



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from: Oct 2004 – Jan 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			22.45		
Registration Fees					
Transportation (including parking)			27.25		
Other					
Mileage			91.00		
<b>TOTAL</b>			<b>\$140.70</b>		<b>\$</b>
Less Cash Advance					
NET			<b>\$</b>		

Capital Health  
**RECEIVED**  
FEB 10 2005  
ACCOUNTS  
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Feb 1, 2005

Approved by \_\_\_\_\_

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Please ensure that the expense claim is properly authorized.
  - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
  - See the other side of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY**  
**EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct 21/05	Parking				4.50		
Oct 21/05	Driving to/from Pigeon Lake						200
Oct 22/05	Drive to/from Misericordia Hospital						20
Oct 22/05	Drive to/from Alberta Hospital						40
Dec 17/05	Parking				14.00		
Dec 21/05	Parking				3.75		
Dec 26/05	Parking				5.00		
Dec 26/05	Meeting w/ Bill Ghali		6.35				
Jan 13/05	Lunch w/ Corinne Schalm		12.10				
Jan 26/05	Parking		4.00				
	<b>Total km</b>						260
	@						<b>\$0.35</b>
<b>TOTALS TO FRONT OF FORM</b>			22.45		27.25		91

**EXPENSE LIMITS**

**1. Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

**2. Travel**

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

**3. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

**4. Hosting Expenses**

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Oct 21

Data Access mtg @ AB H&W

TELUS PARKADE  
GET INC. RW122358333

04OCT21 14:27 001 001

04OCT21 13:17

/ 1:10 4087010

GATE 1 \$4.50

TOTAL \$4.50

CASH \$4.50

MANAGED BY  
IMPERIAL PARKING

Oct 21

200 km to/from Pigeon Lake - Board Retreat

Oct 22

20 km to/from Misericordia Hospital - COMPRO mtg

Oct 22

< 40 km > to/from Alberta Hospital Edmonton.



APPLICANT COPY

FMC GARDEN DELI CAFETERIA

320 NANCY

Chk 2657 Dec26'04 02:19PM Gst 0

2 @ 1.64	
Coff, Star, Med	3.28
1 Minestrone	2.76
1 Mandarin Orange	0.56
CASH	6.35
Subtotal	6.60
10 %	
10% STAFF	0.60-
10 %	
10% STAFF	0.06-
GST	0.42
PAID	6.35

HAVE A GREAT DAY

#####

Meeting w/ Bill Ghali

APPLICANT COPY

Jan 13

lunch w/ Corinne Schelm

Capital Health Authority  
Hospitality Food Service

487

Host: Teresa S                      01/13/2005  
487                                      12:17 PM  
    110487

Area: Cafeteria

Baguette 1/2 Combo                      4.63  
Stirfry Chicken                            5.75  
Milk 250ml                                  0.93

#Items 3    Sub Total                      11.31  
    Tax                                      0.79

Order Total                                  12.10

Cash    20.00

University of Alberta Hospital  
GST# R108161688

YOUNG & RUBICAM

YOUNG & RUBICAM

THANK YOU FOR PARKING  
AT THE GREEN PLAZA  
INTERNAL PARKING

OSTANZA 19:03 001 002  
05JAN26 17:56 01  
/ 1107 9034912

==010001E7  
DAY RATE                      \$4.00  
TOTAL                            \$4.00  
CASH                              \$5.00  
CHANGE                          \$1.00

FOR INDUSTRIES CALL  
790 (5) 1976



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from: Feb 2, 2005 – March 3, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	① DO NOT USE
Accommodation			444.83		353.10 96.7
Meals	Capital Health RECEIVED		415.72		① 15.00
Registration Fees					
Transportation (including parking)	MAR 15 2005		82.00		
Other			189.00		
Mileage	ACCOUNTS PAYABLE		24.50		
<b>TOTAL</b>			<b>\$1156.05</b>		
Less Cash Advance					
<b>NET</b>			<b>\$1156.05</b>		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date MARCH 8, 2005

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date MARCH 11, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date ① 159.73

### NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

① 1046.32

## EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Feb 2/05	Dinner w/ Ken Gardener, Trevor Theman, and Alan Forster		140.94				
Feb 8/08	CIBC Club Privilege Travel Card					189.00	
Feb 25/05	Mileage to Edmonton Airport						70
Feb 25/05	Parking @ Edmonton Airport				12.00		
Feb 26/05	Breakfast		6.90				
Mar 1/05	Intercontinental Hotel Toronto	444.83					
Mar 1/05	Taxi to Toronto Airport				58.00		
Mar 3/05	Parking Downtown (AB H&W Meeting)				12.00		
Mar 3/05	Dinner w/ Alan Forster, Phil Hassen, Nils Petersen, and Peter Taylor		267.88				
	<b>Total km</b>						
	<b>@</b>						<b>\$0.35</b>
<b>TOTALS TO FRONT OF FORM</b>		<b>444.83</b>	<b>415.72</b>		<b>82.00</b>	<b>189.00</b>	<b>24.50</b>

### EXPENSE LIMITS

**1. Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

**2. Travel**

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

**3. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

**4. Hosting Expenses**

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.



Tom Feasby

**INTERCONTINENTAL**  
TORONTO

CA

Room No. : 627  
 Arrival : 02-27-05  
 Departure : 03-01-05  
 Page No. : 1 of 2  
 Folio No. : 101245  
 Conf. No. : 141915  
 Cashier No. : 47  
 User ID : PACHECO,  
 GST# : 855206975

Membership No. :  
 Invoice No :  
 A/R Number :  
 Group Code : B47  
 Company Name :

Date	Text	Reference	Charges	Credits
02-27-05	Long Distance Call	20:43 #627 : [REDACTED]	1.61	
02-27-05	Private Dining	#507 : CHECK #1637 [REDACTED] #507=>F	57.28	
02-27-05	Room Charge		165.00 ✓	
02-27-05	GST 7% on Room		11.55 ✓	
02-27-05	Room Occupancy Tax 5%		8.25	
02-27-05	DMF 3%		4.95	
02-28-05	Local Call	22:16 #627 [REDACTED]	1.61	
02-28-05	Long Distance Call	22:57 #627 [REDACTED]	1.61	
02-28-05	Room Charge		165.00 ✓	
02-28-05	GST 7% on Room		11.55 ✓	
02-28-05	Room Occupancy Tax 5%		8.25	
02-28-05	DMF 3%		4.95	
03-01-05	Local Call	10:02 #627 : [REDACTED]	1.61	
03-01-05	Local Call	13:07 #627 : [REDACTED]	1.61	
03-01-05	Visa	[REDACTED] Section 17(1),(4)(e.i)		444.83

G 253.10  
 (10) 9173

Tom Feasby

**INTERCONTINENTAL.**  
TORONTO

Room No. : 627  
 Arrival : 02-27-05  
 Departure : 03-01-05  
 Page No. : 2 of 2  
 Folio No. : 101245  
 Conf No. : 141915  
 Cashier No. : 47  
 User ID : PACHECO,  
 GST# : 855206975

CA

Membership No. :  
 Invoice No :  
 A/R Number :  
 Group Code : B47  
 Company Name :

Date	Text	Reference	Charges	Credits
	<b>Total</b>		<b>444.83</b>	<b>444.83</b>

	<b>Balance</b>	<b>0.00</b>	<b>CAD</b>
	<b>GST 7% on Room</b>	<b>23.10</b>	<b>CAD</b>
	<b>GST 7% on Telephone</b>	<b>0.53</b>	<b>CAD</b>
		<b>0.00</b>	<b>CAD</b>
		<b>0.00</b>	<b>CAD</b>
Approval Code 042340		<b>0.00</b>	<b>CAD</b>
Approval Amount: 444.83		<b>16.50</b>	<b>CAD</b>
	<b>GST 7% Private Dining</b>	<b>3.38</b>	<b>CAD</b>
		<b>0.00</b>	<b>CAD</b>

I have received the goods and/or services in the amount shown hereon. 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, association or credit card issuer fails to pay for any part of the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the Cardholder's agreement with the issuer.

Signature \_\_\_\_\_

SUKHOTHAI RESTAURANT L  
11525 104 AVE T5K2S2  
EDMONTON AB

Feb 2

Dinner w/ Ken Gardener,  
Trevor Themas & Alan  
Forstel.

22800037

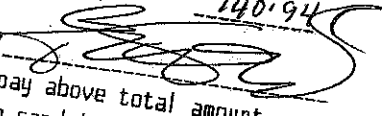
Name: FEASBY THOMAS E. DR  
Acct #

Date 05/02/02 Time 20 29 45  
Exp Date Auth # 011880  
Card Type VI Tran Code 01  
N22800037001 001701019

Op ID: 001 MAM

Invoice No.: 13775

Subtotal \$122.94  
Tip 18.00  
Total 140.94

Signature X 

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

Top copy-customer Bottom copy-merchant

EDMONTON AIRPORTS  
GST# R12B599776

Feb 25

1HE Mty - Calgary

Car park (780) 390-8439  
Phone. (780) 390-8329  
Fax.

Receipt no. 0176/0051/00801 25.02.05

015100 pay parking ticket 12.00 \$  
25.02.05 08:00 - 25.02.05 13:23  
Length of stay: 0 Dy. 7 Hr. 23 Min.

70 km to/from airport

total amount 12.00 \$  
accepted total 12.00 \$  
Tax 7.00 % 0.73 \$

Thank you for your patronage!  
Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*

FEB 26-

SECOND CUP

Edmonton  
(780) 890 4663

6955 3 20 16666

Cashier: Cashier II

TINAMIN RUN	2.57
LG TAIL	3.88
DINE IN	6.45
OST	2.45
Amount Due	\$6.90
CASH TEND 20.00	\$20.00
Change	\$13.10

6955 3 20 16666

5:34 AM

**PICK UP PROCEDURE  
AT THE AIRPORT**

1. Must pre-book the Car prior to departure.
2. Upon arrival at the Terminal call at **1-800-890-9991**. (Call is free)
3. Clear custom, pick up luggage.
4. Go to the Commissionaire at the Pre-arranged stand, give your name ask to call **SKY LIMO** from the compound.

**DESIGNATED POSTS**

- Terminal 1 ... Post D-1.
- Terminal 2 ... Post 21.
- Terminal 3 ... Post 23.

RECEIPT No. 72032

Date: 02-01-2005

Amount: \$ 58.00

Signature: *[Signature]*  
Thank you

MARCH 1-

Taxi to airport (Toronto)

March 3

IMPERIAL PARKING #101  
10259 107 STREET  
EDMONTON AB

Section 17(1),(4)(e.i)

AB H'w mtg

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA
DATE/TIME	2005/09/03 12:59:07
RECEIPT NUMBER	580000114-758-002
PURCHASE	
TOTAL AMOUNT	\$12.00

01 APPROVED 037 AUTH. # 006846  
THANK YOU

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

*[Signature]*  
THOMAS E. FEASBY

TYPE: PURCHASE  
 Amount: \$ 202.94  
 ACCT: TYP: \$ 31.94  
 CREDIT \$ 170.99  
 CARD NUMBER [REDACTED]  
 EXPIR DATE [REDACTED]  
 TIME: 21:04:44  
 REF: 101# 0001081  
 P: 000001 S: Exp. #: 117  
 AUTH. #: 0012583  
 TRANSACTION APPROVED  
 THANK YOU  
 Cardholder will pay total amount shown  
 to card issuer according to cardholder  
 agreement.  
 \*\*\* CUSTOMER COPY \*\*\*

March 3  
Dinner w/ Alan Forster, Phil  
Hassen, Nils Petersen, &  
Peter Taylor





**Travel Expense Claim Form**

(In Canadian Dollars)  
(To be used for all Regional and Out of Regional Travel)

FUNDS OK

Initials *[Handwritten initials]*

*[Handwritten signature]*  
Funds OK *[Handwritten initials]*

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 203 0001 71840001061

Department: Corporate Office Bus. Phone: 407-7812

Period from: May - June 2005

SIGNATURE(S) OK

*[Handwritten signature]*

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed/reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			477.56		416.00 61.56
Registration Fees	Capital Health RECEIVED				
Transportation (including parking)			21.00		W
Other	JUN 22 2005				
Mileage					
<b>TOTAL</b>	<b>ACCOUNTS PAYABLE</b>		<b>\$498.56</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$498.56</b>		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature *[Handwritten Signature]* Date June 20/05

Approved by  
Print Name CINDY GERDES Title Exec Associate

Signature *[Handwritten Signature]* Date June 21/05

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.





