1317892

VISA Business

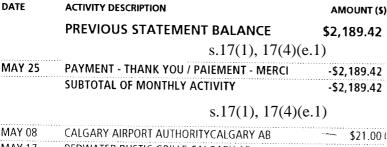
CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM MAY 10 TO JUN 08, 2007

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

1 OF 1



	SUBTOTAL OF MONTHLY ACTIVITY	\$1,049.99
JUN 01	IMPERIAL PARKING #101 EDMONTON AB	\$16.00
MAY 30	CONFERENCE BOARD OF CANADOTTAWA ON	\$525.00
	Foreign Currency-USD 129.00 Exchange rate-1.10232	5 Y
MAY 30	HAR*MANAGEMENT UPDATE 800-988-0886 MO	\$142.20
MAY 29	CALGARY AIRPORT AUTHORITYCALGARY AB	→ \$7.00 V
MAY 28	WEST JET CALGARY AB	\$271.72
MAY 27	IMPERIAL PARKING LOT # 6 CALGARY AB	\$6.00
MAY 17	REDWATER RUSTIC GRILLE CALGARY AB	\$61.07
MAY 08	CALGARY AIRPORT AUTHORITYCALGARY AB	\$21.001

TOTAL NEW BALANCE

\$1,049.99

Are you one of the many drivers who could save by switching to RBC Insurance®?

Find out by getting an auto insurance quote from RBC Insurance today! You could even save an additional 12% per policy for having both your home and auto insurance from RBC Insurance¹.

Call 1-866-863-6966, go online to www.rbcinsurance.com/visasave or visit your nearest RBC Insurance branch for a free, no-obligation quote.

Underwritten by RBC General Insurance Company

1 Certain conditions apply

IMPORTANT INFORMATION

_(C	N.	T A	\CT	Ū	IS					
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business. Watch for details.

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

The Visa* Savings for Business program gives you access to up to \$2000 in savings for

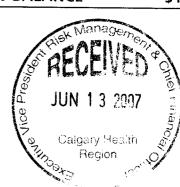
PAYMENT INFORMATION

Minimum payment	\$32.00
Payment due date	JUN 29, 2007
Credit limit	\$10,000.00
Available credit	\$8,950.01
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$2,189.42
Payments & credits	-\$2,189.42
Purchases & debits	\$1,049.99
Cash advances	\$0.00
Interest	\$0.00
Fees	\$0.00

NEW BALANCE \$1,049.99







CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE IN	VFORMATION						,	
DATE		D BY (Print)		DEPARTMENT		Vice Bresident	PHO	ONE NO (in full)
07-06-19) Bonnie Bue	ockert		Office of Executive Vice-President, Risk Management & CFO 943-1140				-1140
MAKE CH	EQUE PAYABL	E TO:	al Bank	RECEIVED				
	`	or forwarding of	•			1		NCE
Canad	la Post: Pa	ayment Centre, I	P. O. Bo	x 4016, Station	<u>"A"</u>			
	City			Province	e <u>C</u>	N Postal	Code	M5W 2E6
Interon	fi ce Mail: De Site	partment						
DUDDOC			ecollano	us VISA Evnense	e for	Kay Best for May	/June	2007
<u> </u>		documents (orig				so GST Exem		
CODING &	AUTHORIZATI	ON						
Non-MIS	Functional Centre (MIS Primary)	ACCOUNT (MIS Secondary	v)	AMOUNT	DE	SCRIPTION		
01	71105000004	62410000		\$ 50.00	Miscellaneous parking/taxi fare expenses for Kay Best for May/June 07			
01	71105000004	62410000		142.20	Hai	vard Business Re	view	
01	71105000004	62410000		271.72	WestJet fare booked herself for trip June 1, 2007 to Edmonton which was cancelled and we have a credit file			
01	71105000004	62410000		61.07	l	nch Meeting		
01	71105000047	62410000		525.00	5.00 Additional charge for Barb Hambly to attend the concurrent session at the 2007b Public Sector Financial Leadership conference in Ottawa, ON May 29 th - May 30 th , 2007			
					GS	ST		
1	TOTAL AMO	UNT OF CHEQU	JE	\$ 1,049.99	х	CDN US	ОТ	HER
Authørizat	tion Signature	Tit	tle			Phone Number		Site
Barb Hambl		& 5	ce-Preside Sustainabi	nt, Financial Strateç lity	gies	943-1474		Southport
ACCOUNT	S PAYABLE OF	VLY	-					
T4A Cod	e:					Vendor #		
Cheque	Code:					Invoice #		
Sep Che	que:					PO #		
Sort Cod	le:		Rec	urring Payment	t:	Start Date		

From itinerary@westjet.com

Sent Monday, May 28, 2007 10:51 am

To

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

Cc

Bcc

Subject Your Ticketless Itinerary - Thank you and have a great flight.

WESTJET

5055 11 ST NE

CALGARY, AB T2E 8N4

Agent Number: INET

***** Confirmation Number: NBBZDW *****

Best/Catherine

Date Booked:

28MAY07

Modified:

28MAY07

Booked By:

Best/Catherine

 $s.17(1),\,17(4)(g)(i)$ Welcome Aboard: Catherine Best

Date Fit Depart Seat Arrive Stops ______ Fri 01Jun07 137 CALGARY 7:15am EDMONTON 8:00am 0

Fri 01Jun07 74 EDMONTON 4:40pm

CALGARY

5:24pm

0

Total for 01 guest(s) Fare: 198.00

> NAV/INS: CALGARY AIF:

24.00 10.00

EDMONTON AIF:

15.00 9.34

ATSC: GST/HST:

15.38

Call us Toll Free: 1-800-538-5696

Total \$271.72 CA

Visit our Website at www.westjet.com

Visa: \$271.72-

Balance Due:

\$0.00 CA

QST# 1202807956TQ0001

Rules and other stuff:

GST# 866112535

* This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in in error, please contact WestJet.

----- FARE GUIDELINES ------

^{*} Westlet flights can be changed or cancelled up until two hours prior to flight departure. All fares, fees, surcharges and taxes are

- non-refundable after the day of booking, but may be placed into a WestJet Credit File.
- * Changes are subject to any upgrade in fare, and based on the type of fare being changed, may be subject to a fee of \$40 CAD per person.
- * Cancellations made on the same day of booking can be either 1) Placed In a WestJet Credit File (fare, fees, surcharges and taxes included), or 2) Refunded Minus a \$20 CAD (plus tax) per booking cancellation fee.
- * Cancellations made after the day of booking may be subject to a \$40 CAD fee (plus tax) per person depending on the type of fare being cancelled. Any remainder will be placed in a WestJet Credit File.
- * Some promotional fares may have additional fare rules specified at the time of booking; for example, WestJet and Mosaik (r) Mastercard (r) Companion flights can not be changed or cancelled.
- * Failure to show up for a flight will result in all fares, fees, charges, surcharges, and taxes being forfeited.
- * Wastat all and a second of the second of t
- * WestJet change and cancel credit files are valid for 1 year after the date of creation, and are fully transferable. Credit files are not accepted as a form of payment for travel on WestJet Vacations bookings or any WestJet flight connecting to a WestJet Vacations bookings.

----- IDENTIFICATION AND CHECK-IN INFORMATION ------

- * Domestic Flights Identification will be checked for adults 16 years of age and older. Infants and Unaccompanied Minors require proof of age.
- * Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- * Guests arriving at the gate less than 10 minutes prior to departure risk losing their reserved seat.
- * To check the status of your flight and receive up to date flight information please use our Flight Tracker at www.westjet.com.
- * CHECK-IN OPTION 1: check-in online at www.westjet.com from 24 hours to 1 hour before flight time and print your own boarding pass right away.
- * CHECK-IN OPTION 2: check-in using a self service kiosk. Visit Travel Tips on westjet.com for a listing of kiosk equipped airports. Bring your confirmation number (found at the top of this itinerary), or a card with your name on it (e.g. credit card) to check-in, select your seat, print your boarding pass and drop off your bag.
- * CHECK-IN OPTION 3: Let one of our helpful WestJet Customer Service Agents check you in at our airport counter. We recommend arriving at the counter 90 minutes prior to scheduled departure.
- * All security restrictions are subject to change. For up to date information on these or other Government of Canada security requirements visit www.tc.gc.ca or www.catsa-acsta.gc.ca or phone 1-888-294-2202.
- * WestJet is at Terminal 3 of Pearson International Airport in Toronto.

------ RULES OF CARRIAGE & BAGGAGE INFORMATION -------

- * Carriage is subject to the applicable tariffs, conditions of carriage and related regulations available at the office of the carrier. Carriage hereunder is subject to the rules and limitations relating to liability established by the Warsaw Convention.
- * WestJet's baggage allowance is two checked bags (max wt 27kg/60lb per bag bag with total length+width+height 157cm /62") plus two pieces of carry-on pieces of carry-on baggage which must fit into each of the sizing devices (1 item at 55cmX23cmX40cm / 21.5"X9"X15.5" and 1 item at

43cmX16cmX33cm /16.5"X6"X13"; max wt 10kg/ 22lb per piece) per person.

* In the carriage of baggage, the liability of WestJet in the case of destruction, loss or damage is limited to \$250.00 CAD per ticket per incident. WestJet assumes no liability for fragile, valuable or perishable articles, including money, jewelry, camera, video and electronic equipment, silverware, negotiable instruments, business documents, samples, paintings, antiques, furs, manuscripts or similar items contained in checked or unchecked baggage, or if damage results from the inherent defect, quality or vice of the baggage. Guests may be asked to complete a Limited Liability Release Form upon checking such items in. WestJet does not compensate for zippers, scuffs, scratches, nicks, dents, missing straps, feet, clips and wheels, exterior tube handles, or similar damage attributable to normal wear and tear. Damage resulting from a suitcase being over-packed or overweight is not covered. Please inform us of any loss or damage to luggage within one hour of your arrival.

----- FEES, TAXES AND SURCHARGES ------

- * AIF Airport Improvement Fees are generally collected by WestJet at the time of booking. The Moncton airport collects the AIF upon departure.
- * GST/HST/QST Where applicable, these taxes are collected on flights and services provided in Canada.
- * A Security Tax (Air Traveller's Security Charge) of \$4.67 CAD (plus GST or HST), per chargeable emplanement, is collected on all flights.
- * Nav Canada/Insurance Surcharge collected on all flights.

----- ADDITIONAL SERVICES -----

- * WestJet offers headsets for a nominal fee on all of our flights offering live satellite television, or you can bring your own headset as most are compatible with our system. If you decide to purchase a WestJet headset, take them home with you, and remember to bring them with you on your next WestJet flight. Not all WestJet aircraft are currently equipped with live seatback television.
- * Complimentary snacks and beverages will be served on all flights. Guests are able to buy food items all non-stop flights over 1 hour and 40 minutes, and on flights over 2 hours and 30 minutes a selection of sandwiches is also available for purchase. Guests are also welcome to bring their own food onboard.
- * Earn AIR MILES reward miles on flights booked only on www.westjet.com. Reward miles are credited 2-4 weeks after travel is completed. Contact AIR MILES at 1-888-AIR-MILES (1-888-247-6453) or go to www.airmiles.ca for details about your collector account.
- * WestJet's preferred partners offer a variety of services. Contact them for services across North America.

Alamo Car Rental 1-877-603-0622 Budget Car & Truck Rental 1-800-220-0485

National Car Rental 1-888-354-2322

InterContinental Hotels 1-877-894-6797

RBC Travel Insurance Company 1-866-812-3935



JUN - 4 2007



Invoice No. 93970

Calgary Health Region

255 Smyth Road, Ottawa, ON K1H 8M7 Canada Tel. (613) 526-3280 • Fax (613) 526-4857 • Inquiries 1-866-711-2262 www.conferenceboard.ca

Sold

Ms. Barb J. Hambly

To:

Vice-President, Financial Strategies and

Sustainability

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2

GST Remittance Number: R118778091

Tax Amount: \$0.00

Ship Ms. Barb J. Hambly

Vice-President, Financial Strategies and

Sustainability

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2

Account N	о.	Purchase Order No.	Order Date	Order Number	Terms Invoice		Invoice Date	
101144	18		4/2/2007	174289	Pay Or	n Receipt	4/2/2007	
Qty	Descrip	tion		0.0 -		Unit Price	Extended Price	
1	5/29/20 Ottawa 07-011 2007 F 07-011	Public Sector Financial Lead 207 - 5/30/2007 a, Ontario 7/MAIN Public Sector Financial Lead 7/CONC A2 rrent Session A2	ership	93970 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,495.00 17(4)(e.1)	1,495.00	
1 1 1	07-011 Lunche 07-011 Concu 07-011	7/LUNCH eon and Keynote Address 17/CONC B2 rrent Session B2	Errit Erre Est Erre	(1) (2) 电机管 机线 机电子等 (1) (1) 4 (1)的 (2) (1) (1) (1) (1) (2) (3) (3) (4) (4) (4) (4) (4)	∌5 :16,	525.00	525.00	
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			1-1-11	1 14	:			
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	20.00	Other	2,020		0.00		0.00	

Cut off Date:

03/26/2007

3 YEARS -- I SAVE \$162. I'll pay just \$345 for 36 months.

1 YEAR - I SAVE \$40. I'll pay just \$129 for 12 months.

... and send me my free gift!

003732748 R12083 KAY BEST, VP RISK MGMT CALGARY HEALTH REGION 10101 SOUTHPORT RD SW CALGARY AB T2W 3N2 CANADA



CHOOSE ONE:

Check enclosed (payable to Harvard Management Update).

Best

Deal!

- Charge my credit card.
 (Please fill out reverse side.)
- Bill me later.

IMPORTANT TAX INFORMATION

Your subscription may be tax-deductible as a professional expense. Consult your tax adviser.

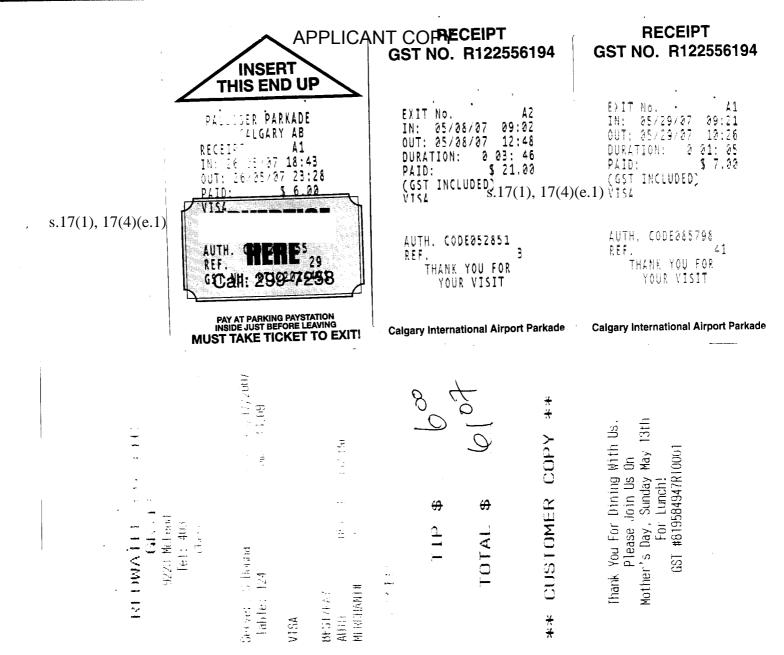
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11-FC34

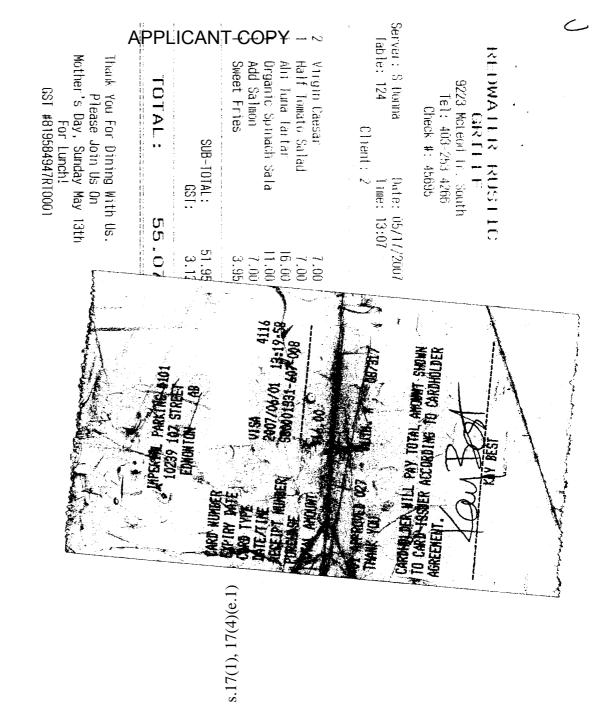
☐ Plea	ise charge my credit	card for the amo	ount indicated on	the other s	ide.
	American Expres	S D	MasterCard	VISA	Visa
	ount number	Part	s.17(1), 17(4	4)(e.1)	, cpiration date
Auth	orized signature	(r	equired)		

MONEY-BACK GUARANTEE

If at anytime you are not satisfied with your subscription, just let us know. We will refund your money on all undelivered copies of *Harvard Management Update* — no questions asked.



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





VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM FEB 10 TO MAR 09, 2007

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

	PREVIOUS STATEMENT BALANCE	\$2,224.17
	s.17(1), 17(4)(E 2
MAR 08	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$2,224.17
MAR 09	PURCHASE INTEREST	\$61.57
	SUBTOTAL OF MONTHLY ACTIVITY	-\$2,162.60
	s.17(1), 17(4)	(e.1)
FEB 09	PETROCAN 5111 GRT MCCHONARICHMOND BC	\$17.15 u
FEB 09	THE WEDGEWOOD HOTEL VANCOUVER BC	\$543.29v
FEB 09	BUDGET RENT A CAR RICHMOND BC	\$54.43 u
FEB 09	CALGARY AIRPORT AUTHORITYCALGARY AB	\$42.00
FEB 16	BANFF EAST GATE BANFF AB	\$123.80
FEB 20	CALGARY AIRPORT AUTHORITYCALGARY AB	\$25.00
FEB 21	WELLINGTONS CALGARY AB	\$48.40
FEB 23	REDWATER RUSTIC GRILLE CALGARY AB	\$49.94
FEB 26	WELLINGTONS CALGARY AB	\$61.54
FEB 28	IMPARK-LOT #00030188 CALGARY AB	\$25.00
MAR 02	IMPARK LOT # 00030215 CALGARY AB	\$10.004
*************	SUBTOTAL OF MONTHLY ACTIVITY	\$1,000.55
	TOTAL NEW BALANCE	\$1,062.12

Valuable Tips to Avoid Risk

Do not lend out your card. Use caution when giving account numbers out to unknown vendors and try to keep the card in your view during transactions. A PIN should never be stored in the same location as your card. Never give out your credit card number or personal information over the phone unless you initiated the call.

IMPORTANT INFORMATION

CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION	Į.
Minimum payment	\$32.00
Payment due date	MAR 30, 2007
Credit limit	\$10,000.00
Available credit	\$8,937.88
Annual interest rate	18.50%

Previous Statement Balance	\$2,224.17
Payments & credits	-\$2,224.17
Purchases & debits	\$1,000.55
Cash advances	\$0.00
Interest	\$61.57
Fees	\$0.00
NEW BALANCE	\$1,062.12





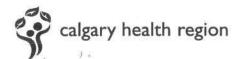
CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATION	ON							
DATE	2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	STED BY (Prin	t)	DEPARTMENT				HONE NO (in full)	
07-03-2		Bueckert			Office of Executive Vice-President, Risk Management & CFO 943-1140				
	Domine	Ducckert		Trisk Wariagein	ient & (010	34	10-1140	
MAKE CI	HEQUE PAY	ABLE TO:							
		-	Royal Bar	nk Visa					
MAILING ADDRESS (for forwarding of cheque)									
Cana	da Post:	Payment Cen	tre, P. O. E	3ox 4016, Station	"A"				
City Toronto Province ON Po						Post	al Co	de _M5W 2E6	
Interof	ffice Mail:	Department							
		Site							
PURPOS	E OF CHEQ	UE REQUEST	Miscellane	eous VISA Expense	es for K	ay Best for Fe	bruary	, 2007	
End	close attach	ed documents	(originals)	with cheque	Also	GST Exe	npt L	_etter -	
CODING 8	AUTHORIZ	ATION							
	Functiona	509							
Non-MIS	Centre (MIS Primar	y) ACCOU	25/2015	AMOUNT	DESC	CRIPTION			
01	7110500000	Contraction of the last of the	the same of the last of the la	\$ 297.38	Miscellaneous parking/taxi fare/car rental & fuel				
01	7110500000	04 624100	000	543.29	on VISA expenses for Kay Best for February/07 Hotel Expenses				
01	7110500000	04 624100	000	159.88	Lunch	Expenses			
01	7110500000	04		61.57	Intere	st			
					GST				
	TOTAL A	MOUNT OF CH	EQUE	\$ 1,062.12	х (CDN US	01	ΓHER	
Authorizat	tion Signature	9	Title		Р	hone Number	er	Site	
Lat	Wh Ala	DA	Executive [Director, Business	94	43-1474		Southport	
Barb Hambl	THE R. P. LEWIS CO., LANSING, SALES, SALES, MICH.		Developme				7	Countries	
ACCOUNT	SPAYABLE	ONLY			5 7 2 5 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-	on Annua		
T4A Cod	e: _				V	endor#			
Cheque Code:					lr	nvoice #			
Sep Cheque:						PO #			
Sort Code:			Red	ecurring Payment: Start Date					
Sep Hnd	Des: _			End Date					
A/P Approval:					# of Pa	ayments		Cycle	



Travel/Education Expense Claim

- Instructions

 Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.

 Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.

 Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).

	See back of form for			gary Freakti Negion e-i	Hair address of maned to	your nome address	s.17(1), $17(4)(g)(i)$	
	Employee Name (Pri	int) /	1 0		Calgary Health Regio	n E-Mail Addres		ployee Number	
	Catheri	ne/K	aul 13	rest	VPS				
	Department/Site		7	1	1	Phone Numb	per Dat	te -	
	Office &	6th	e CF	=0/SP	T	91431-11	14020	07-01-16	
	Tuition Paid To (If tuit	tion to be paid	directly to ins	stitution, use Paymen	t Requisition form #1000	074.)	estination ancou	ver, BC	
	Course Title		/14/5	1 - 0	0	Departure D	(2)	urn Date	
	mtawit	h Par	ther	ShipE	S.C.	2007-03	L-08 201	07-02-09	
	Estimated/Actual E	xpenses	· ·		Actual Expenses P Original Receipts Must	aid by Employ			
Α	Expense	Expense	Exchange	Total Funds	Expense	Expense	Exchange	Total Funds	
c	Description		Rate/GST	(Cdn)	Description		Rate/GST	(Cdn)	
t	Tuition				Tuition only if paid by employee				
u	Air paid by Calgary			07 02277 11				CHR.	
a	Health Region via			1 91				Travel	
1	Calgary Health Region Travel Agent			P59!				1100001	
E	Mileage			O 1,	Mileage			-	
	If travel is by car				If travel is by car				
t	Accommodation			11600	Accommodation			543,29	
i	Meals Based on			1 00	Meals				
m	per diem rate			50					
a	Ground			T000	Ground			511 42	
t	Transport			54	Transport			34,17	
e d	Other (Specify)			50.00	Palking	5		42.00	
	Total			\$32791	Fotal			\$656,87	
	Advance Requested (80% of estimat	ted	(Cdrl) \$	Less Advance or).	\$	
	expenses & advance exc			(Cdn)	Unfunded Portion			(Cdn)	
	Employee Signature			Date	Balance Due To			*Allexpens	
		T 1-	_	n0	☐ Employee		- N		
	1 () A	1101		01-01-39	☐ Calgary Health Re	사건(C) 기는 1년	ched)	chareumed to	
	Departmental Author	rization		Date	Employee Signatur	eb-A		Date OBA	
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8	Out of Province Auth	iorization		Date	Departmental Auth	or reaction		Date	
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				20					
				F					





Account: 11110219463

Arrival: 02/08/07 **Departure:** 02/09/07

Room: 1203 Rate: \$100.00

G.S.T. #R10561 0208 RT0001

BEST, MS KAY

F&B 10% LIQ PST

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

X Town Day						
DATE	ITEN	DESCRIPTION		COMMENT	DEBIT	CREDIT
02/08/07	.1	LONG DISTAN	CE	1203/19:05/2/8006460000	\$0.90	
02/08/07	2	7% PST		7% PST	\$0.06	
02/08/07	3	6% GST		6% GST	\$0.05	
02/08/07	' 4	BACCHUS RE	STAURANT	1203/8891/22:24/BACCHUS REST/	\$331.95	
02/08/07	5	F&B GST		1203/8891/22:24/F&B GST	\$17.22	
02/08/07	- 6	F&B 10% LIQ F	PST	1203/8891/22:24/F&B 10% LIQ PS1	\$14.80	
02/08/07	7	LONG DISTAN	CE	1203/22:56/3/8006460000	\$0.90	
02/08/07	8	7% PST		7% PST	\$0.06	
02/08/07	9	6% GST	Line Disks	6% GST	\$0.05	Salara Do
02/08/07	10	VALET PARKII	NG	VALET PARKING	\$19.00	
02/08/07	11	7% PARKING	TAX	7% PARKING TAX	\$1.33	
02/08/07	12	6% GST		6% GST	\$1.14	
02/08/07	13	ROOM CHARC	SE .	#1203 BEST, MS KAY	\$100.00	
02/08/07	1114	ROOM TAX		ROOM TAX	\$10.00	
02/08/07	15	ROOM GST		ROOM GST	\$6.00	
02/09/07	16	ROOM SERVI	CE	1203/8965/08:15/ROOM SERVICE	\$37.58	
02/09/07	17	F&B GST		1203/8965/08:15/F&B GST	\$2.25	
02/09/07	18	CLASSIC VISA	(CLASSIC VISA	DESTA	\$543.2
GL/GE 67	36				美国联合	
$C_{ij}/(D_i \cdot 1) \times$		1 - E.S.E-		40.40	46.7%	
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The State of the S	***	TAX	\$1.33			
		1400MB	\$1.24		\$6.00	

