
- available for interim and permanent roles
Cell: (1) 587 785 5380
Skype: alison.tonge1

APPLICANT COPY

<http://ca.linkedin.com/in/alisontonge>

<http://twitter.com/#!/alisontonge>

APPLICANT COPY

July 4, 2012

Ms Alison Tonge

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

Dear Alison:

Thank you for your recent e-mail correspondence regarding reimbursement of relocation expenses with respect to your severance provisions with Alberta Health Services. I understand that you may be returning to the UK to seek alternate employment and you anticipate this would initially be for a short term contract once you relocate.

s. 27(2)

As per my letter to _____ dated February 10, 2012, reimbursement of relocation expenses up to a maximum of \$15,000 (Canadian funds) will be provided to you upon submission of original receipts to Alberta Health Services where you obtain employment outside the City of Edmonton and relocation from your current residence is required. The nature of the employment under this agreement was contemplated by Alberta Health Services to be of a permanent status, however, will be extended on a good faith basis to include employment that you may secure of a temporary and/or contract basis.

In accordance with the severance agreement, please note should you secure alternate employment that you are also requested to notify Alberta Health Services of your employment date. Your monthly severance installments of \$35,458.33 (gross) will then cease of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

I trust this properly addresses your question and assists you with any personal decisions regarding future employment opportunities and possible relocation. If you have any further questions, please contact me at 780-426-8522 or e-mail susan.mcgillivray@albertahealthservices.ca.

Sincerely,

Susan McGillivray
Vice President, Human Resources

Copy: Employee Relations
HR File

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Monday, July 09, 2012 11:33 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: query on severance paragraph
Attachments: Tonge - Relocation Reimbursement Letter(v2).docx

Hi Susan. I amended the letter and included a couple sentences in grey highlighting for your review. Hope this helps provide additional clarification.

Thanks

From: Ross Fiebelkorn
Sent: Monday, July 09, 2012 8:39 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: query on severance paragraph s. 27(2)

Hi Susan. According to the Feb 10/12 follow-up letter to reimbursement of relocation expenses is provided up to a maximum of \$15,000 should Alison obtain employment outside Edmonton where relocation is required. It is my understanding it is not provided before she obtains employment. I can add in another sentence in the draft letter to clarify this point. I will also make copies of the contact and letters and provide them to you for review.

Thanks

From: Susan McGillivray
Sent: Sunday, July 08, 2012 4:41 PM
To: Ross Fiebelkorn
Cc: Mona Sikal
Subject: RE: query on severance paragraph

Couple of questions, given the letter sent to Alison's lawyer on this:

- Can we offer her relocation before she gets a job? I think she is relocating to England to search for work, but doesn't have a job yet. I assume we have to wait until she has employment (or permanent or temporary kind) before we can reimburse her. Is that correct? If so, can we be more explicit in the letter about that?
- Can I see her employment contract to understand the impacts of her getting another job/source of income please, as well as her letter(s) of termination that address her severance entitlement.

Thanks

From: Ross Fiebelkorn
Sent: Wednesday, July 04, 2012 8:06 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: RE: query on severance paragraph

APPLICANT COPY

Hi Susan. I prepared the attached draft letter in response to Alison's question for your review. I made an assumption in the second sentence of the second paragraph about the status of the new position to be eligible for relocation but I can amend if you prefer.

If you have any suggested changes, please let me know and I will be glad to do so.

Thanks

From: Susan McGillivray
Sent: Tuesday, July 03, 2012 12:14 PM
To: Mona Sikal
Cc: Ross Fiebelkorn
Subject: RE: query on severance paragraph

Can you please draft letter to AT to this effect.

From: Mona Sikal
Sent: Monday, June 25, 2012 1:51 PM
To: Susan McGillivray
Cc: Ross Fiebelkorn
Subject: RE: query on severance paragraph

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Mona Sikal, CHRP
Director, Employee Relations
Employee & Labour Relations
900, 9925-109 Street NW
Edmonton, AB T5K 2J8

tel: 780-426-8503 fax: 780-424-4309
cell: 780-905-3344

From: Susan McGillivray
Sent: Tuesday, June 19, 2012 3:28 PM
To: Mona Sikal
Subject: FW: query on severance paragraph

Can you help?

From: Alison Tonge [[mailto:](#)]
Sent: Tuesday, June 19, 2012 3:25 PM
To: Susan McGillivray
Cc: Ross Fiebelkorn
Subject: Re: query on severance paragraph

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

APPLICANT COPY
susan, did you get this email?, i think you have been away. if
you could get back to me that would be helpful

Alison

From: Alison Tonge < s.17(1), 17(4)(g)(i) >
To: "susan.mcgillivray@albertahealthservices.ca"
<susan.mcgillivray@albertahealthservices.ca>
Sent: Wednesday, May 23, 2012 5:58:23 PM
Subject: query on severance paragraph

hi susan s. 27(2)
letter of 10th Feb to , which included the additional provision for
relocation costs.
can you clarify for me?