May 31



-Shoo Lee loan

Date: 31May'05 01:01PM  
Card Type: Visa  
Acct #:   
Exp Date:   
Auth Code: 042349  
Check: 5373  
Table: 43/1  
Server: 113 Phil G  
Ref Number: 001117500101  
THOMAS E FEASBY

Section 17(1),(4)(e.i)

May 31

60K to airport

Subtotal: 27.65  
Tip: 4.00  
Total: ~~31.65~~

I agree to pay above total according to my card issuer agreement.

\*\*\*\*\*Customer Copy\*\*\*\*\*

\*\*\*\*\*  
==TRANSACTION RECORD==  
NORMANDS RESTAURANT  
11639A JASPER AVE  
EDMONTON AB TSK 0M9  
TYPE: PURCHASE  
Amount: \$ 258.43  
Tip: \$ 37.56  
ACCT: CREDIT \$ 287.99  
CARD NUMBER:  
EXPIRY:   
DATE : 2005/06/02  
TIME : 20:48:51  
REF./TRN#: 0000438  
77000902 S Emp. #: 101  
AUTH.#: (002203)  
TRANSACTION APPROVED 001  
THANK YOU  
Cardholder will pay card issuer the above amount pursuant to cardholder agreement.  
\*\*\*\* CUSTOMER COPY \*\*\*\*

June 2

-Dinner w/ Shoo Lee

Section 17(1),(4)(e.i)

APPLICANT COPY

YIANNIS TAVERNA RESTAURANT  
10444 82 AVE  
EDMONTON AB

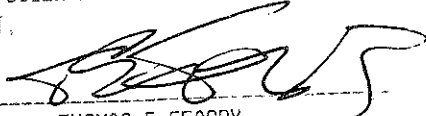
May 31

Dinner w/ Alan Forster, Shoo  
Lee, & David Mador

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 0266
DATE/TIME	2005/05/31 20:47:27
CLERK NUMBER	12
RECEIPT NUMBER	S80504267-573-034
AUTHORIZATION	-----
AMOUNT	\$137.92
TIP	20.00
TOTAL AMOUNT	<u>\$157.92</u>

01 APPROVED 027 AUTH. # 018359  
THANK YOU

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

  
THOMAS E FEASBY

June 15  
MADONNA M&W



**Travel Expense Claim Form**

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from: March 2005 – June 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			231.70		231.70 30.00
Registration Fees					
Transportation (including parking)			46.25		
Other					
Mileage					
<b>TOTAL</b>			<b>\$277.95</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$277.95</b>		

Capital Health  
**RECEIVED**  
 JUN 27 2005  
 ACCOUNTS  
 PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date June 28/05

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY**  
**EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
March 15/05	Parking at U of A Campus (Nanomedicine Workshop)			✓	3.75		
March 6/05	Parking Downtown (Long Service Awards)			✓	3.50		
Apr 20/05	Dinner with Dr. Dafoe, Dr. Johnstone		231.70				
Apr 27/05	Parking Downtown (Meeting w/ Robert Seidel, new AHFMR Board member)			✓	4.50		
May 19/05	Dinner with David Naylor			✓	13.00		
June 15/05	Meeting at Alberta Health & Wellness			✓	10.50		
June 17/05	Parking Downtown (SEARCH Canada Conference)			✓	8.00		
June 20/05	Parking Downtown (Meeting w/ Kevin Keough and Jacques Magnan)			✓	3.00		
	<b>Total km</b>						
	@						<b>\$0.35</b>
<b>TOTALS TO FRONT OF FORM</b>			231.70		46.25		

**EXPENSE LIMITS**

**1. Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

**2. Travel**

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

**3. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

**4. Hosting Expenses**

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP  
EXPIRATION DATE EXPIRATION TIME

15/03 12:00 AM

AMOUNT PAID  
\$ 3.75 1521000006:14 PM

University of Alberta  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE  
AUTHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF  
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE



DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID  
14/03/05 06:14 PM \$ 3.75

CREDIT CARD NUMBER  
06100

University of Alberta  
RECEIPT



*March 14 - Nanomedicine Workshop*

CITY OF EDMONTON  
LIBRARY PARKADE  
BST # 119326270 RT0001

*March 6 - Long service Awards*

Rcpt# 1638  
04/06/05 21:13 LH 1 AM 12 Txn# 12391  
04/06/05 17:42 In 04/06/05 21:13 Out  
Tkt# 104062  
Regular Rate \$ 3.27  
Total Tax \$ 0.23  
Total Fee ~~3.50~~  
CASH PAID \$ 3.50  
Cash Tender \$ 10.50  
Change Due \$ 7.00  
THANK YOU  
COME AGAIN

APPLICANT COPY

THE COPPER POT RESTAURANT  
9707 110 ST NW  
EDMONTON, AB  
(780) 452-7800

April 20

Merchant ID: 4877736  
Term ID: A4877736  
Shift #: 1

Dinner w/ Dr. Dajal & Dr. Johnston

Pre Auth

VISA

Exp:

Section 17(1),(4)(e.i)

Entry Method: Swiped

Batch #: 000001

Seq #: 030001001040

Invoice#: 000676

Amount: \$ 201.70

Tip:

30.00

Total:

\$ 231.70

001 Approved

Approval Code: 064793

NO SIGNATURE REQUIRED

20/04/05

21:22:48

Customer Copy

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

April 27 - mtg w/ Robert Seidel

Rcpt# 98751  
04/27/05 10:06 L# 2 AN 36 Txn#343718  
04/27/05 08:54 In 04/27/05 10:06 Out  
TKT# 115101  
Regular Rate \$ 4.21  
Total Tax \$ 0.29  
Total Fee \$ 4.50  
CASH PAID \$ 4.50-  
Cash Tender \$ 5.00  
Change Due \$ 0.50  
THANK YOU  
COME AGAIN

**PRESTIGE**  
**CABS**


10135 - 31 Avenue  
Edmonton, Alberta T6N 1C2  
**462-4444**  
THANK YOU/MERCI

ADMIN. 465-8500  
FAX: 462-2722

Date: 19/05/05 Amount/Montant \$ 13.00 Car/Voiture # 933

Driver/Chauffeur: \_\_\_\_\_ G.S.T. # \_\_\_\_\_  
From/De: Hotel Macdon To/A: St George Cr.

PLEASE CALL AGAIN  
AU PLAISER DE VOUS REVOIR



May 19 - David Naylor dinner

CELUS PARKADE  
GST INC. R#122308333

June 15 - mtg w/ AB H&W

05JUN15 12:28 001 001  
05JUN15 08:03 01  
/ 3:25 #106740  
= 01019737  
RATE 1 \$10.50  
TOTAL \$10.50  
CASH \$10.50

MANAGED BY  
IMPERIAL PARKING

DISPLAY FACE UP ON DASH RECEIPT

**Imperial Parking**  
 Lot 0002-161  
 Machine Serial #: 000014481115

EXPIRY DATE AND TIME  
**EXP 06:00pm**  
**JUN 17, 2005**

TICKET# 00000149 LOT# 00020161

CC \$0018.00 Visa MACH# 001  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED  
 Section 17(1),(4)(e.i)

Park All Day \$8.00  
 Questions/Comments  
 Call 780-420-1976

EXP 06:00pm  
 JUN 17 2005  
 CC \*\*\*\*\*1497  
 LOT# 00020161  
 MACH# 001  
 TIC# 00000149  
 CC \$0018.00  
 JUN17,2005  
 11:24am  
 Purchase Time

DISPLAY FACE UP ON DASH RECEIPT

June 17 -  
SEARCH conference

3

RECEIVED LOT  
 00000149  
 00020161  
 06/17/05

Best copy available

06/17/05 MON 10  
 3.00  
 3.00  
 ITEM

June 20 -  
mtg w/ Kevin Keough - AH-EMR





# Capital Health

**Accounting Services**

**Memorandum**

**DATE:** November 29, 2005

**TO:** *Dr. Feasby*  
**VP Academic Affairs & Associate Dean,**  
**Faculty of Medicine & Dentistry**

**FROM:** Vicky Afacan  
 Senior Director Accounting Services

**SUBJECT: Expense Claims**

All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claims that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
June 29-30	\$537.86	Expense claim requires President and CEO's approval
June 29-30	\$265.03	Requires detailed restaurant receipt (if not available will require President and CEO's initial).
June 27 July 13	\$1,684.01	Requires detailed restaurant receipts (if not available will require President and CEO's initial).
July 18	\$183.18	Requires detailed restaurant receipt (if not available will require President and CEO's initial).

Attached are copies of the above expense claims for your reference. Please forward the necessary documentation to my attention at Capital Health Centre 10<sup>th</sup> floor Accounting Services.

Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely,

Vicky Afacan



Capital Health

APPLICANT COPY

CAPITAL HEALTH  
VICE PRESIDENT, ACADEMIC AFFAIRS  
DEC 02 2005

Capital Health  
Director, Accounting Services

DEC 13 2005

Accounting Services

Memorandum

DATE: November 29, 2005  
TO: Dr. Feasby *Cindy Mercedes*  
VP Academic Affairs & Associate Dean,  
Faculty of Medicine & Dentistry  
FROM: Vicky Afacan  
Senior Director Accounting Services

SUBJECT: Expense Claims

All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claims that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
June 29-30	\$537.86	Expense claim requires President and CEO's approval
June 29-30	\$265.03	Requires detailed restaurant receipt (if not available will require President and CEO's initial).
June 27 July 13	\$1,684.01	Requires detailed restaurant receipts (if not available will require President and CEO's initial).
July 18	\$183.18	Requires detailed restaurant receipt (if not available will require President and CEO's initial).
June - August 2005	\$421.32	Requires detailed restaurant receipt (if not available will require President and CEO's initial).

Attached are copies of the above expense claims for your reference. Please forward the necessary documentation to my attention at Capital Health Centre 10<sup>th</sup> floor Accounting Services.

Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely,

*V Afacan*  
Vicky Afacan

*Vicky,*

*signatures/initials as per your request.*

*Maryann*

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Director, Accounting Services **CHOR**

JUL 06 2005

(Please Print or Type)

Name: Dr. Tom Feasby

Employee Number: [Signature]

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 203 0001 71840001061

Department: Corporate Office

Bus. Phone: 407-7812

Period from: June 29-30, 2005

SIGNATURE(S) OK

Initials [Signature]

VTA0043

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			232.83		212.97 19.90
Meals			265.03		230.03 35.00
Registration Fees					
Transportation (including parking)			40.00		W
Other					
Mileage					
TOTAL			\$537.86		\$
Less Cash Advance					
NET			\$537.86		

Capital Health RECEIVED JUL 06 2005 ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature]

Date July 5/05

Approved by

Print Name CINDY GERDES

Title Executive Associate

Signature [Signature]

Date July 6/05

Print Name SHEILA WEATHERILL

Title PRESIDENT & CEO

Signature [Signature]

Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.





APPLICANT COPY

# VANCOUVER AIRPORT

VANCOUVER INTERNATIONAL AIRPORT  
P.O. BOX 23798, RICHMOND  
BRITISH COLUMBIA, CANADA V7B 1X9  
T 604 207 5200 F 604 248 3219  
GST#100769686RT0026

Arrival/Arrivée 29JUN, 05 Folio Number/N° Dossier 006393  
Departure/Départ 30JUN, 05 Balance/Solde .00

Thomas Feasby

Nights/Nuits 1 Date Ck-Out 30JUN, 05 6:47a SC

Consortia American Expres  
1403 - 29th Street NW

Section 17(1),(4)(e.i)

Calgary ABT2N 2T9

Line No. N° Ligne	Date	Room Chambre	Description	Reference Reference	Amount Montant	ID
001	29JUN	1 /736	Room	Rm 736	199.00+	EL
002	29JUN	1 /736	Room Tax	Rm 736	19.90+	EL
003	29JUN	1 /736	Room GST	Rm 736	13.93+	R EL
004	30JUN	1 /736	Visa		232.83-	SC

Section 17(1),(4)(e.i)

R 13.93+ 13.93+

13.93+ 232.83+

Guest signature  
Signature du client X \_\_\_\_\_

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 or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (18.56% per annum). All accounts deemed delinquent may be subject to finance charges, legal fees and all other costs associated with the bill. 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 me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois (18,56% par année). Des frais d'administration et de l'intérêt seront ajoutés sur tout compte passé dû. 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.)