\$14.80

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RECEIPT
GST NO. R122556194

EXIT No. R122556194

EXIT No. R122556194

A2

EXIT No. R122556194

A2

EXIT No. R122556194

A2

EXIT No. R2/08/07 15:24

IN: 02/08/07 20:50

OUT: 02/09/07 20:50

OUT: 02/
```

THE WEDGEWOOD HOTEL 845 HORNBY STREET VANCOUVER

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

CARD NUMBER EXPIRY DATE CARD TYPE DATE/TIME

4408 VISA 2007/02/09 09:09:59 219463

INVOICE NUMBER RECEIPT NUMBER PURCHASE ADVICE TOTAL AMOUNT

80577324-632-028 2......

\$543.29

U1 APPROVED 027 THANK YOU

082954 AUTH. #

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

CARDHOLDER SIGNATURE

PETRO-CANADA 5111 GRT MCCHONACI RICHMOND BC V6Y 1T7

GST: 680104120 GS1: 680104120 (604) 231-8748 2007-02-09 PC0010299:6812602 15:15

FUEL Pump 1 (L) (\$/L)

Regular

16.927 1.013 17.15*

Total Owed\$ 17.15

(\$)

CREDIT CARD 17,15

Taxes on 16.927 Litres of Regular Fuel FET: \$0.1006/L = \$1.69
PFT: \$0.2050/L = \$3.47
GST: 6.00% = \$0.97
Total Taxes: = 6.13

*TAXES INCL. #TAXES EXCL.

TERMINAL: 016612602 OPER: A

VISA INVOICE 364270 AUTHORIZATION * 064079 s.17(1), 17(4)(e.1)

Thank you

**************** WIN TREE GAS!! for one year

Did you see a Service Hero Loday: Complete a short survey at:

petro-canada.ca/hero Or 1-866-826-7779





APPLICANT COPY Budget Rent a Car of B.C. Ltd.

Contract No: 991730

Renter: BEST, KAY

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

The !

Unit #:

156611

Time Out: 08/02/2007 05:37:00 PM

Kms Out: Time In:

Kms In:

21232

09/02/2007 03:28:17 PM

21281

Location In:

B- 01 YVR Airport

Kms Driven: Est. Fuel Level: FULL

49

Charges:		Unit	
Item	Qty	Price	Charges
Vehicle Rental	ì	37.95	37.95
VLF/AC Tax Re	covery		
	1	1.84	1.84
Location Fee	1	6.96	6.96

Total:

46.75

GST PST PVRT 2.90 3.28

Total:

1.50 7.68

Payments & Refunds:

Amount Owing:

Net Charges & Taxes 54.43 Less Net Payment & Refunds 0.00 Less Amount Billed 0.00 Amount Owing 54.43

The outstanding balance will be collected against the credit card or the direct bill company used to authorize the rental. All amounts in Canadian funds.

Express Recpt Copy: 2 09/02/2007 03:28:17 PM

This is an Express Receipt. Refer to the original contract for complete terms of the agreement. Contract subject to final audit.

** CUSTOMER COPY **

TRANSACTION RECORD

070216/16:36

BANFF EAST GATE BANFF ADMINSTRATION BANFF, AB TOL 000 PARE MALLONAL BANEE BALLUMAL PARK

111111107

A. F. - 9

The transfer and ther

CARD #

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

OP ID: 003

ACCOUNT TYPE: VISA

PURCHASE

123.80

4. . .

REFERENCE #:0007435

TOTAL \$123.80

(001) APPROVED

AUTH #091134

THANK YOU

Total GM/Ps

MF' har and a

Passing the late of the case

123.80

7.61

Gredit

Predit }:35 PM L.W. Yotron POS 123.80

707

RCHANT #: 02424278

GS1#/No de 1PS:P121491807

Brender Hubana

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K Table: 2 Date: 02/21/2007

Time: 13:34

VISA

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

BEST/KAY

AUTH

073464 ONLINE

MERCHANT#

9999

\$25,00

8 2 1 1

AHT ILED

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

7.2.10

ed IDE

Thirtie is

SUBTOTAL \$ 42.40

IF \$ 6 00



** CUSTOMER COPY ** 18

RAPPLICANT COPY Play Syl-mon | Steve Hand WELLINGTONS/OSCARS CAPE

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Gareth

Jerver: dare Table: 1 Date: 02/26/2007

Time: 13:20

VISA

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

DED1/KRI

AUTH MERCHANT#

054423

9999

ONLINE

SUBTOTAL \$ 54.54

IIF \$ 70

TOTAL \$ 6154

** CUSTOMER COPY **

Wellington's/Oscar's Flease pay server. Thank-you. Parti Coner

REDWATE : GRILLE

9223 McLeod Tr South Tel: 403-253 4266 Check: 35578

Serve t.L

Date: 02/23/2007

T_d: (ime: 13:29)

V1 ...

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

DESTURAT AUTH

465

4 (1)

MERCHAGOR

JUJ

SUBTOTAL \$

43.94

1112 \$

6

TOTAL \$

da and

** CUSTOMEL COPY **

Thank restariation of With Us. US: # plep8494 here. VISA FEE

KAY BEST

JUN 29

JUL 01

JUL 07

JUN 08

JUN 09

JUN 09

JUN 09

JUN 12

JUN 12

JUN 14

JUN 14

JUN 16

JUN 19

JUN 27

statement from Jun 10 to Jul 07, 2006 s.17(1), 17(4)(e.1)

PURCHASE INTEREST

WEST JET CALGARY AB

YELLOW CAB EDMONTON AB

ACTIVITY DESCRIPTION

PREVIOUS STATEMENT BALANCE

SUBTOTAL OF MONTHLY ACTIVITY

AUTO STOP VALET & CAR CALGARY AB

ALBERTA CO-OP TAXI EDMONTON AB

ALBERTA CO-OP TAXI EDMONTON AB

IMPERIAL PARKING LOT # 6 CALGARY AB

CALGARY PARKING AUTHORITYCALGARY AB

STD PARK-BANKERS HALL CALGARY AB

SUBTOTAL OF MONTHLY ACTIVITY

PEASEBLOSSOMS LTD CALGARY AB

BROKEN PLATE CALGARY AB

TOTAL NEW BALANCE

AIR CANADA 0142135962296AIRCANADA.CA M

PAYMENT - THANK YOU / PAIEMENT - MERCI

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

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

You could be a winner! / 105707 You could WIN A TRIP TO THE BEIJING 2008 OLYMPIC GAMES! Contest open May 12 - Oct 9, 2006. Visit visaperks.ca for contest rules. No purchase necessary.



CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$34.00
Payment due date	JUL 28, 2006
Credit limit	\$10,000.00
Available credit	\$8,895.58
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

- 30	CALCOLATING TOOK DAL	MINCE	
1000	Previous Statement Balance	\$1,438	.25
	Payments & credits	-\$1,438.25	
	Purchases & debits	\$1,078.31	
7	Cash advances	\$0.00	
	Interest	\$14.11	
)	Fees	\$12.00	90
		25	

NEW BALANCE

\$1,104.42

\$1,078.31 \$1,104.42

AMOUNT (S)

\$1,438.25

-\$1,438.25

-\$1,412.14

\$12.00

\$14.11

\$302.11 V 19.7

\$27.77 V 1.82

\$56.00 V

\$44.00

\$476.52

\$10.00

\$64.20,

\$25.00

\$2.00

\$60.71 3.5

\$10.000

Valuable tips to avoid risk

Do not lend out your card. Use caution when giving account numbers out to unknown vendors and try to keep the card in your view during transactions. A PIN is never to be stored in the same location as your card. Never give out your credit card number or personal information over the phone unless you initiated the call.



<u>CRHA</u>

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

_	NEORMATION						
DATE		D BY (Print	t)	DEPARTMENT			PHONE NO (in full)
06-07-1	7 Bonnie Bue	ckert		Risk Managem		Vice-President,	943-1140
	Donnie Bue	CKCIL		HISK Managen	ient	& C1 C	343-1140
MAKE CH	HEQUE PAYABL	E TO:					
	24/2		Royal Bank	Visa			
		_					
MAILING	ADDRESS (fo	r forwardin	g of cheque	e)			
Cana	da Post: Pa	ayment Cen	tre, P. O. Bo	x 4016, Station	"A"		
	City	y Toronto)	Province	e (ON Postal	Code M5W 2E6
Interof	fice Mail: De	partment					
TREC	CEIVED						
1							
	E OF CHEQUE	REQUEST	Miscellaneo	ous VISA Expense	es for	Kay Best for June,	2006
	MANOL						
End	close attached d	locuments	(originals) v	with cheque	Als	so GST Exemp	ot Letter -
CODING &	AUTHORIZATION	ON					
CODING	Functional	314					
	Centre	ACCOU	NT				
Non-MIS	(MIS Primary)	(MIS Secon	The state of the local division in which the local division in the	AMOUNT		SCRIPTION	
01	71105000004	624100	00	\$953.40		scellaneous taxi, par penses for Kay Best	rking & flights on VISA
01	71105000004	696000	00	60.71			rry Cleveland & Kay Best
01	71105000004	675000	00	64.20	Flo	wers of recognition	for Barb Hambly
01	71105000004	660400	00	26.11	Anr	nual VISA Fee and	interest
					GS	T	
	TOTAL AMOU	JNT OF CH	EQUE	\$1,104.42	х	CDN US	OTHER
Authorizat	tion Signature		Title			Phone Number	Site
Flear,	fair		Executive Dir	ector, Finance		943-0879	Southport
Steve Hardo	NAME AND POST OFFICE ADDRESS OF TAXABLE PARTY.			ootor, r manoo		0.000.0	- Country of the coun
ACCOUNT	S PAYABLE ON	LY					
T4A Cod	e:					Vendor #	
Cheque	Code:					Invoice #	
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Sort Cod			Desi	urring Dayment			
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Sep Hnd	Des:					End Date	
A/P Appr	oval:		016,020		# of	Payments	Cycle

INSERT THIS END UP

CALGARY A

22

AUIM. CODE074417



CALGARY PARKING HORITY

Display th dashboard,

End of parking time 2006

PDM ID: Lot 7-1

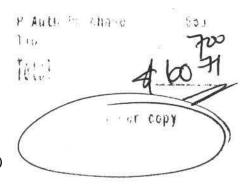
Fee: \$ 2.00

VISA

Ticket #: 11463 s.17(1), 17(4)(e.1)

GST #: 119457869

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



. 23 8

CALL 1 16 121 10

1:1

7.

INSERT THIS END UP

BANKER'S HALL CALGARY AB RECEIPT IN: 15/06/06 07:46 OUT: 15/06/06 12:12 PAID: \$ 25.00 VISA

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

AUTH. CODE REF. AB02196 GST No. R11100230770 GST INCLUDED

- i - ii

From itinerary@westjet.com

Sent Thursday, June 8, 2006 10:06 am

To

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

Cc

Bcc

Subject Your Ticketless Itinerary -Thank you and have a great flight.

WESTJET

5055 11 ST NE

CALGARY, AB T2E 8N4

Agent Number: INET

***** Confirmation Number: T9TMAL *****

Best/Catherine

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

Date Booked:

08JUN06

Modified:

08JUN06

Booked By: Best/Catherine

Welcome Aboard: Catherine Best

Date Flt Depart

Seat Arrive

Stops

Fri 09Jun06 139 CALGARY

6:00am EDMONTON

6:50am 0

Fri 09Jun06 74 EDMONTON 3:53pm

CALGARY 4:44pm 0

Total for 01 guest(s) Fare:

224.00

NAV/INS: CALGARY AIF:

24.00

10.00

EDMONTON AIF:

15.00

ATSC:

9.34

GST/HST: 19.77

Call us Toll Free: 1-800-538-5696

In Calgary: 250-5839

Total

\$302.11 CA

Visit our Website at www.westjet.com

Visa: \$302.11-

Balance Due:

\$0.00 CA

QST#

1202807956TQ0001 Rules and other stuff: 866112535

GST#

* For Domestic Flights: Identification will be checked for adults 16 years of age and older. Please check-in a minimum of

90 minutes prior to scheduled departure. Although we will do our best to assist, guests arriving less than 20 minutes prior

to the scheduled departure may be denied boarding.

- * Check in early and choose your own seat. Use WestJet's Web check-in service from 12 hours to 1 hour before you fly and print
 - your boarding pass before you even get to the airport. Find out more at www.westjet.com.
- * Check yourself in at selected airports using our Self-serve check-in kiosks. Select your seat, print your boarding pass and

drop off your bag. Simply bring your confirmation number (at the top of this itinerary) or a card with your name on it

- (e.g. a credit card) to speed up your check-in experience. Visit www.westjet.com for a full list of kiosk-equipped airports.
- * To check the status of your flight and receive up-to-date flight information, please use our Flight Tracker at www.westjet.com.
- * In Toronto, you'll find WestJet at Terminal 3 at Pearson International Airport.
- * Changes: WestJet flights can be changed up until two hours prior to flight departure. Changes are subject to any upgrade
- in fare, and based on the type of fare being changed, may be subject to a fee of \$40 CAD per person.
- * Cancellations: WestJet flights can be cancelled up until two hours prior to flight departure. All monies paid to WestJet in

the form of fares, fees, surcharges and taxes are non-refundable, but may be placed into a fully transferable WestJet Future

Travel Credit (FTC) valid for one year from the date of cancellation. Guests who cancel on the same day they book, can

choose to have the full amount of their fare (plus fees, surcharges and taxes) placed into a WestJet FTC, or request a refund

to their credit card minus a \$20 plus tax per booking cancellation fee. Guests who cancel after the original date of

booking, will be charged a fee of \$40 plus tax per person, with the remainder placed in a WestJet FTC.

* Some promotional fares may have additional fare rules specified at time of booking; for example, WestJet and Mosaik(R)

Mastercard(R)* Companion flights can not be changed or cancelled.

- * Missed flights are non-refundable and non-creditable.
- * WestJet charges \$1 per basic headset or \$3 per premium headset on all of our flights offering live satellite television. WestJet

encourages you to bring your own headsets, as our live satellite television is compatible with most commercial electronic devices

If you purchase WestJet headsets, please take them home for your own personal use, and remember to bring them with you on your

next WestJet flight. Most of WestJet's aircraft are currently equipped with live seatback television.

* On flights less than 2.5 hours long, light snacks and beverages will be served by our friendly flight attendants. Guests are

also more than welcome to bring their own food onboard. On most flights more than 2.5 hours long, WestJet offers a food

service program called Buy on Board. Food items sold onboard range from \$2 to \$5.

* WestJet's baggage allowance is two checked bags (max wt 32kg/70lb per bag with total length+width+height 155cm /62") plus two

pieces of carry-on baggage which must fit into each of the sizing devices (1 item at 55cmX23cmX40cm / 21.5"X9"X15.5" and 1 item

- a 43cmX16cmX33cm /16.5"X6"X13"; max wt 10kg/ 22lb per piece) per person.
- * In the carriage of baggage, the liability of WestJet in the case of destruction, loss or damage is limited to \$250.00 CAD per

ticket per incident. WestJet assumes no liability for fragile, valuable or perishable articles, including money, jewelry, camera,

video and electronic equipment, silverware, negotiable instruments, business documents,

samples, paintings, antiques, furs,

manuscripts or similar items contained in checked or unchecked baggage, or if damage results from the inherent defect, quality or

vice of the baggage. Guests may be asked to complete a Luggage Liability Release Form upon checking such items in. WestJet does

not compensate for zippers, scuffs, scratches, nicks, dents, missing straps, feet, clips and wheels, exterior tube handles, or

similar damage attributable to normal wear and tear. Damage resulting from a suitcase being over-packed or overweight is not

covered. Please inform us of any loss or damage to luggage within 1 hour of your arrival.

* Carriage is subject to the applicable tariffs, conditions of carriage and related regulations available at the office of the

carrier. Carriage hereunder is subject to the rules and limitations relating to liability established by the Warsaw Convention.

* Most Airport Improvement Fees (AIF) are collected by WestJet at the time of booking. The Moncton AIF is collected at the airport

upon departure.

- * GST (7%) is collected on all flights.
- * HST (15%) is collected for flights/services out of Atlantic Canada.
- * QST (7.5%) is collected for flights/services out of Quebec.
- * A Security Tax (Air Traveller's Security Charge) of \$4.68 CAD (plus GST or HST) per person, per one way flight, is collected on all flights.
- * A Nav Canada/Insurance Surcharge is collected on all flights.
- * Remember if you booked online and entered your AIR MILES(R) Collector Number, the reward miles you earned for this transaction

will be credited to your Collector Account within two to four weeks of when your travel is completed.

- * Visit www.airmiles.ca or call AIR MILES at 1-888-AIR-MILES (1-888-247-6453) for details about your collector account.
- * WestJet is pleased to offer further travel assistance with the following list of our preferred partners and their toll free

numbers. Contact them today for services across North America.

Budget Car & Truck Rental

1-800-220-0485

National Car Rental

1-888-354-2322

Ramada Hotels

1-866-511-2777

Travelodge Hotels

1-866-860-0285

* Don't forget to pack your insurance while travelling. Purchase travel insurance offered by RBC Travel

Insurance Company by calling 1-866-812-3935 or online at www.westjet.com. WestJet is not offering insurance or

acting as the agent of RBC Insurance.

Itinerary/Receipt

AIR CANADA

Sorry...

Your booking is confirmed. Not all your seating and meal preferences or your special needs could be confirmed. If you wish to preferences, please contact Air Canada Reservations for assistance. (68004)

Your booking is confirmed.

Please print this itinerary/receipt for your reference.

Thank you for choosing Air Canada and we look forward to welcoming you on board.

Booking	Reference:	PVIES	E				Custo	mer Care					
Electroni	c Ticketing c	onfirmed. T	his is your o	fficial itin	nerary/re	ceipt.	Aircana Assistar 1-888-7		site				
Main Contact: Ms Catherine Best						therine Best				Contact:			
Online S	ervices	s.17(1), 17(4)(g)((i)			Flight A Departu 1-888-42						
Alert iFlight	ge my booking me of flight sta Arrivals & De -in online and	tus changes	directly to my check online it	email, pa	age or mol	bile phone.							
			* Car	n my book	ing be cha	inged online?	α						
light I	tinerary												
Flight	From		То		Stops	Duration	Aircraft	Fare Type	Meal*				
AC8132	Calgary (Y Fri 09-Jun 2 07:30		Edmonton (Fri 09-Jun 20 08:26		0	0hr56	DH1	Tango					
AC1173	Edmonton Fri 09-Jun 2 16:00		Calgary (YY) Fri 09-Jun 20 16:48		0	0hr48	320	Latitude					
assen	ger Inforn	nation											
Passenge	er 1: Adult												
lame:	Ms Cat	therine Bes	t	Frequent	Flyer Pgm	: Air Canad	la Aeroplar	T.					
	nber: 01421			Program I		Wind Transport Conf.	s.	17(1), 17(4	4)(g)(i				
	rence: Regula	ar		Special N	eeds:	None		•	,				
eat Selec Credit Card	tion: None d:		S.	.17(1). 1	7(4)(e.1	1)							
				- (/, -	()(:::	<u>'</u>							
		ry											

Grand Total - Canadian Dollars	\$ 476.52
RBC Travel Insurance (declined)	0.00
Total airfare (1 passenger)	476.52
Number Of Passengers	1
Total airfare (per passenger)	476.52
Canada Goods and Services Tax (GST/HST #10009-2287)	31.17
Canada Security Charge	9.35
Taxes, Fees and Charges Canada Airport Improvement Fee	25.00
Navcan and Surcharges	24.00
Flight 2 - Returning airfare (Latitude)	251.00
Flight 1 - Departing airfare (Tango)	136.00

Fare Rules

Latitude

- Tickets are fully refundable and non-transferable.
- Changes and cancellations can be made up to 2 hours prior to departure. Changes are permitted and a change fee does not apply. However, when the original booking code is not available, the ticket will require an upgrade resulting in a higher fare. Changes can be done on the Web site, while cancellations must be done by calling Reservations.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Advance Seat Selection permitted at no charge.
- · Same day standby is permitted at no charge.
- Within Continental North America, a complimentary snack selection will be offered on short haul flights between 1.5 and 2 hours; and a complimentary snack and sandwich selection will be offered on flights of more than 2 hours.

Tango

- Tickets are non-refundable and non-transferable.
- Changes are permitted as follows:
 - Prior to day of departure CA\$40 / GBP 20 / US\$34 plus taxes and any fare difference if applicable. Day of departure:
 - At the airport CA\$150 / US\$120 plus applicable taxes (no charge for fare difference) for same day flights only.
 - By calling Reservations or on the Web site CA\$40 / GBP 20 / US\$34 taxes and any fare difference if applicable.
 - A higher fare could apply in addition to the change fee.
- Changes and cancellations can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a CA\$40 / GBP 20 / US\$34 change fee per direction, plus taxes and any fare difference if applicable, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance.
- · Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who no-show their flight will forfeit the fare paid.
- Paid Advance Seat Selection available for CA\$15/GBP 7/US\$12 (plus taxes) per passenger for oneway flight from origin to destination including connections.
- Same day standby is not permitted for travel within Canada and Canada USA travel.

Please read important information regarding the general conditions of carriage.

Important Information

Please review this itinerary/receipt and should you have any questions, please call 1-888-712-7786 within 24 hours of receipt of this itinerary/receipt.

Travel Documents

All passengers 16 years of age and older are required to present government issued photo-id (ie: passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Carry-On Baggage Policy

Oversized carry-on bags cause many flight delays, so don't forget to confirm your allowance before your trip. Air Canada will be strictly enforcing the carry-on baggage policy effective immediately. Items, which fall within the 2-piece carry-on allowance, include: Carry-on bags or suitcases (wheels and handles included in the size), briefcases, Laptop computers, diaper bags, camera cases, cartons or other similar items. Learn more about Carry-On Baggage restrictions.

	Maximum Size	Maximum Weight
1 standard article	23cm x 40cm x 55cm 9" x 15.5" x 21.5"	10 kg 22 lbs
personal article	16cm x 33cm x 43cm 6" x 13" x 17"	10 kg 22 lbs

Checked Baggage Policy

Air Canada and its regional carrier allow each customer to bring two pieces of luggage in Hospitality Service and three pieces in Executive Class/Executive First at no charge. Learn more about Checked Baggage restrictions.

	Maximum overall measurement (Lenght + Width + Height)		Maximum Weight
Hospitality Service	158cm 62"	23 kg 50 lbs	Bags weighing between 24kg - 32kg (51 lbs - 70 lbs) will be subject to excess fees payable at the airport.
Executive Class Executive First	158cm 62"	32 kg 70 lbs	Total weight of the three bags must not exceed 69kg (150lbs).

Note that checked baggage above 32 kg (70 lbs) will not be accepted.

Flight Confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your flight status **online** at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Schedule Change

If a schedule change occurs more than 48 hours prior to departure, the main contact will be notified by email. If a schedule change occurs within 48 hours of departure, the main contact will be notified by phone.

Travel Insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance offered by Air Canada and underwritten by RBC Travel Insurance Company by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Travel insurance purchased is solely and directly offered, provided and underwritten by RBC Travel Insurance Company ("RBC"). Air Canada expressly disclaims any responsibility in regard to any travel insurance purchased by the customer from RBC Insurance.

Check-in and Boarding Times

We recommend allowing plenty of time at the airport for check-in, especially if you have baggage and for security checks. You must obtain your boarding pass and check in any baggage by the check-in cut-off time shown below. You must also be available for boarding at the boarding gate by the cut-off time

shown below. Failure to meet the boarding gate cut-off time may result in the loss of your assigned seat, the cancellation of your reservation, and your ineligibility for denied boarding compensation.

	Check	:-in	Boarding Gate
	Recommended	Cut-off time	Cut-off time
Within Canada	60 min.	30 min.	20 min.
To/from USA	90 min.	45 min.	20 min.
To/From international	120 min.	60 min.	30 min.
Exceptions:			
From Beijing and Shanghai	150 min.	60 min.	30 min.
From Delhi	210 min.	60 min.	30 min.
From Tel Aviv	180 min.	60 min.	30 min.

Travel Info

Visit our **Travel Info** section at aircanada.com to find all the information youll need to plan your trip. Learn more about travel documents, baggage information, health tips, Maple LeafTM Lounges and a preview of onboard meals and entertainment.

links

Manage my booking online:

http://www.aircanada.com/mybookings http://www.aircanada.com/flightstatus

Flight Departure & Arrivals:

General conditions of carriage: http://www.aircanada.com/conditionsofcarriage

Travel Information

http://www.aircanada.com/travelinfo

	s.17(1), 17(4)(e.1)		s.17(1), 17(4)(g)(i)					
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Royal Bank

APPLICANT COPY

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

STATEMENT FROM MAY 10 TO JUN 09, 2005 $s.17(1),\ 17(4)(e.1)$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	s.17(1), 17(4)(e	1)
MAY 17	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,988.57
JUN 09	PURCHASE INTEREST	\$26.68
	SUBTOTAL	-\$1,961.89
	s.17(1), 17(4)(e.1)
MAY 06	CALGARY PARKING AUTHORITYCALGARY AB	\$6.00 V
MAY 12	ALBERTA SECURITIES COM EDMONTON AB	\$370.00
MAY 16	WELLINGTONS CALGARY AB	\$49.23 1
MAY 20	AMAZON.CA AMAZON.CA ON	\$44.59 V
MAY 27	CALGARY PARKING AUTHORITYCALGARY AB	\$13.00 🗸
MAY 30	CALGARY PARKING AUTHORITYCALGARY AB	\$13.00
MAY 31	FOUR SEASONS HOTEL VANCOUVER BC	\$188.49
MAY 31	BLACK TOP CAB VANCOUVER BC	\$32.60
MAY 31	CALGARY AIRPORT AUTHORITYCALGARY AB	\$32.00
MAY 31	AIR CANADA 0142126700736WINNEPEG MB	\$53.50
JUN 02	AIR CANADA 0142126700736WINNEPEG MB	\$160.50 · ~
JUN 04	BROKEN PLATE CALGARY AB	\$51.48
JUN 05	STAPLES/BUSINESS DEPOT CALGARY AB	\$68.23
	SUBTOTAL	\$1,082.62

Travelling within Canada?

Look no further! The Visa Savings Passport is your ticket to incredible deals, available only to Visa cardholders. Visit visa.ca/travel & download hundreds of hotel, dining & attraction offers to Canada's top destinations such as Whistler, Vancouver, Calgary, Toronto, Ottawa & Montreal!

Save in store and online 902366

Save when using your RBC Royal Bank Visa card on selected purchases at Hertz, Lasik Eye Centres, Online Fresh Flowers, Uni-Pro and the Specialist. For a list of discounts visit www.rbcroyalbank.com/cards/rbcrewards/ discountsavings.

IMPORTANT INFORMATION

1-800-769-2512 Customer Service / Lost & Stolen (416) 974-7780 **Collect Outside North America**

PAYMENT INFORMATION

JUN 30, 2005
\$10,000.00
\$8,215.43
18.50%

Previous statement balance	\$2,663.84
Payments & credits	-\$1,988.57
Purchases & debits	\$1,082.62
Cash advances	\$0.00
Fees	\$0.00
Interest	\$26.68

\$1,784.57 **New balance**







CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE IN	NFORMATIC	N					
DATE	REQUESTED BY (Print)			DEPARTME		Was Brasidan	PHONE NO (in full)
05 06 20	Bonnie Bueckert				Office of Executive Vice-President, Risk Management & CFO		943-1140
05-06-20 Dolline Buckert							
MAKE CH	MAKE CHEQUE PAYABLE TO: Royal B				Ì	RECE	ED
MAILING	ADDRESS	(for forward	_			JUN ~	י יחיזה
Canad	la Post:	Payment C	entre, P. O.	Box 4016, Stati	on "A"		
		City Toro	nto	Prov	ince <u>C</u>	N E Prostal	Chie EM5W 2E6
Interoff	ice Mail:	Department					
		Site					
		J.1.0					
PURPOSE	OF CHEQ	UE REQUES	T Miscella	neous Expenses	for Kay E	Best for May/June	2005 - VISA
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L.J End	lose attach	ea aocumer	its (original	s) with cheque	Als	so GST Exem	pi Leilei -
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01	01 71105000004 62410000		10000	\$ 1,109.30 Miscellaneous Expenses for Kay Be May/June 2005 - VISA			
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					GS	T	
	TOTAL A	MOUNT OF	CHEQUE	\$ 1,109.3	0 x	CDN US	OTHER
Authorizat	ion Signatur		Title		•	Phone Number	Site
	1			ice-President and A	dvisor,	943-1180	Southport
Dr. Bob John		= ONL V	Patient E	xperience			
ACCOUNT	S PAYABLI		<u> </u>				
T4A Coc	⊕⊞•4 4 885 89 89 89 89 89	+ 3.88	17(4)(e.	THINGS FOUR PATENCE FOR THANK YOU FOR YOUR PARKING AUTHORITY Tel. (403) 537-7000 www.calgaryparking.com		Vendor #	
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Sort Co	7:10 00 00 00 00 00 00 00 00 00 00 00 00 0	#	s.1′	THIS IS THE RECEIPT YOU FOR YOUR DAI LICARY PARKING AU (403) 537-7000 www.calgary	nt:		
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A Look at Newly Released Requirements for Public Enterprises Securities Laws and Financial Reporting Standards Eighth Annual ASC Chief Accountant's Conference 2005

Wednesday and Thursday, June 22–23, 2005, Sheraton Suites Eau Claire, Calgary

THE RESERVE TO THE PROPERTY OF
Cost of Conference is \$370 (GST included) per person. This includes continental breakfast, lunches, refreshment breaks and dinner at the Calgary Golf & Country Club.
Complete the form below and mail it with your cheque, money order or credit card number and expiry date to:
Chris Courtland/Gregory Osmond, Alberta Securities Commission 4th Floor, 300 - 5th Avenue SW Calgary AB T2P 3C4 Fax (403) 297 - 2082
Last Name BEST
First Name Catherine (Kay)
Company Name Calgary Health Region
Title/Position Executive VicePresident Risk MaintaCFC
Mailing Address 10101 Southport Road S.W.
City/Province Colgainy, A13
Postal Code T2W 3N2
Telephone Business (403) 943 - 1140
E-mail Address Kay, best@calgaryhealthregion.ca
Method of Payment Cheque or money order made payable to: ASC June 2005 Conference
Cheque Visa Money Order MasterCard
Credit Card Number
Expiry Date s.17(1), 17(4)(e.1)
CardHolder's Name Kay 15 est
Signature DAN POTA
Date 05-04-22
The dining capacity at the Calgary Golf & Country Club is limited to 210 people. The capacity of the Sheraton Suites Eau Claire is limited to 250 people in a classroom style setting. If there are more requests to attend the dinner than available places, the ASC will allocate the spots at the Calgary Golf & Country Club. We will attempt to refund the cost of the evening event for those who indicate on this form that they cannot attend – see box below. I DO NOT WISH TO ATTEND THE EVENING EVENT AT THE CALGARY GOLF & COUNTRY CLUB ON JUNE 22, 2005. Due to the limited number of available places, the ASC reserves the right to make allocations. There is no refund for monies paid but the ASC will attempt to assist the registrant to find a replacement if, prior to the conference, the registrant is unable to attend.

Invoice for/Bon de livraison pour rtdq37401 May 18, 2005 APPLICANT COPY



http://www.amazon.ca

Amazon.ca c/o Assured Logistics 6110 Cantay Rd. Mississauga, ON L5R 3W5 Canada July Nos



Billing Address/Adresse de correspondance: Kay Best

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

Shipping Address/Adresse d'expédition: Kay Best

Invoice and Receipt for/Facture et bon de livraison pour

Your order of/Votre commande du: May 18, 2005 Order ID/N° commande: 702-6314837-6696028

Invoice number/ N° bon de livraison rtdq37401 May 18, 2005

Quantity/Quantité	Item/Article	Description/Description	Our Price/Notre prix	Total/Tota
1	Boards that Deliver: Advancing Corporate Governance From Compliance to Competitive Advantage Charan, Ram - 0787971391 29-33-03C	hardcover	\$28.69	\$28.69
		Subtotal/Sous-total		\$28.69
		Shipping and Handling/Fra	ais de port	\$12.98
		Order Total/Montant total		\$44.59
		Paid via/Payé par Visa		\$44.59
		Balance Due/Montant d	û	0.00

This shipment completes your order.

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

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

Returns are easy -- even for gifts! Visit http://www.amazon.ca/returns for more information.

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!

Retourner un article: rien de plus facile, même s'il s'agit d'un cadeau! Visitez http://www.amazon.ca/returns pour plus d'information.

Amazon.com.ca, Inc. 1200 12th Ave S, Seattle, WA 98144-2712

GST Registration Number/Nº enregistrement TPS 85730 5932 RT0001



35



FOUR SEASONS HOTEL

Tancour

791 West Georgia Stroet. , ancouver, British Columbia, V6C 2T4 (6C4) 689-9333

Kay Best Calgary Health Region 10101 Southport Rd SW

Calgary, AB T2W 3N2 Ck-Out

1702 014059

MON MAY30,05 TUE MAY31,05

Date	Reference	Description		
MAY30	Garden Terrace	0185/ NORMAN	30.45+	
MAY30	Garden Terr GST	0185/ NORMAN	1.79+	
MAY30	Internet-Wayport		17.12+	
MAY30	Room Service	0258/ RAMON	9.75+	
MAY30	Room Serv GST	0258/ RAMON	.68+	
MAY30	Room Charge	Rm 1702	110.00+	RE
MAY30	Room PST	Rm 1702	11.00+	RE
MAY30	Room GST	Rm 1702	7.70+	RE
MAY31	Visa		188.49-	NB

		Tax	(GST)	Summary	R122843998
C	F &	: B	-	2.47+	
D	Roo	m	-	7.70+	
F		Waypor	ct	1.05+	

Total

11.22+

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

VS Travel Agent:

.00

MAY31,05 14:02 36

NB

Departure Date



Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please print this itinerary / receipt for your reference.

Main Contact Information

Name:

Ms Catherine Best

E-mail

KAY.BEST@CALGARYHEALTHREGION.CA

Credit card:

CCAX

CC VI

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

Electronic Ticketing confirmed.

This is your official itinerary/receipt.

Customer Care

Air Canada Reservations

1-888-247-2262

Air Canada Flight Information

Booking reference: KG4SJV

1-888-422-7533

On the web

www.aircanada.com

Alert me of flight changes

Flight notification

Flight Itinerary

Flight	From	То	Aircraft	Booking class	Status
AC213	Calgary (YYC) Mon 30-May 2005 13:10	Vancouver (YVR) Mon 30-May 2005 13:37 - TERMINAL M -MAIN	320	R	Confirmed
AC224	Vancouver (YVR) Tue 31-May 2005 19:15 - TERMINAL M -MAIN	Calgary (YYC) Tue 31-May 2005 21:38	320	N	Confirmed

Passenger Information

Passenger 1

Name:

Ms Catherine Best

Ticket number:

014 2126 700736

Frequent Flyer Pgm:

Air Canada Aeroplan

Program number:

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

Fare Summary



Passenger: 1 Ticket number 014 2126 700736

Date of issue

Fare Amount in Canadian dollars:

(including Navcan & Surcharges)

Taxes & Fees

Canada Goods and Services Tax (GST/HST #10009-2287) (XG) Combined Taxes (XT)

Total Fare

Options

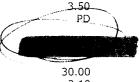
canada Goods and Services Tax (GST/HST #10009-2287) (XG)

Total Options

Ticket particularities: AC ONLY/NON-REF/CHGE FEE NON-REFUNDABLE AB CALGARY HEALTH REGION

Grand Total in Canadian dollars:

29-May 2005 399.00



30.00 2.10 32.10



Fare Rules

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a Non-Refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.

Please read important information regarding the general conditions of carriage.

What else can we help you with?

Rent a car

Need a car during your trip? Find out how you can earn Aeroplan Miles while you drive by visiting our online partner <u>Destina.ca</u>.

Find a Hotel

Check here for all accomodations, from budget-priced to luxury, by visiting our online partner <u>Destina.ca</u>.

Important Information

- Web check-in
- Express Check-in
- Baggage Information

All passengers 16 years of age and older are required to present government issued photo-id (ie:passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this itinerary/receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Please review this Itinerary/Receipt and should you have any questions, call us within 24 hours of receipt of this itinerary/receipt. In addition, for flight arrival/departure information or to make changes to your reservation, please call 1-888-247-2262 or consult your local telephone directory.

Air Canada, Destina.ca and RBC Travel Insurance Company are combining their expertise to offer Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourselfor with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance by

A16050

Leveti	RECEIPT NO. R12255619	34
	XIT No. 41 IN: 25/22/25 12:32 OUT: 25/31/25 19:26 DURATION: 1 26:38 PAID: \$ 22.22 CREDITCARD s.17(1), 17(4)(e.1) AUTH. CODE 296687 REF. THANK YOU FOR YOUR VISIT	~~
6°° 4923	Calgary International Airport Pa	arkade
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DO NOT WRITE IN THIS AREA	AUTH NO. CARNO AM VOUCHER NO/SHIP NAME INCOMPLETE CHARGES WILL BE RETURNED DESCRIPTION AMOUNT FARE DESCRIPTION AMOUNT	
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RBC Royal Bank

Protect yourself when traveling

Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM MAY 10 TO JUN 09, 2006 s.17(1), $17(4)(e.1)_{1 \text{ OF } 1}$

APPLICANT COPY

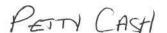
\$1,438.25

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$2,296.58
	s.17(1), 17(4)(e	2.1)
JUN 09	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$2,296.58
JUN 09	PURCHASE INTEREST	\$49.03
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	-\$2,247.55
	s.17(1), 17(4)(e	.1)
MAY 10	EARL'S CGY TIN PALACE CALGARY AB	\$114.25
MAY 10	BONTERRA RESTAURANTS CALGARY AB \$247	
MAY 11	MCCARTHY TETRAULT LLP CALGARY AB \$32.	
MAY 12	BRAVA BISTRO CALGARY AB \$285.	
MAY 17	WELLINGTONS CALGARY AB \$59.	
MAY 24	WELLINGTONS CALGARY AB	\$55.76/
MAY 30	CALGARY AIRPORT AUTHORITYCALGARY AB	\$18.00,
MAY 30	BUDGET RENT A CAR VANCOUVER BC \$46.8	
MAY 30	METROPOLITAN HOTEL VANCOUVER BC	\$28.00 -
MAY 31	AIR CANADA 0142135676766WINNIPEG MB	\$501.83
	SUBTOTAL OF MONTHLY ACTIVITY	\$1,389.22

The Search is on!

Nominate your favourite women entrepreneur for the 2006 RBC Canadian Woman Entrepreneur Awards! Go to www.rbcroyalbank.com/sme/women for a Nomination Form and Insider Tips from previous winners. Deadline for nominations is July 31, 2006.

TOTAL NEW BALANCE



IMPORTANT INFORMATION

1-800-769-2512
(416) 974-7780

PAYMENT INFORMATION		
Minimum payment	\$44.00	
Payment due date	JUN 30, 2006	
Credit limit	\$10,000.00	
Available credit	\$8,561.75	
Annual interest rate	18.50%	

Ī	Previous Statement Balance	\$2,296.58
	Payments & credits	-\$2,296.58
	Purchases & debits	\$1,389.22
	Cash advances	\$0.00
	Interest	\$49.03
	Fees	\$0.00
	NEW BALANCE	\$1,438.25



41



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATI	ON					
DATE	2000 2000 2000	ESTED BY (Prin	t)	DEPARTMENT		PHONE NO (in full)	
06-06-1	6 Bonnie	e Bueckert		Office of Execu Risk Managem	utive Vice-President, ent & CFO	943-1140	
		Daconcit		Thon manage	ciit a oi o	070 1170	_
MAKE CHEQUE PAYABLE TO:							
			Royal Bank	Visa			_
MAILING	ADDRESS	(for forwardir	ng of cheque	e)			
Cana	da Post:	Payment Cen	itre, P. O. Bo	ox 4016, Station '	"A"		
		City Toronto)	Province	ON Posta	al Code M5W 2E6	
Intero	ffice Mail:	Department				FORWE	
		Site				LICEIVE	
PURPOS	E OF CHEQ	UE REQUEST	Miscellaneo	ous VISA Expense	s for Kay Best for May	JUN 2 1 2006	
П _Е	-144		(! - ! ! -) - ·			POLE PROPERTY OF	
	close attach	ed documents	(originals) v	with cheque	Also GST Exem	not Letter AIVCE	1
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	Functiona Centre	ACCOU	INIT				
Non-MIS	(MIS Prima		25 (25.00)	AMOUNT	DESCRIPTION		
01	711050000	and the later with th		\$1,438.25		Expenses for Kay Best for	
					Way 2000		
					GST		
	TOTAL A	MOUNT OF CH	EQUE	\$1,438.25	x CDN US	OTHER	
Authoriza	tion Signatur	e	Title		Phone Number	r Site	7-
Joanne Stal	Sta	len	Senior Vice-F	President, Wellness	943-1161	Southport	
	SPAYABLE	ONLY					
T4A Cod	le:	(49)			Vendor #		
Cheque	Code:				Invoice #		
Sep Che	que: _				PO #		
Sort Cod	le: _		Recu	ırring Payment:	Start Date		
Sep Hnd	Des:				End Date		
A/P Approval:				#	of Payments	Cycle	

McCarthy Tétrault

Memorandum

May 17, 2006

From: Judy Morris

Re: Institute of Corporate Directors Breakfast - Credit Card Receipt

McCarthy Tétrault LLP Suite 3300, 421-7th Avenue S.W. Calgary AB T2P 4K9 Canada

Telephone: 403 260-3500



Attached please find a receipt for the credit card transaction charging your breakfast fees on Monday, May 8, 2006.

Please do not hesitate to contact me should you have any questions concerning this receipt.

Regards

Judy Morris
Assistant to Richard A. Shaw, Q.C.
McCarthy Tétrault LLP
Telephone: (403) 260-3635
e-mail: jmorris@mccarthy.ca

AIR CANADA

APPLICANT COPY

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please print this itinerary / receipt for your reference.

Main Contact Information

Booking reference: P4REYI

Name:

Ms Catherine Best

E-mail

KAY.BEST@CALGARYHEALTHREGION.CA

Form of payment:

CCAX

CC VI

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

Electronic Ticketing confirmed.

This is your official itinerary/receipt.

Customer Care

Air Canada Reservations

1-888-247-2262

Air Canada Flight Information

1-888-422-7533

International Reservations

Alert me of flight changes

Flight notification

Flight Itinerary

Flight	From	То	Aircraft	Booking class	Status
AC207	Calgary (YYC)	Vancouver (YVR)	321	С	Confirmed
	Tue 30-May 2006	Tue 30-May 2006			
	10:00	10:25 - TERMINAL M -MAIN			
AC224	Vancouver (YVR)	Calgary (YYC)	319	J	Confirmed
	Tue 30-May 2006	Tue 30-May 2006			
	19:00 - TERMINAL M -MAIN	21:20			

Passenger Information

Passenger 1

Name:

Ms Catherine Best

Ticket number:

014 2135 676766

Frequent Flyer Pgm:

Air Canada Aeroplan

Program number:

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

Fare Summary

Passenger: 1 Ticket number 014 2135 676766

Date of issue

30-May 2006



Fare Amount in Canadian dollars:

826.00

(including Navcan & Surcharges)

Taxes & Fees

Canada Goods and Services Tax (GST/HST #10009-2287) (XG) Combined Taxes (XT)

32.83 PD

Total Fare in Canadian dollars:

501.83A

Ticket particularities: AC ONLY

Fare Rules

- Voluntary changes and cancellations depend on whether or not you have specifically declined this option. If they are permitted, the change may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip
 cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we
 will try to accommodate you in a comparable seat in the same class of service and will refund any applicable fees.

Important Information

This is your E-ticket itinerary/receipt. Keep this document for your travel. Your flight coupons are stored in our reservation system. The Conditions of Contract and other legal notices are provided with this itinerary/receipt.

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt of this itinerary/receipt.

Travel Documents

All passengers 16 years of age and older are required to present government issued photo-id (ie:passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this itinerary/receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Baggage Information

Air Canada and its regional carrier allow each customer to bring two pieces of luggage in Hospitality Service and three pieces in Executive Class/Executive First at no charge. The overall measurement of each piece (length + width + height) must be less than 62 inches (158 cm). In Hospitality Service, each piece must weigh less than 50 lbs (23 kg), bags weighing between 51 lbs - 70 lbs (24 kg - 32 kg) will be subject to excess fess payable at the airport. In Executive Class/Executive First Service, each piece must weigh less than 70 lbs (32 kg) and the total weight of the three bags must not exceed 150 lbs (69 kg). Note that checked baggage above 70 lbs (32 kg) will not be accepted. The baggage allowance rules stated above do not apply to passengers who have specifically declined the checked baggage option. Learn more about Carry-on Baggage and Checked Baggage restrictions.

Flight Confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your flight status <u>online</u> at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Travel Insurance

Air Canada and RBC Travel Insurance Company are combining their expertise to offer Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance by visiting www.aircanada.com/insurance or by calling 1-866-530-6021. To make sure you get the best possible protection, it's best to purchase insurance when you book your trip.



American travellers - if you are a resident of the United States and are interested in purchasing travel insurance, please call 1-800-835-7566 to be referred to an insurance specialist who can help you purchase the proper protection.

Check-in and Boarding Times

We recommend allowing plenty of time at the airport for check-in, especially if you have baggage and for security checks. You must obtain your boarding pass and check in any baggage by the check-in cut-off time shown below. You must also be available for boarding at the boarding gate by the cut-off time shown below. Failure to meet these cut-off times may result in the loss of your assigned seat, the cancellation of your reservation and your ineligibility for denied boarding compensation.

Check-in		Boarding Gate	
Recommended	Cut-off time	Cut-off time	
60 min.	30 min.	20 min.	
90 min.	45 min.	20 min.	
120 min.	60 min.	30 min.	
150 min.	60 min.	30 min.	
210 min.	60 min.	30 min.	
180 min.	60 min.	30 min.	
	Recommended 60 min. 90 min. 120 min. 150 min. 210 min.	Recommended Cut-off time 60 min. 30 min. 90 min. 45 min. 120 min. 60 min. 150 min. 60 min. 210 min. 60 min.	

Travel Info

Visit our <u>Travel Info</u> section at aircanada.com to find all the information you'll need to plan your trip. Learn more about travel documents, baggage information, health tips, Maple LeafTM Lounges and a preview of onboard meals and entertainment.

International Travel

All airlines, including Air Canada are required by new security laws in the U.S. and several other countries to give border control agencies access to passenger data. Accordingly, any information we hold about you and your travel arrangements may be disclosed to customs and immigration authorities of any country in your itinerary.

NOTICE - SOLD SUBJECT TO TARIFF REGULATIONS

If your journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carriers for death or personal injury and in respect of loss of or damage to baggage. See also notices headed "Advice to International passengers on limitation of liability" and "Notice of baggage liability limitations".

Carrier reserves the right to refuse carriage to any person who has acquired a ticket in violation of applicable law or carrier's tariffs, rules or regulations.

OVERBOOKING NOTICE

Airline flights may be overbooked, and there is a slight chance that a seat will not be available on a flight for which a person has a confirmed reservation. If the flight is overbooked, no one will be denied a seat until airline personnel first ask for volunteers willing to give up their reservation in exchange for a payment of the airline's choosing. If there are not enough volunteers, the airline will deny boarding to other persons in accordance with its particular boarding priority. With few exceptions, persons denied boarding involuntarily are entitled to compensation. The complete rules for the payment of compensation and boarding priorities are available at all airport ticket counters and boarding locations.

NOTICE OF BAGGAGE LIABILITY LIMITATIONS

Liability for loss, delay or damage to baggage is limited unless a higher value is declared in advance and additional charges are paid. For travel wholly between points in Canada, the liability limit is \$1,500 CAD per passenger. For most international travel (including domestic portions of such journeys), the liability limit is approx. \$9.07 USD per pound (\$20 USD per kilo) for checked baggage and \$400 USD per passenger for unchecked baggage. Special rules may apply to fragile, valuable or perishable articles. For further information, please consult your carrier.

ADVICE TO INTERNATIONAL PASSENGERS ON LIMITATION OF LIABILITY

Passengers on a journey involving an ultimate destination or stop in a country other than the country of origin are advised that the provisions of a treaty known as the Warsaw Convention may be applicable to the entire journey, including any portion entirely within the country of origin or destination. For such passengers on a journey to, from, or with an agreed stopping place in the United States of America, the Convention and special contracts of carriage embodied in applicable tariffs provide that the liability of certain carriers, parties to such special contracts for death of or personal injury to passengers is limited in most cases to proven damages not to exceed U.S. \$75,000 per passenger, and that this liability up to such limit shall not depend on negligence on the part of the carrier.



For such passengers travelling by a carrier not a party to such special contracts or on a journey not to, from, or having an agreed stopping place in the United States of America, liability of the carrier for death or personal injury to passenger is limited in most cases to approximately U.S. \$10,000 or U.S. \$20,000.

The names of carriers, parties to such special contracts, are available at all ticket offices of such carriers and may be examined on request.

Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under the Warsaw Convention or such special contracts of carriage. For further information, please consult your airline or insurance company representative.

NOTE: The limit of liability of U.S. \$75,000 above is inclusive of legal fees and costs except that in case of a claim brought in a state where provision is made for separate award of legal fees and costs, the limit shall be the sum of U.S. \$58,000 exclusive of legal fees and costs.

CONDITIONS OF CONTRACT

- 1/ As used in this contract, "ticket" means this passenger ticket and baggage check, or this itinerary/receipt if applicable, in the case of an electronic ticket, of which these conditions and the notices form part, "carriage" is equivalent to "transportation", "carrier" means all air carriers that carry or undertake to carry the passenger or his baggage hereunder or perform any other service incidental to such air carriage, "electronic ticket" means the itinerary/receipt issued by or on behalf of carrier, the electronic coupons and, if applicable, a boarding document. "Warsaw Convention" means the Convention for the Unification of Certain Rules Relating to International Carriage by Air signed at Warsaw, 12th October 1929, or that Convention as amended at The Hague, 28th September 1955, whichever may be applicable.
- 2/ Carriage hereunder is subject to the rules and limitations relating to liability established by the Warsaw Convention unless such carriage is not "international carriage" as defined by that Convention.
- 3/ To the extent not in conflict with the foregoing, carriage and other services performed by each carrier are subject to: (i) provisions contained in this ticket, (ii) applicable tariffs, (iii) carrier's conditions of carriage and related regulations which are made part hereof (and are available on application at the offices of carrier), except in transportation between a place in the United States or Canada and any place outside thereof to which tariffs in force in those countries apply.
- 4/ Carrier's name may be abbreviated in the ticket, the full name and its abbreviation being set forth in carrier's tariffs, conditions of carriage, regulations or timetables; carrier's address shall be the airport of departure shown opposite the first abbreviation of carrier's name in the ticket; the agreed stopping places are those places set forth in this ticket or as shown in carrier's timetables as scheduled stopping places on the passenger's route; carriage to be performed hereunder by several successive carriers is regarded as a single operation.
- 5/ An air carrier issuing a ticket for carriage over the lines of another air carrier does so only as its agent.
- 6/ Any exclusion or limitation of liability of carrier shall apply to and be for the benefit of agents, servants and representatives of carrier and any person whose aircraft is used by carrier for carriage and its agents, servants and representatives.
- 7/ Checked baggage will be delivered to bearer of the baggage check. In case of damage to baggage moving in international transportation, complaint must be made in writing to carrier forthwith after discovery of damage and, at the latest, within 7 days from receipt; in case of delay, complaint must be made within 21 days from date the baggage was delivered. See tariffs or conditions of carriage regarding non-international transportation.
- 8/ This ticket is good for carriage for one year from date of issue, except as otherwise provided in this ticket, in carrier's tariffs, conditions of carriage, or related regulations. The fare for carriage hereunder is subject to change prior to commencement of carriage. Carrier may refuse transportation if the applicable fare has not been paid.
- 9/ Carrier undertakes to use its best efforts to carry the passenger and baggage with reasonable dispatch. Times shown in timetables or elsewhere are not guaranteed and form no part of this contract. Carrier may without notice substitute alternate carriers or aircraft, and may alter or omit stopping places shown on the ticket in case of necessity. Schedules are subject to change without notice. Carrier assumes no responsibility for making connections.
- 10/ Passengers shall comply with Government travel requirements, present exit, entry and other required documents and arrive at airport by time fixed by carrier or, if no time is fixed, early enough to complete departure procedures.
- 11/ No agent, servant or representative of carrier has authority to alter, modify or waive any provision of this contract.

555, UE 7.58PM and Tyle: visa

. T #:

Exp Date: Auth Code: 047926 9577 Phanks

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

17.00 Tan is

Suptotal.

Tip:

100.25

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Lustom Opy* *

0053

Server: 1 (#13) 05/10/06 21:14, Swiped

Rec: 44 Terminal: 2

BONTERRA RISTORANTE 1016 - 8 ST S.W. CALGARY, ALBERTA (403)262-8480

MERCHANT #: 45025332192

CARD TYPE

ACCOUNT NUMBER

VISA

Name: kay best

00 TRANSACTION APPROVED

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

AUTHORIZATION #: 021809 Reference: 010053

CHECK:

TIP:

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT MERCHANT COPY

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

APPLICANT COPY Weypout H

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K

Date: 05/17/2006

Table: 24

Time: 13:49

HTCA

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

BEST/KAY

AUTH

062822

DNLINE

MERCHANT#

SUBTOTAL \$ 52.27

** CUSTOMER COPY **

Wellington's/Oscar's Please pay server. Thank-you.

RECEIPT GST NO. R122556194

EXIT No. IN: 05/30/0,6 09:14 OUT: 05/30/06 21:31 0 12: 17 DURATION: \$ 18.00 PAID: (GST INCLUDED)

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

AUTH. CODE 094127 REF. THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade

BRAVA BISTRO 723 17 AVE SW

CALGARY AB T2S OB6********

P**VISA (13) INQUIRY

LOCATION: 0470

TERMINAL: 0001

SERVER ID: 0111

INVOICE NUMBER: 0038959

ACCOUNT NUMBER

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

75-10

EXP.DATE

PATE-TIME

11MAY06 21:52

AUTHORIZATION CODE

AMOUNT

033980

\$252.40

TIP:

32,00

SIGNATURE

I AGREE TO PAY ABOVE TOTAL' AMOUNT ACCORDING TO CARD ISSUER AGREEMENT. Retain this copy for your records

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K

Date: 05/24/2006

Table: 1

Time: 13:27

VISA

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

BEST/KAY AUTH

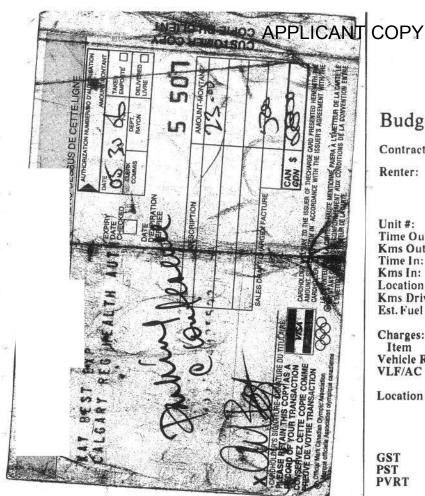
009315

ONLINE MERCHANT# 9999

SUBTOTAL \$ 49.76

** CUSTOMER COPY **

Wellington's/Oscar's Please pay server. Thank-you.



Budget Ren't a Car of B.C. Ltd.

Contract No:

Renter:

BEST, Catherine

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

Unit #: Time Out: Kms Out:

153530

30/05/2006 11:22:00 AM %

13020 30/05/2006 05:46:57 I'M

Time In: Kms In: 13060 Location In:

B-01 YVR Airport

Kms Driven: Est. Fuel Level: FULL

Charges:		Unit	
Item	Oty	Price	Charges
Vehicle Rental	ì	31.95	31.95
VLF/AC Tax Re	covery		
	1	1.84	1.84
Location Fee	1	5.91	5.91
		Total:	39.70
GST			2.88
PST			2.78
PVRT			1.50

Payments & Refunds:

Amount Owing:

Net Charges & Taxes Less Net Payment & Refunds 0.00 Less Amount Billed 0.00 46.86 **Amount Owing**

The outstanding balance will be collected against the credit card or the direct bill company used to authorize the rental. All amounts in Canadian funds.

Total:

Express Recpt Copy: 2 30/05/2006 05:46:57 PM

This is an Express Receipt. Refer to the original contract *for complete terms of the agreement. Contract subject to final audit.

Planning to travel soon?//723 Wherever you go, we're a phone call away. If

you're planning a trip out of the country, simply call us before you leave at 1-800-361-0152 to ensure that your purchases

s.17(1), 17(4)(e.f) virtually hassle free while you're away.



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$
	PREVIOUS STATEMENT BALANCE s.17(1), 17(4)(e.	\$950.77
OCT 06	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$950.77
OCT 06	PURCHASE INTEREST	\$25.27
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	-\$925.50
	s.17(1), 17(4)(e	e.1)
SEP 18	RISTORANTE MISTURA TORONTO ON	\$365.59
SEP 19	CALGARY AIRPORT AUTHORITYCALGARY AB	\$54.00
SEP 19	TAXI & LIMO PAYMENT MISSISSAUGA ON	\$60.00
SEP 19	INTERCONTINENTAL TORONTO TORONTO ON	\$720.53
SEP 20	ANYO LEASE/GAS/TAXI TORONTO ON	\$70.00
SEP 23	STAPLES STORE #62 CALGARY AB	\$35.25
SEP 28	SMARTE CARTE RENTAL 800-328-9006 ON	\$2.00
SEP 28	STD PARK-BANKERS HALL CALGARY AB	\$26.25
SEP 28	IMPARK LOT # 00030215 CALGARY AB	\$16.00
SEP 29	CATCH RESTAURANT CALGARY AB	\$91.48
OCT 02	CALGARY PARKING AUTHORITYCALGARY AB	\$9.00
	SUBTOTAL OF MONTHLY ACTIVITY	\$1,450.10
	TOTAL NEW BALANCE	\$1,475.37

With RBC Insurance®, you make one call - we do the rest.

In the event of a home or auto emergency, we get your life back on track fast - offering you all the support you need. Call for a competitive quote at 1-866-303-3308 or visit www.rbcinsruance.com/solution.

IMPORTANT INFORMATION

Purchases & debits

Cash advances

CONTACT US		
Customer Service / Lost & Stolen	1-800-769-2512	
Collect Outside North America	(416) 974-7780	
PAYMENT INFORMATION		
Minimum payment	\$45.00	
Payment due date	OCT 27, 2006	
Credit limit	\$10,000.00	
Available credit	\$8,524.63	
Annual interest rate	18.509	
CALCULATING YOUR BALA	NCE	
Previous Statement Balance	\$950.77	
Payments & credits	-\$950.77	

Interest	\$25.27
Fees	\$0.00

NEW BALANCE \$1,475.37

\$1,450.10

\$0.00



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

The same of the sa	INFORMAT						
DATE		ESTED BY (Prin	t)	DEPARTMENT			HONE NO (in full)
06-10-1		e Bueckert		Risk Managem	utive Vice-Preside ent & CFO		43-1140
MAKE C	HEQUE PAY	ABLE TO:				CIT	DEIVED
			Royal Ba	nk Visa			
MAILING ADDRESS (for forwarding of cheque)						NO.	V 1 6 2006
MAILING ADDRESS (for forwarding of cheque)				FI	NANCE		
Cana	da Post:	Payment Cer	tre, P. O. I	Box 4016, Station	"A"		
City Toronto Province ON Postal Code M5W 2E6					ode _M5W 2E6		
Interof	ffice Mail:	Department					
		Site					
PURPOS	E OF CHEC	UE REQUEST	Miscellan	eous VISA Expense	s for Kay Best for S	Septemi	ber/Octobert, 2006
End	close attach	ned documents			Also GST Exe		
CODING 8	AUTHORIZ	ZATION					
	Function		INIT				
Non-MIS	Centre (MIS Prima	ary) (MIS Seco		AMOUNT	DESCRIPTION		
01	711050000	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		\$272.50			ng & supplies on VISA r September/October
01	711050000	696000	000	457.07	Lunch meetings		
01	711050000	660400	000	25.27	VISA interest	A interest	
01	711050000	004 624140	000	720.53	Hotel expenses for conference in Toronto September 18 th & 19 ^{th, 2006}		rence in Toronto
					GST		
		MOUNT OF CH	EQUE	\$ 1,475.37	x CDN US	S 0	THER
Authorizat	tion Signatur	re	Title		Phone Numb	oer	Site
Barb Hambly	5 Hand		Executive I	Director, Business ent	943-1474		Southport
ACCOUNT	S PAYABLE	EONLY					
T4A Cod	e:				Vendor # _		
Cheque	Code: _				Invoice # _		
Sep Che	que:				PO#_		
Sort Cod	le: _		Re	curring Payment:	Start Date _		
Sep Hnd	Des:				End Date _		
A/P Appr	oval:			52	of Payments _		Cycle



INFORMATION INVOICE

Membership No.

A/R Number

Group Code : CI9

Company Name

Kay Best

CA

Room No. : 1014

Arrival

: 09-17-06

Departure : 09-19-06

Page No. : 1 of 2

Folio No.

Conf. No. : 375379

Cashier No.: 220

User ID : MBANG

Date	Text	Charges CAD	Credits CAD
09-17-06	Private Dining Night - Food	9.25	
	#1014 : CHECK #4995 [4995]		
09-17-06	Private Dining Delivery Charge	3.50	
	#1014 : CHECK #4995 [4995]		
09-17-06	Private Dining - Gratuity	1.39	
	#1014 : CHECK #4995 [4995]		
9-17-06	GST	0.85	
	#1014 : CHECK #4995 [4995]		
9-17-06	Food - PST 8%	1.02	
	#1014 : CHECK #4995 [4995]		
9-17-06	*Accommodation	309.00	
9-17-06	Room - PST 5%	15.45	
9-17-06	GST	18.54	
9-17-06	DMF	9.27	
9-18-06	*Accommodation	309.00	
9-18-06	Room - PST 5%	15.45	
9-18-06	GST	18.54	
9-18-06	DMF	9.27	



INFORMATION INVOICE

CI9

Membership No.

A/R Number

Group Code

Company Name

Kay Best

CA

Room No.

: 1014

Arrival

: 09-17-06

Departure

: 09-19-06

Page No.

: 2 of 2

Folio No.

Conf. No.

: 375379

Cashier No.: 220

User ID

: MBANG

Date Text				Charges CAD	Credits CAD
Room - PST 5% GST	30.90 37.93	CAD CAD	Total:	720.53	0.00
Food - PST 8%	1.02 0.00	CAD	Balance Due:	720.53 CAD	

Guest Signature: X

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. GST Reg. No.

InterContinental Toronto Centre

225 Front Street West Toronto, ON M5V-2X3

Telephone: (416) 597-1400 Fax: (416) 597-8128 Web: www.ictc.ca Email: torontocentre@interconti.com



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM SEP 09 TO OCT 06, 2006

Planning to travel soon?

Wherever you go, we're a phone call away. If you're planning a trip out of the country, simply call us before you leave at 1-800-361-0152 to ensure that your purchases

s.17(1), 17(4)(e.1) re virtually hassle free while you're away.

1 OF 1

	PREVIOUS STATEMENT BALANCE	\$950.77
	s.17(1), 17(4)	(e.1)
OCT 06	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$950.77
OCT 06	PURCHASE INTEREST	\$25.27
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	•\$925.50
	s.17(1), 17(4	4)(e.1)
SEP 18	RISTORANTE MISTURA TORONTO ON	\$365.59
SEP 19	CALGARY AIRPORT AUTHORITYCALGARY AB	\$54.00

	(4.4)	/
SEP 18	RISTORANTE MISTURA TORONTO ON	\$365.59
SEP 19	CALGARY AIRPORT AUTHORITYCALGARY AB	\$54.00 V
SEP 19	TAXI & LIMO PAYMENT MISSISSAUGA ON	\$60.00 V
SEP 19	INTERCONTINENTAL TORONTO TORONTO ON	\$720.53
SEP 20	ANYO LEASE/GAS/TAXI TORONTO ON	\$70.00 ✓
SEP 23	STAPLES STORE #62 CALGARY AB	√ \$ 35.25
SEP 28	SMARTE CARTE RENTAL 800-328-9006 ON	\$2.00-
SEP 28	STD PARK-BANKERS HALL CALGARY AB	√ \$26.25
SEP 28	IMPARK LOT # 00030215 CALGARY AB	\$16.00
SEP 29	CATCH RESTAURANT CALGARY AB	√ \$91.48
OCT 02	CALGARY PARKING AUTHORITYCALGARY AB	\$9.00一
	SUBTOTAL OF MONTHLY ACTIVITY	\$1,450.10
	TOTAL MENT DALANCE	## 49F 53

TOTAL NEW BALANCE

\$1,475.37

With RBC insurance®, you make one call - we do the rest.

In the event of a home or auto emergency, we get your life back on track fast - offering you all the support you need. Call for a competitive quote at 1-866-303-3308 or visit www.rbcinsruance.com/solution.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

\$45.00 Minimum payment Payment due date OCT 27, 2006 Credit limit \$10,000.00 Available credit \$8,524.63 Annual Interest rate 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		\$950.77
Payments & credits	-\$950.77	
Purchases & debits	\$1,450.10	
Cash advances	\$0.00	
Interest	\$25.27	
Fees	\$0.00	

NEW BALANCE \$1,475.37

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

001 0018

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REC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$1,475.37

MINIMUM PAYMENT \$45.00

PAYMENT DUE DATE OCT 27, 2006

AMOUNT PAID

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

VISA Rucinace

Payment options - Telephone banking 1-800-769-2511

· Online banking www.rbcroyalbank.com · RBC Royal Bank ATM

· RBC Royal Bank Branch

· By mail

Detach and return with payment.
Please do not send cash through the mail. Please do not staple or damage this form.

RBC0150120_5647866_025-167289

00088

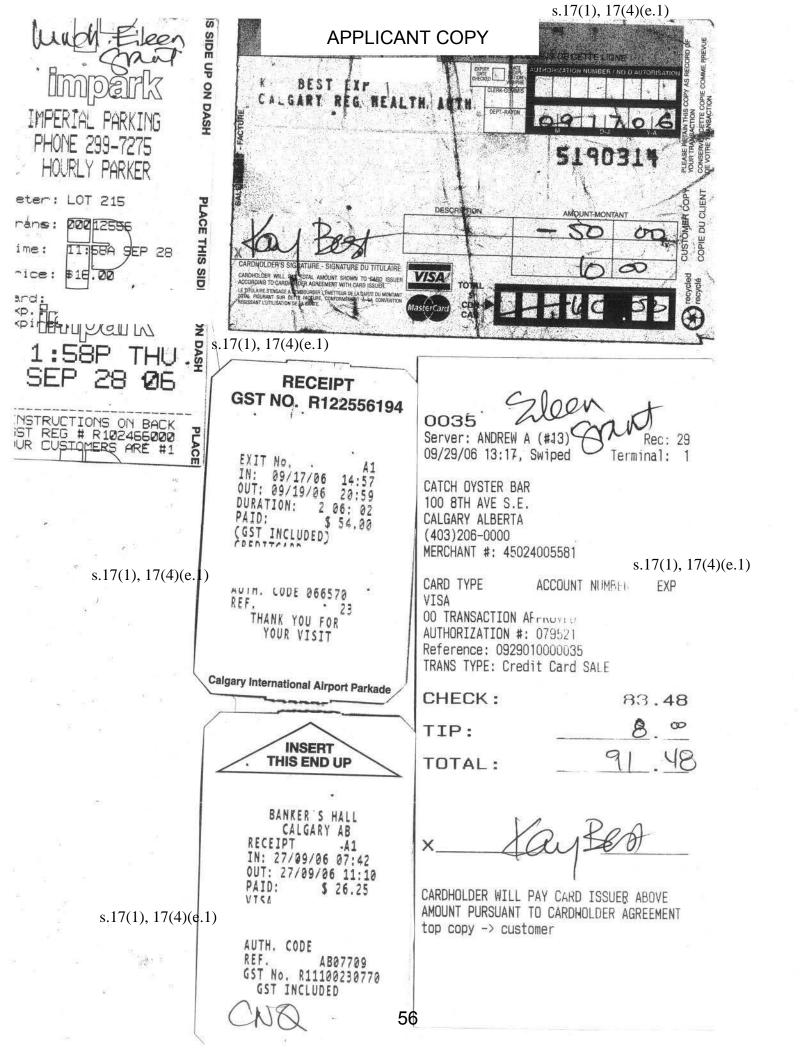
CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN ACCTS PAYABLE 10101 SOUTHPORT RD SW CALGARY AB T2W 3N2

1:00032**00355

000-001-8

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** TOTAL PAGE 02 **



Sale

00089 1 004 87ct7 0062 09/23/06 01.59

19,606

6.6bu

6.99G

33.25

\$35.25 4

35.25

Purchase.

66057607

13:49:50

085179

2.00

Simply log on to
www.staples-survey.com
or call 1-866-684-2549
Take a short survey and be
entered into a monthly draware.

Your survey code: 0801 7156 6136 5329

Open to Canadian residents who have reached the age of majority in the province of residence at the time the receipt is printed.

Survey code expires

09/30/2006.

5 FOUNTAIN PEN 067897000285 3.92 1 FIG PAD CANARY 5PK

065800510395

1 CAMBRIDGE LTD JOUR 043100060628

Subtotal GST 6.00% Total

Visa

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

Swiped

Visa Swiped Authorization Number 0010019970 87667 89 09/23/06 01/027 APPROVED - THANK YOU

Thank you for shopping at

STAPLES Business Depot!

We will not be undersold!

INTERESTED IN EXPLORING A CAREER WITH US? VISIT WWW.GREATCAREERSATSTAPLES.CA

RISTORANTE MI STERA 265 DAVENTOR DE LOS LORONTOS DOS

TIS OTAMBAAT STARL STARKS EMPLIF STARK TABLE OF

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VISA

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APPROVED AUTH 062420

SE0#245001001035 -001 SEP 18-2006 - 10-24 PM

EARN CIBC ADVANTEX BONUS REWARDS HERE

MERCHANT COPY



+ .

RBC **Royal Bank**

VISA Business

APPLICANT COPY

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

CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST**

STATEMENT FROM NOV 10 TO DEC 07, 2007

1 OF 1

-\$288.87

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$2,710.11
	s.17(1), 17(4)(e	.1)
NOV 30	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$2,710.11
DEC 07	PURCHASE INTEREST	\$16.00
	SUBTOTAL OF MONTHLY ACTIVITY	-\$2,694.11

	s.17(1), 17(4)(e.1)	/
NOV 09	IMPARK LOT 00030031 CALGARY AB	\$12.00
NOV 13	HTG EVENTS ORLEANS ON	-\$1,213.70
NOV 14	INST.CORPORATE DIRECTORS TORONTO ON	\$35.00
NOV 23	WELLINGTONS CALGARY AB	\$54.38
NOV 27	NATIONAL CAR RENTAL ETOBICOKE ON	\$133.05
NOV 27	CALGARY AIRPORT AUTHORITYCALGARY AB	\$63.00
NOV 27	HILTON TORONTO F/D TORONTO ON	\$347.61
NOV 28	HILTON TORONTO F/B TORONTO ON	\$ 76.69 ✔
NOV 29	ALLOY DINING LTD. CALGARY AB	\$163.10
NOV 30	IMPARK181UNIV112720071 TORONTO ON	\$24.00
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	-\$304.87

Save on Gifts and Business Needs

This season, wrap up your corporate gift giving plus save on the things you need for your business with exclusive offers from the Visa* Savings for Business program. You can save up to 35%. Visit www.visasavingsforbusiness.ca for details.

IMPORTANT INFORMATION

_	_	 -	CT		

1-800-769-2512 Customer Service / Lost & Stolen **Collect Outside North America** (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$0.00
Payment due date	DEC 28, 2007
Credit limit	\$10,000.00
Available credit	\$10,000.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$2,710.11
Payments & credits	-\$3,923.81
Purchases & debits	\$908.83
Cash advances	\$0.00
Interest	\$16.00
Fees	\$0.00

CREDIT BALANCE -\$288.87

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

001 0018

30000000000 0000000 000028887



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

TOTAL CREDIT BALANCE

CREDIT BALANCE -\$288.87

MINIMUM PAYMENT \$0.00

PAYMENT DUE DATE **DEC 28, 2007**

AMOUNT PAID \$

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

VISA Business

RBC0150120_9434039_012-73920

00287

CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST** ATTN ACCTS PAYABLE

10101 SOUTHPORT RD SW CALGARY AB T2W 3N2

Payment options

· Telephone banking 1-800-769-2511

· Online banking www.rbcroyalbank.com

· RBC Royal Bank ATM

· RBC Royal Bank Branch

· By mail

Detach and return with payment.

Please do not send cash through the mail. Please do not staple or damage this form.

Subject: Registration Cancelled for: CICA National Conference for Audit Committees 2007

Date: Tue, 13 Nov 2007 10:36:25 -0500

From: CICA National Conference for Audit Committees 2007 < registration@htgmeetings.com>

To: Kay Best < Kay. Best @CalgaryHealthRegion.ca>

Please do not reply to this e-mail. This is an outgoing notification e-mail only. / Veuillez ne pas répondre à ce courriel. Il s'agit d'un message d'avis seulement.

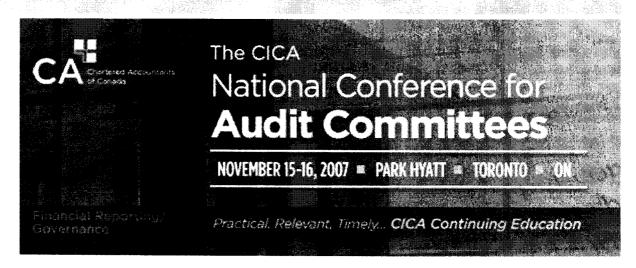
Important: Please save this confirmation e-mail for future reference. /Important : Veuillez conserver cet accusé de réception pour consultation future.

- *** For assistance with your registration (e.g.: A change or an error), please see the contact information provided below in your e-mail confirmation.
- *** Pour obtenir de l'aide concernant votre inscription (p. ex. pour faire un changement ou corriger une erreur), veuillez communiquer avec la personne-ressource indiquée ci-dessous dans votre accusé de réception.

CICA National Conference for Audit Committees 2007

NUDSOL

Confirmation de/of Cancellation



Your registration details / Vos détails d'inscription:

Date: 11/13/200

Event Name / Nom de l'événement:

CICA National Conference for Audit Committees 2007

Contact Name / Nom du contact:

Kay Best

Registered For / Inscrit à:

CICA National Conference for Audit Committees \$1,372.70

Events | Selections / Événements | Sélections:

Grand Total / Total: \$1,372.70 (Taxes included, if applicable)

Cancellation Fees / Frais de cancellation: \$159.00

Paid Amount / Montant payé: \$1,372.70

Adjustment / Rajustement: (\$1,213.70)

Payment Method / Méthode de paiement: Credit Card

***Your charge for this transaction will appear as "HTG EVENTS" or as "Hudson Travel Group" on your credit card statement.

Conference Reference Material:

As a registrant of the Conference, you automatically become a member of the National Conference for Audit Committes

CD-Rom (QC Resident) - \$195 (Plus 7.5% QST on \$195 plus 6% GST) = \$222.20

CD-Rom (NB, NS or NF Resident) - \$195 (Plus 14% HST) = \$222.30

CD-Rom (BC, AB, MB, SK, PE, YT, NT or NU Resident) - \$195 (Plus 6% GST) = \$206.70

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www.1

Subject: Institute of Corporate Directors Purchase Confirmation

Date: Wed, 14 Nov 2007 18:45:10 -0500 (EST)

From: admin@icd.ca

To: Kay.Best@CalgaryHealthRegion.ca

Dear Ms. Catherine M. Best,

Enclosed is the information regarding your recent purchase:

Event Information: Calgary Chapter Breakfast Session

Event description:

The perspective of institutional investors on corporate governance is an active and rapidly evolving area of interest to corporate directors and executive management. Bill MacLachlan, Chairman of Mawer Investment Management Limited, will speak on this subject, drawing on his 30 years of experience as a financial management professional.

Mr. MacLachlan will discuss his expectations and standards for corporate governance matters from the professional buy-side perspective, including examples drawn from his firm's involvement in situations that are in the public domain.

Details:

Item: Individual Registration

Qty: 1

Date/Time: 06/12/2007 - 07:15 AM

Location:

*Event Address: The Westin Calgary Bonavista Room 320 • 4th Avenue SW Calgary, AB

Event Contact: hchristopherson@osler.com

Name badges for all registrants will be at the registration desk (if applicable). For other event details please visit the Events section of the ICD website at www.icd.ca

Transaction details: Total amount: \$35.00

Credit card Number: s.17(1), 17(4)(e.1)

Authorization Code: 007342

Card Type: VISA

Thank you for your order.



145 Richmond Street West Toronto, Ontario M5H 2L2 Phone (416) 869-3456 • Fax (416) 869-3187 Reservations www.hilton.com or 1 800 HILTONS

Name & Address / Nom et Adresse

BEST, KAY 10101 SOUTHPORT RD

CALGARY, AB P2W3N2 CA

Room/Chambre Arrival Date/Date d'arrivée 11/26/07 1:08PM
Departure Date/Date de départ 11/27/07 1:19PM |

1403/K1

Adult/Child/Adulte/Enfant Room Rate/Tarif

1/0 204.00

RATE PLAN

C-CPPP07

HH#

AL: BONUS AL:

CAR:

CONFIRMATION NUMBER: 3291183737

11/27/07

PAGE

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE		
11/26/07	HIGH SPEED INTERNET	LINTR	690248	\$12.95				H
11/26/07	PST 8%	LINTR	690248	\$1.04			İ	
11/26/07	GST 6%	LINTR	690248	\$0.78				
11/26/07	EXT-#1403 8006460000 0006	LINTR	690250	\$1.38				
11/26/07	GST 6%	LINTR	690250	\$0.08				
11/26/07	EXT-#1403 8006460000 0002	LINTR	690253	\$1.38				
11/26/07	13:44 GST 6%	LINTR	690253	\$0.08				
11/26/07	EXT-#1403 8006460000 0004		690283	\$1.38				
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11/26/07	GST 6%	LINTR	690283	\$0.08				
11/26/07	EXT-#1403 L 4164547171 0003 14:00	LINTR	690300	\$1.38				
11/26/07	GST 6%	LINTR	690300	\$0.08				
11/26/07	EXT-#1403 8006460000 0002	LINTR	690305	\$1.38				
11/26/07	GST 6%	LINTR	690305	\$0.08				
11/26/07	EXT-#1403 8006460000 0003	LINTR	690678	\$1.38				
11/26/07	GST 6%	LINTR	690678	\$0.08			İ	
11/26/07	EXT-#1403 8006460000 0002	LINTR	690699	\$1.38				1
11/26/07	GST 6%	LINTR	690699	\$0.08				
11/26/07	EXT-#1403 8006460000 000 21:53	LINTR	690977	\$1.38	ļ			
11/26/07	GST 6%	LINTR	690977	\$0.08				
11/26/07	ROOM SERVICE DINNER	LINTR	691074	\$16.38				
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					Date de la Charge	132824 A		
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145 Richmond Street West Toronto, Ontario M5H 2L2 Phone (416) 869-3456 • Fax (416) 869-3187 Reservations www.hilton.com or 1 800 HILTONS

Name & Address / Nom et Adresse

BEST, KAY 10101 SOUTHPORT RD

CALGARY, AB P2W3N2 CA

Room/ Chambre Arrival Date/ Date d'arrivée Departure Date/Date de départ 11/27/07 1:19PM I

1403/K1 11/26/07 1:08PM

Adult/Child/Adulte/Enfant Room Rate/Tarif

1/0 204.00

RATE PLAN

C-CPPP07

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AL: BONUS AL:

CAR:

CONFIRMATION NUMBER: 3291183737

11/27/07

2 PAGE

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE		
11/26/07	GST F&B	LINTR	691074	\$0.86			113	L
11/26/07	PST FOOD	LINTR	691074	\$0.68				
11/26/07	EXT-#1403 8006460000 0001 23:23	LINTR	691105	\$1.38				
11/26/07	GST 6%	LINTR	691105	\$0.08				
11/26/07	GUEST ROOM	ANTHONY	691230	\$204.00				
11/26/07	DMF	ANTHONY	691230	\$5.77				
11/26/07	DMF - GST	ANTHONY	691230	\$0.36	Ì			
11/26/07	GST 6% - RM	ANTHONY	691230	\$12.24				
11/26/07	PST 5% - RM	ANTHONY	691230	\$10.20				
11/27/07	TUNDRA - BREAKFAST	LINTR	692194	\$19.00				
11/27/07	GST F&B	LINTR	692194	\$0.96				1
11/27/07	PST F&B	LINTR	692194	\$1.28				,
11/27/07	EXT-#1403 8006460000 000 12:21	1	692373	\$1.38				
11/27/07	GST 6%	LINTR	692373	\$0.08				
11/27/07	EXT-#1403 8006460000 000 12:22	LINTR	692374	\$1.38				
11/27/07	GST 6%	LINTR	692374	\$0.08				
11/27/07	EXT-#1403 8006460000 000	LINTR	692375	\$1.38				
11/27/07	GST 6%	LINTR	692375	\$0.08				
11/27/07	EXT-#1403 8006460000 000	LINTR	692378	\$1.38				1
11/27/07	GST 6%	LINTR	692378	\$0.08				
11/27/07	EXT-#1403 8006460000 000	5 LINTR	692397	\$1.38				
11/27/07	GST 6%	LINTR	692397	\$0.08				
11/27/07	ROOM SERVICE LUNCH	LINTR	692413	\$37.08				
Account No. / Num	éro de compte				Date of Charge Date de la Charge	Check No. / Numé 132824 A	ero de folio	
C. J.Mh - Nom	e / Nom Du Membre				Authorization / Autori	sation	Initials Initiales	
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Merchandise and/or services marchandises et/ou s	ces purchased on this card shall not be resold or returne ervices achetés sur cette carte ne peuvent être revendus o	d for a cash refund. ou retournes pour un rer	nboursement en argent c	omptant. Payment Due U	pon Receipt / Paiement dû à	l	GST No. 847569365	F















Hilton Garden Inn





145 Richmond Street West Toronto, Ontario M5H 2L2 Phone (416) 869-3456 • Fax (416) 869-3187 Reservations www.hilton.com or 1 800 HILTONS

Name & Address / Nom et Adresse

BEST, KAY 10101 SOUTHPORT RD

CALGARY, AB P2W3N2 CA

Room/Chambre Arrival Date/Date d'arrivée Departure Date/Date de départ

1403/K1 11/26/07 1:08PM 11/27/07 1:19PM I

Adult/Child/ Adulte/Enfant Room Rate/Tarif

1/0 204.00

RATE PLAN

C-CPPP07

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CAR:

CONFIRMATION NUMBER: 3291183737

11/27/07

PAGE

3

CREDITS BALANCE REF. NO CHARGES DESCRIPTION ID DATE 692413 \$2.07 LINTR 11/27/07 GST F&B 692413 \$1.52 LINTR PST FOOD 11/27/07 \$347.61 692429 RENAT 11/27/07 VS \$0.00 BALANCE s.17(1), 17(4)(e.1) TAX SUMMARY DMFUMMARY OF TAXES CHARGE TOTAL \$22.80 \$204.00 \$5.77 ROOM & TAX \$1.12 \$19.32 \$0.00 TELEPHONE \$1.82 \$0.00 MISCELLANEOUS \$12.95 \$25.74 \$5.77 \$236.27 TOTAL PAID Check No. / Numéro de folio Date of Charge Date de la Charge Account No. / Numéro de compte 132824 A Authorization / Autorisation Card Member Name / Nom Du Membre Purchases & Services / Achats & Services Establishment agrees to transmit to card holder for payment l'etablissement accepte de transmettre au détenteur de la carte pour le paiement Establishment No. & Location #del'etablissement & Location Taxes Tips & Misc. / Pourboires & Divers TOTAL AMOUNT MONTANT TOTAL CARD MEMBER'S SIGNATURE / SIGNATURE MEMBRE GST No. 847569365 RT0001 Payment Due Upon Receipt / Paiement dû à la réception and/or services purchased on this card shall not be resold or returned for a cash refund. Thes et ou services acheiés sur cette carte ne peuvent être revendus ou retournés pour un remboursement en argent comptant.



















10325 Monaventure Dr. SE Tel: 403-278-5250

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Wellington's/Oscar's Please pay server. 下部一个一个

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

M/Kms Out M/Kms Driven 198 Class Driven IFAR Model Vehicle # 7W508067 CATHERINE BEST LIBERTY 4WD 39192 Class Charged IFAR

Return 27-NOV-2007 05:06 PM

TORONTO ARPT

Rental 25-NOV-2007 06:19 PM

RA 159244402

Inv 15010274786

TORONTO ARPT

GST/HST

888850179RT0001

CAR RENTAL

NATIONAL

M/Kms In 39390 State/Province ON

T & 14 Paid By Total Charges CA GST ON @6.000 % CA PST ONTARIO @8.000 % VEH LIC FEE/AIR TX RECOV PREMIUM LOC CHG 14.6 PCT UNLIM M/KM Charges Contract ID 3614475 GOVERNMENT OF ALBERTA Visa No Unit 6 M/Kms 2 Days Price 49.11 CAD 133.05 Amount 98.22* 7.00 9.34 2.40* 14.69* 0.00* 1.40* 65

Subject to Audit * Taxable Items

Amount Due s.17(1), $17(4)(e.1)_{AD 0.00}$

-133.05

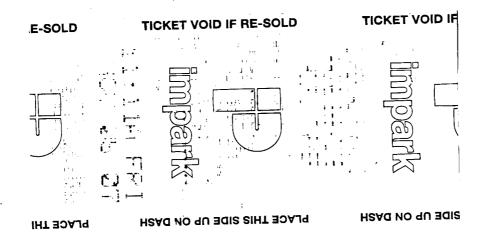
Customer service Number 1-800-468-3334 Your Emerald Club Number is 755635716

then the sol.	Grat	ROOM#	TOTAL: TOE9	otal Due CDN\$66	appucino 4 appucino 4 ubTotal 58 .S.T. 3	ress Fish 20	xo salad 0.0	8: 61/1 CHK 1043 GST 2 25MOV'07 12:00PM
Wellington's/Oscar's Please pay server. Thanknyou.	The state of the s	Company of the Compan	The same of the sa	Annual Property of the Propert	MERCHANTA 99/9	ussa s.17(1), 17(4)(e.1)	Server: Nemis Nate: 11/23/2007	10325 Bonaventure Dr. SE Tel: 403-278-5250

TORONTO HILTON
TUNDRA RESTAURANT
G.S.T.#841158926RT0002

67

HIFLON



RBC Royal Bank

APPLICANT COPY

RSP deadline is Feb 29, 2008 1469 702

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

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

1 OF 1

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM JAN 10 TO FEB 08, 2008

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)		
,	PREVIOUS STATEMENT BALANCE	\$199.79 TA		
	s.17(1), 17(4)(e.	.1)		
FEB 08	PURCHASE INTEREST	\$5.30		
	SUBTOTAL OF MONTHLY ACTIVITY	\$5.30		
	s.17(1), 17(4)((e.1)		
JAN 08	REDWATER RUSTIC GRILLE CALGARY AB	\$61.52✔		
JAN 15	REDWATER RUSTIC GRILLE CALGARY AB	\$70.90		
JAN 15	HAR*MANAGEMENT UPDATE 800-988-0886 MO	-\$127.75		
בו וותנ	Foreign Currency-USD 129.00 Exchange rate- 9903	10		
JAN 21	CALGARY PARKING AUTHORITYCALGARY AB	\$12.00 V		
JAN 25	STANDARD PARKING-UNIVERSICALGARY AB	\$11.25		
JAN 25	STANDARD PARKING-UNIVERSICALGARY AB	\$11.25		
JAN 25	CALGARY PARKING AUTHORITYCALGARY AB	\$2.00		
JAN 28	STANDARD PARKING-UNIVERSICALGARY AB	-\$11.25		
JAN 29	REIDS STATIONERS LTD CALGARY AB	\$82.45		
JAN 31	IMPARK LOT 00003258 CALGARY AB	\$10.00		
FEB 04	IMPARK LOT 00030031 CALGARY AB	\$30.00		
110 04	SUBTOTAL OF MONTHLY ACTIVITY	\$152.37		
	TOTAL NEW BALANCE	\$357.46		

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Important Notice

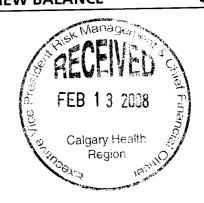
We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® *Visa* card. For details, please refer to the Important Notice enclosed with this *Visa* statement. If you have any questions, please call 1-800 ROYAL® 1-2.

IMPORTANT INFORMATION

CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION	
Minimum payment	\$25.00
Payment due date	MAR 04, 2008
Credit limit	\$10,000.00
Available credit	\$9,642.54
Past due amount	\$10.00
Annual interest rate	18.50%

CALCULATING YOUR BALA	NCE
Previous Statement Balance	\$199.79
Payments & credits	-\$139.00
Purchases & debits	\$291.37
Cash advances	\$0.00
Interest	\$5.30
Fees	\$0.00
NEW BALANCE	\$357.46





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORM	ATION						
DATE	RE	QUEST	ED BY (Prin	it)	DEPAR	MENT	PHONE NO (in full)	
08-02-1				•	Office o	f Execu	tive Vice-President,	, ,
	Bonnie Bueckert			Risk Ma	nagem	ent & CFO	943-1140	
MAKE C	HEQUE I	PAYABI	LE TO:	Royal	Bank Visa			
MAILING		•	or forwardir	ng of ch	neque)			
Cana	ıda Post:	<u>_P</u>	'ayment Cer	ntre, P. (O. Box 4016, S	tation "	A"	
		Cit	ty <u>Toronto</u>)	P	ovince	ON Posta	Code M5W 2E6
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Jack Davis	NX	111		Dreside	nt & CEO		240 4400	
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Sep Hnd	Des:		,					
A/P Appr	oval:				70	# (of Payments	Cycle

-EVER" RENEWAL SAVINGS Harvard Management

Kay Best, Vp Risk Mgmt Cut off date: 11/21/2007

Regular rate is \$169 a year

HMU-FC12

003732748 R13081 KAY BEST, VP RISK MGMT CALGARY HEALTH REGION 10101 SOUTHPORT RD SW CALGARY AB T2W 3N2 CANADA

	YES!	I want to renew my subscription for two years (24 issues) for
		just \$225.75. I'll save \$112.25 off the regular rate of \$338.
_		Plus, I'll get a FREE 3-ring binder with my paid order.
u	Instead,	I'll renew for one year (12 issues) for just \$129, and save \$40.

SELECT PAYMENT:

☐ Check enclosed (payable to Harvard Management Update).

☐ Charge my credit card. (Please fill out reverse side.)

Bill me later.

IMPORTANT INFORMATION:

Your subscription cost may be tax-deductible as a professional expense. Consult your tax adviser.

P.O. Box 2088 Danbury, CT 06813-2088 www.managementupdate.org

> ◆ DETACH HERE AND MAIL TODAY! HMU-RLT-01

SAVE \$40 or \$112.25 If only every business decision was this

Dear Kay Best, Vp Risk Mgmt,

Sometimes, making the smart business decision is easy — especially when you're looking at an option that offers you no risk and extremely high rewards.

That's especially true of this chance to SAVE \$112.25 when you renew for two years. It's the best renewal savings we've ever offered. And you don't risk a thing! Consider this:

Over 90% of our readers say they plan to renew their subscriptions. Plus 98% of our subscribers say they are satisfied with our content.

And that was before we added "Harvard Business Review Briefings," where we summarize key learnings from recent issues of HBR!

So, from my perspective, the question isn't whether you're going to renew, but for how long? I'm doing everything I can to make the choice easy for you:

Renew for 2 years --- SAVE 33% --- and get a FREE GIFT!

You see, when you renew for two years, it saves us considerable time and money. I'm passing these savings directly on to you! To sweeten the deal, I'm even including a special 3-ring binder for easy storage of your back issues.

One more thing: If you're ever dissatisfied and decide to cancel, you'll get a 100% refund on all unmailed copies. You don't risk a single cent by renewing now for two years.

Let's get the paperwork out of the way and get down to business. Send me your renewal instructions today. Then you can focus on putting more of our proven ideas into action.

Sincerely,

Have Symanski

Paul Szymanski for Harvard Management Update

P.S. Your 33% SAVINGS --- and your FREE GIFT --- are available for a limited time only. Please respond by 11/21/2007.

s.17(1), 17(4)(e.1) MEAN BEST/KAY Server: S Arma Table: 236 REDWALLS RESILE 927 Michael In South 1:1 403 '53 4260 Linch. /4024 GRIII: Time: 13:45 Mate: 01/08/2008 Server: S-Anna Table: 236

AUTH MERCHANI#

029080

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ONL INE

54.02

8

Add Salmon

Add Shrimp

SUB-TOTAL:

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Romaine Hearts

Cappuc mo Sweet Fries

3.95 9.00 10.00 6.00

Organic Spinach Sala

12.00 7.00

VIII Gaesal

SUBTOTAL \$

TOTAL (),

(4

** CUSTOMER COPY +*

Please Join Us On New Years Eve! Thank You For Dining With Us.

GST #819584947K10001

Please Join Us On New Years Evel GST #819584947K10001 Thank You For Dining with the TOTAL: 54.02

Chent: 2

Time: 13:44

Date: 01/08/2008

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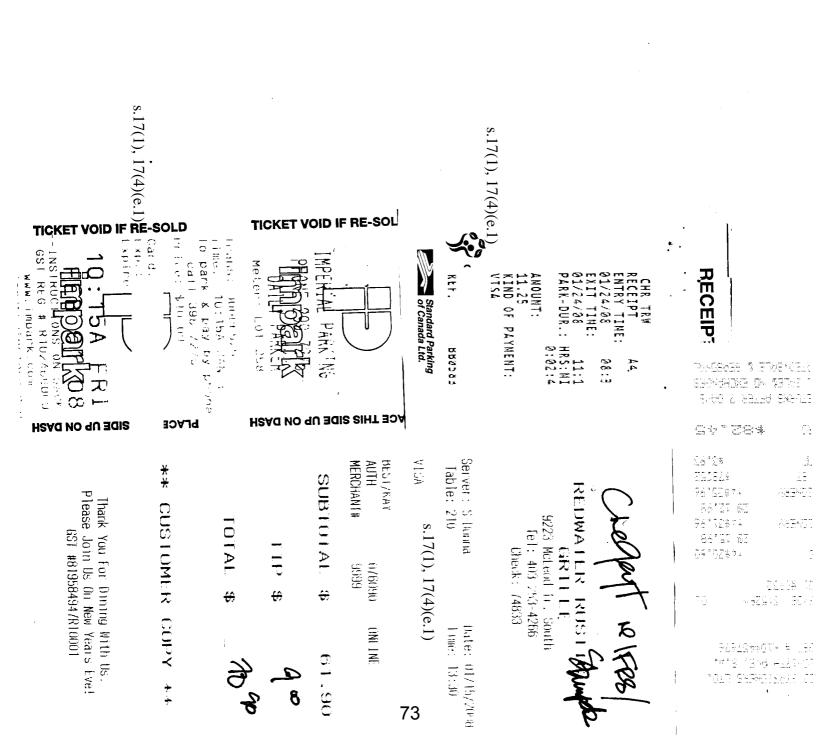
PLACE THIS SIDE UP ON DASH

E THIS SIDE UP ON DASH

REDWATER RUSTIC GRILLE

9223 McLeod fr. South Tel: 403-253-4266 Check #: 74024

72



MOUNT PAID: \$2.00 ENTRY TIME: 1/24/2008 1:57 PM ENTRORMED ANTHORN THROUGH THRO Mq 72:2 80 NAL PS YAQSAUHT (1;9)(4)(1;1)(1). I.S Terminal: 132 Plate: HUL880 Zone: 2462 CALGARY PARKING AUTHORITY DATE/TIME RECEIPT NUMBER

CARD TYPE

PURCHASE

\$47113139-114-035

2008/01/29 15:54:18

TOTAL AMOU

\$82.45

11 APPROVED-027

AUTH. # 003964

CARDHOLDER COPY

RECEIPT NO: 2996

REIDS STATIONERS LTD 710 17TH AVE SW

CALGARY

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

however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their gontents. Vehicles parked at owner's risk. 5138/178819488/837524 18/81/88 Convention Center 817463 Instructions on Reverse Side:
Calgary Parking Authority is not reconsidered to vehicles and/or charge covers sale of parking privice include bailee custody or liability to contents. Vehicles parked at own contents. Vehicles parked at own contents. Vehicles parked at own contents.



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

DATE

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

STATEMENT FROM MAR 10 TO APR 09, 2007

ACTIVITY DESCRIPTION

AMOUNT (\$)

PREVIOUS STATEMENT BALANCE \$1,062.12 s.17(1), 17(4)(e.1)

	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,062.12
APR 09	PURCHASE INTEREST	\$10.15
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	-\$1,051.97

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

	TOTAL NEW BALANCE	\$1,597.40
	SUBTOTAL OF MONTHLY ACTIVITY	\$1,587.25
APR 02	CONFERENCE BOARD OF CANADOTTAWA ON	\$1,495.00
MAR 27	CALGARY PARKING AUTHORITYCALGARY AB	\$15.75
MAR 26	CALGARY PARKING AUTHORITYCALGARY AB	\$2.00
MAR 23	IMPERIAL PARKING #101 EDMONTON AB	\$8.00
MAR 22	QUEEN'S PRINTER BOOKST EDMONTON AB	\$12.50
MAR 21	IMPARK LOT # 00030215 CALGARY AB	\$6.00-
MAR 09	CALGARY PARKING AUTHORITYCALGARY AB	\$20.00
MAR 08	CALGARY PARKING AUTHORITYCALGARY AB	\$28.00 —

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PAYMENT INFORMATION

\$48.00 Minimum payment Payment due date APR 30, 2007 Credit limit \$10,000.00 Available credit \$8,402.60 18.50% Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance	\$1,062.12
Payments & credits	-\$1,062.12
Purchases & debits	\$1,587.25
Cash advances	\$0.00
Interest	\$ 10.15
Fees	\$0.00

NEW BALANCE \$1,597.40



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

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

STATEMENT FROM MAR 10 TO APR 09, 2007

2 OF 2



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RBC General Insurance Company

* Certain conditions apply

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INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

DATE		D BY (Print)		DEPARTMENT		PHONE NO (in full)
07-04-20	Bonnie Bue	ckert		Office of Execu Risk Managem	utive Vice-President, ent & CFO	943-1140
MAKE CH	EQUE PAYABL		Royal Bank	ς Visa		
MAILING A	ADDRESS (fo	r forwarding	of chequ	ie)		
Canada	a Post: Pa	ayment Centi	e, P. O. B	ox 4016, Station	"A"	
	City	y <u>Toronto</u>		Province	e ON Postal	Code M5W 2E6
Interoffi	i ce Mail: De	partment				
	Site	- e				