***'reimbursement of relocation expenses up to 15k should ms tonge
obtain employment outside city of edmonton and relocation
required...***

im returning to the uk to seek employment as my opportunities and
reputation here are severely limited by what has transpired.

on what terms are the funds available? permanent employment or
temporary(it doesnt say)

most likely i would get a short term contract when i get over there.

cost is around 18k to move us back.

hope you can assist

best regards

Alison

Alison Tonge
Deputy Chief Executive/ Executive Director of Finance, Performance,
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- available for interim and permanent roles
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Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

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July __, 2012

Ms Alison Tonge

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

Dear Alison:

Thank you for your recent e-mail correspondence regarding reimbursement of relocation expenses with respect to your severance provisions with Alberta Health Services. I understand that you may be returning to the UK to seek alternate employment and you anticipate this would initially be for a short term contract once you relocate.

s. 27(2)

As per my letter to _____ dated February 10, 2012, reimbursement of relocation expenses up to a maximum of \$15,000 (Canadian funds) will be provided to you upon submission of original receipts to Alberta Health Services where you obtain employment outside the City of Edmonton and relocation from your current residence is required. For clarification, relocation expenses to move while you are seeking employment in the UK are not eligible but will be reimbursed once you obtain employment. It is also recommended that you obtain quotations from moving companies to make the most effective use of this benefit. The nature of the employment under this agreement was contemplated by Alberta Health Services to be of a permanent status, however, will be extended on a good faith basis to include employment that you may secure of a temporary and/or contract basis.

In accordance with the severance agreement, please note should you secure alternate employment that you are also requested to notify Alberta Health Services of your employment date. Your monthly severance installments of \$35,458.33 (gross) will then cease of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

I trust this properly addresses your question and assists you with any personal decisions regarding future employment opportunities and possible relocation. If you have any further questions, please contact me at 780-426-8522 or e-mail susan.mcgillivray@albertahealthservices.ca.

Sincerely,

Susan McGillivray
Vice President, Human Resources

Copy: Employee Relations
HR File

Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Friday, July 13, 2012 10:51 AM
To: Susan McGillivray
Cc: Mona Sikal
Subject: Alison Tonge - relocation letter

Hi Susan. Glad we have the e-mail up and running.

Attached is the revised letter for Alison. I have amended from the earlier draft that AHS will now provide Alison with relocation reimbursement for her move to the UK while she seeks employment. Therefore it is not necessary for her to obtain employment first in order to be eligible.

Hope this new draft covers this appropriately and here today to make any revisions. Colleen can assist as well as I will be on vacation between July 16 to 27. Also appreciate if we can have something for our file authorizing the relocation reimbursement as this is a change from the original letter in the event we are asked by the auditors. You mentioned you had discussed this with Stephen but I cannot recall if you had something from him in an e-mail that can be shared.

Hope this is helpful
Thanks



Tonge - Relocation
Reimburseme...

Ross Fiebelkorn, Senior Advisor Employee Relations
Alberta Health Services
Edmonton, AB
Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

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APPLICANT COPY

July __, 2012

Ms Alison Tonge

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

Dear Alison:

Thank you for your recent e-mail correspondence regarding reimbursement of relocation expenses with respect to your severance provisions with Alberta Health Services. I understand you are returning to the UK to seek alternate employment and you anticipate this would initially be for a short term contract once you relocate.

s. 27(2)

As per my letter to _____ dated February 10, 2012, reimbursement of relocation expenses up to a maximum of \$15,000 (Canadian funds) will be provided to you upon submission of original receipts to Alberta Health Services where you obtain employment outside the City of Edmonton and relocation from your current residence is required. The nature of the employment under this agreement was contemplated by Alberta Health Services to be of a permanent status, however, will be extended on a good faith basis to include employment that you may secure of a temporary and/or contract basis.

Although our agreement also contemplated providing you with relocation expenses on obtaining employment outside of Edmonton, we do acknowledge that it is difficult to do so from this distance. Therefore, on a without prejudice basis, we are prepared to provide you with relocation expenses in anticipation that you will obtain employment in the UK. It is recommended that you obtain quotes from three moving companies to make the most cost effective use of these funds. Reimbursement of relocation expenses (up to \$15,000) will be paid to you upon submission of original receipts to Alberta Health Services.

In accordance with the severance agreement, please note should you secure alternate employment that you are also required to notify Alberta Health Services of your employment date. Your monthly severance installments of \$35,458.33 (gross) will then cease of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

I trust this properly addresses your questions and assists you with any personal decisions regarding future employment opportunities and possible relocation. If you have any further questions, please contact me at 780-426-8522 or e-mail susan.mcgillivray@albertahealthservices.ca.