For information or reservations, visit us at [www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from United States or Canada 1 800 441 1414

Pour informations et réservations visitez notre site web au [www.fairmont.com](http://www.fairmont.com) ou téléphonez aux Hôtels Fairmont: 1 800 441 1414 à partir des Etats-Unis ou du Canada

Thank you for choosing to stay with Fairmont Hotels and Resorts  
Merci d'avoir choisies nos Hôtels Fairmont

APPLICANT COPY

June 29 - Shoo Lee Visit

1510 W. 3rd Ave., VAN. B.C. V6J 1J7

**McPires**  
CABS 1984

GST # R121458582  
**604-731-9211**

Date June 29/05

From Vancouver Airport

To: Stanley Plc Tea House

\$ 40-

Driver: \_\_\_\_\_ Cab No. \_\_\_\_\_

TRANSACTION RECORD

Sequoia Grill  
Stanley Park  
Vancouver, BC

CARD TYPE: VISA Section 17(1),(4)(e.i)  
 Nu. [REDACTED]  
 ENTRY: SWIPED  
 AUTHORIZATION: 095828  
 STORE #: 0  
 TERMINAL: 4  
 REFERENCE: 108419

PURCHASE	\$230.03
TIP	<u>35.00</u>
TOTAL	<u>\$ 265.03</u>

THANK YOU  
 JUNE 29, 2005 23:11:21  
 Server's name : JOSH

CUSTOMER COPY









APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Director, Accounting Services *CHOR*

JUL 06 2005

*Sent for Approval*

(Please Print or Type)

Name: Dr. Tom Feasby

Employee Number: *[Signature]*

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 203 0001 71840001061

Department: Corporate Office

Bus. Phone: 407-7812

Period from: June 29-30, 2005

SIGNATURE(S) OK

Initials *[Signature]* *VTAUJL3*

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			232.83		212.97 19.90
Meals			265.03		230.03 35.00
Registration Fees					
Transportation (including parking)			40.00		W
Other					
Mileage					
TOTAL			\$537.86		\$
Less Cash Advance					
NET			\$537.86		

Capital Health  
**RECEIVED**  
JUL 06 2005  
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature *[Signature]*

Date July 5/05

Approved by

Print Name CINDY GERDES

Title Executive Associate

Signature *[Signature]*

Date July 6/05

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

# VANCOUVER AIRPORT

VANCOUVER INTERNATIONAL AIRPORT  
 P.O. BOX 23798, RICHMOND  
 BRITISH COLUMBIA, CANADA V7B 1X9  
 T 604 207 5200 F 604 248 3219  
 GST#100769686RT0026

Arrival/Arrivée	Folio Number/N° Dossier
29 JUN, 05	006393
Departure/Départ	Balance/Solde
30 JUN, 05	.00

Thomas Feasby

Nights/Nuits  
1

Date  
Ck-Out 30 JUN, 05 6:47a SC

Consortia American Expres  
1403 - 29th Street NW

Section 17(1),(4)(e.i)

Calgary

ABT2N 2T9

09/06

Line No. N° Ligne	Date	Room Chambre	Description	Reference Référence	Amount Montant	ID
001	29 JUN	1 /736	Room	Rm 736	199.00+	EL
002	29 JUN	1 /736	Room Tax	Rm 736	19.90+	EL
003	29 JUN	1 /736	Room GST	Rm 736	13.93+	R EL
004	30 JUN	1 /736	Visa		232.83-	SC

Section 17(1),(4)(e.i)

R

13.93+

13.93+

13.93+

232.83+

Guest signature  
Signature du client X \_\_\_\_\_

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 or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (18.56% per annum). All accounts deemed delinquent may be subject to finance charges, legal fees and all other costs associated with the bill. 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 me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois (18,56% par année). Des frais d'administration et de l'intérêt seront ajoutés sur tout compte passé dû. 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.)

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts  
 from United States or Canada 1 800 441 1414

Pour informations et réservations visitez notre site web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphonez aux Hôtels Fairmont:  
 1 800 441 14-14 à partir des États-Unis ou du Canada

Thank you for choosing to stay with Fairmont Hotels and Resorts  
 Merci d'avoir choisi les Hôtels Fairmont

June 29 - Shoo Lee Visit

1510 W. 3rd Ave., VAN., B.C. V6J 1J7



G.A.B.S. 1988



GST # R121458582  
604-731-9211

Date June 29/05

From Vancouver Airport

To: Stanley Plk Tea House

\$ 40-

Driver: \_\_\_\_\_ Cab No. \_\_\_\_\_

TRANSACTION RECORD

Sequoia Grill  
Stanley Park  
Vancouver, BC

CARD TYPE: VISA  
Nu. [REDACTED]  
ENTRY: SWIPE  
AUTHORIZATION: 095928  
STORE #: 0  
TERMINAL: 4  
REFERENCE: 108419

Section 17(1), (4)(e.i)

PURCHASE	\$230.03
TIP	35.00
TOTAL	<u>\$ 265.03</u>

THANK YOU  
JUNE 29, 2005 23:11:21  
Server's name: JOSH

CUSTOMER COPY

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from: June – August 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			421.32		366.33 55.06
Registration Fees <u>695.00</u>			140.00		W
Transportation (including parking)			27.50		W
Other <u>610.15 = 27.66W</u> <u>695.00 = 214.71W</u>			242.37		
Mileage					
<b>TOTAL</b>			<b>831.19</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>831.19</b>		

Capital Health  
RECEIVED  
SEP 19 2005  
ACCOUNTS  
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature  Date Sept 12, 2005

Approved by  
Print Name Sheila Weatherill Title President & CEO

Signature  Date Sept 15, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

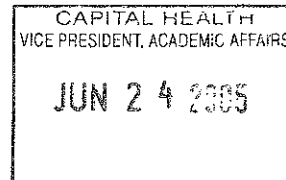


## Confirmation And Receipt

June 21, 2005

### Official Tuition Fee Income Tax Receipt

Feasby, Tom  
1702, 8440 - 112 Street  
Edmonton, AB T6G 2B7



**Section 17(1)**

<b>Re:</b> [REDACTED] <b>Retirement Party</b>		<i>Receipt #:</i> <b>CME728-067-4657</b>	
June 24, 2005			
	<b>Qty</b>	<b>Unit Price</b>	<b>Tax</b>
Educational Activity Fee	1	0.00	no
Dinner	2	65.42	yes
<b>GST (7.00%):</b>			<b>\$9.16</b>
<b>SubTotal:</b>			<b>\$140.00</b>
<b>Amount Received:</b>			<b>\$140.00</b>
Tax Deductable Portion:	\$0.00	<b>Amount Due:</b>	<b>\$0.00</b>
GST Registration No: R108 102 831		<b>Grand Total:</b>	<b>\$140.00</b>
		<b>Total Amount Received:</b>	<b>\$140.00</b>
		<b>Total Amount Due:</b>	<b>\$0.00</b>

*continuing*  
**Medical  
Education**

APPLICANT COPY

CHOL - July 6

- Contract letter to Skool Lee

Best copy available

INT TELEPHONE <b>77812</b> DT DYJR YR/AM <b>100</b> SUITE / APP. BUREAU <b>-112 ST</b> STAL / ZIP <b>6287</b>	SHIP MODE / MODE DE TRANSPORT AIR AERIEN <input type="checkbox"/> GROUND ROUTIER <input type="checkbox"/> PKG / EMPAQS SERVICE PURC LETTER <input checked="" type="checkbox"/> 9 AM <input checked="" type="checkbox"/> PURC PAK <input type="checkbox"/> 10:30 AM <input type="checkbox"/> OTHER AUTRE <input type="checkbox"/> SAT. SAN. <input type="checkbox"/>	BILL OF LADING NO. NOT NEGOTIABLE N° DE CONNAISSMENT NON NEGOCIABLE <b>2563 894 8890</b>
SUITE / APP. BUREAU OSTAL / ZIP <b>H3V4</b> INT TELEPHONE DANGEREUSES) <input type="checkbox"/>	CASH COMPTANT <input type="checkbox"/> CREDIT CARD CART. DE CREDIT <input checked="" type="checkbox"/> RECEIVER OR THIRD PARTY ACCOUNT NO. / N° DE COMPTE DU DESTINATAIRE OU TIERS RECEIVER DESTINA-TAIRE <input type="checkbox"/> 3RD PARTY TIERS <input type="checkbox"/>	COURIER INITIALS INITIALES DU COURRIER COURIER ROUTE ITINERAIRE DU COURRIER MO DYJR YR/AM <b>605</b>
DANGEREUSES) <input checked="" type="checkbox"/>	SENDER EXPEDITEUR SHIPMENT / DEPARTS / EXPEDITION #Nbre PCS (4 MAXIMUM) WEIGHT / POIDS (SUBJ. TO CORR. / SUIJET A CORR.) KG LB DECLARED VALUE / VALEUR DECLAREE (SUPPLEMENT AU-DESSUS DE 100 \$) \$5,000 MAX MAX 5 000 \$ SEE CONDITIONS OF CARRIAGE ON REVERSE / CONDITIONS DE TRANSPORT AU VERSO	NO. N° TYPE <input checked="" type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX EXP. DATE D'EXP. CHARGES FRAIS TOTAL AMOUNT / MONTANT TOTAL: <b>VISA</b>
DANGEREUSES) <input checked="" type="checkbox"/>	THIRD PARTY BILLING NAME & ADDRESS / FACTURATION A UN TIERS (NOM & ADRESSE)	PLEASE REFER TO BILL OF LADING NUMBER FOR SHIPMENT STATUS / INQUIRIES. POUR TOUT RENSEIGNEMENT, VEUILLEZ NOUS COMMUNIQUER LE NUMERO DE CONNAISSMENT.

PROCESSING PROVIDED BY TNS



APPLICANT COPY

June 22 - PGMEAS mtg

Best copy available

TELUS PARKADE  
 GST INC. NR127388333  
 05JUN22 12:34 001 001  
 05JUN22 09:35 01  
 / 3:01 #107332  
 #01011430  
 RATE 1 99.00  
 TOTAL 99.00  
 CASH 99.00

PAKAGED BY  
IMPERIAL PARKING

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE      EXPIRATION TIME  
 22/06 06:32 PM

AMOUNT PAID  
 \$ 3.00 23260000 05:23 PM

Capital Health  
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL  
 HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF  
 ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
 OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE 337037



DETACH RECEIPT FROM TICKET

DATE ISSUED      TIME ISSUED      AMOUNT PAID  
 22/06/05 05:23 PM \$ 3.00

CREDIT CARD NUMBER



Capital Health  
**RECEIPT** 337037

June 22 - CAMIS mtg - KAM

July 8  
Taxi from KAM

CHARGE TO: ACCOUNT NO.