		-	Micceller	oue VICA Evens	ne for Kay Rost for Mar	sh 2007
PURPOSE	OF CHEQUE	REQUEST	iviiscellane	ous visa Expense	es for Kay Best for Marc	111 ZUU
Encl	lose attached c	locuments (originals)	with cheque	Also GST Exem	pt Letter -
CODING &	AUTHORIZATI	ON				
	Functional Centre	ACCOU				
Non-MIS 01	(MIS Primary) 71105000004	(MIS Secon		AMOUNT \$ 79.75	DESCRIPTION Miscellaneous parkin	g/taxi fare/car rental & fuel
					expenses for Kay Bes	st for March/07
01	71105000047	624100		1,495.00	Conference fee for B	
01	71105000004	495100)1	12.50 10.15		7 Calefficats
01	71105000004			10.15	Interest	
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<u></u>	TOTAL AMO	UNT OF CHI		\$ 1,597.40	x CDN US	OTHER
Authorizati	ion Signature		Title		Phone Number	Site
Barb Hambly	Ø0)		Executive Developme	Director, Business	943-1474	Southport
	S PAYABLE OF	VLY	Developine			
T4A Code	e:				Vendor #	
Cheque	Code:				Invoice #	
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Sort Cod	e:		UC	curring Paymen	it. Otalit Bate	
Sort Cod Sep Hnd			ne	curring Paymen		

Order Form

You can print this order form and return it to one of the locations below.

Name: Margaret Potter						
company: Calgary Health Region						
Address: 10101 Southport Ro						
Calgary, AB TOW 3						
Phone: 403-943-1145 Fax: 4		-1150				
Email: <u>Margaret</u> , potterla calgary	heathragin	on, Cal				
Please send me the following products:						
Qty Product Description	Unit Price	Amount	 			
5 Wall Calendar 2007	\$ 2.50	\$12.50				
ISBN# 0779750586						
 		+	 			
	Sub-total					
Shipping & Handling	(see below)					
			See attached	letter.		
	Total	1	200000			
	TOCAL	12.50				
Please indicate your method of payment: X Visa MasterCard	s.17(1), 17(4)(e.1)				
Card Number	Expiry Dat	е.				
Signature 444						
Cheque or money order (attach and	make pavable	to the Min	nister of Finance	<u>ə</u>)		
Alberta Queen's Printer account nu						
			_			
P.O. (please attach) with IMAGIS a	account numbe	τ:	_			

* There is no shipping and handling charge* Alberta. Outside Alberta, the following						
* - \$6.00 plus GST on orders of \$19.99	or less		, <u> </u>	*		
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GST Registration Number 1240702513RT Return this order form in person, by fax or mail to:

Alberta Queen's Printer

Main Floor, Park Plaza 10611 - 98 Avenue Edmonton, Alberta T5K 2P7

Telephone: (780)427-4952 Fax: (780) 452-0668 E-Mail: qp@gov.ab.ca

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Subject: RE: Queen's Printer information (ACR-136903)

Date: Tue, 23 Jan 2007 11:58:23 -0700 (MST)

From: AlbertaConnects@gov.ab.ca

To: Margaret.Potter@CalgaryHealthRegion.ca

Thank you for visiting the Alberta Connects web site. Following is the response to your question prepared by Queen's Printer [QP]

On 2007-01-23 09:04:00.0 you wrote:

Is the "Wall Calendar 2007" the same as 2006, which has all 12 months of 2007 plus January to June of 2008 at the bottom? Thank you.

Queen's Printer responds as follows:

Hello,

Yes, it is the same calendar. The 2007 Calendar has all 12 months of 2007 plus January to June of 2008 at the bottom.

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Regards,

Alberta Queen's Printer

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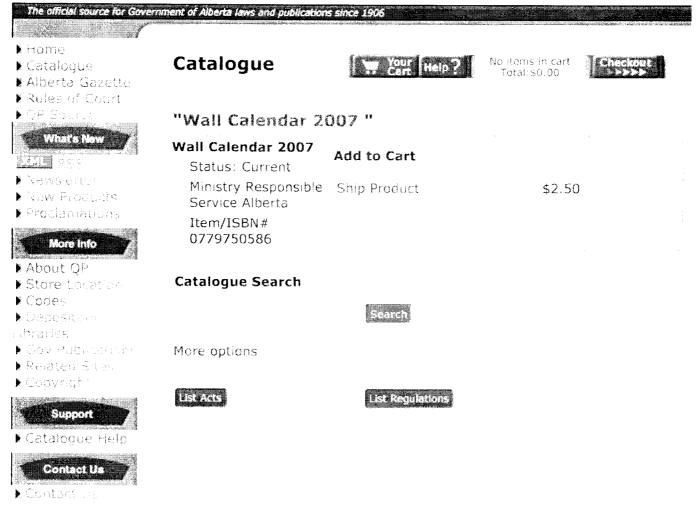


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Sold To: Ms. Barb J. Hambly

Vice-President, Financial Strategies and

Sustainability

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2 Ship Ms. Barb J. Hambly
To: Vice President Fine

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Vice-President, Financial Strategies and

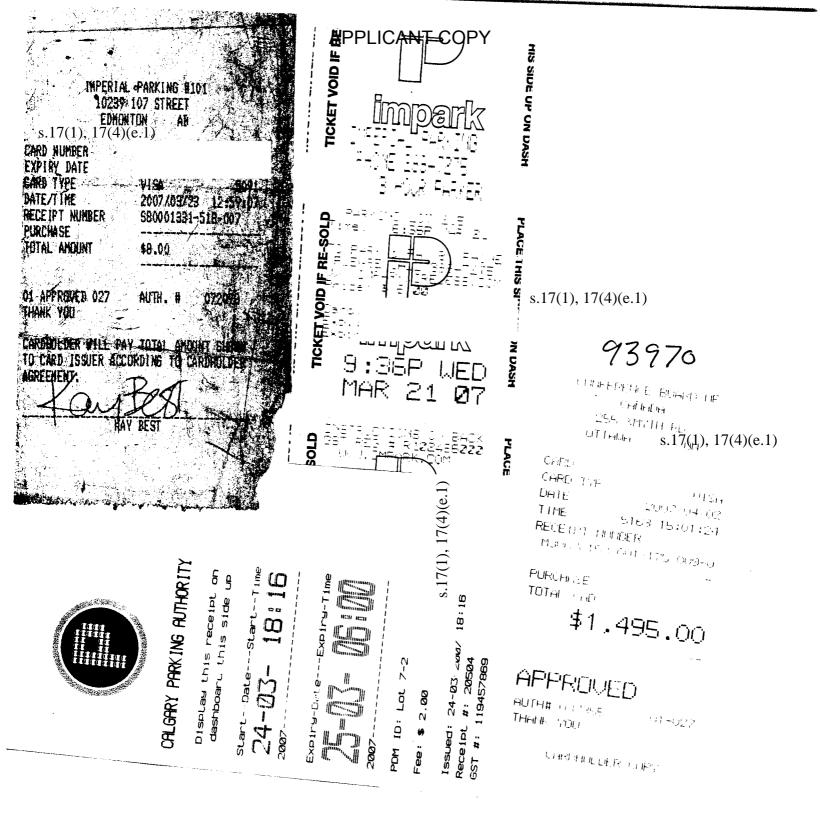
Sustainability

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2

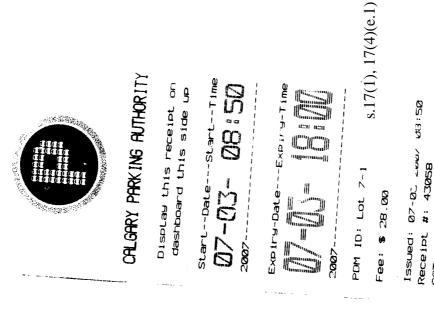
Account N	No.	Purchase Order	No.	Order Date	Order	Number	٦	erms	Invoice Date
10114	48			4/2/2007	17	4289	Pay C	n Receipt	4/2/2007
Qty	Qty Description						Unit Price	Extended Price	
2007 Public Sector Financial Leadership 5/29/2007 - 5/30/2007 Ottawa, Ontario 1 07-0117/MAIN						1,495.00	1,495.00		
1	2007 P 07-011	Public Sector Finance 7/CONC A2 rrent Session A2	cial Leadership	o				1,400.00	1,400.00
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Line Iter	m Total	Other	Tax	Subtota	al	Amount Re	ceived	Amou	ınt Due
1,49	5.00			1,495.0	00	1,495.	00	C	.00

GST Remittance Number: R118778091

Tax Amount: \$0.00



GST #: 119457869



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

Net total

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

Receipt

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

Receipt

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Receipt

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Receipt

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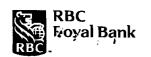
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VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM SEP 10 TO OCT 07, 2005 S. 1 / (

 $s.17(1), 17(4)(e.1)_{OF 1}$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	s.17(1), 17(4)(e.1)	
OCT 03	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$364.87
OCT 07	PURCHASE INTEREST	\$12.81
	SUBTOTAL	-\$352.06
	s.17(1), 17(4)(e.1)	
SEP 13	HAR*HARVARD BUSNSS SCH 617-783-7500 MA Foreign Currency-USD 32.14 Exchange rate-1.210640	\$38.91
SEP 15	WELLINGTONS CALGARY AB	\$47.05
SEP 22	EARL'S CGY TIN PALACE CALGARY AB	\$106.32
SEP 22	WILDWOOD GRILL CALGARY AB	\$43.26
SEP 30	CONGRESS CANADA TORONTO ON	\$1,295.00
	SUBTOTAL	\$1,530.54

Valuable tips to avoid risk

Do not lend out your card. Use caution when giving account numbers out to unknown vendors and to try and keep the card in your view during transactions. A PIN is never to be stored in the same location as your card. Never give out your credit card number or personal information over the phone unless you initiated the call.

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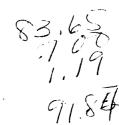
PAYMENT INFORMATION

Minimum payment	\$50.00
Payment due date	OCT 28, 2005
Credit limit	\$10,000.00
Available credit	\$8,362.69
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	\$458.83
Payments & credits	-\$364.87
Purchases & debits	\$1,530.54
Cash advances	\$0.00
Fees	\$0.00
Interest	\$12.81

New balance \$1,637.31







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CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST**

STATEMENT FROM AUG 10 TO SEP 09, 2005 $s.17(1), 17(4)(e.1)_{1.0F.1}$

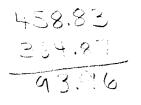
DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	s.17(1), 17(4)(e.1	1)
AUG 30	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,833,19
SEP 09	PURCHASE INTEREST	\$24.16
	SUBTOTAL	-\$1,809.03
	s.17(1), 17(4)(e.1))
AUG 29	STAPLES/BUSINESS DEPOT CALGARY AB	\$69.80
	SUBTOTAL	\$69.80

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IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

	•
Minimum payment	\$14.00
Payment due date	SEP 30, 2005
Credit limit	\$10,000.00
Available credit	\$9,541.17
Annual interest rate	18.50%

CALCULATING YOUR RALANCE

THE TOTAL PARTIES	E
Previous statement balance	\$2,198.06
Payments & credits	-\$1,833,19
Purchases & debits	\$69.80
Cash advances	\$0.00
Fees	\$0.00
Interest	\$24.16

New balance \$458.83

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RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$458.83

MINIMUM PAYMENT \$14.00

PAYMENT DUE DATE SEP 30, 2005

AMOUNT PAID \$

VISA Rucinace

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

RBC0150120_2616553 014-92709 - 936

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN TREASURY DEPARTMENT 10101 SOUTHPORT RD S.W. CALGARY AB T2W 3N2

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· RBC Royal Bank Branch

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CRHA____

A/P Approval:

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A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED** OCT 3 1 2005 CHEQUE INFORMATION Office of Executive Non-Ares den PHONE NO (in full) DATE REQUESTED BY (Print) 943-1140 Risk Management & CFO **Bonnie Bueckert** 05-10-21 MAKE CHEQUE PAYABLE TO: Royal Bank Visa MAILING ADDRESS (for forwarding of cheque) Payment Centre, P. O. Box 4016, Station "A" Canada Post: City Toronto Province ON Postal Code M5W 2E6 Interoffice Mail: Department Site PURPOSE OF CHEQUE REQUEST Miscellaneous Expenses for Kay Best for September 2005 - VISA Also GST Exempt Letter -Enclose attached documents (originals) with cheque **CODING & AUTHORIZATION** Functional Centre **ACCOUNT** DESCRIPTION (MIS Secondary) AMOUNT Non-MIS (MIS Primary) Miscellaneous Expenses for Kay Best for 71105000004 62410000 \$ 1.543.35 01 September 2005 - VISA **GST** \$7,543.35 OTHER ___ x CDN TOTAL AMOUNT OF CHEQUE US Site Phone Number Authorization Signature -Title Senior Vice-President Patient 943-0888 Southport Experience Dr. Bob Johnston(ACCOUNTS PAYABLE ONLY Vendor# T4A Code: Invoice # Cheque Code: PO# Sep Cheque: **Recurring Payment:** Start Date _____ Sort Code: End Date Sep Hnd Des:

of Payments ____ Cycle ____

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DATE CUSTOMER NUMBER ORDER NUMBER

09/12/05 2206459 01346938001

PO NUMBER

P1

[C]BEST,K

B KAY BEST

CALGARY HEALTH REGION

L 10101 SOUTHPORT ROAD S.W.

T CALGARY AB T2W 3N2

O CANADA

KAY BEST

S VP, RISK MANAGEMENT

CALGARY HEALTH REGION

P 10101 SOUTHPORT ROAD S.W.

T CALGARY AB T2W 3N2

O CANADA

DP

PHONE: (403) 943-1140 UPS CANADIAN AIR RR Page 1

BIN LOC. 00 PROD NO. PP SHIP QTY BACK ORDER

CK ORDER DATE

VENDOR

DESCRIPTION

102JD6

1495

M70074

1

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GST# 129-795001

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DUTY: \$0.00

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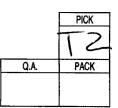
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01346938981 UPS CANADIAN 73 09/12



Subject: Great Strategy and Great Results

Date: Tue, 26 Jul 2005 11:13:23 -0400

From: Harvard Business Review OnPoint https://doi.org/10.net/

Reply-To: Harvard Business Review OnPoint hbr.KWUM1.105849@hbr.ed10.net

To: Kay.Best@CalgaryHealthRegion.ca



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Most companies' strategies deliver only a fraction of their promised financial value. Why? Some business leaders can't determine whether it's the strategy or the execution that needs fixing—so they overhaul one when they should have attacked the other.

Many leaders never communicate their strategy in clear, compelling language—leaving unit managers confused about how to prioritize their efforts. Still others get sidetracked by operational problems—frittering away precious time they should have invested in strategic decision-making instead. How to avoid these errors? Apply the straightforward rules laid out in this Harvard Business Review OnPoint collection.

Here's a taste: Articulate-in simple, concrete, and memorable terms-what your company will and won't do to compete. Uncover and debate the assumptions underlying your strategic plan. Continuously monitor performance as you roll out your plan—rather than waiting for a major milestone. Applying these rules takes discipline. But the reward is well worth it: You formulate sound strategies and make the right midcourse corrections while implementing them. And you elevate your company's financial performance significantly, as high-performing companies like Cisco Systems, Dow Chemical, and 3M have done.

ORDER THIS COLLECTION

In addition to a one-page overview, this collection includes three full-text Harvard Business Review articles, each with its own summary of key ideas and company examples to help you quickly absorb and apply the concepts, and an annotated bibliography for further exploration:

- >1 "Turning Great Strategy into Great Performance" by Michael C. Mankins and Richard Steele
- >1 "Transforming Corner-Office Strategy into Frontline Action" by Orit Gadiesh and James L. Gilbert
- > 1 "Stop Wasting Valuable Time" by Michael C. Mankins

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John Sorries

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Sept 12t

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Non-Members: Please submit form anytime. Processing will only take place after October 28, 2005.	attach/fax a business card. Complete one form per delegate.
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/Union/Not-for-Profit: \$1,195.00 + GST (\$83.65) = \$1,395.00 + GST (\$97.65) = \$ S1,395.00 + GST (\$97.65) = \$ of The Canadian Council for Public-Private Partnerships /Union/Not-for-Profit: \$1,395.00 + GST (\$97.65) = \$ \$1,595.00 + GST (\$11.65) = \$	○ Members/Non-Members GST Exempt	GST #:				
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partners@pppcouncil.ca Sponsorship received by Congress Canada. Cancellations received by November 18, 2005 will obtain a full refund less a \$195.00 administration fee. No received after this date will NOT receive a refund. Substitutions are permitted. Fees: Reg#: Cancellation Policy: Cancellations must be in shows or cancellations writing and must be I directly by November 15, 2005. se specify you are attending Public-Private Partnerships" To reserve, contact the Hilton Rec'd: l at a preferred conference Date Type: Toronto Hilton Hotel 145 Richmond Street West Toronto, ON M5H 2L2 Tel: 416-869-3456 Fax: 416-869-1463 erence. @ # People # People **Awards Dinner: November 28, 2005 – 7:00 p.m.** 8th Annual National Awards for Innovation and Excellence in Public-Private Partnerships. \$107.00 \$117.70 \$856.00 \$802.50

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Date: 05/09/21			

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\$100.00 per person \$110.00 per person

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Royal Bank

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST**

STATEMENT FROM JUN 09 TO JUL 09, 2007

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

DATE **ACTIVITY DESCRIPTION** AMOUNT (\$)

PREVIOUS STATEMENT BALANCE

\$1,049.99

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

JUN 29	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,049.99
JUL 01	VISA FEE	\$12.00 🗸
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	-\$1 037 99

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

	SUBTOTAL OF MONTHLY ACTIVITY	\$164.13
JUN 25	IMPARK LOT 00030031 CALGARY AB	\$16.00 ✓
JUN 18	STAPLES STORE #62 CALGARY AB	\$132.13 ✓
JUN 18	IMPARK LOT 00030031 CALGARY AB	\$16.00 ✓

TOTAL NEW BALANCE

\$176.13

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PAYMENT INFORMATION

Minimum payment \$10.00 Payment due date JUL 30, 2007 Credit limit \$10,000.00 Available credit \$9,823.87 Annual interest rate 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$1,049.99
Payments & credits	-\$1,049.99
Purchases & debits	\$164.13
Cash advances	\$0.00
Interest	\$0.00
Fees	\$12.00
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\$176.13 **NEW BALANCE**



PAYMENT REQUISITION

Instructions:

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VISA Business

CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST**

STATEMENT FROM JUN 10 TO JUL 08, 2005

 $s.17(1), 17(4)(e.1)_{1 OF}$

AMOUNT (\$) DATE **ACTIVITY DESCRIPTION** s.17(1), 17(4)(e.1)

JUN 14	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$675.27
JUL 01	VISA FEE	\$12.00
JUL 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,109.30
JUL 08	PURCHASE INTEREST	\$27.16
	SUBTOTAL	-\$1,745.41

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

JUN 06	YELLOW CAB EDMONTON AB	√ \$17.20
JUN 08	RICHMOND TAXI CO.HOLDINGSRICHMOND BC	<u>\$32.00 \</u>
JUN 11	REIDS STATIONERS LTD CALGARY AB	√\$29.43 [\]
JUN 14	STD PARKING-BANKERS MAIN CALGARY AB	√ \$18.00
JUN 15	CALGARY PARKING AUTHORITYCALGARY AB	√ \$ 8.00
JUN 20	CALGARY PARKING AUTHORITYCALGARY AB	√ \$4.25
JUN 24	IMPERIAL PARKING #101 EDMONTON AB	\$12.00
JUN 25	RUBAIYAT CALGARY AB	\$1,385.65
JUL 07		\$287.50
	SUBTOTAL $s.17(1), 17(4)(g)(i)$	\$1,794.03

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Do not lend out your Visa card. Use caution when giving account numbers out to unknown vendors and to try and keep the card in your view during transactions. A PIN is never to be stored in the same location of your card. Never give out your credit card number or personal information over the phone unless you initiated the call.

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> IMPORTAGE FORMATION

CONTACT US

1-800-769-2512 Customer Service / Lost & Stolen (416) 974-7780 Collect Outside North America

PAYMENT INFORMATION

Minimum payment	\$55.00
Payment due date	JUL 29, 2005
Credit limit	\$10,000.00
Available credit	\$8,166.81
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	\$1,784.57
Payments & credits	-\$1,784.57
Purchases & debits	\$1,794.03
Cash advances	\$0.00
Fees	\$12.00
Interest	\$27.16

New balance \$1,833.19

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CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

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Contact

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Date

DISTRIBUTION:

CRHA E-Mail

White - Finance

Phone # 1 Yes 1 No 943-1140

TOTAL CHEQUE AMOUNT

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s.17(1), 17(4)(e.1)	BANKER S HALL CALGARY AB RECEIPT A1 IN: 13/06/05 12:18 OUT: 13/06/05 14:57 PAID: \$ 18.00 VISA AUTH. CODE REF. AB07921 GST INCLUDED	NcDougall 451 - 6 Street SW CAN-TZP 4A2 Calgary, 6 Tax Code CA GST #119457 POF 1 (12) Cashier 14/06/05 15:53 Receipt 043529 Short-term Parking Short-term Parking tkt McDougall Parkade 14/06/05 15:53 Period 0c001h38, (GST) \$8. Gross total \$8. Pagment \$6. THIS IS YOUR RECEIPT Thank you for your patron. CALGARY PARKING AUTHOR	8 80 100 148 52 s.17(1), 17(4)(e.1)	



CALGARY REGIONAL HEALTH AUTHORITY

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

KAY BEST

STATEMENT FROM AUG 10 TO SEP 07, 2007

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)	
	PREVIOUS STATEMENT BALANCE	\$457.82	
	s.17(1), 17(4)(e.1)		
AUG 10	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$176.13	
SEP 07	PURCHASE INTEREST	\$6.08	
	SUBTOTAL OF MONTHLY ACTIVITY	-\$170.05	
	s.17(1), 17(4)(e.1)		
AUG 08		\$103.70	
AUG 28	STAPLES STORE #110 CALGARY AB s. 17(1), 17(4)((g)(i)\$46.66	
SEP 05	HAR*HARVARD BUSNSS SCH 617-783-7500 MA Foreign Currency-USD 33.16 Exchange rate-1.07991!	\$35.81 -	
	SUBTOTAL OF MONTHLY ACTIVITY	\$186.17	
	TOTAL NEW BALANCE	\$473.94	

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CONTACTOS	
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Collect Outside North America	(416) 974-7780

<u>PA</u>	YME	<u>ni ti</u>	<u>FORM</u>	<u>ATION</u>

Minimum payment	\$15.00
Payment due date	SEP 28, 2007
Credit limit	\$10,000.00
Available credit	\$9,526.06
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		\$457.82
Payments & credits	-\$176.13	
Purchases & debits	\$186.17	
Cash advances	\$0.00	
Interest	\$6.08	
Fees	\$0.00	
rees	\$0.00	

NEW BALANCE \$473.94





CHEQUE REQUISITION

INSTRUCTIONS:

A/P Approval:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE INFORMATION DATE REQUESTED BY (Print) DEPARTMENT PHONE NO (in full) Office of Executive Vice-President. 07-09-18 Risk Management & CFO 943-1140 **Bonnie Bueckert** MAKE CHEQUE PAYABLE TO: Royal Bank Visa MAILING ADDRESS (for forwarding of cheque) Canada Post: Payment Centre, P. O. Box 4016, Station "A" Province ON Postal Code M5W 2E6 City Toronto Interoffice Mail: Department Site PURPOSE OF CHEQUE REQUEST Miscellaneous VISA Expenses for Kay Best for August & September, 2007 Enclose attached documents (originals) with cheque Also GST Exempt Letter -CODING & AUTHORIZATION Functional Centre **ACCOUNT** s.17(1), 17(4)(g)(i)Non-MIS (MIS Primary) (MIS Secondary) **AMOUNT DESCRIPTION** 71105000004 62410000 103.70 expenses for Kay Best for July/August 2007 01 71105000004 49510001 46.66 Supp[lies 01 71105000004 49010002 35.81 Book 01 *7*1105000047 62410000 6.08 Interest **GST** \$ 192.25 TOTAL AMOUNT OF CHEQUE x CDN US OTHER Authorization Signature **T**itle Phone Number Site 943-1103 Southport President & CEO ACCOUNTS PAYABLE ONLY **Ť4A Code:** Vendor # Cheque Code: Invoice # PO # Sep Cheque: Sort Code: **Recurring Payment:** Start Date _____ Sep Hnd Des: End Date

of Payments Cycle

Subject: Your HBS Invoice 174338 -- Thank you

Date: Wed, 05 Sep 2007 21:38:03 -0400 From: CustomerService@hbsp.harvard.edu To: Kay.Best@CalgaryHealthRegion.ca

ORIGINAL INVOICE

Thank you for your most recent order of HBSP materials. We are sending the following documentation for your records.

Invoice Date : 09-05-07 Invoice # : 174338 Customer # : 2206459 PO : [C]BEST,K

Bill Attn

Terms : PREPAID; DO NOT SEND PAYMENT

Sold to:

KAY BEST
CALGARY HEALTH REGION
10101 SOUTHPORT ROAD S.W.
CALGARY AB T2W 3N2
CANADA

Ship to:

KAY BEST VP, RISK MANAGEMENT CALGARY HEALTH REGION 10101 SOUTHPORT ROAD S.W. CALGARY AB T2W 3N2 CANADA

		Unit Price		Net Amount		Code	Description		
1	0	24.95	0.2	19.96	00	3531	DECISION MAKING/	HEART COLL	
12	2.00 L.20	Subtotal Shipping Tax Payment	& Hand		dit	card	ending in	s.17(1), 17(4)(e.1))

\$0.00 Balance

Your confirmation number is: 01215091001

Line types:

00 Shipped Item

We appreciate your interest in Harvard Business School Publishing. If we can be of further assistance, please contact our Customer Service Department at 800-988-0886, 617-783-7500, fax 617-783-7555, Monday through Friday 8am - 6pm ET, or simply reply to this email.

Please visit our web site at http://www.harvardbusinessonline.org and our distance learning site at http://elearning.hbsp.org



This document was sent to: kay.best@calgaryhealthregion.ca [hbsPOPS]

104

W Harvard Business Online

NEWSLETTER SUBSCRIPTION RENEWAL

Thank You

For your reference, your Web Id order number is 784035430

Your order will ensure continued newsletter service

If you have any questions or comments regarding your subscription, please contact our Customer Service Department, Monday - Friday 8:00 am - 6:00 pm Eastern Standard Time at 800-668-6705 US and Canada, 617-783-7474 internationally, or email us at corpcustserv@hbsp.harvard.edu

FINISHED

Subject: Special Renewal Offer for Harvard Management Update

Date: Mon, 27 Aug 2007 14:39:28 -0600 (MDT)

From: Harvard Management Update https://www.net-page-10.000

Organization: Harvard Business School Publishing.

To: Library Services Ssb-Agc 42C <Kay.Best@CalgaryHealthRegion.ca>

RESPOND WITHIN 10 DAYS TO AVOID MISSING THE NEXT ISSUE!

Dear Library Services Ssb-Agc 42C,

Your subscription to Harvard Management Update has expired. The computer is scheduled to delete your name from the active file on our next update.

I can stop this from happening, but only if you give me the go-ahead right now. With your paid order, we'll rush you a FREE copy of "The Harvard Business School Publishing Guide to Smart Negotiation: Critical Decisions."

Click here to act now:

But you have to move fast! Unless I hear from you within 10 days, it is highly unlikely that I will be able to avoid termination of your Harvard Management Update subscription.

I anxiously await your response.

Sincerely, Greg Daly Fulfillment Manager, Newsletters Harvard Business School Publishing

PS -- if you have any questions with the renewal page, please send an email to corpcustserv@hbsp.harvard.edu and be sure to include your name, account number, and description of the problem.

The account number for your subscription is 002158069

To be removed from our list, click here: http://www.subscription-dept.com/cgi-shl/ifsi12a.exe?harv&hbspromeB002158069

Privacy policy:

http://harvardbusinessonline.hbsp.harvard.edu/b02/en/common/util_privacy_policy.ihtml

HBSP | 60 Harvard Way | Boston, MA 02163

[[HB01_REC-5SP09]]



CATHERINE REST				
PAY TO THE CALGAUS ORDER OF CALGAUS ONE WOUNDER ORDER OR	s.17(1), 170 Health Red Turll	ero.	\$ 10570 TOO DOLLARS Security features included Details on back	
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ODI IA				
Calgory Reposted Health Audhorry	D ACH GWHC C CBVCC MP1 C CHR PLC FMC PL9-8	□ RGH □ 7th Ave □ 7th T	Date	CHEQUE VERIFICATION
From: Department Office offi	e CFD	Contact BOAN	e Byerker	CRHA E-Mail Phone # CP Yes No Ph 3 - 11 + 0

\$ amount

DISTRIBUTION:

White - Finance

TOTAL CHEQUE AMOUNT

Yellow - Retain for your records

Deposit the following cheque from:

Functional Centre

FINANCIAL CODE

00824 (99/02)

STAPLES Business Depot
Store # 110
5662 Signal Hill Centre Drive SW
Calgary, AB T3H3P8
403-217-7070

Sale 00075 12 004 37373 0110 08/28/07 03:13

JETSTREAM RT 2PK		
070530738377		6.92G
- · · ·		0.000
		6.92G
070530738377		6.92G
NOTEBOOK 11 X 8		
0697753333331	11.63	23.26G
ototal		44.02
GST 6.00%		2.64
al		\$46.66
а		46.66
	070530738377 JETSTREAM RT 2PK 070530738377 JETSTREAM RT 2PK 070530738377 NOTEBOOK 11 X 8 069775333331 itotal GST 6.00%	070530738377 JETSTREAM RT 2PK 070530738377 JETSTREAM RT 2PK 070530738377 NOTEBOOK 11 X 8 069775333331 11.63 itotal GST 6.00%

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

Visa Swiped Purchase Authorization Number 023754 0010015410 37373 66058298 75 08/28/07 15:14:21 01/027 APPROVED - THANK YOU

Thank you for shopping at STAPLES Business Depot! We will not be undersold!

INTERESTED IN EXPLORING A CAREER WITH US? VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586

0 1 1 0 0 8 2 8 0 7 3 7 3 7 3 0 4

876763

VISA Business

CALGARY'REGIONAL HEALTH AUTHORITY

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

KAY BEST

STATEMENT FROM MAR 10 TO APR 08, 2005

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
***************************************	s.17(1), 17(4)(e.1)	
MAR 22	PAYMENT - THANK YOU / PAIEMENT - MERCI	6204.55
APR 04	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$201.56
APR 08	PURCHASE INTEREST	-\$3,487.06
		\$55.09
	SUBTOTAL	-\$3,633.53
	s.17(1), 17(4)	(e 1)
MAR 10	STD PARKING-BANKERS MAIN CALGARY AB	
MAR 10	STAPLES/BUSINESS DEPOT CALGARY AB	\$19.00 \ ´
MAR 25	BROVEN DI ATT CALCADI	\$59.09 🗸
MAR 29	BROKEN PLATE CALGARY AB	\$45.48 1/
	CONFERENCE BOARD OF CA OTTAWA ON	\$1,425.00
APR 05	WILDWOOD GRILL CALGARY AB	
APR 05	FRANKLIN COVEY CANADA LTDCAMBRIDGE ON	\$250.70
	SUBTOTAL	\$134.21
		\$1,933.48

IMPORTANT INFORMATION

CONTACT US	
Customer Service Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PATMENT INFORMATION	i
Minimum payment	\$60.00
Payment due date	* * * * * *
Credit limit	APR 29, 2005
	\$10,000.00
Available credit	\$8,011.43
Annual interest rate	18.50%

\$3,688.62 -\$3,688.62 \$1,933.48 \$0.00 \$55.09

New balance \$1,988.57





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFOR	MATION					
DATE			ED BY (Prin	nt)	DEPARTMEN	т	DHONE NO (in full)
			•	••,		utive Vice-President,	PHONE NO (in full)
05-04-2	<u>20</u> B	Bonnie Bu	eckert		Risk Manager		943-1140
MAKE C	HEQUE	PAYABI	LE TO:	Royal I	Bank Visa		
MAILING	ADDR	ESS (fo	or forwardir	ng of ch	eque)		
Cana	ıda Pos	t: <u>P</u>	'ayment Cer	ntre, P. C	D. Box 4016, Station	"A"	
		Cit	ty <u>Toronto</u>	<u> </u>	Provinc	e ON Postal	Code M5W 2E6
Intero	ffice Ma	ail: De	epartment				
		Site	.e				
PURPOS	E OF C	HEQUE	REQUEST	Miscell	laneous Expenses for	Kay Best for March & Ap	oril 2005 - VISA
				(origina	als) with cheque	Also GST Exemp	ot Letter -
CODING 8			ON				
		ctional					· · · · · · · · · · · · · · · · · · ·
Non-MIS		entre Primary)	ACCOU		ANAOLINIT		
01		000004	(MIS Second 624100		AMOUNT \$ 1,988.57	DESCRIPTION Miscellaneous Expens	C V D - of far Morch
	, , , , , ,		<u></u>		ቅ 1,800.07	Miscellaneous Expens & April 2005 - VISA	es for Kay Best for March
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			<u> </u>			COT	
			<u> </u>		2:000.57	GST	
			UNT OF CH		\$ 1,988.57	x CDN US	OTHER
Authorizat	ion Sigr	nature /		Title		Phone Number	Site
Dr. Bob Johr	nston			Senior V Patient F	/ice-President and Adviso	or, 943-1180	Southport
ACCOUNT		ABLE ON	LY		-Apoliciioc		
T4A Code						Vendor#	
Cheque	Code:						
Sep Chec	que:						
Sort Code	e:			R	Recurring Payment:		
Sep Hnd	Des:					End Date	
A/P Appro	oval:				#	of Payments	Cycle

The Conference Board of Canada Insights You Can Count On

INVOICE

Invoice No. 75818

255 Smyth Road, Ottawa, ON K1H 8M7 Canada Tel. (613) 526-3280 • Fax (613) 526-4857 • Inquiries 1-866-711-2262 www.conferenceboard.ca

Sold To: Ms. Catherine M. Best

GST Remittance Number: R118778091

Tax Amount: \$0.00

Executive Vice-President, Risk Management

and Chief Financial Officer Calgary Health Region 10101 Southport Rd. S.W. Calgary AB T2W 3N2 Ship Ms. Catherine M. Best To: Executive Vice Preside

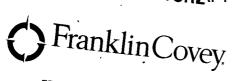
Executive Vice-President, Risk
Management and Chief Financial Officer
Calgary Health Region

10101 Southport Rd. S.W. Calgary, AB T2W 3N2

Account N	10.	Purchase Order I	No.	Order Date	Order Number	1	Terms	Invoice Date
6928	5			3/24/2005	138769	Pay C	n Receipt	3/24/2005
Qty	Descript	ion	•			•	Unit Price	Extended Price
1 1	5/25/20 Toronto 05-0066 2005 CI 05-0066 Concurr 05-0066	FO Challenge 6/CONC A1 rent Session A1 6/LNCH on and Keynote Pro	esentation	CONFERE 255 SMVTH ROAD 10: A4048832 STORE: 4048832 SALE SIGNATURE X VISA	SLIP #: 0864 \$1,425.00	LIENT	1,425.00	1,425.00
Line Ite	m Total	Other	Tax	Subtota	al Amount R	eceived	Amo	unt Due
1,42	25.00			1,425.0	00 1,425	5.00		

111

INVOICE / FACTURE PPLICANT COPY



FRANKLIN COVEY CANADA, LTD. 60 Struck Court Cambridge, Ontario N1R 8L2

10120739 000 BILL TO / FACTURER À	INVOICE NO. / N° DE FACTURE 30201897
CATHERINE RECT	SHIP TO / EXPÉDIER À CATHERINE BEST
CANADA S. 17(1), 17(4)(g)(i) ATTENTION - NOTES /	CANADA ATTENTION - NOTES

N1R 8L2	CAN	ADA - 17(1) 17(4)	(-)(:)			
- WWW franklin		s.17(1), 17(4)		CANADA		
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3 0 28697 CL	LEADERSHIP APROS RE	FTTT	PRIX U	NITAIRE I DIS	C. LA	R ED PRICE
1 0 25287 CL 1	WORK COMPASS INSERT	2 - TPP		DES	C. EXTENDE	D PRICE
	LEADERSHIP LINED PAC CUSTOM TABS	- 		1.99		SITE
FREI	Gum	-25		5.99	6	1.99
GOOD	S AND CHES			7.99	1	1.98
	S AND SERVICES TAX		9	9.99	2	3.97
			1			9.99
			1	1	1	7.50
			1			3.78
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POURDS	DE PLUS DE 20	PAYMENT APPLIED	<u> </u>		-	7
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	- 1.5% PAR MOIS.	BALANCE DUE				
		SOLDE DÉBITCUS			124 - (

PA	SOLDE DÉBITEUR
CUSTOMER PEAN	
Please enclose this payment stub with remittance to:	CE COPY / COPIE DE CLIENT
FRANKLIN COVEY CANADA LTD	CUSTOMER NAME / NUMBER NOM DU CLIENT / No. DE CLIENT
60 STRUCK COURT, CAMBRIDGE, ONTARIO N1R 8L2 TEL. (519)740-2580 FAX (519) 740-1068 CUSTOMER CARE TOLL FREE/SANS FRAIS 1-866-742-2487	INVOICE NO. No. DE LA FACTURE PA. INVOICE BALANCE 10120730
300742-2487	BALANCE DE LA FACTURE BALANCE DE LA FACTURE REMITTANCE AMOUNT MONTANT DU PAIEMENT

INSERT THIS END UP

... BROKEN PLATE ... ib MACLEOD BANKER'S HALL CALGARY AB S . T. JARY RECEIPT 277abb13 IN: 09/03/05 06:52 9266\$.17(1), 17(4)(e.1) OUT: 09/03/05 12:12 PAID: --- 05 08:58 \$ 19.00 VISA Explored to un Name KA: BEST s.17(1), 17(4)(e.1) AVIII. LODE 7 106 REF. In. # 3912 GST No. R11122232770 1227999 (1001 GST INCLUDED 7.10G Auth - 067956 11.636 P. Auth Purchase 6 oc Tip 11.63G Total ROTH 40.7 5.656 Customer + 373 Blette. 378795 H 5.654 *I INTE FO t. 460 52.22s.17(1), 17(4)(e.1) Vasa Se med Visa Franky 6 Authorization Number -195281 0010016580 92664 6605769S 03/10/05 08:52:02 01/027 / FisoVED THANK YOU

Thank you for shopping at STAPLES Business Depot! We will not be unuescold!

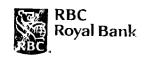
INTERESTED IN EXPEDICAGE A CAREER WITH US: VISI: 0000.GREATCAREEPSATSTAPLES.CA

Salt 1 A. Carrier and A.

\$ 250 70 ====

and the state of t

1-11-5



VISA Business .

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM DEC 08, 2007 TO JAN 09, 2008 $^{8.17(1)}$, $^{17(4)}$ (e.1) 1061

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	-\$288.87
	s.17(1), 17(4)(6	e.1)
DEC 06	REDWATER RUSTIC GRILLE CALGARY AB	\$54.71
DEC 10	WELLINGTONS CALGARY AR	****
DEC 12	WILDWOOD GRILL CALGARY AB	\$156.63
DEC 17	STD PARK-BANKERS HALL CALGARY AB	\$20.00 √
DEC 17	INST.CORPORATE DIRECTORS TORONTO ON	
JAN 06	STAPLES STORE #62 CALGARY AB	
JAN 06	CHAPTERS #964# CALGARY AB	\$34.86
	TOTAL NEW BALANCE	\$199.79

RSP deadline is Feb 29, 2008

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

IMPORTANT INFORMATION

1-800-769-2512
(416) 974-7780
\$10.00
JAN 30, 2008
\$10,000.00
\$9,800.21
18.50%

CALCULATING YOUR BALANCE				
Previous Statement Balance	-\$288.87			
Payments & credits	\$0.00			
Purchases & debits	\$488.66			
Cash advances	\$0.00			
Interest	\$0.00			
Fees	\$0.00			
NEW BALANCE	\$199.79			





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFOR	MATION										
DATE 08-01-2	25 R	EQUEST	ED BY (Prin	it)			f Exec	utive	e Vice-Pr	esident,	PHONE NO (in full))
	B	onnie Bu	eckert			Risk Ma					943-1140	
MAKE CHEQUE PAYABLE TO:				Royal	l Bank ∖	/isa						
MAILING	ADDR	ESS (f	or forwardir									
Canada Post: Payn			Payment Cer	itre, P.	O. Box	4016, S	tation	"A"				
		Ci	ty <u>Toronto</u>	<u> </u>		Pr	ovinc	e <u>C</u>	ON	_ Postal (Code M5W 2E6	
Interoffice Mail:		iil: De	epartment									
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PURPOS	E OF C	HEQUE	REQUEST	Misce	ellaneou	s VISA Ex	xpense	es for	Kay Bes	t for Decer	nber/07 & January/08	8
En	close at	ttached (documents	(origin	nals) wi	th cheq	ue	Als	so GST	Exemp	t Letter -	
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01	71105	000004	49510001			138.29	9 ₊	Corporate Directors breakfast session Supplies & United Way Flags		Flags		
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	TOTA	AL AMO	UNT OF CH	EQUE		\$ 199.	79	Х	CDN	US (OTHER	
Authorizat	tion Sigr	nature		Title	<u> </u>		1	Т	Phone I		Site	
Jack Davis		DIEON	D 1/	Preside	ent & CE)	·		943-1103		Southport	
CCCCIVI	SPAIR	IDLE ON	IL Y									
T4A Cod	e:	·							Vendor	#		
Cheque	Code:								Invoice	#		
Sep Chec	que:								РО	#		
Sort Cod	e:			i	Recurri	ing Payr	nent:	: 5	Start Da	te		
Sep Hnd	Des:								End Da	te		
A/P Appr	oval:	-1					#	of F	Payment	ts	Cycle	

Subject: Institute of Corporate Directors Purchase Confirmation

Date: Mon, 17 Dec 2007 18:15:23 -0500 (EST)

From: admin@icd.ca

To: Kay.Best@CalgaryHealthRegion.ca

Dear Ms. Catherine M. Best.

Enclosed is the information regarding your recent purchase:

Event Information: Calgary Chapter Breakfast Session

Event description:

Accounting standard setters and regulators in Canada have announced that commencing in 2011, the current financial reporting standards in Canada will be replaced by the International Financial Reporting Standards (IFRS). Many management groups are now assessing the potential impacts of these changes on the financial statements, and the resources required to adopt the new requirements.

Speakers:

Peter Greenwood - Peter managed the IFRS conversion project for British Telecom, and has recently joined KPMG in Canada

Leontine Atkins - As a leading IFRS resource partner at KPMG, Leontine worked with a number of senior European companies during the conversion to IFRS.

Details:

Item: Individual Registration

Qty: 1

Date/Time: 22/01/2008 - 07:15 AM

Location:

*Event Address: The Westin Calgary Mayfair Room 320 • 4th Avenue SW Calgary, AB

Event Contact: hchristopherson@osler.com

Name badges for all registrants will be at the registration desk (if applicable). For other event details please visit the Events section of the ICD website at www.icd.ca

Transaction details:

Total amount: \$37.74 Credit card Number:

Authorization Code: \$.17(1), 17(4)(e.1)

Card Type: VISA

Thank you for your order.

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

HRI - 00 - 1 - 1 - 9 - - D

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

STATEMENT FROM DEC 08, 2007 TO JAN 09, 2008

1 OF 1

RSP deadline is Feb 29, 2008

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

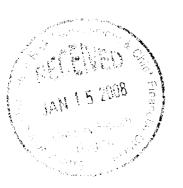
Minimum payment	\$10.00
Payment due date	JAN 30, 2008
Credit limit	\$10,000.00
Available credit	\$9,800.21
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

AVECATALISM LOOK BYTH	17-5
Previous Statement Balance	-\$2 88.87
Payments & credits	\$0.00
Purchases & debits	\$488.66
Cash advances	\$0.00
Interest	\$0.00
Fees	\$0.00

NEW BALANCE \$199.79

PREVIOUS STATEMENT BALANCE -\$288.87 s.17(1), 17(4)(e.1) **DEC 06** REDWATER RUSTIC GRILLE CALGARY AB \$54.71 V DEC 10 WELLINGTONS CALGARY AB \$81.29 🗸 **DEC 12** WILDWOOD GRILL CALGARY AB \$156.63 🗸 STD PARK-BANKERS HALL CALGARY AB **DEC 17** \$20.00 **DEC 17** INST.CORPORATE DIRECTORS TORONTO ON **\$37.74** · / **JAN 06** STAPLES STORE #62 CALGARY AB \$103.43 JAN 06 CHAPTERS #964# CALGARY AB \$34.86 **TOTAL NEW BALANCE** \$199.79



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

007 0079

00000000000 00**01000** 000019979



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$199.79

MINIMUM PAYMENT \$10.00

PAYMENT DUE DATE JAN 30, 2008

AMOUNT PAID

VISA Business

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

RBC0150120_1201960_006-32626

03383

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN ACCTS PAYABLE 10101 SOUTHPORT RD SW CALGARY AB T2W 3N2

Payment options

Telephone banking 1-800-769-2511

Online banking www.rbcroyalbank.com
 RBC Royal Bank ATM

- RBC Royal Bank Branch

· By mall

Detach and return with payment. Please do not send cash through the mail. Please do not staple or damage this form.

117 moo liii 8 ii

96

Corinne Adams, Manager Accounts Payable

February 6, 2008

Re: VISA Statement for Kay Best

I discussed the VISA bill with Kay this morning and pointed out that there were a couple of items that were not in compliance with Regional Policy #1428 – Travel Approval and Reimbursement. I also pointed out to her that the Internal Audit Report – Executive Expense Report dated October 12, 2007, reported that in a number of instances there was insufficient detail of expenses to determine whether or not they were in compliance with the Regional Policy.

She has requested that the VISA bill be paid as it is over due and then return the statement to her for discussion with Jack Davis.

I will ensure that I follow up with her.

In addition please ensure when you continue to review requests for reimbursement and forward to me those that that are not in compliance with Regional Policy.

Thanks

Steve Hardcastle

cc. Robert Hawes



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

AUTH. CODE AB02392
REF. NO. R11100230770
GST INCLUDED

REDWATER RUSTIC GRILLE

9223 McLeod Tr. South Tel: 403 253-4266 Check: 69915

Server: S Tara

Date: 12/06/2007

Table: 235

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

BEST/KAY AUTH

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ONLINE

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SUBTULAL 4

48.71

HP \$

1900

TOTAL \$

5471

** CUSTOMER COPY **

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REDWALLE RUSTIC

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TOTAL: 48.71

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Best Copy Possible

12/12/67 Fig. 3 simed To 1. Term: 3

WILLIAMON BELLVING COMPANY 2417 AIN STATE S.M.

CALGARY ALBERTA (403)228 0106

MERCHANT # 450247/01:00

LAK! TYPE AUTHINI MINGG. J 715A

Name: KAY BEST

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

00 TRANSACTION AFPROMED AUTHORIZATION A. 05/019

Reference: House,

TRANS 1704 Fredit Land SALE

CHECK: 136 63

1112

TOTAL:

PHUNE :

Duplicate Copy

CAROHOLDER WITH PAY CARD 1.00FR Above AMOUNT PURSUANT TO SCHOOLDER AGREEMENT

Please Leave Signed (opposit)

WILDWOOD BREW CO.

16.175.4 (46.9) 16.04 (5) 20.04 (7 10.09 12/12/0/ DINIBUL REMM

Sali Intal: 126.90 12/12 20:31 TOTAL: 136.63

GST# 89365462410001
RESERVATIONS 228-0100
FA 228-0076
COME DUT AND CHEER ON YOUR
CALGARY FLAMES
DOWN IN THE PUB
ALL GAMES AND PPY

STAPLES Business Depot
Store # 62
321-61st Avenue SW Bay #3
Calgary, AB T2H2W7
403-259-6928

Sale 00027 10 001 19173 0062 01/06/08 02:39

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,	021200983269		11.96G
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Thank you for shopping at STAPLES Business Depot! We will not be undersold!

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

INTERESTED IN EXPLORING A CAREER WITH US? VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586



Chapters

Store# 00964 (Napters Chinook Chinouk Centre, 645% Maileod Trail South, Unit Calgary 68 12H 0K9 Phone: (403) 212 0090 Far (403) 212 0109

Thank who for shopping at Chapters > Store# court room 12 and 194104
Operator 12 ANC 01/or 2008 16-19 IRFWARMS SALE

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

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0066620996		\$20,656
Original Price 30% Off Selected	\$29 GO \$ 8 VC	
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\$33,20 GST. 5 6. \$1.66 Total: \$34.86 VISA: \$34.86 ***********

Your Total Savinas: \$10.25 Promotions: \$8.85 IREWARDS \$1.40

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CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

FEB 02

SUBTOTAL

STATEMENT FROM JAN 08 TO FEB 09, 2005

 $s.17(1), 17(4)(e.1)_{1 \text{ OF } 1}$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	s.17(1), 17(4)(e	.1)
JAN 28	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$4,682.60
FEB 09	PURCHASE INTEREST	\$45.57
	SUBTOTAL	-\$4,637.03
	s.17(1), 17(4)((e.1)
JAN 11	YELLOW CAB EDMONTON AB	\$12.80
JAN 12	IMPARK LOT # 03-215 CALGARY AB PECELO	
JAN 12	CALPARKNGJAN11 12:22AM LOT 007 CAL AB	\$5.00
JAN 13	WELLINGTONS CALGARY AB	\$46.89
JAN 13	IMPARK 0257LOT# 11JAN0 CALGARY AB	\$5.00 /
JAN 21	FIN EXC INT 973.765.1013 973-765-1013 NJ Foreign Currency-USD 24.95 Exchange rate-1.254	\$31.30
JAN 27	STD PARKING-BANKERS MAIN CALGARY AB	
JAN 28		\$19.00
	CALPARKNGJAN27 03:30PM LOT 028 CAL AB	\$14.00 🗸
FEB 02	CALGARY AIRPORT AUTHORITYCALGARY AB	\$10.00



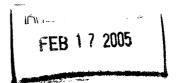
CONTACT US	
Customer Service Lost & Stolen	1-800-769-251
Collect Outside North America	(416) 974-778

PAYMENT INFORMATION	V
Minimum payment	\$10.00
Payment due date	MAR 02, 2005
Credit limit	\$10,000.00
Available credit	\$9,798.44
Annual interest rate	18.50%

CALCULATING YOUR BALAN	CE
Previous statement balance	\$4,682.60
Payments & credits	-\$4,682.60
Purchases & debits	\$155.99
Cash advances	\$0.00
Interest	\$45.57
Fees	\$0.00
New balance	\$201.56



\$155.99





CHEQUE REQUISITION

INSTRUCTIONS:

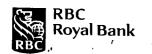
A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

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		Cit	y <u>Toronto</u>			Province	e ON Pestal	Code M5W 2E6	
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Sep Hno	d Des:					Net total GST (7%)	VOUR RECEIPT	REF. 61 THANK YOU FOR	
A/P App	roval:					Thank you	for your patronage	YOUR VISIT	
HA							PARKING AUTHORITY 7-7000 www.calgaryparking.com		

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APPLICANT COPY 55 Frotect yourself when traveling

Protect your RBC Royal Bank *Visa* card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM JAN 10 TO FEB 09, 2006

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

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
FEB 03	PAYMENT - THANK YOU / PAIEMENT - MERCI	2.1) - \$ 309.69
FEB 09	PURCHASE INTEREST	\$3.28
	SUBTOTAL	-\$306.41
	s 17(1) 17(1)(a 1	1)

			\$500.41
	s.1	$7(1), 17(4)(\epsilon$	e.1)
JAN 12	PEASEBLUSSUMS LTD CALGARY		\$90.95
JAN 13	AMAZON.CA AMAZON.CA ON	***************************************	\$48.92
JAN 19	CALGARY PARKING AUTHORITY	'CALGARY AB	\$8.00
JAN 19	WELLINGTONS CALGARY AB	********	7(4)(g)(i)\$47.20
JAN 22		~	\$681.73
JAN 24	THE POWER WITHIN TORONTO	ON	\$1,011.15
JAN 25	WILDWOOD GRILL CALGARY AB	······································	\$42.44
JAN 26	IMPARK LOT # 00030215 CALGA	ARY AB	\$16.00
JAN 27	STANDARD PARKING - CAL. HCA		\$6.25
FEB 01	WELLINGTONS CALGARY AB		\$71.67
FEB 04	STAPLES STORE #62 CALGARY A	 ъВ	\$26.39
FEB 06	STD PARK-BANKERS HALL CALG		\$25.00
	SUBTOTAL		\$2,075.70

You could win \$25,000!

Use your *Visa* card and you could win \$25,000 for you and \$25,000 for Team *Visa* athletes. Every time you use your card in Jan. and Feb., you're automatically entered for a chance to win. No purchase necessary. Call 1 800 590 6329 or visit www.visa.ca for full contest details.

IMPORTANT INFORMATION

CONTACT US	
------------	--

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$63.00
Payment due date	MAR 02, 2006
Credit limit	\$10,000.00
Available credit	\$7,921.02
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	
	\$309.69
Payments & credits	-\$309.69
Purchases & debits	\$2,075.70
Cash advances	\$0.00
Fees	\$0.00
Interest	\$3.28

New balance \$2,078.98







CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	NFORMATION	-				
DATE		D BY (Print)	DEPARTMENT	utive Vice-President,	PHONE NO (in full)	
06-03-2	U Bonnie Bue	eckert	Risk Managem	-	943-1140	
MAKE CH	HEQUE PAYABL	.E TO: Royal Ba	ank Visa		4,000,000	
MAILING	ADDRESS (fo	or forwarding of che	que)			
Cana	da Post: P	ayment Centre, P. O.	Box 4016, Station	"A"		
	Cit	y Toronto	Province	e ON Postal	Code M5W 2E6	
Interof	fice Mail: De	partment				
	Sit	e		FM 4		
PURPOS	E OF CHEQUE	REQUEST Miscella	neous VISA Expense	es for Kay Best for Janu	uary & February/06	
□ En/	close attached (documents (originals				
		•	s) with cheque	Also GST Exem	pi Leiler - 	
ODING 8	AUTHORIZATI	ON		Г		
	Functional Centre	ACCOUNT				
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01	71110101009	62410000	202.23	January & February/0	6 ence for Roberta Wheeler	
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			131			

RBC Royal Bank

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM JAN 10 TO FEB 09, 2006

 $s.17(1), 17(4)(e.1)_{0f}$

TICANT COPY

s.17(1), 17(4)(e.1)-5309.69 PAYMENT - THANK YOU / PAIEMENT - MERCI FEB 03 \$3.28 **PURCHASE INTEREST** FEB 09 -5306.41 SUBTOTAL s.17(1), 17(4)(e.1) \$90.95 1 PEASEBLOSSOMS LTD CALGARY AB **JAN 12** \$48.92 AMAZON.CA AMAZON.CA ON **JAN 13** \$8.00 ✓ CALGARY PARKING AUTHORITYCALGARY AB **JAN 19** \$47.20 V WELLINGTONS CALGARY AB **JAN 19** s.17(1), 17(4)(\frac{6}{2})(i\frac{7}{3}) **JAN 22** THE POWER WITHIN TORONTO ON **JAN 24** \$42.44 WILDWOOD GRILL CALGARY AB **JAN 25** \$16.00 V IMPARK LOT # 00030215 CALGARY AB **JAN 26** \$6.25 \ STANDARD PARKING - CAL. HCALGARY AB **JAN 27** \$71.67./ WELLINGTONS CALGARY AB FEB 01 \$26.39 ¥ STAPLES STORE #62 CALGARY AB FEB 04 \$25.00V STD PARK-BANKERS HALL CALGARY AB FEB 06

You could win \$25,000!

SUBTOTAL

Use your Visa card and you could win \$25,000 for you and \$25,000 for Team Visa athletes. Every time you use your card in Jan. and Feb., you're automatically entered for a chance to win. No purchase necessary, Call 1 800 590 6329 or visit www visa.ca for full contest details.

Protect yourself when traveling

Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

IMPORTANT INFORMATION

CONTACT US

1-800-769-2512 Customer Service / Lost & Stalen (416) 974-7780 Collect Outside North America

PAYMENT INFORMATION

\$63.00 Minimum payment MAR 02, 2006 Payment due date \$10,000.00 Credit limit \$7,921.02 Available credit 18.50% Annual Interest rate

CALCULATING YOUR BALANCE

Previous statement balance	\$309.69
Payments & credits	-\$309.69
Purchases & debits	\$2,075.70
Cash advances	\$0.00
Fees	\$0.00
Interest	\$3.28
Interest	

\$2,078.98 New balance

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

\$2,075.70

001 0018

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REC ROYAL BANK VISA PAYMENT CENTRE P.O BOX 401E, STATION TA TORONTO, ONTARIO MSW 2E6

NEW BALANCE \$2,078.98

MINIMUM PAYMENT \$63.00

PAYMENT DUE DATE MAR 02, 2006

AMOUNT PAID \$2078.98

4200 CO

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

RBC0150120_3713343_008-48143

01559

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN TREASURY DEPARTMENT 10101 SOUTHPORT RD S.W. CALGARY AB T2W 3N2

Payment options

MICA Riielnace

Telephone banking 1-800-769-2511

Online banking www.rbcroyalbank.com

RBC Royal Bank ATM

RBC Royal Bank Branch

- By mail

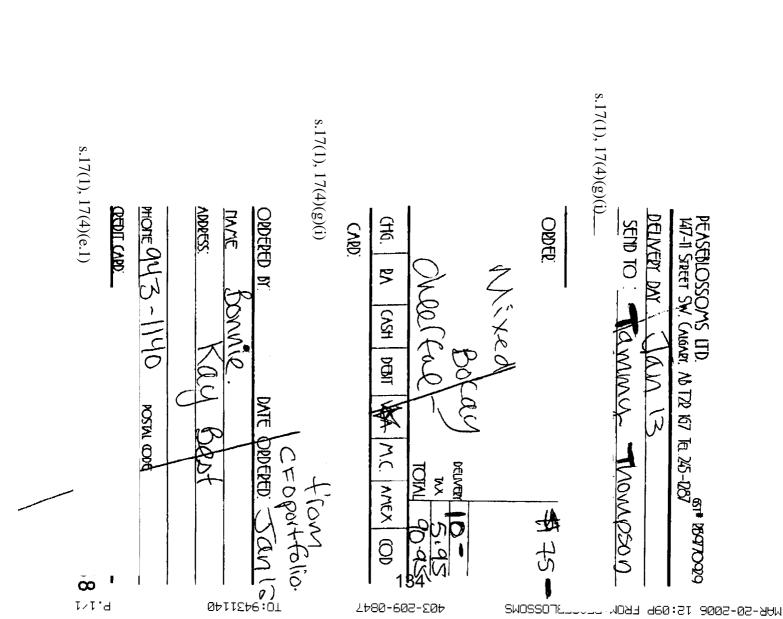
Detach and return with payment. Please do not send cash through the mail. Please do not staple or damage this form.



calgary health region

caiga	if y fleater region		8
To: 9	Kay Best 3-1152 Accounts Payable, Financial Services	Date ⁻	
RE:	INVOICE NEEDING AUTHORIZATION		
The for pay	ollowing information is required before the a syment. Che requisition for Approval authorization signature.	Itached invoice(s) can b	oe processed
	Current and complete General Ledger co-	ding	
Pleas	Purchase Order Required e return the invoice(s) to Accounts Payable	e, Financial Services, Sc	outhport

Thank you, Diane Taylor, 943-0857 Accounts Payable, Financial Services, Southport



From "Amazon.ca" <ship-confirm@amazon.ca>

Sent Thursday, January 12, 2006 7:50 pm

То

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

Cc

Bcc

Subject Your Amazon.ca order has shipped (#701-2561415-8480324)

(Vous trouverez la version française de ce courriel au bas de la page.)

Greetings from Amazon.ca!

We thought you'd like to know we shipped your items, and that this completes your order.

Thanks for shopping at Amazon.ca, and we hope to see you again soon!

You can track the status of this order, and all of your orders, online by visiting the Your Account page at http://www.amazon.ca/your-account/. There, you can:

- * track order and shipment status.
- * review estimated delivery dates.
- * cancel unshipped items.
- * return items, and do much more!

The following items were included in this shipment:

	onowing it	ems were include	a in thi	s snipment:	
Qty	Item	P	rice	Shipped Subt	otal
1 1	Good to	e Boardroom: Ho Great and the So mazon.ca, Inc -	cial C		1 CDN\$ 32.99 1 CDN\$ 12.73
		Subtotal: CDN\$ & Handling: CDN			
	То	tal tax: CDN\$ 3	.20		
		GST: CDN	\$ 3.20		
		PST: CDN:	\$ 0.00		

Total: CDN\$ 48.92

Paid by Visa: CDN\$

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

This shipment was sent to:

Kay Best

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

via Canada Post Expedited.

For your reference, the number you can use to track your package is 7005420307354493. You can refer to our Web site's Help page or:

http://www.amazon.ca/wheres-my-stuff/

to retrieve current tracking information. Please note that tracking information might not be available immediately.

For your reference, the numbers you can use to track your packages are 7005420307354493. You can refer to our Web site's Help page or:

http://www.amazon.ca/wheres-my-stuff/

to retrieve current tracking information. Please note that tracking information might not be available immediately.

If you've explored the links on the Your Account page, but still need to get in touch

with us about your order, you can find an e-mail form in our Help department at

http://www.amazon.ca/help/.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

Thank you for shopping with us!

.

Amazon.ca

http://www.amazon.ca/

Salutations de la part d'Amazon.ca!

Nous avons le plaisir de vous informer que nous avons expedie votre procede aujourd'hui a l'expedition de vos articles, ce qui complete le traitement de votre commande.

Nous vous remercions de votre confiance.

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- Connaitre la date de livraison prevue pour vos colis.
- Annuler une commande non expediee.

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CRHA Calgary Regional Health Authorsy	☐ CBVCC ☐	J GWHC 日 RG J MP1 日 7th J PLC 日 Oth J PL 9-6 <u>ち</u> で	Ave er	CH Date	EQUE VERIFICATION
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			amount		\$ <u>681.73</u>
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7991

BONNIE BUECKERT CALGARY HEALTH REGION 10101 SOUTHPORT ROAD SW CALGARY, AB, CANADA T2W 3N2

CONTACT INFO

CALGARY HEALTH REGION 10101 SOUTHPORT ROAD SW CALGARY, AB, CANADA T2W 3N2

TEL(W): 403-943-1140 TEL(O):

FAX: EMAIL:

BONNIE.BUECKERT@CALGARYHEALTHREGION .CA

	TOTAL TICKETS B				
	TOTAL TICKETS P	URCHASED	REP ID	DATE PURCE	IASED ,
METH	5 IOD OF PAYMENT		229	01/24/20	
(4)	VISA		LED TO	CARD	#
QTY		DESCRIPTION		LINIT DRICE	
5	GENERAL REGISTRA	TION - TELUS CONVENT WITHIN FOR WOMEN 2	ION CENTER CALGARY POWER	UNIT PRICE \$189.00	TOTAL \$945.00
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				SUB - TOTAL	\$945.00
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STAPLES Business_Depot Store # 62 Bay #3 321 - 61st Avenue SW Calgary, AB T2H2W7 403 259-6928

Sale

00060 3 001 67811 0062 02/04/06 03:54

1	FOUNTAIN PEN 067897000285	3.92G
1	FOUNTAIN PEN 067897000285	3.92G
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01	/027 APPROVED - THANK YOU	

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K Table: 25

Date: 02/01/2006

Time: 13:31

Client: 2

2 1 1 2 1 1 1	Virgin Caesar 60z Filet Lunch Sole Meuniere Coffee Dutch Apple Fie Ala Mode Mud Pie	5.00 21.00 16.00 4.00 5.50 1.50 6.50				
	SUB-TOTAL: GST (R10561718):	59.50 4.17				

TOTAL:

63.67

₩ellington's/Oscar's Please pay server. Thank-you.

BANKER'S HALL CALGARY AB CALGARY AB 03/02/06 08:2 03/02/06 12: 03/02/06 12: 0. \$ 25.0	
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s.17(1), 17(4)(e.1)

Convention Centre 1978 - 1978	Main POF Cashier 0 18/01/06 13:32	Receipt 034891	Short-term Parkina tkt Short-term Parkina tkt Convention Center 18/01/06 17:55	377, 48.	Gross total କଃ.ଥେଷ	Pasment #8.80	Net total 65.52 651 (22)	All amounts in CAD. Deliv. Date=Receirt Date
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.17(1), 17(4)(e.

WELLINGTONS/OSCARS 10325 Bonaventure Dr. SE Tel: 403-278-5250

Date: 01/19/2006 Time: 13:11

Server: Rich

Table: 6

VISA

Server: Rich Tel: 403-278-5250

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE

Table: 6 Client: 2 Date: 01/19/2006 Time: 13:08

Herb Tea Virgin Caesar Coffee Salmon Filet 90°22 95°2 200 2.00

6ST (R10561718): SUB-TOTAL: 28.50 : 70

APPLICAN

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

Wellington's/Oscar's Please pay server. Thank-you.

** CUSTOMER COPY **

Wellington's/Oscar's Please pay server.

Thank-you.

PLACE THIS SIDE UP ON DASH

474 25

PLACE THIS SIDE UP ON DASH

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

-thenke fon

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K Table: 25

Date: 02/01/2006 Time: 13:35

HEA

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

MERCHANT# AUTH

002638 9999

ONL INE

SUBTOTAL \$ 63.67

C11111

TIP \$ 80

TOTAL \$ 7167

** CUSTOMER COPY **

Wellington's/Oscar's Please pay server. Thank-you.

Lahame W. Bess

CARTHULE: PHONE: (

MI TO CARDHOLDER ADDITE PAY (ARD ISSUER PERVI Please i. AMOUN:

Signed Copy :)

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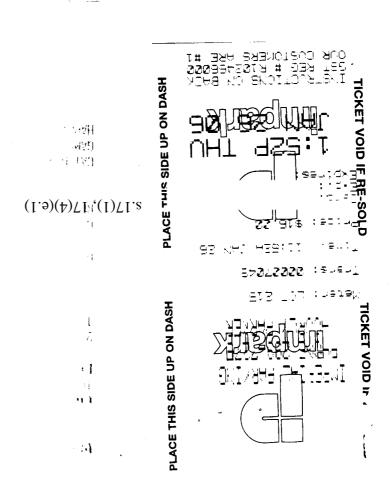
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VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM; APR 10 TO MAY 09, 2007

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

DATE ACTIVITY DESCRIPTION

AMOUNT (\$)

PREVIOUS STATEMENT BALANCE

\$1,597.40

	s.17(1), 17(4	(e.1)
APR 18	WILDWOOD GRILL CALGARY AB	\$74.78
APR 24	FEDERATED PRESS PUBLI. MONTREAL QC	\$1,796.70
APR 25	STAPLES STORE #62 CALGARY AB	\$82.43
APR 26	HAR*HARVARD BUSNS REV 813-979-6814 FL	\$139.00
APR 27	LODGE AT KANANASHIS FD KANANASKIS AB	\$15.90
APR 30	CHAPTERS #775# EDMONTON AB	\$28.61
MAY 02	STD PARK-BANKERS HALL CALGARY AB	\$16.00
MAY 02	IMPARK LOT 00030001 CALGARY AB	\$6.00 🗸
MAY 03	STD PARK-BANKERS HALL CALGARY AB	\$30.00 🗸
	SUBTOTAL OF MONTHLY ACTIVITY	\$2,189.42
	TOTAL NEW BALANCE	\$2,189.42

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Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$66.00		
Payment due date	MAY 30, 2007		
Credit limit	\$10,000.00		
Available credit	\$7,810.58		
Annual interest rate	18.50%		

CALCULATING YOUR BALANCE

Previous Statement Balance	\$1,597.40			
Payments & credits	-\$1,597.40			
Purchases & debits	\$2,189.42			
Cash advances	\$0.00			
Interest	\$0.00			
Fees	\$0.00			

NEW BALANCE \$2,189.42





CHEQUE REQUISITION

INSTRUCTIONS:
A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	INFORMATION	ON						
DATE 07-05-1		ESTED BY (Prin	it)	DEPARTMENT			PHONE NO (in full)	
07-05-14 Bonnie Bueckert			···	Office of Execu		ve Vice-President, t & CFO	943-1140	
MAKE C	HEQUE PAY	/ΔRI F TO:						
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		City Toronto)	Province				
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PURPOS	E OF CHEQ	UE REQUEST	Miscell	llaneous VISA Expense	is to	r Kay Best for April/N	May, 2007	
En	close attach	ed documents	(origina	als) with cheque	ΑI	lso GST Exemp	nt l atter -	
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To/A:

KAY BEST

Company/Compagnie: CALGARY HEALTH REGION

Tel:

1-800-363-0722 EXT. 238

Date:

APRIL 20, 2007

City/Ville:

CALGARY

Fax:

403-943-1152

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RE: CONFERENCE CONFIRMATION

CAL - Best Practices for Audit Committee Effectiveness 2007

Hyatt Regency Calgary, 700 Centre Street SE, Calgary, Alberta T2G 5P6, Tel: 403-717-1234

May 29 & 30, 2007

Thank you for registering to the above noted conference. Your conference confirmation number is 115463

Conference materials will be available at the registration desk from 8:00 a.m. on the day of the conference.

We acknowledge receipt of your payment in full.

Should you require any further information regarding this conference, please do not hesitate to contact our circulation department at 1-800-363-0722.

Federated Press looks forward to hosting this conference and is grateful for your attendance.

* Breakfast, luncheons, morning and afternoon coffee breaks are included in the registration fees.

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IMPACT OF THE CHANGING REGULATORY ENVIRONMENT

PERFORMING A QUALITY ASSURANCE REVIEW

In the aftermath of several high-profile financial scandals, there is a need for increased assessment of the committee's effectiveness. This discussion will provide leading quality assurance best practices.

- Assessing the adequacy of the audit committee's mandate
- Identifying existing and potential challenges
- Recommending the appropriate changes

INTERNAL AUDIT & THE AUDIT COMMITTEE

As an important aspect of its mandate, internal audit can provide the audit committee with a means of monitoring if the controls that management has put in place are reliable, functioning properly and sufficient to address the risks in the financial reporting process. Accordingly, the audit committee should review the need for an internal audit function.

- Approving management's decisions related to the need for internal auditing
- Evaluating the audit scope and role of internal audit
- Approving the appointment or removal of the director of internal auditing
- Developing a risk-focused strategy and approach to internal audit

LATEST LEGAL DEVELOPMENTS

Audit committees began as unregulated bodies with few defined responsibilities. Today, however, the audit committee has become a highly regulated institution. The audit committee is expected to respond quickly to new forms of governance laws, regulations, practices and market expectations. Examine the evolving regulatory environment impacting committees and what to expect in the future.

- Recent pronouncements by Canadian regulators
- Canadian regulators' response to U.S. initiatives in corporate governance, requiring ongoing monitoring and compliance
- Potential liability of audit committee members
- Dealing with the effect of changes to accounting standards

Registration: To reserve your place, call Federated Press toll-free at 1-800-363-0722. In Toronto, call (416) 665-6868 or fax to (416) 665-7733. Then mail your payment along with the registration form. Places are limited. Your reservation will be confirmed before the course.

Location: Hyatt Regency Calgary, 700 Centre Street SE, Calgary, Alberta, T2G 5P6

Cost: The attendance fee for the course is \$1695 per person and covers attendance for one person and the lecturers' presentation material. The fee further includes lunch on the first day, morning coffee on both days and refreshments during all breaks. You may purchase a Proceedings CD-ROM containing edited actual proceedings and materials from the

Time: Course registration begins at 8:00 a.m. The morning sessions start promptly at 9:00. The second day ends at noon.

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Title Exec VP RISK M g m 4 a CFO Department	
Approving Manager Name	ĺ
Approving Manager Title	
Organization Calgary Health Region	
Address 10101 Southport Rd S.W.	
City Calgary Province AB Postal Code T2W 3N2	
Telephone (403) 943-1140 (403) 943-1150 e-mail Kay, best @ calga IN HEALTH	(PC
Plana William III III III III III III III III III I	
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BALANCE/SOLDE

FOLIO/DOSSIER

Ms Kay Best

ADDRESS/ADRESSE

NIGHTS/NUITS

STATUS/STATUT 27APR, 07

тіме/нецке по 9:56a JH

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10101 Southport Road NW

3042

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Calgary

T2W 3N2

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REMARKS/REMARQUES

LINE NO. Nº LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	Ю
001 002	26APR 27APR	Valet Parking	Valet		15.90+ 15.90-	LW JH
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l 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. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon. Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)



11:15

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

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TIP:

Sale

321-61st Avenue SW Bay

Calgary, AB T2H2W7

403-259-6928

STAPLES Business Depot

Store # 62

4PK MINI TAPE FLAG

PHONE: (

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CMIDED

AMOUNT PURSUANT 10 CARDHOLDER AGREEMENT CARDHOLDER WILL PAY CARD ISSUER ABOVE Please Leave Signed Copy :)

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thioadhters Southpoint SZS7 Calsary Trail NW Edmonton,AB T6J 5X8 Phone: (780) 431-9694 Fax: (780) 431-9880 Tear: (780) 431-9880 vo for shopping at Chapters U for shopping at Chapters

Sander



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM OCT 07 TO NOV 09, 2006 S.17(1), 17(4)

 $s.17(1), 17(4)(e.1)_{OF1}$

	PREVIOUS STATEMENT BALANCE	\$1,475.37
	s.17(1), 17(4)	(e.1)
NOV 09	PURCHASE INTEREST	\$50.44
	SUBTOTAL OF MONTHLY ACTIVITY	\$50.44
	s.17(1), 17(4)((e.1)
OCT 10	CUNGRESS CANADA TURUNTO ON	\$1,305.00 ~
OCT 11	WELLINGTONS CALGARY AB	\$56.77-
OCT 12	STAPLES STORE #62 CALGARY AB	\$104.11 —
OCT 23	PEASEBLOSSOMS LTD CALGARY AB	\$59.89 V
OCT 25	IMPARK LOT # 00030215 CALGARY AB	\$20.00
OCT 25	MURRIETA'S BAR & GRILL CALGARY AB	\$71.31.—
OCT 26	IMPERIAL PARKING LOT # 6 CALGARY AB	\$5.00 🗸
OCT 30	IMPARK LOT 00030031 CALGARY AB	\$28.00 W
NOV 03	ALEXIS BISTRO & LOUN CALGARY AB	\$192.25-
NOV 06	IMPARK LOT # 00030215 CALGARY AB	\$16.00~
NOV 07	CATCH RESTAURANT CALGARY AB	\$96.13—
NOV 07	IMPARK LOT # 00030215 CALGARY AB	\$16.00
NOV 08	ALEXIS BISTRO & LOUN CALGARY AB	\$180.50

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

SUBTOTAL OF MONTHLY ACTIVITY

TOTAL NEW BALANCE

In the "VISA Win What You Buy" contest your monthly Visa purchases could be FREE to a maximum of \$100,000. No purchase necessary. Call 1-866-755-8886 for full contest details.

IMPORTANT INFORMATION

CO	N	TA	CT	US
				A 100

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment	VALUE	\$156.00
Payment due date		NOV 30, 2006
Credit limit		\$10,000.00
Available credit		\$6,323.23
Past due amount		\$45.00
Annual interest rate	140	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$1,475.37
Payments & credits	\$0.00
Purchases & debits	\$2,150.96
Cash advances	\$0.00
Interest	\$50.44
Fees	\$0.00
CV2.19 & 17 . 1794	¥

NEW BALANCE

\$3,676.77





\$2,150.96

\$3,676.77



CHEQUE REQUISITION

INSTRUCTIONS:

A/P Approval:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

-	INFORMATIO							
DATE 06-11-2	AND 18 THE RESERVE OF THE PARTY	STED BY (Prin	t)	DEPARTMENT Office of Execu		-President,	PHONE NO (in full)	
	Bonnie	Bueckert		Risk Managem	ent & CF	0	943-1140	
MAKE CH	HEQUE PAY	ABLE TO:	Royal Ban	k Visa		RECE	IVED	
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		Site						
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PURPOS	E OF CHEQU	JE REQUEST	Miscellane	ous VISA Expense	s for Kay	Best for Octob	per/November, 2006	
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			(Originals)	with cheque	Also G	ST Exemp	ot Letter -	
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Sara	ARD.	>	Executive D	irector, Business	943-	1474	Southport	
Barb Hambl	SPAYABLE	ONLY	Developme					
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A/D Appr				153 # of Payments Cycle				

Cycle

of Payments



Fax #:

943-1152

Registration # 186

October 10, 2006

Kay Best

Executive Vice President, Risk Management & CFO

Calgary Health Region

Calgary, AB

IMPORTANT: Please review all information carefully, name badge information (name, title, organization) will appear as shown above. Changes/corrections can be made on this form and faxed or e-mailed.

This letter will act as your official receipt.

This will confirm your registration for The Canadian Council for Public-Private Partnerships 14th Annual Conference, to be held at the Hilton Hotel, Toronto, Ontario, Canada, November 20 - 21, 2006.

Outlined below are the details of your registration, as well as your payment summary. If the record indicates a refund due, this will be issued following the Conference. If the record indicates a balance due, please make the

If your payment is not received within 2 weeks from the date on this receipt your registration will be cancelled.

REGISTRATION DETAIL

Category	Quantity	- 7
Dinner - Member CCPPP - Single (GST Exempt) Conference Fees - Member - Dublic Conference Fees - Member - Dub	1.00	
Conference Fees - Member - Public Sector/Not-For-Profit (GST Exempt)	1.00	j

STREAM: Not Selected

FINANCIAL RECORD:

Total Fees:

\$1,305.00

Total Received

\$1,305.00

GST# R138559232

GST included:

\$0.00

Due/(Refund):

\$0.00

Delegates are reminded to make their own hotel reservations directly with the Hilton Hotel, Toronto, by calling 1-416-869-3456 or 1-800-445-8667. The deadline to receive the group rate is November 3rd. Please specify that you will be attending the "Public-Private Partnerships" conference.

All conference material will be available for pick up at the registration desk, located on the lower level of the Hilton

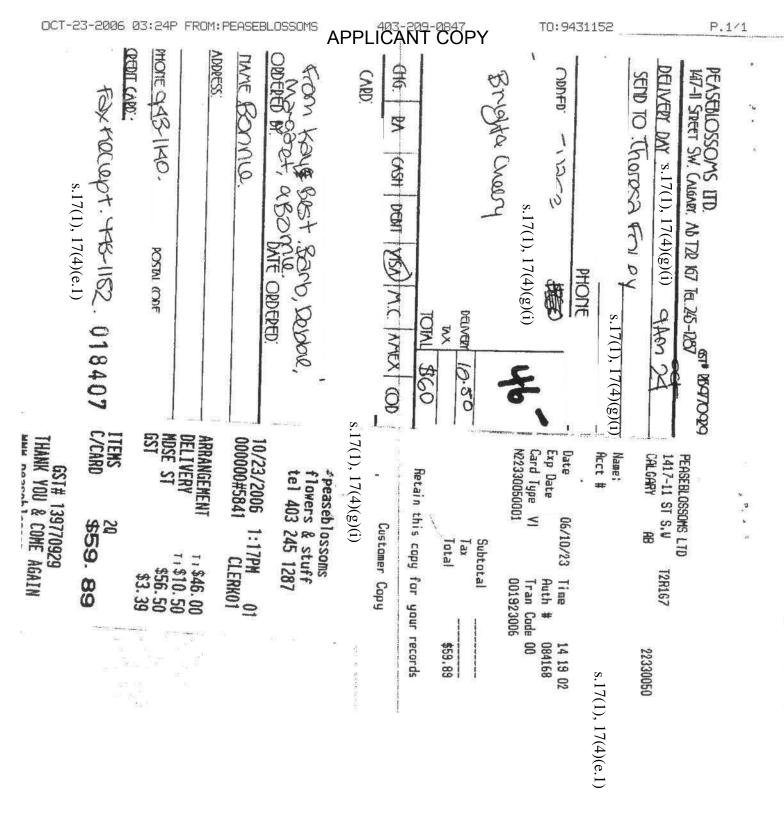
Registration Desk Hours: Monday November 20

7:30am - 5:00pm

Tuesday November 21

7:30am - 4:30pm

If you have any questions concerning your registration, please contact Congress Canada at the email address, phone or fax number listed below. We look forward to seeing you at the 14th Annual Conference on Public-Private



APPLICANT (STAPLES Business Depot Store # 62 Bay #3 321 - 61st Avenue SW Talgary AB 12H/MY 403 250 0020 Sale 00020 6 006 97 0062 10/12/06 05: # STOR 1200 76.9 PIN: PEA 021210/165200 10.9 PIN 4-6 JPK AQUA 021200505745 10.2 Buntary. 17.1 6 110% 5 Total \$104 s.17(1), 17(4)(e.1) Visa 104. Swiped Purcha Authorization Number 0517 0010018140 97146

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Server: Denis Table: 1

Date: 10/11/2006

Time: 13:11

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DED1/NHI AUTH

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SUBTOTAL \$ 49.77

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PALLISER PARKADE

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AUTH, CODE037255 GST No. RT122014491

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ALEXIS BISTRO & LOUN 4824 16TH ST SW CALGARY, AB T2T 4J5

MER/MAR #: 9321363203

TERM #: 09203570

DATE:02/11/06

AUTH#:024687 TRANS#:0004

B/L#:364 SHIZGL

CARD/CARTE:UI

NO.:

HOLL ATTENTE

AMT/MONT:

\$172.25

TIP/POURB:

TOTAL:

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Date: 10/25/20

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VISA

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BEST/KAY AUTH

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MERCHANT#

4512014753

SUBTOTAL \$ 64.31

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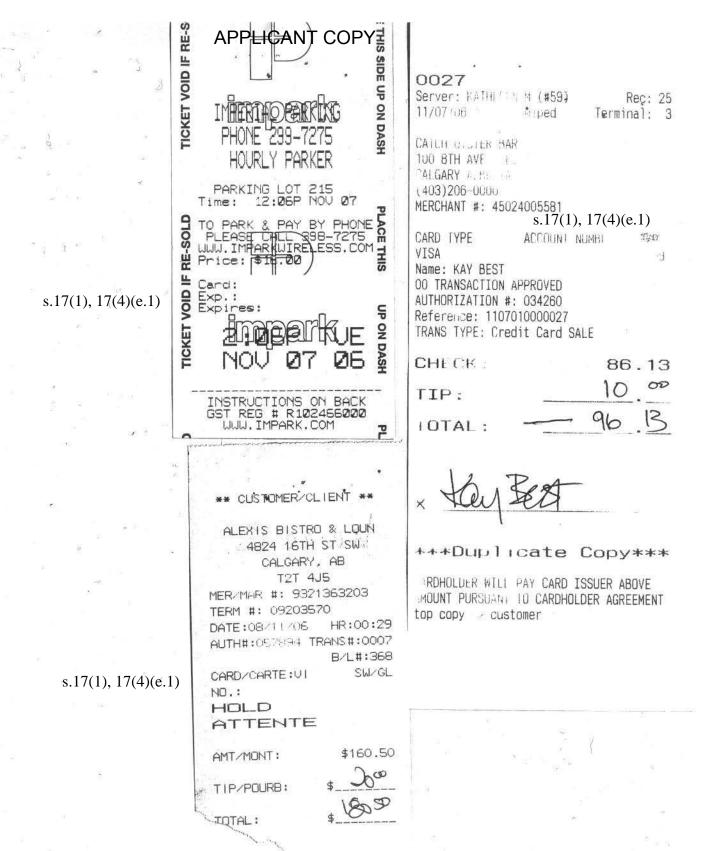
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Expire:

TICKET VOID IF RE-S

Meter: LOT





VISA Business

CALGARY REGIONAL HEALTH AUTHORITY
KAY BEST

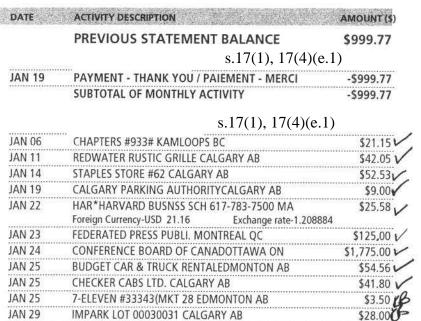
STATEMENT FROM JAN 10 TO FEB 09, 2007

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\$46.00

\$2,224.17

\$2,224.17





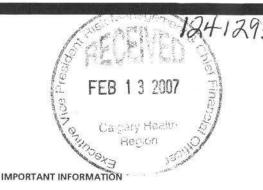
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CALGARY TAXI FARE CALGARY AB

TOTAL NEW BALANCE

SUBTOTAL OF MONTHLY ACTIVITY



	8 17	- 4	_		
CO	DI I				
CU	101	_	~ I	-	

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$67.00
Payment due date	MAR 02, 2007
Credit limit	\$10,000.00
Available credit	\$7,775.83
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$999.7	7
Payments & credits	-\$999.77	
Purchases & debits	\$2,224.17	
Cash advances	\$0.00	
Interest	\$0.00	
Fees	\$0.00	

NEW BALANCE \$2,224.17

RBC0150120_6755713_019_1807 HRI - 00 - 1 - 1 - H - - D



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATION							
DATE		ED BY (Print	t)	DEPARTMENT		PHONE NO (in full)		
07-03-0	Bonnie Bu	leckert		Risk Managem	utive Vice-President, ent & CFO	943-1140		
MAKE CI	HEQUE PAYAB		Royal B	Bank Visa				
MAILING	ADDRESS (f	or forwardin	g of che	eque)				
Cana	da Post: _F	Payment Cen	tre, P. O	. Box 4016, Station	"A"			
	Ci	ty Toronto	1	Province	ON Postal	Code M5W 2E6		
Interof	fice Mail: De	epartment						
	Si	te				RECEIVED		
				7000200 200	# 100 mm 100 mm	MAR 0 2 2007		
PURPOS	E OF CHEQUE	REQUEST	Miscella	aneous VISA Expense	s for Kay Best for Janu	ary 2007		
End	close attached	documents	(origina	ls) with cheque	Also GST Exemp	ot Letter -		
CODING 8	AUTHORIZAT	ION						
	Functional Centre	ACCOU	2.50					
Non-MIS 01	(MIS Primary) 71105000004	(MIS Secon	THE R. P. LEWIS CO., LANSING, MICH.	\$ 182.86	DESCRIPTION Miscellaneous parking	/taxi fare/car rental & fuel		
01	71105000004	610000	00		on VISA expenses for	Kay Best for January/07		
		610300	00	1,925.58	conference fee	Canada & difference on		
01	71105000004	624100		42.05	Lunch Expenses			
01	71105000004	490100	02	73.68	Supplies/books			
The state of the s			100		GST			
	TOTAL AMO	UNT OF CH	EQUE	\$ 2,224.17	x CDN US	OTHER		
	tion Signature		Title		Phone Number	Site		
Beu	it Has	5		e Director, Business	943-1474	Southport		
Barb Hámbly ACCOUNT	S PAYABLE OF	NLY	Develop	ment				
T4A Cod	表示。				Vendor #			
Cheque	Code:				Invoice #			
Sep Che	que:				PO #			
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Sep Hnd	Des:				End Date			
A/P Appr	oval:			#	of Payments	Cycle		

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CUSTOMER NUMBER

2206459

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DATE

[C]BEST,K

KAY BEST

S VP, RISK MANAGEMENT

CALGARY HEALTH REGION

P 10101 SOUTHPORT ROAD S.W.

T CALGARY AB T2W 3N2

O CANADA

KAY BEST

L CALGARY HEALTH REGION

L 10101 SOUTHPORT ROAD S.W.

T CALGARY AB T2W 3N2

CANADA

GST# 129-795001

Page 1

PHONE: (403) 943-1140 FIRST CLASS RR

DECISION MAKING/HEART COL

DP

BIN LOC. QC PROD NO. PP SHIP QTY BACK ORDER

DATE

VENDOR

DESCRIPTION

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3531

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DUTY: \$0.00

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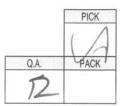
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1	01/22/07	



01862916001 FIRST CLASS 03 01/18



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Date: Mon, 22 Jan 2007 21:54:52 -0500 From: CustomerService@hbsp.harvard.edu To: Kay.Best@CalgaryHealthRegion.ca

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Thank you for your most recent order of HBSP materials. We are sending the following documentation for your records.

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Bill Attn

Terms : PREPAID; DO NOT SEND PAYMENT

Sold to:

KAY BEST
CALGARY HEALTH REGION
10101 SOUTHPORT ROAD S.W.
CALGARY AB T2W3N2
CANADA

Ship to:

KAY BEST VP, RISK MANAGEMENT CALGARY HEALTH REGION 10101 SOUTHPORT ROAD S.W. CALGARY AB T2W3N2 CANADA

	ick Unit ler Price				Item Code	Description
1	0 24.95	0.2	19.96	00	3531	DECISION MAKING/HEART COLL
19.96 1.20 -21.16	Tax		by cred	dit	card e	nding in 5340
\$0.00	Balance					

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This document was sent to: kay.best@calgaryhealthregion.ca

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2/9/2007-A

CLIENT No.

AB

CLIENT P.O. No. No. DE BON DE COMM. CLIENT

REF.

INVOICE No. No. DE LA FACTURE PAGE 1

BILL TO: FACTURER À:

Kay Best

Calgary

Exec. V.p. Risk Mgmt & Cfo Calgary Health Region 10101 Southport Rd. Sw

T2W 3N2

SAME

SUBSCRIPTION / ABONNEMENT BEGINS / COMMENCE		COMMENCE	EXPIR	Y / EXPIRATION	INVO	AMOUNT/MONTANT PAYABLE			
PUBLICATION NAME CALL Canada C.S. Fina. Reporting and Accountin	5 (33)	PRIG 520	5.00	HAQUE SERVICE	SUBTOTAL SOUS-TOTAL 1820.00	AMOUNT RECEIVED MONTANT REÇU 1695	109.20	0.00°	\$0.00



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Amount Received
Date Received
Cheque #
Credit Card
Credit Card No.
Expiry

Amount Received
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VISA

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1820.00 1695.00 \$ 125,00 difference

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Calgary Health Region 10101 Southport Rd. Sw

Calgary

AB

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Date:

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11/21/2006	CLIENT No.	CLIENT P.O. No.	REF.	INVOICE No.	PAGE
	No.1713344	No. DE BON DE COMM. CLIENT	RÉF.	No. DE LA FACTURE	1

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Kay Best

Exec. V.p. Risk Mgmt & Cfo

Calgary Health Region 10101 Southport Rd. Sw

Calgary

AB

T2W 3N2

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Sold Ms. Kay Best To:

Executive President, Risk Management

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2

Ship Ms. Kay Best

Executive President, Risk Management

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2

Account I	No.	Purchase Order	No.	Order Date	Order Number		Terms	Invoice Date	
7683	36			1/24/2007	170065	Pay C	n Receipt	1/24/2007	
Qty	Descrip	tion					Unit Price	Extended Price	
1 1 1 1	3/7/200 Calgar 07-006 Networ 07-006 Wester 07-006 Concur 07-006 Lunche	Vestern Corporate (27 - 3/8/2007 y, Alberta 55/LUNCH 2 rking Luncheon 65/MAIN rn Corporate Gover 65/CONC A2 rrent Session A2 65/LUNCH eon and Keynote Presson A2 rrent Session B2	nance Forui				1,775.00	1,775.00	
Line Ite	m Total	Other	Tax	Subtota	al Amount Re	eceived	Amo	unt Due	
1,77	75.00			1,775.0	00 1,775	.00	(0.00	

GST Remittance Number: R118778091

Tax Amount: \$0.00



RR - 8112 - Roper Road (448-2041)

TF - 9926 - 35 Ave (442-1540)

APPLICANT COPY

SP - 91 Seneca Road (449-1557)

AP - International Airport (890-4801) DE/DS - City Centre Airport (448-2027)

BUDGET RENT-A-CAR OF EDMONTON LTD. DT - 10016 - 106 Street (448-2001) (HEREINAFTER REFERRED TO AS "BUDGET" AND "BUDGET RENT-A-GAR" AND "BUDGET RENT-A-TRUCK") RENTING LOCATION CONTRACT NO. Ph. (780) 448-2060 Fax (780) 437-4036 ADMINISTRATION OFFICE 4612 - 95 STREET EDMONTON, ALTA. T6E 5Z6 CL8882 EDM AP 01399869 EDM s.17(1), 17(4)(e.1) 36/33/AR [4(J#) VI 07/31/09 RENTERY BEST 211ER32E46C576178 s.17(1), 17(4)(g)(i)RESIDENCE MODEL MBLLE COROLLA - TO PROV DATE 01/25/07 1525 01/25/07 1560 DUE BACK COMPANY AVAILABLE-NEWH E(CD## 01/25/07 0723 TIME OUT ADDRESS KM IN 40717 PHONE # KM OUT 46646 ADDITIONAL DRIVER PORTZED KM DRIVEN RATE CODE RATE CODE W.J OR KMS DAY 团... HOURS HOURS DAYS DAYS @ 43.00 T.A. # REZ # 1 43.00 EC C OUT EDM AP WRITTEN 01/25/07 CED 01/25/07 KILOMETER ALLOWANCE (IF ANY) TOTAL TIME AND KILOMETER CHARGE LOSS DAMAGE WAIVER (L.D.W.) LIMITED DAMAGE LIABILITY 43.00 By signing below, the renter is declining L.D.W. and By signing below, the renter accepts L.D.W. at the agrees to pay Budget for all loss or damage to the MONTH DISCOUNT vehicle, HOWEVER INCURRED, (regardless of fault) the renter accepting L.D.W., Budget agrees to waive (1) the renter's financial responsibility for damage to the NOTE

Minimum charge is one (24hr)
day. If the rental exceeds 24 limited however to FULL VALUE OF \$10,000.00 PER OCCURRENCE \$ vehicle. However, if the renter has violated any of the terms and conditions of this rental agreement, the renter is responsible for all loss or damage to the However, if the renter violated any of the terms and conditions of this rental agreement, the renter is hours, the renter will be charged vehicle and/or all loss or damage to Budget 14.40% PLF Fee 6,48 an hourly rate until that charge responsible for all loss or damage to the vehicle equals the daily rate. L.D.W. charge per day or part thereof. \$_ LOW and PAI charges are based on a 24 hour day or any part and/or all loss or damage to Budget. RENTER'S X RENTER'S X Kilometer rate does not include BY SIGNING BELOW I AGREE I HAVE BEEN ADVISED OF THE FOLLOWING IMPORTANT RENTAL CONDITIONS · All traffic and parking violations including photo radar are the RENTER TO BE THE ONLY AUTHORIZED DRIVER (except responsibilities of the renter. X _______ RENTER TO BE THE ONLY ROUTE as listed above in additional driver section) Refuel 2,49/L Budget is not responsible for any liability however incurred regard . This vehicle herein described must not be used, operated or driven, ing supplied ski racks, infant car nor does Budget give its consent, expressed, or implied, to the The various fueling options have vehicle being used, operated or driven by any person other than the \$1.99/Day VLF 1,99 been explained to me. renter or additional driver(s) as listed above in the additional driver . If I am renting a trailer, I acksection. nowledge I am solely responsthe towing vehicle 1% . The renter is responsible for all damage and losses suffered by Budget if the vehicle is used, operated or driven by a person not listed on this rental agreement. 3. (49 Renter shall pay Budget all charges incurred in connection with this agreement. Renter gives Budget permission to process an unsigned credit card voucher in the renter's name for payment of all charges. The renter agrees that all charges on this agreement are subject to final audit. The renter authorizes Budget to debit or credit the renter's credit card account within 20 days of return of the vehicle with any additional amount resulting from an omission or error on INITIAL DEPOSIT this agreement. The renter will be advised by mail of any changes. • I agree to return the vehicle to Budget on or before the due back date at the renting location. If the vehicle is returned at a location other than shown above. I agree to pay the applicable drop charge. NET . I agree there are to be no more passengers in the vehicle than available seat belts 54, 56 . The renter is responsible for the operation of the airbag(s). The vehicle I have rented may have a passenger side air DUE bag, that can be turned on or off, I agree it is my responsibility to check how the air bag is set and to change it, if necessary, to how I wish it to operate VI . I agree to be bound by the terms and conditions on both sides of the rental agreement and also 54,56 agree that I have read and understand the terms and conditions on both sides of the rental

agreement. RENTER'S SIGNATURE

OPEN EMP#

DUE BACK TO RETURNED TO



South GT - 5904 - 104 Street (448-2011) RR - 8112 - Roper Road (448-2041) "TF - 9926 - 35 Ave (442-1540)

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St. Albert SA - 22 Muir Drive (460-0863)

Sherwood Park SP - 91 Seneca Road (449-1557)

BUDGET RENT-A-CAR OF SASKATOON LTD. (HEREINAFTER REFERRED TO AS BUDGET"

DT - 10016 - 106 Street (448-2001)

Airports
AP - International Airport (890-4801) DE/DS - Gity Centre Airport (448-2027)

168 TERMS: PAYMENT DUE ON RECEIPT OF THIS COPY OF RENTAL AGREEMENT. 2% PER MONTH

AND BUDGET RENT-A-CART AND BUDGET REN ADMINISTRATION OFFICE Ph. (7	T-A-TRUCK") 80) 448-2060			REN	TING LOCA	TION CON	TRACT NO.
4612 - 95 STREET Fax (7 EDMONTON, ALTA, T6E 5Z6	780) 437-4036	CL8992 Y	ELF	1-0	M ME	01.399869	
CREDIT CARD INFORMATION		REPLACEMENT VEHICL	E	OWNII	VIC.	ORIGINAL	VEHICLE
				LOCAT	ION	EDM	
s.17(1), 17(4)(e.1)				VEHIC NUMB		36934	AR.
PO#	07/31/09			LICEN NUMB		(Frank	14
RENTRAY DEST				VIN	1/2	11.693.51.48	JC576178
RES'DELIOC	s.17(1), 17(4)(g)(i)			MODE	EL J	BLUE CORC	1LA - 70
OITY	PROV. P.C. DLIDNIF #			DAT	IN	01.725707	1,5935
LICEI'SE NO	PROV. D.O.B. EVDIBY NATE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DATI DUE BA	ACK	01/25/07	1598
COMPANY AVAILABLE TE UN	EECD4)	(John		DATI TIME C	E DUT	01/25/07	Ø7553
ADDRESS	and they be please	1 L	40	1 KMI		4071	
CITY	PROV. P. C. PHONE #			KM O	JT T	ζ(()(-)<	
ADDITIONAL DRIVER	200)			KM DRI	VEN	7,000	/9
	PROV. D.O.B. EXPIRY DATE	RATE CODE		10000000	RATE COD		CF
DOY	\$VII	KMS**				KMS @	N(40), (1)
	f stree	HOURS			Н	OURS	
T. A. #	REZ W	DAYS @			1 1	DAYS	4300
	ACTTEN 81/25/87 CCI	WKS	20		-	WKS	1379 5752
and the second second of the	01.725.707	OTHER @	24.1		0	THER	
LOSS DAMAGE WAIVER (L.D.W.)	LIMITED DAMAGE LIABILITY	KILOMETER ALLOWANCE (IF ANY)		TOTAL TIME		102	
By signing below, the renter accepts L.D.W. at the rate per day or part thereof as recorded below. By the renter accepting L.D.W., Budget agrees to waive	agrees to pay Budget for all loss or damage to the vehicle, HOWEVER INCURRED, (regardless of fault),	DAY WEEK MON	ITH	DISCOUNT (if applicable	.w		43,00
the renter's financial responsibility for damage to the vehicle. However, if the renter has violated any of the terms and conditions of this rental agreement, the	FULL VALUE OF \$10,000.00	Minimum charge is one (24h day, If the rental exceeds 24	ir)		Land Street	16-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
renter is responsible for all loss or damage to the vehicle and/or all loss or damage to Budget.	However, if the renter violated any of the terms and conditions of this rental agreement, the renter is	hours, the renter will be cha an hourly rate until that char	rged	134. ACK	pre r	Total	643
L.D.W. charge per day or part thereof \$	responsible for all loss or damage to the vehicle and/or all loss or damage to Budget.	equals the daily rate. • LOW and PAI charges are ba	ised				
RENTER'S SIGNATURE X	RENTER'S SIGNATURE X	on a 24 hour day or any part thereot. • Kilometer rate does not inclu		T - Bal			
	I HAVE BEEN ADVISED OF THE NT RENTAL CONDITIONS	fuel All traffic and parking violation					
	NLY AUTHORIZED DRIVER (except tional driver section)	including photo radar are the responsibilities of the renter.		Ecrinel	2. A97	(
	tional driver section) ust not be used, operated or driven,	 Budget is not responsible for liability however incurred reg ing supplied ski racks, infant 	jard-				
vehicle being used, operated or o	ent, expressed, or implied, to the driven by any person other than the	seats and/or trailers. The various fueling options by		\$1597			
renter or additional driver(s) as I section.	isted above in the additional driver	 If I am renting a trailer, I acknowledge I am solely respon 					
	NOTE	ible for the trailer connection the towing vehicle.				36	
The renter is responsible for all damage person not listed on this rental agreement.	and losses suffered by Budget if the vehicle is			G.S.T. (R10	0684984)		3.00
 Renter shall pay Budget all charges inc 	curred in connection with this agreement. Rente or in the renter's name for payment of all charge			TOTAL CHA	RGES		54.56
charges on this agreement are subject to card account within 20 days of return of	o final audit. The renter authorizes Budget to de the vehicle with any additional amount resulting	bit or credit the renter's credit		INITIAL DEF	POSIT		3,274 1,533
	n or before the due back date at the renting loca	ition. If the vehicle is returned		ADDITIONA			
 I agree there are to be no more passen 	agree to pay the applicable drop charge gers in the vehicle than available seat belts.	No. Paristra		NET	(- Sign indicates)		54.56
 The renter is responsible for the operations bag, that can be turned on or off. I agriculture of the operate. 	on of the airbag(s). The vehicle I have rented m ee it is my responsibility to check how the air b	ay have a passenger side air ag is set and to change it, if	i i	DUE	refund /		2000 WEST
 I agree to be bound by the terms 	and conditions on both sides of the re-		*	54.55 OBEN 548	u oroat t	MADE DUE DADY	TO PETERALENT
agreement,	organization of the state of th	The second section of the section		OPEN EMP	CLOSE E	EDN A	TO RETURNED TO

Chapters

Store# 00933 Chapters Kamloops 1395 Hillside Drive, Unit #4 Kamloops, BC V2E 2R7 Phone: (250) 377-8468 Fax: (250) 377-8450

Thank you for shopping at Chapters * Store# 00933 Term# 003 Trans# 23531

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

Card Number :

SWIPED

Account : VISH Trans Type

PURCHASE

Amount

Date

Auth #

\$21.15

Merchant ID : 00176356

Terminal # : 02473584

: 000050

Operator: 703 : 07/01/06

Time : 13:13:36 Bank Ref .: 30033033

**** TRANSACTION APPROVED ****

***** CUSTOMER COPY ****

Chapters

Store# 00933 Chapters Kamloops 1395 Hillside Drive, Unit #4 Kamloops, BC V2E 2R7 Phone: (250) 377-8468 Fax: (250) 377-8450

Store# 00933 Term# 003 Trans# 23531 Overator 115NM 01/06/2007 13:13

HARVARD BOSTNISS REVIEW

074820648032

Items 1

Subtotal: GST: 6.0%

\$1.20

: "()

Total: VISA:

\$21.15

************** Holiday returns accepted until Jan 14 2007. Items in store-bought condition and returned with a sift receipt may be exchanged for a credit note for the value of the item on the receipt.

Store# 00933 Term# 003 Trans# 23531 GST Registration # R897152666



REDWATER RUSTIC GRILLE

. McLeod Tr. South lel: 403-253-4266 Check #: 30615

Duplicate

Server: S-Tara F.

Date: 01/11/2007

Table: 223

Time: 13:15

litent: 2

1	Soda & Lime	2.95
1	Soup of the Day	6.00
1	Sweet Fries	6.50
1	Сарристи	4.50
1	Lunch Feature	15.00
	SUB-TOTAL:	34.95
	GST:	2.10

TOTAL:

37.05

TICKET VOID IF RE-SOLD Meter: LOT 3: Trans. **02222**043 TO PARK & PAY BY PHONE CALL 368-7275 The: 12:180 IAN 28 s.17(1), 17(4)(e.1)

Fr. cs / 221 22 s.17(1), 17(4)(e.1)

Exp.:

Exp.: TICKET VOID IF THE RECUE OF BASES 228

STAPLES Business Depot Store # 62 Bay #3 321 - 61st Avenue SW Calgary, AB T2H2W7 403-259-6928

Sale

00065 10 004 04006

0062 01/14/07 03:15

********** **************

ENTER TO WIN!

\$1,000 STAPLES SHOPPING SPREE

************** ***************

Simply log on to www.staples-survey.com or call 1-866-684-2549 Take a short survey and be entered into a monthly drawing.

Your survey code: 0801 4454 8733 4064

Open to Canadian residents who have reached the age of majority in the province of residence at the time the receipt is printed. Survey code expires 01/21/2007.