Sincerely,

Susan McGillivray
Vice President, Human Resources

Copy: Employee Relations
HR File

Mona Sikal

From: John Ginn
Sent: Thursday, June 21, 2012 9:55 AM
To: Mona Sikal
Subject: RE: query on severance paragraph

In reference to "additional severance terms", the letter has the following language:

- 1) *"Reimbursement of relocation expenses up to a maximum of \$15,000 should Ms Tonge obtain employment outside the City of Edmonton where relocation from her current residence is required. Reimbursement of these expenses will be provided upon submission of original receipts to AHS. Please be advised that this provision will expire at the end of her 12 month notice period;"*

Termination date referenced in the letter is January 24, 2012.

Please let me know if there is anything else you need.

Cheers
 JG

From: Mona Sikal
Sent: Thursday, June 21, 2012 9:50 AM
To: John Ginn
Subject: RE: query on severance paragraph

Thanks John - yes its a letter that was done settling her terminatino. it should be right at the top (or near) of her termination file... thanks! M

From: John Ginn
Sent: June 21, 2012 9:48 AM
To: Mona Sikal
Subject: RE: query on severance paragraph

That was her employment contract... I see she is referring to another document, which I'll have to dig for a bit more?

Stay tuned.
 JG

From: John Ginn
Sent: Thursday, June 21, 2012 9:46 AM
To: Mona Sikal
Subject: RE: query on severance paragraph

As follows:

"RELOCATION

20. *AHS will pay all customary and reasonable relocation expenses to move the Employee from England to Edmonton. The Employee agrees to obtain estimates from three (3) reputable moving companies and will engage the lowest costing moving company. A further lump sum amount of \$30,000*

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will be provided (at President and Chief Executive Officers' discretion) to cover the reasonable expenses of moving the Employee from England to Edmonton. This will include:

- a) Up to two (2) months of temporary accommodation;
- b) Two (2) trips from England to Edmonton for the Employee and her spouse for the purposes of purchasing real estate and other matters related to the relocation;
- c) Any other costs associated with relocating to Edmonton."

There does not appear to be any language in reference to relocation expenses under the "TERMINATION" clauses.

Cheers,
JG

From: Mona Sikal
Sent: Thursday, June 21, 2012 8:45 AM
To: John Ginn
Subject: Re: query on severance paragraph

Rosses desk?

From: John Ginn
Sent: Thursday, June 21, 2012 08:43 AM
To: Mona Sikal
Subject: RE: query on severance paragraph

We seem to be having trouble locating the file... any idea where it might be?

From: Mona Sikal
Sent: Thursday, June 21, 2012 7:30 AM
To: John Ginn
Subject: Fw: query on severance paragraph

Hi john. Can ypu pull her term file. Not sure what the relocation clause says. Thabks!

From: Susan McGillivray
Sent: Tuesday, June 19, 2012 03:27 PM
To: Mona Sikal
Subject: FW: query on severance paragraph

Can you help?

From: Alison Tonge [[mailto:](#)]
Sent: Tuesday, June 19, 2012 3:25 PM
To: Susan McGillivray
Cc: Ross Fiebelkorn
Subject: Re: query on severance paragraph

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

susan, did you get this email?, i think you have been away. if you could get back to me that would be helpful

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Alison

From: Alison Tonge s.17(1), 17(4)(g)(i)
To: "susan.mcgillivray@albertahealthservices.ca"
<susan.mcgillivray@albertahealthservices.ca>
Sent: Wednesday, May 23, 2012 5:58:23 PM
Subject: query on severance paragraph

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letter of 10th Feb to which included the additional provision for
relocation costs.
can you clarify for me?

***'reimbursement of relocation expenses up to 15k should ms tonge
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most likely i would get a short term contract when i get over there.

cost is around 18k to move us back.

hope you can assist

best regards

Alison

Alison Tonge
Deputy Chief Executive/ Executive Director of Finance, Performance,
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Skype: alison.tonge1
<http://ca.linkedin.com/in/alisontonge>
<http://twitter.com/#!/alisontonge>

Ross Fiebelkorn

From: Alison Tonge s.17(1), 17(4)(g)(i)
Sent: Saturday, July 21, 2012 4:31 AM
To: Susan McGillivray
Cc: Ross Fiebelkorn; Dan Scott
Subject: Re: query on severance paragraph
Attachments: Matco.docx; OS Relocation Proposal & Contract Save (-- Tonge) 03-09-2012 11.18.01 AM (1).pdf; Memo Format (2).pdf

Thanks susan for getting back s.17(1), 17(4)(g)(i)

Enclosed are the three quotations and the final receipt from Western Moving including the insurance for the goods which was a total of **\$14,684**.

I'll keep an eye on the news for Alberta as i still have fond memories of the place. send my regards to Stephen.