[Redacted]

(780) 462-3456  
(780) 462-4444

ADMINISTRATION (780) 465-8500

DR. THOMAS E. FLASBY

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

G.S.T.#

FROM: Royal Alex

TO: University Hospital

PRINT NAME: Dr. Thomas E. Flasby

CUSTOMER'S SIGNATURE: [Signature]

1265913

TAXI	11.50
INT'L	
GRATUITY	1.70
TOTAL	13.50

CUSTOMER COPY

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

354869

IMPERIAL PARKING CANADA CORPORATION  
10239 - 107th STREET  
EDMONTON, ALBERTA 420-1976

READ CONDITIONS CAREFULLY

- Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
- Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

OUT PAID

JUN 28 2005

AMOUNT \$ 2.00

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING CANADA CORPORATION  
10239 - 107th STREET  
EDMONTON, ALBERTA 420-1976

354869

AMOUNT 2.00

THIS FEE INCLUDES G.S.T. REG. #88731 5636 RT0001  
VISIT OUR WEBSITE AT www.impark.com

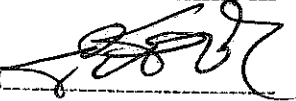
JG

Aug 7  
Dinner w/ Nicole Shaw

MANOR CAFE  
10109 125 ST EDMONTON  
ID: A4004165  
SLIP #: 3962  
STORE: 4004165

CUSTOMER/CLIENT

PRE-AUTH \$176.82  
POURBOIRE/TIP \$ 27.00  
TOTAL \$ 203.82

SIGNATURE X 

Visa 8906 \*S  
Section 17(1),(4)(e.i)

APPROVED AUTH 050066  
SEQ 45500/001305 ISO -001  
Aug 07 2005 8:28 pm

MERCHANT COPY

EDTN. PETROLEUM GOLF & COUNTRY  
51320 RANGE ROAD 260  
SPRUCE GROVE AB Section 17(1),(4)(e.i)

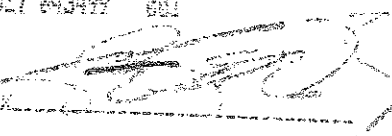
CARD NUMBER  
EXPIRY DATE  
CARD TYPE VISA 5091  
DATE/TIME 2005/08/16 13:46:05  
RECEIPT NUMBER S80508868-020-002  
PURCHASE  
TOTAL AMOUNT \$214.71

01 APPROVED 027 AUTH. # 093270  
THANK YOU

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

THOMAS E FEASBY

Aug 16 - Golf w/ Phil Hassen, Glenn  
Brimacombe & David Mador

SORRENTINO'S WEST  
4847 170TH STREET  
EDMONTON AB  
STORE 4077558 TERM ED062359  
EMPL# 15 SLIP # 2576  
\* VISA \*\* PURCHASE P/A \$189.50  
AMOUNT  
TIP/POURBOIRE \$ 28.00  
TOTAL \$ 217.50  
8906  
APPROVED  
POS 716/03 21117  
6250010E1027 843499 001  
SIGNATURE X 

Aug 16.  
Dinner w/  
Phil Hassen,  
Glenn  
Brimacombe,  
David Mador,  
Andre Picard

# APPLICANT COPY



## Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

Capital Health  
Director, Accounting Services

JUL 21 2005

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 203 0001 71840001098

Department: Corporate Office Bus. Phone: 407-7812

Period from: July 18, 2005 *Expenses - Calgary*

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			197.38		173.38 24.00
Registration Fees					
Transportation (including parking)			179.00		172.00 7.00
Other					
Mileage					
<b>TOTAL</b>			<b>\$376.38</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$376.38</b>		

Capital Health  
**RECEIVED**  
JUL 21 2005  
**ACCOUNTS PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature *[Signature]* Date July 20/05

Approved by \_\_\_\_\_

Print Name SHELLA WEATHERILL Title \_\_\_\_\_

Signature *[Signature]* Date Aug 4, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Capital Health  
**RECEIVED**  
AUG 05 2005  
**ACCOUNTS PAYABLE**

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

(780) 462-3456

(780) 462-4444

DR THOMAS E FEASBY

Section 17(1),(4)(e.i)

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	RTR 9436	
TIME	DAY	MO. YR.
1230	18	07/05

1329203

G.S.T.# 867297723

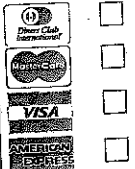
FROM UAH

TO AIRPORT

PRINT NAME

CUSTOMER'S SIGNATURE

X



FARE	43.00
INT'L	
GRATUITY	7.00
TOTAL	50.00

CUSTOMER COPY

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

DR THOMAS E FEASBY

CKER CABS (EDMONTON) INC. (780) 484-8888

Banel TAXI LTD.

(780) 489-7777

(780) 465-8500

ADMINISTRATION

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	19	7/05

0704165

G.S.T.#

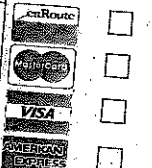
FROM IAP

TO UO/AH

PRINT NAME

CUSTOMER'S SIGNATURE

X



FARE	
INT'L	
GRATUITY	
TOTAL	48.00

CUSTOMER COPY

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

Chauffeur: Airport → U of C. Date: July 18/05

Unit No.: \_\_\_\_\_ Amount: 35- G.S.T. INCLUDED

G.S.T. No.: \_\_\_\_\_

Driver # B.K Car # 824  
 To: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Date: 18 July 05 Amount: \$14

Driver # \_\_\_\_\_ # 852  
 To: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Date: July 18/05 Amount: 32.00  
 GST# R 13828/175 46

APPLICANT COPY

SECOND CUP

Edmonton  
(780)890-4003

6955 4 21 47858

Cashier: Cashier 12

SANDWICH	6.54
CINAMIN BUN	2.57
LG MOCCACHINNO	4.16

DINE IN	13.27
GST	.93
Amount Due	\$14.20

CASH \$20.00	\$20.00
Change	\$5.80

GST NUMBER: GST#100303/17

2005-07-18

11:45 AM

BUCHANAN'S  
 8738-3 AVE. S.W.  
 CALGARY - ALBERTA  
 403-261-4646  
 GST#R 129449900  
 Term ID: 4502975441  
 JUL/18/05 21:20:50

SALE

TYPE: VI  
 ACCOUNT: [REDACTED]  
 EXP DATE: [REDACTED]  
 AUTH #: 015201  
 Server ID: 26  
 RECORD #: 0023

Section 17(1),(4)(e.i)

MEAL AMT: \$159.18

GRATUITY: 24.00

TOTAL: \$183.18

I agree to pay the above amount according to the card issuer agreement.

SIGN: [Signature]

THANK YOU  
Bottom copy - customer

# APPLICANT COPY



## Travel Expense Claim Form

Capital Health  
Director, Accounting Services

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel) JUL 27 2005

(Please Print or Type)

Name: Dr. Tom Feasby Employee Number: \_\_\_\_\_

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71110101149

Department: Corporate Office Bus. Phone: 407-7812

Period from: June 27-July 13, 2005 *Expenses (Meals) & Taxi (RAM Recruitment)*

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			1684.01		1639.01 45.00
Registration Fees					
Transportation (including parking)			11.00		W
Other					
Mileage					
<b>TOTAL</b>			<b>\$1695.01</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$1695.01</b>		

Capital Health  
RECEIVED  
JUL 27 2005  
ACCOUNTS PAYABLE

Capital Health  
RECEIVED  
AUG 05 2005  
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature  Date July 20/05

Approved by  
Print Name SHEILA WEATHERILL Title \_\_\_\_\_

Signature  Date Aug 9, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.





CHARACTERS REST  
10257 - 105 STREET  
EDMONTON, AB.  
T5J 1E3  
780-421-4100  
GST# 89206-4429

*July 7 - Dinner w/ Dr.  
& others.*

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

Date: Jul07'05 10:36PM  
Card Type: VISA  
Acct #:   
Exp Date:   
Auth Code: 082771  
Check: 2288 **Section 17(1),(4)(e.i)**  
Table: 7/1  
Server: 110 SNOW S  
THOMAS E FEASBY

Subtotal: 669.69  
GRATUITY \_\_\_\_\_  
TOTAL *669.69*  
SIGNATURE *[Signature]*  
\*\* Merchant Copy \*\*

CAFE DE VILLE LTD  
10137 - 124 STREET  
EDMONTON AB **Section 17(1),(4)(e.i)**

*July 13 - Dinner w/  
& others*

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

CARD NUMBER   
EXPIRY DATE   
CARD TYPE VISA 9358  
DATE/TIME 2005/07/13 20:22:58  
CLERK NUMBER 16  
RECEIPT NUMBER 580549503-599-030  
AUTHORIZATION  
AMOUNT \$322.50

TIP *145.00*  
TOTAL AMOUNT *\$467.50*

01 APPROVED 027 AUTH. # 095716  
THANK YOU

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

THOMAS E FEASBY

*RAM Recruitment*  
APPLICANT COPY

*June 27*

*Dinner w/*

*others*

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

JACK'S GRILL  
GST # 124939547 T6N3G1  
EDMONTON AB

22336974

Name: **FRANCY THOMAS C**  
Acct # [REDACTED]

Date: 05/06/27 Time: 21 18 41  
Exp Date: [REDACTED] Auth #: 081052  
Card Type: VI Tran Code: 00  
N22336974001 001264013

Op ID: 404

Invoice No.: 44143

Subtotal \_\_\_\_\_  
Tax \_\_\_\_\_  
Total \$446.82

Signature X *[Signature]*

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

Top copy-customer Bottom copy-merchant



10135-31 Avenue  
Edmonton, AB T6N 1C2

ADMIN: 465-8500  
FAX: 462-2722



**462-3456**  
THANK YOU/MERCI

Date: *July 28* Amount/Montant \$ *11-* Car/Voiture # \_\_\_\_\_

Driver/Chauffeur: \_\_\_\_\_ GST# \_\_\_\_\_

From/De: *RAM* To/A: *RAM*



*June 28*

*June 28*

*Dinner w/*

*and others*

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

APPLICANT COPY

**Varghese, Marylynn**

---

**From:** Tailleur, Lorraine  
**Sent:** Monday, February 27, 2006 2:27 PM  
**To:** Varghese, Marylynn  
**Subject:** FW: Dr. Tom Feasby

Capital Health  
Director, Accounting Services

MAR 08 2006

**Attachments:** CHCFIN1920060227130801.pdf



CHCFIN192006022  
7130801.pdf (14...

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Marylynn

Please find attached an expense claim that were submitted for Dr. Feasby, could you please provide additional details on items that are marked with an "" or have Sheila or Allaudin initial.

Thanks

Lorraine Tailleur  
Administrative Assistant  
Capital Health  
Accounting Services  
CHC, 10th Floor North Tower  
10030-107 Street  
Edmonton, AB T5J 3E4  
Phone: 735-0348  
Fax: 735-0347

*Nicole,  
could you have  
Sheila initial the tagged  
pages? Thank  
Marylynn*

The contents of this email and any accompanying documents are CONFIDENTIAL. If the reader is not the intended recipient or its agent, be advised that any dissemination, distribution or copying of the content of this email is prohibited. If you have received this communication in error, please notify us immediately and delete the original email and any accompanying documents. Thank you.

# APPLICANT COPY



## Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office

Bus. Phone: 407-7812

Period from:

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST Included	DO NOT USE
Accommodation 62412:	415.84	12.22	1182.26		
Meals 62414:	1143.28	63.22	314.84		
Registration Fees 62410:	81.10				
Transportation (including parking) 69600:	183.84	26.00	385.80		
Other					
Mileage		\$0.38	45.60		
<b>TOTAL</b>			<b>\$1928.50</b>		
Less Cash Advance					
<b>NET</b>			<b>\$1928.50</b>		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Nov 8, 2005

Approved by

Print Name Shella Weatherill Title President & CEO

Signature [Signature] Date Nov 10, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Oct 20-21  
Calgary