*************** **************

1 PIN SSTICKY 4X4 021200468360 8.82G 1 PIN SSTICKY 4X4

021200468360 8.82G PARKER INK 071402300111 6.84G

CAMBRIDGE NOTEBOOK 043100065388 11.54G 1 REFILLABLE NOTEBK-

043100065913 13.54G Subtota1 49.56 GST 6.00% 2.97

Total

Visa

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

\$52.53

Swiped Purchase Authorization Number 037789 0010011790 4006 66057607 65 01/14/07 15:04:58

01/027 APPROVED - THANK YOU

*************** Thank you for shopping at

STAPLES Business Depot! We will not be undersold! ************ eun Clevelard

REDWATER RUSTIC GRILLE

> 4.23 McLeod Tr. South in1: 403-253-4266 Theck: 30615

Server: S-Tara F.

Date: 01/11/2007

Table: 223

Time: 13:20

VISA

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

BEST/KAY

AUTH 062974 ONLINE

9999 MERCHANT#

SUBTOTAL \$

37.05

TIP

TOTAL \$

** CUSTOMER COPY **

Thank You For Dining With Us. GST # 819584947RT0001

> Convention Centre 727-1 Street SE CAN-T2G 2G9 Calgary, AB Tax codeCAGST #119457869 191A POF 18/01/07 13:34 hort-term parkina tkt 50 - No. 058322 8/01/07 11:49 -/01/07 13:34 GSTON 0001h46, Gross total Payment

GST AStal

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

All amounts in CAD. Deliv. date=Receipt d

RECEIPT

Thank you for your patronage

91571

CONTROL OF EURAL UF CANALIN CONTROL OF ANTONIO DIA

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

Laborated Constitution of the constitution of

PURIFIED TO

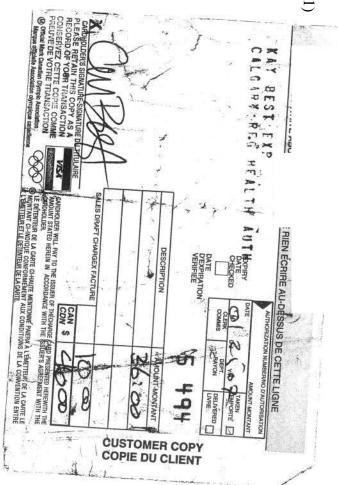
\$1,775.00

APPROVED

HILLING SOLL

CHRUHULUER CUPY

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



HANSACTION RECEIPT =

the Checker Group Meridian Road SE Eduary AB T2A 1X2 11 299-9999

TYPE: CREDIT CARD

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

DRV: 1113 / 2653 = 899538367 = 10: 2043825

FIGURE:

\$ 33.80

· · IAL:

\$ 41.80





DATE

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

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

STATEMENT FROM FEB 10 TO MAR 09, 2006

ACTIVITY DESCRIPTION AMOUNT (\$)

PREVIOUS STATEMENT BALANCE

\$2,078.98

\$2,227.72

\$4,365.16

s.17(1), 17(4)(e.1) **MAR 09** FUNCHASE INTEREST \$58.46

••••••		\$30.40			
	SUBTOTAL OF MONTHLY ACTIVITY	\$58.46			
	s.17(1), 17(4)(e.1)				
FEB 09	EARL'S WILLOW PARK CALGARY AB	\$71.68 🗸			
FEB 17	STANDARD PARKING - EAST PCALGARY AB	\$18.00 .			
FEB 22	STD PARK-BANKERS HALL CALGARY AB	\$25.00 ./			
FEB 26	WEST JET CALGARY AB	\$323.51\			
FEB 27	WEST JET CALGARY AB	\$10.70			
FEB 27	STD PARK-MANULIFE PLACE EDMONTON AB	\$5.00			
FEB 27	7-ELEVEN #33343(MKT 28 EDMONTON AB	\$3.71			
FEB 27	AUTO STOP VALET & CAR CALGARY AB	\$25.63			
FEB 27	BUDGET RENT A CAR EDMONTON AB	\$64.75 🗸			
MAR 01	WELLINGTONS CALGARY AB	\$55.76			
MAR 02	CHECKER CABS LTD. CALGARY AB	\$14.40			
MAR 02	CATCH RESTAURANT CALGARY AB	\$114.58 \			
MAR 03	ALM EVENTS CANADA INC TORONTO ON	\$1,495.00			
	SUBTOTAL OF MONTHLY ACTIVITY	\$2,227.72			

Your Visa Statement is now easier to read

TOTAL NEW BALANCE

We have made some changes to your Visa Statement. See for yourself how easy it is to find information that is important to you. If you have any questions please contact Customer Service at 1-800-769-2512.



CONTACT US

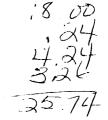
Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

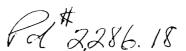
PAYMENT INFORMATION

Minimum payment \$131.00 Payment due date MAR 30, 2006 **Credit limit** \$10,000.00 Available credit \$5,634.84 Annual interest rate 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	42.070.00
	\$2,078.98
Payments & credits	\$0.00
Purchases & debits	\$2,227.72
Cash advances	\$0.00
Interest	\$58.46
Fees	\$0.00
NEW BALANCE	\$4,365.16







CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	INFORMATI					
DATE		ESTED BY (Prin	nt)	DEPARTMENT		PHONE NO (in full)
06-03-2		e Bueckert			utive Vice-President,	
	Domine	e Dueckert		Risk Managen	ient & CFO	943-1140
MAKE C	HEQUE PAY	ABLE TO:				
			Royal E	Bank Visa		

MAILING	ADDRESS	(for forwardi	ng of ch	eque)		
Cana	da Post:	Payment Cer	ntre. P. C	D. Box 4016, Station	"A"	
						WM
		City Toront	0	Province	e ON Postal	Code M5W 2E6
Intovol	661 N.H. 11	Б			· 	
intero	ffice Mail:	Department				
		Site				
				· · · · · · · · · · · · · · · · · · ·	·	
PURPOS	E OF CHEQ	UE REQUEST	Miscell	laneous VISA Expense	es for Kay Best for Febru	iany & March/06
					io for flay best for flesh	dary & Marchioo
End	close attach	ed documents	(origina	als) with cheque	Also GST Exemp	nt Letter -
	* * 1 17° 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•	oo oo i Exomp	7. Editor
CODING 8	AUTHORIZ Functiona					
	Centre	" ACCOL	JNT			
Non-MIS	(MIS Prima	ry) (MIS Seco		AMOUNT	DESCRIPTION	
01	711050000	04 624100	000	\$2,286.18	Miscellaneous VISA Expenses for Kay Best for	
					February & March/06	
					Sec. 9	. * !
					WAIN 0 3 000	
					GST MAR & & ERR	16
	TOTAL A	MOUNT OF CH	EQUE	\$ 2,286.18	x CDN US	OTHER
Authorizat	tion Signatur	e////	Title	<u> </u>	FINANC	
		// / *				
Dr. R. Johns	ston		Senior V Advocac	/ice-President, Patient	943-0835	Southport
ACCOUNT	S PAYABLE	ONLY	,	<u> </u>		
				- · · · · · · · · · · · · · · · · · · ·	···	
T4A Cod	e: _				Vendor#	
Cheque	Cada					i
Cheque	Code: _				Invoice #	
Sep Chec						
					FU#	
Sort Cod	Sort Code: Recurring Payment: Start Date					
Sep Hnd Des: End				End Date		
wi yhbi	A/P Approval: # of Payments Cycle					

WestJet Airlines Confirmed Travel Itinerary

travel



To protect the confidential information you have entered while booking this flight, please ensure you close all browser windows before leaving this computer unattended.

Confirmation

Booking date 26 Feb 06

Confirmation Y2QHCA number Status CONFIRMED

> Your online reservation is now complete. An email confirmation is already on its way to you if you selected this option in the payment form. Thank you for flying with WestJet

This confirmation number confirms your booking. Please record this number or print this page for your records.

Departing

From Calgary, AB (YYC) to Edmonton, AB (YEG)

Monday, 27 Feb 06 Flight WS 139 Depart Calgary, AB (YYC) at 06:10 and arrive in Edmonton, AB (YEG) at 06:55

Returning

From Edmonton, AB (YEG) to Calgary, AB (YYC)

Monday, 27 Mar 06 Flight WS 74 Depart Edmonton, AB (YEG) at 15:45 and arrive in Calgary, AB (YYC) at 16:30

Who is Booking Who is travelling

CATHERINE BEST

1 Guest

CATHERINE BEST

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

Total Cost Billing Information T....16 10

Total for 1 Guest	
Fare price	\$ 244.00 CAD
Taxes, Fees and Surcharges	\$ 79.51 CAD
Total price	\$ 323 51 CAD

Form of payment

Payment via Credit Card

Payment Status Cardholder name CONFIRMED Kay Rest

Card Number s.17(1), 17(4)(e.1) Payment amount \$323.51 CAD

Rules & Other Stuff

' ' Fare Rules

- SPECIAL FARES
- Change and cancellation guidelines are based on the fare which is being changed or cancelled
 After the day of booking, changes to this fare are subject to a minimum \$30.00 CAD/USD change fee (plus tax) and any difference in fare, per person. Name changes are subject to a \$30.00 CAD/USD fee
- After the day of booking, all fares, taxes, and fees are non-refundable, however, they may be used as credit towards a future flight with Westlet Cancellations are subject to a \$30 00 CAD/USD cancellation fee (plus tax) per person.
- Credit files are created for the remainder of the funds, and will expire after one year
- Changes and cancellations are accepted up to 2 hours prior to flight, however, guests who do not show up for a flight do not receive a credit or a refund

'' Fare Rules:

- FLEXIBLE FARES
- Change and cancellation guidelines are based on the fare which is being changed or cancelled
- Changes to this fare may be subject to the applicable difference in fare, per person. Name changes are done at no charge.

 No cancellation fees. After the day of booking, all fares, taxes, and fees are non-refundable, however, they may be used as credit towards a future flight with WestJet Credit files are created for the full amount of the fare paid, and will expire after one year.
- Changes and cancellations are accepted up to 2 hours prior to flight, however, guests who do not show up for a flight do not receive a credit or a refund

Terms & Conditions:

- For Domestic Flights: Identification will be checked for adults 16 years of age and older. Please check-in a minimum of 90 minutes prior to scheduled departure. Although we will do our best to assist, guests For Flights to/from the U.S. all guests will need to meet entrance requirements at customs for identification and proof of citizenship. Please check-in a minimum of 2 hours prior to scheduled departure.
- In Toronto, you'll find WestJet at Terminal 3 at Pearson International Airport

- In foronto, you're find wester at retriman at rearson international Aurorit

 Changes or cancellations may be made up to two hours prior to departure time; and, depending on the fare being changed, may be subject to a \$30 CAD/USD fee per person plus the upgrade in fare. All monies paid to Westlet in the form of fares, fees, surcharges, and taxes are non-refundable but may be credited to a Westlet credit file, to expire one year from the cancellation date.

 Some promotional fares may have additional fare rules specified at time of booking; for example, Westlet and Mosaik(R)Mastercard(R)* Companion flights can not be changed or cancelled.
- Some promotional rares may have adultional rate to the specific at this of the specific at t



MAR - 2 2006 Finance Calgary Health Region

Company ID: 01*92248

CALGARY HEALTH REGION CATHERINE KAY BEST 10101 SOUTHPORT ROAD SW CALGARY AB T2W 3N2 Invoice # :.51528

Invoice Dt: 03/03/06

Payment Terms : Upon Receipt

Order Description

Curr Amount

Best, Catherine Kay Course: HCC06953 - HEALTH POLICY

CAN 1495.00

 \P

Date: 04/27/06, Time: 08:55am, Locn: TORONTO Phone: (403) 943-1140 Fax: (403) 943-1152

Total Purchase 1495.00 Tax 1 NO TAX Rt 0.00% 0.00 Tax 2 NO TAX Rt 0.00% 0.00 Total Fee Amount 1495.00 Credits 1495.00 ======== ** Balance Due 0.00

Note: If Payment Has Been Sent, Please Disregard This Invoice.

You may have noticed from recent correspondences references to the name ALM Events Canada, Inc. We are pleased to announce that Insight Information was acquired by ALM on February 1, 2005.

Insight Information is now part of the ALM family.

Headquartered in New York City, ALM is a leading integrated media company focused on ALM is the world's leading media company focused on the practice and business of law. the legal and business communities.

For inquiries, call 1-888-777-1707 or fax 1-866-777-1292 or visit us online at www.insightinfo.com

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

55

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

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

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K Table: 10

Date: 03/01/2006

Time: 13:04

Client: 2

Virgin Caesar 2.50 Pepsi 2.00 602 Filet Lunch 42.00

SUB-TOTAL: GST (R10561718):

46.50

3.26

TOTAL:

Wellington's/Oscar's Please pay server. Thank-you.

Date:

08Feb 108 01:28PM

Card Type:

Acct #:

Exp Date:

047625

Auth Code: Check:

9425 20/1 Tarie:

4 311 ਜੋਵਾ 1. ਸਵਿਕਾਸ਼ ਹੈ | 1394

KAY BES

Subtotal:

63.68

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

Tip:

I agree to pay above total according to my card issuer

agreement.

********Merchant Copy******

s.17(1), 17(4)(e.1) REF:325001001105 001 GST INCLUDED

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Tom K Table: 10

Date: 03/01/2006

Time: 13:08

UTGA

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

BEST/KAY

AUTH 095695

ONLINE

MERCHANT# 9999

SUBTOTAL \$ 49.76

TIF \$ 600

TOTAL \$ 55,76

** CUSTOMER COPY **

Wellington's/Oscar's Please pay server. Thank-you.

STD PARK-MANULIFE PLAC 10180-101ST STREET T5J3S4 **EDMONTON**

20113332

Name:

BEST KAY

Acct #

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

Date Exp Date

06/02/27 Time

13 49 27

Card Type VI

Auth # 084889

Tran Code 00

N20113332001

001933013

Subtotal Tax Total \$5.00

Signature X_____

lagree to pay above total amount according to card issuer agreement Retain this copy for your records

Top copy-customer Bottom copy-merchant

ID: B5454350 STORE: 5454350

1725 32 AVE NE

P SALI

\$25.63

AUTU STOP VALET & CAR WAS

CALGARY

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

S' 'P #: 0103

VISA

SEQ #34001001017 AUTH 097880 ISO -001

DATE Feb 27 2006 TIME 5:23 pm

Best Copy Possible $\frac{L_{I}}{L_{I}} = \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ $= \frac{e^{i(H + \epsilon_{I})H}}{H_{I}} e^{-i(H + \epsilon_{I})H} e^{-i(H + \epsilon_{I})H}$ Francisco Company Track to q track English Commence $\frac{1}{2} \frac{\partial u_{T}}{\partial u_{T}} = \frac{\partial u_{T}}{\partial u_{T_{\bullet}}}$ Tree Property Contraction $rac{\partial^2 t}{\partial t} H_{12} = rac{\partial^2 t}{\partial t} + rac{\partial^2 t}{\partial t}$ $^{B_{2}}M_{BB}$ 621 R F100230770

KAY BEST

STATEMENT FROM APR 08 TO MAY 09, 2006

s.17(1), 17(4)(e.1)_{OF 1}



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$648.26
	s.17(1), 17(4))(e.1)
MAY 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$648.26
MAY 09	PURCHASE INTEREST	\$34.94
****************	SUBTOTAL OF MONTHLY ACTIVITY	-\$613.32
	s.17(1), 17(4)(e.	1)
APR 11	PEASEBLOSSOMS LTD CALGARY AB 58.85+2=	\$117.70
APR 15	PEASEBLOSSOMS LTD CALGARY AB	\$181.90 🗸
APR 19	THE OLD MILL INN TORONTO ON	\$281.75
APR 20	CONFERENCE BOARD OF CANADOTTAWA ON	\$775.75
APR 20	OASIS CALGARY AB	\$610.70
APR 21	POST HOTEL - RESTAURANT LAKE LOUISE AB	\$108.41, /
APR 27	PEASEBLOSSOMS LTD CALGARY AB	\$69.55
MAY 04	IMPARK LOT 00030001 CALGARY AB	\$15.00
MAY 05	STD PARK-BANKERS HALL CALGARY AB	\$13.00 V
MAY 05	STD PARK-BANKERS HALL CALGARY AB	\$25.00 V
MAY 08	STAPLES STORE #62 CALGARY AB	\$62.88
****************	SUBTOTAL OF MONTHLY ACTIVITY	\$2,261.64
	TOTAL NEW BALANCE	\$2,296.58

Be secure with Air Canada / 084

Air Canada now has Verified by Visa! Use your Verified by Visa personal password to shop securely at www.aircanada.com. Don't have a password yet? Visit www.visa.ca/verified to sign up today.

IMPORTANT INFORMATION

CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

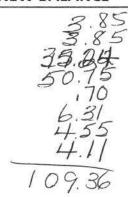
PAYMENT INFORMATION

Minimum payment	\$69.00
Payment due date	MAY 30, 2006
Credit limit	\$10,000.00
Available credit	\$7,703.42
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

MINCE	
	\$648.26
-\$648.26	
\$2,261.64	
\$0.00	
\$34.94	
\$0.00	
	\$2,261.64 \$0.00 \$34.94

NEW BALANCE \$2,296.58





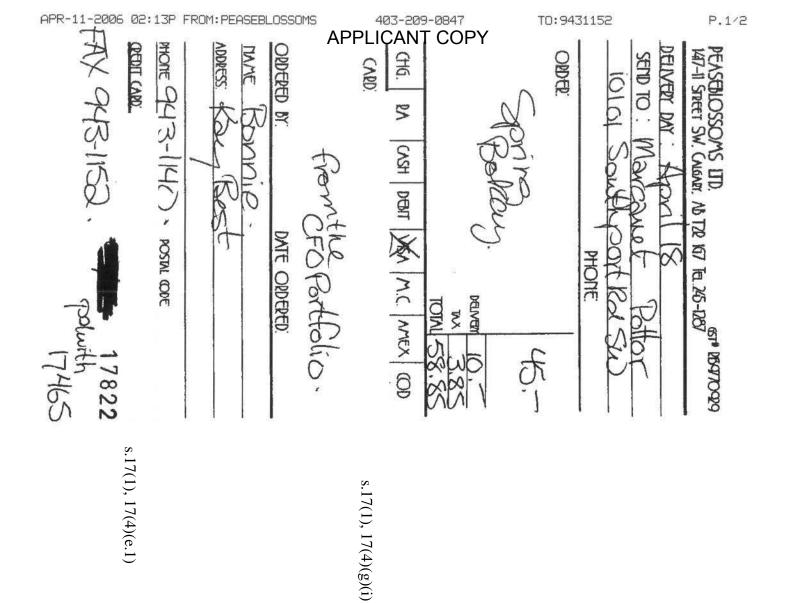
CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	NFORMATI	ON								
DATE		ESTED BY (Prin	t)	DEPARTMENT		PHONE NO (in full)				
06-05-2		e Bueckert		Risk Managem	itive Vice-President ent & CFO	5000000	3-1140			
MAKE CH	IEQUE PAY		Royal Bar				VED			
	ADDRESS	(for forwardin	ng of cheq	ue)	JUN - 2 2006					
Canad	da Post:	Payment Cen	tre, P. O. E	Box 4016, Station '	ox 4016, Station "A"					
		City Toronto)	Province	ON Post	al Cod	de M5W 2E6			
Interoffice Mail: Department										
		Site								
PURPOSI	E OF CHEQ	UE REQUEST	Miscellane	eous VISA Expense	s for Kay Best for Ap	ril & Ma	ay, 2006			
Enc	lose attach	ned documents	(originals)) with cheque	Also GST Exe	npt L	etter -			
CODING &	AUTHORIZ	ZATION								
	Functiona Centre	ACCOU	100	AMOUNT	SSOSSISTION					
Non-MIS 01	(MIS Prima 711050000		The second division in which the second	\$2,296.58	DESCRIPTION Miscellaneous VISA Expenses for Kay Best for April & May 2006					
Allegae and the same of the same										
					GST					
		MOUNT OF CH	1	\$ 2,296.58	x CDN US		HER			
Authorizat	ion Signatur	e/) //	Title		Phone Number	er	Site			
Dr. R. Johns	ton //	1	Senior Vice Advocacy	e-President, Patient	943-0835		Southport			
THE RESERVE AND ADDRESS OF THE PARTY OF THE	SPAYABLE	EONLY	Auvocacy							
T4A Code					Vendor #					
Cheque	Code: _				Invoice #					
Sep Chec	que: _				PO #					
Sort Cod	e: _		Red	curring Payment:	Start Date					
Sep Hnd	Des: _				End Date					
A/P Approval:				#	of Payments		Cycle			



Ms. Debbie Koreniowsk	Ms.	Debbie	Koreniowsl	zi.
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10101 Southport Rd Sw Calgary, Alberta T2W 3N2 Page # Res. # Checked in

0500

050822

Wed Apr 26/06 - 11:52 pm Fri Apr 28/06

Departing Nights Room Rate

Room

245.00 518

- 1					
-	Date Apr19	Description PAID BY VISA - Thank you	Reference ref3 5340. mb	Charges	Credits 281.75
Wideland (Balance (Chaires) A. C. C.	Apr26 Apr26 Apr26 Apr26 Apr27 Apr27 Apr27 Apr27	Preferred Corporate Rate G.S.T Room 7% P.S.T Room Tax - 5% Destination Marketing Fee Preferred Corporate Rate G.S.T Room 7% P.S.T Room Tax - 5% Destination Marketing Fee		245.00 17.62 12.25 6.88 245.00 17.62 12.25 6.88	
		Total Outstanding	281	1.75 563.50	281.75
	or social	ou for staying with us and we look forward to ing you back soon. To reserve your next busir I function at The Old Mill Inn, please contact s & Catering office at 416-236-2641.	1200		

Our G.S.T. # is #87907 3724

Charge Summary: G.S.T. - Room 7%

35.24

Paid to UIS A to hold room. Kay Best unall to attend conference Deblie Korzeniowski attended in her spool

B

THE OLD MILL INN

The Conference Board of Canada
Insights You Can Count On

Publication

Invoice No. 85077

255 Smyth Road, Ottawa, ON K1H 8M7 Canada • Fax (613) 526-4857 • Inquiries 1-866-711-2262

www.conferenceboard.ca

Sold

Ms. Kay Best

To: Sonior Vice I

Senior Vice-President, Risk Management and

Chief Financial Officer Calgary Health Region 10101 Southport Rd. S.W. Calgary AB T2W 3N2 Ship Ms. Kay Best

Senior Vice-President, Risk Management

and Chief Financial O Calgary Health Region 10101 Southport Rd. S.W. Calgary, AB T2W 3N2

Account I	No. P	urchase Orde	r No.	Order Date	Order N	lumber	Terms	Invoice	e Date	Ship	ping Method
76836	3			4/10/2006	1569	900	Pay On Receipt	4/20/2	2006		
Qty Ordered	Qty Shippe	Back- Ordered	Item C Descri						Unit P	rice	Extended Price
1		1	CFO C EPRO	EPROC-CFOCH-05 CFO Challenge: From Financial Gatekeeper to Strat. Leader EPROC-WCGF-06 2006 Western Corporate Governance Forum					25.00	725.00	
Line Iten	n Total	Freight	Han	dling F	Restocking/ ncellation Fee	Tax	Subtotal	Amo	unt Recei	ived	Amount Due
725.	00					50.75	775.75				775.75

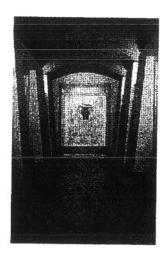
GST Remittance #: R118778091

GST Amount: \$50.75

Oasis Wellness Centre & Spa

Date 04/20/06

Kay Best



Quantity	tem	Descripti	Unit	Total
		on	Price	
l	Gift Cert. # A 92969 Jody Gibson		\$300.00	\$300.00
	Gift Cert. #A 92970 Debbie Korzenion	USK'I	\$300.00	\$300.00
	Courier Charge		\$10.00	\$10.00
			<u> </u>	
			——————————————————————————————————————	
			Subtotal	\$610.00
			GST	\$.70
	GST 871868584		Total	\$610.70

880, 16th ave SW Calgary, AB T2R 1J9 Lower Level Mount Royal Village Phone: (403) 216 2747 Fax: (403) 216 2748 Email: info@oasis-spa.com Website: www.experienceoasis.ca

Relax..Release..Revive

Oasis Wellness & Spa Mount Royal Village 880 16 Avenue SW. Calgary, AB I2R 1J9 GST#871868584

Date: 04/20/06 10:11A

#40943, Reg No. 2

GUESI: Key Best

SERVICES:

Gift Cert

Gift Cert #8 92969

300.00

PRODUCTS:

10910 (1)

Courier Charge Sold by: Staff \$

10.00

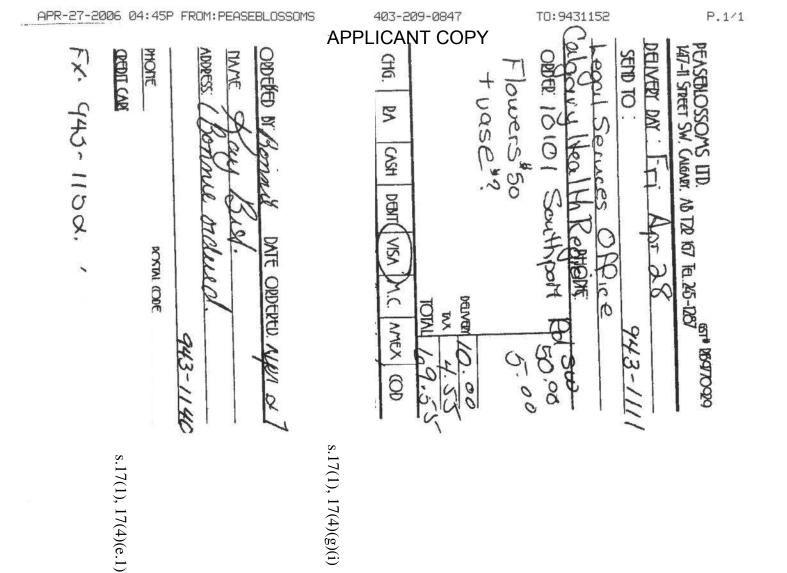
SUB TOTAL \$ 610.00

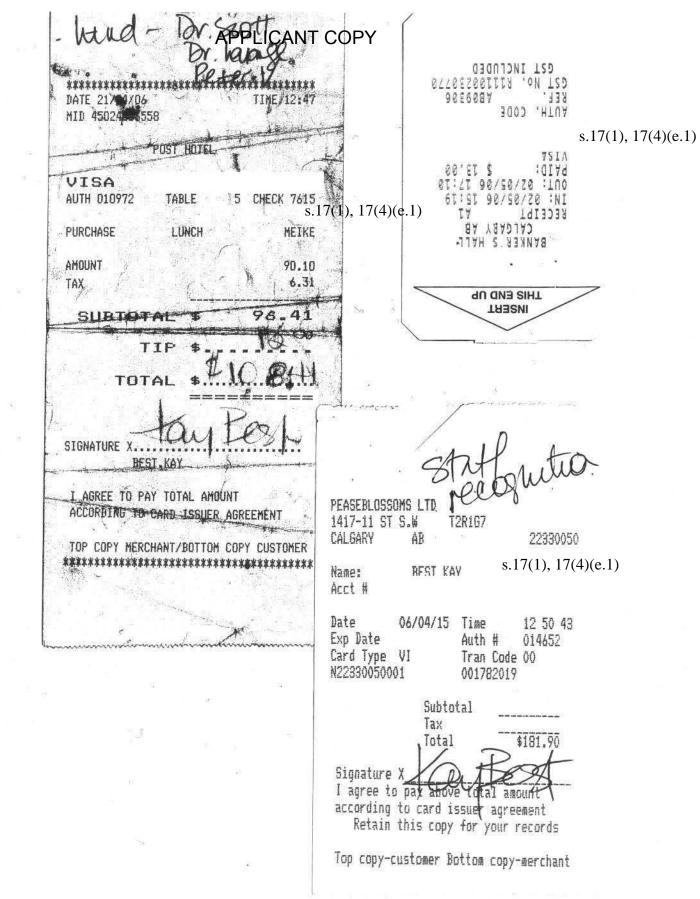
G.S.T. \$.70

TOTAL \$ 610.70

Paid Credit Card \$ 610.70

Exchanges & Refunds within 14 days on skin care with receipt & all packaging. No Returns on Jane Iredale Makeup.





CONFERENCE BOARD OF CANADA

255 SMYTH RD

OTTAWA

ON

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

CARD NUMBER EXPIRY DATE

PURCHASE TOTAL AMOUNT

\$775**.7**5

OI APPROVED 027 AUTH. # 017496 THANK YOU

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

CARDHOLDER SIGNATURE

INSERT THIS END UP

BANKER'S HALL-CALGARY AB RECEIPT A1 IN: 03/05/06 07:46 OUT: 03/05/06 13:56 PAID: \$ 25.00

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

REF. AB00612 GST No. R11100230770 GST INCLUDED

] 150, 44300 1₂ to R5:54

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

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hank you for shop of STAPLES Business Lappole will not be undersolor state that the SERVICE ALL 1-866-STAPLES To constraint service all sdep.com



VISA Business

CALGARY REGIONAL HEATTH AUTHORITY

KAY BEST

STATEMENT FROM MAR 08 TO APR 09, 2008 $s.17(1),\ 17(4)(e.1)$

DATE **ACTIVITY DESCRIPTION** AMOUNT (\$) PREVIOUS STATEMENT BALANCE \$2,687.97 s.17(1), 17(4)(e.1) **MAR 28** PATIMENT - THANK YOU / PAIEMENT - MERCI -\$2,687.97

SUBTOTAL OF MONTHLY ACTIVITY -\$2,687.97

s.17(1), 17(4)(e.1) MAR 07 AND LOGISTIX CONF. 416-593-7744 ON \$1,989.75 MAR 07 AEROFLEET LIMO & TAXI MISSISSAUGA ON \$50.00 **MAR 13** IL SOGNO CALGARY AB \$231.79 **MAR 18** STD PARK-BANKERS HALL CALGARY AB \$32.00 SUBTOTAL OF MONTHLY ACTIVITY \$2,303.54

> **TOTAL NEW BALANCE** \$2,303.54

Royal Bank of Canada 2007 Public Accountability Statement

Royal Bank of Canada's 2007 Corporate Responsibility Report and Public Accountability Statement is now available at www.rbc.com/pas.

Tips to protect yourself

Always be cautious when using your Visa* card. Check and keep track of your monthly statements. Never reveal your PIN to anyone, and avoid using obvious PIN's or passwords such as your birthday, SIN or phone number. Do not reply to emails or phone calls asking for information such as your PIN or credit card number with expiration date, unless it was initiated by yourself. And always be sure to shred documents that contain personal information before you recycle them.

Protect yourself when travelling?

Protect your RBC Royal Bank® Visa* card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

1514436

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 **Collect Outside North America** (416) 974-7780

PAYMENT INFORMATION

Minimum payment \$10.00 Payment due date APR 30, 2008 Credit limit \$10,000.00 Available credit \$7,696.46 Annual interest rate 18.50%

CALCULATING YOUR BALANCE

D :	AITCL
Previous Statement Balance	\$2,687.97
Payments & credits	-\$2,687.97
Purchases & debits	\$2,303.54
Cash advances	\$0.00
Interest	\$0.00
Fees	\$0.00

NEW BALANCE \$2,303.54





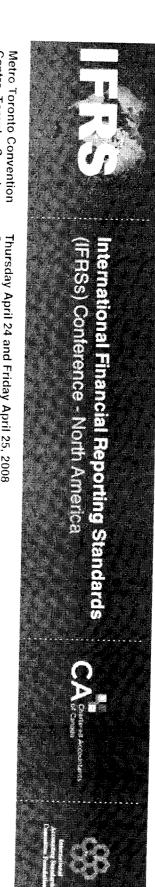
CHEQUE REQUISITION

INSTRUCTIONS:

A cheque, Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	INFORMATI							
DATE 08-04-	REQU	ESTED BY (Pri	nt)		TMENT			
00 04		e Bueckert		Office of Risk M	of Execu anageme	tive Vice-President, ent & CFO	943-1140	
MAKEC	HEQUE PAY	ABLE TO:	_				10.0.1140	
			Royal	Bank Visa				
MAILING	G ADDRESS	(for forwardi	ng of cl	heque)				
Cana	ada Post:	Payment Ce	ntre, P.	O. Box 4016, 8	Station "	۹"		
		City Toront	0	F	rovince	ON Postal	Code M5W 2E6	
Intero	ffice Mail:	Department						
		Site			•			
PURPOS	SE OF CHEO	UE REQUEST	Misos	llancous VICA 5				
_						for Kay Best for Marc	h /08	
En	close attach	ed documents	(origina	als) with chec	jue ,	Also GST Exemp	ot Letter -	
CODING 8	AUTHORIZ				-			
	Functional Centre		INIT					
Non-MIS	(MIS Primar			AMOUNT	- _	DESCRIPTION		
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01	7110500000	04 624100	000	231.7	9 V		Margaret Munsch &	
	1					ST	-,	
		MOUNT OF CH	EQUE	\$ 2,303	.54	x CDN US	OTHER	
	ion Signature		Title			Phone Number	Site	
Jack Davis		\	Presider	nt & CEO		040 4400		
CCOUNT	S PAYABLE	ONLY	- Toolaci	iii d OLO		943-1103	Southport	
T4A Code	e:					Vendor #		
Cheque	Code:					Invoice #		
Sep Chec	que:					PO #		
Sort Code	e:		R	lecurring Payı	ment:	Start Date		
Sep Hnd	Des:					End Date		
A/P Appro	oval:				# o	f Payments	Cycle	



Centre, Toronto, Canada

Thursday April 24 and Friday April 25, 2008

Optional pre-conforence Special Interest Sousions, Thursday April 24, 2008 (morning only) Optional pre-conference Canadian Update Wednesday April 28, 2008 (alternoon only)

Agenda Canterence Agendin Sugases reportal liberades Brochure GREATURE. Value Moss Available aparagé distingti nestara.

CHOOSE SOILCRAMME & FEEDOWN

Registration

You will receive a confirmation email within 2 business days. We look forward to seeing you at the conference! Thank you for your registration

Thank You - Transaction Approved

TOROSTS, ON MEALS TYPE: Purchase WWW.ANDLOGISTIK.COM AND NOTINGE OVER

CICA CPD Homepage

Priority Mailing List

Conference Registration please contact: For further information or

TRANS. FRF.

た第2 再日出居と:

1-800-465-9670 Toll Free (within North

E-Mail: IITRS @arcs.grshx.com Outside North America: 00-1-416-593-7744

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

APTINE. DATE THE CARD HOLDER : Eay Best ANTENEMOR # EXPIRY DATE : : 07 Har 08 16:50:54

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https://secure.inorbital.com/IFRSConference2008/process.asp

IL SOGNO

24 4 ST NE

T2E3R7

CALGARY

22619916

Name:

DECT VAV

AB

Acct #

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

Date 08/03/12 Time

lime Auth #

20 **41** 05 007710

Exp Date Card Type VI N22619916001

Tran Code 01

001482010

Op ID: 001

Invoice No.:

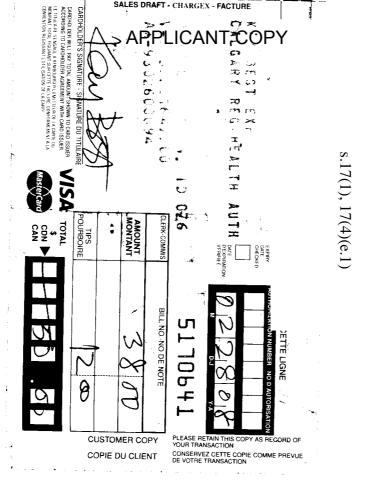
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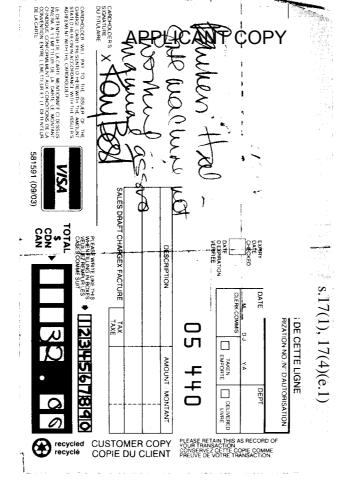
Subtotal

Tip Total \$201.79

Retain this copy for your records

Customer Copy





RBC Royal Bank

APPLICANT COPY

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM SEP 10 TO OCT 09, 2008

s.17(1), 17(4)(e.1)_{1 OF 1}

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$559.04
	s.17(1), 17(4)(e.1)
SEP 26	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$559.04
	SUBTOTAL OF MONTHLY ACTIVITY	-\$559.04
	s.17(1), 17(4)(e.1))
SEP 08	CALGARY PARKING AUTHORITYCALGARY AB	\$8.00
SEP 11	PEASEBLOSSOMS LTD CALGARY AB	\$74.55
SEP 12	BUDGET RENT A CAR EDMONTON AB	\$67.25
SEP 13	HOTEL MACDONALD - FD EDMONTON AB	\$339.68
SEP 15	PRECISE CAPITAL HEALTH TORONTO ON	\$32.00
SEP 16	DRI*MICROSOFT O HTTP://SUPPOR	\$159.00
SEP 17	HERALD/POST SUBSCRIPTI CALGARY AB	-\$270.02
SEP 17	IMPARK LOT 00020237 EDMONTON AB	\$22.00
SEP 17	BUDGET RENT A CAR EDMONTON AB	\$1,150.00
SEP 19	PURO 29372861053 MISSISSAUGA ON FIRE 1	\$14.68
SEP 23	BUDGET RENT A CAR EDMONTON AB	-\$65.69
SEP 30	CALGARY PARKING AUTHORITYCALGARY AB	\$2.50
OCT 01	IMPARK LOT 00020237 EDMONTON AB	\$19.00
OCT 02	WESTIN HOTELS - EDMONTON EDMONTON AB	\$235.60
OCT 02		\$16.80
OCT 05	Non-Responsive	\$552.65
	SUBTOTAL OF MONTHLY ACTIVITY	\$2,358.00
	TOTAL NEW BALANCE	\$2,358.00

October is Small Business Month

Even out the peaks and valleys in your cash flow with the help of an RBC Royal Bank®
Business Advisor, call 1-800 ROYAL® 2-0 today.

IMPORTANT INFORMATION

CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
PAYMENT INFORMATION	
Minimum payment	\$10.00
	\$10.00 OCT 30, 2008
Minimum payment	*
Minimum payment Payment due date	OCT 30, 2008

CALCULATING YOUR BALANCE						
Previous Statement Balance	\$559.04					
Payments & credits	-\$894.75					
Purchases & debits	\$2,693.71					
Cash advances	\$0.00					
Interest	\$0.00					
Fees	\$0.00					
NEW BALANCE	\$2,358.00					

Budget 780-448-2000





Kay Bost

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE IN	FORMATION							
DATE	REQUESTE	D BY (Print)	DEPARTMENT		PHONE NO (in full)			
08-10-23	Bonnie Bue	ckert	Office of Execu Risk Managem	utive Vice-President, ent & CFO	943-1140			
MAKE CHEQUE PAYABLE TO: Royal Bank Visa								
MAILING ADDRESS (for forwarding of cheque)								
Canada Post: Payment Centre, P. O. Box 4016, Station "A"								
City Toronto Province ON Postal Code M5W 2E6								
Interoffice Mail: Department								
	Sit	e						
DURDOSE	OF CHEQUE	REQUEST Miscellar	neous VISA Expense	es for Kay Best for Sept	. & Oct./08			
Encl	ose attached (documents (originals	s) with cheque	Also GST Exem	pt Letter -			
CODING &	AUTHORIZATI	ON						
Non MIC	Functional Centre	ACCOUNT	ANACHINIT	DESCRIPTION				
Non-MIS 01	(MIS Primary) 71105000004	(MIS Secondary) 62410000	AMOUNT 83.50	DESCRIPTION Parking S.17(1), 17(4)(g)(i)				
01	71105000004	62410000	74.55	T driving	Steve Hardcastle & family			
01	71105000004	62510000	659.33	Hotel charges & car re				
01	71105000004	62510000	552.65	The terminal section in the section	Non-Responsive			
01	71104000004	62510000	173.68	Software & courier ch	arge			
				GST				
	TOTAL AMO	UNT OF CHEQUE	\$ 1,543.71	x CDN US	OTHER			
Authorization	on Signature	Title		Phone Number	Site Alberta Health Services			
Charletta		Interim Ci Services	EO, Alberta Health	780-342-2017	700, 10180 – 101 Street N.W., Edmonton, AB			
ACCOUNTS	PAYABLE O			700 042-2017	Tiving Common, 15			
T4A Code: Vendor #								
Cheque Cod	de:			Invoice #				
Sep Cheque	:			PO#				
Sort Code:	*********	, , , , , , , , , , , , , , , , , , , 	Recurring Paymen	t: Start Date				
Sep Hnd De	s:			End Date				
A/P Approval: # of Payments Cycle								

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

DATE

SEP 26

STATEMENT FROM SEP 10 TO OCT 09, 2008

 $s.17(1), 17(4)(e.1)_{10F1}$

October is Small Business Month

1603710

Even out the peaks and valleys in your cash flow with the help of an RBC Royal Bank® Business Advisor, call 1-800 ROYAL* 2-0 today.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 **Collect Outside North America** (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$10.00
Payment due date	OCT 30, 2008
Credit limit	\$10,000.00
Available credit	\$7,642.00
Annual interest rate	19.50%

CALCULATING YOUR BALANCE					
Previous Statement Balance		\$559.04			
Payments & credits	-\$894 .75				
Purchases & debits	\$2,693.71				
Cash advances	\$0.00				
Interest	\$0.00				
Fees	\$0.00				
NEW BALANCE	\$2 :	158 00			

ACTIVITY DESCRIPTION AMOUNT (\$) PREVIOUS STATEMENT BALANCE \$559.04 s.17(1), 17(4)(e.1) PAYMENT - THANK YOU / PAIEMENT - MERCI -\$559.04 SUBTOTAL OF MONTHLY ACTIVITY -\$559.04

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

SEP 08	CALGARY PARKING AUTHORITYCALGARY AB	\$8.00 ✓
SEP 11	PEASEBLOSSOMS LTD CALGARY AB	\$74.55 (~
SEP 12	BUDGET RENT A CAR EDMONTON AB	\$ 67.25 ~
SEP 13	HOTEL MACDONALD - FD EDMONTON AB	\$339.68
SEP 15	PRECISE CAPITAL HEALTH TORONTO ON	\$32.00
SEP 16	DRI*MICROSOFT O HTTP://SUPPOR	\$159.00 /
SEP 17	HERALD/POST SUBSCRIPTI CALGARY AB	-\$270.02
SEP 17	IMPARK LOT 00020237 EDMONTON AB	\$22.00 ✓
SEP 17	BUDGET RENT A CAR EDMONTON AB .	\$1,150.00
SEP 19	PURO 29372861053 MISSISSAUGA ON	\$14.68
SEP 23	BUDGET RENT A CAR EDMONTON AB	- \$ 65.69 →
SEP 30	CALGARY PARKING AUTHORITYCALGARY AB	\$2.50✓
OCT 01	IMPARK LOT 00020237 EDMONTON AB	\$19.00
OCT 02	WESTIN HOTELS - EDMONTON EDMONTON AB	\$ 235.60
OCT 02	****	\$16.80 —
OCT 05	Non-Responsive	\$552.65

SUBTOTAL OF MONTHLY ACTIVITY

TOTAL NEW BALANCE

001 0018 45160551



HRI - 00 - 1 - 1 - L - 8 - D

RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$2,358.00

RBC0150120_4881301_008-47772 00555

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST PO BOX 1740 STN M CALGARY AB T2P 4Z6

Display this rece dashboard this **≣**200₽

7

\$2,358.00

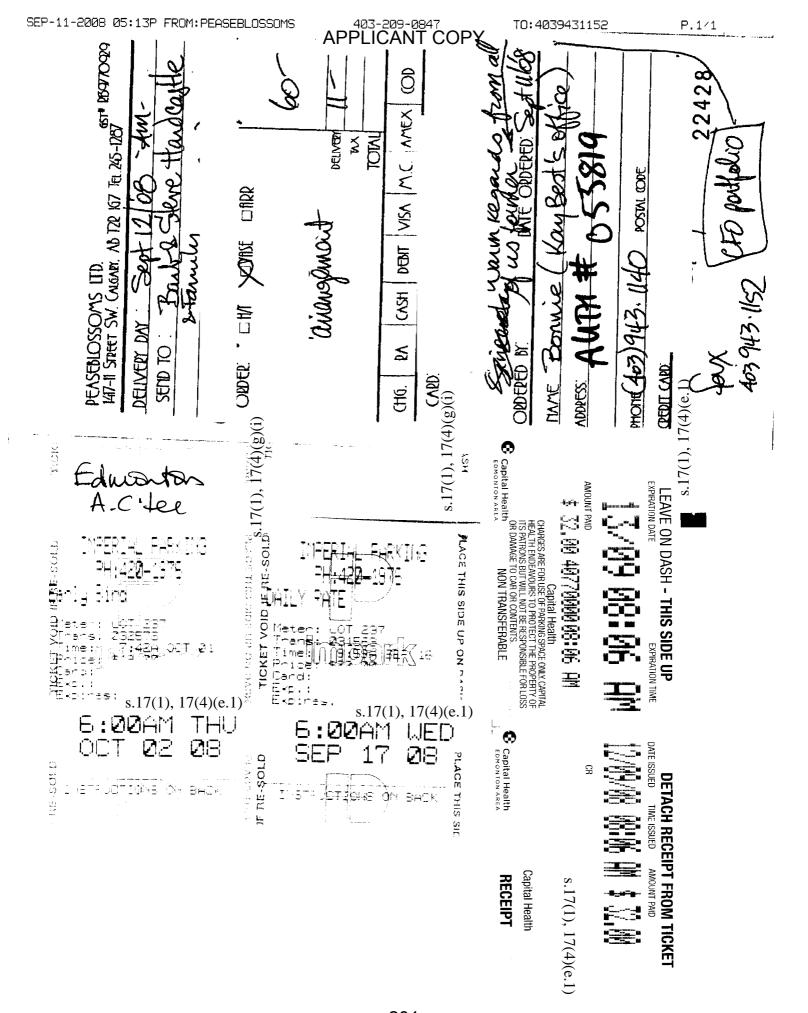
\$2,358.00

29-09-2-08 18:33 #: 5620-119457839

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

CALGARY PARKING AUTHORITY

CALGARY PARKING AUTHORITY





<u>South</u> CT - 5905 - 104 Street (448-2011)

RR - 8112 - Roper Road (448-2041) TF, - 9926 - 35 Ave (442-1540)

North

WE **A1IDED** 151 6(764) 418 (2031) COPY Sherwood Park

NE - 8804 - Yellowhead Trail (448-2021)

St. Albert SA - 22 Muir Drive (460-0863)

<u>Airports</u> AP - International Airport (890-4801)

SP - 91 Seneca Road (449-1557)

DE/DS - City Centre Airport (448-2027)

BUDGET RENT-A-CAR OF EDMONTON LT	\$1 - 11519 - 105 Ave (448		Road (449-1557)	· <u>. </u>	
AND "BUDGET RENT-A-CAR" AND "BUDGET RENT- ADMINISTRATION OFFICE Ph. (78)	0) 448-2060		RENTING L	OCATION CO	NTRACT NO.
4612 - 95 STREET Fax (78 EDMONTON, ALTA. T6E 5Z6	0) 437-4036	11.6892	Tim AF		<u> </u>
		REPLACEMENT VEHICLE	OWNING	ORIGIN	AL VEHICLE
			LOCATION	EDM	
s.17(1), 17	'(4)(e.1)		VEHICLE NUMBER	8801	4
PO# VI	Ø7/30/Ø9		LICENSE NUMBER	0896	00
RENTER CATHERINE BEST			VIN	3VWTY.49M5	an625,388
RE	s.17(1), 17(4)(g)(i)		MODEL	MINLUME JET	TA - USEE
CITY P A A	ROV TO SHOWE "		DATE TIME IN	Ø97187 Ø 8	1709
Saf Films for File 2	ROV.	-	DATE DUE BACK	Ø97127Ø8	1.6000
COMPANY	BCD#		DATE TIME OUT	(897) 1708	2:61
NA ADDRESS	DOD#		KM IN	ر و ج	
CITY	ROV. P. C. PHONE #		км оит	293	137
ADDITIONAL DRIVER NUNE AUTHORIZED	1471		KM DRIVEN		<u>်</u> ခ
	PROV. D.O.B. EXPIRY DATE	RATE CODE	RATE	CODE ANT	N. P. C. C. C. C. C. C. C. C. C. C. C. C. C.
		KMS		KMS	7.00-1.5
	州 .	@ HOURS		#OURS	
		@ DAYS	4	DAYS @ 54.50	3 54.40
	REZ #	@ WKS		MAILCO	
BC C OUT EDM AP W	RITTEN 09/11/09 CLD	@ OTHER		OTHER	3
	<u>09/12/08</u>	@ KILOMETER ALLOWANCE	TOTAL TIME AND	<u>@</u>	
LOSS DAMAGE WAIVER (L.D.W.) By signing below, the renter accepts L.D.W. at the	LIMITED DAMAGE LIABILITY By signing below, the renter is declining L.D.W. and	(IF ANY)	KILOMETER CHA	RGE	54.00
rate per day or part thereof as recorded below. By the renter accepting L.D.W., Budget agrees to waive	agrees to pay Budget for all loss or damage to the vehicle, HOWEVER INCURRED , (regardless of fault),	DAY WEEK MONTH	DISCOUNT (if applicable)		
the renter's financial responsibility for damage to the vehicle. However, if the renter has violated any of the	limited however to FULL VALUE OF VEHICLE PER OCCURRENCE OCCURRENCE OCCURRENCE S10,000,00 PER \$ \$ COURRENCE OCCURRENCE	Minimum charge is one (24hr)			
terms and conditions of this rental agreement, the renter is responsible for all loss or damage to the vehicle and/or all loss or damage to Budget.	However, if the renter violated any of the terms and	day. If the rental exceeds 24 hours, the renter will be charged an hourly rate until that charge	14.40	7. PLF	9, 0t.
L.D.W. charge per day or part thereof. \$	conditions of this rental agreement, the renter is responsible for all loss or damage to the vehicle and/or all loss or damage to Budget.	equals the daily rate. • LDW and PAI charges are based	3.77.3.182	Jan 1 Sun 1	The of the state o
RENTER'S SIGNATURE X	RENTER'S SIGNATURE X	on a 24 hour day or any part thereof.			
	I HAVE BEEN ADVISED OF THE	Kilometer rate does not include fuel			
FOLLOWING IMPORTA	NT RENTAL CONDITIONS	All traffic and parking violations including photo radar are the			
X RENTER TO BE THE C	NLY AUTHORIZED DRIVER (except itional driver section)	responsibilities of the renter. Budget is not responsible for any liability however incurred regard-			
This vehicle herein described me nor does Budget give its cons	ust not be used, operated or driven, ent, expressed, or implied, to the	ing supplied ski racks, infant car seats and/or trailers.			
vehicle being used, operated or	driven by any person other than the	The various fueling options have been explained to me.	\$1.99/Day	V)_E	1 44
renter or additional driver(s) as section.	listed above in the additional driver	 If I am renting a trailer, I ack- nowledge I am solely respons- 			
	NOTE	ible for the trailer connections to the towing vehicle.		42	
The renter is responsible for all damage person not listed on this rental agreement.	e and losses suffered by Budget if the vehicle is	used, operated or driven by a	G.S.T. (R100684	984)	i. Žić
Renter shall pay Budget all charges in process an unsigned credit card youch	curred in connection with this agreement. Rente er in the renter's name for payment of all charg	ies. The renter agrees that all	TOTAL CHARGE	s	87.25
charges on this agreement are subject card account within 20 days of return or	to final audit. The renter authorizes Budget to de f the vehicle with any additional amount resulting	ebit or credit the renter's credit	INITIAL DEPOSIT	11	15
this agreement. The renter will be advis I agree to return the vehicle to Budget of	on or before the due back date at the renting loc	ation. If the vehicle is returned	ADDITIONAL DE	POSIT 100	、トン
 I agree there are to be no more passer 	agree to pay the applicable drop charge. ngers in the vehicle than available seat belts.	and the second second		Sign cates	67.25
 The renter is responsible for the operated bag, that can be turned on or off. I agreement an ecessary, to how I wish it to operate. 	ion of the airbag(s). The vehicle I have rented nee it is my responsibility to check how the air	hay have a passenger side air bag is set and to change it, if	DUE (ref	und	
. Lagree to be bound by the terms	s and conditions on both sides of the re derstand the terms and conditions on	ental agreement and also both sides of the rental	67.25	LOSE EMP# DUE B	ACK TO RETURNED TO
agreement.	iciound the terms and conductions on	acti. Sides of the fallial			AP EDM FIL
RENTER'S SIGNATURE X	20	2TERMS: PAYMENT DUE ON RECE (24% PER ANNUM) ON OVERDUE	EIPT OF THIS COPY OF ACCOUNTS AND RE	F RENTAL AGREEME COVERABLE LOSS A	NT. 2% PER MONTH ND DAMAGE.



Room

0305

Folio#

281

Cashier # Page #

1 of 2

10065 - 100 STREET EDMONTON, AB, CANADA T5J 0N6 T (780) 424-5181 F (780) 429-6481 G.S.T. Registration # 846543619

Kay Best

10101 South Port Rd

Sw

Calgary, AB T2W 3N2

Arrival

09-11-08

Departure

09-12-08

nt

Date	Description	Additional Informati	on		Charges	Credits
09-11-08	In Room Dining	Room# 0305 : CHECK# 22	233		86.11	
09-11-08	Telephone Local - Interface	22:27 00:01:00			1.58	
09-11-08	Telephone Local - Interface	Room# 0305 : Dialed# 800 22:39 00:01:00	0-646-0000 00		1.58	
09-11-08	Telephone Local - Interface	Room# 0305 : Dialed# 800 22:40 00:01:00			1.58	
09-11-08	High Speed Internet	Room# 0305 : Dialed# 800 00:01:00			14.65	
09-11-08	Telephone Local - Interface	Room# 0305 : Dialed# 999 22:51 00:01:00			1.58	
09-11-08	Telephone Local - Interface	Room# 0305 : Dialed# 800 22:54 00:01:00			1.58	
09-11-08	Telephone Local - Interface	Room# 0305 : Dialed# 800 23:06 00:01:00			1.58	
09-11-08	Telephone Local - Interface	Room# 0305 : Dialed# 800 23:45 00:01:00			1.58	
09-11-08	Government Rate	Room# 0305 : Dialed# 800	0-646-0000 00		179.00	
09-11-08	Room - DMF				1.79	
09-11-08	Room - AB Tourism Le				7.23	
09-11-08	Room - GST				9.04	
		Fairmont Hotei Mac In Room Dinin				
		357 Bonnie				
		305/1 CHK 22 SEP12'08 6:25	40 GST 1 AM			
Guest signature Signature du client X For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & United States or Canada 1 800 441 1414 Pour information et réservations visitez notre v www.fairmont.com ou téléphoner au Hôtels Fiétats-Unis ou Canada 1 800 441 1414		1 DELIVERY CHARGE 1 IRD ALPINE BKFST	3.75	nd I It the pay for verdue	Je me porte personnellement re total de cette note au cas ou la ou son représentant désigné en Les comptes en soufrance son	compagnie, l'association refuserait le paiement.
			16.00	6 per	1,5% par mois après un mois. (J'ai accepté la livraison du journ j'avais refusé, j'aurais pu obtenir de 0,75\$ par jour (du Lundi au V	18,00% par année) al The Globe and Mail. Si un crédit à mon compte
		Food Delivery charge R/S 18%	16.00 3.75 3.56	ating	Samedi. (Dans les hôtels partici)	pants.)
	Thank you	23.31 GST Payment	1.17 24.48	sls &	Resorts	

305/Best

ROOM CHARGE

RUUM CHARTA 357 CEOCHT DEL **203** 25AM



Room

0305

Folio#

.

Cashier # Page # 281 2 of 2

10065 - 100 STREET EDMONTON, AB, CANADA T5J 0N6 T (780) 424-5181 F (780) 429-6481 G.S.T. Registration # 846543619

Kay Best

10101 South Port Rd

Sw

Calgary, AB T2W 3N2

Arrival

09-11-08

Departure

09-12-08

Date Descriptio	n Addi	tional Information	Charges	Credits	
		Total	308.88	0.00	
		Balance Due	308.88		
GST Summary			2448		
Room	9.04		29		
F&B	4.10		2.2.3/		
Other	1.22		235 %		
Total	14.36		333 3 6		
			6		
			68		
			33 1.		

Guest signature
Signature du client X
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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. (18,0% per annum.)

I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sylets à un intérêt de 1.5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si J'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,755 par jour (du Lundi au Vendréed) et de 1,50\$ le Samedi. (Dans les hôtels participants.)



Thank You!

Order Confirmation

Order Date 15/09/2008 9:19 PM PST Order Number CNL32720076 Order Total \$159.00

Billing Address

Catherine Best

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

Payment Mathedia

Kritik Calorinantes. Expiration Usage: 100

Qty.	Product		Product Key	Price	Total
1		Microsoft® Office Home and Student 2007 Full License - English	Product Key (FPP) F37HV-2R6MK-H4MPQ-8XQPR-BGQH3	\$159.00	\$159.00

GST/HST \$0.00 PST \$0.00 Shipping & Handling: \$0.00

Total Due: \$159.00

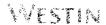
Kay Best 139.00 Calgary Health Region 1 307185 A 1 30-SEP-08 20:18 01-OCT-08 07:30

date	reference		description			charges/c/edits	Aftego No
30-SEP-08	RT417	G	ST				7.02
30-SEP-08	RT417	Ι	MF				1.39
30-SEP-08	RT417	T	Courism Levy				5.62
30-SEP-08	RT417		arking Vale				26.00
30-SEP-08	RT417	Т	ax GST				1.30
30-SEP-08	1	I	nternet Ser	vice In Room			10.95
30-SEP-08	1	T	Cax - GST				0.55
01-OCT-08	3371	I	n Room Dini	ng			43.77
01-OCT-08	VI		isa /	J		235.60-	
		E	Balance Due			0.00	
EXPENSE REP	ORT SUMMARY						
Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
30-SEP-08	139.00	7.02	5.62	0.00	11.50	28.69	191.83
01-OCT-08	0.00	0.00	0.00	43.77	0.00	0.00	43.77
Total	139.00	7.02	5.62	43.77	11.50	28.69	235.5(
Date	Payment						
30-SEP-08	0.00						
01-OCT-08	235.60-						
rotal	235.60~						

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

** continued on the next page **

Kay Best
FOLIO 307185 30-SEP-08



Kay Best 139.00
Calgary Health Region 1
307185 A
2
30-SEP-08 20:18
01-OCT-08 07:30

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

datereferencedescriptioncharges/creditsGST Summary:7.02GST Room Revenue:7.02GST Food and Beverage:0.00GST Telephone Revenue:0.55GST Other:0.007.57

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest you have earned at least 362 Starpoints for this visit A50838344736

Kay Best
FOLIO 307185 30-SEP-08





VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM FEB 09 TO MAR 07, 2008

 $s.17(1), 17(4)(e.1)_{E_2}$

\$2,687.97

	,	1012
DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$357.46
	s.17(1), 17(4)(e.	.1)
FEB 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$199.79
FEB 29	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$157.67
MAR 07	PURCHASE INTEREST	\$2.78
	SUBTOTAL OF MONTHLY ACTIVITY	-\$354.68
	s.17(1), 17(4)(e.1)	
FEB 08	HAK^HAKVARD BUSNS REV 813-979-6814 FL	\$120.80
	Foreign Currency-USD 117.87 Exchange rate-1.024	1857
FEB 12	STD PARK-BANKERS HALL CALGARY AB	\$27.00
FEB 22	IMPARK-LOT #00030188 CALGARY AB	\$25.00 //
FEB 23	AIR CANADA 0142155352849WINNIPEG MB	\$2,086.70
FEB 26	CALGARY PARKING AUTHORITYCALGARY AB	\$2.00
FEB 26	IMPARK-LOT #00030188 CALGARY AB	\$24.00
FEB 28	CALGARY AIRPORT AUTHORITYCALGARY AB	\$72.00
FEB 28	AID CANADA OF 124 FEED	20Class \$236.25
FEB 29	DELTA MEADOWVALE RES & COMISSISSAUGA ON	\$35.44 •
MAR 01	TAXI & LIMO LIMEHOUSE ON	\$56.00
	SUBTOTAL OF MONTHLY ACTIVITY	\$2,685.19
	TOTAL NEW BALANCE	\$2,687.97

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PAYMENT INFORMATION	
Minimum payment	\$12.00
Payment due date	MAR 28, 2008
Credit limit	\$10,000.00
Available credit	\$7,312.03
Annual interest rate	18.50%

CALCULATING YOUR BALANCE					
Previous Statement Balance	\$357.46				
Payments & credits	-\$357.46				
Purchases & debits	\$2,685.19				
Cash advances	\$0.00				
Interest	\$2.78				
Fees	\$0.00				
NEW BALANCE	\$2,687.97				

208



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE IN	NFORMATION				Lavorano a e m			
DATE	1	DBY (Print)	DEPARTMENT	ıtiya Vica-President	PHONE NO (in full)			
08-03-19 Bonnie Bueckert		Office of Executive Vice-President, Risk Management & CFO		943-1140				
MAKE CH	IEQUE PAYABL	E TO:	ank Visa					
MAILING	•	r forwarding of che						
Canada Post: Payment Centre, P. O. Box 4016, Station "A"								
City Toronto Province ON Postal Code M5W 2E6 Interoffice Mail: Department								
	Site		-					
DUBBOO		DECLIECT Missoll	aneous VISA Evnense	es for Kay Best for Febr	ruary & March /08			
PURPOS	E OF CHEQUE F	REQUEST Wiscen	alleous VISA Expense	es for tay best for repr	dary a majori/oo			
End	close attached d	locuments (origina	lls) with cheque	Also GST Exem	pt Letter -			
CODING &	AUTHORIZATION	NC		T				
Non-MIS	Functional Centre (MIS Primary)	ACCOUNT (MIS Secondary)	AMOUNT	DESCRIPTION				
01	71105000004 62410000		\$ 206.00	Parking				
01	71105000004	62410000	2.78 Interest					
01	71105000004	62410000	120.80	Harvard Managemen Subscription	rvard Management Business Review abscription			
01	71105000004	62410000	35.44	Hotel charge for int	or internet & breakfast			
01	71105000004	62410000	2,322.95	Air Canada Flight charge				
	7)			GST				
	TOTAL AMO	UNT OF CHEQUE	\$ 2,687.97	x CDN US	OTHER			
Authoriza	tion Signature	Title		Phone Number	Site			
Jack Davie Presid			ent & CEO	943-1103 Southpo				
ACCOUNT	TS PAYABLE ON	1LY						
T4A Cod	de:	10.000		Vendor #				
Cheque Code: Invoice #								
Sep Cheque: PO #								
Sort Co	de:	t: Start Date						
Sep Hno	d Des:			End Date				
A/P App	roval:		209	# of Payments	Cycle			

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Ms. Kay Best

CA

ROOM / CHAMBRE

1507

CASHIER / CASSIER(E)

15

PAGE

Page 1 of 1

CUSTOMER(S) / CLIENT(S)

1 adults / 0 children

02-26-08

ARRIVAL / ARRIVÉE

02-28-08

DEPARTURE / DÉPART

GST Vendor#

: 88957 5015 RT0001

Guest Name:

INFORMATION INVOICE

DATE		DESCRIPTION	CHARGES FRAIS	CREDITS CRÉDITS
0 <u>2</u>	IND DICANIASI	CHECK# 4363	24.99	
02-27-08	Internet - Interfaced	STSN Internet	10.45	
GST Summary:		Total	35.44	0.00
Room GST Food & Bev GST Other GST	0.00 1.04 0.00	Balance	35.44	
			021	
				28-FEB-08
	:	· 1 · · · · · · · · · · · · · · · · · ·	24:11	
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Rump (955) Holyd (15 - 14 14 15) Oddia	C.			
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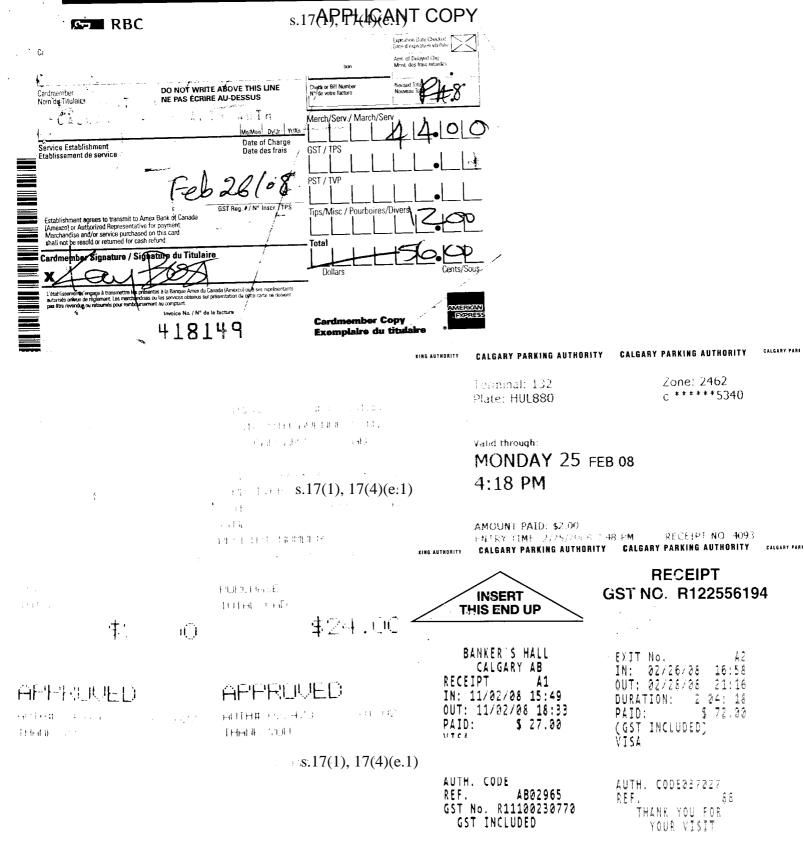
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Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces. J'ai accepté la livraison du Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon popule de 0,75 \$ (lundi au vendredi) et

Thank! 50 \$ for choosing Delta Meadowvale Resort and Conference Centre.

We hope you enjoyed your stay and we look forward to welcoming you back soft.

心情



Calgary International Airport Parkade





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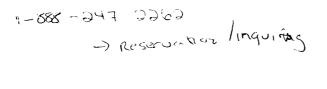
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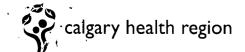






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Instructions

Submit "Pink Copy" to Accounts Payable immediately upon booking airfage.
Payment of advances and expenses will be Directly Deposited to your payroll designated bank accoun
Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your hon

exist).

	 See back of form form 	or additional ins	tructions.						
	Employee Name (Print)				Calgary Health Region E-Mail Address Employee Number				
	Catherine (Kay) Best				$\sqrt{\rho}$ s.17(1), 17(4)(g)(i)				
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aircanada.com check-in

Print your Boarding Pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon voyage.



Important

IMPORTANT SECURITY MEASURE

Please ensure you are aware of any recent security changes regarding some personal effects now prohibited as carry-on items. For full details, please consult www.aircanada.com/security

Restrictions apply to liquids, gels and aerosols in carry-on baggage. For more information, please visit:

www.catsa-acsta.gc.ca/english/index.shtml

Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

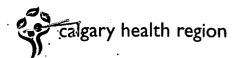
- photo identification
- printed boarding pass
- Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed

E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Please also remember:

- You must be present at your departure gate at least 35 minutes prior to departure as indicated on your boarding pass
- We recommend that you allow extra time for airport processing such as security clearance
- When you have baggage to check-in, please proceed to the specific *Air Canada Web bag drop-off counter*. Checked baggage will be accepted up to 4 hours prior to departure from Canada and US and up to 3 hours prior to departure from other countries. Please allow 1 hours for baggage acceptance on flights within Canada and at least 90 minutes for all other flights.
- If the print quality of boarding pass is poor, or should you lose your printed boarding pass, you may re-print the boarding pass at a Selfservice check-in kiosk (where available).
- In the event you are unable to travel, please go to aircanada.com and Check-in option, you will be offered the Cancel check-in option. This option is available under some rules and restrictions.





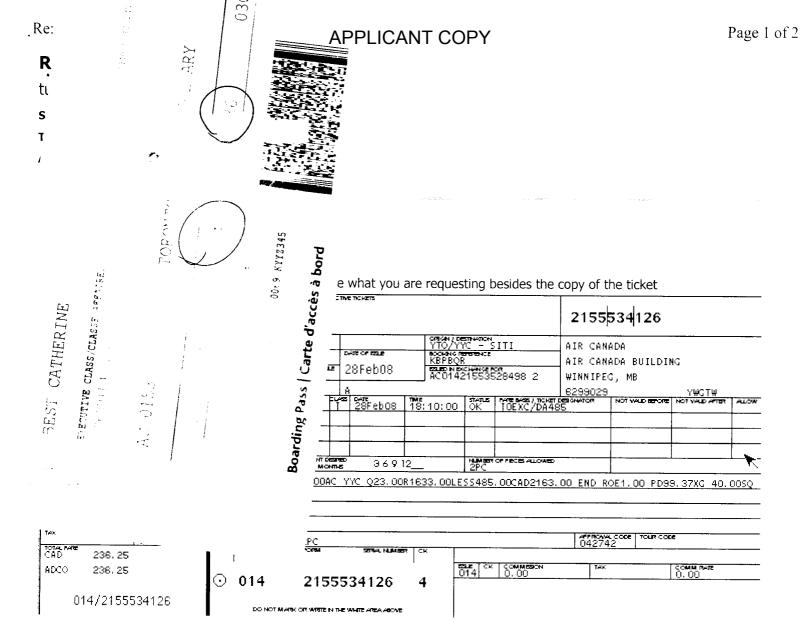
Travel/Education Expense Claim

Best Copy Possible

Instructions

Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
 Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
 Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).

	Employee Name (Pr	7	N		Calgary Health Region E-Mail Address				Emplovee Number	
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have a pleasant day! Louise

marija.kuncic@calgaryhealthregion.ca wrote:

Language: en

First_Name: Catherine Last_Name: Best

Ticket_Number: 2155534126

Flight_Number:

Origin: Destination:

Ticket_Number_Required: 2155352849

Aeroplan:

Booking_Reference: Comments_Ticket:

Biling_Reference: 2155534126 Credit_Card_Charge: 236.25

Comments_Billing: This is the third request!! Please respond stating that an actual individual will look at this I have

spoken to the Technical helpdesk and this should not be an issue Regards,

Date of transaction mm dd yy: 02 28 2008

Travel date mm dd yy: Fax: 403 943 0337

airliné ticket

tuśage@aircanada.ca [tusage@aircanada.ca]

Sent:

April 29, 2008 10:40 AM

To:

Marija Kuncic

Attachments: Card for Ticket copy and $u\sim1.vcf$ (227 B)

hello Maria,

as per phone converstaion please find the electronic copy of the ticket

Electronic		CON	LNET	VE TICKETS			-				
Ticket AIR CAN	IADA							2155	352849		
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have a pleasant day! Louise

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

statement from oct 10 to nov 09, 2007 $s.17(1),\ 17(4)(e.1)_{\text{OF 3}}$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$3,136.68
**************	s.17(1), 17(4)(e.	
NOV 09	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$3,136.68
	PURCHASE INTEREST	\$100.32
	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,036.36
OCT 10	s.17(1), 17(4)(e.1)

NOV 09	PURCHASE INTEREST	-\$3,136.68
		\$100.32
	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,036.36
******************	s.17(1), 17(4)(e.	1)
OCT 10	SITH CES STONE #02 CALGARY AB	
OCT 12	IMPERIAL PARKING LOT # 6 CALGARY AB	\$56.33
OCT 17	CALGARY AIRPORT AUTHORITYCALGARY AB	\$10.00 -
OCT 17	SUTTON PLACE HOTEL TORONTO ON	\$42.00
OCT 19	BRYMARK PROMOTIONS OTTAWA ON	
OCT 19	CORPORATECTALE CTORE OTT	\$21.42
OCT 23	CORPORATESTYLE E-STORE OTTAWA ON	\$215.77
OCT 24	MEDIVATER RUSTIC GRILLE CALGARY AB	\$293.06
OCT 26	LIMOUSINE SERVICE ETOBICOKE ON	\$80.00
	TID FARK-BANKERS HALL CALGARY AB	\$27.00-
OCT 26	IMPERIAL PARKING LOT # 6 CALGARY AB	#4F 00
OCT 27	TAXI & LIMO LIMEHOUSE ON	¢ce oo
OCT 29	IMPERIAL PARKING LOT # 6 CALGARY AB	\$5.00
OCT 29	STANDARD PARKING-UNIVERSICALGARY AB	\$6.75 —
OCT 30	STD PARK-BANKERS HALL CALGARY AR	*22.00
NOV 01	HTG EVENTS ORLEANS ON	
NOV 04	IMPERIAL PARKING LOT # 6 CALGARY AB	
NOV 06	CHECKER CABS LTD. CALGARY AB	
NOV 06	CHECKER CABS LTD. CALGARY AB	
NOV 07	QUEEN'S PRINTER BOOKST EDMONTON AB	\$19.60
	SUBTOTAL OF MONTHLY ACTIVITY	\$12.50 ✓
	TO THE OF WICHTHEY ACTIVITY	\$2,609.79

TOTAL NEW BALANCE

IMPORTANT INFORMATION

<u>CONTACT US</u>	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment \$82.00

Payment due date NOV 30, 2007

Credit limit \$10,000.00

Available credit \$7,289.89

Annual interest rate 18.50%

CALCULATING YOUR BALANCE							
Previou	s Statement Balance	\$3,136.68					
	ents & credits	-\$3,136.68					
	ases & debits	\$2,609.79					
	advances	\$0.00					
Intere	st	\$100.32					

Fees \$0.00

NEW BALANCE \$2,710.11

& Receipa being failed

\$2,710.11

CHEQUE REQUISITION

INSTRUCTIONS:

. A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATION						
DATE	REQUEST	ED BY (Print)	DEPARTME	NT	PHONE NO (in full)		
07-11-	19 Bonnie Bu	leckert	Office of Exe	ecutive Vice-President,			
			HISK Manage	ement & CFO	943-1140		
MAKE	CHEQUE PAYAB						
		Roya	Bank Visa				
MAILING	G ADDRESS (f	or forwarding of c	heque)				
Cana	ada Post:F	Payment Centre, P.	O. Box 4016, Statio	n "A"			
	Ci	ty Toronto	Provin	ce ON Postal	Code M5W 2E6		
Intero	office Mail: De	epartment					
	Sit	te		* * * * * * * * * * * * * * * * * * *			
PURPOS	SE OF CHEQUE	REQUEST Misce	llaneous VISA Expens	es for Kay Best for Octob	3. 0 M		
				ses for Nay Best for Octob	er & November, 2007		
L En	close attached	documents (origin	als) with cheque	Also GST Exemp	t Letter -		
CODING 8	& AUTHORIZATI	ON					
	Functional		T	T			
Non-MIS	Centre	ACCOUNT					
01	(MIS Primary) 71105000004	(MIS Secondary)	AMOUNT	DESCRIPTION			
	71703000004	62410000	\$ 2,010.71	Miscellaneous conferer fare/car rental expense Nov. 2007	nce fees/parking/taxi s for Kay Best for Oct. &		
01	71105000004	62410000	293.06	Lunch and dinner meet	ngs for Kay Best		
01	71105000004	49510001	306.02	Supplies & United Way	· ·		
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PLOOIAL	S PAYABLE ON	L Y					
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Cheque	Code:	<u>.</u>		Invoice #			
Sep Chec	ղue:			PO #			
Sort Code	e:	F	Recurring Payment: Start Date				
Sep Hnd	Des:			End Date			
A/P Appro	oval:		2 21	of Payments	Cycle		



	Southport Rd SW / AB T2W 3N2		Room Number Arrival Date Departure Date Page	: : :	0903 10-16-07 10-17-07 1 of 1
INVOIC	E		Folio Number Confirmation	:	46068
			Cashier	; :	1470935 717
	ny Name : Bedlam Enterta	ainment inc	GST No. : R13576056	69	10-17-07
Date	Description			Charges	Credits
10-16-07 10-16-07 10-16-07 10-16-07 10-16-07 10-16-07 10-17-07	Room Service Room Charge Room PST Room GST Room D.M.F. Room D.M.F. GST Accents Restaurant Visa	#903 : CHECK #4586	s.17(1), 17(4)(e.1)	10.83 230.00 11.50 13.80 6.51 0.39 38.63	311.66
		Total		311.66	311.66
Room GST F&B GST Misc GST	13.80 2.30 0.39	Balance		0.00	CAD

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

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Total

16.49

Subject: [Fwd: New order Confirmation]
Date: Fri, 19 Oct 2007 12:41:30 -0600

From: Roberta Wheeler < Roberta. Wheeler @CalgaryHealthRegion.ca>

Organization: Calgary Health Region

To: Bonnie Bueckert < Bonnie Bueckert @CalgaryHealthRegion.ca>

Subject: New order Confirmation

Date: Fri, 19 Oct 2007 14:04:11 -0400 (EDT) **From:** unitedway_order@corporatestyle.ca

To: Roberta. Wheeler @Calgary Health Region.ca

eStore System Message

This is your confirmation E-mail for the order submitted below:

ORDER DETAILS

Order #: 15225

Order Date: Oct 19, 2007 Special Instructions:

Payment: by Credit Card

Sold To:

First Name: Roberta Last Name: Wheeler

Address: 10101 Southport Rd SW Chief Nursing Ofc

City: Calgary Province: Alberta Country: Canada Postal Code: T2W 3N2 ph: 403-943-1190 fx: 403-943-1193

email: roberta.wheeler@calgaryhealthregion.ca

Ship to:

Name: Calgary Health Region

Company:

Address: 10101 Southport Rd SW Chief Nursing Ofc

Attention: Roberta Wheeler

City: Calgary Province: Alberta Country: Canada Postal Code: T2W 3N2

Part No.: NS462L

Product Name: Nylon Flag with Logo Only

Product Qty.: 5 Unit Cost: \$36.50 Ext. Cost: \$182.50

Sub Total: \$182.50 Freight: \$21.06 G.S.T.: \$12.21 Taxes (0%): \$0.00 Total: \$215.77

Roberta Wheeler, RSW < roberta.wheeler@calgaryhealthregion.ca>

Calgary Health Region

Office of the Senior Vice President, Operations, Professional Practice and Chief Nursing Officer

Subject: New registration for: CICA National Conference for Audit Committees 2007

Date: Thu, 01 Nov 2007 11:03:30 -0400

From: CICA National Conference for Audit Committees 2007 < registration@htgmeetings.com>

To: Kay Best < Kay. Best @CalgaryHealthRegion.ca>

Please do not reply to this e-mail. This is an outgoing notification e-mail only. / Veuillez ne pas répondre à ce courriel. Il s'agit d'un message d'avis seulement.

Important: Please save this confirmation e-mail for future reference. /Important : Veuillez conserver cet accusé de réception pour consultation future.

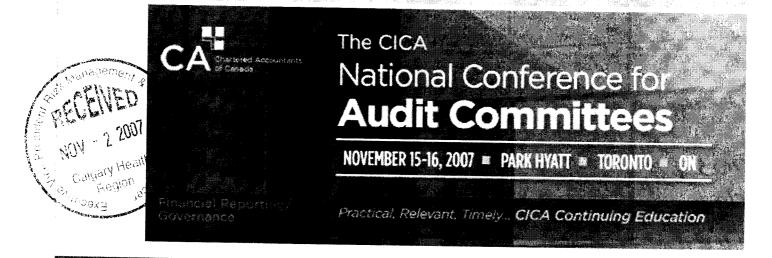
*** For assistance with your registration (e.g.: A change or an error), please see the contact information provided below in your e-mail confirmation.

** Pour obtenir de l'aide concernant votre inscription (p. ex. pour faire un changement ou corriger une erreur), veuillez communiquer avec la personne-ressource indiquée ci-dessous dans votre accusé de réception.

CICA National Conference for Audit Committees 2007

 HIG

Confirmation - Receipt / Reçui



Your registration details / Vos détails d'inscription:

Date: 11/1/20

Event Name / Nom de l'événement:

CICA National Conference for Audit Committees 2007

Contact Name / Nom du contact:

Kay Best

Registered For / Inscrit à:

CICA National Conference for Audit Committees \$1,372.70

Events | Selections / Événements | Sélections:

Grand Total / Total: \$1,372.70 (Taxes included, if applicable)

Paid Amount / Montant payé: \$1,372.70

Payment Due / Paiement requis: \$0.00

Payment Method / Méthode de paiement: Credit Card

***Your charge for this transaction will appear as"HTG EVENTS" or as "Hudson Travel Group"on your credit card statement.

Conference Reference Material:

As a registrant of the Conference, you automatically become a member of the National Conference for Audit Committee Web Community - a dedicated website where you will find all your conference materials. Conference materials will be post

to the site as they are received – approximately two weeks prior to the Conference (and after in the case of late sessions). Print off as much or as little as you like and bring your materials with you to benefit fully from the conference sessions.

You will be emailed a password from the National Conference for Audit Committees Web Community as soon as it has been activated, giving you access to the entire web community. http://cpd.cica.ca/ncfac.

Please note: Session materials are only available from the Conference Web Community website.

Hotel Information:

Park Hyatt Hotel 4 Avenue Road Toronto, ON 416-925-1234 http://parktoronto.hyatt.com

A special accommodation rate of \$245.00 for a Deluxe room, (plus additional taxes) has been arranged for attendees of the conference at the Park Hyatt Hotel. Call the hotel directly at (416) 925-1234 or toll free at 1-800-233-1234 to reserve your room. Be sure to identify yourself as a conference participant.

Early reservations are recommended, a limited number of rooms have been set aside at the Conference rate.

Conference Registration will be available on Thursday November 15th from 7:30 a.m. - 8:30 a.m. in the Foyer of the Queens Park Ballroom (Lobby Level).

Continental Breakfast will be available each day at 7:30 a.m. -8:30 a.m. Please join us for a Networking Reception and Dinner on Thursday evening.

Cancellation Information:

If you are unable to attend the Conference for any reason, you may substitute, by arrangement with the registrar someone else from your organization, or, you may cancel up to Wednesday October 31st, 5:00 p.m. EST for a full refund. If you cancel after **Wednesday October 31st, 2007** a \$150 (plus GST) administration fee will apply. Please note that all cancellations must be received in writing, either by material to CICA, Continuing Education, 277 Wellington Street W., Toronto, ON M5V 3H2, Attn: Continuing Education, faxed to 416-204-3415, or emailed to registration@cica.ca

Event Contact Information

For more information about this event, please contact Marianne So by e-mail at Marianne.So@cica.ca or by telephone at 416-204-3331.

Online Registration or Technical Assistance

For online registration or for technical assistance, please contact Jane Gravel by e-mail at <u>jgravel@htg.ca</u> or by telephone at 1-800-692-1545 ext 300.

GST/HST #106861578 QST #1010544323 TQ 0001 SS

Registration Fees: - \$1295 (plus 6% GST) = \$1,372.70

XTENSIONS National Conference for Audit Committees CD-Rom Fees:

CD-Rom (ON Resident) - \$195 (Plus 6% GST & 8% PST) = \$222.30

CD-Rom (QC Resident) - \$195 (Plus 7.5% QST on \$195 plus 6% GST) = \$222.20 CD-Rom (NB, NS or NF Resident) - \$195 (Plus 14% HST) = \$222.30 CD-Rom (BC, AB, MB, SK, PE, YT, NT or NU Resident) - \$195 (Plus 6% GST) = \$206.70

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INVOICE

. Main Floor, Park Plaza, 10611 - 98 Avenue Edmonton, Alberta, Canada T5K 2P7

 Telephone
 (780) 427-4952

 Facsimile
 (780) 452-0668

 Email
 qp // gov.ab.ca

 Internet
 www.gov.ab.ca qp

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 Date
 Invoice Number

 11/7/2007
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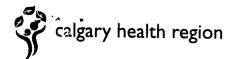
Page 1

Bill to

CALGARY HEALTH REGION ACCOUNTS PAYABLE PO BOX 1740 STN M CALGARY AB T2P 4Z6 Ship to

MARGARET POTTER
CALGARY HEALTH REGION
CFO REGION
10101 SOUTHPORT ROAD SW
CALGARY AB T2W 3N2

Account	Number	Contact	t		Telephon	e Number		T2W 3N2	Order Numb	er	
3715		MARGARET POTTER		(403) 943-1145		fax (403) 943-1152	FAX ORI	₹DER			
Quantity Shipped	Qty. Back Ordered	Bin	Location	Item Number	Description			770000	List Price	Unit Price	Extended Price
5	:	6191	EDM	9780779725823	Wall Cal	endar 2008			\$2.50	\$2.50	\$12.50
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			:						:		
Comment	s		margar	et potter@calgaryhealthi	region.ca	Payment Meth VISA Telepl Paid by Car	S.17(1), 17(4)(6 Felephone/Mail Purch.		Subtotal		\$12.50
		·				Authorizatio			Shipping/	Handling	\$0.00
						Response M	Response Code: 001 lessage: APPROVED)	CST		\$0.00
					Transaction Date: 11/7/2007 11:02:53 AM Transaction: 095968 Term: QPBEDM11		Total		\$12.50		
					-				Amount R	eceived	\$12.50
				ues pavable to Minister		Ship Method	CANADA POS	т	Balance D	16	\$0.00





Travel/Education Expense Claim

Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.

Payment of advances and expenses will be Directly Deposited to your payroll designated bank account. Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home

	See back of form form	or additional in	structions.	6 /	man address of maned to	your nome address	s.17(1), 17(4)	address doesn't exist). L)(σ)(i)	
	Employee Name (Print) Calgary Health Region E-Mail Address								
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	Department/Site	IE KIE	= 31	Kay)	162				
	1 0 0	I : I	<u> </u>	-100		Phone Numb	per Da	te	
	Ottice o	++KE	- C+	0/59	'\	M43-1	140 20	12-09-24	
	Tuition Paid To (If tu	ition to be paid	d directly to in	nstitution, use Paymer	t Requisition form #100	074)	Destination	10131	
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		rate	CONT	decence	<u></u>	3007-10	16 20	07-10-17	
	Estimated/Actual E	Expenses			Actual Expenses F	Paid by Employe	ee		
		т-			Original Receipts Mus	t Be Attached			
Α	Expense	Expense	Exchange	Total Funds	Expense	Expense	Exchange	Total Funds	
c	Description		Rate/GST	(Cdn)	Description		Rate/GST	(Cdn)	
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t			ĺ	P 760.	paid by employee				
u	Air paid by Calgary			-					
a	Health Region via			1 40					
,	Calgary Health Region			\$2,827,90					
	Travel Agent			,					
E	Mileage				Mileage				
s	If travel is by car				If travel is by car				
t	Accommodation			5.00	Accommodation				
i				250,00				311.66	
m	Meals Based on			5000	Meals				
a	per diem rate			<i>₽</i> (,					
t	Ground			De occ	Ground				
è	Transport			<u>ું ગુદ્ધ છે, </u>	Transport			145,00	
- 1	Other (Specify)			.25°°	Qther (Specify)				
d				, ,	Parking			1+2.00	
	Total			\$4117 90	-Total			\$10011	
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Γ	Advance Requested (80% of estimat	ed	\$	Less Advance or			' (Cdn)	
ł	expenses & advance exc							\$	
ŀ	Employe Signature	250.00	,	(Cdn)	Unfunded Portion			(Cdn)	
- 1	- Signature	1		Date	Balance Due To			\$Paidon	
+	\mathcal{N}	_	4)007-19-X	v □ Employee □ Qalgary_Health Re	gion (chequia attac	hed)	COMPANY ?	
f	Departmenta Autro	rization		Date				V K YCan)	
	1			- 400	Employee Signature			'Date	
r	Out of Province Auth	norization		Date	Departmental Auth	orization		2007-10 26 Date	
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VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM OCT 10 TO NOV 09, 2007

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

1 OF 3

DATE. ACTIVITY DESCRIPTION AMOUNT (\$) PREVIOUS STATEMENT BALANCE \$3,136.68

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

NOV 09 PAYMENT - THANK YOU / PAIEMENT - MERCI **NOV 09** -\$3,136.68 **PURCHASE INTEREST** SUBTOTAL OF MONTHLY ACTIVITY \$100.32 -\$3,036.36

s.17(1), 17(4)(e.1)
STAPLES STORE #62 CALGARY AD	
IMPERIAL PARKING LOT # 6 CALCADY	\$ 56.33 ~
CALGARY AIRPORT AUTHORITYCAL CO	\$10.00 -
SUTTON PLACE HOTEL TOPONTO	\$42.00
BRYMARK PROMOTIONS OFFI	\$311.66
CORPORATESTYLE E STORE OF	\$21.42
REDWATER RUSTIC COULS CO.	\$215.77
LIMOUSINE SERVICE CTORICO	\$293.06
STD PARK-RANKEDS HALL CALL	\$80.00
IMPERIAL PARKING LOT "C CAL	\$ 32.00-
TAXI & LIMO LIMEROUSE ON	\$15.00 -
IMPERIAL PARVINC LOT II C. CO.	\$65.00
STANDARD PARKING LINE STANDARD PARKING LINE	\$5.00-
STD PARK-RANKERS HALL	\$6.75 —
HTG EVENTS ORICANS ON	\$22.00 —
IMPERIAL PARKING LOT	\$1,372.70
CHECKER CARCUTE 6 CALGARY AB	\$6.00 -
CHECKER CARS LID. CALGARY AB	\$23.00 -
OLIEEN'S DOUTED OF	\$19.60 —
SURTOTAL OF MONTON AB	\$12.50
	S.17(1), 17(4 SIAPLES STORE #62 CALGARY AB IMPERIAL PARKING LOT # 6 CALGARY AB CALGARY AIRPORT AUTHORITYCALGARY AB SUTTON PLACE HOTEL TORONTO ON BRYMARK PROMOTIONS OTTAWA ON CORPORATESTYLE E-STORE OTTAWA ON REDWATER RUSTIC GRILLE CALGARY AB LIMOUSINE SERVICE ETOBICOKE ON STD PARK-BANKERS HALL CALGARY AB IMPERIAL PARKING LOT # 6 CALGARY AB STANDARD PARKING-UNIVERSICALGARY AB STANDARD PARKING-UNIVERSICALGARY AB STD PARK-BANKERS HALL CALGARY AB HTG EVENTS ORLEANS ON IMPERIAL PARKING LOT # 6 CALGARY AB CHECKER CABS LTD. CALGARY AB CHECKER CABS LTD. CALGARY AB QUEEN'S PRINTER BOOKST EDMONTON AB



IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen Collect Outside North America

1-800-769-251, (416) 974-778(

PAYMENT INFORMATION

Minimum payment Payment due date \$82.00 NOV 30, 2007 Credit limit \$10,000.00 Available credit Annual interest rate \$7,289.89 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance \$3,136.68 Payments & credits -\$3,136.68 Purchases & debits \$2,609.79 Cash advances \$0.00 Interest \$100.32 Fees \$0.00

NEW BALANCE \$2,710.11

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

001 0019

SUBTOTAL OF MONTHLY ACTIVITY

TOTAL NEW BALANCE

00000000000 0008500 000537077



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$2,710.11

MINIMUM PAYMENT \$82.00

PAYMENT DUE DATE NOV 30, 2007

AMOUNT PAID S

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

\$12.50 \$2,609.79

\$2,710.11

RBC0150120_9156354_016-103528

CALGARY REGIONAL HEALTH AUTHORITY

ATTN ACCTS PAYABLE 10101 SOUTHPORT RD SW CALGARY AB T2W 3N2

Payment options

Telephone banking 1-800-769-2511

· Online banking www.rbcroyalbank.com

· RBC Royal Bank ATM RBC Royal Bank Branch

· By mail

Detach and return with payment.

Please do not send cash through the mail. Please do not staple or damage this form.

230

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Head Office/Siège Social

2405 A St. Laurent Bivd. Ottawa, Ontario, Canada, K1G 584 Tel: (613) 737-4556

Fax: (613) 739-8145 e-mail: ideas@brymark.com

www.brymark.com

ASI # 149287 PPAI # 179006 UPIC # BRYMARK

INVOICE **FACTURE**

DATE	PAGE
Oct 24, 2007	1
INVOICE # / NO. FA	CTURE
1N0000269	63

Sold To Vendu à

CALGARY HEALTH REGION 10101 SOUTHPORT ROAD SW CHIEF NURSING OFFICE CALGARY, AB, T2W 3N2 **ROBERTA WHEELER** (403) 943 1190

SAME Ship To Expédié

	o. / No. Com ORD0003		Date Ord / Comm	Cust # / No. Client	Sales / Vendeur	P.O. # / No. Co	mm	Date Ship / Exp
1.2.2.4).B. / F.A.B,	Oct 24, 2007	UNITW01	UNITED	UWY152		- Cap Strip / Cap
		ACTORY		Terms / Termes		Ship	VIa / Exp	Par
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		Instruction		Tax summer Summaire de GST		Sub / Sous-Tot Total Tax / Tax Total Deposit / Depoi	€	223.78 13.43 237.21 237.19 0.02

Terms & Conditions

1. ALL CLAIMS MUST BE MADE WITHIN 10 DAYS AFTER RECEIPT OF GOODS
2. NO STATEMENT WILL BE ISSUED - PLEASE PAY BY INVOICE
3. ON ALL OVERDUE ACCOUNTS, INTEREST WILL BE CHARGED AT A RATE OF
2% PER MONTH (25.8% PER ANNUM) PURSUANT TO THE INTEREST
ACT R.S., 1985_C.I-15_4,42001_C.4_6.91
4. ALL GOODS REMAIN THE PROPERTY OF BRYMARK PROMOTIONS INC. UNTIL
INVOICE IS PAID IN FULL
5. NO RETURNS WILL BE ACCEPTED WITHOUT PRIOR AUTHORIZATION.

-1/1 .9——749<u>2</u>.cN⁻

Termes et Conditions

1. TOUTE RÉCLAMATION DES BIBNS
1. TOUTE RÉCLAMATION DES BIBNS
2. NOUS N'ÉMETTRONS PAS D'ÉTAT DE COMPTE. VEUILLEZ PAYER SUR RÉCEPTION DE LA FACTURE.
3. SUR TOUS LES COMPTES EN SOUFFRANCE, NOUE CHARGERONS UN TAUX D'INTÉRÊT MENSUEL DE 2% (25.8% PAR ANNÉE) EN CONFORMITÉ AVEC LA LOI SUR-LES INTÉRÊTS L.R.C.,1965, C.I=15,8,4;2001, C.4,1.91

Nov. 22. 2007 1:12PM BRYMARK

Subject: Re: (no subject)

Date: Mon, 03 Dec 2007 16:23:55 -0700

From: Bonnie Bueckert < Bonnie Bueckert @CalgaryHealthRegion.ca>

Organization: Calgary Health Region

To: Diane Taylor < Diane. Taylor @ Calgary Health Region. ca>

Hi Diane, I have followed up with and unfortunately she does not have this itemized receipt.

Bonnie

Diane Taylor wrote:

- > Hi Bonnie
- > We are missing an itemized receipt for one of Kay's purchases on her
- > Royal Bank Visa. The itemized receipt we need is for Redwater Rustic
- > Grille in the amount of \$293.06.
- > Thanks
- > Diane Taylor A/P

Bonnie Bueckert < bonnie.bueckert@calgaryhealthregion.ca>

Executive Assistant

Calgary Health Region

Office of the Executive Vice-President Risk Management & Chief Financial Officer

STARL dushak en 1 Strie # St 321-61st Alexae Skilma # • Calgary, AB (240#7 - • 438-259 8928

Salt: 500 100 100 50402 500 100 100 100 558

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11.14 1.11EBK - 14.92G

Subtota? 53.14 GST 6.00% 3.19 Tota \$56.33

s.17(1), 17(4)(e.1) 55.33

 Visa
 Swiped
 Purchase

 Authorization
 Number
 056495

 0010017530
 85492
 66057604

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 10/10/07
 17:59:10

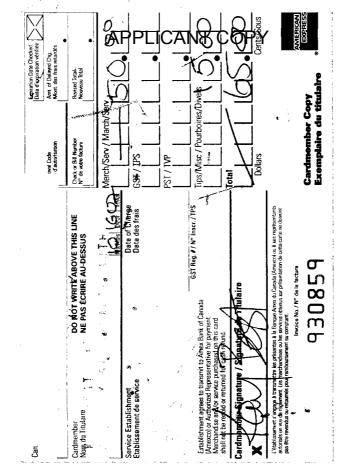
01/027 APPROVED - THANK YOU

Thank you for shopping at STAPLES by these Depot: We will not a underso do

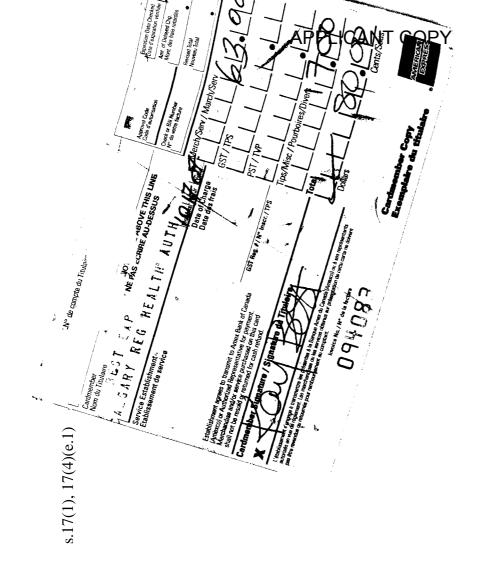
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LOTAL

** CUSTOMER COPY +*

Thank You for Dining With Us. Please Join Us On GST #819584947RT0001

+ TRANSACTION RECEIPT =

Checker/Yellow Cabs 316 Meridian Road St Calgary AB f2A iX2 403 299-9999

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

ACCI TYPE: CREDIT CARD CARD NUMBER

CARD TITLE DATE CHE 07/11/0. :1:51 49 AUTHOR: (110N: 044307

VESTBEV. 0832 / 0186 GS//: 118317577 TXN 10: 258231

AMOUNT: \$ 19.00 TIP: \$ 4.00 TIP:

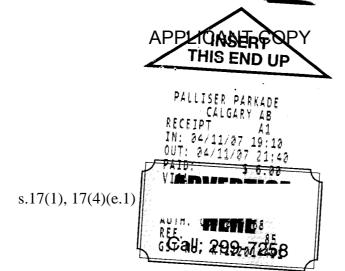
\$ 23,60 TOTAL:

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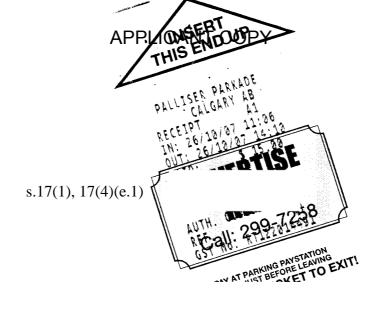
PAY AT PARKING PAYSTATION INSIDE JUST BEFORE LEAVING MUST TAKE TICKET TO EXIT!

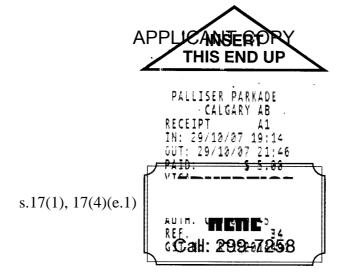


BANKER'S HALL
CALGARY AB
RECEIPT A1
IN: 25/10/07 09:32
OUT: 25/10/07 12:34
PAID: \$ 32.00

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

AUTH. CODE REF. AB07751 GST No. R11100230770 GST INCLUDED





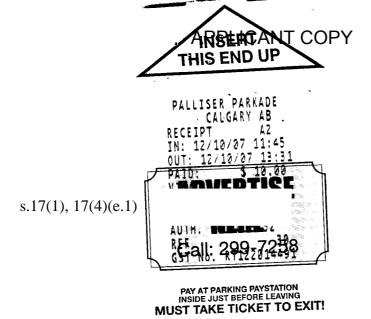
PAY AT PARKING PAYSTATION INSIDE JUST BEFORE LEAVING MUST TAKE TICKET TO EXIT!



BANKER S HALL
CALGARY AB
RECEIPT A1
IN: 29/10/07 16:07
OUT: 29/10/07 19:11
PAID: \$ 22.00

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

AUTH. CODE REF. AB08067 GST No. R11100230770 GST INCLUDED



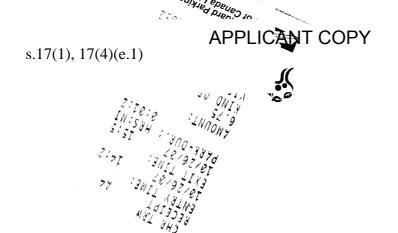
RECEIPT GATHADICHAMMASSAGGAY

OUT: DURAT PAID:	No. 12/16/27 12/17/27 10N: 1	21:20 27: 13 27: 43	

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

AUIH. CODE235325 REF. 23 THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

statement from Jul 10 to aug 09, 2007 $~s.17(1),\,17(4)(e.1)_{1\text{ of }2}$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$176.13-12
	s.17(1), 17(4	·)(e.1)
AUG 09	PURCHASE INTEREST	\$7.11
	SUBTOTAL OF MONTHLY ACTIVITY	\$7.11
	s.17(1), 17(4)(e.1)
JUL 11	ANNIE'S/THE RANCHE CALGARY AB	\$44.22
JUL 16	BISTRO 2210 CALGARY AB	\$63.18
JUL 19	WELLINGTONS CALGARY AB	\$51.05
JUL 30	IMPERIAL PARKING LOT # 6 CALGARY AB	\$5,00
JUL 30	STD PARK-BANKERS HALL CALGARY AB	\$25.00
JUL 31	STD PARK-BANKERS HALL CALGARY AB	\$22.00
AUG 01	STD PARK-BANKERS HALL CALGARY AB	\$32,00 🗸
AUG 07	STAPLES STORE #62 CALGARY AB	\$32.13 €
	SUBTOTAL OF MONTHLY ACTIVITY	\$274.58
	TOTAL NEW BALANCE	\$457.82

Deter Online & Telephone Fraud

Online and telephone scams designed to extract confidential banking information are on the rise. Protect yourself by following the guidelines below:

- * NEVER respond to emails or calls requesting you to: verify your account details or provide confidential information or passwords.
- * If you do receive an email of this nature which appears to be from us, do not click on any links provided, but forward it to information.security@rbc.com so we can take action.
- * If you receive a phone call of this nature, do not respond, but call a valid RBC* phone number found on one of your statements, an RBC website, or your *Visa**/client card to verify the legitimacy of the original call.

IMPORTANT INFORMATION

<u>CONTACT US</u>	
Customer Service / Lost & Stolen Collect Outside North America	1-800-769-2512 (416) 974-7780

PAYMENT INFORMATION	
Minimum payment	\$24.00
Payment due date	AUG 30, 2007
Credit limit	\$10,000,00
Available credit	\$9,542.18
Past due amount	\$10.00
Annual interest rate	18.50%

CALCULATING YOUR BALA	NCE
Previous Statement Balance	\$176.13
Payments & credits	\$0.00
Purchases & debits	\$274.58
Cash advances	\$0.00
Interest	\$7.11
Fees	\$0.00
NEW BALANCE	\$457.82





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	INFORMATION		-:-				
DATE 07-09-0		TED BY (Print)		DEPARTMENT Office of Exec Risk Managem	utive	Vice-President,	PHONE NO (in full) 943-1140
MAKE CI	HEQUE PAYAE	BLE TO:					0.10.1.10
		<u> </u>	Royal Bar	ık Visa			
MAILING	ADDRESS (1	for forwarding	j of cheq	ue)			
Cana	ıda Post: _	Payment Centr	r <u>e, P. O. E</u>	Box 4016, Station	" <u>A"</u>		
		City <u>Toronto</u>				Postal (Code M5W 2E6
Interof	ffice Mail: D	Department _	- <u> </u>				
	S	- Bite				(0)-1	
		-IC					
PURPOS	E OF CHEQUE	REQUEST	Miscellane	eous VISA Expense	es for	Kay Best for July/A	lugust, 2007
End	close attached	documents (d	originals)) with cheque	Als	o GST Exemp	ot Letter -
CODING 8	& AUTHORIZAT	rion					
	Functional Centre	ACCOUN	JT				
Non-MIS 01	(MIS Primary)	(MIS Second	dary)	AMOUNT	_	SCRIPTION	
	71105000004	6241000		\$ 84.00	Best	t for July/August 20	taxi fare expenses for Kay
01	71105000004	4951000		32.13	Sup	p[lies	
01	71105000004			158.45	<u> </u>	ch Meeting	
01	71105000047	62410000	0	7.11	Inter		
				222.20	GS1	-	
<u> / /</u>		OUNT OF CHE		\$ 281.69	<u> </u>		OTHER
Authorizat	tion Signature		Title			Phone Number	Site
Jack Davis	ww.	`	President &	# CEO		943-1103	Southport
	S PAYABLE O		1100100	. OLO			
T4A Cod	le:		and the		,	Vendor #	
Cheque	Code:					Invoice #	
Sep Che	que:	<u> </u>	7.	\$ 1. P		PO #	
Sort Cod	le:		Rec	curring Payment:	: S	Start Date	
Sep Hnd	Des:				ļ	End Date	
A/P Approval:				#	# of P	Payments	Cycle

INSERT THIS END UP

> BANKER'S HALL CALGARY AB RECEIPT A1 IN: 26/07/07 09:41 OUT: 26/07/07 11:51 PAID: \$ 25.00

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

AUTH, CODE AB05926 GST No. R11100230770 GST INCLUDED

INSERT THIS END UP

BANKER'S HALL CALGARY AB RECEIPT IN: 30/07/07 16:07 OUT: 30/07/07 18:01 PAID: \$ 22.00

AUTH. CODE REF. AB04067 GST No. R11100230770 GST INCLUDED

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

INSERT THIS END UP

BANKER'S HALL CALGARY AB A1 RECEIPT IN: 31/07/07 07:48 OUT: 31/07/07 13:14 PAID: \$ 32.00 AZTV

AUTH. CODE AB05101 REF. GST No. R11100230770 GST INCLUDED

INSERT THIS END UP

> PALLISER PARKADE CALGARY AB A1 RECEIPT IN: 30/07/07 18:28 OUT: 30/07/07 20:49 PAID: \$ 5.00 PAID: VISL

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

AUTH. CODE087736 REF. GST No. RT122014491

ANNE STITLE RANCHE BOW VALLEY RANCH FISH CRE LALGARY

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

CHRD NUMBER EXPIRY DATE CARD 1YPE DATEZITIME

6349 VISA 2007/07/11 21:54:15 \$80553455-047-032

RECEIPT NUMBER HUTHORIZATION AMOUNT

\$39,22

HP

TOTAL AMOUNT

01 HPPROVED 027

024508

THANK TOU

CARDHOLDER WILL PAY FOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEM NI.

*H: BEST

12.101 s.17(1), 17(4)(e.1) ٦Ē: 210 Сору 111.581 13.4 (3.29) 105364 **Best Copy Possible** APPRUMEU 15,00 10 10 # 01 (25) OO 56.18 Take Tyllb. Add milest

Best Copy Possible

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	¥c. 1 Sal	074 / 004 247 08/07/07 05:1
s.17(1), 17(4)(e.1)	1 1944 1977 1979 1979 1979 1979 1979 197	17:11
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	INTERESTED IN EXPLORI VISIT WWW.GREATCA	NG A CAREER WITH A PREERSATSTAPLES
	% 1	26152586

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Royal Bank

APPLICANT COPY

Great savings with RBC Visa cards

Save when using your RBC Royal Bank Visa card on selected purchases at On Line Fresh Flowers, Thrifty, Sure Print & Copy Centres, Uni-Pro and the Specialist. For a list of discounts visit www.rbcroyalbank.com/cards/discounts.

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM NOV 10 TO DEC 09, 2005

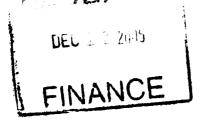
s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	s.17(1), 17(4)(e.1)
DEC 09	PURCHASE INTEREST	\$43.40
	SUBTOTAL	\$43.40
	s.17(1), 17(4)(e	.1)
NOV 09	BONTERRA RESTAURANTS CALGARY AB	\$43.52
NOV 10	CATCH RESTAURANT CALGARY AB	\$85.44
NOV 14	CALGARY PARKING AUTHORITYCALGARY AB	\$12.75
NOV 14	FRANKLIN COVEY CAMBRIDGE ON	\$162.02 /
NOV 30	CALGARY PARKING AUTHORITYCALGARY AB	\$8.00
DEC 05	STANDARD PARKING - CAL. HCALGARY AB	\$5.00 🖊
DEC 05	IMPARK 0188LOT# 29NOV0 CALGARY AB	\$9.00
	SUBTOTAL	\$325.73

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Support Canada's Team. Win Big.

Spend \$500 or more on purchases with a RBC Visa card before Dec. 31/05 and be automatically entered to win 1 of 17 RBC Achieve the Dream prizes, such as a trip to a previous host city of the Olympic Games or a HD flat screen TV. Por contest details visit www.rbc.com/wintergames.



IMPORTANT INFORMATION

New balance

CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

	PAYMENT INFORMATION	
ı	Minimum payment	\$169.00
•	Payment due date	DEC 30, 2005
	Credit limit	\$10,000.00
	Available credit	\$7,011.69
	Past due amount	\$79.00
	Annual interest rate	18.50%

	CALCULATING YOUR BALANCE	
Γ	Previous statement balance	\$2,619.18
•	Payments & credits	\$0.00
	Purchases & debits	\$325.73
	Cash advances	\$0.00
	Fees	\$0.00
	Interest	\$43.40

\$2,988.31



Great savings with RBC Visa cards

Save up to 30% when using your RBC Royal Bank Visa card on selected purchases at FloralConnections.com, Hertz, Dollar and Lasik Eye Centres. For a list of discounts visit www.rbcroyalbank.com/cards/ rbcrewards/discountsavings.

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST**

STATEMENT FROM OCT 08 TO NOV 09, 2005

ACTIVITY DESCRIPTION

s.17(1), 17(4)(e.1)_{OF 1}

AMOUNT (\$)

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

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	SUBTOTAL	-\$1,585.08
NOV 09	PURCHASE INTEREST	\$52.23
NOV 04	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,637.31
	DAME APART -	

	s.17(1), 17(4)(e	e.1)
OCT 06	CHECKER CABS LTD. CALGARY AB	\$36.50 .
OCT 07	HOTEL ELDORADO KELOWNA BC	\$275.28
OCT 07	MANTEO RESORT KELOWNA WHITE ROCK BC	\$79.39
OCT 10	ESSO HIGHWAY #23 NAKUSP BC	\$47.00
OCT 11	PETROCAN 1417 N TRANS CANGOLDEN BC	\$29.30 \
OCT 12	NATIONAL CAR RENTAL TERRACE BC	\$518.04
OCT 13	EARL'S CGY TIN PALACE CALGARY AB	\$148.54
OCT 13	WELLINGTONS CALGARY AB	\$48.59,
OCT 13	IMPARK 0179LOT# 05OCT0 CALGARY AB	\$15.00 1
OCT 20	BRAVA BISTRO CALGARY AB	\$116.72
OCT 21	BILLY'S NEWS & SMOKE S CALGARY AB	\$27.29
OCT 21	BANFF EAST GATE BANFF AB	\$109.00
OCT 24	FAIRMONT BANFF SPRINGS FDBANFF AB	\$799.33 √
OCT 26	CARRINGTON LIGHTING CALGARY AB	\$237.83 🗸
NOV 03	IMPARK 0084LOT# 31OCTO CALGARY AB	\$12.00
NOV 98	FARIX WILLOW PARI COALGA Y AB	\$67.14
	(EUEIVED!	\$2,566.95

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$79.00
Payment due date	NOV 30, 2005
Credit limit	\$10,000,00
Available credit	\$7,380.82
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

THE POST DITTE	,
Previous statement balance	\$1,637.31
Payments & credits	-\$1,637.31
Purchases & debits	\$2,566.95
Cash advances	\$0.00
Fees	\$0.00
Interest	\$52.23

New balance

\$2,619.18



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

007 0079



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

DEC-2 2 2000

NEW BALANCE \$2,619.18

MINIMUM PAYMENT \$79.00

PAYMENT DUE DATE NOV 30, 2005

AMOUNT PAID \$

VISA Rucinace

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

RBC0150120 3034564_005-29828 - 713

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN TREASURY DEPARTMENT 10101 SOUTHPORT RD S.W. CALGARY AB T2W 3N2

Payment options

Telephone banking 1-800-769-2511

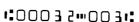
Online banking www.rbcroyalbank.com
RBC Royal Bank ATM

- RBC Royal Bank Branch

· By mail

Detach and return with payment.

Please do not send cash through the mail. Please do not staple or damage this form.



From Customer Care < customercare@franklincovey.ca>

Sent Monday, November 14, 2005 2:15 pm

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

Cc

Bcc Subject Order Confirmation

Dear Catherine.

Thank you for your order placed November 13, 2005.

Your order has been processed and your confirmation number is 496069. The total of your order is \$162.02. This total includes taxes.

You can expect delivery in a maximum of 2 business days.

Thank you for shopping Franklin Covey Canada on-line.

Customer Care Franklin Covey Canada, Ltd. 60 Struck Court Cambridge, Ontario N1R 8L2 1-866-7HABITS (1-866-742-2487) Fax 519-740-6848 www.franklincovey.ca

This email may contain confidential and privileged material for the sole use of the intended recipient. Any unauthorized review, use or distribution by others is strictly prohibited. If you have received the message in error, please advise the sender by reply email and delete the message. Thank you



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMA	TION									
DATE			ED BY (Pri	nt)	DEPARTME Office of Ex		ve Vice-President,	PHONE NO (in full)			
05-12-2	22 Bon	nie Bu	eckert	_	Risk Manag			943-1140			
MAKE C	HEQUE PA	AYAB	LE TO:	Royal	Bank Visa						
MAILING	ADDRES	S (fo	or forwardi	ng of ch	neque)						
Cana	da Post:	<u>_</u> F	Payment Ce	ntre, P. (O. Box 4016, Stati	on "A"					
		Cit	ty <u>Toront</u>	0	Provi	nce _	ON Postal	Code M5W 2E6			
Intero	ffice Mail:	De	epartment								
		Sit	e								
PURPOS	E OF CHE	QUE	REQUEST	Miscel	llaneous Expenses f	or Kay	Best for Oct./Nov/De	ec. 2005 - VISA			
☐ Ene	close atta	ched o	documents		als) with cheque						
				(origini			lso GST Exemp	t Letter -			
CODING 8	AUTHOR Functio		ON								
Non-MIS	Centro (MIS Prim	Э	ACCOL (MIS Seco		AMOUNT	DE	ESCRIPTION				
01	7110500	0004	62410	000	\$ 2,988.31	Mi	scellaneous Expense ct/Nov/Dec 2005 - VI	es for Kay Best for SA			
			-								
	$\overline{}$	20.1				G	ST				
	TOTAL	AMO	UNT OF CH	EQUE	\$ 2,988.31	-		OTHER			
Authorizat	tion/Signati			Title		^	Phone Number	Site			
Jack Davis	/ u l			Preside	nt & CEO		943-1103	Southport			
	S PAYABI	E ON	ILY .				<u> </u>				
T4A Cod	e:			RE	CEIVE	7	Vendor#				
Cheque	Code:				DEC 2 2 2005		Invoice #				
Sep Chec	que:		<u></u>	-	TANILA NI JA		PO#				
Sort Cod	e:				MANCE Transplayment	ht:	Start Date				
Sep Hnd	Des:	V-12-					End Date				
A/P Appr	oval:					# of	Payments	Cycle			

255

APPLICANT COPY Confirmation - Invoice

Hotel Eldorado 500 Cook Road Kelowna, BC V1W 3G9 Info@EldoradoKelowna.com 07-Oct-2005 9:27:17 AM

Client: Catherine (Kav) Best

Bill To: Catherine (Kay) Best

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

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

Reservation # 200506275

Date	Description	Amount
	6-Oct-2005 - 7-Oct-2005	
	Arms Deluxe - L - #418-KP	
16-Sep-2005	1 Days Fall Season @ \$219.00	\$219.00
7-Oct-2005	1 Food and Beverage @ \$19.05	\$19.05
	Subtotal	\$238.05
	GST	\$15.33
	HOTEL TAX	\$17.52
	KST	\$4.38
	Total	\$275.28
7-Oct-2005	Payment Received - Visa	-\$275.28
	Balance Owing	\$0.00

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



Best Copy Possible



405 SPRAY AVENUE P.O. BOX 960 BANFF, ALBERTA CANADA T1L 1J4 T 403 762 2211 F 403 762 5755 G.S.T. Registration # R1007696686 Room : 1982 Folio # : 184206 Cashier # : 517 Page # : 1 of 2

Group Name Faculty of Medicine - Deans Office

Kay Best

Arrival : 10-21-05 **Departure** : 10-23-05

Date	Description	Additional Information	Charges	Credits
10-21-05	0 plus Calling Card - Collect Call	17:41 #71982: 800-646-0000 [00:01:00]	1.59 🔥	
10-21-05	0 plus Calling Card - Collect Call	17:42 #71982: 800-646-0000 [00:01:00]	1.59	>
10-21-05	0 plus Calling Card - Collect Call	17:46 #71982: 800-646-0000 [00:04:00]	1.59	
10-21-05	0 plus Calling Card - Collect Call	17:51 #71982: 800-646-0000 [00:01:00]	1.59	
10-21-05	0 plus Calling Card - Collect Call	17:53 #71982: 800-646-0000 [00:02:00]	1.59	
10-21-05	0 plus Calling Card - Collect Call	17:55 #71982: 800-646-0000 [00:02:00]	1.59	
10-21-05	0 plus Calling Card - Collect Call	17:56 #71982: 800-646-0000 [00:02:00]	1.59	
10-22-05	Bow Valley Grill	#1982 : CHECK #1082 [1082]	108.22	1
10-22-05	Internet - In Room	#1982 : 999-9999 [00:01:00]	14.93	}
10-22-05	Rundle Lounge	#1982 : CHECK #9965 [9965]	76.48	dicat
10-22-05			201.85)
10-22-05			14.97	/
10-22-05			229.00	1 5
10-22-05			8.36	1528
10-22-05			14.63	1
10-22-05		s.17(1), 17	(4)(g)(i) 26.00	1
10-22-05			19.00	
10-22-05			1.40	}
10-23-05			73.36	, }
10-23-05	Visa		×	799.33

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

Guest signature

Signature du client X

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de:

De États-Unis or 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. (19.56% per amount.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$5.0 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigne en refuserait le paiement. Les comples en souffrance sont sujets à un intérêt dr. 1,5% par mois après un mois. (19,55% par année) J'ai accepté la livraison du journal The Globe and Mail. Si Javais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) at de 1,25\$ le Samedi. (Dans les hôtels participants.)