A

Alison Tonge
 Deputy Chief Executive/ Executive Director of Finance, Performance, Corporate services

- available for interim and permanent roles

Mobile : +44 7852 879483

alison.tonge1@btinternet.com

Skype: alison.tonge1

<http://ca.linkedin.com/in/alisontonge>

<http://twitter.com/#!/alisontonge>

From: Susan McGillivray <Susan.McGillivray@albertahealthservices.ca>
To: 'Alison' s.17(1), 17(4)(g)(i)
Cc: Ross Fiebelkorn <Ross.Fiebelkorn@albertahealthservices.ca>; 'Dan Scott' <dans@sevenyscott.ca>
Sent: Friday, July 20, 2012 5:55:31 PM
Subject: RE: query on severance paragraph

Hi Alison,

Thanks for your patience. If you have any questions about the attached letter, please let me know.

Hope you are well. Take good care, S.

From: Alison [<mailto:>] s.17(1), 17(4)(g)(i)
Sent: Friday, July 06, 2012 10:35 PM
To: Susan McGillivray

APPLICANT COPY

Cc: Ross Fiebelkorn
Subject: Re: query on severance paragraph

Susan hope you are keeping well -just a further follow up on thus enquiry?

Is it in order for me to submit the removal expenses for our family relocation? I have 3 quotations and selected /paid lowest.

This relocation is to enable me to seek similar employment in healthcare field in UK.

Regards

Alison

Alison Tonge
Sent from my iPhone

On 2012-06-19, at 3:27 PM, Susan McGillivray <Susan.McGillivray@albertahealthservices.ca> wrote:

Hi Alison,

Thanks for the follow up. I did receive your email and apologize that I am still catching up.

I'll get back to you as soon as I can.

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From: Alison Tonge [<mailto:>]
Sent: Tuesday, June 19, 2012 3:25 PM
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s.17(1), 17(4)(g)(i)

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Alison

From: Alison Tonge
To: "susan.mcgillivray@albertahealthservices.ca" <susan.mcgillivray@albertahealthservices.ca>
Sent: Wednesday, May 23, 2012 5:58:23 PM
Subject: query on severance paragraph

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

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letter of 10th Feb to , which included the additional provision for relocation costs.
can you clarify for me?

s. 27(2)

'reimbursement of relocation expenses up to 15k should ms tonge obtain employment outside city of edmonton and relocation required...

APPLICANT COPY

im returning to the uk to seek employment as my opportunities and reputation here are severely limited by what has transpired.

on what terms are the funds available? permanent employment or temporary(it doesnt say)

most likely i would get a short term contract when i get over there.

cost is around 18k to move us back.

hope you can assist

best regards

Alison

Alison Tonge

Deputy Chief Executive/ Executive Director of Finance, Performance, Corporate services

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Cell: (1) 587 785 5380

Skype: alison.tonge1

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APPLICANT COPY

Western Moving & Storage

11516 - 163 Street
 Edmonton, AB , CANADA T5M 3T3
 (780) 454-6683 fax (780) 487-8548

Invoice No. 0002379

INVOICE

Customer

Name Alison Tonge
 Address _____
 City England Prov UK P.C _____
 Attention: _____

Date 8/1/2012
 Order No. _____

Qty	Description	Unit Price	TOTAL
	<u>Alison Tonge, Edmonton to UK</u>		
	Packing Services		\$2,880.00
	Wrap, Overseas Prep & Loading of Container		\$4,948.00
	Ocean Freight to England		\$6,856.00

Payment Details

PAYABLE UPON RECEIPT
GST Reg No. R897193058RP0001

SubTotal	\$14,684.00
Taxes	_____
TOTAL	\$14,684.00

Office Use Only

CHARGES ARE PAYABLE UPON RECEIPT OF INVOICE.

Thank you for using Ted LeLacheur's Western Moving & Storage

APPLICANT COPY

Good Afternoon Alison; s.17(1), 17(4)(g)(i)

Our rate at this time would be \$ 18,180.00 CDN for a 40' HC for your personal effects and \$ 7015 CDN for shipping your car from Edmonton to UK in a 20' container. . This rate includes pack, wrap and load of an estimated 18,000 lbs. into a 40 'HC container in Edmonton with P&D of container to the rail, all inland transportation, origin terminal handling, all ocean freight, destination terminal handling, custom filing, normal custom clearance, with full service destination delivery, to a normal access main floor residence within the city limits in UK. Due to a change in our third party chassis demurrage policy demurrage of \$ 65.00 / day, starts 48 hours after p/u from the container yard. It is now very important to make sure the shipment is loaded and returned to the rail terminal asap to not incur demurrage charges. The rate for the car assumes you deliver the car to our warehouse, I need to be completely dry of gas so please deliver it to us with a little gas in it as possible. If you want to p/u the car from our agent in Liverpool deduct \$ 775.00 from the price quoted.

Not included in the rate is: Insurance, Customs duties, Intensive Customs exam, taxes, detention, storage, warehouse handling, demurrage, chassis rental, debris removal other than at time of delivery, long carry, stair carry, elevator, access fees, overtime for Saturday, Sunday and/or holidays, parking permits, disassembly/reassembly charges, third party services, and all other costs not associated with normal services. All charges and exclusions will be billed to the shipper unless otherwise specified in writing.