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Sept 12/05	Meeting @ CHC			✓	7.00 ✓	✓	
Sept 13/05	Meeting w/ Kevin Keough			✓	4.50 ✓	✓	
Sept 19/05	Parking @ Airport (Bone & Joint Mtg - Calgary)			✓	12.00 ✓	✓	
Sept 19/05	Mileage to/from airport						60
Sept 25/05	Dinner w/ Bernis Bressler		157.98	137.48			
Oct 7/05	Parking @ Airport			✓	12.00 ✓	✓	
Oct 7/05	Mileage to/from airport						60
Oct 7/05	Taxi (Calgary airport to U of C)			✓	30.00 ✓	✓	
Oct 7/05	Taxi (U of C to Calgary airport)			✓	31.00 ✓	✓	
Oct 11/05	Lunch w/ Dr. Grand		6.37 ✓	✓			
Oct 22/05	Westin Hotel Calgary (Halifax 5 conference)	370.06	357.84 ✓			✓	
Oct 25/05	Old Mill Inn Hotel Toronto (Insights Clinical Trials Conference)	264.50	252.83 ✓			✓	
Oct 22/05	Taxi			✓	31.30 ✓	✓	
Oct 24/05	Taxi			✓	12.00 ✓	✓	
Oct 24/05	Taxi			✓	31.00 ✓	✓	
Oct 25/05	Taxi			✓	40.00 35.00 5.00 ✓	✓	
Oct 24/05	Taxi			✓	31.00 27.00 4.00 ✓	✓	
Oct 25/05	Taxi			✓	47.00 41.00 6.00 ✓	✓	
Oct 22-24	Per Diem (\$35/3 Days)		105.00 ✓	✓			
Nov 3/05	Taxi (ACAHO AGM)			✓	12.00 ✓	✓	
Nov 4/05	Taxi			✓	18.00 ✓	✓	
Nov 3/05	Taxi			✓	8.00 ✓	✓	
Nov 3/05	Taxi			✓	7.00 ✓	✓	
Nov 4/05	Taxi			✓	7.00 ✓	✓	
Nov 4/05	Taxi			✓	17.00 ✓	✓	
Nov 4/05	Taxi			✓	28.00 ✓	✓	
Nov 3/05	Dinner Meeting w/ Bob Sheldon & Jack Jhamandas		45.49				
Nov 4/05	Ottawa Marriott Hotel	547.70	511.15				
			36.55				
	Total km						120
	@						\$0.38
TOTALS TO FRONT OF FORM		1182.26	314.84		385.80		45.60

# APPLICANT COPY

## EXPENSE CLAIM DETAILS

### EXPENSE LIMITS

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
Lunch	\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

#### 2. Travel

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer thereafter. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### 4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Sept 25 - Dinner w/  
Bernie Brassler

YIANNIS TAVERNA RESTAURANT  
10444 82 AVE  
EDMONTON AB



CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 4004
DATE/TIME	2005/09/25 19:17:01
CLERK NUMBER	14
RECEIPT NUMBER	S80504267-687-009
AUTHORIZATION	-----
AMOUNT	\$137.98
TIP	20.00
TOTAL AMOUNT	157.98

Section 17(1),(4)(e.i)

*(Handwritten signature in a circle)*

01 APPROVED 027 AUTH. # 028004  
THANK YOU

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

*(Handwritten signature)*

THOMAS E FERGBY



NOV 3- mtg w/ Bob Sheldon &  
Jack Shamandas

LANDMARKS RESTAURANT  
CREDIT CARD VOUCHER

CHECK: 2853  
TABLE: 11/2  
SEVFR: 98 Susan  
DATE: 03NOV'05 6:24PM  
CARD TYPE: VISA  
ACCT #: [REDACTED]  
EXP. DATE: [REDACTED]  
AUTH CODE: 051121  
THOMAS E. [REDACTED] SRV

Section 17(1),(4)(e.i)

SUBTOTAL: 39.49

GRATUITY 6.00

TOTAL 45.49

[Signature]  
Signature

(PLEASE SIGN BOTH COPIES)

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 8.00 Date 03/11/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 7.95 Date 03-11-05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 956 Driver E.K.  
G.S.T. Included in meter fare

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 12 Date Nov. 3/05.  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 7 Date 11/02/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare

**CAPITAL TAXI** RECEIPT FOR CAB FARE  
Amount 18.40 Date 4/11/05  
From G.H.  
To Wic H.  
Cab No. 274 Driver J.H.  
G.S.T. Included in meter fare

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 17.40 Date 4/11/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 933 Driver \_\_\_\_\_  
G.S.T. Included in meter fare

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office

Bus. Phone: 407-7812

Period from:

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation 62412:	415.84	12.22	1182.26		
Meals 62414:	1143.28	63.22	314.84		
Registration Fees 62410:	81.10				
Transportation (including parking) 69600:	183.84	26.00	385.80		
Other					
Mileage		\$0.38	45.60		
<b>TOTAL</b>			<b>\$1928.50</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$1928.50</b>		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Nov 8, 2005

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date Nov 10, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Oct 20-21  
Calgary

APPLICANT COPY  
EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Sept 12/05	Meeting @ CHC				✓ 7.00 ✓		
Sept 13/05	Meeting w/ Kevin Keough				✓ 4.50 ✓	✓	
Sept 19/05	Parking @ Airport (Bone & Joint Mtg - Calgary)				✓ 12.00 ✓	✓	
Sept 19/05	Mileage to/from airport						60
Sept 25/05	Dinner w/ Bernie Bressler		137.98 * 157.98 20.00				
Oct 7/05	Parking @ Airport				✓ 12.00 ✓	✓	
Oct 7/05	Mileage to/from airport						60
Oct 7/05	Taxi (Calgary airport to U of C)				✓ 30.00 ✓	✓	
Oct 7/05	Taxi (U of C to Calgary airport)				✓ 31.00 ✓	✓	
Oct 11/05	Lunch w/ Dr. Grand		✓ 6.37 ✓	✓			
Oct 22/05	Westin Hotel Calgary (Halifax 5 conference)	370.06	357.84 ✓ 12.22 ✓			✓	
Oct 25/05	Old Mill Inn Hotel Toronto (Insights Clinical Trials Conference)	264.50	252.83 ✓ 11.67 ✓			✓	
Oct 22/05	Taxi				✓ 31.30 ✓	✓	
Oct 24/05	Taxi				✓ 12.00 ✓	✓	
Oct 24/05	Taxi				✓ 31.00 ✓	✓	
Oct 25/05	Taxi				✓ 40.00 35.00 5.00 ✓		
Oct 24/05	Taxi				✓ 31.00 27.00 4.00 ✓		
Oct 25/05	Taxi				✓ 47.00 41.00 6.00 ✓		
Oct 22-24	Per Diem (\$35/3 Days)		✓ 105.00	✓			
Nov 3/05	Taxi (ACAHO AGM)				✓ 12.00 ✓	✓	
Nov 4/05	Taxi				✓ 18.00 ✓	✓	
Nov 3/05	Taxi				✓ 8.00 ✓	✓	
Nov 3/05	Taxi				✓ 7.00 ✓	✓	
Nov 4/05	Taxi				✓ 7.00 ✓	✓	
Nov 4/05	Taxi				✓ 17.00 ✓	✓	
Nov 4/05	Taxi		39.49 6.00		✓ 28.00 ✓	✓	
Nov 3/05	Dinner Meeting w/ Bob Sheldon & Jack Jhamandas		✓ 45.49 *				
Nov 4/05	Ottawa Marriott Hotel	547.70	511.15 36.55				
	<b>Total km</b>						120
	@						\$0.38
<b>TOTALS TO FRONT OF FORM</b>		1182.26	314.84		385.80		45.60

**EXPENSE LIMITS**

1. **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
Lunch	\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. **Travel**

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. **Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. **Hosting Expenses**

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

-----APPLICANT COPY

Name \_\_\_\_\_

Amount Pd: 7.00

Licence \_\_\_\_\_ Prov. \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_

Date Parking - CHC  
No 95243

Sept 12- mtg @ Capital Health  
Centre

STABLE SURFACE LOT  
1818 8759-0710R10001  
THANK YOU

Sept 13- mtg w/ Kevin Keough

09-13-2005 TUE NO

1 1/2 HR 4.50  
TICK 4.50

10:00 1  
10L 2251 17:32TH

APPLICANT COPY

Sept 19  
Bonnie & joint mtg - Calgary

EDMONTON REGIONAL AIRPORT AUTH  
MAIN STATION (INT'L AIRP  
EDMONTON AB

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 0008
DATE/TIME	2005/09/19 15:22:33
RECEIPT NUMBER	S80553602-036-008
PURCHASE	-----
TOTAL AMOUNT	\$12.00
	-----

Section 17(1),(4)(e.i)

01 APPROVED 027 AUTH. # 099181  
THANK YOU

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

-----  
THOMAS E FEASBY

APPLICANT COPY

Sept 25 - Dinner w/  
Bernie Bressler

YIANNIS TAVERNA RESTAURANT  
10444 82 AVE  
EDMONTON AB

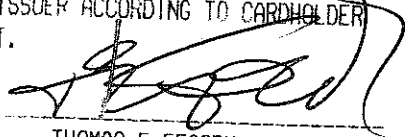
CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 4004
DATE/TIME	2005/09/25 19:17:01
CLERK NUMBER	14
RECEIPT NUMBER	S80504267-687-009
AUTHORIZATION	-----
AMOUNT	\$137.98
TIP	20.00
TOTAL AMOUNT	157.98

Section 17(1),(4)(e.i)

157.98  
initial

01 APPROVED 027 AUTH. # 028004  
THANK YOU

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

  
THOMAS E FEASBY

EDMONTON AIRPORTS

GST# R129599776

\*\*\*\*\*  
\*\*\*\*\*

Car park 0000001009 Phone: (780)890-8439  
Fax: (780)890-8329

Receipt no. 0315/0644/00003 07.10.05

015100 pay parking ticket 12.00 \$  
07.10.05 06:09 - 07.10.05 12:52  
Length of stay: 0 Dy 6 Hr. 43 Min.

total amount 12.00 \$

accepted total 12.00 \$  
Tax 7.00 % 0.79 \$

Thank you for your patronage!  
Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*

Date: Oct 7, 05

Chauffeur: J.S

Unit No.: 5 Amount: 30.00  
G.S.T. INCLUDED

G.S.T. No.: \_\_\_\_\_

Date: 0C07105

Chauffeur: Tad

Unit No.: 168 Amount: 31.00  
G.S.T. INCLUDED

G.S.T. No.: 86390981

60 km - mileage (travel to airport)

Oct 11 - lunch w/ Dr. Brand

Capital Health Services  
Hospitality and Service

434

Host: Su 10/11/2005  
434 11:56 AM  
30434

Area: Cafeteria

Sum. Sal. (Mon) 5.95

#Items 1 Total 5.95  
Tax 0.42

Order 6.37

Cash 20.00

University of Alberta Hospital  
GST# R108161688



APPLICANT COPY

**THE WESTIN**  
CALGARY

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

MR Thomas Feasby  
1J2.10 Walter Mckinsey CTR 8440 112 ST  
Edmonton AB T6G 2B7

Arrival	10/20/05	Room	0424
Departure	10/22/05	Cashier	63
Payment Method	VA	Page	1
Invoice	459863	Starwood Preferred Guest #	[REDACTED]
		Airline Partner #	[REDACTED]

Section 17(1)

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	0424	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Tel-Local Calls		1.00	
	->#424 : s.17(1), 17(4)(g)(i)			
10/20	Park-Self Weekday		15.00	
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Tel-Local Calls		1.00	
	->#424 : Section 17(1),(4)(e.i)			
10/21	Park-Self Weekend		10.00	
10/22	Visa [REDACTED]			370.06

Capture method:swiped	Total	370.06	370.06
	Balance		0.00 \$

Room GST	21.64
F&B GST	0.00
Other GST	1.77
Total GST	23.41
GST Vendor	R861336493

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

You can earn up to 25,000 Starpoints in your first year. So apply today at [SPG.com/MBNA](http://SPG.com/MBNA) or ask the front desk for an application. This offer is available

APPLICANT COPY

**THE WESTIN**  
CALGARY

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

MR Thomas Feasby  
1J2.10 Walter Mckinsey CTR 8440 112 ST  
Edmonton AB T6G 2B7

Arrival 10/20/05  
Departure 10/22/05  
Payment Method VA  
Invoice 459863

Room 0424  
Cashier 63  
Page 2  
Starwood Preferred Guest # [REDACTED]  
Airline Partner # [REDACTED]

Section 17(1)

The Westin Calgary, 10/22/05

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

for residents of Canada only.