405 SPRAY AVENUE P.O. BOX 960 BANFF, ALBERTA CANADA T1L 1J4 T 403 762 2211 F 403 762 5755 G.S.T. Registration # R1007696686

Kay Best

Room :

1982 184206

Cashier# : 517

Page # 2 of 2

Group Name

Faculty of Medicine - Deans Office

Arrival

: 10-21-05

Departure

: 10-23-05

ate	Description	Additional Information	Charges	Credits
		Total	799.33	799.33
		Balance Due	0.00	
GST Summary				
Room	14.63			
F&B	27.87			
Other	6.05			
Total	48.55			

Guest signature
Signature du client X
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: De États-Unis or 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 falls 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. (19.56% per anum.)
I have accepted delivery of The Globe and Mail. Had I refused. I would have been eligible for a 5.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou 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. (19,56% par année) J'ai accepté la livraison du journal The Globe and Mail. Si J'aviais refusé, j'aurais pu obtenir un crédit à mon compte de 0,505 par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)



CATHERINE REST S.17(1), 17(4)(g)(i) DATE DECOULDS 21, 2005 PAYTO THE CALCULATE STORT ST	
s.17(1), 17(4)(g)(i)	
s.17(1), 17(4)(e.1)	

Calgary Regional Health Authority	GWHC GRGH MP1 7th Ave PLC Other PL 9-6 301	CHEQUE VERIFICATION
From: Department Cffice of the CF Deposit the following cheque from:	Contact BENNIE BLECKETT	CRHA E-Mail Phone #
FINANCIAL CODE (Customer)	Personal	THE WYS
Org Functional Centre 1	Account	TOTAL CHEQUE AMOUNT
00824 (99/02)	amount \$	\$ 588,57

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5 PATE \$ 29.39

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

THANK YOU

GO TO WWW.PETROSURVEY.CA OR CALL 1 800 341 3925

IMPERIOR Parking

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Oct. 11/05 - Returned Ok.

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391 13:47

Bruff Fast Late

CARRINGTON LIGHTING 9639 MACLEOD TRAIL SW CALGARY

OP Li

PI -

3

11-1-11 \$109.00

MERCHANT 4: 00724162

43.4 ---

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State of the state

CARD NUMBER EXPIRY DATE

CHRD TYPE

VISA

4108

DATEZTIME RECEIPT NUMBER 2005/10/26 13:39:46 \$47114401-963-009

PURCHASE TOTAL AMOUNT

\$237.83

=1 APPRÖVED-027 THANK YOU

AUTH, # 030230

The Checker Grass

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

CARDHOLDER CUI

MANTEO RESORT HOTEL LTD. 2762 LAKESHORE ROAD KELOUWA BRITISH COLUMBIA 91**43L4** 331 #: 888699921

TERM ID: 02435405

OP ID: 887

MID: 487603

CARD #

ACCT TYPE: VISA REF NO: 0007692 PURCHAL.

AMOUNT #69.33

THANK YOU AUTH #071471

WARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

\$ 36.50

Haward Pouries Leven u Pl

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

\$27.29



We're drivers too.

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PARC NATIONAL BANEE NATIONAL PARK

10/21/2005

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GST#/No de TPS:R12!4918a7

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** CUMITOMER COPY

Samboo Resort Hotel ****** ######## relowna B.C. ******* GST# 696136454

318 Elaina M

| Guff Drinks & 1,95 | 1,95 | 1,95 | 1,06 | 1,85 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 | 1,86 |

Subtotal 64.85 GSTColl 4.54 Ol:O3PM Total 69.39 11077

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EAJCH OYSTER BOX

43 30 4 Ay 1991

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

10 0 35 4

Kelly Charlebris





IMPERIAL PARKING CANADA CORPORATION ONE PALLISER SQUARE 140 - 125 - 9th AVENUE S.E. CALGARY, ALBERTA T2G 0P6 TELEPHONE: (403) 299-7275 G.S.T. REG. #88731 5638 RT 0001 www.impark.com www.impark.com

TRANSACTION RECORD

CALGARY PARKING AUTHORITY	DATE	REFERENCE NUMBER
Display this ticket on dashboard, this side up.	CARD TYPE CARD NUMBER	EXPIRY DAT
Date Issued Time Issued	LOT NUMBER LOCATION	
Expire Date Expire Time	TICKET NO. AMOUNT	G.S.T. TOTAL
Hermonium Hermon		
End of parking time 2005 PDM ID: Lot 7-1	Hizi e egyelyele	
20. ID. EUC /-I		

Fee: \$ 12.75

VISA

Ticket #: 10827

THANK YOU FOR PARKING WITH US!

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

\$309.69

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

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

STATEMENT FROM DEC 10, 2005 TO JAN 09, 2006

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
***************************************	s.17(1), 17(4)(e.1)
JAN 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$2,988.31
JAN 09	PURCHASE INTEREST	\$40.65
	SUBTOTAL	-\$2,947.66
	s.17(1), 17(4)(e	.1)
DEC 12	CAICH RESTAURANT CALGARY AB	\$75.41
DEC 13	CALGARY PARKING AUTHORITYCALGARY AB	\$10.00
DEC 16	CAPITAL TAXI LINE EDMONTON AB	\$12.20
DEC 16	YELLOW CAB EDMONTON AB	\$13.40
DEC 21	CHECKER CABS LTD. CALGARY AB	\$24.60
DEC 21	CHECKER CABS LTD. CALGARY AB	\$26.40
DEC 29		\$60.54
JAN 07	STAPLES STORE #62 CALGARY AB s.17(1), 17(4)(g)(i) \$46.49
	SUBTOTAL S.17(1), 17(4	\$269.04

Win a trip for two!

Spend \$500 or more on purchases using a Visa card, issued by RBC Royal Bank, before Feb. 28/06 and be automatically entered to win an ultimate trip for 2 to the Beijing 2008 Olympic Games. For full contest details visit www.rbc.com/wintergames.

IMPORTANT INFORMATION

New balance

_	CONTACTUS	
l	Customer Service / Lost & Stolen	1-800-769-2512
	Collect Outside North America	(416) 974-7780

<u>PAYMENT INFORMATION</u>	
Minimum payment	\$10.00
Payment due date	JAN 30, 2006
Credit limit	\$10,000.00
Available credit	\$9,690.31
Annual interest rate	18.50%

Previous statement balance	\$2,988.31
Payments & credits	-\$2,988.31
Purchases & debits	\$269.04
Cash advances	\$0.00
Fees	\$0.00
Interest	\$40.65





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	INFORMAT					
DATE		ESTED BY (Pri			PHONE NO (in full)	
06-01-2		o Bugalout			cutive Vice-President,	
Bonnie Bueckert Risk Management & CFO			nent & CFO	943-1140		
MAKE CHEQUE PAYABLE TO:					· 1	
,,	III QOL I A	IABLE 10.	Royal Bar	nk Visa	DECE	MEN
			- tojai bai	1100	- HUEVE	1VEU
MAILING	ADDRESS	(for forwardi	ng of cheq	ue)		
Cana	da Post:	Payment Ce	ntre, P. O. E	Box 4016, Station	"A" JAN 2	7 2006
					LIPHVAN	(;F
		City Toront	0	Provinc	e ON Rosken	ANSW 2E6
Intero	ffice Mail:	Department			LINA	VOL
		·	·			
		Site				
DUDDOS	E OE CUEO	NIE BEOLIEGE	Missallan		Kan Daniel O I (N) (D	0005 1//01
PURPUS	E OF CHEG	UE REQUEST	wiscellane	eous Expenses for	Kay Best for Oct./Nov/D	ec. 2005 - VISA
End	close attach	ned documents	(originals)	with cheque	Also GST Exemp	ot Letter -
CODING 8	& AUTHORIZ	ZATION				
	Functiona	1				
Non-MIS	Centre (MIS Prima	ry) (MIS Seco		AMOUNT	DESCRIPTION	
01	711050000			\$ 309.69	DESCRIPTION Miscellaneous Expens	es for Kay Best for Dec/05
		32110		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- Jan/06 - VISA	os for Kay Dest for Decros
						-
					GST	
	TOTALA	MOUNT OF CH	EQUE	\$ 309.69	x CDN US	OTHER
Authorizat	tion Signatur	\$1/1/	Title		Phone Number	Site
	1.0		Senior Vice	-President, Patient	943-0835	Coudhnant
Dr. R. Johns		/	Advocacy	Tresident, Fatterit	940-0600	Southport
ACCOUNT	S PAYABLE	ONLY				
T4A Cod	e: _				Vendor#	
Cheque Code: Invoice #						
Sep Cheque: PO #						
Sort Code: Recurring Payment: Start Date				1		
Sep Hnd	Des:	1995			End Date	
A/P Appr	A/P Approval: # of Payments Cycle				Cycle	

CATUERINE PEST PAY TO THE ORDER OF SALLY MEMO	s.17(1), 17(4)(g)(i) Half Jamay Pegia \$ 54,100 DOLL	6054
- 17(1) 17(4)(- 1)		s.17(1), 17(4)(g)(i)
s.17(1), 17(4)(e.1)		

)
114-0
MOUNT
114-0



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

SUBTOTAL

KAY BEST

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

STATEMENT FROM DEC 10, 2005 TO JAN 09, 2006

-\$2,947.66



	s.17(1), 17(4)(e	
JAN 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$2,988.31
PO NAL	PURCHASE INTEREST	\$40.65

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

DEC 12	CATCH RESTAURANT CALGARY AB	\$75.41 🗸
DEC 13	CALGARY PARKING AUTHORITYCALGARY AB	\$10.00
DEC 16	CAPITAL TAXILINE EDMONTON AB	312.20 ✔
DEC 16	YELLOW CAB EDMONTON AB	\$13.40 V
DEC 21	CHECKER CABS LTD. CALGARY AB	\$24.60 V
DEC 21	CHECKER CABS LTD. CALGARY AB	\$26.40 🗸
DEC 29		\$60.54
JAN 07	STAPLES STORE #62 CALGARY AS $s.17(1),17(4)$)(g)(j) ^{\$46,49} 🗸
	SUBTOTAL	\$269.04

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Spend \$500 or more on purchases using a Visa card, issued by RBC Royal Bank, before Feb. 28/06 and be automatically entered to win an ultimate trip for 2 to the Beijing 2008 Olympic Games. For full contest details visit www.rbc.com/wintergames.

IMPORTANT INFORMATION

CONTACT US

1-800-769-2512 Customer Service / Lost & Stolen (416) 974-7780 Collect Outside North America

PAYMENT INFORMATION

\$10.00 Minimum payment JAN 30, 2006 Payment due date \$10,000.00 Credit limit \$9,690.31 Available credit 18.50% Annual interest rate

CALCULATING YOUR BALANCE

\$2,988.31 Previous statement balance Payments & credits -\$2,988.31 \$269 04 Purchases & debits \$0.00 Cash advances \$0.00 Fees \$40.65 Interest

\$309.69 New balance

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

001 0018

200000000000 0001000 000030969



RBC ROYAL BANK VISA PAYMENT CENTRE PLOIBOX 4016 STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$309.69

MINIMUM PAYMENT \$10.00

PAYMENT DUE DATE JAN 30, 2006

AMOUNT PAID

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

R8C0150120_3436737_001-3571

03263

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN TREASURY DEPARTMENT 10101 SOUTHPORT RD S.W. CALGARY AB T2W 3N2

VICA Rucinne

Payment options Telephone banking 1-800-769-2511

Online banking www.rbcroyalbank.com RBC Royal Bank ATM

RBC Royal Bank Branch

· By mail

Detach and return with payment. Please do not send cash through the mail. Please do not staple or damage this form.

s.17(1), 17(4)(e.1) JAPITAL TAXI 780 423-2425 AUTH. NO. CUSTOMER COPY G.S.T. # TIME FROM Centre 20 INT'L GRATUITY 20 TOTAL SUER OF THE CARD IDENTIFEID ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON ER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON ECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD s.17(1), 17(4)(e.1) 10 **YELLOW** (780) 462-3456 KAN SEST EXP PRESTIFE (780) 462-4444 CALGAS! RES HEALTH AUTH ADMINISTRATION (780) 465-8500 CUSTOMER COPY G.S.T.# TIME FROM 2 8 TO FARE PRINT NAME INT'L GRATUITY CUSTOMER'S SIGNATURE 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.

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

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-GST No. 126152586



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RBC Royal Bank

APPLICANT COPY

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

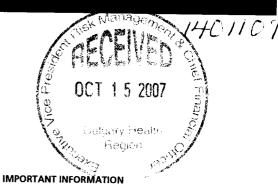
KAY BEST

STATEMENT FROM SEP 08 TO OCT 09, 2007 S.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$473.94
	s.17(1), 17(4)(e.1	.)
SEP 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$281.69
SEP 28	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$192.25
OCT 09	PURCHASE INTEREST	\$3.77
	SUBTOTAL OF MONTHLY ACTIVITY	-\$470.17

s.17(1),	17(4	₽)(e.1	.)
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	5.1/(1), 1/(4)(6.1	1)
	MÍ. MERCATO CALGARY AB	\$201.17
SEP 14	HAR*MANAGEMENT UPDATE 800-988-0886 MO Foreign Currency-USD 129.00 Exchange rate-1.056666	\$136.31
SEP 15	HOTEL MACDONALD - FD EDMONTON AB	\$445.20
SEP 16	✓ STAPLES STORE #48 CALGARY AB	\$18.41
SEP 18	✓CONGRESS CANADA TORONTO ON	\$1,320.00 2
SEP 19	✓CALGARY PARKING AUTHORITYCALGARY AB	\$4.00
SEP 21	CENTINI RESTAURANT CALGARY AB	\$72.61
SEP 22	BEDLAM ENTERTAINMENT, IN 212-397-8287 NY Foreign Currency-USD 760.00 Exchange rate-1.026000	\$779.76
SEP 24	WELLINGTONS CALGARY AB	\$51.264
SEP 24	CALGARY PARKING AUTHORITYCALGARY AB	\$7.50
SEP 28	STANDARD PARKING - CAL. HCALGARY AB	\$7.50
OCT 05	IMPARK LOT 00030216 CALGARY AB	\$16.00 V
OCT 05	CATCH RESTAURANT CALGARY AB	\$73.19
	SUBTOTAL OF MONTHLY ACTIVITY	\$3,132.91
	TOTAL NEW BALANCE	3,136.68



co	N	T/	٩C	Т	US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$95.00
Payment due date	OCT 30, 2007
Credit limit	\$10,000.00
Available credit	\$6,863.32
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

WILEOLITING TOOK DAL	THEL
Previous Statement Balance	\$473.94
Payments & credits	-\$473.94
Purchases & debits	\$3,132.91
Cash advances	\$0.00
Interest	\$3.77
Fees	\$0.00
NEW BALANCE	\$3,136.68





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFOR	MATION
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	NEORMAT						
DATE		ESTED	BY (Print)	DEPARTMENT		PHONE NO (in full)
07-10-2		e Buec	kert		Office of Execu	utive Vice-President	, 943-1140
					Illan manage	lent a Cro	943-1140
MAKE CHEQUE PAYABLE TO:							
			_	Royal Bar	ık Visa		
MAIL INC	ADDRESS	1604	4	م مامم	`		
MAILING	AUDRESS	(101	forwardin	g of cneq	ue)		
Canad	da Post:	Pay	ment Cent	re, P. O. E	Box 4016, Station	"A"	
		City	Toronto		Province	ON Posta	al Code M5W 2E6
Interof	fice Mail:	Depa	artment				
		Site	,				
PURPOS	E OF CHEC	UE RE	QUEST	Miscellan	eous VISA Expense	s for Kay Best for Se	ptember & October, 2007
Enc	close attacl	ned do	cuments (with cheque	Also GST Exer	
CODING 8	AUTHORI	747101	AI				
JUDIEN	Function		<u> </u>				
	Centre		ACCOU				
Non-MIS	(MIS Prima		(MIS Secon		AMOUNT	DESCRIPTION	
01	711050000	004	6241000	00 8	\$ 2,134.76		erence fees/parking/taxi nses for Kay Best for Sept. &
01	711050000		6241000		445.20		ght stay in Edmonton for two
01	711050000		4901000		136.31	Yearly subscription of Kay Best	of Harvard Mgmt Update for
01	711050000	<u>i</u>	6241000	00	398.23	Lunch and dinner m	eetings for Kay Best
01	711050000	004	4951000	D1	18.41	Supp[lies	
01	711050000)47	6241000	00	3.77	Interest	
],	//					GST	
	/ /		T OF CHE	QUE	\$ 3,136.68	x CDN US	OTHER
Authorizat	ion Sign	e \		Title		Phone Numbe	r Site
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Jack Davis/	SPAYABL	ONE		President 8	(CEO	943-1103	Southport
10000NI	SPATABL	E ONL	<u> </u>				
T4A Code	e: _					Vendor #	
Cheque	Code:					Invoice #	**************************************
Sep Che	que:					PO #	
Sort Cod	le:			Red	curring Payment: 274	Start Date	

002158069 01 MS. CATHERINE BEST CALGARY HEALTH REGION 10101 SOUTHPORT ROAD SW CALGARY AB T2W 3N2 CANADA Date:

September 19, 2007

Description:

12 issues

Amount:

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Term:
Date paid:
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September 05, 2007

SEP-2008

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Dear Ms. Catherine Best:

Thank you for your recent *Harvard Management Update* subscription payment. Please retain this letter as a receipt for your records.

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Just check the box on the reply form, and return it in the envelope provided. Why not do it right now while it's on your mind?

Thanks again for your payment. I look forward to hearing from you soon!

Sincerely.

Paul Szymanski

For Harvard Management Update

Paul Symanski







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

Room 0640 Folio# 76552 Cashier # 259 Page # 1 of 1



Kay Best 10101 South Port Rd

Calgary, AB T2W 3N2

Arrival

09-13-07

Departure

09-14-07

Date	Description	Additional Informat	ion	Charges	Credits
09-13-07	High Speed Internet	#640 : 999-9999 A		14.79	
09-13-07	Harvest Room	#0640 : CHECK #1286		110.40	
09-13-07	Room Charge			230.00	
09-13-07	Room - DMF			2.30	
09-13-07	Room - AB Tourism Levy			9.29	
09-13-07	Room - GST			13.94	
09-13-07	Parking - Overnight			26.00	
09-13-07	Parking - GST			1.56	
09-14-07	Harvest Room	#0640 : CHECK #1322	s.17(1), 17(4)(e.1)	18.90	
09-14-07	Visa				445.20
09-14-07	Refreshment Center	#9602 : CHECK #3877 Lo #9500=>Refresh Centre # #9602=>Best Kay #0640	ost Interface Postings #9602 Refresh Centre	18.02	
		Total		445.20	445.20
		Balance D	Due	0.00	
	ST Summary				
Room		13.94			
F&B Other		7.32			
T-4-1		2.40			

Guest signature

Total

Signature du client X.

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:

23.66

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. (18,0% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du reglement total de cette note au cas ou 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) Ja accepté la invraison du journal The Globe and Mail. Si Javais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75\$ par jour (du Lundia au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

The Canadian Council for **Public-Private Partnerships**



Le Conseil Canadien pour les Partenariats Public-Privé



Fax #:

403 943-1152

October 22, 2007

Catherine Best

Executive Vice President & Chief Financial Officer

Calgary Health Region

Calgary, AB

IMPORTANT: Please review all information carefully, name badge information (name, city, title, organization) will appear as shown above. Changes/corrections can be made on this form and faxed or emalled.

This letter will act as your official receipt.

This will confirm your registration for The Canadian Council for Public-Private Partnerships 15th Annual Conference, to be held at the Hilton Hotel, Toronto, Ontario, Canada, November 26 - 27, 2007.

Outlined below are the details of your registration, as well as your payment summary. If the record indicates a refund due, this will be issued following the Conference. If the record indicates a balance due, please make the appropriate payment immediately.

If your payment is not received within 30 days from the date on this receipt your registration will be cancelled.

REGISTRATION DETAILS

REGISTRATION DETAILS		
Category	Quantity	
Dinner - Member CCPPP - Single (GST Exempt)	1.00	
Conference Fees - Member - Public Sector/Not-For-Profit (GST Exempt)	1.00	
Conference Fees - Member - Public Sector/Not-For-Profit (GST Exempt) - GROUP 2	-1.00	
Conference Fees - Member - Public Sector/Not-For-Profit (GST Exempt) - GROUP 2	1.00	

FINANCIAL RECORD:	Total Fees:	\$1,320.00	Total Received:	\$1,320.00	
	GST included:	\$0.00	Due/(Refund):	\$0.00	
GST# R138559232	GOT INCIDUES.				

Delegates are reminded to make their own hotel reservations directly with the Hilton Hotel, Toronto, by calling 1-416-869-3456 or 1-800-445-8667. The deadline to receive the preferred hotel rate is November 2nd. Please specify that you will be attending the "Public-Private Partnerships" conference.

All conference material will be available for pick up at the registration desk, located on the lower level of the Hilton Hotel, Toronto.

Registration Desk Hours: Monday November 26

7:30am - 5:00pm

Tuesday November 27

7;30am - 4:30pm



Printable View

Please print the confirmation below for your records.

Corpurate State Can. L.: Registration Confirmation

Dear Catherine: Welcome to the **Fourth Annual The Corporate State Canada** on Wednesday, October 17, 2007 at The Sutton Place Hotel in Toronto. Below, you will find important information regarding your registration. An Attendee Confirmation Sheet with an Agenda, Travel & Hotel information and a Photo & Bio Request will be emailed to you shortly. We look forward to having you with us!

Registration Code: 11275-4331110-2218 Date Completed: 2007-09-21 09:55:57

Activitient Profile

First Name Catherine Last Name Best

Title Execcutive Vice President and CFO

CompanyCalgary Health Region **Address**10101 Southport Road SW

CityCalgaryProvinceAlbertaPostal CodeT2W 3N2CountryCanada

Phone Number 403-943-1140

Email Address kay.best@calgaryhealthregion.ca

Regionation Category

Single Registration U.S. \$ 760.00

DescriptionQuantityAmountTotalSingle Registration U.S.1\$ 760.00\$ 760.00

Date Payments s.17(1), 17(4)(e.1) Received

Sep 21, 2007 Kay Best (Visa Yes \$ 760.00 \$ -

Yes \$ 760.00 \$ 760.00

Total: \$ 760.00 Balance due: \$ 0.00

Balance due:

Cancellation/Refund Policy:

Refunds may be requested (less a 15% administrative fee) through Friday, September 21, 2007. We regret that refunds may not be issued after that date. Thank you for your registration.

Email Registration Assistance Return to Event Web Site

CATHERINE BEST PAY TO THE CALCULATE ORDER OF OTHER OF THE CALCULATE OF TH	s.17(1), 17(4)(g)(i) DATE JE Sentyleght 42	B Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	
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CRHA Capery Regional Health Authority Capery Regional Health Authority CHI FMC	/CC MP1 7th Ave		EQUE VERIFICATION
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	\$ amou		\$ 128,42
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STAPLES Business Depot Store # 48 1215 9th Averue Sw Calgary, AB T3COH9 403-263-0200

Sale

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Subtotal GST 6.00% Total		17.37 1.04 \$18.41

Visa

18.41

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

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-01/027 APP	ROVED - THANK YOU	

Thank you for shopping at STAPLES Business Depot!
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CST No. 1251-2586

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WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Denis

Date: 09/24/2007

Table: 1

Time: 13:27

UTSA

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

BEST/KAY

AUTH

036393 ONLINE

MERCHANT# 9999

SUBTOTAL \$ 45.26

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** CUSTOMER CUPY **

Wellington's/Oscar's Please pay server. Thank-you.

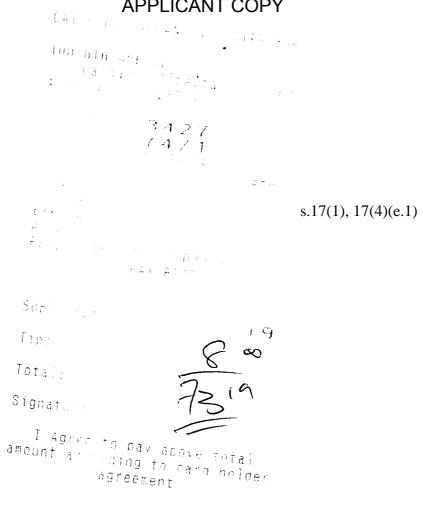
WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE Tel: 403-278-5250

Server: Denis Table: 1 Client:	Time:	09/24/2007 13:25
1 Soda/Cran 1 Virgin Caesar 1 Salmon Filet 1 Warm Salmon Salad 1 Cappuccino 1 Herb Tea		2.50 2.50 16.00 15.95 3.75 2.00
SUB-TOT GST (R1056167		42.70 2.56

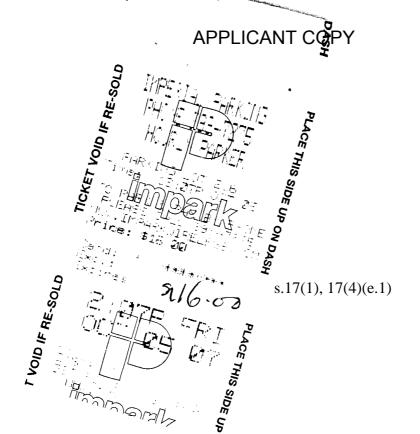
TOTAL

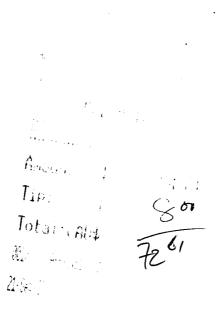
Wellington's/Oscar's Please pay server. Thank-you.

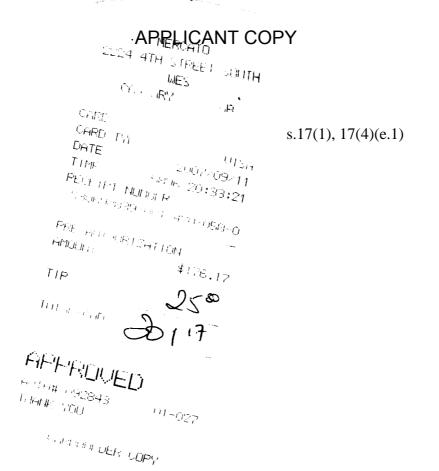




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s.17(1), 17(4)(e.1)





VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM FEB 10 TO MAR 09, 2005

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

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)				
	s.17(1), 17(4)(e	.1)				
MAR 09	PURCHASE INTEREST	\$ 48.15				
	SUBTOTAL	\$48.15				
	s.17(1), 17(4)(e.1)				
FEB 09	CONFERENCE BOARD OF CA OTTAWA ON	\$1,550.00				
FEB 10	STD PARKING-BANKERS MAIN CALGARY AB	\$19.00 [
FEB 14	ALM EVENTS CANADA INC TORONTO ON	\$1,595.00, 6				
FEB 17	STD PARKING-BANKERS MAIN CALGARY AB	\$15.00				
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FEB 21	STD PARKING-BANKERS MAIN CALGARY AB	\$ 19.00 🗸				
FEB 24	WELLINGTONS CALGARY AB	\$74.39 !				
FEB 25	STAPLES/BUSINESS DEPOT CALGARY AB	\$26.56				
MAR 04	TEATRO CALGARY AB	\$91.27				
	SUBTOTAL	\$3,438.91				

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Customer Service Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

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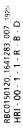
Minimum payment	\$121.00
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Credit limit	\$10,000.00
Available credit	\$6,311.38
Past due amount	\$10.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	\$201.56
Payments & credits	\$0.00
Purchases & debits	\$3,438.91
Cash advances	\$0.00
Interest	\$48.15
Fees	\$0.00

New balance

\$3,688.62 348706





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Sold To: Ms. Catherine M. Best

Executive Vice-President, Risk Management

and Chief Financial Officer Calgary Health Region 10101 Southport Rd. S.W. Calgary AB T2W 3N2 Ship Ms. Catherine M. Best To: Executive Vice Procide

Executive Vice-President, Risk

Management and Chief Financial Officer

Calgary Health Region 10101 Southport Rd. S.W. Calgary, AB T2W 3N2

Qty Description Unit Price Extender Price The Western Corporate Governance Forum 4/7/2005 - 4/8/2005 Calgary, Alberta	Account I	No.	Purchase Order	No.	Order Date	Order Number		Terms	Invoice Date
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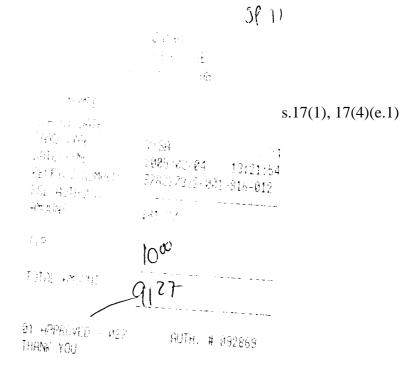
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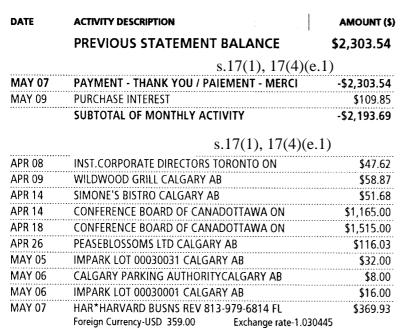
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STATEMENT FROM APR 10 TO MAY 09, 2008

\$8.00

\$3,388.13

\$3,497.98



CALGARY PARKING AUTHORITYCALGARY AB

SUBTOTAL OF MONTHLY ACTIVITY

TOTAL NEW BALANCE

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June 9 - 14 is Community Week at RBC®. Visit your local branch or

www.rbc.com/communityweek to learn more about how we're making a difference in your community.

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PAYMENT INFORMATION

Minimum payment	\$119.00
Payment due date	JUN 03, 2008
Credit limit	\$10,000.00
Available credit	\$6,502.02
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

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Previous Statement Balance	\$2,303.54
Payments & credits	-\$2,303.54
Purchases & debits	\$3,388.13
Cash advances	\$0.00
Interest	\$109.85
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April 8, 2008 3:07 PM

To:

Kay Best

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Institute of Corporate Directors Purchase Confirmation

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Event Information: Calgary Chapter DEP Alumni Event

Event description:

ICD Calgary Chapter DEP Alumni event: Enhancing Your Board Opportunities

OVERVIEW

Panel 1: Avenues Available For Board Opportunities

Panel Members

- -Jeff Rosin, President, Korn Ferry Canada
- -Francis Saville, Q.C., ICD.D, Chair of the Board, Nexen Inc.
- -Sheila O'Brien, Corporate Director

Panel 2: First Impressions

Panel Members

- -Douglas Baldwin, ICD.D, Chair of the Board, Talisman Energy
- -John Watson, ICD.D, Corporate Director

Time:

Registration: 5:00p.m. - 5:15p.m. Presentations: 5:15p.m.- 6:45p.m.

Host Reception with hearty Hors-d'oeuvres: 6:45p.m. - 8:00p.m.

Cost: \$50.00 - ICD Members only

Location:

Calgary Petroleum Club 319 Fifth Avenue SW

Calgary, AB

For Information by Phone:

Ms. Jalyn Anderson - 1-877-593-7741 Ext 221

Details:

Item: individual registration

Oty: 1

Date/Time: 01/05/2008 - 05:00 PM

Location:

*Event Address: Calgary Petroleum Club 319 Fifth Avenue SW Calgary, AB

Event Contact: <u>fboissier@icd.ca</u>

Name badges for all registrants will be at the registration desk (if applicable). For other event details please visit the Events section of the ICD website at www.icd.ca

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Executive Vice-President, Risk Management

and Chief Financial Officer Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2 Ship Ms. Catherine M. Best To: Executive Vice Precide

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Management and Chief Financial Officer

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2008 Western Corporate Governance Forum

Thursday, May 22, and Friday, May 23, 2008 The Westin Calgary • Calgary



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April 18, 2008

Ms. Catherine M. Best Executive Vice-President, Risk Management and Chief Financial Officer Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2



Dear Ms. Best:

I am pleased to confirm your registration for the 2008 Western Corporate Governance Forum to be held from Thursday, May 22, to Friday, May 23, 2008 at the The Westin Calgary, in Calgary, Alberta.

Please Note:

- → Enclosed is your meeting invoice paid by credit card. Please notice the credit card transaction slip attached to the back of your invoice.
- → The dress code for this event is business casual. Please note that an email listing the start time and other conference details will be sent to you closer to the event date.
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- → Be sure to view our Website periodically at <u>www.conferenceboard.ca/conf/</u> for updated program information.

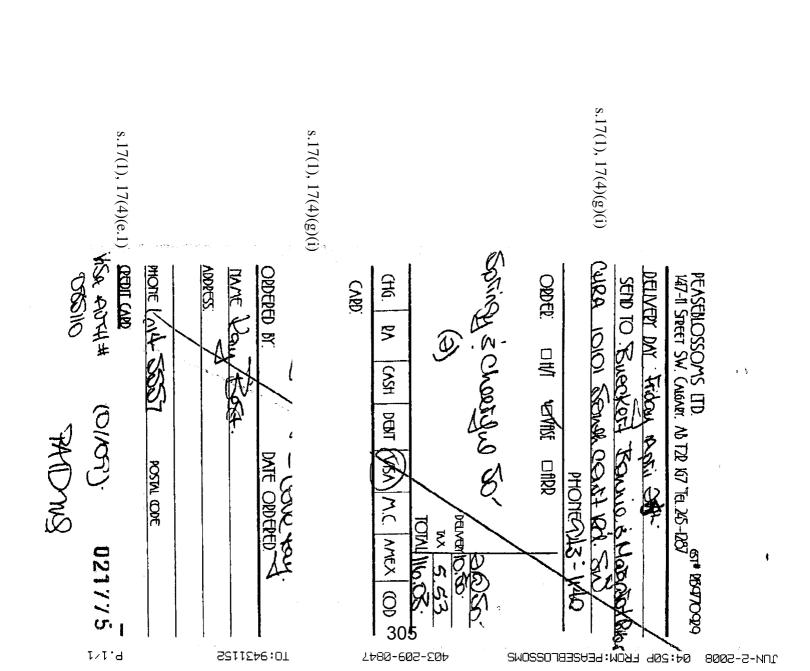
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Sincerely,

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

CALGARY PARKING AUTHORITY ENTRY TIME: 5/6/2008 8:15 AMOUNT PAID: \$8.00 CALGARY PARKING AUTHORITY CALGARY PARKING RECEIPT NO: 2329

Valid through: **TUESDAY 06** 1:00 AM

CALGARY PARKING AUTHORITY

CALGARY PARKING AUTHORITY

minal: 141 ite: LUJ237

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

	Please charge my credit card f American Express	or the amo	ount indicated on MasterCard	the o	ther side.	
	Authorized signature		s.17(1), 17(4)(Expiration date	
If fe	IMPORTANT FREE " TAX RECEIPT FREE h Money-b	tial saving thank-you ome or of oack guar	gs off the cover p i" gift fice delivery antee	orice	a full refund for all unmailed issu	res.
	Date April 22/08 Term 147 Check No. 150 Amount 139 00 05					
	₩ Harvard Business Review KEEP THIS PORTION FOR YOUR RECORDS					

APPLICANT GOPY / GS Great savings with RBC Visa

Save when using your RBC Royal Bank Visa card on selected purchases at Greiche Scaff, Hakim Optical, Lasik MD and AMJ Campbell Van Lines. For a list of discounts visit www.rbcroyalbank.com/cards/rbcrewards/ discountsavings.

VISA Business

CALGARY REGIONAL HEAITH AUTHORITY KAY BEST

STATEMENT FROM JUL 09 TO AUG 09, 2005

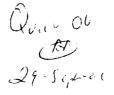
s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
AUG 09	PURCHASE INTEREST S.17(1), 17(4)(6	e.1)
	SUBTOTAL	\$ 30.97
	JOBTOTAL	\$30.97
	s.17(1), 17(4)(e	e.1)
JUL 27	**ELLINGTONS CALGAKY AB	\$66.05
JUL 28	IMPARK 0179LOT# 26JUL0 CALGARY AB	
JUL 29	STD PARKING-BANKERS MAIN CALGARY AB	\$15.00
AUG 01	STD PARKING-BANKERS MAIN CALGARY AB	\$12.00 , <
AUG 02	BRAVA BISTRO CALGARY AB	\$21.00 i
AUG 02	BUCHANAN'S CALGARY AB	\$145.51
	SUBTOTAL SCALGARY AB	\$74.34 V
	SOBIOTAL	\$333.90

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

You can Win What you Buy!

Your Visa purchases could be FREE. Just use your Visa card this month for a chance to win your purchases for the month, up to \$100,000. There's a winner for every day of the year. No purchase necessary. Call 1-888-298-9944 or visit www.visawinwhatyoubuy.ca for contest details.



IMPORTANT INFORMATION

CONTACT US	
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION	
Minimum payment	\$121.00
Payment due date Credit limit	AUG 30, 2005
Available credit	\$10,000.00
Past due amount	\$7,801.94
Annual interest rate	\$ 55.00
· ····································	18.50%

CALCULATING YOUR BALA	NCF
Previous statement balance Payments & credits	\$1,833.19
Purchases & debits	\$0.00 \$333.90
Cash advances Fees	\$0.00
Interest	\$0.00
5.1	\$30.97
New balance	\$2,198.06

\$2,198.06





CHEQUE REQUISITION

	CITEROE KERNIS
NSTRUCTIONS:	7

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED** CHEQUE INFORMATION DATE REQUESTED BY (Print) DEPARTMENT PHONE NO (in full) Office of Executive Vice-President. **Bonnie Bueckert** 05-08-30 Risk Management & CFO 943-1140 MAKE CHEQUE PAYABLE TO: Royal Bank Visa MAILING ADDRESS (for forwarding of cheque) Canada Post: Payment Centre, P. O. Box 4016, Station "A" City Toronto Province ON Postal Code M5W 2E6 Interoffice Mail: Department Site PURPOSE OF CHEQUE REQUEST Miscellaneous Expenses for Kay Best for July 2005 - VISA Enclose attached documents (originals) with cheque Also GST Exempt Letter -**CODING & AUTHORIZATION Functional** Centre **ACCOUNT** Non-MIS (MIS Primary) (MIS Secondary) **AMOUNT** DESCRIPTION 01 71105000004 62410000 \$ 364.87 Miscellaneous Expenses for Kay Best for July/August 2005 - VISA **GST** \$ 364.87 TOTAL AMOUNT OF CHEQUE CDN US OTHER Authorization Signature Title Phone Number Site Senior Vice-President Patient 943-0888 Southport Dr. Bob Johnston Experience ACCOUNTS PAYABLE ONLY T4A Code: Vendor# Cheque Code: Invoice # Sep Cheque: PO# Sort Code: **Recurring Payment:** Start Date _____ Sep Hnd Des: End Date A/P Approval: # of Payments Cycle

But helper ? 39 3 HVENUE . 14 W ST CHLARIO

CARD NUMBER EXPIRY DATE

CARD TYPE DATEZTIME

5866 Util 43 02 13:13:21

CLERK NUMBER RELEVET NUMBER

Soc 10 of 309-025

AUTHORIZATION

AMOUNT

\$45 71

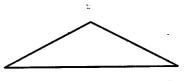
01 APPROVED 027 Hi. H. # 005263

THANK YOU

CARDHULDER WILL PAY TOTHL AMOUNT SHOWN THE TAKE IT SUITE ACTURE INC. TO CARDHOLDER SCAN - MENT.

KAY BEST

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



BANKER'S HALL CALGARY AB RECEIPT IN: 28/07/05 12:13 OUT: 28/07/05 13:57 PAID: \$ 12.00

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

AUTH. CODE AB08226 GST No. R11100230770 GST INCLUDED

Imperial Part ra

CT 2 Cash en 26/07/05 15:15 Receipt 0570-7

Short-lerm Parcin: tkt Short-term earcin: tkt Eau Claire Surfa:: 26/07/05 1:05 -26/07/05 15:15 Period 3d0/hi0: (V.A.T.) \$15

\$15.00 Griss Tota \$15.00 Pagment

Net Total V.A.T. (7%) \$14.02 0.98 All amounts in CAD. Deliv. Date=Rade Ft Date

THANK YOU FOR PARKING IMPARK



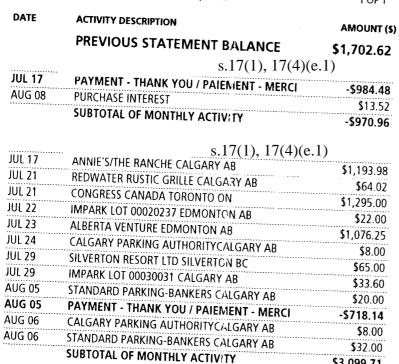


CALGARY REGIONAL HEALTH AUTHORITY **KAY BEST**

STATEMENT FROM JUL 10 TO AUG 08, 2008

TOTAL NEW BALANCE

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



IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment \$23.00 Payment due date AUG 29, 2008 Credit limit \$10,000.00 Available credit \$5,168.63 Annual interest rate 19.50%

CALCULATING YOUR BALANCE

SALCOLATING TOOK BAL	ANCE
Previous Statement Balance Payments & credits Purchases & debits Cash advances Interest Fees	\$1,702.62 -\$1,702.62 \$3,817.85 \$0.00 \$13.52 \$0.00
NEW BALANCE	\$3, 31.37

01.71105 00000 4. 49510001

\$3,099.71

\$3,831.37





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATION					
DATE		D BY (Print)	DEPARTMENT		PHONE NO (in full)	
08-10-2		Bonnie Bueckert		utive Vice-President,	, ,	
	Bonnie Bud	ескегт	Risk Managen	nent & CFO	943-1140	
MAKE CI	MAKE CHEQUE PAYABLE TO: Royal Bank Visa					
MAILING	ADDRESS (fo	or forwarding of ch	eque)			
Cana	da Post: P	ayment Centre, P. C	D. Box 4016, Station	"A"		
	Cit	y <u>Toronto</u>	Province	e ON Postal	Code M5W 2E6	
Interof	fice Mail: De	partment				
	Site	e				
PURPOS	E OF CHEQUE I	REQUEST Miscell	aneous VISA Expense	es for Kay Best for July 8	k Aug./08	
End	close attached d	locuments (origina	als) with cheque	Also GST Exemp	t Letter -	
CODING 8	AUTHORIZATION	ON		······································		
	Functional					
Non MIC	Centre	ACCOUNT				
Non-MIS 01	(MIS Primary) 71105000004	(MIS Secondary) 62410000	AMOUNT	DESCRIPTION		
01	71105000004		123.60	Parking	· · · · · · · · · · · · · · · · · · ·	
0,	71105000004	62410000	1,295.00	Registration Fee for P3 26, 2008 in Toronto, O	Conference Nov. 25 and	
			1,076.25	Registration Fee for 20	08 E & Y Women on	
				Board Corporate Gove Kananaskis, AB Sept. 2	rnance Symposium in	
01	71105000004	62410000	65.00		ard/Executive meetings	
	No.			to connect by phone	ara/Excodityo meetings	
01	71105000004	62410000	1,193.98	Portfolio recognition lur	ncheon	
01	71105000004	62410000	64.02	Working lunch Barry M	unro, E&Y	
	71103000004	62410000	13.62	Interest		
				GST		
		INT OF CHEQUE	\$ 3,831.37	x CDN US	OTHER	
Authorizat	ion Signature	Title		Phone Number	Site	
Charlotte Ro		Services	CEO, Alberta Health	780-342-2017	Alberta Health Services 700, 10180 – 101 Street Edmonton, AB	
CCOUNT	S PAYABLE ON	LY				
T4A Code:	***************************************			Vendor#		
Cheque Co	de:			Invoice #		
Sep Cheque	ə:			PO#		
Sort Code:		·	Recurring Payment:	Start Date		
Sep Hnd De	es:		312	End Date		

Bonnie Bueckert

From:

Karen Burgess [kburgess@albertaventure.com]

Sent:

July 21, 2008 4:43 PM

To:

Kay Best

Subject:

Women on Board Symposium

RE: REGISTRATION CONFIRMATION

2008 Ernst & Young Women on Board Corporate Governance Symposium

Dear Kay,

Your registration for the 2008 Ernst & Young Women on Board Corporate Governance Symposium has been received. We have you confirmed for:

1 Registrant(s)

Your total comes to \$1025 + GST, and you have ch this payment has been processed.

Thank you for your interest in attending this dynami experts and world-class instructors from the University

Symposium Details:

Date: September 28 – 30, 2008

Location: Delta Lodge at Kananaskis, Alberta Registration & Check-in: 3:00pm on September 28,

If you have any additional questions or concerns, pl via email at events@venturepublishing.ca.

We look forward to seeing you there!

Yours truly,

Karen Burgess Event Coordinator Venture Publishing Inc. Ph. (780) 990-0839 ext. 244 Fax. (780) 452-7588

Email. kburgess@albertaventure.com

PHONE В STREET P.C./ZIP aement reserves \$ GST \$ PROV. ROOM TAX \$ SUBTOTAL CHOFF CHARGES CREDITS VISA AMEX DEBIT CARD HONE TOTAL $\varphi.5$

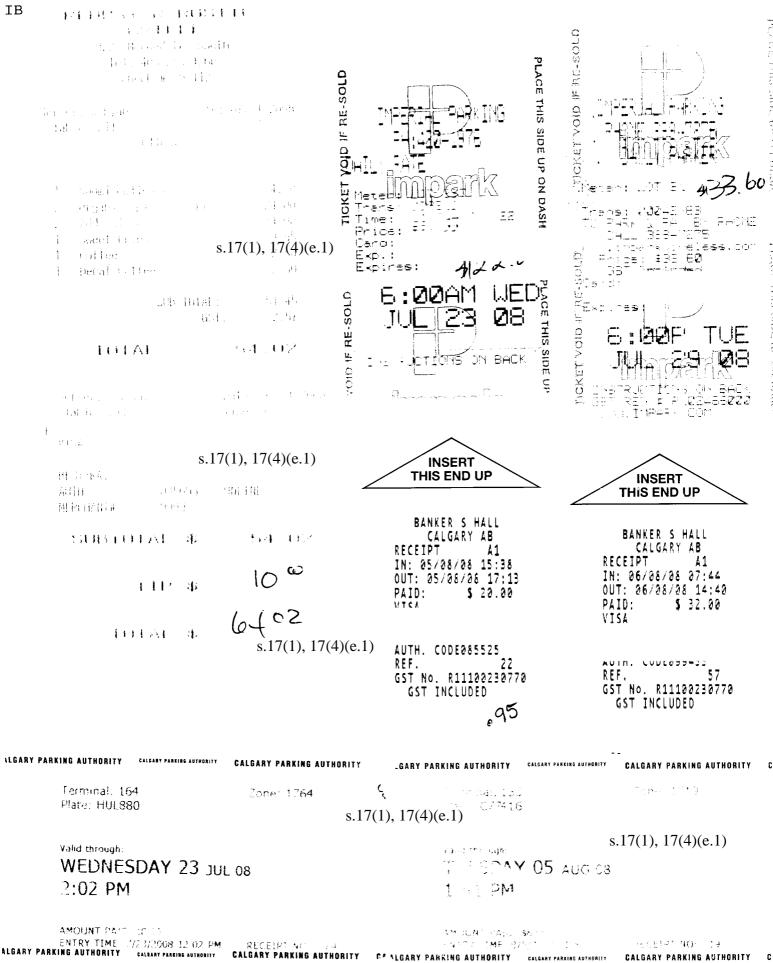
s.17(1), 17(4)(e.1) #

Check-out time is 11:00 a.m.
The person registering is responsible for all damages caused to room, furnishings and fixtures.

0536

SILVERTON RESORT
GST #867310674 RT0001
Box 107
Silverton, B.C. VOG 2B0
Phone 250-358-7157 www.silvertonresort.com

THANK YOU This is your Receipt Please Retain



314

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

statement from Jul 10 to aug 08, 2008 . 17(1), 17(4)(e.1) 1 of 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)		
	PREVIOUS STATEMENT BALANCE	\$1,702.62		
	s.17(1), 17(4)(e.1)			
JUL 17	PAYMENT - THANK YOU / PAIEMENT - MERCI	-5984.48		
AUG 08	PURCHASE INTEREST	\$13.52		
	SUBTOTAL OF MONTHLY ACTIVITY	-\$970.96		

	s.17(1), 17(4)(e.1)
JUL 17	ANNIE S/THE RANCHE CALGARY AB	\$1,193.98.
JUL 21	REDWATER RUSTIC GRILLE CALGARY AB	\$64.02 i
JUL 21	CONGRESS CANADA TORONTO ON	\$1,295.00
INT 55	IMPARK LOT 00020237 EDMONTON AB	\$22.00
JUL 23	ALBERTA VENTURE EDMONTON AB	\$1,076.25
JUL 24	CALGARY PARKING AUTHORITYCALGARY AB	\$8.00
JUL 29	SILVERTON RESORT LTD SILVERTON BC	\$65.00 ✓
JUL 29	IMPARK LOT 00030031 CALGARY AB	\$33.60
AUG 05	STANDARD PARKING-BANKERS CALGARY AB	\$20.00
AUG 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$718.14
AUG 06	CALGARY FARKING AUTHORITYCALGARY AB	\$8.00
AUG 06	STANDARD PARKING-BANKERS CALGARY AB	\$32.00 L-
	SUBTOTAL OF MONTHLY ACTIVITY	\$3,099.71
	TOTAL NEW BALANCE	\$3,831.37

Ol. 71105 cicc 4.

The Ranche
and Icak Park
Alberta

ja en⊈ile

CONTRACTOR CONTRACTOR ានៅ ដ - 8:47 04 12:14** J40.00 6 Final Car 1 Marin Darish B 45 06 4.50 12 Komes in Salat [bs], 80 9F, 00 表 [1] 25 (A).000 75 00 in Premior Sta / Citienyes 454,000 ,26.69i 3 Saleson 108,00 12 Molten Care Flaggia Cottag 43.60 35 00 ta barico. 1 1000 108 3 50 417% Grat 150,00 Deposit Func 海内 切り Lood 265,00 Wine b4 UU [i,j]165.96 Service Eorg 150,00 Payment 1193.98 102:29PM 1 U F & E

* * * * * * * *

Pleaso pay your server "Gratuities are not included"

GDT #693892596

Please Drive Home Safely

Thanking You, The Ranche Hands.



July 21, 2008

Fax#

403 943-1152

Kay Best

Calgary Health Region 10101 Southport Road SW Calgary, AB Canada T2W 3N2 The Canadian Council for Public-Private Partnerships

Le Conseil Canadien pour les Partenariats Public-Privé

IMPORTANT: Please review all information carefully, name badge information (name, city, title, organization) will appear as shown above. Changes/corrections can be made on this form and faxed or e-mailed.

This letter will act as your official receipt.

This will confirm your registration for The Canadian Council for Public-Private Partnerships 16th Annual National Conference, to be held at the Hilton Hotel, Toronto, Ontario, Canada on Monday, November 25 and Tuesday, November 26, 2008. Luncheons will be taking place at the Sheraton Centre Hotel.

Outlined below are the details of your registration, as well as your payment summary. If the record indicates a refund due, this will be issued following the Conference. If the record indicates a balance due, please make the appropriate payment immediately.

If your payment is not received within 30 days from the date on this receipt, your registration will be cancelled.

RE	GIST	RAT	ION	DEI	TAIL

Registration Detail(s)	Quantity	 	 	
CONFERENCE - Member - Public/Union/Not-for-Profit (GST Exem	1.00			
				!
The second secon		 	 	

FINANCIAL RECORD:	Total Fees:	\$1,295.00	Total Received	 \$1,2	295.00	
GST #R138559232	GST included	\$0.00	Duei(Refund)	 	\$0.00	

Delegates are reminded to make their own hotel reservations directly with the Hilton Hotel, by calling 1 416 869 3456 or 1 800 445 8667. Please specify that you will be attending the "Public-Private Partnerships Conference".

All conference material will be available for pick up at the registration desk, located on the lower level of the Hilton Hotel, Toronto.

Registration Desk Hour	Monday November 24	7:30am - 5:00pm
170gioti dilatti il dilatti	Tuesday November 25	7:30am - 4:30pm

If you have any questions concerning your registration, please contact Congress Canada at the email address, phone or fax number listed below. We look forward to seeing you at The Canadian Council for Public-Private Partnerships 16th Annual Conference.

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

statement from NoV 10 to dec 08, 2006 $s.17(1),\,17(4)(e.1)_{\,\,1\,\text{OF}\,2}$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$3,676.77
	s.17(1), 17(4)(e.1)	
NOV 27	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,475.37
NOV 29	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$2,201.40
DEC 08	PURCHASE INTEREST	\$33.27
	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,643.50
	s.17(1), 17(4)(e.1)	
NOV 08	REDWATER RUSTIC GRILLE CALGARY AB	\$61.59 V
NOV 09	WOMEN'S EXECUTIVE NETWORKWXNETWORK.COMON	\$201.40 🗸
NOV 20	JAMIE KENNEDY WINE BAR &KTORONTO ON	\$354.73 v
NOV 20	FEDERATED MONTREAL QC	\$1,695.00 V
NOV 21	NATIONAL CAR RENTAL ETOBICOKE ON	\$480.00 🗸
NOV 21	CALGARY AIRPORT AUTHORITYCALGARY AB	\$54.00 V
NOV 21	HILTON TORONTO F/D TORONTO ON	\$11.60.
NOV 21	HILTON TORONTO F/D TORONTO ON	\$26.02
NOV 21	HILTON TORONTO F/D TORONTO ON	\$339.68
NOV 21	HILTON TORONTO F/D TORONTO ON	\$524.02
NOV 24	INST.CORPORATE DIRECTORS TORONTO ON	\$31.80
NOV 30	CALGARY AIRPORT AUTHORITYCALGARY AB	\$18.00 4
DEC 01	STANDARD PARKING - CAL. HCALGARY AB	\$6.25
DEC 01	CALGARY AIRPORT AUTHORITYCALGARY AB	\$18.00
DEC 04	TEATRO CALGARY AB	\$56.76 √
DEC 05	CALGARY PARKING AUTHORITYCALGARY AB	\$9.00√
*************	SUBTOTAL OF MONTHLY ACTIVITY	\$3,887.85

TOTAL NEW BALANCE

Visa Presents Dine Out Vancouver™

A Tourism Vancouver event featuring Qubb Vancouver's hottest restaurants with prix-fixe menus. Visit any of the 161 participating restaurants from Jan.19 - Feb.4 & pay with your Visa card & enter for a chance to Dine Out for a Year! No purchase necessary. Visit www.tourismvancouver.com for info.

IMPORTANT INFORMATION

	CONTACT US	42
e e	Customer Service / Lost & Stolen	1-800-769-2512
	Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

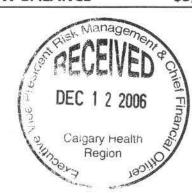
Minimum payment	\$118.00
Payment due date	DEC 29, 2006
Credit limit	\$10,000.00
Available credit	\$6,078.88
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

C) (E CO E) (() () () () () ()	11100
Previous Statement Balance	\$3,676.77
Payments & credits	-\$3,676.77
Purchases & debits	\$3,887.85
Cash advances	\$0.00
Interest	\$33.27
Fees	\$0.00

NEW BALANCE

\$3,921.12



RBC0150120_6186643_011_5948 HRI - 00 -72 - 2 - 4 - 5 - D

\$3,921.12

INVOICE / FACTURE								
M D-J Y-A	CLIENT No.	CLIENT P.O. No.	REF.	INVOICE No.	PAGE			
11/21/2006	No.113344	No. DE BON DE COMM. CLIENT	RÉF.	No. DE LA FACTURE	1			

FACTURER A:

Kay Best

Exec. V.p. Risk Mgmt & Cfo Calgary Health Region 10101 Southport Rd. Sw

Calgary

AB

EXPEDIER A:

SAME

OF	- /1/	

SUBSCRIPTION / ABONNEMENT	BEGINS / C	BEGINS / COMMENCE		/ EXPIRATION		CE TERMS / CONDITIONS UPON RECEIPT / SUR LA I		E	AMOUNT / MONTANT PAYABLE
PUBLICATION NAME NOM DE LA PUBLICATION CAL - Canada/U.S. Fina Reporting and Accounting		PRICE / F	EACH/CHAPRIX 95.00	AQUE SERVICE	SUBTOTAL SOUS-TOTAL 1695.00	AMOUNT RECEIVED MONTANT REÇU 1695	GST TPS 101.70 #R101755163	QST TVQ 0.00 #1002076639TV0001	\$0.00



RECEIPT / RECU

T2W 3N2

CAL - Canada/U.S. Financial Reporting and Accounting Course 2006

Amount Received 1695.00 11/17/2006 Date Received Cheque # s.17(1), 17(4)(e.1) VISA Credit Card Credit Card No. Expiry

Please read reverse side for important information Renseignements importants au verso

REMITTANCE STUB / BORDEREAU DE REMISE

Please detach and return this stub with your payment Indicate your client number on the back of your cheque

Correct if required / Corrigez au besoin

Kay Best

Exec. V.p. Risk Mgmt & Cfo Calgary Health Region 10101 Southport Rd. Sw

Calgary

403-943-1152 403-943-1140

Tel.: / Tél: (

Fax:

T2W 3N2

Please remit to: Faire remise à:

Détachez et retournez cette partie avec votre paiement Indiquez le numéro de facture sur l'endos de votre chèque

Date:

Client No:

No. de client: 113344

CAL - Canada/U.S. Financial Reporting and Accounting Course 2006

> \$0.00 **AMOUNT**

Federated Press, P.O. Box 4005, Station "A", Toronto, Ontario M5W 2Z8

318

Subject: FW: Payment Receipt: 3650 Confirmation from Women's Executive Network

Date: Thu, 09 Nov 2006 15:18:24 -0500

From: Melissa Jones <mjones@wxnetwork.com>

To: Kay.Best@CalgaryHealthRegion.ca

Thanks for the clarification - here is your receipt below.

Melissa Jones | Director, Membership & Business Development 416.361.1475 x226 miones@wxnetwork.com

Women's Executive Network 133 Richmond Street West, Suite 506 Toronto, ON Canada M5H 2L3 www.wxnetwork.com

Don't miss Canada's Most Powerful Women: Top 100 Awards & Summit - November 21st 2006. Ask me for details!

LEARN. NETWORK. GROW.

This e-mail, including any attachments, is for the sole use of the intended recipient and may contain confidential information. If you are not the intended recipient, please immediately notify us by reply e-mail or by telephone, delete this e-mail and destroy any copies. Thank you.

From: Paymentech [mailto:securepay@internetsecure.com]

Sent: November 9, 2006 1:10 PM

To: Melissa Jones

Subject: Payment Receipt: 3650 Confirmation from Women's Executive Network

Women's Executive Network

Your Purchase has been approved

This receipt confirms payment for your purchase from Women's Executive Network. This charge will appear on your credit card statement as Women's Executive Network. To contact us, please send an e-mail to mjones@wxnetwork.com or call 866-465-3996

Receipt

Transaction Time:

Nov 09, 2006 01:09 PM

Merchant Number: 7592

Receipt Number:

1187442429.1729

Sales Order Number: 3650

Transaction Type: eCommerce

Authorization Code: 079723

Billing Information

Name:

Kay Best

Company (Optional): Calgary Health Region

Address:

10101 Southport Road SW

Calgary

AB - T2W 3N2

CA

Phone Number:

403 943 1141

E-mail Address:

ka.best@calgaryhealthregion.ca

Card Type:

Card Number:

VISA

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

Order Details

Quantity Code

Description

Unit Price Subtotal

100LUNG GST

2 WXN Top 100 Awards Luncheon Nov 21 2006 - Guest 1 Canadian GST Charged

95.00 190.00 (11.40) 11.40

Canadian Dollar Total 201.40

145 Richmond Street West Toronto, Ontario M5H 2L2 Phone (416) 869-3456 • Fax (416) 869-3187 Rescriptions www.hilton.com or 1 800 HILTONS

Name & Address / Nom et Adresse

BEST, KAY C/O CALGARY HEALTH REGION 10101 SOUTHPORT RDW CALGARY, X T2W 3N2 CA

Room/Chambre Arrival Date/Date d'arrivée Departure Date/Date de départ

2504/K1 11/20/06 3:07PM 11/21/06 12:25PMV

Adult/Child/Adulte/Enfant Room Rate/Tarif

1/0 199.00

RATE PLAN

C-CPPP06

HH#

AL: AC # BONUS AL:

CAR:

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

CONFIRMATION NUMBER: 3248374092

12/18/06 PAGE 1

DATE	DESCRIPTION	ID "	REF. NO	CHARGES	CREDITS	BALANCE	7
11/20/02	MI COCCO INCOCCO					THE TAXABLE	
11/20/06	HI-SPEED INTERNET	LINTR	87013	\$12.95			
11/20/06		LINTR	87013	\$1.04			
11/20/06		LINTR	87013				1
11/20/06		LINTR	87758	\$0.78	1		1
11/20/06		LINTR		\$44.30			
11/20/06		LINTR	87758	\$2.06			
11/20/06		AUDIT	87758	\$3.43			
	OVERNIGHT	AUDIT	88131	\$23.69			
11/20/06	PST 8%	AUDIT	88131	\$1.90			Ì
11/20/06	GST 6%	AUDIT	88131	\$1.42	Y.		-
11/20/06	GUEST ROOM	AUDIT	88132	\$199.00			
11/20/06	DMF	AUDIT	88132	\$5.63			
11/20/06	DMF - GST	AUDIT	88132	\$0.35			1
11/20/06	GST 6% - RM	AUDIT	88132				
11/20/06	PST 5% - RM	AUDIT		\$11.94			
11/21/08	TUNDRA - BREAKFAST	LINTR	88132	\$9.95	1		ļ
11/21/06	GST F&B	LINTR	88713	\$19.00	1		
11/21/06	PST F&B	LINTR	88713	\$0.96	1		
11/21/06	VS *5340	LINTR	88713	\$1.28	1 10 1000		
11/21/06	MINIBAR - BEVERAGE	ACARPI	89035	040.00	\$339,68		7
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11/21/06	GST 6%	ACARPI	89382	\$1.85			
11/21/06	MINIBAR- FOOD	ACARPI	89382	\$1.11			-/-
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11/21/06	GST 6%	ACARPI	89384	\$0.32	į.	25 2	
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Garden Inn





145 Richmond Street West Toronto, Ontario M5H 2L2 Phone (416) 869-3456 • Fax (416) 869-3187 Reservations www.hilton.com or J 800 HILTONS

BEST, KAY C/O CALGARY HEALTH REGION 10101 SOUTHPORT RDW CALGARY, X T2W 3N2

Name & Address / Nom et Adresse

Room/Chambre Arrival Date/Date d'arrivée Departure Date/Date de départ

2504/K1 11/20/06 3:07PM 11/21/06 12:25PMV

Adult/Child/Adulte/Enfant Room Rate/Tarif

1/0 199,00

RATE PLAN

C-CPPP06

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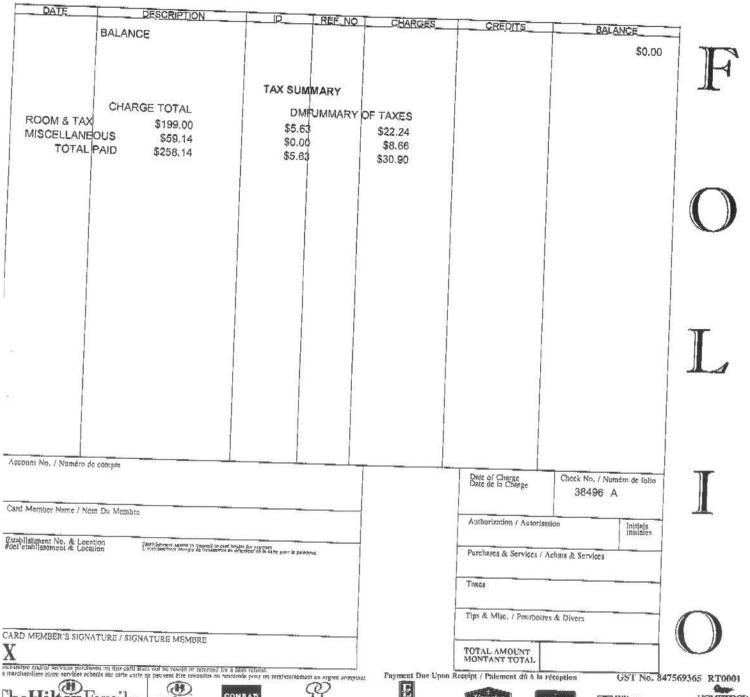
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12/18/06

CONFIRMATION NUMBER: 3248374092

PAGE 2

















Garden Inn





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Name & Address / Nom et Adresse

HAMBLY, BARB 10101 SOUTHPORT RD S W

CALGARY, X T2W 3N2'

Room/Chambre Arrival Date/Date d'arrivée Departure Date/Date de départ

1803/K1 11/19/06 10:33PM 11/21/06 9:22AM I

Adult/Child/Adulte/Enfant Room Rate/Tarif

1/0 199.00

RATE PLAN

C-CPPP06

HH#

AL: AC #

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BONUS AL:

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12/18/06

PAGE

CONFIRMATION NUMBER: 3253792604

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Garden Intr



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145 Richmond Street West Toronto, Ontario M5H 2L2 Phone (416) 869-3456 • Fax (416) 869-3187 Rescrvations www.hilton.com or 1 800 HILTONS

Name & Address / Nom et Adresse

HAMBLY, BARB 10101 SOUTHPORT RD S W

CALGARY, X T2W 3N2'

Room/Chambre Arrival Date/Date d'arrivée Departure Date/Date de départ

1803/K1 11/19/06 10:33PM 11/21/06 9:22AM I

Adult/Child/Adulte/Enfant Room Rate/Tarlf

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RATE PLAN

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CONFIRMATION NUMBER: 3253792604

12/18/06

PAGE 2

DATE DESCRIPTION REF. NO 11/21/06 CHARGES CREDITS GST 6% BALANCE WEI 89154 11/21/06 \$0,60 VS *5340 **HPALAS** 89870 \$11.60 BALANCE \$0.00 TAX SUMMARY CHARGE TOTAL DMINMARY OF TAXES ROOM & TAX \$398.00 \$11.26 \$44.48 MISCELLANEOUS \$22.00 \$0.00 \$3,28 TOTAL PAID \$420.00 \$11.26 \$47.76 Accepte No. / Numéro de compre Check No. / Numéro de folto Date of Charge Date de la Charge 38565 A Card Member Name / Nom Da Membre Authorization / Autorisation Initials Initiales Establishment No. & Location #dol etablissement & Location Suspiliferation agrees to transments at attendors as as verta point is judicious. Purchases & Services / Achats & Services Taxes Tips & Misc. / Pourboires & Divers CARD MEMBER'S SIGNATURE / SIGNATURE MEMBRE TOTAL AMOUNT MONTANT TOTAL GST No. 847569365 RT0001 Payment Due Upon Receipt / Palement (10 à la réception philajoned un this until shall not be (Secial of Adulted for a seek reddied. See schools sur colle carte ne pouvent dies reveralis ou retournés pour un tempoursament en argent completet.















Garden Inn



Subject: Institute of Corporate Directors Purchase Confirmation

Date: Fri, 24 Nov 2006 17:12:01 -0500 (EST)

From: admin@icd.ca

To: Kay.Best@CalgaryHealthRegion.ca

Dear Ms. Catherine M. Best,

Catherine Best from Calgary Health Region has purchased a ticket for you to attend the following event hosted by the Institute of Corporate Directors:

Event Information: Calgary Chapter Breakfast Session

Event description:

It is time to seek public input on the results of the research and the proposed recommendations of the ICD Blue Ribbon Commission Green Paper. The Green Paper includes:

- -Academic Literary Reviews
- -Reviews of over 400 proxy statements
- -Results of the interviews with 60 top business leaders across Canada

Ensure your views and opinions are heard by attending this Town Hall meeting.

Details:

Item: Individual Registration

Date/Time: 14/12/2006 - 07:15 AM

Location:

*Event Address: The Westin Hotel Calgary, AB

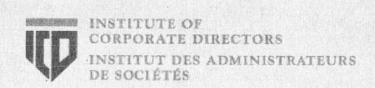
regals send by

Event Contact: sandyclark@mccarthy.ca

A name badge will be waiting for you at the registration desk (if applicable). For other event details please visit the Events section of the ICD website at www.icd.ca

On behalf of the ICD we look forward to your participation.

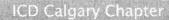






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c/o Richard Shaw McCarthy Tetrault LLP 421-7th Avenue SW, Ste 3300 Calgary, AB Tel: (403) 260-3636 Email: Calgary @icd.ca

November 20, 2006

Dear Colleague:

Invitation: ICD Calgary Chapter Breakfast Session

ICD Blue Ribbon Commission Green Paper on Executive Compensation

7:30 a.m. to 9:00 a.m., Thursday, December 14, 2006, Bonavista Room of The Westin Hotel, 4th Avenue and 3rd Street SW, Calgary, Alberta

The topic of the December 14 Calgary Chapter Breakfast Session is the ICD Blue Ribbon Commission Green Paper concerning Executive Compensation. Dr. Murray Bryant will summarize the conclusions and two well known Calgary directors, Harry Schaefer and Chuck Shultz, and Sarah Raiss, Executive Vice President, Corporate Services, TransCanada Corporation will provide their perspectives on the conclusions.

A light buffet breakfast will be served. The cost for this event will be \$30.00 plus GST for members and \$35.00 plus GST for non-members.

Please register online for this event at www.icd.ca or alternatively, by completing and returning the attached registration form to the attention of Sandy Clark by fax at (403) 260-3501 no later than Tuesday, December 12, 2006. We hope to see you on December 14, 2006.

Yours sincerely,

Richard A. Shaw, Q.C., ICD.D

Chairman

Chapter Executive

Harry G. Schaefer*, Chair Emeritus Richard Shaw, Chairman lan Bourne, Treasurer Stan Magidson, Secretary Peter Gibson Sarah Raiss Monica Sloan Wesley R. Twiss

Chapter Advisory

Douglas D. Baldwin Martha G. Billes Patrick D. Daniel Richard F. Haskayne* Hal Kvisle Brian F. MacNeill® Harold Milavsky*

J.E. (Ted) Newall* Robert j Ritchie C.E. (Chuck) Shultz Stephen D. Snyder James M. Stanford

ICD National Office

alle 602-40 University Avenue Toronto, ON Canada M5J 1I Tel: (416) 593-7741 Fax: (416) 593-0636,

www.icd.ca

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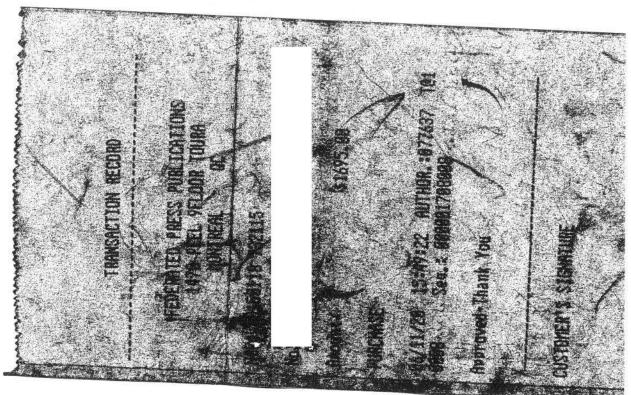
CHEQUE REQUISITION

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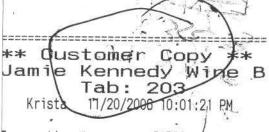
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Dec 04 2006 01:17 pm Trans#00008

TRANSACTION RECORD

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Card Entry : SWITEL Account : VISA

Trans Type : PRE-AUTHORIZATION

Amount Tip

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Date : 06/12/04

Time

: 13:17:30

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REDWATER RUSTIC GRILLE

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1	Arugula Salad	10.00
1	Add Salmon	6.00
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1	Coffee	2.50
1	Redwater Salad	9.00
1	Add Tuna	7.00
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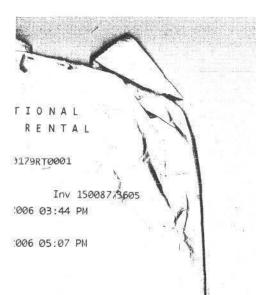
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Calgary International Airport Parkade



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11/30/06 09:22 E3 TICKET-NO. 3.0026138

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REDWATER RUSTIC GRILLE

9223 McLeod Tr. South Tel: 403-253-4266 Check: 23447

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Date: 11/08/2006

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

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SUBTOTAL &

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

Thank You For Dining With Us. GST # 819584947RT0001

Convention Centre CAN-T2G 2G9 Calgary, AB Tax codeCAGST #119457869 Main POF 04/12/06 13:49 Receipt 033209 Short-term parking tkt L60 - No. 038628 04/12/06 11:56 -04/12/06 13:49. 04/12/06 13:49 Period 0d01h54 (GST) \$9.00 \$9.00 Gross total s.17(1), 17(4)(e.1)Payment .

Net total

All amounts in CAD. Deliv. date=Receipt date

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Thank you for your patronage

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AUTH. CODE 044053 REF. THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade

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AUTH. CODE 082551 REF. THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade





VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

DATE

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

STATEMENT FROM AUG 09 TO SEP 09, 2008

ACTIVITY DESCRIPTION AMOUNT (\$)

PREVIOUS STATEMENT BALANCE \$3,831.37

 $\begin{array}{c} s.17(1),\ 17(4)(e.1) \\ \text{AUG 21} \quad \text{PAYMENT - THANK YOU / PAIEMENT - MERCI} \quad -\$3,831.37 \\ \text{SUBTOTAL OF MONTHLY ACTIVITY} \quad -\$3,831.37 \\ \end{array}$

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

AUG 09	HERALD/POST SUBSCRIPTI CALGARY AB	\$270.02			
SEP 04	IMPARK LOT 00020237 EDMONTON AB	\$19.00			
SEP 05	HERALD/POST SUBSCRIPTI CALGARY AB	\$270.02			
	SUBTOTAL OF MONTHLY ACTIVITY	\$559.04			

TOTAL NEW BALANCE \$559.04



CONTACT US	
Customar Carvisa / Last 9 Stalan	

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$10.00
Payment due date	SEP 30, 2008
Credit limit	\$10,000.00
Available credit	\$9,440.96
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

NEW BALANCE \$559.04





Kay Best

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

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VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

AUG 21

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STATEMENT FROM AUG 09 TO SEP 09, 2008 $^{\rm 5.17(1)},\,17(4)(e.1)_{-1.0F\,1}$

HERALD/POST SUBSCRIPTI CALGARY AB

SUBTOTAL OF MONTHLY ACTIVITY

TOTAL NEW BALANCE



IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$10.00
Payment due date	SEP 30, 2008
Credit limit	\$10,000.00
Available credit	\$9,440.96
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$3,831.37
Payments & credits	-\$3,831.37
Purchases & debits	\$559.04
Cash advances	\$0.00
Interest	\$0.00
Fees	\$0.00

\$559.04 **NEW BALANCE**

	PREVIOUS STATEMENT BALANCE	\$3,831.37	
	s.17(1), 17(4)(e.1)		
	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$3,831.37	
•••	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,831.37	
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•••	HERALD/POST SUBSCRIPTI CALGARY AB	\$270.02	
•••	IMPARK LOT 00020237 EDMONTON AB	\$19.00 ✓	
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s.17(1), 17(4)(e.1)

RBC ROYAL BAY VISA PAYMENT O P.O.BOX 4016. TORONTO, ON

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PAYMENT DUE DATE **SEP 30, 2008**

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

\$10.00

RBC0150120_4416328_008-54687 02746

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST PO BOX 1740 STN M CALGARY AB T2P 4Z6

VISA Business

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Telephone banking 1-800-769-2511
Online banking www.rbcroyalbank.com
RBC Royal Bank ATM

- RBC Royal Bank Branch

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Name KAY BEST (CFO) CALGARY HEALTH REGIO

Account # 439700

XTO2996

Due Date 07-Aug-08

CALGARY HERALD - PAYMENT CENTRE PO BOX 1377 STATION MAIN WINNIPEG MB R3C 2Z1

Billing Date: 10-Jul-08 Notice Type: NEW OFFER GST registration # 89399 9615 RT0002

I WANT TO REGISTER FOR PRE-AUTHORIZED PAYMENTS!
☐ I authorize you to bill my credit card every month
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS
Card #
Expiry Date Name
Signature
☐ I authorize you to bill my bank account every month. I have enclosed a void cheque.
Yes, register me for my free digital edition. Send my login information to the following email address:

MONTHLY AMOUNT

Your monthly subscription Optional monthly gratuity

Total Amount (includes GST of \$1.07)

\$22.50

Man wing - Substant how praid of the

CALGARY HERALD 403-035-	735	3
a division of Canwest Publishing Inc.		

Name KAY BEST (CFO) CALGARY HEALTH REGIO

Account # 439700

XTO2996

Due Date 07-Aug-08

CALGARY HERALD - PAYMENT CENTRE PO BOX 1377 STATION MAIN WINNIPEG MB R3C 2Z1

Billing Date: 10-Jul-08 Notice Type: NEW OFFER GST registration # 89399 9615 RT0002

I WANT TO	MAKE A ONE-TIME TER	M PAYMENT	
	e to pay by credit card. MASTERCARD	☐ AMERICAN EX	PRESS
Card #			
Expiry Date	Name	Kay Best	<u>s.17</u> (1), 17(4)(e.1)
Signature	*aut		
☐ I would like	to pay by cheque.	•	
☐ Send future	invoices by email to:		

PAYMENT AMOUNT (Choose One)

1 YEAR delivery costs \$270.02 (includes GST of \$12.86)

☐ 26 WEEKS delivery costs \$139.48 (includes GST of \$6.64)

☐ 13 WEEKS delivery costs \$72.00 (includes GST of \$3.43)
Optional gratuity

\$ 270.02 \$

Total Amount

\$ 270.02

1:08156 9001

96

Mailed Guly 31/08

She was put through a credet in the USA, but has to speak to the Acet's Expet to find out when it was charged twice. The will call us back



VISA Business

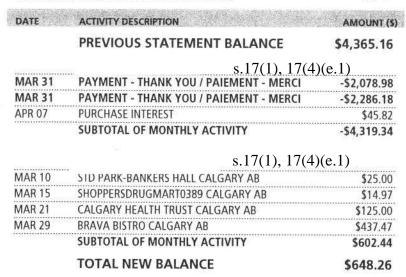
CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

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

STATEMENT FROM MAR 10 TO APR 07, 2006

1 OF 1



Last Chance!

Take advantage and save money with exciting discounts from our RBC Royal Bank *Visa* Discounts & Savings Program. Hurry, the program ends on May 31, 2006. Visit www.rbcroyalbank.com/card/discounts to see the list of partners and their offers.

Important Information

Find out what RBC is doing for the environment, our communities, small business and more. You'll find it all in our 2005 Corporate Responsibility Report and Public Accountability Statement, which is available at www.rbc.com, RBC branches or from RBC Financial Group, Suite 935, South Tower, 200 Bay Street, Toronto, ON, M5J 2J5.

Shop & Save 1066 457

Hundreds of great shopping offers. Only at www.visaperks.ca. Valid until May 31, 2006.

IMPORTANT INFORMATION

1-800-769-2512
(416) 974-7780

PAYMENT INFORMATION

Minimum payment \$20.00

Payment due date APR 28, 2006

Credit limit \$10,000.00

Available credit \$9,351.74

Annual interest rate 18.50%

Previous Statement Balance	\$4,365.1
Payments & credits	-\$4,365.16
Purchases & debits	\$602.44
Cash advances	\$0.00
Interest	\$45.82
Fees	\$0.00
NEW BALANCE	\$648.26

98



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEO		INIT	OB	BAA	TICAL
CHEQ	UE	IIVE	UK	IVIA	HON

CHEQUE	INFORM	MATION						
DATE		EQUESTE	D BY (Prin	t)	DEPARTMENT			PHONE NO (in full)
06-04-2		onnie Bue	eckert	Office of Execu Risk Managem		943-1140		
					, man managem			0.0 1.10
MAKE CI	MAKE CHEQUE PAYABLE TO:							
			5. 5	Royal Ba	ank visa			
MAILING	ADDRE	ESS (fo	r forwardin	g of che	que)			
Cana	Canada Post: Payment Centre, P. O. Box 4016, Station "A"							
City Toronto Province ON Postal Code M5W 2E6						Code M5W 2E6		
Interof	ffice Ma	il: De	partment					
		Site	Э					
PURPOS	E OF CI	HEQUE F	REQUEST	Miscella	neous VISA Expense	s fo	r Kay Best for Marcl	h/April, 2006
	-l#	4			\			
L	ciose at	tached d	ocuments	(originals	s) with cheque	Al	so GST Exemp	ot Letter -
CODING 8			NC					
		tional ntre	ACCOU	NT				
Non-MIS				AMOUNT	DESCRIPTION			
01 71105000004 62410000		00	\$648.26	Miscellaneous VISA Expenses for Kay Best for March & April 2006				
						GS	т	
924	TOTA	Desch	INT OF CH	FOUR	\$ 648.26			071150
Authorizat			INT OF CH		Ψ 040.20	×	CDN US	OTHER
Authorizat	lion sign	lature		Title			Phone Number	Site
Dr. R. Johns	ston			Senior Vic Advocacy	ce-President, Patient		943-0835	Southport
ACCOUNT		BLE ON	the second second second second second	navocacy				
T4A Cod	e:				1		Vendor#	
Cheque	Code:						Invoice #	
Sep Chec	que:						PO#	
Sort Cod	e:			Re	curring Payment:		Start Date	
Sep Hnd	Des:						End Date	
A/P Appr	oval:	7,500,000			#	of	Payments	Cycle

BRAVA BISTRO 729 17 AVE SW CALGARY AB T2S ORE

VISA (13) IMOHIRY

LOCATION: 0470 TERMINAL: 0001

SERVER ID: 0117

INVOICE NUMBER: 0037432

ACCOUNT NUMBER

SHUPPERS DRUG 2412 - 4 Street S

143

10

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

god by

AUTH, CODE REF. AB07369 GST No. R11120230770 GST INCLUDED

BANKER'S HALL CALGARY AB

IN: 09/03/06 07:50

OUT: 09/03/06 12:08 PAID: \$ 25.00

RECEIPT

MAXELL IN 11-R s.17(1), 17(4)(e.1) SUBTOTAL

EXP.DATE

UHIL- IINE 29MAR06 22:04

AUTHORIZATION CODE

016225

Allount \$987.47

Mo

SIGNATURE:

I AGREE TO BAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER ASKFEMENT. Retain this copy for your records

VISA : PURCHASI TYPE

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

CARD #

DATE/TIME : 15/03/06 22 ***

REFERENCE : 66028568 00120905-0 -

AUTHOR. # : 004213

01 APPROVED - THANK YOU U.S.

CARDHOLDER WILL PAY CARD ISSUED ABOVE AMOUNT PURSUANT TO COLUMN DE LA AGREEMENT

SIGNATURE:

COPIE DU CLIENT CUSTOMER COPY"

CHANGE

On Your Next Visit You Could SAVE up to \$10

If You REDEEM 7,000 points

SHOPPERS OPTIMUM #: s.17(1), 17(4)(g)(i)

REGULAR POINTS:

TOTAL POINTS EARNED TODAY:

CURRENT POINTS BALANCE:

NEXT REWARD LEVEL:

The chart on the reverse is no looses valid. Visit www.shoppersdrugmart.... for info about our NEW rewards'

1 ITEM

RETAIN RECEIPT G.S.T # R127383859 Health Beauty Convenience MARCH 15, 2006 10 14 ill

RBC Royal Bank

APPLICANT COPY

Partnering with you for instant savings

Save when using your RBC Royal Bank Visa card on selected items at Cyclepath, Dollar and Floral Connections.com. For a list of discounts visit www.rbcroyalbank.com/cards/rbcrewards/ discountsavings. 890942

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

statement from apr 09 to may 09, 2005 $s.17(1),\,17(4)(e.1)_{1.\,{
m OF}\,2}$

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	s.17(1), 17(4)(e.1)	г
MAY 09	PURCHASE INTEREST	
	SUBTOTAL	\$36.21
	s.17(1), 17(4)(e.1)	Γ
APR 12	IMPERIAL PARKING CALGARY AB	\$15.00→ No
APR 13	IMPARK 0179LOT# 08APRO CALGARY AB	\$15.00
APR 14	MURRIETA'S BAR & GRILL CALGARY AB	\$47.83 🗸
APR 14	MCK*MCKINSEY QUARTERLY 312-795-7210 NY Foreign Currency-USD 177.09 Exchange rate-1.274270	\$225.66
APR 15	STD PARKING-BANKERS MAIN CALGARY AB	\$19.00√ [
APR 26	WELLINGTONS CALGARY AB	\$83.671
APR 28	PEASEBLOSSOMS LTD. CALGARY AB	\$69.82
MAY 02	IMPARK LOT # 03-215 CALGARY AB	\$12.00
MAY 02	CATCH RESTAURANT INCAB CALGARY AB	\$65.14:/
MAY 02	STD PARKING-BANKERS MAIN CALGARY AB	***************************************
MAY 03	IMPARK 0188LOT# 28APRO CALGARY AB	\$19.00
MAY 06	EARL'S WILLOW PARK CALGARY AB	\$18.001
	SUBTOTAL	\$48.94 \sqrt{\$639.06}

Your payment for last month was not received by the due date. If

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 **Collect Outside North America** (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$140.00
Payment due date	MAY 30, 2005
, \C redit limit	\$10,000.00
Available credit	\$7,336.16
Past due amount	\$60.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Payments & credits Purchases & debits	\$1,988.57
Purchases & debits	\$0.00
	\$639.06
Cash advances	\$0.00
Interest	\$36.21
Fees	
-	\$0.00

New balance \$2,663.84

Great Savings!

For more ways to save on business expenses, think Visa! Visit www.visasavings.ca/business for great online or in-store offers and to enter the Visa \$5000 Credit Giveaway Contest.

payment has been sent, we thank you and ask you to disregard this notice. Noucepa exoleredour phone





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMAT	ION					
DATE	REQU	ESTED BY (Pri	nt)	DEPARTMEN			PHONE NO (in full)
05-06-0	2 Bonni	e Bueckert		Office of Executive Vice-Presid Risk Management & CFO			943-1140
MAKE C	HEQUE PAY	YABLE TO:					
			Royal	Bank Visa		_	
MAILING	ADDRESS	(for forward	ng of ch	neque)			
Cana	da Post:	Payment Ce	ntre, P. (O. Box 4016, Station	ը "A՝	1	
		City Toront	0	Provinc	ce _	ON Postal (Code M5W 2E6
Interof	fice Mail:	Department					
		Site					
PURPOSI	OF CHEQ	UE REQUEST	Miscell	aneous Expenses for	Kay	Rest for April/May 20	005 MOA
					Nay	best for April/May 20	JUS - VISA
			(origina	als) with cheque	Α	lso GST Exemp	t Letter -
ODING &	AUTHORIZ						
Non-MIS	Functiona Centre	ACCOL					
01	1 (iiiie eccondary)		AMOUNT	DESCRIPTION			
		024100	,00	\$ 675.27	5.27 Miscellaneous Expenses for Kay E April/May 2005 - VISA		
					GS	ST	
		MOUNT OF CH	EQUE	\$ 675.27	х	CDN US C	THER
uthorization/	on Signature		Title			Phone Number	Site
r. Bob Johns		1 00	Senior V Patient E	ice-President and Adviso	or,	943-1180	Southport
COUNTS	PAYABLE	ONLY					
Г4A Code	: 					Vendor#	
Cheque C	ode:						
Sep Chequ	ne:					PO #	
Sort Code	:		Re	ecurring Payment:	;	Start Date	
Sep Hnd D	es:					End Date	
VP Appro	val:			#	of I	Payments	Cycle



INSERT THIS END UP

INSERT THIS END UP

BANKER'S HALL CALGARY AB RECEIPT A1 IN: 29/04/05 07:49 OUT: 29/04/05 13:52 PAID: \$ 19.00

AUIH. CODE REF. AB07577 GST No. R11120230770 GST INCLUDED BANKER'S HALL CALGARY AB RECEIPT A1 IN: 14/84/85 12:14 OUT: 14/84/85 15:16 PAID: \$ 19.28

AUTH. CODE s.17(1), 17(4)(e.1) REF. AB07084 GST No. R11100230770 GST INCLUDED



IMPERIAL PARKING CANADA CORPORATION

ONE PALLISER SQUARE
140 - 125 - 9th AVENUE S.E.
CALGARY, ALBERTA T2G 0P6
TELEPHONE: (403) 299-7275
G.S.T. REG. #88731 5638 RT 0001
www.impark.com

TRANSACTION RECORD

	NOW CHOW RECORD
DATE 28 Apr 05	REFERENCE NUMBER 6.2002 - 0.05 (5.4-7.)
CARD TYPE CARD NUME	$\frac{\text{expiry Date}}{\text{s.17(1)}} \frac{17(4)(\text{e.1})}{\text{s.17(1)}}$
LOT NUMBER LOCATION	68
TICKET NO. AMOUNT	GST TOTAL \$1.18 \$18.60

FERRE Original Paceist ####

Vath 9

500 43.9 1 50

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THANK YOU FOR PARKING WITH US!

APPLICANT COPY MW 15 Anha WELL INSTUNS/OSCAR

10025 Bonaventure Dr. SE Tel: 403-275-5250

Garvers corps

Date: 64.1

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1564649

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

STATEMENT FROM JUN 10 TO JUL 09, 2008

KAY BEST

s.17(1), 17(4)(e.1)_{OF 1}

coding reallocation

ACTIVITY DESCRIPTION	!	AMOUNT (\$)
PREVIOUS STATEMENT BALANCE		\$4,482.46

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

	5.17(1), 17(1)(6.1)			
JUN 13	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$3,497.98		
JUL 01	VISA FEE	\$12.00		
JUL 09	PURCHASE INTEREST	\$27.27		
	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,458.71		

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

	3.1/(1/, 1/(4/)	C. 1 /
JUN 12	STAPLES STORE #62 CALGARY AB	\$22.64
JUN 16	THE SHERLOCK HOLMES PATRICK DEVANAB	\$98.63
JUN 18	WESTIN HOTELS - EDMONTON EDMONTON AB	\$286.47
JUN 20	CALGARY AIRPORT AUTHORITYCALGARY AB	\$24.00
JUN 20	NATIONAL CAR RENTAL ETOBICOKE ON	∵ \$40.36
JUN 20	7-ELEVEN #33343(MKT 28 EDMONTON AB	✓ \$10.74
JUN 30	STAPLES STORE #110 CALGARY AB	\$46.03
JUL 08	ANNIE'S/THE RANCHE CALGARY AB	\$150.00
	SUBTOTAL OF MONTHLY ACTIVITY	\$678.87

TOTAL NEW BALANCE

IMPORTANT INFORMATION

16037

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 (416) 974-7780 **Collect Outside North America**

PAYMENT INFORMATION

\$49.00 Minimum payment AUG 03, 2008 Payment due date Credit limit \$10,000.00 \$8,297.38 Available credit 19.50% Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance	\$4,482.46
Payments & credits	-\$3,497.98
Purchases & debits	\$678.87
Cash advances	\$0.00
Interest	\$ 27.27
Fees	\$12.00

NEW BALANCE

Please note:

RBC Insurance® underwrites certain RBC Royal Bank® Visa* cardholder insurance coverages. This makes you a customer of RBC Insurance and allows you to receive promotional materials & information from RBC Insurance and its affiliates. We respect your right to privacy and our RBC Privacy Policy states you have the right to tell RBC Insurance that you do not want to receive promotional material. For more information please call 1-866-863-6970.

® Includes RBC Insurance Company of Canada and RBC General Insurance Company

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VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6 MINIMUM PAYMENT \$49.00

PAYMENT DUE DATE AUG 03, 2008

AMOUNT PAID

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

Payment options

· Telephone banking 1-800-769-2511

· Online banking www.rbcroyalbank.com

· RBC Royal Bank ATM

VISA Business

· RBC Royal Bank Branch

· By mail

Detach and return with payment. Please do not send cash through the mail. Please do not staple or damage this form.

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST PO BOX 1740 STN M CALGARY AB T2P 4Z6

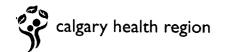
RBC0150120_3525796_^^^_____HRI - 00 - 1 - 1 - F - 78 - D

RBC ROYAL BANK

RBC0150120_3525799_005-24745

NEW BALANCE \$1,702.62

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PAYMENT REQUISITION

1564649 NW

netri	ictio	ne:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. *ORIGINAL DOCUMENTS MUST BE ATTACHED*

	Date Requested By (Please Print) July 31, 2008 Margaret Potter			
Site		Department		Phone # (in full)
Southp		Office of the Interim CFO,	Alberta Health Services	943-1140
PAYA	ABLE TO:		E	Employee #
□ Em		RBC ROYAL BANK		1
		payment only)		
Canada	a Post: VISA Paymei Toronto, ON	nt Centre, P.O. Box 4016, St M5W 2E6	tation "A"	
Interoff	fice Mail: Department			HECHVED
	Site			AUS 1 3 20.03
				toni surpris
SPECI	AL HANDLING INSTRU	CTIONS		
Burno	se of Request	cellaneous VISA expense	s for Kay Best for Jur	ne 12 to July 8, 2008
Furpos	se of nequest			
		CODING & AUTH		18.84 GST
FINANCIAL CODING				
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ORG	FUNCTIONAL CENTRE	- Page 1994	AMOUNT	DESCRIPTION
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VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM JUN 10 TO JUL 09, 2008

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

Sale

00017 3 001 **84**057 0062 06/12/08 **11:14**

DDEMONIC CTATEMENT		
PREVIOUS STATEMENT	BALANCE	\$4,482,46
	s.17(1),	\$4,482.46 17(4)(e.1)

JUN 13	PAIEMENT - MERCI	•\$3,497.98
JUL 01	VISA FEE	\$12.00
JUL 09	PURCHASE INTEREST	\$12,00
	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,458,71

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

	SUBTOTAL OF MONTHLY ACTIVITY	\$678.87
	ANNIE'S/THE RANCHE CALGARY AB	\$150.00 W
JUL 08		\$46.03
JUN 30	STAPLES STORE #110 CALGARY AB	
JUN 20	7-ELEVEN #33343(MKT 28 EDMONTON AB	\$10.74
	NATIONAL CAR RENTAL ETOBICOKE ON	\$40.36
JUN 20	MATIONAL CAR DESIGNATION TICAL DARY AS	\$24.00 ✓
JUN 20	CALGARY AIRPORT AUTHORITYCALGARY AB	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JUN 18	WESTIN HOTELS - EDMONTON EDMONTON AB	\$286.47
*******	THE SHERLOCK HOLMES PATRICK DEVANAB	\$98.63
JUN 16	STAPLES STURE #DZ CALGARY AB	\$22.64/
JUN 12		
	S.1/(1), 1/(4)	(e.i)

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

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Purchase 090699 65057604

STAPLES Business Depot
Store # 110
5662 Signal Hill Centre Drive SW
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Sale

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ions banking 1-800-769-2511 $_{\rm S}.17(1),\ 17(4)(e.1)$ sing www.rbcroyalbank.com lank ATM lank Branch

return with payment. It send cash through the mail. It staple or damage this form.

96

** TOTAL PAGE.01 **

Ms. Catherine Best 1102 184.00 Calgary Health Region 1 277419 A s.17(1), 17(4)(g)(i) 1 16-JUN-08 17:40 17-JUN-08 12:14 VI

16-JUN-08 RT1102 GST 9.29 16-JUN-08 RT1102 DMF 1.84 16-JUN-08 RT1102 Tourism Levy 7.43	
16-JUN-08 RT1102 DMF 1.84 16-JUN-08 RT1102 Tourism Levy 7.43	
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286.47-	
Balance Due 0.00	
EXPENSE REPORT SUMMARY	
Date Room GST Tour Levy Food\Bev Phone Other Total	
16-JUN-08 184.00 9.29 7.43 60.00 11.61 29.14 301.47	
17-JUN-08 0.00 0.00 0.00 0.00 0.00 15.00- 15.00-	
Total 184.00 9.29 7.43 60.00 11.61 14.14 286.47	
200,47	
Date Payment	
16-JUN-08 0.00	
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Total 286.47-	

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

Ms. Catherine Best FOLIO 277419 16-JUN-08



Ms. Catherine Best 1102
Calgary Health Region 1
277419 A
s.17(1), 17(4)(g)(i) 2
16-JUN-08 17:40
17-JUN-08 12:14
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	e reference description Summary:	charges/credits
GST GST	Room Revenue: Food and Beverage: Telephone Revenue: Other:	9.29 0.00 0.55 0.00 9.84

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest you have earned at least 483 Starpoints for this visit A50838344736.

Ms. Catherine Best FOLIO 277419 16-JUN-08

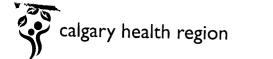
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	r 本本本本本本本 Please pay your server "Gratuities are not included" s.17(1), 17(4)(e.1)	INVOICE # 001955 AUTH# 063205 VISA
	GST #893892596 Please Drive Home Safely	REF:797001001434 ACI/ISO 001/00 APPROVED 063205 THANK YOU WELCOME AGAIN

Thanking You, The Ranche Hands.

1-1-1-

Travel/Education Expense Claim

	Department/Site 125		gion E-Mail Add	S.1/(1), 17(4)(g)(i)
	Tuition Paid To (If tuition to be paid the selection of the CFO/SPT		1943-		_{ate} L008-06-19
	Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition	n form #1	00074.)	Destination Edmon	
			Departure	Date R	eturn Date
	NATIONAL	penses	Paid by Emplo	06-90 24	008-06-20
_	CARRENTAL		ust Be Attached		
A c	### ##################################	1	Expense	Exchange	Total Funds
t	RA 159908978 - Inv 15011014623 Rental 20-JUN-2008 11-33 AM	if		Rate/GST	(Cdn)
u	EDMUNTON ARPF Return 20-JUN-2008 03:21 PM	oyee			
a	EDMONTON ARPT				2 egional
-	CATHERINE BEST Vehicle # 8R2U3081				Regional
E s	Model FUSION SEL Class Driven FCAR Class Charged ICAR License# H0969U State/Province AB				
t	License# H0969U - State/Province AB M/Kms Driven 65 M/Kms Out - 18562	dation			
i	M/Kms In 18627				
m a	GUVERNMENT OF ALBERTA				1 11111111111
t	Contract 1D 3014475 Charges No Unit Price Amount T&M 2 Days 16.95 33.901		Λ. Λ.	0	
e	T & M 2 Tays 16.95 33.90^ UNLIM M/KM 0 M/Kms 0 000 CDN/FSSIDN/DECED 55 4 000	:ify)	does	ψ	10,74
<u>d</u>	CONCESSION RELOUP FEE 5.08° VEH LIC FEE/AIR TX RECOV 1.38°		Palbin	4	24.00
	Class Driven FCAR Class Charged ICAR License# H09690 State/Province AB M/Kms Driven 65 M/Kms Out 18562 M/Kms In 18627 GOVERNMENT OF ALBERTA Contract 1D 3014475 Charges No Unit Price Amount T & M 2 Days 16.95 33.90^ UNLIM M/Km 0 M/Kms 0 000 CONCESSION RECOUP FEE 5.08^ VEH LIC FEE/AIR TX RECOV 1 38^ Total Charges CAD 40.36	Total	`-	J	75,10
	Paid By Visa 5340 -40 36	ice or			(Cdn)
	Amount Due CAD 0.00	ortion			(Cdn)
	^ Taxable Items Subject to Audit	e To			MILPaid
	Your Emerald Club Number is $s.17(1), 17(4)(g)(i)$	***************************************	egion (cheque att	ached)	on USA
	Frequent Flyer Credit to Airk CANADA We hope you enjoyed driving your	Signatu	S. Olya J.	a Bost	Date OR 40-11
	opgraded Emerald Club vehicle Customer service Number 1-800-468 3334	tal Aut	horization	and the same	Date
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	Comments/Other Sources of Funding				
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Travel/Education Expense Claim

•	Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
_	Payment of the state of the sta

Payment of advances and expenses will be Directly Deposited to your payroll designated bank account. Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home

			structions.	ilgary Health Region e	-mail address or mailed t		s 17(1) 17	address doesn't exist). $(4)(9)(1)$
	Employee Name (Print	251			Calgary Health Reg	ion E-M ail A ddre		nolovee Number
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	Tuition Paid To (If tuition	n to be pai			nt Requisition form #10	9 +3 - \ 0074.)	Destination	008-06-1 <u>k</u>
	Course Title							
	Meetin	au	ith	AHS	λ	Departure D		turn Date 008-06-17
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Α	Expense E	xpense			Original Receipts Mu	st Be Attached		
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c	Tuition	····	Kate/ 03 1	(Cuii)	Description Tuition only if		Rate/GST	(Cdn)
t					paid by employee			
u	Air paid by Calgary				<u> </u>			
а	Health Region via Calgary Health Region							
ı	Travel Agent				İ			
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s	If travel is by car				If travel is by car			
t	Accommodation			12 00	Accommodation			
i	Meals Based on			P 300.				₽8 6 47
m	per diem rate			5000	Meals			
a	Ground			-20.	Ground			98.63
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е	Other (Specify)				Other (Specify)			
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	Total			\$ 400°0	Total			385.10
	Advance Requested (80%			\$	Less Advance or			(Can)
ļ	expenses & advance exceed	ls \$250.00)		(Cdn)	Unfunded Portion			Ψ
	Employee Signature			Date	Balance Due To			(Cdn)
	SPILL FIRE	2.A		June 30/08	☐ Employee			Allpaon
İ	Departmental Authoriza	tion		Date	☐ Calgary Health Re	gion (cheque attac		U (Es)A
					Employee Signature		Jan. 4	Date
	Out of Province Authoriz	zation		Date	Departmental Auth	orization	-eu	Date
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VISA Business

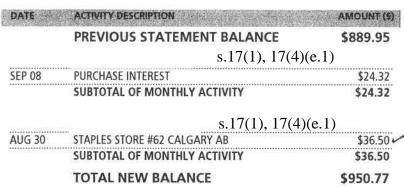
CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

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

STATEMENT FROM AUG 10 TO SEP 08, 2006

1 OF 1



Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

PLEASE NOTE:

Effective September 1, 2006, changes will be made to your RBC Royal Bank® VISA Business Card Agreement which will affect your rights and obligations, as you use your RBC Royal Bank VISA Business card. Please read the enclosed insert carefully which outlines the changes. If you have any questions, please call 1-800-769-2512.

A new level of convenience is here

Now view your *Visa* account with RBC Express. No more filing! Your account information will be stored for up to 6 monthly cycles. Access it whenever you need to, 24/7. Contact your Cash or Account Manager or call 1-800 ROYAL 2-0 (1-800-769-2520) today!



CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment	\$56.00
Payment due date	SEP 29, 2006
Credit limit	\$10,000.00
Available credit	\$9,049.23
Past due amount	\$27.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

CALCOLATING TOOK DALANCE				
	Previous Statement Balance		\$889.95	
	Payments & credits	\$0.00		
	Purchases & debits	\$36.50		
	Cash advances	\$0.00		
	Interest	\$24.32		
	Fees	\$0.00		

NEW BALANCE \$950.77



VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

STATEMENT FROM JUL 08 TO AUG 09, 2006

s.17(1), 17(4)(e.1)_{OF 1}

	8	
DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$1,104.42
	s.17(1), 17(4)(e.	1)
JUL 07	PURCHASE FINANCE CHARGE CREDIT ADJUSTMENT	-\$0.73
JUL 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$1,104.42
	SUBTOTAL OF MONTHLY ACTIVITY	-\$1,105.15
	s.17(1), 17(4)(e	e.1)
JUL 11	THE ICD CORPORATE GOVERNATORONTO ON	\$500.00 🗸
JUL 18	MURRIETA'S BAR & GRILL CALGARY AB	\$140.54
JUL 25	MURRIETA'S BAR & GRILL CALGARY AB	\$53.77 🗸
JUL 26	CALGARY PARKING AUTHORITYCALGARY AB	\$9.00
JUL 26	CALGARY TAXI FARE CALGARY AB	\$26.20 1
JUL 31	STD PARK-BANKERS HALL CALGARY AB	\$30.00
JUL 31	IMPARK LOT 00030031 CALGARY AB	\$23.00 pX
AUG 02	CATCH RESTAURANT CALGARY AB	\$78.97 💢
AUG 05	MOONLIGHT LIMOUSINE SERVICALGARY AB	\$29.20
	SUBTOTAL OF MONTHLY ACTIVITY	\$890.68
	TOTAL NEW BALANCE	\$889.95

IMPORTANT NOTICE:

Please note that an incorrect interest rate was applied to your Visa Account on your July statement. This has been corrected and we have applied a credit in your favour; the adjustment appears on this statement.

Win your purchases!

In the "VISA Win What You Buy" contest your monthly Visa purchases could be FREE to a maximum of \$100,000. No purchase necessary. Call 1-866-755-8886 for full contest details.

UMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment \$27.00 Payment due date AUG 30, 2006 Credit limit \$10,000.00 Available credit \$9,110.05 Annual interest rate 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$1,104.42		
Payments & credits	-\$1,105.15		
Purchases & debits	\$890.68		
Cash advances	\$0.00		
Interest	\$0.00		
Fees	\$0.00		

NEW BALANCE

\$889.95



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

001 0019

00000000000 0002700 000088995



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE \$889.95

MINIMUM PAYMENT \$27.00

PAYMENT DUE DATE AUG 30, 2006

AMOUNT PAID 5

VISA Business

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

RBC0150120 5167540 008-47648

00075

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST ATTN ACCTS PAYABLE 10101 SOUTHPORT RD SW CALGARY AB T2W 3N2

Payment options

· Telephone banking 1-800-769-2511

Online banking www.rbcroyalbank.com RBC Royal Bank ATM

· RBC Royal Bank Branch

· By mail

Detach and return with payment. Please do not send cash through the mail. Please do not staple or damage this form.

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CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATI	ION					
DATE			t)	DEPARTMENT		PHONE NO (in full)	
06-09-18				utive Vice-President,			
Bonnie Bueckert				Risk Managem	ent & CFO	943-1140	
MAKE CHEQUE PAYABLE TO: _Royal Bank Visa							
		:	110300	ant rioa			
MAILING ADDRESS (for forwarding of cheque)							
Cana	da Post:	Payment Cer	tre, P. O.	. Box 4016, Station	"A"		
		City Toronto)	Province	ON Postal	Code M5W 2E6	
Interoffice Mail: Department							
		Site					
PURPOS	E OF CHEQ	UE REQUEST	Miscella	aneous VISA Expense	s for Kay Best for July	/August, 2006	
_							
Enclose attached documents (originals) with cheque Also GST Exempt Letter -							
CODING 8	AUTHORIZ						
	Functiona Centre	ACCOL	INIT				
Non-MIS	(MIS Prima			AMOUNT	DESCRIPTION		
01	711050000	the same of the sa	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	\$153.90	Miscellaneous taxi, pa	arking & supplies on VISA	
01	711050000	04 696000	200	070.00	expenses for Kay Best for July/August 2006		
01				273.28	Lunch meetings		
	711050000			500.00	Deposit for ICD Corporate Governance Course		
01	711050000	04 660400	00	23.59	VISA interest		
			a caracanta da		GST		
		MOUNT OF CH		\$ 950.77	x CDN US	OTHER	
Authorizat	tion Signatur	е	Title		Phone Number	Site	
Barb Hambly	У		Executive Developn	e Director, Business nent	943-1474	Southport	
CCOUNT	SPAYABLE	ONLY					
T4A Code: Vendor #							
Cheque Code:					Invoice #		
Sep Cheque:					PO #		
Sort Code:			R	ecurring Payment:	Start Date		
Sep Hnd Des:					End Date		
A/P Approval:				#	of Payments	Cycle	

The ICD Corporate Governance College 40 University Avenue

Suite 602
Toronto, Ontario
M5J 1T1

Bill To	
Best, Catherine	

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C+2	ton	MAK	9#
Sta	rei	IICI	ш

Date

9/15/2006

Application Fee Deposits

Date	Description	Amount
07/11/2006	PMT	-500.0
09/15/2006	Amount Due	-500.0
		1

Subject: RE: FW: Statement from ICD - CORPORATE GOVERNANCE COLLEGE