Insurance can be purchased for 2.5% of the valuation and covers all damages including water damage at full replacement with \$ 0 deductible.

As a result of severe container shortage and vessel availability in the US and Canada all international rate quotes are currently subject to equipment availability of shipping containers. In addition as a result of the reduction in sailings by shipping lines normal transit times may be extended by as much as 30 days from those stated. Ocean lines will only guarantee their quotes for 30 days, after 30 days please ask for an up dated quote

Please refer to quote # 925545.

I have attached some import information that may be of help and a copy of the survey that Lorraine did. If you have any questions please email or call me.

Rob Mather
International Sales
MATCO
780-484-8800



Relocation Proposal & Order for Service

Name: Allison Tonge
Address:

Mode of Transport: Sea Shipment - FCL - 40 HC International Export Edmonton

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

Your quote is based on the following Visual estimate.

Approximate Moving Date: July 2012

Estimated Weight: 17500 lbs Estimated Volume: 2500CFT

Phone:
Destination: England

Your move will be carried out by our professional moving crews in accordance with the conditions on the back of this quote.

Services Included: Door to door service! Starline to provide a professional packing crew to pack all cartons, export wrap anything else, tag & list and load directly into a 40HC container at residence. Volume established is a very tight 40HC so all space will be utilized to maximum capacity incl. dresser drawers. Quote includes inland transport to Montreal, ocean freight to arrival Liverpool. Our agent to pay the port handling fees and delivery full service to residence, based on normal access in Manchester city limits. Includes unpack, unwrap, basic living set up and debris removal on day of delivery.

Services Excluded: Possible additional service fees, which cannot be determined at this time, could apply to your shipment. Our proposal does not include the cost of these additional services or fees that may include, but are not limited to, increased liability, demurrage, general average charges, taxes, duties and other customs fees, storage, redelivery, delivery outside of normal working hours and unusual access at destination. Payment of these additional service fees will be against official receipts and due prior to delivery of your shipment.

All Risk Marine Insurance

Fully comprehensive
Deductible: \$250.00 OR Optional
Declared value: \$ NVD of goods at a
Premium of: 1.5% - 3% of declared value

This quote is based on our recent examination of the household and personal effects intended for shipment Subject to actual volume.

Subject to the completion of a valued inventory.

Please indicate your desired choice by marking the appropriate box below with your initials.

[] NO, I do not want to purchase all risk protection for my shipment. I understand and agree that your liability is limited to ten cents (\$0.10) per pound per article. Initials _____

[] YES, I do want to purchase all risk protection for my shipment. Please provide me with an application for this coverage. I understand and agree that my purchase of all risk protection is subject to my application, acceptance and compliance with the terms and conditions of the 3rd party insurance underwriter. Initials _____

Quote Services Valid for 30 days included in this price
Yes - Origin Services
Yes - Transportation
Yes - Foreign port & terminal charges
Yes - Destination
No - Insurance

\$21,995.00
Canadian Funds
Payable in Advance

APPLICANT COPY

**Please Sign
&
Return One Copy
(with copy of passport)**

Customs Requirements

All countries require proper documentation, and may impose additional fees and charges, prior to the clearance and release of your shipment for import or export into or out of the respective country. In addition, most countries impose restrictions and/or limitations on the nature and/or quantity of certain articles. STARLINE will assist you as possible, in conjunction with the destination agent; however, you are ultimately responsible for compliance with these regulations.

Environment Support

As an environmentally concerned corporation, STARLINE attempts to encourage, promote and maintain an ongoing awareness, sensitivity and conservation of our environment, both internally and with its customers, through the appropriate use of recycled materials and the effective management and recycling of applicable waste materials. In keeping with this policy, (unless expressly prohibited by contract carriage agreement) we encourage and request your permission to use a mixture of recycled cartons on your move. All recycled cartons will be clean, dry, void of previous markings, in good condition and will afford the same protection as new material.

Please indicate your desired choice by marking the appropriate box below with your initials.

YES, you may use recycled cartons on my move

NO, please do not use recycled cartons on my move

Payment Terms

All charges are payable prior to Starline releasing the goods for shipping at origin. Acceptable means of payment include cash, certified cheque, bank draft, Visa, or Mastercard. Maximum allowable amount that can be charged to any credit card is limited to \$10,000.00. Starline reserves the right to require full payment by means of cash, certified cheque, or bank draft.

Your signature will confirm acceptance of this quote.

I am the legal owner of the furniture and effects referred to or the authorized agent thereof
I understand that the liability of the carrier and its employees, agents and Representatives
is limited to the Conditions of Carriage contained in this agreement. I have been directed
to read the conditions of the reverse hereof.