APPLICANT COPY

Dr Tom Feasby  
 Insight  
 Suite 1J2 WMC- 8440 112th st.  
 Edmonton, Alberta  
 T6G 2B7

Page # 1  
 Res. # 044725  
 Checked in Mon Oct 24/05 - 10:49 am  
 Departing Tue Oct 25/05  
 Nights 1  
 Room Rate 230.00  
 Room 415

Date	Description	Reference	Charges	Credits
Oct17	PAID BY VISA - Thank you	0097ks		264.50
Oct24	Corporate Group Rate		230.00	
Oct24	G.S.T. - Room 7%		16.54	
Oct24	P.S.T. - Room Tax - 5%		11.50	
Oct24	Destination Marketing Fee		6.46	
<i>Total Outstanding</i>			0.00	264.50

*Thank you for staying with us and we look forward to welcoming you back soon. To reserve your next business or social function at The Old Mill Inn, please contact our Sales & Catering office at 416-236-2641.*

*Our G.S.T. # is #87907 3724*

Charge Summary:

G.S.T. - Room 7% 16.54

THE OLD MILL INN

21 Old Mill Road ♦ Toronto, Ontario ♦ M8X 1G5 ♦ tel 416.236.2641 ♦ fax 416.236.2749  
 email info@oldmilltoronto.com ♦ www.oldmilltoronto.com ♦ 1.866.653.6455

APPLICANT COPY

TRANSACTION RECEIPT

The Checker Group  
318 Meridian Road SE  
Calgary, AB T2A 1X2  
403 299-9999

Section 17(1),(4)(e.i)

ACCT TYPE: CREDIT CARD  
CARD NUMBER: [REDACTED]

CARD TYPE VISA  
DATE/TIME: 05/10/2005 14:01:31  
AUTHORIZATION: 043443

NE PAS ECRIRE AU-DESSUS

DR THOMAS E FEASBY

Service Establishment / Etablissement de service: [REDACTED]

Date of charges / Date des frais: 05/10/2005

GST Reg. # / N° Inscr. / TPS: [REDACTED]

Establishment agrees to transmit to Amex Bank of Canada (Amexco) or Authorized Representative for payment. Merchandise and / or service purchased on this card shall not be resold or returned for cash refund.

Cardmember Signature / Signature du Titulaire: [Signature]

Invoice No. / N° de la facture: [REDACTED]

Approval Code / Code d'autorisation: [REDACTED]

Check or Bill Number / N° de votre facture: [REDACTED]

MERCH/SERV / MARCH/SERV: 35.00

GST/TPS: [REDACTED]

PST/TVP: [REDACTED]

TIPS/MISC / POURBOIRES/DIVERS: 5.00

TOTAL: 140.00

DOLLARS: 140 CENTS/SOUS: 00

Cardmember Copy / Exemplaire du titulaire

Section 17(1),(4)(e.i)

AMOUNT: \$ 27.00  
TAX: \$ 4.00  
TOTAL: \$ 31.00

RECEIPT FOR CAB FARE

Amount 12- Date Oct 24/05

From Old Mill

To \_\_\_\_\_

Cab No. \_\_\_\_\_

Driver \_\_\_\_\_

Thank You for your Business  
Your City Your Taxi

SUS DE CETTE LIGNE

DR THOMAS E FEASBY

AIRFLIGHT TRVL SRV 100

0497245704 93026 200

3652070394 416-445-1939

DESCRIPTION	AMOUNT-MONTANT
	27.00
TIP	4.00
SALES DRAFT CHARGE X FACTURE	
CAN \$	31.00
CDN	

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE: [Signature]

PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION. CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION.

Official Mark Canadian Olympic Association

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

LE DETENTEUR DE LA CARTE CHARGE MENTIONNEE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

Section 17(1),(4)(e.i)

RECEIVED PAYMENT

PAID \$ 31.00

DATE 24/10/05 #10

DRIVER [Signature]

WITH THANKS [Signature]

DR THOMAS E FEASBY

Barrel TAXI LTD. (780) 489-7777 (780) 465-8500

ADMINISTRATION

AUTH. NO. [REDACTED]

DRIVER [REDACTED]

UNIT NO. 35

TIME 25/10/05

DAY MO. YR.

0812492

FARE	41.00
INT'L	
GRATUITY	6.00
TOTAL	47.00

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

CUSTOMER COPY  
COPIE DU CLIENT

CUSTOMER COPY

NOV 3- mtg w/ Bob Sheldon &  
beck shamandas

LANDMARKS RESTAURANT  
CREDIT CARD VOUCHER

CHECK: 2853  
TABLE: 11/2  
SFF: 98 Susan  
DA: 03NOV'05 11:24PM  
CARD TYPE: Visa  
ACCT #: [REDACTED]  
EXP. DATE: [REDACTED]  
MATH CODE: 031

THOMAS Section 17(1),(4)(e.i)





SUBTOTAL: 39

GRATUITY: 6.00





TOTAL: \$45.49





*[Signature]*  
Signature





(PLEASE SIGN BOTH COPIES)





**BLUELINE** RECEIPT FOR CAB FARE  
Amount ~~8.00~~ Date 03/11/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare    





\$45.49  
initial

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 7.6 Date 03-11-05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 958 Driver ETC  
G.S.T. Included in meter fare    

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 12 Date Nov. 3/05.  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare    

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 7 Date Nov 4  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare    

**CAPITAL TAXI** RECEIPT FOR CAB FARE  
Amount 18.4 Date 4/11/05  
From G.H.  
To Civic H.  
Cab No. 274 Driver J.H.  
G.S.T. Included in meter fare  
Le prix inclus la T.P.S.    

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 17.4 Date 4/11/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 933 Driver \_\_\_\_\_  
G.S.T. Included in meter fare    

APPLICANT COPY

**BLUE LINE**

RECEIPT FOR CAB FARE

Amount

\$28

Date

Nov 4 / 09

From

To

Cab No.

318

Driver

AF

G.S.T. Included in meter fare



Diners Club International



APPLICANT COPY

100 Kent Street  
Ottawa, Ontario K1P 5R7  
(613) 238 1122  
Marriott.com/YOWMC

GUEST FOLIO

1224 FEASBY/THOMAS 229.00 11/04/05 13:00 4508  
ROOM NAME RATE DEPART TIME ACCT#  
NDBG SUITE 1J2WMC 11/02/05 16:35  
TYPE ARRIVE TIME  
15 8440 112TH STREET

ROOM ED MONT ON AB T6G2B7 PAYMENT MR#:  
CLERK ADDRESS

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
11/02	ROOM 1224, 1	229.00		
11/02	7%RM GST 1224, 1	16.03	A	
11/02	5%RM PST 1224, 1	11.45	B	
11/02	DMF 1224, 1	6.41	J	
11/02	DMF GST 1224, 1	.46	L	
11/02	HSIA 1 @ 10.50	10.50	H	
11/03	ROOM 1224, 1	229.00		
11/03	7%RM GST 1224, 1	16.03	A	
11/03	5%RM PST 1224, 1	11.45	B	
11/03	DMF 1224, 1	6.41	J	
11/03	DMF GST 1224, 1	.46	L	
11/03	HSIA 1 @ 10.50	10.50	H	
11/04	VS CARD			\$547.70

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,  
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR  
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- GST # RT891615684 -----

DESCRIPTION	TAXED AMOUNT	TAX
GST (AFH)		33.44
A 7% GST ROOM TAX	.00	32.06
F 7% GST MISC	.00	.00
H 7% GST MISC INCLUSIV	19.62	1.38
PST (BGI)		22.90
B 5% PST ROOM TAX	.00	22.90
G 8% PST MISC	.00	.00
I 8% PST MISC INCLUSIV	.00	.00
J DESTINATION MKT FEE	.00	12.82
K DMF PST	.00	.00
L DMF GST	.00	.92
NET CHARGES	477.62	
TAX	70.08	
CREDITS	.00	
FOLIO		547.70

----- EXP. REPORT SUMMARY -----

11/02	HSIA	10.50
	ROOM	229.00
	7%RM GST	16.03
	5%RM PST	11.45



100 Kent Street  
Ottawa, Ontario K1P 5R7  
(613) 238 1122  
Marriott.com/YOWMC

This receipt is a legal document. It is the property of the hotel and must be kept for your records. It is not to be used for any other purpose. If you have any questions, please contact the hotel. This receipt is valid only for the hotel and is not to be used for any other purpose. If you have any questions, please contact the hotel.



APPLICANT COPY

GST# 691615624RT0001

100 Kent Street  
Ottawa, Ontario K1P 5R7  
(613) 238 1122  
Marriott.com/YOWMC

GUEST FOLIO

1224 FEASBY/THOMAS 229.00 11/04/05 13:00 4508  
ROOM NAME RATE DEPART TIME ACCT#  
NDBG SUITE 1J2WMC 11/02/05 16:35  
TYPE ARRIVE TIME  
15 8440 112TH STREET

ROOM CLERK ADDRESS AB T6G2B7 PAYMENT MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
EXP. REPORT SUMMARY				
11/02	DMF	6.41		
	DMF GST	.46		
				273.85
11/03	HSIA	10.50		
	ROOM	229.00		
	7%RM GST	16.03		
	5%RM PST	11.45		
	DMF	6.41		
	DMF GST	.46		
				273.85



100 Kent Street  
Ottawa, Ontario K1P 5R7  
(613) 238 1122  
Marriott.com/YOWMC



# APPLICANT COPY



## Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from:

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (Including GST)	✓ if GST included	DO NOT USE
Accommodation 62412:	415.84 12.22		1182.26		
Meals 62414:	1143.28 63.22		314.84		
Registration Fees 62410:	81.10				
Transportation (including parking) 69600:	183.84 26.00		385.80		
Other					
Mileage		\$0.38	45.60		
<b>TOTAL</b>			<b>\$1928.50</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$1928.50</b>		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature  Date Nov 8, 2005

Approved by  
Print Name Sheila Weatherill Title President & CEO

Signature  Date Nov 10, 2005

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Please ensure that the expense claim is properly authorized.
  - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
  - See the other side of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.

Oct 20-21  
Calgary

APPLICANT COPY  
EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Sept 12/05	Meeting @ CHC				✓ 7.00 w	✓	
Sept 13/05	Meeting w/ Kevin Keough				✓ 4.50 w	✓	
Sept 19/05	Parking @ Airport (Bone & Joint Mtg - Calgary)				✓ 12.00 w	✓	
Sept 19/05	Mileage to/from airport						60
Sept 25/05	Dinner w/ Bernie Bressler		137.98 ★ 157.98 20.00				
Oct 7/05	Parking @ Airport				✓ 12.00 w	✓	
Oct 7/05	Mileage to/from airport						60
Oct 7/05	Taxi (Calgary airport to U of C)				✓ 30.00 w	✓	
Oct 7/05	Taxi (U of C to Calgary airport)				✓ 31.00 w	✓	
Oct 11/05	Lunch w/ Dr. Grand		✓ 6.37 w	✓			
Oct 22/05	Westin Hotel Calgary (Halifax 5 conference)	370.06	357.84 w 12.22 w			✓	
Oct 25/05	Old Mill Inn Hotel Toronto (Insights Clinical Trials Conference)	264.50	252.83 w 11.67 w			✓	
Oct 22/05	Taxi				✓ 31.30 w	✓	
Oct 24/05	Taxi				✓ 12.00 w	✓	
Oct 24/05	Taxi				✓ 31.00 w	✓	
Oct 25/05	Taxi				✓ 40.00 35.00 5.00	✓	
Oct 24/05	Taxi				✓ 31.00 27.00 4.00	✓	
Oct 25/05	Taxi				✓ 47.00 41.00 6.00	✓	
Oct 22-24	Per Diem (\$35/3 Days)		✓ 105.00	✓			
Nov 3/05	Taxi (ACAHO AGM)				✓ 12.00 w	✓	
Nov 4/05	Taxi				✓ 18.00 w	✓	
Nov 3/05	Taxi				✓ 8.00 w	✓	
Nov 3/05	Taxi				✓ 7.00 w	✓	
Nov 4/05	Taxi				✓ 7.00 w	✓	
Nov 4/05	Taxi				✓ 17.00 w	✓	
Nov 4/05	Taxi		39.49 6.49		✓ 28.00 w	✓	
Nov 3/05	Dinner Meeting w/ Bob Sheldon & Jack Jhamandas		★ 45.49				
Nov 4/05	Ottawa Marriott Hotel	547.70	511.15 36.55				
	<b>Total km</b>						120
	@						\$0.38
<b>TOTALS TO FRONT OF FORM</b>		1182.26	314.84		385.80		45.60

APPLICANT COPY  
EXPENSE CLAIM DETAILS

**EXPENSE LIMITS**

**1. Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
Lunch	\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

**2. Travel**

- Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

**3. Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

**4. Hosting Expenses**

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Sept 25 - Dinner w/  
Bernie Bessler