```
Date: Fri, 15 Sep 2006 16:14:06 -0400
  From: Jill Mackereth < jmackereth@icd.ca>
     To: Bonnie Bueckert < Bonnie.Bueckert@CalgaryHealthRegion.ca>
No- it means that she's paid the $500 deposit.
----Original Message----
From: Bonnie Bueckert [mailto:Bonnie.Bueckert@CalgaryHealthRegion.ca]
Sent: Friday, September 15, 2006 4:09 PM
To: Jill Mackereth
Subject: Re: FW: Statement from ICD - CORPORATE GOVERNANCE COLLEGE
ok, thanks, does this mean that Kay owes another $500.00 at this time?
Please advise, thanks
Bonnie
Jill Mackereth wrote:
> <<Statement1_from_The_ICD_Cor.pdf>> Hello Bonnie,
> If you require any additional information please do not hesitate to
> contact me.
> Best regards,
> Jill
> ----Original Message----
> From: Sandrea Crowther
> Sent: Friday, September 15, 2006 3:49 PM
> To: jmackereth@icd.ca
> Subject: Statement from ICD - CORPORATE GOVERNANCE COLLEGE
                                        Name:
Statement1_from_The_ICD_Cor.pdf
     Statement1_from_The_ICD_Cor.pdf Type: Portable Document Format
(application/pdf)
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Encoding: base64