_____	_____	9-Mar-12	Grace Stypka
Date	Client signature	Date	Starline Moving Systems Ltd.
Packing Date	Delivery contact		trading as Starline Overseas

Destination Address

Destination phone

Fax

Email

Calgary: Unit #18 7115 - 48th Street S.E., Calgary, Alberta, Canada T2C 5A4 Phone (403) 720-3244 Fax (403) 720-2918 sales@starlineoverseas.com
Edmonton: 15305 - 128 Avenue, Edmonton, Alberta, Canada T5V 1A5 Phone (780) 447-4242 Fax (780) 453-6622 info@starlineoverseas.com



APPLICANT COPY

This is a contract for international moving services between the client (the legal owner) named herein and Starline Moving Systems Ltd., doing business as Starline Overseas. Services included in quotation

Origin services- Provision of suitable packing material, which includes, or may include all necessary cartons, for packing of: china, glassware, ornaments, kitchen utensils, books, linens, toys, clothing, tissue, paper, brown paper, and paper padding. Packing, padding and protecting all items for shipment, listing and labeling each item. Provision of steel container/wooden lift van or case. Loading and packaging all items into container or lift case.

Transportation services - Preparing and distributing all appropriate shipping documentation and instructions. Delivering container or case to freight terminal. Arranging and paying for all inland transportation and terminal charges. Attending to custom export formalities. Paying Canadian port and handling charges. Arranging and paying ocean freight charges to arrival port, including any bunker charges, congestion charges or currency surcharges.

Destination service- Paying landing and wharfage charges. Attending to customs clearance formalities in country of destination. Arranging and prepaying inland transportation from port of arrival to destination. Co-ordination of delivery services, including unloading container or case, setting up and reassembling furnishings and unpacking. Removing and disposing of packing materials, including return of container or case to terminal.

Exclusions - Our quotation is based on packing and loading in accordance with the schedule agreed. Destination services are based on reasonable access to the delivery residence and continuous unloading and unpacking. Changes in the scheduling may result in additional charges. The quotation excludes demurrage charges, customs duties, taxes or brokerage fees associated with arranging payment of such duties and taxes, storage, abnormal destination access, special services such as carpenters, electricians or other tradesmen.

Contract terms and conditions

As provided under the authority of the act or acts on effect in the respective Provinces of Canada or States of the United States governing this quotation.

1. Starline Moving Systems Ltd. is liable for any loss or damage or injury to the goods herein described, except as herein provided.
2. Starline Moving Systems Ltd. in issuing the contract is entitled to recover from any shipping line, air line, railroad, road carrier, or warehouseman to whom the goods are delivered in the course of their conveyance to their final destination the amount of the loss, damage or injury that it may be required to pay hereunder caused by or resulting from the handling of the goods by any of the carriers as may be evidenced by any receipt, judgment or transcript thereof.
3. Starline Moving Systems Ltd. is not liable for loss, damage or delay to any of the goods described in the contract caused by an act of God, public enemies, riots, strikes, defect or inherent vice in the goods, the act or default of the shipper, or owner, the authority of law, quarantine, failure of a carrier en route, or the costs of marine general average.
4. Where goods are stopped and held in transit at the request of the party entitled to request it, the goods are held at the risk of the owner.
5. None of the carriers or parties in possession of all or any of property herein described shall be liable to delay caused by highway obstruction, faulty or impassable highway, bridge, ferry or caused by breakdown or mechanical defect of vehicle, vessels or aircraft.
6. The amount of any loss, damage or injury for which Starline Moving Systems Ltd. is liable, whether or not the loss, damage, or injury results from negligence, shall be computed on the basis of and limited to the lesser of
 - a) the value of the goods at the place and time of shipment including the freight and other charges if paid or;
 - b) 10cents per pound per article,
7. Starline Moving Systems Ltd. is not liable for loss, damage, injury or delay to any goods carried under the contract unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage, injury or delay is given in writing to the Agent at the point of origin within 15 days after the delivery of the goods, or in the case of failure to make delivery within 15 days after a reasonable time for delivery had elapsed.
8. Where, through no fault of Starline Moving Systems Ltd. the final carrier is unable to effect delivery of goods to the person entitled to receive them, the goods may, a) be kept in warehouse of the carrier or his agent, subject to a reasonable charge for storage and to the carrier's responsibility as warehouseman only; or b) at the option of the carrier, after written notice of the carrier's intention to do so has been served on the consignor and consignee of the goods in person or by registered mail, be removed to, and stored in a public or licensed warehouse at the expense of the owner of the goods and there held at the risk of the owner without liability on the part of the carrier, and subject to a lien for all freight and other lawful charges including a reasonable charge for storage.
9. Starline Moving Systems Ltd. is not bound to carry any documents, specie, or any articles of extraordinary value unless by a special agreement to do so. If such goods are carried without a special agreement and the nature of the goods is not disclosed hereon, Starline Moving Systems Ltd. shall not be liable for any loss or damage thereto.
10. The owner, or consignee of the goods, shall pay the freight and all the other lawful charged accruing on the goods, and if required by Starline Moving Systems Ltd. shall pay the same before shipment and if the goods shipped are not those described in the contract the freight charges shall be paid upon the goods actually shipped with any additional penalties lawfully payable thereon.
11. Every person whether as principal or agent, shipping explosives or dangerous goods without previous full written disclosure to Starline Moving Systems Ltd. or his agent, of their nature, shall indemnify the carrier against all loss, damage or injury caused thereby and the goods may be warehoused at the risk and expense of the owner of the goods.
12. Any alteration, addition or erasure in a contract shall be signed or initialed by the parties thereto.
13.
 - a) Starline Moving Systems Ltd. shall not be liable, other than for negligence for:
 - 1) Injury to fragile articles that are not packed by the agents, servants or employees of the carrier.
 - Injury to or disturbance of the mechanical functions of pianos, radios, phonographs, clocks, mechanical refrigerators, or instruments, or appliances irrespective of who packed or unpacked such articles.
 - 3) Deterioration of or injury to perishable foods, plants, congoleums or linoleums.
 - 4) For loss of contents of pieces of furniture, crates, bundles, cartons, boxes, barrels, or other containers unless such articles as are specifically listed by the shipper and receipted for by Starline Moving Systems Ltd., or its agents.
 - b) Where Starline Moving Systems Ltd. is directed to take property from a place or places at which the consignor or his agent is not present the property shall be at the risk of the owner before loading.
 - c) Goods shall be delivered at owner's risk at places where no authorized person is present to receipt for same.
 - d) Loss or damage in transit shall not relieve the owner from the owner's obligations hereunder to pay freight and all other lawful charges accruing on the shipment.