YIANNIS TAVERNA RESTAURANT  
10444 82 AVE  
EDMONTON AB



CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 4004
DATE/TIME	2005/09/25 19:17:01
CLERK NUMBER	14
RECEIPT NUMBER	S80504267-687-009
AUTHORIZATION	-----
AMOUNT	\$137.98
TIP	20.00
TOTAL AMOUNT	157.98

Section 17(1),(4)(e.i)

01 APPROVED 027 AUTH. # 028004  
THANK YOU

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

THOMAS E FEASBY

NOV 3- mtg w/ Bob Sheldon & Vick Shamandas

LANDMARKS RESTAURANT  
CREDIT CARD VOUCHER

CHECK: 2853  
TABLE: 11/2  
SERVFR: 98 Susan  
DATE: 03NOV'05 6:24PM  
CARD TYPE: Visa  
ACCT #:   
EXP DATE:   
AUTH CODE: 031121 Section 17(1),(4)(e.i)  
THOMAS I. WISBY



SUBTOTAL: 39.49

GRATUITY 6.00

TOTAL 45.49

*[Signature]*  
Signature

(PLEASE SIGN BOTH COPIES)

**BLUELINE** RECEIPT FOR CAB FARE  
Amount ~~8.00~~ 8.00 Date 03/11/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 7.00 Date 03-11-05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 958 Driver ER  
G.S.T. Included in meter fare

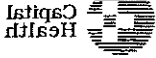
**BLUELINE** RECEIPT FOR CAB FARE  
Amount 12 Date Nov. 3/05.  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 7 Date 11/05/05  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
G.S.T. Included in meter fare

**CAPITAL TAXI** RECEIPT FOR CAB FARE  
Amount 18.00 Date 4/11/05  
From G.H.  
To Civic H.  
Cab No. 274 Driver J.H.  
G.S.T. Included in meter fare Le prix inclus la T.P.S.

**BLUELINE** RECEIPT FOR CAB FARE  
Amount 17.40 Date 11/5  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 933 Driver \_\_\_\_\_  
G.S.T. Included in meter fare

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs & Associate Dean, Faculty of Medicine & Dentistry Cost Centre: 204-0007-71110101089

Department: Corporate Office Bus. Phone: 407-7812

Period from: December 8, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			280.50		
Registration Fees					
Transportation (including parking)					
Other					
Mileage					
<b>TOTAL</b>			280.50		\$
Less Cash Advance					
<b>NET</b>			<b>\$280.50</b>		

**Capital Health RECEIVED**  
**DEC 18 2005**  
**ACCOUNTS PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Dec 13/05

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

NORMANDS RESTAURANT  
GST#R123163602

5 MARK

TBL 14/1    CHK 257    GST 0  
DEC08'05 07:44PM

2 COLUMBIA CREST	75.50
2 CUP DAY SOUP	7.50
1 SALAD STARTER	5.95
1 STILTON/SMALL	6.25
4 *FISH SPECIAL*	103.80
1 *DINNER SPECIAL*	28.95

SUBTOTAL	227.95
G.S.T.	15.96
TOTAL DUE	243.91

\*\*\* MUSSEL MONDAYS 4 STYLES \*\*\*  
ALMOST ALL YOU CAN EAT 19.95

PLEASE PAY SERVER  
WWW.NORMANDS.COM

\$ 243.91

\*\*\*\*\*  
TRANSACTION RECORD  
NORMANDS RESTAURANT  
11609A 1-30TH AVE  
EDMONTON AB T5K 0M9

TYPE: PURCHASE  
Amount: \$ 243.91  
Tip: \$ 36.59  
ACCT: CREDIT \$ 243.91

CARD NUMBER: [REDACTED]  
EXPIR. DATE : 2005/12/09  
TIME : 20:43:33  
REF./TRN#: 0000217  
77000901 S Emp. #: 105  
AUTH.#: (096910)

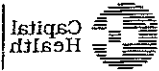
Section 17(1),(4)(e.i)

TRANSACTION 001  
000 APPROVED  
THANK YOU

Cardholder will pay card issuer the above amount pursuant to cardholder agreement.

\*\*\* CUSTOMER COPY \*\*\*





5092 in H  
APPLICANT COPY 105597  
Payment Requisition

Accounting Services  
1100 Harley Court  
10045-111 St.  
Edmonton, Alberta T5K 2M5

ASW-07 Feb 2006

not in system

I PAYEE INFORMATION (Check one only)  Vendor  Patient  Employee (EE number )

Invoice Date 19-Jan-06 (DD-MMM-YY) Invoice Number

Vendor Number (or S.I.N.) Payee Name THOMAS FEASBY

Address 1J2.12 WMC City EDMONTON

Province/State AB Postal Code T6G 2B7 Country AB

II PAYMENT DETAILS

Reason for payment <sup>FOR</sup> DINNER WITH RESEARCH DIRECTOR CANDIDATE~~S~~ PO #

Is this a contract payment?  Yes (Attach copy of contract if not previously forwarded)  No

If this is a contract payment, what is the contract date? Number

Have goods / services been received?  Yes, When? 19-Jan-06  No

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

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	69500000	\$660.39		\$660.39
		↑ RAH Admin	Capital Health RECEIVED	575.39	ⓧ	
			FEB 01 2006	85.00	ⓧ tip	
			ACCOUNTS PAYABLE			

Canadian  U.S.  Other TOTAL \$660.39 \$660.39

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) Desiree Olafson Phone # 735-5779

(Signature) [Signature] Date 25-Jan-06

Approved by (Print name) Marg Zapf Phone # 735-5523

(Signature) [Signature] Date Jan 25/06

Approved by (Print name) Joanna Pawlyshyn Phone # 735-4101

(Signature) [Signature] Date 26 Jan 06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

- Notes:
- 1) All employee payments will be made electronically based on payroll banking information.
  - 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
  - 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
  - 4) Incomplete/improperly authorized payment requisitions will be returned without processing

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs Cost Centre: 201 0002 71110101001

Department: Corporate Office Bus. Phone: 407-7812

Period from:

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			660.39	✓	
Registration Fees					
Transportation (including parking)					
Other					
Mileage					
<b>TOTAL</b>			<b>\$660.39</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$660.39</b>		

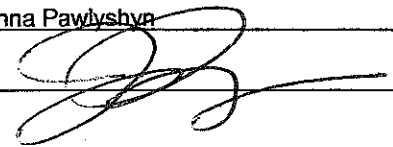
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature  Date Jan 23, 2006

Approved by

Print Name Joanna Pawlyshyn Title VP & COO, RAH

Signature  Date 26 Jan 06

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

CHARACTERS REST  
10257 - 105 STREET  
EDMONTON, AB.  
T5J 1E3  
780-421-4100  
GST# 89206-4429

CHARACTERS REST  
10257 - 105 Street  
EDMONTON, AB.  
T5J 1E3  
(780) 421-4100  
GST# 89206-4429

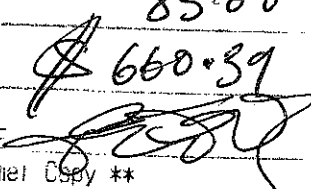
Date: Jan19'06 09:26PM  
Card Type: VISA  
Acct #:   
Exp Date:   
Auth Code: 045208  
Check: 7459  
Table: 12/1  
Server: 122 DIECKMAN  
THOMAS E FEASBY

Section 17(1),(4)(e.i)

Subtotal: 575.39

GRATUITY 85.00

TOTAL \$660.39

SIGNATURE   
\*\* Customer Copy \*\*

122 DIECKMAN

Tbl 12/1 Chk 7459 Gst 7  
Jan19'06 06:31PM

2 SOUP 3 WAYS @ 7.00 14.00  
1 SCALLOP PRAWN 13.00  
2 SALAD GREENS @ 8.00 16.00  
2 @ 8.00  
ROMAINE SALAD 16.00  
2 @ 36.00  
BISON VENISON 76.00  
1 BEEF TENDERLN 33.00  
2 SEABASS @ 36.00 72.00  
1 DUCK BREAST 32.00  
1 FETA TART 22.00  
KIM CRAWFORD CHARD 36.00  
1 OPEN WINE  
KIM CRAWFORD CHARD 36.00  
1 OPEN WINE 11.00  
1 ICE CREAM 16.00  
2 BRULE @ 8.00 10.00  
1 SOUFFLE 8.50  
1 1GL.FACELLI FUME 5.50  
1 TRADITIONAL ALE 32.50  
5 P.GRINO 'Lg @ 6.50 60.00  
1 FACELLI SYRAH 8.50  
2 CAFE LATTE @ 4.25 17.00  
4 CAPPUCCINO @ 4.25 2.75  
1 TEA

Subtotal 537.75  
GST 37.64  
09:24 Amount Du 575.39

WELCOME TO CHARACTERS!  
& HAVE A GREAT DAY!!

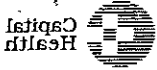
s.17(1), 17(4)(g)(i)

Dinner w/

Glenda Coleman-Miller, Brian O'Brien, <sup>1</sup>/<sub>2</sub> Jon Meddings, Shoo Lee



# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs

Cost Centre: 201 0002 71110101001

Department: Corporate Office

Bus. Phone: 407-7812

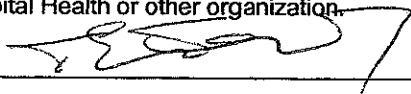
Period from:

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			81.16	✓	
Registration Fees					
Transportation (including parking)					
Other					
Mileage					
<b>TOTAL</b>			81.16		\$
Less Cash Advance					
<b>NET</b>			81.16		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

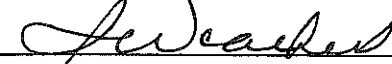
Employee Signature  Date Jan 25, 2006

Approved by

Print Name Joanna Pawlyshyn Title VP & COO, RAH

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name Shelia Weatherin Title \_\_\_\_\_

Signature  Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

Fairmont Hotel Macdonald

111 CARMEN

11171 CNR 5966 1ST J  
 JAN 20 10 6 5:05 PM

- 1 BURGERS 2.50
- 2 FRENCHLY BREAD 12.00
- 1 FRENCH HOPPER 6.00
- 1 WHIPPED CREAM 13.00
- 1 MAC CHEESE 17.00
- 1 PORTABELLO SAND 7.00

Food 46.50  
 Beer 16.00  
 Mineral  
 66 59 107  
 Total due 62.50

CATERING SERVICE  
 416-944-5329

DEBIT 18.00  
 BALANCE 81.16  
 RECEIPT NO  
 SIGNATURE  
 PLEASE PAY YOUR SERVER

SALES DRAFT - FACTURE

ISSUS DE CETTE LIGNE

AUTHORIZATION NUMBER / NO D'AUTORISATION

DEPT.-RAYON

5939502

DESCRIPTION	AMOUNT-MONTANT
	71.16
	10.00

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

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

LE TITULAIRE S'ENGAGE A REMBOURSER L'EMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA CONVENTION REGISSANT L'UTILISATION DE LA CARTE.