Subject: RE: Directors Education Program in Calgary

Date: Wed, 13 Sep 2006 16:08:21 -0400 **From:** Jill Mackereth jmackereth@icd.ca

To: Bonnie Bueckert < Bonnie. Bueckert @Calgary Health Region.ca>

Hello Bonnie.



Sorry for the delay in my response. Unfortunately the head of finance has been out of the office, however, upon her return tomorrow she'll provide me with a copy. I will then fax it to you- or even email if possible.

Jill

06-09-15 affuemail sens 33

From: Bonnie Bueckert [mailto:Bonnie.Bueckert@CalgaryHealthRegion.ca]

Sent: Tuesday, September 12, 2006 11:08 AM

To: Jill Mackereth

Subject: Re: Directors Education Program in Calgary

Good Morning Jill. I am contacting you for Kay Best. Would it be possible for you to fax me a copy of the charge to Kay's VISA for \$500.00 back in July for her Director's Education. Our fax number is 403-943-1152.

I would appreciate your help if you can send this.

Thanks

Bonnie

Jill Mackereth wrote:

That's great Kay, I'm so happy to hear you'll be able to make it. We will be in touch nearer to the program date.

Take care.

Jill

From: Kay Best [mailto:Kay.Best@CalgaryHealthRegion.ca]

Sent: Thursday, July 27, 2006 3:35 PM

To: Jill Mackereth

Subject: Re: Directors Education Program in Calgary

Hi, Jill. Thank you for your note. I am writing to confirm that I am able to join the Calgary DEP 6 class starting in February 2007. I very much look forward to the program.

Sincerely.

Kay

Jill Mackereth wrote:

Congratulations! On behalf of the ICD Admissions Committee, we are pleased to welcome you to the Directors Education Program (DEP) offered by the ICD in partnership with the Haskayne School of Business, University of Calgary and the Rotman School of Management, University of Toronto.

Our faculty and staff are committed to ensuring that the program is a significant learning experience for all. We are confident that you will find the program both challenging and rewarding.

In reviewing the applications, the Committee took into consideration the diversity of skills, backgrounds and industry experience of each applicant. The Committee also had to consider when the applications were submitted. The goal is to maximize learning opportunities by providing diversity and a balanced mix in the classroom.

We are pleased to offer you a place in the Directors Education Program (DEP) and hope you will be able to join us for the Calgary DEP 6 class starting in February 2007.

The Calgary DEP 6 program will be held at the Haskayne School of Business, University of Calgary.

Calgary DEP 6 class dates are:

Module 1	February 2 – 4, 2007	Guiding Strategic Direction and Risks
Module 2	March 16 – 18, 2007	Monitoring Financial Strategy, Risks and Disclosure
Module 3	April 27 – 29, 2007	Guiding Human Performance and Assessing Enterprise Risk
Module 4	June 8 – 10, 2007	Directing Extreme and Unique Events

We kindly ask you to confirm the above program dates on or before August 18, 2006. We do hope you will be able to join us. Please do not hesitate in contacting Jill Mackereth (email: education@icd.ca, 416-593-7741, ext. 236) should you have any questions. A hard copy of this letter will be mailed today.

Once again, congratulations on your admission to the DEP and we look forward to welcoming you to class.

Sincerely,

Beverly Topping, ICD.D

Timothy J. Rowley, PhD

President & CEO

National Academic Director (DEP)

Institute of Corporate Directors (ICD)

Jill Mackereth

Program Co-ordinator

The ICD Corporate GovernanceCollege

40 University Avenue, Suite 602

Toronto, ON M5J 1T1

Tel: 416-593-7741 ext. 236

Fax: 416-593-0636

Email: imackereth@icd.ca

www.icd.ca

Better Directors. Better Boards. Better Business.

Subject: RE: Directors Education Program in Calgary

Date: Thu, 27 Jul 2006 15:41:59 -0400 **From:** Jill Mackereth < jmackereth@icd.ca>

To: Kay Best < Kay. Best @Calgary Health Region.ca>

That's great Kay, I'm so happy to hear you'll be able to make it. We will be in touch nearer to the program date.

Take care.

Jill

From: Kay Best [mailto:Kay.Best@CalgaryHealthRegion.ca]

Sent: Thursday, July 27, 2006 3:35 PM

To: Jill Mackereth

Subject: Re: Directors Education Program in Calgary

Hi, Jill. Thank you for your note. I am writing to confirm that I am able to join the Calgary DEP 6 class starting in February 2007. I very much look forward to the program. Sincerely,

Kay

Jill Mackereth wrote:

Congratulations! On behalf of the ICD Admissions Committee, we are pleased to welcome you to the Directors Education Program (DEP) offered by the ICD in partnership with the Haskayne School of Business, University of Calgary and the Rotman School of Management, University of Toronto.

Our faculty and staff are committed to ensuring that the program is a significant learning experience for all. We are confident that you will find the program both challenging and rewarding.

In reviewing the applications, the Committee took into consideration the diversity of skills, backgrounds and industry experience of each applicant. The Committee also had to consider when the applications were submitted. The goal is to maximize learning opportunities by providing diversity and a balanced mix in the classroom.

We are pleased to offer you a place in the Directors Education Program (DEP) and hope you will be able to join us for the Calgary DEP 6 class starting in February 2007.

The Calgary DEP 6 program will be held at the Haskayne School of Business, University of Calgary.

Calgary DEP 6 class dates are:

Module 1 February 2-4, 2007

Guiding Strategic Direction and Risks

Module 2

March 16 – 18, 2007

Monitoring Financial Strategy, Risks and Disclosure

Module 3

April 27 - 29, 2007

Guiding Human Performance and Assessing Enterprise Risk

Module 4

June 8 – 10, 2007

Directing Extreme and Unique Events

We kindly ask you to confirm the above program dates on or before August 18, 2006. We do hope you will be able to join us. Please do not hesitate in contacting Jill Mackereth (email: education@icd.ca, 416-593-7741, ext. 236) should you have any questions. A hard copy of this letter will be mailed today.

Once again, congratulations on your admission to the DEP and we look forward to welcoming you to class.

Sincerely,

Beverly Topping, ICD.D

Timothy J. Rowley, PhD

President & CEO

National Academic Director (DEP)

Institute of Corporate Directors (ICD)

Jill Mackereth

Program Co-ordinator

The ICD Corporate GovernanceCollege

40 University Avenue, Suite 602

Toronto, ON M5J 1T1

Tel: 416-593-7741 ext. 236

Fax: 416-593-0636

Email: jmackereth@icd.ca

www.icd.ca

Better Directors. Better Boards. Better Business.



BANKER'S HALL CALGARY AB RECE-IPT IN: 28/07/06 07:49 OUT: 28/07/06 14:31 \$ 30.00 PAID:

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

. AUTH. CODE REF. AB02458 GST No. R11100230770 AB02458 GST INCLUDED



MURRIETA'S CALGARY

#200 808 1st SW Tel: 403-269-7707 Check: 146915

Server: Shane

Date: 07/25/20

06

Table: 92

lime: 12:56

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

BEST/KAY

AUTH

U2/458 UNLINE

MERCHANT#

4512014753

SUBTRIAL 48.77

IIP

TOTAL \$

** CUSTOMER COPY **

Visit us in Canmore & Edmonton GST #RTU001893347518 www.murrietas.ca

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nal: 3

CATCH OYSTER BAR 100 8TH AVE S.F. CALGAPY ALBERTA (403)206-0000

MERCHANT #: 45024005581

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

FXP

CARD TYPE

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ACCOUNT N

Name: KAY BEST OU TRANSAUTION APPEN EL

A HERIZATION #: 0 87

Reference: 0802

TRANS TYPE: Committee on

CHECK:

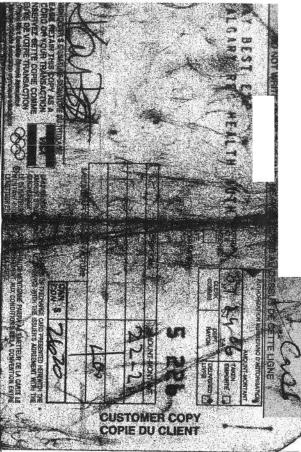
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TOTAL:

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CARDHOLDER WILL PAY CARD ISSUER FOUVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT top copy -> customer





MURRIETA'S | LGARY

#200 808 1st un Tel: 403-269-7707 Creck: 145818

Server: Paul D.

Date: 07/18/20

Table: 124

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NTCA

BEST/KAY

AUTH MERCHANA 001400 NI THE 45120

SUBTRIAL \$ 123.54

TIP

TOTAL \$

CUSTUMER COPY **

Visit us in Canmore & Edmonton GST #RT0001893347518 www.murrietas.ca

STAPLES Business Depot Store # 62 Bay #3 321 - 61st Avenue SW Calgary, AB T2F2W7 403-259-6928

Sale

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

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Thank you for shopping at STAPLES Business Depot! We will not be undersold!

INTERESTED IN EXPLORING A CAREER WITH US? VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586





VISA Business

CALGARY REGIONAL HEALTH AUTHORITY KAY BEST

STATEMENT FROM MAY 10 TO JUN 09, 2008 8.17(1), 17(4)(e.1) 1 of 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$3,497.98
***************************************	s.17(1), 17(4)(e.1)
JUN 09	PUKCHASE INTEREST	\$62.33
	SUBTOTAL OF MONTHLY ACTIVITY	\$62.33
	s.17(1), 17(4)(e	2.1)
MAY 08	CALGARY PARKING AUTHORITYCALGARY AB	\$4.00
MAY 09	CALGARY PARKING AUTHORITYCALGARY AB	\$22.00
MAY 22	IMPERIAL PARKING LOT # 6 CALGARY AB	\$10.00
MAY 27	INST.CORPORATE DIRECTORS TORONTO ON	\$36.28
MAY 28	CONFERENCE BOARD OF CANADOTTAWA ON	\$499.00
MAY 29	ALLOY DINING LTD. CALGARY AB	\$303.55
JUN 04	REDWATER RUSTIC GRILLE CALGARY AB	\$47.32
	SUBTOTAL OF MONTHLY ACTIVITY	\$922.15
	TOTAL NEW BALANCE	\$4,482.46

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Community Week

June 9 - 14 is Community Week at RBC*. Visit your local branch or www.rbc.com/communityweek to learn more about how we're making a difference in your community.

Enter weekly for a chance to win⁺ a prize package in the Visa* Savings for Business Instant Win Contest. Check out www.visasavingsforbusiness.ca -- from June 1 -July 26 you could win gift certificates from Marriott and Hertz worth \$1,050. *No purchase necessary.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
PAYMENT INFORMATION	
Minimum payment	\$191.00
Payment due date	JUL 04, 2008
Credit limit	\$10,000.00
Available credit	\$5,517.54
Past due amount	\$119.00
Annual interest rate	19.50%

CALCULATING YOUR RALANCE

CALCOLATING TOUR BALA	NCE
Previous Statement Balance	\$3,497.98
Payments & credits	\$0.00
Purchases & debits	\$922.15
Cash advances	\$0.00
Interest	\$62.33
Fees	\$0.00
NEW BALANCE	\$4,482.46



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATIO	N			
DATE 08-07-0		TED BY (Print) Bueckert	DEPARTMEN Office of Exe Risk Manage	cutive Vice-President,	PHONE NO (in full)
MAKE C	HEQUE PAYA	BLE TO: Royal Ba	nk Visa		
MAILING	ADDRESS	for forwarding of cheq	Įue)		
Cana	da Post:	Payment Centre, P. O. I	Box 4016, Statio	n "A"	
	(City Toronto	Provin	ce ON Postal	Code M5W 2E6
Intero	ffice Mail:	Department			
	S	Site			
PURPOS	E OF CHEQUE	E REQUEST Miscellan	eous VISA Expens	ses for Kay Best for April	& May/08
		documents (originals) with cheque	Also GST Exemp	ot Letter -
CODING 8	AUTHORIZA	TION			
Non-MIS	Functional Centre (MIS Primary)	ACCOUNT (MIS Secondary)	AMOUNT	DESCRIPTION	
01	71105000004		36.00	Parking	
01	71105000004	62410000	499.00	The Conference Board in the Boardroom" cop a PDF Version for Kay	d of Canada "The Elephani y purchased and received Best
01	71105000004	62410000	36.28	Institute of Corporate [Directors Breakfast 3 th , 2008 at Osler, Hoskin
01	71105000004	62410000	47.32		tti Grier on June 4 th , 2008
			303.55	and dinner with Barb H and Learning and Marg 2008	lambly, Senior VP, People garet Munsch May 29,
01	71105000004	6241000	62.33	Interest	
			· · · · · · · · · · · · · · · · · · ·	GST	·
	TOTAL AMO	OUNT OF CHEQUE	\$ 984.48	x CDN US	OTHER
Authorizat	ion Signature	Title		Phone Number	

 ACCOUNTS PAYABLE ONLY

 T4A Code:
 Vendor #

 Cheque Code:
 Invoice #

 Sep Cheque:
 PO #

 Sort Code:
 Recurring Payment:
 Start Date

943-1469

Southport

Chief Executive Officer

672013

Chris Eagle

Bonnie Bueckert

From:

admin@icd.ca

Sent:

May 27, 2008 12:28 PM

To:

Subject:

Institute of Corporate Directors Purchase Confirmation

Dear Ms. Catherine M. Best,

Enclosed is the information regarding your recent purchase:

Event Information: Calgary Chapter Breakfast Session

Event description:

The Coalition was founded five years ago and as the founding Managing Director David Beatty has been at the centre of governance in Canada. David will be retiring June 30th and his last public function will be our breakfast on June 13th.

David will review the achievements of the CCGG to date and address many of the issues of concern to the Coalition members today including:

The improvement observed in the governance of Canada's largest public companies The board's toughest ongoing job: getting compensation "right" and "say on pay"

Details:

Item: Individual Registration

Qty: 1

Date/Time: 13/06/2008 - 07:30 AM

Location:

*Event Address: Osler, Hoskin &

AB

Event Contact: CalgaryEventInf

Name badges for all registrants w For other event details please vi-

Transaction details: Total amount: \$36.28

Credit card Number: XXXXXX

Authorization Code: 096332 Card Type: VISA

Thank you for your order.

Instructions on Reverse Side: ∞ Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking 9 charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



GST 5% 1.05

CJ

\$ 22.00 46 VISA 08/05/08 14:37



Й9:49

98/95/98 EN 9 R-5 City Centre Parkade



Instructions on Reverse Side:

Calgary Parking Authority is not responsible for loss or damage. however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



18:14

GST 5% 0.19 \$ 4.00 12 WISA 07/05/05 21:14



97/95/98 EH 1 R-1 Convention Center



193307



50

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PALLISER PARKADE CALGARY AB IN: 22/05/08 11:34 OUT: 22/05/08 13:18 PAID: \$ 10.00

FANEG333500 REF. GST No. RT122014491

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

Publication Invoice 106390

APPLICANT COPY

Management

RECEIVED

JUN - 2 2008

To Calgary Health

Top (513) 52

Region



255 Smyth Road, Ottawa, ON K1H 8M7 Canada Teg (613) 526-3280 • Fax (613) 526-4857 • Inquiries 1-866-711-2262 www.conferenceboard.ca

Sold Ms. Kay Best

To: Executive President, Risk Management Calgary Health Region

Calgary Health Region 10101 Southport Rd SW Calgary AB T2W 3N2 Ms. Kay Best

Executive President, Risk Management Calgary Health Region

10101 Southport Rd SW Calgary AB T2W 3N2

Accoun	nt No.	Purchase	Order No.	Order [Date 0	rder Number	Terms	Inv	oice Date	pping Method	
768	36			5/28/2	800	197693	Pay On Receipt	5/2	28/2008		
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Contact Ms. Kristal Gilmour at gilmourk@conferenceboard.ca for details.

N: Bonnie

403-943-1152

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Restaurant

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XX/XX

Auth Code: Check:

Exp Date:

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Royal Bank

VISA Business

CALGARY REGIONAL HEALTH AUTHORITY

KAY BEST

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

APPLICANT CO

STATEMENT FROM DEC 09, 2006 TO JAN 09, 2007

TOTAL NEW BALANCE

1 OF 1

\$999.77

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)		
	PREVIOUS STATEMENT BALANCE	\$3,921.12		
	s.17(1), 17(4)	(e.1)		
DEC 27	PATMENT - THANK YOU / PAIEMENT - MERCI	-\$3,921.12		
	SUBTOTAL OF MONTHLY ACTIVITY	-\$3,921.12		
	s.17(1), 17(4)(e.	1)		
DEC 13	CALGARY PARKING AUTHORITYCALGARY AB	\$14.75		
DEC 15	CONFERENCE BOARD OF CANADOTTAWA ON	\$725.00		
DEC 19	REDWATER RUSTIC GRILLE CALGARY AB	\$260.02		
***************************************	SUBTOTAL OF MONTHLY ACTIVITY	\$999.77		



CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 Collect Outside North America (416) 974-7780

PAYMENT INFORMATION

Minimum payment \$30.00 Payment due date JAN 30, 2007 Credit limit \$10,000.00 Available credit \$9,000.23 Annual interest rate 18.50%

CALCULATING YOUR BALL	ANCE
Previous Statement Balance	\$3,921.12
Payments & credits	-\$3,921.12
Purchases & debits	\$999.77
Cash advances	\$0.00
Interest	\$0.00
Fees	\$0.00
NEW BALANCE	\$999.77

CRHA

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORM	IATION									
DATE		QUEST	ED BY (Print	t)		DEPARTMENT				PHO	ONE NO (in full)
07-01-1		Office of Executive Vice-Pre Bonnie Bueckert Risk Management & CFO									-1140
MAKE CI	UEQUE	DAVADI									1
MAKE CHEQUE PAYABLE TO: Royal Bank Visa											VED
MAILING ADDRESS (for forwarding of cheque)										11	5 2007
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		Sit	te								
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ACCOUNT	SPAYA	BLE ON	NLY		Lamina						
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Sep Che	que:										
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A/P Appr		# of	Payments								
		20000			7				ASSESSED FOR COMME		





Publication

Invoice No. 90454

Calgary Health Region

Sold

Ms. Catherine M. Best

To: Executive Vice-President, Risk Management and Chief Financial Officer
Calgary Health Region

10101 Southport Rd SW Calgary AB T2W 3N2

255 Smyth Road, Ottawa, ON K1H 8M7 Canada Tel. (613) 526-3280 • Fax (613) 526-4857 • Inquiries 1-866-711-2262 www.conferenceboard.ca

Ship To: Ms. Catherine M. Best

Executive Vice-President, Risk Management and Chief Financia Calgary Health Region 10101 Southport Rd SW

Calgary AB T2W 3N2

Account I	No. Pur	chase Order	No.	Order D	ate Or	der Number		Terms	Invoic	e Date	oping Method		
6928	5			12/15/20	006	167986	Pay	On Receipt	12/15	/2006			
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725.	00							725.00	725.00				

GST Remittance #: R118778091

GST Amount: \$0.00

REDWATER RUSTIC GRILLE

9223 McLeod Tr. South Tel: 403-253-4266 Check: 28460

Server: S-Jenelle B.

Date: 12/19/2006

Table: 322

Time: 20:26

VISA

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

AUTH

BEST/KAY

061660

ONLINE

MERCHANT#

9999

SUBTOTAL \$

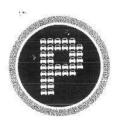
230.02

TIP \$

TOTAL \$

** CUSTOMER COPY **

Thank You For Dining With Us. GST # 819584947RT0001 -



CALGARY PARKING AUTHORITY

Display this receipt on dashboard this side UP

Start--Date---Start--Time

Expiry-Date---Expiry-Time

PDM ID: Lot 7-2

Fee: \$ 14.75

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

Issued: 12-12-2006 13:45 Receipt #: 8785

GST #: 119457869

, CURTERDICE BURKD OF CHMADA 255 SMYTH RD

OTTAGE S.17(1), 17(4)(e.1)

CARL

CHREET' ...

DATE

2006 12/15 TIME 50/34 10:55:43

RECEIPT HUMBER

M3 (1.7.1, 1.1-1.11-11) C-004-0

PURCHALE

TOTAL FILE

\$725.00

APPRUVED

HUIHR 1 + 5215

01-027

THATIK YUU

CANDHULLER LUPY

<u>CRHA</u>

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMAT	TION								
DATE REQUESTED BY (Print)						DEPARTM	IENT	HONE NO (in full)		
05-08-16 Bonnie Bueckert						Risk Management				943-1140
MAKE CI	HEQUE PA	YABI	.E TO :	Cather	rine (I	Kay) M. Bes	st –(E	mpl	oyee Number)
MAILING	ADDRESS	S (fo	or forwardin	g of ch	eque	e)			s.17(1), 1	17(4)(g)(i)
Cana	da Post:								1. 1007.	
		Cit	у			Pro	vince		Postal	Code
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		Sit	e	South	port					
PURPOS	E OF CHE	QUE I	REQUEST	Misce	llanec	ous expenses	s for th	ne m	nonth of July 2005	
Ene	close attac	hed o	documents	(origin	als) v	with chequ	е	Als	so GST Exemp	ot Letter -
CODING 8	AUTHOR	IZATI	ON							
Functional Centre ACCOUNT Non-MIS (MIS Primary) (MIS Seconda				ndary)	dary) AMOUNT DESCRIPTION				for the month of July 2005 for	
01	71105000	0004	624100)00 	\$	1,015.89			Best	
								GS	T	
	TOTAL	AMO	UNT OF CH	EQUE	\$	1,015.89	9	X	CDN US	OTHER
Authoriza	tion Signati	ure		Title					Phone Number	Site
Jack Dávi	is II			Presid	lent &	CEO			943-1101	Southport
ACCOUNT	S PAYABI	_E ON	NLY	•						
T4A Cod	le:					CENVI	ED		Vendor#	
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Sep Hnd	l Des:								End Date	
A/P Approval:							#	of	Payments	Cycle

MISCELLANEOUS EXPENSES INCURRED BY Kay Best FOR THE PERIOD OF JULY, 2005

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
05-07-13	Stampede Luncheon for the Portfolio and the Ranchmen's Club	\$ 494.98
05-07-22	Lunch meeting for Kay Best, Jack Davis, Fred Dunn and Jim Hug of the Office of the Auditor General at the Ranchmen's Club	92.91
05-07-31	Ranchmen's Club Quarterly Membership Dues	428.00

GRAND TOTAL

\$ 1,015.89

Approved by Jack Davis

President & CEO

Davis

Davis

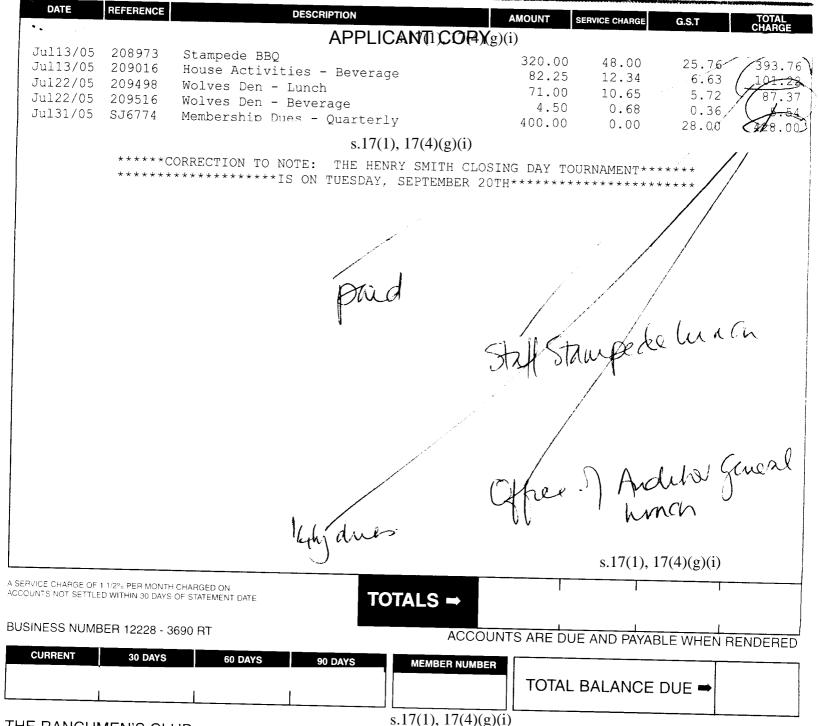
Davis

Davis

Davis Executive Vice-President, Risk Management & Chief Financial

Officer

/bdb



THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



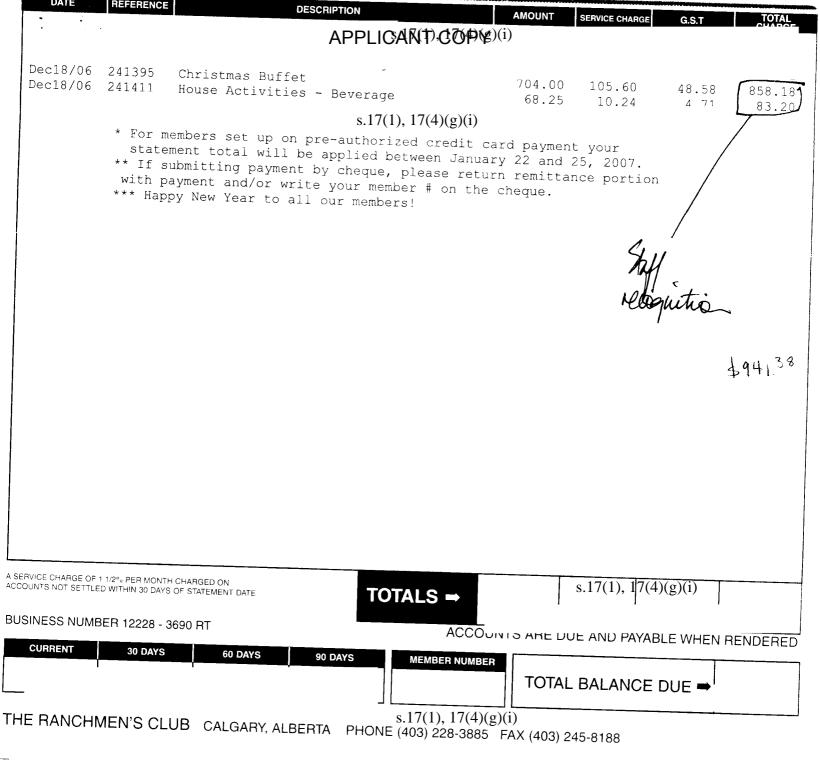
CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

	INFORMA"	ΓΙΟΝ									
DATE	REQ	UEST	ED BY (Pri	nt)		DEPARTMEN	۱T		+	IONE NO (in full)	
07-01-	18 Bonn	ie Bu	eckert			Risk Manage	mei	nt	9	43-1140	
MAKE C	HEQUE PA	YAB	LE TO:								
				_Cathe	rine ((Kay) M. Best –	(En	ployee Num	ber	les.	
MAILING	G ADDRESS	S (fo	or forwardi	ng of c	hequ	e)		s.1	7(1), 170	(4)(g)(i)	
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		Cit				Provin	ce _		Postal Co	ode	
Intero	ffice Mail:	De	partment	Risk	Mana	agement & CFC)	· · · · · · · · · · · · · · · · · · ·			
		Sit	e	South	nport						
	SE OE OUE		DEOUES-								
_						ises for Kay Bes	t for	month of Dec	ember, 20	06.	
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(SA	60),)]		Southport	
Barb Ham				Execut Develo	ive Di pmen	rector, Business t		943-1474		Southport	
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T4A Code	e: _	·						Vendor#			
Cheque	Code: _							Invoice #			
Sep Chec	que:										
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Sep Hnd	Des:										
A/P Appro	oval:					#	f of	Payments _		i	



INVOICE / FACTURE

Franklin Covey.

FRANKLIN COVEY CANADA, LTD. 60 Struck Court Cambridge, Ontario N1R 8L2 CANADA S.17(1), 17(4)(g)(i) CANADA

ATTENTION - NOTES / ATTENTION - NOTES

		franklincovey.c	ca					
	FACTURE	DATE SHIPPED EXPÉDIÉ LE	ORDER DATE DATE DE LA COMMANDE	ENTERED BY ENTRÉE PAR	ORDERED BY COMMANDÉ PAR	PURCHASE O	RDER NUMBER	SHIP VIA
01/03	/07	01/03/07	01/03/07		GIROBI	IN DE BOND	E COMMANDE	EXPÉDIER PAR LAR
TY, SHIP.	QTY. B/O QTÉ.DIFF.	ITEM NO. N° DE L'ARTICLE		DESCRIPTION		UNIT PRICE	DISC.	EXTENDED PRICE
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Please enclose this payment stub with remittance to: S.V.P. Inclure cette portion avec votre paiement à:	CUSTOMER NAME / NUMBER NOM DU CLIENT / No. DE CLIENT					
FRANKLIN COVEY CANADA, LTD.	CATHERINE BES	10120739 000				
60 STRUCK COURT, CAMBRIDGE, ONTARIO N1R 8L2 TEL. (519)740-2580 FAX (519) 740-1068	INVOICE NO. No. DE LA FACTURE	INVOICE BALANCE BALANCE DE LA FACTURE	REMITTANCE AMOUNT MONTANT DU PAIEMENT			
CUSTOMER CARE TOLL FREE/SANS FRAIS 1-866-742-2487	30271997	.00				



RECEIVED

CHEQUE REQUISITION

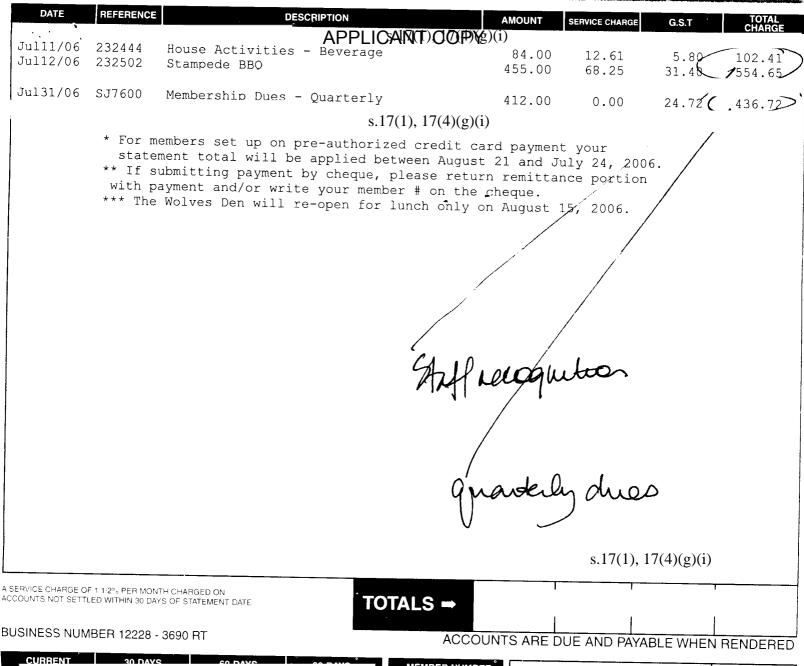
SEP 1 4 2006

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

DATE REQUESTED BY (Print) DEPARTMENT , HONE NO (In full) 06-09-07 Bonnie Bueckert Risk Management 943-1140 MAKE CHEQUE PAYABLE TO: Catherine (Kay) M. Best -(Employee Number MAILING ADDRESS (for forwarding of cheque) s.17(1), 17(4)(g)(i) Canada Post: City Province Postal Code Interoffice Mail: Department Site Southport PURPOSE OF CHEQUE REQUEST Misc. expenses for Kay Best at The Ranchmen's Club, July 2006 Also GST Exempt Letter- DOING & AUTHORIZATION Functional Centre (MIS Primary) (MIS Secondary) AMOUNT DESCRIPTION 01 71105000004 62410000 \$ 1,093.78 Misc. expenses for Kay Best at the Ranchmen's Club July, 2006 TOTAL AMOUNT OF CHEQUE \$ 1,093.78 Misc. expenses for Kay Best at the Ranchmen's Club July, 2006 TOTAL AMOUNT OF CHEQUE \$ 1,093.78 X CDN US OTHER AUTHORIZATION Signature Executive Director, Business 943-1474 Southport COUNTS PAYABLE ONLY TARCOde: Vendor # Phone Number Site Southport Executive Director, Business 943-1474 Southport COUNTS PAYABLE ONLY Final Date Po # Po # End Date Po # Po # End Date End Date End Date End Date End Date End Date PAPAPProval: # of Payments Cycle	CHEQUE										
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CURRENT 30 DAYS SO DAYS MEMBER MUMPER

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

TOTAL BALANCE DUE →

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

INSTRUCTIONS:

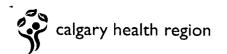
A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATI	ON							
DATE	REQUE	ESTED BY (Prin	nt)	DEPARTMEN	Т	HONE NO (in full)			
08-01-1	8 Bonnie	Bueckert		Risk Manager	ment	943-1140			
MAKE CI	HEQUE PAY	ABLE TO:	Catherine	(Kay) M. Best –(Employee Number)			
	ADDRESS	(for forwardi	ng of chequ	ue)), 17(4)(g)(i)			
Cana	da Post:			<u> </u>					
		City		Provinc	ce Posta	al Code			
Interof	fice Mail:	Department	Risk Management & CFO						
		Site	Southpor	t					
PURPOS	E OF CHEQ	UE REQUEST	with Peter	ember 2008 exper Valentine & Dr. Fo gnition Christmas	orsyth on December 14	e Ranchmen's Club (Lunch 4 th , re: Cancer Institute &			
		ed documents	(originals)	with cheque	Also GST Exen	npt Letter -			
CODING 8	AUTHORIZ				-				
	Functiona Centre	I ACCOL	TNL						
Non-MIS	(MIS Prima			AMOUNT	DESCRIPTION				
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	7		R	" "W""	GST				
//	TOTAL A	MOUNT OF CH	IEQUE	5 1,143.11	x CDN US	OTHER			
Authoriza	tion Signatur	e	Title		Phone Numbe	r Site			
Jack Bavi	s		Chief Exec	cutive Officer	943-1103	Southport			
CCOUNT	S PAYABLE	ONLY	<u> </u>	. :	10.00				
T4A Cod	e:				Vendor#	3			
Cheque	Code: _				Invoice #				
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Sort Cod	le: _		Rec	urring Paymen					
Sep Hnd	Des:			-					
	_			382					

	DATE	REFERENCE	DESCRIP	TION	AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
	Dec14/07 Dec14/07 Dec17/07	263315 263331 263591	Dining Room - Lunch Dining Room - Bevera Christmas Buffet	APP[(DANT)CO age s.17(1), 17(4)(g)(i)	88.00 9.75 840.00	1.46	6.07 0.67 57.96	107.27 11.88 1.023.96
		stater ** If s	embers set up on pre- ment total will be ap ubmitting payment by payment and/or write	rauthorized credit oplied between Jar cheque, please re your member # or	t card paymenuary 21 and eturn remitten the cheque	Jaleuti Jaleuti Jaros L	io/ nstit	A
	A SERVICE CHARGE (ACCOUNTS NOT SET		NTH CHARGED ON AYS OF STATEMENT DATE	TOTALS -	•	s.17(1), 1	7(4)(g)(i)	
ı	BUSINESS NU	MBER 12228	- 3690 RT	A	CCOUNTS ARE	DUE AND PAY	ABLE WHE	N RENDERED
	CURRENT	30 DAY	/S 60 DAYS 9	0 DAYS MEMBER		TAL BALANC	E DUE =	

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188

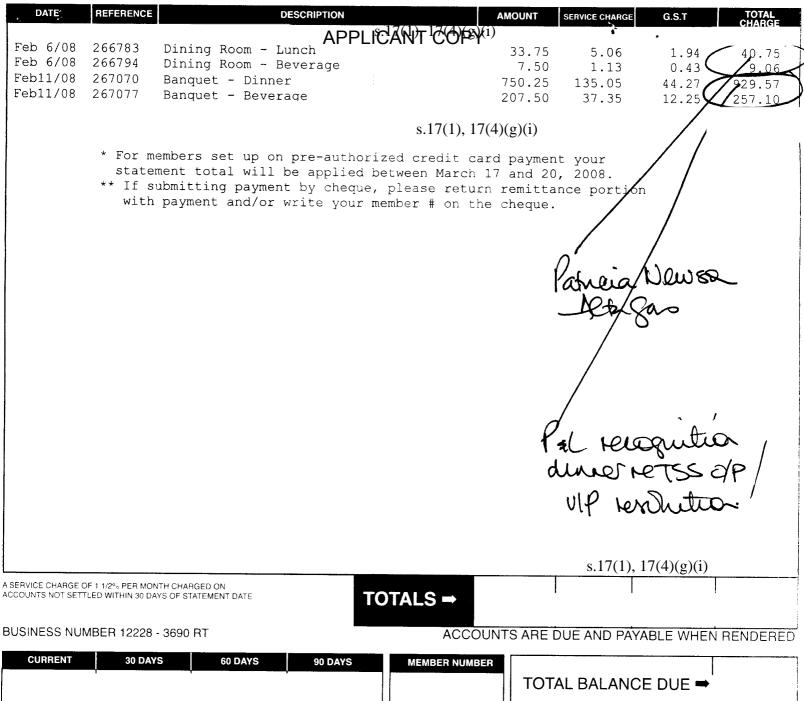


PAYMENT REQUISITION

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date	11, 20		Re	equested By (Please argaret Potter	Print)	<u>DE ATTACHED</u>					
Site Southp			De	partment sk Management	7	Phone # (in full) 943-1140					
PAYA	BLE T					Employee #					
x Emp		U ot DRESS (ch	her Ca	atherine (Kay) M. Be vment only)							
	a Post:	-				7(1), 17(4)(g)(i)					
		City		Provin	ce P	Postal Code					
Interof	fice Mai	il: Department	Risk	k Management & CF	0						
		Site:	Sout	thport							
SPECI	IAL HA	NDLING INST	TRUCTIO	DNS		**************************************					
Purpose of Request Misc. February 2008 expenses for Kay Best at the Ranchmen's Club (Lunch with Patricia Newson, Alta Gas on February 6 th and People & Learning Recognition Dinner re TSS O/P / U/P resolution on February 11 th .)											
CODING & AUTHORIZATION											
FINANCIAL CODING											
ORG		INCTIONAL CE		ACCOUNT	AMOUNT	DESCRIPTION					
0 1	7 1	1 0 5 0 0 (0 0 0 4	6 2 4 1 0 0 0	0 \$1,236.48	Misc. February 2008 expenses for Kay Best at the Ranchmen's Club.					
			· · · · · · · ·								
						GST \$					
				CAPITAL PRO	JECT CODING	, 2X.1					
PROJ	ECT	TASK	EXPE TYF		AMOUNT	DESCRIPTION					
		w <u>-</u>									
		4									
		1	I,								
		TOTA	LAMOU	NT OF PAYMENT:	\$1,236.48	X CDN US Other					
Expend	iture Off	icer Authorizatio	on	<u> </u>	Print Name Jack Davis, Chie	ef Executive Officer					
Authoriz	zer's Em	ployee Number			Authorizer Phone # 943-1103						
Comm	ents:										
00074											



, , , , , , , , , , , , , , , , , , ,	,		
			TOTAL BALANCE DUE →
	<u> </u>	 17(1), 17(4)(g)(i)	

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



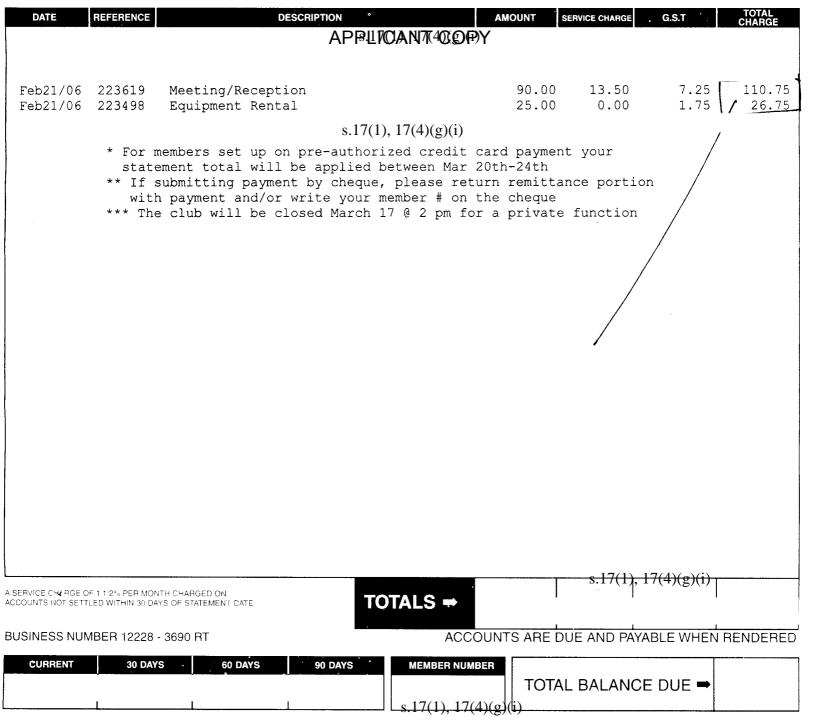
CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMAT	ION									
DATE	REQU	JESTE	D BY (Prin	t)		DEPAR	RTMENT	•		ноі	NE NO (in full)
06-03-2	20 Bonn	ie Bue	eckert			Risk M	anagem	ent		943	-1140
MAKE C	HEQUE PA	YABL	E TO:	Cather	rine ((Kay) M. I	Best –(E	Emp	oloyee Number)
MAILING	ADDRESS	s (fo	r forwardir	g of ch	nequ	ie)			s.17(1), 17((4)(g)(i)
Cana	ıda Post:				_						
		City	/			F	Province	e _	RECPOSTA	l Code	<u>n</u>
Intero	Interoffice Mail: Department			Risk Management MA					MAR 2	3 200	6
;		Site	e	South	port				I FINE		
PURPOS	PURPOSE OF CHEQUE REQUEST					hnston me ip	eting ex	(pen:	se at The Ranchm		ub, used Kay Best's
En	close attac	hed d	ocuments	(origina	als)	with che	que	ΑI	so GST Exem	pt Le	etter -
CODING 8	& AUTHOR		NC								
Non-MIS	Function Centre (MIS Prim	;	ACCOL (MIS Seco			AMOUN	ΙΤ	DE	SCRIPTION		
01	71106000	002	62410	Ranchmen's Club, used Kay Best's n							
	71102		71110	6000	2	•			(3		
					ļ			GS	ST		
	TOTAL	AMOL	JNT OF CH	EQUE	\$	137.	50	Х	CDN US	OTH	IER
Authoriza	ition Signatu	ı/e/	//	Title	.				Phone Number		Site
Dr. Bob J	ohnston	<i>U</i>		Senior Experi		e-Presiden	t, Patien	nt	943-0835		Southport
ACCOUNT	TS PAYABL	E ON	LY	LXPOIN	01100						
T4A Cod	le:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						Vendor#		
Cheque	Code:								Invoice #		
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Sep Hnd	l Des:								End Date		
A/P App	roval:					3 86	#	# of	Payments		Cycle



THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMAT	ION							
DATE	REQU	ESTE	DBY (Prin	t)	DEPARTMENT		HONE NO (in full)		
07-09-0	6 Bonni	e Bu	eckert		Risk Managem	nent	943-1140		
MAKE C	HEQUE PA	YABL	E TO:	· -					
				Cather	ine (Kay) M. Best –(I	Employee Number)		
MAILING	ADDRESS	(fc	r forwardir	ıg of ch	eque)	s.17(1	1), 17(4)(g)(i)		
Cana	da Post:								
		Cit	у		Provinc	e Posta	al Code		
Intero	Interoffice Mail: Depart			Risk N	Management & CFO				
	Site				port				
PURPOS	E OF CHEC	QUE I	REQUEST	Expen	ses for Kay Best for m	onth of July, 2007 @ F	Ranchmen's Club		
En	close attac	hed d	documents	(origina	als) with cheque	Also GST Exem	npt Letter -		
ODING 8	& AUTHORI	ZATI	ON				Tt 1		
Non-MIS	Function Centre (MIS Prima		ACCOL (MIS Seco		AMOUNT	DESCRIPTION			
01	711050000		624100		1,113.56 Stampede lunch meeting at the Ranchmen's C Kay Best and the Risk Management & CFO Po July 10, 2007 - Staff Recognition				
01	711050000	004	624100	000	449.97 <i>f</i>	Fees for Kay Best			
	1				r-	GST			
	TOTAL A	AMO	UNT OF CH	EQUE	\$ 1,563.53	x CDN US	OTHER		
Authoriza	tión Signatu	r e /		Title		Phone Number	r Site		
Jack Dav	is	<i>ب</i>		Presid	ent & CEO	943-1103	Southport		
ACCOUÑT	IS PAYABL	E ON	ILY_						
T4A Cod	le:				·	Vendor #			
Cheque	Code:		.		<u>.</u>	Invoice #			
Sep Che	eque:			And the second of		PO #			
Sort Cod	de:			I	Recurring Payment	: Start Date			
Sep Hnd	I Des:					End Date			
A/P App	roval:				;	# of Payments	Cycle		

DATE	REFERENCE	DESCRIPTION		AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
T-110/07		APPLICA), 17(4)(g)(i) (NT COP)) _/			
Jul10/07 Jul10/07	254681 254707	Stampede BBQ House Activities - Beverage		760.00	114.00	52.44	926.44
100110707	234707	nouse Activities - Beverage	s.17(1), 17(153.50 $(4)(g)(i)$	23.03	10.59	187.12
Jul31/07	SJ8484	Membership Dues - Quarterly	(-), - · (424.50	0.00	25.47	449.97
	stater ** If so with *** The	embers set up on pre-authorized ment total will be applied betwind itting payment by cheque, propayment and/or write your members. Club will re-open for lunch Tuche Wolves' Den only.	wee'n August lease retur per # on th	t 20 and 2 on remitta ne cheque.	3, 2007. nce portion		
A SERVICE CHARGE (ACCOUNTS NOT SET		JTH CHARGED ON YS OF STATEMENT DATE	ALS →		s.17(1), 17(4	4)(g)(i)	
BUSINESS NUI	MBFR 12228	- 3690 BT	ACCC	NINTS ARE	DUE AND PAY	A DI E WILE	N DENDEDED

ACCOUNTS ARE DUE AND PAYABLE WHEN RENDERED

CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER	
	•	•	,		TOTAL BALANCE DUE ⇒
		L		17(1) 17(4)()()	

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

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

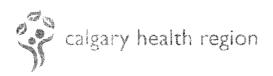
INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

14 22 |

CHEQUE I	INFORM	NOITAN								
DATE	R	EQUESTE	t)		DEPARTME	T		НС	HONE NO (in full)	
05-05-0	6 В	onnie Bue		Risk Management				3-1140		
MAKE CH			E TO:				-(Em	nployee Numbe		(4)(g)(i)
Cana	da Post	t:								
		Cit	у			Provir	ice .	Po	stal Cod	de
Interof	ffice Ma	ail: De	partment	Risk N	Manag	ement				
		Site	e	South	port					
PURPOS	E OF C	HEQUE I	REQUEST	Miscell	laneou	s expenses fo	r the	month of Janua	ry 2005	
End	close at	ttached o	documents	(origina	als) w	ith cheque	A	Also GST Ex	empt L	etter -
CODING 8	& AUTH	ORIZATI	ON							
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01	71105000004 62410000				\$ 2		N	liscellaneous expe		ne month of March &
01	1 7112000005 696000			000	7 April 2000 for Italy Best				earning Team at the	
	GST									
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Authoriza	tion Sig	nature		Title				Phone Num	ber	Site
Dr. R. Johnston				Senior Vice-President, Patient 943-0888 Experience				Southport		
ACCOUNT	S PAY	ABLE ON	NLY							
T4A Cod	le:							Vendor# /	B.	
Cheque	Code:							Invoice #		
Sep Che	eque:							PO#_		
Sort Cod	de:			ı	Recur	ring Payme	nt:	Start Date _		
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A/P App	roval:					.	# 0	of Payments _		Cycle
Ī						300				



From the Office of the Executive Vice-President, Risk Management & Chief Financial Officer

MEMORANDUM

May 6, 2005

TO: Dr. Bob Johnston

Senior Vice-President and Patient Experience

FROM: Executive Vice-President, Risk Management

& Chief Financial Officer

RE: MISCELLANEOUS/PARKING/MILEAGE EXPENSES

MARCH & APRIL, 2005

Please find attached my miscellaneous, parking and mileage expenses for the month of March and April, 2005.

Thanks.