14. **Jurisdiction -** Any dispute or claim arising out of the contract or the interpretation thereof and any litigation between the owner their agents or others acting on the company's behalf shall be adjudicated upon by a competent court having jurisdiction in the Province of Alberta within which Starline Overseas office concerned with the issuing of the contract is situated and within office which office the contract shall be deemed to have been made.

ITINERARY

File#: --

1. Travel Information

Departure Date: _____ City: _____

Expected Date of Arrival: _____ City: _____

Client's Passport Number/Nationality _____

1. Hotel/Contact Address prior to Departure:

3. Destination Delivery Address

Destination Contact Address

Tel: _____

Tel: _____

Fax: _____

Fax: _____

E-mail: _____

3. Comments or Instructions

4. Emergency Contact – As noted in your passport

Name: _____ Address: _____

Phone: _____ Relationship: _____

Ross Fiebelkorn

From: Susan McGillivray
Sent: Friday, July 20, 2012 5:56 PM
To: 'Alison'
Cc: Ross Fiebelkorn; 'Dan Scott'
Subject: RE: query on severance paragraph
Attachments: SHBAPRINT0412072017450.pdf

Hi Alison,

Thanks for your patience. If you have any questions about the attached letter, please let me know.

Hope you are well. Take good care, S.

From: Alison [<mailto:>] s.17(1), 17(4)(g)(i)
Sent: Friday, July 06, 2012 10:35 PM
To: Susan McGillivray
Cc: Ross Fiebelkorn
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Regards

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Alison Tonge
 Sent from my iPhone

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I'll get back to you as soon as I can.

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APPLICANT COPY

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Alison

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im returning to the uk to seek employment as my opportunities and reputation here are severely limited by what has transpired.

on what terms are the funds available? permanent employment or temporary(it doesnt say)

most likely i would get a short term contract when i get over there.

cost is around 18k to move us back.

hope you can assist

best regards

Alison

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July 20, 2012

Ms Alison Tonge

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

Hi Alison:

Thank you for patience in awaiting my response to your inquiry about reimbursement of relocation expenses under the terms of your termination agreement with Alberta Health Services. I understand you are returning to the UK to seek alternate employment.
s. 27(2)

My letter to dated February 10, 2012 said that AHS would provide reimbursement of relocation expenses up to a maximum of \$15,000 (Canadian funds) will be provided to you upon submission of original receipts to Alberta Health Services where you obtain employment outside the City of Edmonton and relocation from your current residence is required.

Although our agreement also contemplated providing you with relocation expenses after you obtained employment outside of Edmonton, we do acknowledge that a search for employment in the UK may be difficult to do so from this distance. Therefore, we are prepared to amend the conditions of the original letter and provide you with relocation expenses to support you in searching for employment in the UK.

It is recommended that you obtain quotes from three moving companies to make the most cost effective use of these funds. Reimbursement of relocation expenses (up to \$15,000) will be paid to you upon submission of original receipts to Alberta Health Services.

In accordance with the severance provisions of your employment contract, please note should you secure alternate employment that you are also required to notify Alberta Health Services of your employment date. Your monthly severance installments of \$35,458.33 (gross) will then cease of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

I trust this properly addresses your questions and assists you with any personal decisions regarding future employment opportunities and possible relocation. If you have any further questions, please contact me at 780-426-8522 or e-mail susan.mcgillivray@albertahealthservices.ca.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan McGillivray".

Susan McGillivray

Vice President, Human Resources

Copy: Stephen Gould, EVP People & Partners, AHS
Employee Relations, AHS
Human Resources File, AHS

20120720.1

Ross Fiebelkorn

From: Mona Sikal
Sent: Monday, July 30, 2012 12:40 PM
To: Ross Fiebelkorn
Subject: FW: query on severance paragraph

For the termination file thanks Ross Mona _____

From: Susan McGillivray
Sent: July 30, 2012 10:02 AM
To: Mona Sikal
Subject: Fw: query on severance paragraph

For our files.

From: Stephen Gould
Sent: Monday, July 30, 2012 09:59 AM
To: Susan McGillivray
Subject: RE: query on severance paragraph

Sorry to be tardy - confirm that I authorized this change.

Stephen Gould
Executive Vice President
People and Partners

780-342-2024

From: Susan McGillivray
Sent: Monday, July 23, 2012 9:18 AM
To: Stephen Gould
Cc: Mona Sikal
Subject: FW: query on severance paragraph

Hi Stephen,

As we discussed, I have provided Alison with a revised letter on her relocation entitlement. Attached is a copy of the letter for your files.

Can you send me a reply email confirming that you and I discussed and that you authorized this change. I would like to document this for our files as the OAG will typically review most severance files, especially those involving senior executives.

Thanks,
Susan

From: Susan McGillivray
Sent: Friday, July 20, 2012 5:56 PM
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Cc: Ross Fiebelkorn; s. 27(2)
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Alison

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- available for interim and permanent roles

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<http://ca.linkedin.com/in/alisontonge>

<http://twitter.com/#!/alisontonge>

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Ross Fiebelkorn

From: Ross Fiebelkorn
Sent: Friday, August 03, 2012 5:25 PM
To: Lorinda Prociuk
Subject: Alison Tonge relocation reimbursement

Hi Lorinda. Wondering if you may be able to assist with this reimbursement to Alison. AHS has agreed to pay Alison moving expenses upfront for her to relocate to the UK where she will be seeking employment. Attached letter was provided to Alison confirming the arrangement. Also attached is the moving expenses she has paid and to be reimbursed in the amount of \$14,684.

I believe this should be processed as a A/P payment. Are you able to arrange this and send to Finance? We processed her last reimbursement through A/P and was done as a direct deposit rather than a manual cheque for convenience. Perhaps this reimbursement can be done this way as well.

I will be glad to assist to get this processed.

Thanks!



Scanned Document

Ross Fiebelkorn, Senior Advisor Employee Relations
Alberta Health Services
Edmonton, AB
Ph: 780-426-8530/Cell: 780-934-4840/Fax: 780-424-4309

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**Western Moving &
Storage**
11516 – 163 Street
Edmonton, AB T5M 3T3

Memo

To: Alison Tonge
From: Sheila Miranda
Date: 7/17/2012
Re: Cheque Received

Please note that your final charges of \$14,684.00, have been paid in full. Please accept this note as your receipt for payment on your move to UK.

Thank you,

Sheila Miranda
Accounting Department
Western Moving & Storage



July 20, 2012

Ms Alison Tonge

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

Hi Alison:

Thank you for patience in awaiting my response to your inquiry about reimbursement of relocation expenses under the terms of your termination agreement with Alberta Health Services. I understand you are returning to the UK to seek alternate employment.

s. 27(2)

My letter to dated February 10, 2012 said that AHS would provide reimbursement of relocation expenses up to a maximum of \$15,000 (Canadian funds) will be provided to you upon submission of original receipts to Alberta Health Services *where you obtain employment outside the City of Edmonton and relocation from your current residence is required.*

Although our agreement also contemplated providing you with relocation expenses after you obtained employment outside of Edmonton, we do acknowledge that a search for employment in the UK may be difficult to do so from this distance. Therefore, we are prepared to amend the conditions of the original letter and provide you with relocation expenses to support you in searching for employment in the UK.

It is recommended that you obtain quotes from three moving companies to make the most cost effective use of these funds. Reimbursement of relocation expenses (up to \$15,000) will be paid to you upon submission of original receipts to Alberta Health Services.

In accordance with the severance provisions of your employment contract, please note should you secure alternate employment that you are also required to notify Alberta Health Services of your employment date. Your monthly severance installments of \$35,458.33 (gross) will then cease of your new employment date and you will be paid a lump sum equal to one-half of any payments then remaining under Paragraphs 30 and 31 of your Employment Contract.

I trust this properly addresses your questions and assists you with any personal decisions regarding future employment opportunities and possible relocation. If you have any further questions, please contact me at 780-426-8522 or e-mail susan.mcgillivray@albertahealthservices.ca.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan McGillivray".

Susan McGillivray
Vice President, Human Resources

Copy: Stephen Gould, EVP People & Partners, AHS
Employee Relations, AHS
Human Resources File, AHS

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