Kay Best, FCA

/bdb

Attachments

MISCELLANEOUS EXPENSES INCURRED BY <u>Kay Best</u> FOR THE PERIOD OF MARCH & APRIL, 2005

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
05-03-23	Ranchmen's Club Meeting Room Rental For planning day meeting - People & Learning	\$ 534.02
05-04-13	Ranchmen's Club Meeting Room Rental For planning day meeting - People & Learning	606.91
05-04-19	Meeting Lunch with David Weyant	82.45
05-04-30	Membership Dues - Quarterly	<u>428.00</u>
GRAND TOTAL		\$ 1,651.38

Date

Approved by Dr. Bob Johnston

Senior Vice-President, Patient Experience

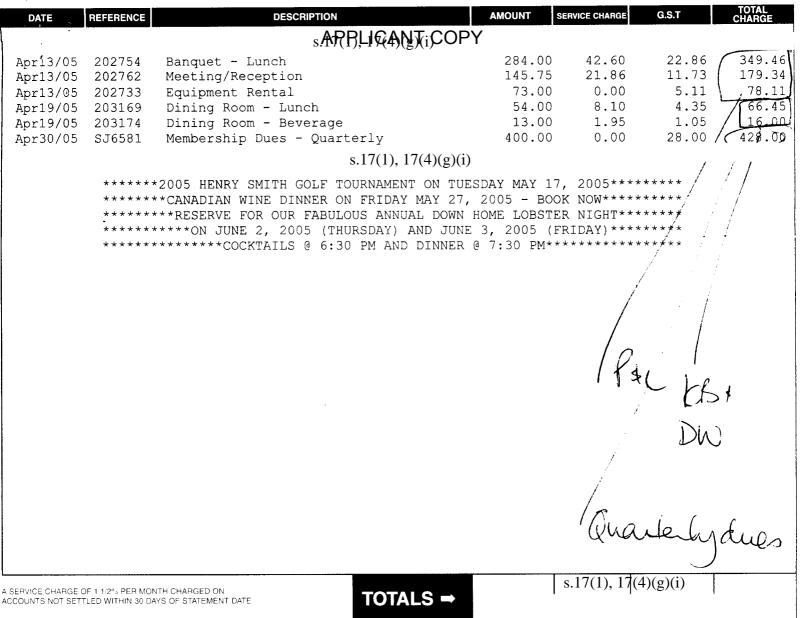
Kay Best, FCA

Executive Vice-President, Risk

Management & Chief Financial

Officer

/bdb



ACCOUNTS NOT SETTLED WITHIN 30 DAYS OF STATEMENT DATE

ACCOUNTS ARE DUE AND PAYABLE WHEN RENDERED

BUSINESS NUMBER 12228 - 3690 RT

MEMBER NUMBER 60 DAYS 90 DAYS CURRENT 30 DAYS TOTAL BALANCE DUE →

s.17(1), 17(4)(g)(i)THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



s.17(1), 17(4)(g)(i)THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORM	IATION										
DATE	RE	REQUESTED BY (Print)				DEPARTMENT		HONE NO (in full)				
05-10-21 Bonnie Bueckert						Risk Managen	nent	943-1140				
MAKE CI			-			Kay) M. Best –(I	Emp		<u>)</u>			
MAILING	ADDRE	SS (fo	or forwardin	g of ch	equ	e)		s.17(1), 17	(4)(g)(i)			
Cana	da Post:	:										
		Cit	у			Provinc	e _	Postal	Code			
Interof	ffice Mai	I: De	partment	Risk N	Risk Management							
		Site	e	South	port							
PURPOS	E OF CH	IEQUE I	REQUEST	Miscell	lanec	ous expenses for	the r	nonth of September	/ <u>October 2965</u>			
				(origina	als) v	with cheque	Al	so GST Exemp	ot Letter -			
CODING 8	L AUTHO	RIZATI	ON									
	Funct											
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01	711050		(MIS Second 624100		\$	170.60	Mis	cellaneous expenses	for the month of			
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Sep	otember/October 2005	for Kay Best			
							12060 K					
			\ .		GST							
	TOTA	L AMOI	UNT/OF CH	EQUE	\$	170.60	×	CDN US	OTHER			
Authoriza	tion Sign	ature /	<i>C</i> -	Title				Phone Number	Site			
Dr. Bob Je	ohnston					-President, Patier	nt	943-0835	Southport			
ACCOUNT	S PAYA	BLE ON	ILY	Experie	ence							
T4A Cod	ie:							Vendor#				
Cheque Code:							Invoice #	-				
Sep Cheque:							PO#					
Sort Code:				Recurring Payment: Start Date								
Sep Hnd Des:								End Date				
A/P Approval:						;	# of	Payments	Cycle			

MISCELLANEOUS EXPENSES INCURRED BY <u>Kay Best</u> FOR THE PERIOD OF SEPTEMBER, 2005

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
05-09-23	Lunch meeting at the Ranchmen's Club with KWC Consulting	\$ 120.60
05-10-19	Snacks for Executive Committee Meeting Oct. 19 th	<u>50.00</u>

GRAND TOTAL \$__170.60

Date

Approved by Dr. Bob Johnston

Senior Vice-President, Patient Experience

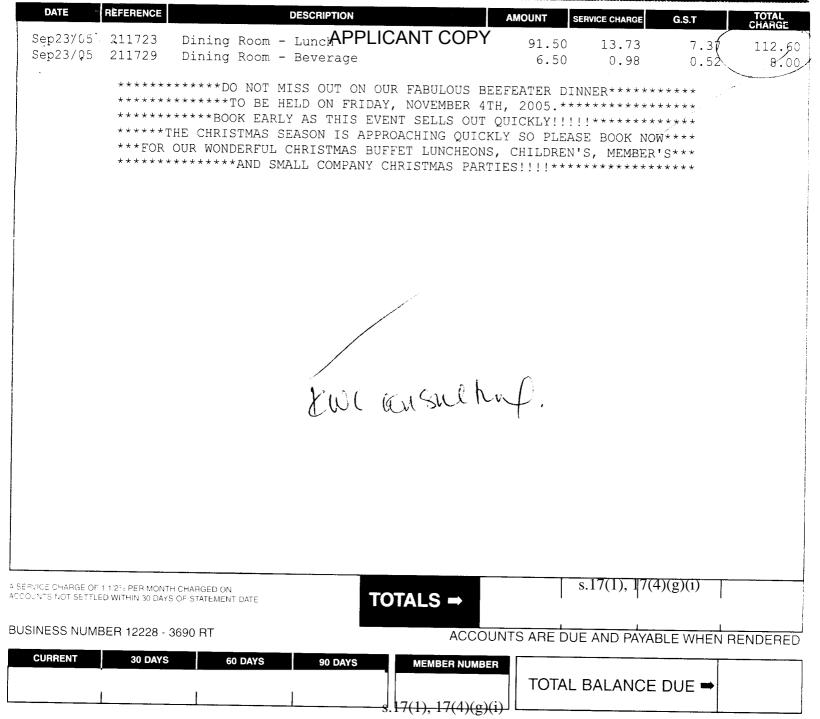
Kay Best, FCA

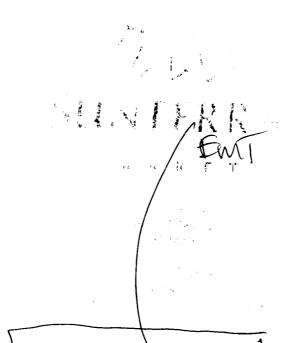
Executive Vice-President, Risk

Management & Chief Financial

Officer

/bdb





Best Copy Possible



Amount: \$ 57.99

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CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMAT	ION									
DATE	REQL	JESTE	ED BY (Prin	nt)		DEPARTME	NT	-		HONE NO (in full)	
05-07-1	2 Bonn	ie Bu	eckert			Risk Manag	emer	nt	g	943-1140	
MAKE C	HEQUE PA	YABI	E TO:	Cathe	rine ((Kay) M. Best	–(En	nployee Number	, - <u>-</u>)	
MAILING	ADDRESS	(fc	or forwardir	ng of c	hequ	ıe)		s.170	(1), 1	17(4)(g)(i)	
Cana	ıda Post:										
		Cit	у		Province Postal Code						
Intero	ffice Mail:	De	partment	Risk	Risk Management						
Site Southport (
PURPOSE OF CHEQUE REQUEST Miscellaneous expenses for the month of May & June 2005											
Enclose attached documents (originals) with cheque Also GST Exempt Letter -											
	& AUTHORI					<u> </u>			ПРС		
	Function		<u> </u>		Τ_	**			-		
Non-MIS	INT ndary)		AMOUNT		ESCRIPTION						
01	(MIS Prima 711050000		624100		\$	992.12	М		es for	the month of May & Junel	
01	711200000	005	696000	000		1,110.46	D	Day meetings for People & Learning Team at the Ranchmen's Club			
	$\overline{}$		···				G	ST			
	/		JNT OF CH		\$6	2,102.58	,	CDN US	0.	THER	
Authorizat	tion Signatur	é)		Title			-	Phone Numbe	r	Site	
Jack Davi				Presid	ent &	CEO .		943-1101		Southport	
CCOUNT	S PAYABLE	ON	LY								
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Sort Cod	e: _			F	Recu	rring Paymer	nt:				
Sep Hnd	Des:		 -					End Date			
A/P Appr	/P Approval: # of Payments Cycle										

MISCELLANEOUS EXPENSES INCURRED BY <u>Kay Best</u> FOR THE PERIOD OF MAY & JUNE, 2005

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AM	OUNT
05-05-06	Lunch Meeting with Tom Collins @ the Rachmen's Club	\$	49.85
05-05-16	Ranchmen's Club Meeting Room Rental For day meeting - People & Learning		555.23
05-05-17	Lunch meeting with Anne Rooney at the Ranchmen's Club		49.53
05-06-01	Lunch Meeting with Fred Snell at the Ranchmen's Club		103.68
05-06-06	Ranchmen's Club Meeting Room Rental For day meeting - People & Learning		555.23
05-06-27	Lunch Meeting with the Calgary Health Trust Board		<u>789.06</u>
GRAND TOTAL		\$_2	102.58

Approved by Jack Davis

President & CEO

Kay Best, FCA

Executive Vice-President, Risk

Management & Chief Financial

Officer

/bdb

Date

35/29/2005 13:59 403-245-8188 THE RANGHMENS CLUB

APPLICANT COPY

01 - The Ranchmen's Club Member History May 01/05 - May 31/05

50030 - Ms. Catherine M. Best

Phone : Alt. No:

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

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

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PAGE 24

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

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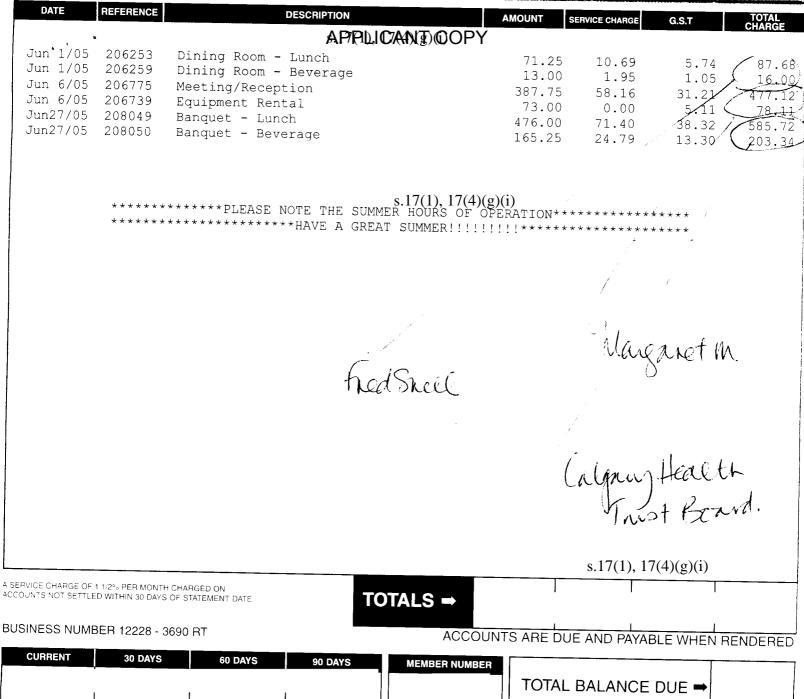
Date 1	iy Ch/Inv/Jrn	Description	Charges	Tax/Grat	Amount	DueDate BusAlea s.17(1), 17(4)(g)(i)
May06 C May06 C May16 C May16 C May17 C		Wolves Den - Lunc Molves Den - Beve Wolves Den - Beve Equipment Rental Banquet - Lunch Meeting/Reception Dining Room - Lun Dining Room - Bev	31.50 2.50 6.50 73.00 242.00 145.75 35.25 5.00	7.27 C.56 1.50 5.11 55.78 33.59 8.13	78.11 297.78 3.79.34	May06 Tom Coccina May06 May06 May06 May16 May16 May16 May16 May16 May17 Agy17 Agy17
				 Total		s.17(1), 17(4)(g)(i)

===== End of Report =====

Current 1 Mths 2 Mths 3 Mths Over 4 Mths

Usex: KARI Term:TC Jun 29/05 2:31pm

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THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188

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



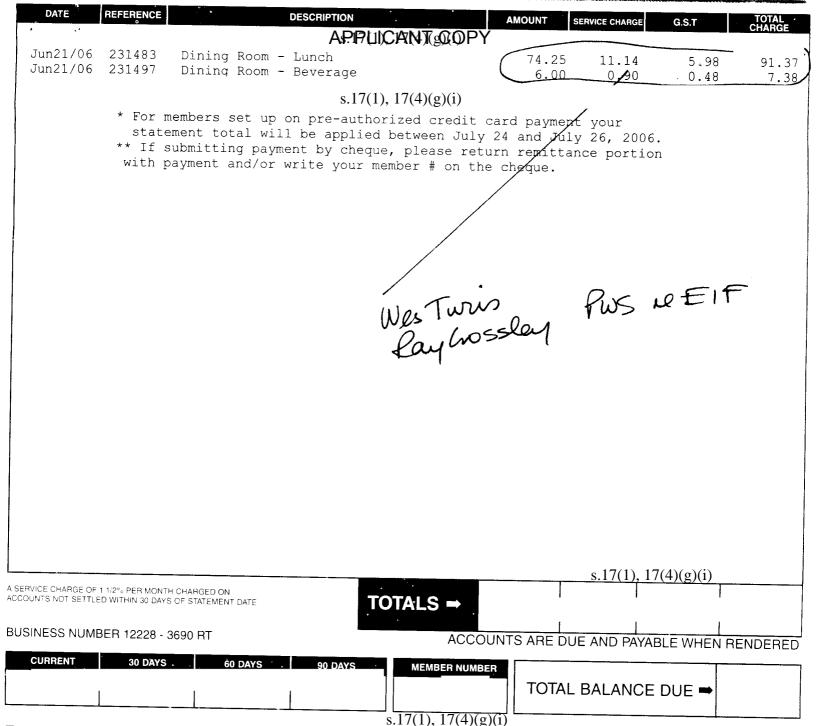
CHEQUE REQUISITION

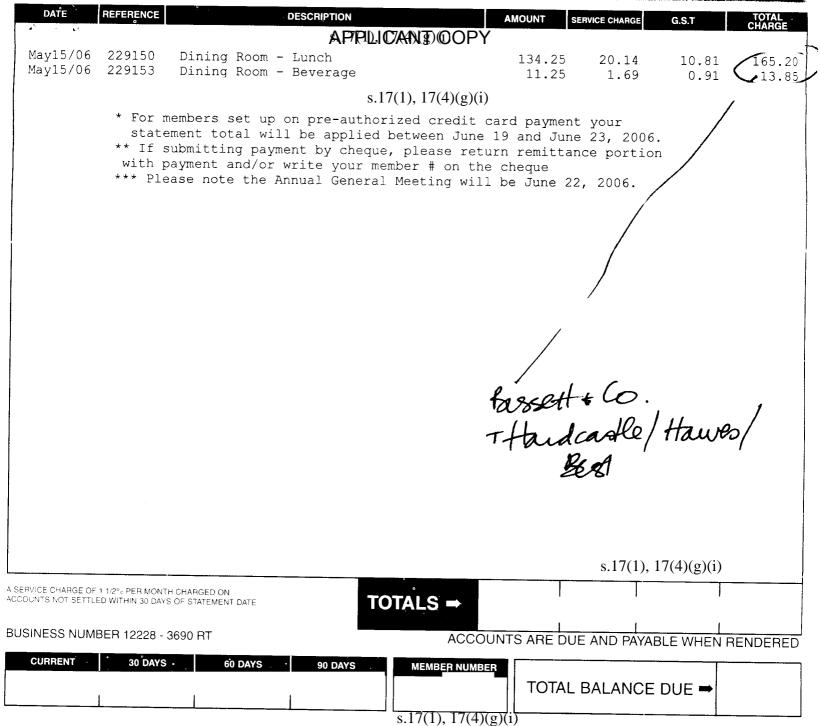
INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE I	NFORMA	ATION										
DATE	REC	QUESTE	DBY (Print)		DEPARTMENT			HON	IE NO (in full)		
06-08-1	5 Bor	nnie Bue	eckert			Risk Managem	ent		943-	1140		
MAKE CH	HEQUE P	PAYABL		Cather	ine (Kay) M. Best -(E	mp	loyee Number				
MAILING	ADDRES	SS (fo	or forwardin	g of ch	equ	e) s.17((1),	17(4)(g)(i)		CEIVED		
Cana	da Post:							1				
		Cit	у			Province	• <u> </u>	Postal	Code	AUG 1 6 2006		
Interof	fice Mail	: De	partment	Risk Management & CFO						INANCE		
		Sit	е	South	port							
PURPOS	IEQUE I	he Ranchmen's Clu	ub May	y and June, 2006								
End	PURPOSE OF CHEQUE REQUEST Misc. expenses for Kay Best at The Ranchmen's Club May and June, 2006 Enclose attached documents (originals) with cheque Also GST Exempt Letter -											
	AUTHO	RIZATI	ON						-			
CODING & AUTHORIZATION Functional Centre ACCC Non-MIS (MIS Primary) (MIS Sec						AMOUNT	DE	SCRIPTION				
01	711050		624100		\$	98.75 179.05	Misc. expenses for Kay Best at the Ranchmen's Club May and June, 2006 (Lunch with Bissett & Company, Steve Hardcastle & Robert Hawes. May 15 th and Lunch with PWS, Wes Twiss & Ray Crossley on June 21 st , 2006)					
					GST				•••			
	TOTA	L AMO	UNT OF CH	EQUE	(\$	277.80	х	CDN US	OTI	HER		
Authoriza	tion Sign	ature		Title				Phone Number	ĺ	Site		
Savu Barb Ham	L () Jac nbly			Execu Devel		Director, Business ent		943-1474		Southport		
ACCOUNT	S PAYA	BLE O	VLY									
T4A Coc	le:		<u>.</u>					Vendor #				
Cheque Code: Invoice #												
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CHEQUE REQUISITION

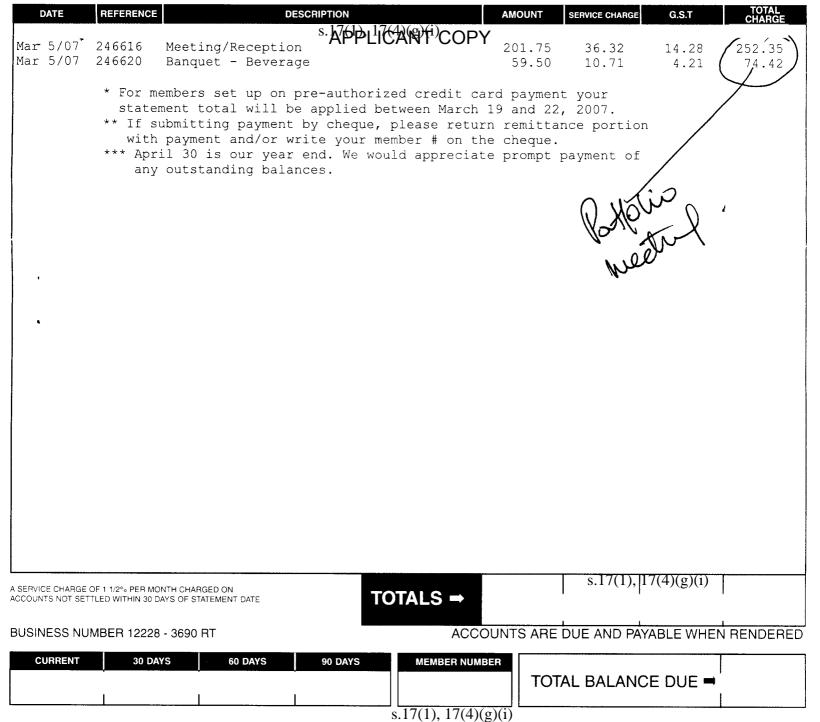
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ORIGINAL DOCUMENTS MUST BE ATTACHED

				CHEQUE INFORMATION										
DATE	REQU	ESTE	DBY (Print)	,		DEPARTME	NT	***********		HONE NO (in	full)			
07-05-0	9 Bonni	ie Bued	ckert			Risk Manage	em	ent		943-1140				
MAKE CH	HEQUE PAY	YABL I		Cather	rine (ł	Kay) M. Best	<u>–(E</u>	<u>Empl</u> ∙	loyee Number	_				
	ADDRESS	(for	r forwarding	g of ch	ıeque))			s.17(1)), 17(4)(g)(i)	, ,			
Canad	da Post:													
		City	/			Provi	nce	ə	Postal C	Code				
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		Site)	South	port					•				
DIIRPOS	E OF CHE(JUE E	renilest	Misc.	evner	eee for Kay Br	net (for m	eanth of March & Ar	wil 2007				
	PURPOSE OF CHEQUE REQUEST Misc. expenses for Kay Best for month of March & April, 2007													
	Enclose attached documents (originals) with cheque Also GST Exempt Letter -													
CODING &	AUTHORI		NC				_							
	Function													
Non-MIS	Centre (MIS Prima		ACCOUN (MIS Secon			AMOUNT		DES	SCRIPTION					
01	711050000	_	6241000		\$	326.77		Portf	tfolio Planning Day at t ch 5, 2007	the Ranchmen's	Club on			
			(<u> </u>	\Box							
	Ī							GS1	Ť					
		~	JNT OF CHE		\$	326.77	7	х	CDN US	OTHER				
Authorizat	tion Signatu	re		Title					Phone Number	Site				
Barb Ham		<u>X</u>				ent, Financial & Sustainability	<u>/</u>		943-1474	Southpor	rt			
ACCOUNT	rs payabl	E ONI	LY				—							
T4A Cod	l e:								Vendor #					
Cheque	Code:								Invoice #					
Sep Che	que:								PO #					
Sort Cod	le:			,	Recu	ırring Payme	ent:	:	Start Date					
Sep Hnd	Des:								End Date					
A/P Appı	roval:						#	# of I	Payments	Cycle				

DISTRIBUTION: White - Accounts Payable Yellow - Retain for your records





11/127

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE I	INFOR	.MATIO	N								
DATE	F	REQUES	STED BY (Print	i)	DEPARTMEN	١T		HONE NO (in full)			
06-10-1	9 E	3onnie l	Bueckert		Risk Manage	ment		943-1140			
MAKE CI	HEQUE	Ε ΡΑΥΑ	ABLE TO:	Catherine	(Kay) M. Best -	-(Emṛ					
MAILING	ADDR	ESS	(for forwarding	g of cheq	ue)		s.17	7(1), 17(4)(g)(i)			
Cana	da Pos	st:									
i			City		Provin	ice _	Posta	il Code			
Interof	ifice M	ail:	Department	Risk Mar	nagement & CF	<u> </u>		Just z 4 záüb —			
			Site .	Southpor	<u>t</u>		Note: C. N. S. Sager V. A. Com.	, <u>with the North Control of the Con</u>			
PURPOS	E OF (CHEQU	JE REQUEST				he Ranchmen's Cl linski's portfolio me	lub, September, 2006. eeting			
	Enclose attached documents (originals) with cheque Also GST Exempt Letter -										
SODING &											
Non-MIS 01	Functional Centre ACCOI Non-MIS (MIS Primary) (MIS Seco				AMOUNT 403.47	403.47 Misc. expenses for Kay Best at the Ranchmen's September, 2006. Charges incurred by Joanne					
						Stalinski's portfolio meeting GST					
	TO	TAL AN	MOUNT OF CHE	EQUE	\$ 403.47	-	CDN US	OTHER			
Authorizat	tion Siç	nature		Title		Щ.	Phone Number	r Site			
Barb Ham		\leq)	Executive Developm	Director, Busines ent	ss	943-1474	Southport			
ACCOUNT	SPAY	ABLE	ONLY		THE DI						
T4A Cod	le:			1	2 4 2006		Vendor#	PB .			
Cheque	Code:	<u></u>			VANCE		Invoice #				
Sep Che	que:						PO #				
Sort Code:				Rec	Recurring Payment: Start Date						
Sep Hnd	Des:						End Date				
A/P Appr	roval:	_				# of	Payments	Cycle			

DATE	REFERENCE	DESC	RIPTION	AMOUNT	SERVICE CHARGE	G.S.T	ΤΟΤΑΙ
Sep18/06.	234366	Manting /D	APPLICANT COPYS		SERVICE CHARGE	G.S.1	TOTAL CHARGE
Sep18/06	234318	Meeting/Reception Equipment Rental		150.00	22.50	10.35	182.85
Sep28/06 Sep28/06	235125	Meeting/Reception		25.00 137.50	0.00 20.63	1.50	26.50
Cep26/06	235081	Equipment Rental		25.00	0.00	1.50	167.62 26_5A
	** If si	ubmitting payment by	s.17(1), 17(4)(g)(i) e-authorized credit call applied between Octobel y cheque, please return your member # on the o	r 23 and	A		
	part	both ne Stalink (filie mtgs)		109.	.13		
			01-	-715	50000	090	
					103		
A SERVICE CHARGE OF	1 1/2% PER MONTA	H CHARGED ON			s.17(1), 17(4))(g)(i)	
ACCOUNTS NOT SETTLE	D WITHIN 30 DAYS	S OF STATEMENT DATE	TOTALS →	į	1	1	
BUSINESS NUME	BER 12228 - (3690 RT	ACCOLL	NITO ADE D	LIE AND DAY		
CURRENT	30 DAYS				UE AND PAYAE	SLE WHEN R	ENDERED
•		JO DATS	0 DAYS MEMBER NUMBER		L BALANCE	DUE →	

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

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



987859 N

CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFOR	MATIC	N									
DATE	F	REQUE	STED E	Y (Prin	t)		DEPARTMENT	F	·	НС	ONE NO (in full)	
05-12-0)8 E	Bonnie	Buecke	ert			Risk Managen	nent		94	3-1140	
MAKE C	HEQUE	E PAYA	ABLE T	·O:	Cathe	rine (I	Kay) M. Best –(I	Emp	oloyee Number			
MAILING	ADDF	RESS	(for fo	rwardin	g of ch	neque	e)		s.17(1), 17	7(4)(g)(i)	
Cana	da Pos	st:										
			City _			Province Postal Code						
Interof	ffice M	ail:	Depart	ment	Risk I	Risk Management						
			Site		South	Southport						
PURPOSE OF CHEQUE REQUEST Miscellaneous expenses for the month of November 2005												
	Enclose attached documents (originals) with cheque Also GST Exempt Letter -											
CODING 8			NOITA	-		,						
		nctional		400011	NIT							
Centre ACCOUNT Non-MIS (MIS Primary) (MIS Secondary)							AMOUNT	DE	SCRIPTION			
01		500000		624100		\$	420.83	Mis	cellaneous expenses	for th	ne month of November	
								200	05 for Kay Best			
							··					
								Ğ	ST			
	TOT	TAL AN	IOUNT	OF CH	EQUE	\$	420.83	х	CDN US	ОТ	HER	
Authoriza	tion Sig	gnature	7 7	- /	Title				Phone Number		Site	
Dr. Bob Jo	ohnstoi	/ <i>ジ</i> // n					-President, Patier	nt	943-0835		Southport	
ACCOUNT	SPAY	ABLE	ONLY		Experi	ence						
T4A Cod	e:			···					Vendor#			
Cheque	Code:	_										
Sep Che	que:			_					PO#		*****	
Sort Cod	le:	_	7.1		I	Recu	rring Payment	:	Start Date			
Sep Hnd	Des:			_					End Date			
A/P Appr	oval:	_					#	# of	Payments		Cycle	

REFERENCE DATE DESCRIPTION **AMOUNT** SERVICE CHARGE SAPPLICANT COPY Nov 2/05 214784 Banquet - Lunch 342.00 51.30 27.53 420.83 s.17(1), 17(4)(g)(i)* For members set up on pre-authorized credit card payment your statement total will be applied between Dec 20-25th ** Please report any discrepancies on your statement by Dec 20th to Amy Reid via tel, fax or amyreid@ranchmensclub.com A SERVICE CHARGE OF 1 1/2% PER MONTH CHARGED ON ACCOUNTS NOT SETTLED WITHIN 30 DAYS OF STATEMENT DATE TOTALS → BUSINESS NUMBER 12228 - 3690 RT ACCOUNTS ARE DUE AND PAYABLE WHEN RENDERED CURRENT 60 DAYS 30 DAYS 90 DAYS MEMBER NUMBER TOTAL BALANCE DUE → s.17(1), 17(4)(g)(i)THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188





CHEQUE REQUISITION

INSTRUCTIONS:
A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE I	NFORMAT	TION				(Sh	Ĵ.		
DATE	REQU	JESTED BY	(Print	t)		DEPARTME	NT		HONE NO	O (in full)
06-02-2	2 Bonn	ie Buecker	t			Risk Manag	emer	nt	943-1140	
MAKE CH	IEQUE PA	YABLE TO	D: _	Cathe	rine (I	Kay) M. Best	–(Em	ployee Number		
MAILING	ADDRESS	(for for	wardin						7(1), 17(4))(g)(i)
Canac	la Post:	·		3 3. 3.				2 2000	P	THE RESERVE OF THE PARTY OF THE
		City _				Provi		- C	Code MAR	3 2006
Interoff	ice Mail:	Departm	nent	Risk	Mana	gement		THIN	J 2006	
		Site		South	port	-				,E
PURPOSE	OF CHEC	QUE REQU	JEST _.	Misce	llaneo	us expenses fo	r the	month of January &	February/06)
Enc	lose attach	ned docur	nents (origin	als) w	vith cheque	Α	lso GST Exemp	ot Letter -	
ODING &	AUTHORIZ Functions					-			· · · · · ·	
Non-MIS	ACCOUN S Secon	dary)		AMOUNT		ESCRIPTION				
	711050000	004	624100		\$	440.84	Mi Ja	scellaneous expens nuary & February/06	es for the m	onth of
		-					+-			
							G	ST	···	
	TOTAL A	MOUNT C	F CHE	QUE	\$	440.84	×	CDN US	OTHER_	
Authorizatio	on Signatur	e		Title				Phone Number	Site	
/ Or. Bob Job	nnston			Senior Experie	Vice-F	President, Patie	ent	943-0835	South	port
CCOUNTS	PAYABLE	ONLY			31100					
T4A Code:	: <u> </u>							Vendor#		-0.01
Cheque C	ode: _							Invoice #	_	J8.89
Sep Chequ	те:							PO#		42,00
Sort Code:	: <u> </u>			F	Recur	ring Paymen	t:	Start Date		
Sep Hnd Des:							End Date			
A/P Approv		# of Payments					Cycle			
						440				

MISCELLANEOUS EXPENSES INCURRED BY <u>Kay Best</u> FOR THE PERIOD OF JANUARY & FEBRUARY, 2006

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
06-01-31	Quarterly Membership Dues with The Ranchmen's Club	\$ 440.84

GRAND TOTAL

\$440.84

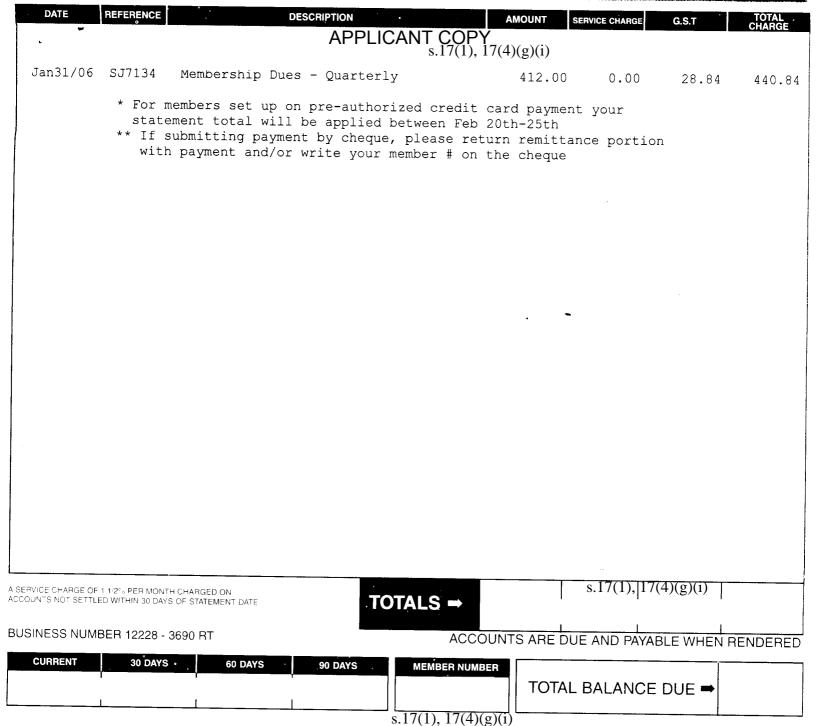
Date 5.406-03-01

Approved by Dr. Bob Johnston Senior Vice-President, Patient Experience

Kay Best, **F**CA

Executive Vice-President, Risk
Management & Chief Financial
Officer

/bdb





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE I	NEOF	RMATIC)N									
DATE		REQUE	STE	DBY (Print)		DEPAR	TMENT			HON	E NO (in full)
07-11-2	6	Bonnie	Bue	eckert			Risk Ma	nagem	ent		943-1	140
MAKE CI	HEQU	E PAY	ABL	.E TO: _	Cather	ine (K	(ay) M. B	Best –(E	Emp	loyee Number		
MAILING	ADDI	RESS	(fo	r forwardin	g of ch	eque)			s.17	(1), 17	V(4)(g)(i)
Cana	da Po	st:									·	
			City	у			P	rovince	e _	Postal	Code	
Interof	fice M	fail:	De	partment	Risk N	Manaç	gement 8	& CFO		The second		
			Site	Э	South	port						
DUDDAS	E 0E	CHEO		REQUEST	Quarte	arly me	omborehir	a foo fo	r Ka			Club momborship
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☐ End												
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No MIO		Centre	,	ACCOU				-				
Non-MIS 01		8 Primar 950000		(MIS Secor		\$	AMOUN 449.9			SCRIPTION arterly membership	fee for	· Kay Best for the
	,			W. 220			110.0			nchmen's Club mei	mbersh	ip #
								, `	s.17(1), 17(4)(g)			
									GS	ST		
	то	TAL A	MOL	JNT OF CH	EQUE	\$	449.9	7	×	CDN US	ОТНІ	ER
Authoriza			е		Title					Phone Number	5	Site
Dr. Chris	\sim	12X5	-		Execut CCO	tive Vi	ce -Presi	dent &		943-1469	8	Southport
ACCOUNT	SPA	YABLE	ON.	ILY								
T4A Cod	le:					-				Vendor #		
Cheque	Code): 								Invoice #		
Sep Che	que:			···						PO #		
Sort Code:						Recu	rring Pa	yment	:	Start Date		OR. (17.17.17.17.17.17.17.17.17.17.17.17.17.1
Sep Hnd Des:										End Date		
A/P Approval:						# of Payments						Cycle

DATE REFERENCE **DESCRIPTION AMOUNT** SERVICE CHARGE G.S.T APPLICANTSCOPY Oct31/07 SJ8656 Membership Dues - Quar 424.50 0.00 25.47 449.97 * For members set up on pre-authorized credit card payment your statement total will be applied between November 19 and 22, 2007. ** If submitting payment by cheque, please return remittance portion with payment and/or write your member # on the cheque. s.17(1), 17(4)(g)(i)A SERVICE CHARGE OF 1 1/2% PER MONTH CHARGED ON ACCOUNTS NOT SETTLED WITHIN 30 DAYS OF STATEMENT DATE TOTALS → BUSINESS NUMBER 12228 - 3690 RT ACCOUNTS ARE DUE AND PAYABLE WHEN RENDERED MEMBER NUMBER **CURRENT** 30 DAYS 60 DAYS 90 DAYS TOTAL BALANCE DUE → s.17(1), 17(4)(g)(i)



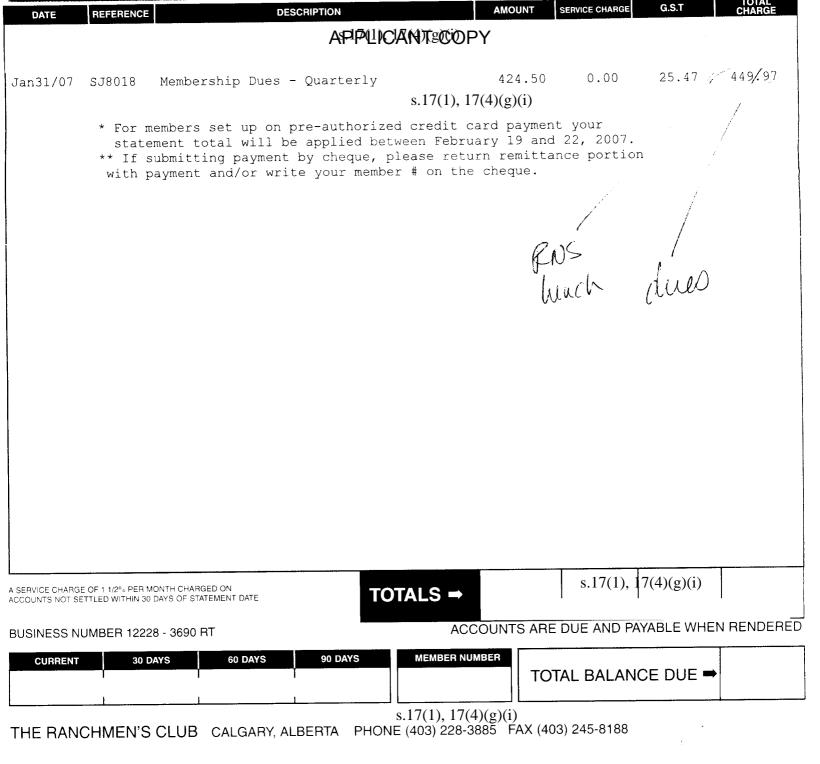
CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

	HEQUE INFORMATION											
DATE	REQU	JESTE	ED BY (Print	t)	DEPARTMENT	Γ	HONE NO (in full)					
07-02-20	0 Bonn	ie Bur	eckert	·	Risk Managen	nent	943-1140					
MAKE CI	HEQUE PA	YABI	-	Cather	rine (Kay) M. Best –(I	Employee Number						
	ADDRESS	; (fc	or forwardin	ıg of ch	neque)	s.17	7(1), 17(4)(g)(i)					
Cana	ıda Post:					-						
		Cit	ıy		Provinc	ce Posta	al Code					
Interof	ffice Mail:	De	epartment	Risk I	Management & CFO	l						
		Site	.e	South	ıport		O REPORTED LAND					
PURPOS	E OF CHE	QUE	REQUEST	Misc.	expenses for Kay Best	t for month of January,	2007					
Enc	Enclose attached documents (originals) with cheque Also GST Exempt Letter -											
CODING & AUTHORIZATION												
Non-MIS	Function Centre (MIS Prima	€	ACCOU (MIS Secor		AMOUNT	DESCRIPTION						
01	71105000		624100		\$ 449.97		Dues at the Ranchmen's Club					
	<u>n</u>					GST						
	/ /		UNT OF CHI		\$ 449.97	x CDN US	OTHER					
Authoriza	tion Signatu	ıre		Title		Phone Number	r Site					
Jack Davi	MU is	\		Presid	dent & CEO	943-1101	Southport					
	TS PAYABL	E ON	4LY			<u> </u>	TER 2 9 2007					
T4A Cod	le:			T Spiner	CEIVED	Vendor#	b					
Cheque	Code:			FE	EB 2 0 2007	Invoice #						
Sep Che	que:			L_E	INANCE	PO #						
Sort Cod	ie:			1	Recurring Payment	t: Start Date						
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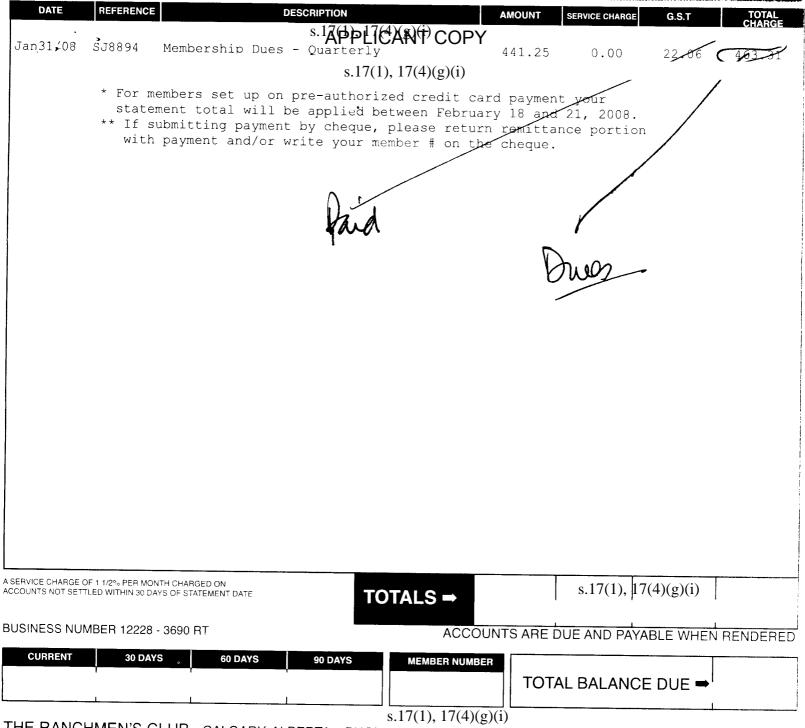
CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMAT	JON								
DATE	REQL	JESTE	ED BY (Print	t)		DEPARTME	NT		Н	ONE NO (in full)
08-02-1	5 Bonn	ie Bu	eckert			Risk Manag	jeme	nt	94	43-1140
MAKE CI	HEQUE PA	YABL	_E TO:	Cather	rine (K	(ay) M. Best	–(Er	mployee Numb		
MAILING	ADDRESS	fc) خ	or forwardin	ıg of ch	neque	;)			s.17(1)), $17(4)(g)(i)$
Cana	da Post:					~				
		Cit	у			Provi	ince	Pe	ostal Co	de
Interof	ffice Mail:	De	partment	Risk N	Manaç	gement & CF	- 0			
ı	Site			South	port	-		s.17(1), 17(4	<u>)(g)(i)</u>	
PURPOS	PURPOSE OF CHEQUE REQUEST					ies for Kay Be	est m			Ranchmen's Club
Enclose attached documents (originals) with cheque Also GST Exempt Letter -										
CODING 8	& AUTHORI	ZATI	ON						 -	
Non-MIS	Function Centre (MIS Prima 711050000	nal e ary)	ACCOU (MIS Secon	ndary)_	\$	AMOUNT 463.31				est membership #B30
					<u> </u>	***		at the Ranchmer		
			66020	1000 C		12				
	/				L		<u>\</u>	GST	<u></u>	
			UNT OF CHI		(\$	463.31				THER
Authorizat	tion \$ignatu	ıre		Title			_	Phone Num	nber	Site
Jack Davi			_	Chief E	Execut	tive Officer		943-1103		Southport
4ecount	S PAYABL	E ON	ILY							
T4A Cod	le:						_	Vendor #		
Cheque	Code:									
Sep Che	que:							PO#	<i>Y</i> .	7 9
Sort Cod	le:			F	Recur	rring Payme	ent:	Start Date _		
Sep Hnd	Des:							End Date		
A/P Appr	oval:						# (of Payments		Cycle





CHEQUE REQUISITION (\$1.4.1.1.) 2.9.9.7

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORMATION	٧							
DATE	REQUES	TED BY (Print	t)	DEPARTMENT	r		но	NE NO (in full)	
07-06-1	3 Bonnie B	ueckert		Risk Managen	nent		943	3-1140	
MAKE CI	HEQUE PAYAI	BLE TO:	Cather	ine (Kay) M. Best –(I	Emplo	oyee Number			
		(for forwardin	g of ch	ieque)		s.17(1),	17(4	e)(g)(i)	
Cana	da Post:								
	C	City		Provinc	е	Postal	Cod	le	
Intero	ffice Mail:	Department	Risk Management & CFO						
	5	Site	South	port					
PURPOS	E OF CHEQUE	E REQUEST		ses for Kay Best for m	nonth o	of May, 2007 @ R	anch	men's Club	
				als) with cheque		o GST Exem		· · · · · · · · · · · · · · · · · · ·	
CODING 8	AUTHORIZA	TION		· · · · · · · · · · · · · · · · · · ·					
Non-MIS	Functional Centre (MIS Primary)	ACCOU (MIS Seco		AMOUNT	DES	SCRIPTION			
01	71550000090			\$ 417.38 12	Welli		anne nen's	Stalinski's group on May Club	
01	71105000004	624100	000	46.02 p					
					GST				
	TOTAL AM	OUNT OF CH	EQUE	\$ 463.40	x	CDN US	ОТ	HER	
Authoriza	tion Signature		Title			Phone Number		Site	
Barb Ham	nbly			President, Financial gies & Sustainability		943-1474		Southport	
ACCOUNT	TS PAYABLE (DNLY	Ollaio	gles & Oustainability					
T4A Cod	le:				,	Vendor #			
Cheque	Code:								
Sep Che	eque:					PO #			
Sort Cod	de:		ļ	Recurring Payment	t: S	Start Date			
Sep Hnd	l Des:					End Date			
A/P App	roval:				# of F	Payments		Cycle	

of Payments _____ Cycle _

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
May 2/07 Ma 2/07	250599 250569	Meeting/Reception Equipment Rental s.17(1), 17(4)(g)(i)	312.50 25.00		22.13 1.50	390.88 26.50
May 9/07 May 9/07	250985 251002	Wolves Den - Lunch Wolves Den - Beverage	$\begin{pmatrix} 34.00 \\ 3.75 \end{pmatrix}$		2.35 0.26	41.45
	stater ** If so with *** The	embers set up on pre-authorized credit of ment total will be applied between June abmitting payment by cheque, please return payment and/or write your member # on Annual General Meeting will be at 5:00 to 21, 2007.	18 and 21 arn remittine cheque p.m. on T	, 2007. ance portion hursday,	s.17(1), 17	
A SERVICE CHARGE C ACCOUNTS NOT SETT	DF 1 1/2°° PER MON LED WITHIN 30 DA	NTH CHARGED ON ANYS OF STATEMENT DATE TOTALS →		s.17(1), 17	(4)(g)(i)	
BUSINESS NUM	MBER 12228	- 3690 RT ACC	COUNTS ARE	DUE AND PAY	ABLE WHEN	RENDERED
CURRENT	30 DAY	'S 60 DAYS 90 DAYS MEMBER NU		TAL BALANC	E DUE →	

CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER	
	'	,			TOTAL BALANCE DUE →
				- 17(1) 17(4)(-)(1)	

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

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE I	NFORN	<u>IATI</u> C	<u>N</u>									
DATE	RI	EQUE	STE	D BY (Print)		DEPART	MENT			HONE NO (in full)	
05-11-1	6 В	onnie	Bue	ckert			Risk Man	agem	ent		943-1140	
MAKE CH								st –(E	:mp	loyee Number s.17(1), 17		
Cana	da Post		,			-					- 1	RECEN
			City		Disk M	Mana		ovince	· _	Posta	l Code	NOV 2 3 200
interor	Interoffice Mail: Department Site			,	Risk Management Southport							FINANCI
PURPOS	E OF C	HEQU	JE F	REQUEST	Miscel	laneo	us expense	s for th	ne m	nonth of October 2	005	
End	close at	tache	ed d	ocuments (origina	als) w	ith chequ	ıe	Als	so GST Exem	pt Le	tter -
CODING 8				NC		,		······································				
Non-MIS	Ce (MIS F		у)	ACCOU (MIS Secor	idary)		AMOUNT			SCRIPTION	- f d -	and the of Oatabase
01	71105	00000	04	624100	00	\$	479.07			cellaneous expenses 5 for Kay Best	s for the	month of October
											-	
									GS) I		
	TOT	AL AI	MOL	JNT OF CHI	EQUE	\$	479.07	'	X	CDN US	OTH	IER
Authoriza	tion Sigr	nature	a -1	1200	Title		· · · · · · · · · · · · · · · · · · ·			Phone Number		Site
Dr. Bob J			V.	*	Senior Experi		President, l	Patien	t	943-0835		Southport
ACCOUNT	S PAY	ABLE	ON	LY						···		
T4A Cod	le:	***								Vendor#		
Cheque	Code:	_								Invoice #		
Sep Che	que:	-						y .		PO#		
Sort Cod	le:			···		Recu	rring Pay	ment:		Start Date		
Sep Hnd	Des:	_								End Date		
A/P Appı	roval:	_						#	f of	Payments		Cycle

MISCELLANEOUS EXPENSES INCURRED BY <u>Kay Best</u> FOR THE PERIOD OF OCTOBER, 2005

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
05-10-31	Lunch meeting with Tom Collins @ The Ranchmen's Club	\$ 51.07
05-10-31	Ranchmen's Club Quarterly Membership Dues	<u>428.00</u>

GRAND TOTAL

\$ <u>479.07</u>

Date

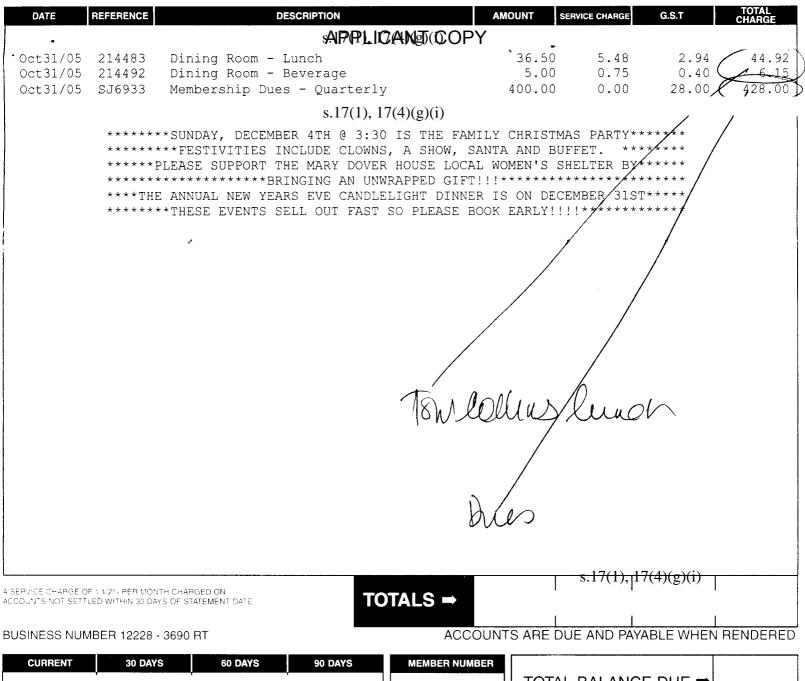
Approved by Dr. Bob Johnston Senior Vice-President, Patient Experience

Kay Best, FCA

Executive Vice-President, Risk
Management & Chief Financial

Officer

/bdb



CURRENT 30 DAYS 60 DAYS 90 DAYS MEMBER NUMBER

TOTAL BALANCE DUE

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



CHEQUE REQUISITION

INSTRUCTIONS:

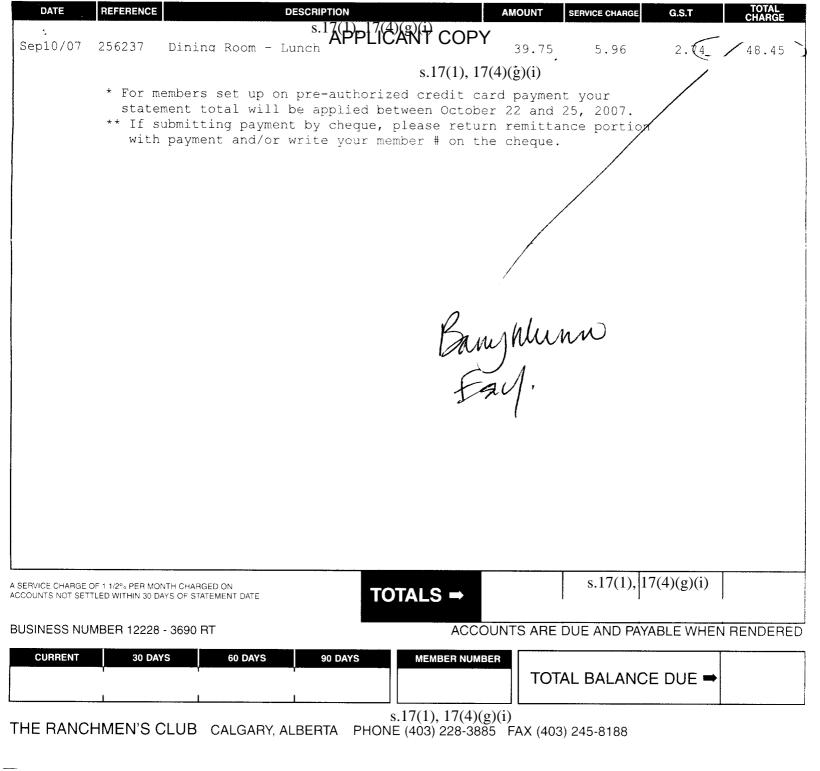
A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

DISTRIBUTION: White - Accounts Payable

DATE	REQU	ESTED BY (Print	t)	DEPARTMENT			HONE NO (in full)
07-10-1	7 Bonni	e Bueckert		Risk Managem	ent		943-1140
MAKE C	HEQUE PAY	ABLE TO:	Catherine	(Kay) M. Best –(E	Ξmp	loyee Number	
MAILING	ADDRESS	(for forwardin	g of cheq	ue)		s.17((1), 17(4)(g)(i)
Cana	da Post:						
		City		Province	e	Posta	Code
Interoffice Mail: Department Site			Risk Mar	nagement & CFO			
			Southpo			Z.	
		Oile	Courre	, <u> </u>			
PURPOS	E OF CHEC	UE REQUEST	Expenses	for Kay Best for mo	onth	of September, 200)7
En	close attacl	ned documents	(originals) with cheque	Al	so GST Exem	pt Letter -
ODING 8	& AUTHORI						
Non-MIS (MIS Primary) (MIS Sec		ACCOL ary) (MIS Seco	ondary) AMOUNT		DESCRIPTION Lunch meeting with Barry Munn, Ernst & Young at th Ranchmen's Club for Kay on September 10, 2007		
				r.	Паі	chineris Ciub for Na	ty on September 10, 2007
					GS	ST .	
	TOTAL A	MOUNT OF CH	EQUE	6 48.45	х	CDN US	OTHER
Authoriza	tion Signatu	re	Title			Phone Number	Site
کرے Dr. Chris	Eagle		Executive CCO	Vice -President &		943-1469	Southport
CCOUN.	TS PAYABL	E ONLY	1 000				I
T4A Cod	le:					Vendor #	
01	Codo						
Chadila	Code.						
						PO#	
	eque:		Recurring Payment: Start Date				the state of the s
Cheque Sep Che Sort Co	•		Re	curring Payment	:	Start Date	· · · · · · · · · · · · · · · · · · ·
Sep Che	de:		Re	curring Payment	:	Start Date	· · · · · ·

 $\begin{array}{c} 426 \\ \text{Yellow - Retain for your records} \end{array}$





APPLICANT COPY **DINING ROOM**

Numb	per of personsTime	Lun	scbt				
Atten	dantAccount Number_						
Qty.	Description		Amount				
:	1 1 1 1 1 1		15	<u>\$</u>			
	Astronomy and the second		19	75			
2	Coffee		4	50			
	SUBT	OTAL					
	SURCH	ARGE					
Staff	are forbidden to take verbal orders.	TOTAL	39	75			
Date_		م					



CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

DISTRIBUTION: White - Accounts Payable

CHEQUE	NFORM	MATION								
DATE	RI	EQUESTE	DBY (Print	t)		DEPARTMEN	IT		НС	ONE NO (in full)
07-05-1	7 В	onnie Bu	eckert			Risk Manage	mei	nt	94:	3-1140
MAKE CI	HEQUE	PAYABL	E TO:	Cather	rine ((Kay) M. Best –	(En	nployee Numb	<u>er</u>	
MAILING	ADDRE	ESS (fo	or forwardin	g of ch	nequ	e)		s.17	(1), 17(4))(g)(i)
Cana	da Post	: <u> </u>				· · · · · · · · · · · · · · · · · · ·				
		Cit	у			Provin	се	F	ostal Co	FINA
Interof	ffice Ma	il: De	partment	Risk I	Mana	agement & CF()			174174
	Site			South	port				1 23	WECEW 18
PURPOS	E OF C	HEQUE I	REQUEST	Expen	nses f	for Kay Best for r	non	th of April, 2007		
Enc	close at	tached o	documents	(origin	als)	with cheque	,	Also GST E	xempt L	etter -
CODING 8			ON							
Non-MIS	Ce (MIS F	ctional entre Primary)	ACCOU (MIS Seco			AMOUNT		DESCRIPTION		
01	71105	000004	624100	000	\$	512.75		unch meeting at Chris LeGeyt and		nen's Club for Kay Best & lembership Dues
				· · · · · · · · · · · · · · · · · · ·						
						A 540.75	1	GST		
	TOT	AL AMO	UNT OF CH	EQUE	1	\$ 512.75 n	1	x CDN	US OT	HER
Authofiza	tion Sigi	nature		Title				Phone Nur	mber	Site
Barb Ham	nbly (A)—				dent, Financial & Sustainability		943-1474		Southport
ACCOUNT	SPAY	ABLE ON	1LY							
T4A Cod	le:	*****	···					Vendor #		
Cheque	Code:	····						Invoice #		***************************************
Sep Che	que:							PO#		
Sort Cod	de:		· · · · ·		Rec	urring Paymer	nt:	Start Date		
Sep Hnd	Des:							End Date		
A/P App	roval:					· · · · · · · · · · · · · · · · · · ·	# (of Payments		Cycle

Yellow - Retain for your records

DATE	REFERENCE		(4)(2)(i)	AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
Apr16/07	249542	S. APPLIC	CANTOCOPY	44.25	6.64	3.05	53.9∤ 3
Apr16/07 Apr30/07	249550 SJ8254	Dining Room - Beverage Membership Dues - Quarterly		7.25	1.09	0.50 25.47	8.8A 4491.9D
11,5200,01	550251	s.17(1), 17		424.50			9991.7
	stater ** If s	embers set up on pre-authoriment total will be applied bubmitting payment by cheque, payment and/or write your m	etween May 21 please retur ember # on th	and 24, and remitta	2007. Ince portion		y dies
A SERVICE CHARGE (ACCOUNTS NOT SET		NTH CHARGED ON AYS OF STATEMENT DATE	OTALS -		s.17(1), 1'	7(4)(g)(i)	
BUSINESS NU	MBER 12228	- 3690 RT	ACCC	OUNTS ARE	DUE AND PAY	ABLE WHEN	RENDERED
CURRENT	30 DA\	/S 60 DAYS 90 DAYS	MEMBER NUMB		AL BALANC	E DUE ➡	
THE DANC	LINATAUO	TITE CALCARY ALBERTA BUOM	s.17(1), 17(4)(-



CHEQUE REQUISITION

INSTRUCTIONS:

A/P Approval:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

DATE	NFORMATI REQUI	ESTED BY (Prin	it)	DEPARTMENT		HONE NO (in full)	
06-01-1	9 Bo nnie	e Bueckert		Risk Managem	Risk Management		
MAKE CH	IEQUE PAY	'ABLE TO:	Cathorin	e (Kay) M. Best –(E	Employoo Numbor		
), 17(4)(g)(i)	
MAILING	ADDRESS	(for forwardi	ng of che	que)	5.17(1), 17(1)(5)(1)	
Cana	da Post:			4			
		City		Province	Posta	l Code	
Interof	fice Mail:	Department	Risk Ma	anagement			
		Site	Southpo	ort			
			Country	₩1			
PURPOS	E OF CHEQ	UE REQUEST	Miscella	neous expenses for the	he month of Novembe	er 2005	
End	close attach	ed documents	(original	s) with cheque	Also GST Exem	npt Letter -	
ODING 8	AUTHORIZ						
N MO	Functiona Centre	ACCOL		AAAOLINIT	DECODIDATION		
Non-MIS 01	(MIS Prima 711050000		econdary) AMOUNT DESCRIPTION 10000 \$ 700.16 Miscellaneous expenses for the mo				
					2005 for Kay Best		
				Λ			
					- 6 \$T		
	TOTAL A	MOUNT OF CH	łEQUE	\$ 700.16	x CDN US	OTHER	
Authoriza	tion Signatui	# / L	Title		Phone Numbe	r Site	
	600	,	Sonior	/ice-President, Patien		Southport	
Dr. Bob J			Experier		943-0835		
CCOUNT	S PAYABLI	E ONLY					
	e.				Vendor#		
T4A Cod	·· -						
T4A Cod	_				Invoice #		
Cheque	Code:						
Cheque Sep Che	Code: _				PO#		
Cheque	Code: _		R	ecurring Payment:	PO#		

of Payments _____ Cycle ___

MISCELLANEOUS EXPENSES INCURRED BY <u>Kay Best</u> FOR THE PERIOD OF DECEMBER, 2005

DATE OF OCCURRENCE	REASON FOR THE EXPENSE (Receipts Attached)	AMOUNT
05-12-19	Lunch with Chris LeGeyt @ The Ranchmen's Club	\$ 91.97
05-12-21	Christmas Lunch for Portfolio @ The Ranchmen's Club	608.19

GRAND TOTAL

\$ 700.16

Date

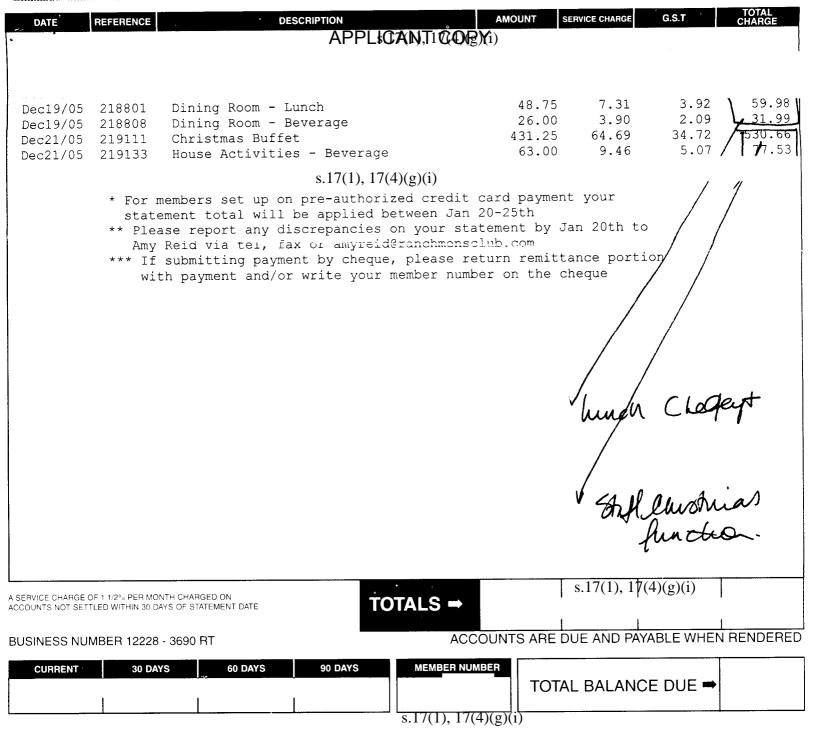
Approved by Dr. Bob Johnston Senior Vice-President, Patient Experience

Kay Best, FCA

Executive Vice-President, Risk
Management & Chief Financial

Officer

/bdb





CHEQUE REQUISITION

INSTRUCTIONS:

A cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies.

ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFO	RMATION						_			
DATE		REQUEST	ED BY (Pri	nt)		DEPARTM	IEN	T	I	HONE NO (in full)	
06-04-	18	Bonnie Bu	ueckert		_	Risk Mana	Risk Management			943-1140	
MAKE C	HEQL	E PAYAB	LE TO:	_Cathe	rine ((Kay) M. Bes	st –(Employee Numb	er	s.17(1), 17(4)(g)(i)	
MAILING	G ADD	RESS (f	or forwardi	ng of cl	hequ	e)				- A. S. No. 6	
Cana	ada Po	st:		-					R		
		Ci	ty			Prov	vinc	e P	ostal Co	Ader 2 1 2006	
Intero	ffice N	fail: De	epartment	Risk	Mana	agement & C	FO				
		Sit	te	South	port			- <u>5 17 2 4 2</u> (() (*	Section 2011	
PURPOS	SE OF	CHEQUE	REQUEST							all at The Ranchmen's	
En	close	attached (documents	(origin	als) v	with cheque)	Also GST Ex	empt l	Letter -	
CODING 8		HORIZATI	ON							, (1)	
Non-MIS	(MIS	nctional Centre Primary)	ACCOL (MIS Seco			AMOUNT		DESCRIPTION		Judie	
- 01		5000004	624100		\$	151.67		Misc. monthly expe	nses for l	(ay Best	
01	/111	0600002	624100 696U			711.49				eeting expense at The sed Kay Best's membership	
								GST			
	TO	AL AMOI	JNT, OF CH	FOLIE	\$	863.16	\dashv				
Authorizat	/	$\cap Z(B/B)$	/		2	- 711 49	\Box	× CDN U		THER	
, latinonizat		gradule	/	Title		15	`	Phone Num	ber	Site	
Dr. Bob Jo				Senior Experie	Vice- ence	President, Pa	tient	943-0835		Southport	
CCOUNT	S PAY	ABLE ON	LY								
T4A Code	e:							Vendor#	RB		
Cheque	Code:	···········						Invoice #			
Sep Chec	que:	-						PO #			
Sort Code	e:			R	Recur	ring Payme	nt:	Start Date			
Sep Hnd	Des:							End Date			
A/P Appro	oval:					434	#	of Payments		Cyclo	

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
	20111	ARPI(IÇANIT(QQP)			paper and the second of the second of	CHARGE
Mar 3/06 Mar 3/06	224441 224442	Banquet - Lunch Meeting/Reception	324.0		26.08	398.68
Mar 3/06	224413	Equipment Rental	189.0 75.0		15.21 5.25	232.56
	** If s	embers set up on pre-authorized credit ment total will be applied between Apriubmitting payment by cheque, please ret payment and/or write youlf(nl)mh7(4)(g)(i) club will be closed April 14th for Goo	il 20th-25	th tance portion	eter V	/ K
SERVICE CHARGE OF COUNTS NOT SETTLE	1 1/2° PER MONTH D WITHIN 30 DAYS	CHARGED ON OF STATEMENT DATE TOTALS →		s.17(1), 17(4)(g)(i)	
JSINESS NUMB		COLDE	I		1	
CURRENT		ACCC	OUNTS ARE I	DUE AND PAYAE	LE WHEN F	RENDERED
CURRENT	30 DAYS	60 DAYS 90 DAYS MEMBER NUMB	ER			

TOTAL BALANCE DUE ➡

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

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

DATE	INFO	REQUE	STED BY (Pr	int)		DEPARTMEN	iT		1
06-12-	14		Bueckert	,		Risk Management			HONE NO (in full)
						HISK Wallage	mer	1I	943-1140
WAKE	, TEQU	JE PAYA	ABLE TO:	Cathe	erine (K	(av) M. Best –	(Fm	ployee Number	
MAILING	G ADD	RESS	(for forward				7=.,		17(1), 17(4)(g)(i)
Cana	ada Po	st:	,		neque	/	*****		17(1), 17(4)(g)(1)
			City					The state of the s	
Intoro	s					/ Province	_	Posta	l Code
intero	ffice N		Department	Risk	Manag	ement & CFC			
		:	Site	Sout	hport				
PURPOS	SE OF	CHEQU	E REQUEST	Misc.	expens	es for Kay Bes	t at 7	he Ranchmen's Cl	ub, November, 2006.
En	close a	attache	d documents						
ODING 8				(origin	ais) Wi		_A 	lso GST Exem	pt Letter -
	Fui	nctional Centre					<u> </u>		
Non-MIS 01	(MIS	Primary)		ondary)	ary) AMOUNT DESCRIPTION			SCRIPTION	
	7110	5000004	62410	000	\$ 74.67 Lunch a Chairma		nch at the Ranchmen' airman, People & Fina	s Club with Myron Kanik, ance Committee	
		· · · · · · · · · · · · · · · · · · ·				4			
	TOT	ΓΑΙ ΔΜ	DUNT OF CH	EOUE	/\$	74.67	GS		
Authorizat						74.07	Х	CDN US	OTHER
	1917 SIQ			Title		**************************************		Phone Number	Site
Barb Han	<u> </u>	\nearrow		Execut Develo	ive Dire	ctor, Business		943-1474	Southport
CCOUNT		ABLE O	NLY						
T4A Code	e:							Vendor #	
Cheque (Code:							Invoice #	
Sep Cheq	ļue:								
Sort Code	e:			F	Recurri	ng Payment:			
Sep Hnd I	Des:				, 				
VP Appro						End Date			
-						#	OI I	ayments	Cycle

436 Yellow - Retain for your records DISTRIBUTION: White - Accounts Payable

DATE	REFERENCE	DESCRIPTION		AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
	237741 237753	Dining Room - Beverage	17(4)(g)(i)	48.25 13.00	7.24 1.95		58.82 /15.85
	** If s	s.17(1), 1 embers set up on pre-authorment total will be applied ubmitting payment by cheque ayment and/or write your me	between Decemb	eer 18 and n remitta cheque.	21 2006		
A SERVICE CHARGE OF ACCOUNTS NOT SETTL BUSINESS NUM	ED WITHIN 30 DAY	'S OF STATEMENT DATE	OTALS →	JNTS ARE D	s.17(1), 1'	'	RENDERED

CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER		
	1				TOTAL BALANCE DUE	
 		<u> </u>	L			

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

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFO	PRMATION	1							
DATE			TED BY (Print	it)		DEPARTMEN	٧T		HONE NO (in full)	
06-11-1	10	Bonnie Bu	ueckert			Risk Manage	∍mei	nt	943-1140	
		UE PAYAB	-				<u>-(En</u>	nployee Number		
MAILING	i ADD)RESS (f	for forwardin	ng of ch	neque	;)		S.1 /	7(1), 17(4)(g)(i)	
Cana	ada Po	ost: _								
			City			Provin	ice	Postal	Code	
Interof	ffice !	Mail: D	epartment	Risk I	Risk Management & CFO					
		S	Site	South	Southport					
PURPOS	SE OF	: CHEQUE	REQUEST	Misc.	expens	ses for Kay Bes	st at	The Ranchmen's Clu	ub, October, 2006.	
			documents	(origin	als) w	/ith cheque	- - -	Also GST Exemp	pt Letter -	
CODING 8	_	THORIZAT	ION							
Non-MIS	Functional Centre ACCOUN Non-MIS (MIS Primary) (MIS Second					AMOUNT	Г	DESCRIPTION		
01		110300003			\$ 2	278.24	G		mmittee of the Board held at	
01		05000004		00	491.89	55.17		Lunch at the Ranchmen's October 5 th , 2006	's Club with Peter Valentine on	
01	711(05000004	624100	00	R	436.72	Q fo	Quarterly Membership Du or Kay Best	ues at the Ranchmen's Club	
	<u> </u>						G	GST		
			OUNT OF CH	EQUE	\$ (770.13		x CDN US	OTHER	
Authorizat		T /	,	Title			4	Phone Number	Site	
Sirve M Barb Ham		la me	364		ıtive Dir opment	irector, Busines	ss	943-1474	Southport	
ACCOUNT	IS PA	YABLE O	NLY	DU	Jpine					
T4A Cod		1	CVEII	<u>/E[</u>	7			Vendor#		
Cheque	Code	e:	· · · · · · · · · · · · · · · · · · ·	A Rose ha	7			Invoice #		
Sep Che	:que:	ļ —	NOV 1 4 2	2006				PO #		
Sort Cod	de:	├	-IN AN(CE '	Recur	rring Paymen	nt:	Start Date		
Sep Hnd	Des:	:						End Date		
A/P Appr	roval	1.				438	# ,	of Paymente	Cycle	

DATE	REFERENCE	DESCRIPTION	AMOUNT			
	•	S.1771 COP	AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
Oct 5/06		panduer - runch				_
Oct 5/06	235587	Banquet - Beverage	216.00	32.40	14.90	263.30
Oct 5/06	235527	Wolves Den - Lunch	12.25	1.84	0.85	14.94
Oct 5/06	235549	Wolves Den - Beverage	38.50 6.75	5.78 1.01	2.66	46.94
Oct31/06	SJ7785	Membership Dues - Quarterly	412.00	0.00	0.47 (24.72/	/ 8.23 / 436.72
		s.17(1), 17(4)(g)(1)	i)	<i>p</i> "	, (7
	** If su	embers set up on pre-authorized credit ment total will be applied between Novembritting payment by cheque, please retayment and/or write your member # on the	card paymen ember 20 and	t your 23, 2006. hoe portion		i
	4		gael :		à Cª	e
	due.	Pek)	Valen	elino.		
L						
A SERVICE CHARGE OF 1 ACCOUNTS NOT SETTLES	D WITHIN 30 DAYS	OF STATEMENT DATE TOTALS →	s.17(1),	17(4)(g)(i)		
BUSINESS NUMB	30 DAYS	690 RT ACCO	DUN 12 AME DI	JE AND PAYABL	E WHEN R	ENDERED
		MEMBER NOM		. BALANCE [DUE -	

CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER		
					TOTAL BALANCE DUE ➡	
THE DANGE			<u> </u>	17(1) 17(4)(g)(i)		

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

THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188



829729

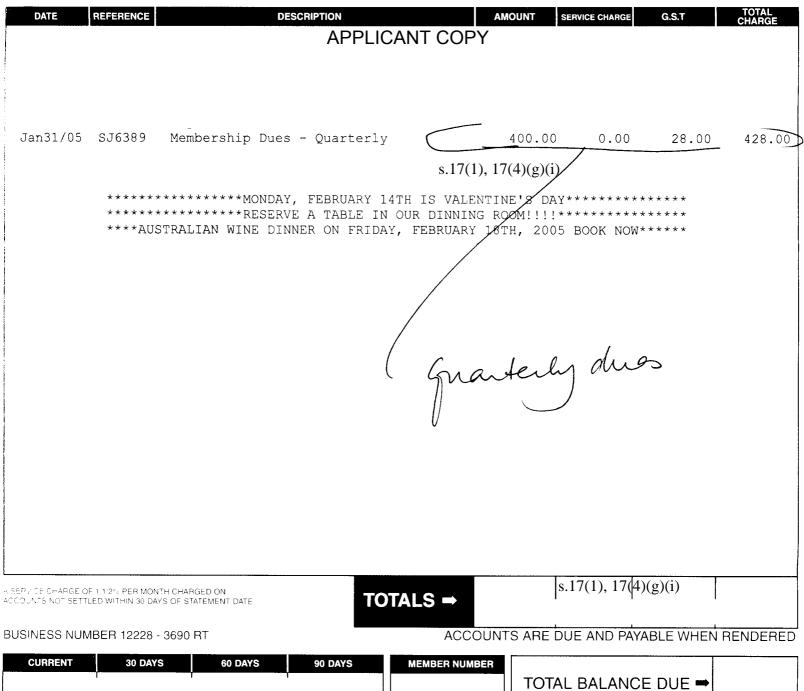
CHEQUE REQUISITION

INSTRUCTIONS:

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ORIGINAL DOCUMENTS MUST BE ATTACHED

CHEQUE	INFORM		1	i i Aoi	14:	221						
DATE			TED BY (Prin	t)	DEPAR	MENT		HC	NE NO (in full)			
05-02-1	4 Bo	nnie B	ueckert		Risk Ma	nagemer	nt	94:	3-1140			
MAKE CI	HEQUE	PAYAE	BLE TO:	Cather	ine (Kay) M. R	est _(Fm	iployee Number					
MAILING	ADDRE	:SS (for forwardir			CSt -\LII		7(1),	17(4)(g)(i)			
Cana	da Post:	: _										
		C	City		Р	rovince	Posta	al Cod	e			
Interoffice Mail: Department			Risk I	Risk Management								
Site			South	Southport								
PURPOS	PURPOSE OF CHEQUE REQUEST Miscellaneous expenses for the month of January 2005											
End	close att	tached	l documents	(origin	als) with cheq	ue /	Also GST Exen	npt L	etter -			
CODING 8	& AUTHO	RIZA	TION						· // // //			
		tional										
Non-MIS	Cer (MIS P		ACCOL (MIS Seco		AMOUNT	- _	ESCRIPTION					
01	711250				\$ 428.00 Miscellaneous expenses for the month of Januar 2005 for Kay Best							
			-			(SST	~				
	TØTA	L AM	OUNT OF CH	EQUE	\$ 428.0	0	x CDN US OTHER					
Authoriza	tion Sign	ature		Title			Phone Numbe	r	Site			
Jack Davi	is / L	L,		Presid	ent & CEO		943-1101		Southport			
ACCOUNT	S PAYA	BLE	HLY				•					
T4A Cod	le:				28.00		Vendor#	B				
Cheque	Code:	-			400.00	!	Invoice #					
Sep Che	que:						PO#					
Sort Cod	de:				Recurring Pay	yment:	Start Date					
Sep Hnd	l Des:						End Date					
A/P App	roval:					# 0	of Payments		Cycle			



CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER		
					TOTAL BALANCE DUE ➡	

s.17(1), 17(4)(g)(i)THE RANCHMEN'S CLUB CALGARY, ALBERTA PHONE (403) 228-3885 FAX (403) 245-8188