VISA

MasterCard

TOTAL \$ 81.16

CAN

CUSTOMER COPY / COPIE DU CLIENT

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION / CONSERVEZ CE BILLET COMME PREUVE DE VOTRE TRANSACTION

recycled / recycle



CATEGORY

Information on this page redacted as Non Responsive

Accounting Period	Invoice Number	Delivery & Counter	Travel: Local/ParKing	Travel In Province	Travel Out of Province	Miscellaneous	Meals	GST	Total	Comments
JUN-06	REIMBURSE-21JUN05									
JUN-06	REIMBURSE-20JUN05									
1st Quarter Total										
JUL-06	TRAVEL-30JUN05									
AUG-06	REIMBURSE-13JUL05									
AUG-06	TRAVEL-18JUL05									
2nd Quarter Total										
SEP-06	REIMBURSE-16AUG05									
3rd Quarter Total										
NOV-06	TRAVEL-04NOV05									
DEC-06	REIMBURSE-08DEC05									
4th Quarter Total										
FEB-06	REIMBURSE-03FEB05									
FEB-06	REIMBURSE-20JAN06									
FEB-06	REIMBURSE-JAN05									
Total to Date										

T. Feasby

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs

Cost Centre: 201 9000 71840400100

Department: Corporate Office

Bus. Phone: 407-7812

Period from: Nov 2005-Feb 2006

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation <u>62414</u>			264.50		252.83 11.67
Meals <u>62414 - 34.00</u>	<u>69600</u>	<u>436.24</u> <u>62.00</u>	532.24		
Registration Fees					
Transportation (including parking) <u>62414 = 65.00</u>	<u>62414 = 65.00</u>	<u>62414 = 54.70</u>	124.70		
Other					
Mileage			45.60 ✓		
<b>TOTAL</b>			<b>\$967.04</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$967.04</b>		

Capital Health  
**RECEIVED**  
FEB 09 2006  
ACCOUNTS  
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date Feb 6/06

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

**YELLOW**

10135-31 Avenue  
Edmonton, AB T6N 1C2

ADMIN: 465-8500  
FAX: 462-2722



**462-3456**  
THANK YOU/MERCI

Date: Nov 15/05 Amount/Montant \$ 121 Car/Voiture # \_\_\_\_\_

Driver/Chauffeur: \_\_\_\_\_ GST# \_\_\_\_\_

From/De: McDonald Htl To/A: St George's Care



Nov 15

ALFMR 25th Anniversary

Dinner

**THANK YOU FOR RIDING WITH CAPITAL TAXI**

Date: \_\_\_\_\_ Amount: 15.00

From: McDonald Htl

To: St George's Care

Unit: 146 Driver: [Signature]

**PLEASE CALL 423-2425**

Nov 28-29  
Insight conf.

ESSUS DE CETTE LIGNE

AUTHORIZATION NO. N° D'AUTORISATION

BILL NO. DE NOTE

DATE 29.11.05 CLERK-COMMISS

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIÉE

05 046

PLEASE WRITE LIKE THIS WHEN FILING IN BOXES VEUILLEZ REMPLIR LES CASES COMME SUIVIT

11234567890

SALES DRAFT CHARGE X FACTURE

CARDHOLDERS SIGNATURE DU TITULAIRE

AMOUNT MONTANT 35.00

TAX TAXE

TIPS POURBOIRE 5.00

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

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

VISA 81505 (5-89)

TOTAL \$ CDN CAN 40.00

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

CUSTOMER COPY / COPIE DU CLIENT

recycled / recyclé

RECEIVED PAYMENT

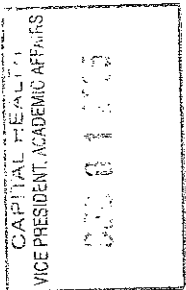
PAID 30.00

DATE 11/28/05 *l. d. l. e. f.* # 85

DRIVER

WITH THANKS *[Signature]*

2 days dinner per diem



Nov 28-Insights conf.  
Old Mill Inn

Dr Tom Reashy  
Insight  
Suite 112 WMC-8440 112th st.  
Edmonton, Alberta  
T6C 1B7

Page # 1  
Ref. # 046906  
Checked in Mon Nov 28/05 - 0:05 am  
Checked out Tue Nov 29/05 - 1:45 pm.  
Nights 1  
Room Rate 230.00  
Room 212

Date Description  
Nov 21 PAID BY VISA - Thank you  
Nov 28 Corporate Group Rate  
Nov 28 G.S.T. - Room 7%  
Nov 28 P.S.T. - Room Tax - 5%  
Nov 28 Destination Marketing Fee

Reference  
00976

Total Outstanding

0.00

264.50

264.50

Thank you for staying with us and we look forward to welcoming you back soon. To reserve your next business or social function at The Old Mill Inn, please contact our Sales & Catering office at 416-236-2641.

Our G.S.T. # is R82907 3724

Charge Summary:  
G.S.T. - Room 7%

16.54

APPLICANT COPY

EDMONTON AIRPORTS

GST# R128599776

\*\*\*\*\*  
\*\*\*\*\*

Car park 000001009 Phone. (780)890-8439  
Fax. (780)890-8329

Dec 6 - ~~GEE~~ Mtg (Edm Airport)

plus 60 km

Receipt no. 0098/0776/00803 06.12.05

015100 pay parking ticket 8,00 \$  
06.12.05 15:46 - 06.12.05 19:26  
Length of stay. 0 Dy. 3 Hr. 40 Min.

total amount	8,00 \$
accepted total	10,00 \$
change	2,00 \$
Tax 7,00 %	0,52 \$

Thank you for your patronage!  
Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*

]

Dec 21 - mtg a ABH & W

TELUS PARKADE  
GST INC. R#122388333

05DEC21 11:56 001 001  
05DEC21 09:03 01  
/ 2:53 #123570  
=01029863  
RATE 1 \$9.00  
TOTAL \$9.00  
CASH \$9.00

MANAGED BY  
IMPERIAL PARKING

APPLICANT COPY

EDMONTON AIRPORTS

GST# R128599776

\*\*\*\*\*

\*\*\*\*\*

Car park 0000001009 Phone. (780)890-8439  
Fax. (780)890-8329

Jan 13 - Datawarehouse  
MTJ plus 60 km

Receipt no. 0304/0564/00802 13.01.06

015100 pay parking ticket 8,70 \$  
13.01.06 14:02 - 13.01.06 16:44  
Length of stay: 0 D, 2 Hr, 42 Min.

total amount 8,70 \$

accepted total 8,70 \$  
Tax 7,00 % 0,57 \$

Thank you for your patronage!  
Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*



APPLICANT COPY

Feb 3

Dinner w/ Richard Lifford,  
Michele Baker, Phil Hassen,  
Shoo Lee


CHARACTERS REST  
10257 - 105 STREET  
EDMONTON, AB.  
T5J 1E3  
780-421-4100  
GST# 89206-4429

Date: Feb03'06 09:30PM  
Card Type: VISA  
Acct #:   
Exp Date:   
Auth Code: 064244  
Check: 7876  
Table: 11/1  
Server: 110 SNOW S  
THOMAS E FEASBY

Subtotal: 436.24

GRATUITY 62.00

TOTAL \$498.24

SIGNATURE 

\*\* Merchant Copy \*\*

7

KMT - 0351 - 2006-002  
APPLICANT COPY

**Varghese, Marylynn**

**From:** Tailleur, Lorraine  
**Sent:** Thursday, February 16, 2006 11:24 AM  
**To:** Varghese, Marylynn  
**Cc:** Tailleur, Lorraine  
**Subject:** FW: Dr. Tom Feasby

**Attachments:** CHCFIN1920060216111018.pdf



CHCFIN192006021  
6111018.pdf (83...

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Marylynn

Please find attached an expense claim that was submitted for Dr. Feasby. Could you please provide additional details on the item for \$498.24 or have Sheila or Allaudin initial and return to myself.

Thanks

Lorraine Tailleur  
Administrative Assistant  
Capital Health  
Accounting Services  
CHC, 10th Floor North Tower  
10030-107 Street  
Edmonton, AB T5J 3E4  
Phone: 735-0348  
Fax: 735-0347

*Nicole,  
As per the attached e-mail,  
could you have Sheila initial  
the flagged page. Restaurant  
receipt missing.  
Marylynn*

The contents of this email and any accompanying documents are CONFIDENTIAL. If the reader is not the intended recipient or its agent, be advised that any dissemination, distribution or copying of the content of this email is prohibited. If you have received this communication in error, please notify us immediately and delete the original email and any accompanying documents. Thank you.

# APPLICANT COPY



## Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from: Nov 2005-Feb 2006

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			264.50		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Capital Health  <b>RECEIVED</b>                      FEB 09 2006                      ACCOUNTS                      PAYABLE                 </div>
Meals			532.24		
Registration Fees					
Transportation (including parking)			124.70		
Other					
Mileage			45.60		
<b>TOTAL</b>			<b>\$967.04</b>		
Less Cash Advance					
<b>NET</b>			<b>\$967.04</b>		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: [Signature] Date: Feb 6/06

Approved by

Print Name: Sheila Weatherill Title: President & CEO

Signature: [Signature] Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

CHARACTERS REST  
10257 - 105 STREET  
EDMONTON, AB.  
T5J 1E3  
780-421-4100  
GST# 89206-4429

Date: Feb03'06 09:30PM  
Card Type: VISA  
Acct #:   
Exp Date:   
Auth Code: 064244  
Check: 7876  
Table: 11/1  
Server: 110 SNOW S  
THOMAS E FEASBY

Subtotal: 436.24

GRATUITY 62.00

TOTAL \$498.24

SIGNATURE 

\*\* Merchant Copy \*\*

*Fuller*

Feb 3

Dinner w/ Richard Lifford,  
Michele Loney, Phil Hassen,  
Shoo Lee

# APPLICANT COPY

## EXPENSE CLAIM DETAILS

Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
(AHFMR Dinner)			✓	14.00		
(AHFMR Dinner)			✓	15.00		
Taxi (Insights conference - Toronto)			✓	30.00		
Taxi			✓	40.00	35.00	5.00
Per Diem (Dinner only)	✓	34.00				
29 Hotel (Insights Conference)	264.50	252.93				
6 Parking (Edmonton airport)		11.67	✓	8.00		
6 Mileage						80km
21/05 Parking (Alberta H&W meeting)			✓	9.00		
13/06 Parking (Edmonton Airport)			✓	8.70		
13/06 Mileage						60km
3/06 Dinner w/ Richard Lilford, Michele Lahey, Phil Hassan & Shoo Lee		498.24				
		436.24				
		62.00				
(No detailed receipt)						
<b>Total km</b>						120km
@						\$0.38
<b>TOTALS TO FRONT OF FORM</b>	264.50	532.24		124.70		45.80 ✓

### EXPENSE LIMITS

1. **Meal Allowances**  
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:  
 Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)  
 Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)  
 Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)  
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
  - Use of personal automobile - From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
  - Includes all forms of transportation costs, including taxis and buses for local travel.
  - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**  
 Travel advance may be requested provided travel expenses are likely to exceed \$500.
4. **Hosting Expenses**  
 Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

# APPLICANT COPY



## Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name: Dr. Tom Feasby

Position: Vice President, Academic Affairs Cost Centre: 201 9000 71840400100

Department: Corporate Office Bus. Phone: 407-7812

Period from: Nov 2005-Feb 2006

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			264.50		
Meals			532.24		
Registration Fees					
Transportation (including parking)			124.70		
Other					
Mileage			45.60		
<b>TOTAL</b>			<b>\$967.04</b>		
Less Cash Advance					
<b>NET</b>			<b>\$967.04</b>		

Capital Health  
**RECEIVED**  
FEB 09 2006  
ACCOUNTS  
PAYABLE \$

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature  Date Feb 6/06

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature  Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Feb 3

CHARACTERS REST  
10257 - 105 STREET  
EDMONTON, AB.  
T5J 1E3  
780-421-4100  
GST# 89206-4429

Dinner w/ Richard Lifford,  
Michele Lamey, Phil Hassen,  
Shoo Lee

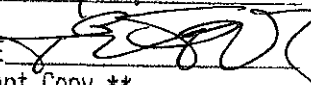
Date: Feb03'06 09:30PM  
Card Type: VISA  
Acct #:   
Exp Date:   
Auth Code: 064244  
Check: 7876  
Table: 11/1  
Server: 110 SNOW S  
THOMAS E FEASBY

Section 17(1),(4)(e.i)

Subtotal: 436.24

GRATUITY 62.00

TOTAL \$498.24

SIGNATURE 

\*\* Merchant Copy \*\*







**Travel & Employee Expense Claim Form**  
(In Canadian Dollars)

Name: Dr. Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Academic Affairs	
Business Phone: 407-7812	Period From: to	

**Attachment**

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71840400100					<input type="checkbox"/>
		62410 = 50w					<input type="checkbox"/>
		Taxi = 111w 19.50 m					<input type="checkbox"/>
		69500 = 189 m					<input type="checkbox"/>
		62412 = 457.65w	6.26m				<input type="checkbox"/>
		62410 = 4.30					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
<b>Total</b>						\$837.71	<input checked="" type="checkbox"/>

Capital Health  
**RECEIVED**  
MAY 10 2006  
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: May 3, 2006

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature)		Date
Approved By:	Title:	Phone #
(Signature)		Date

**NOTE:**

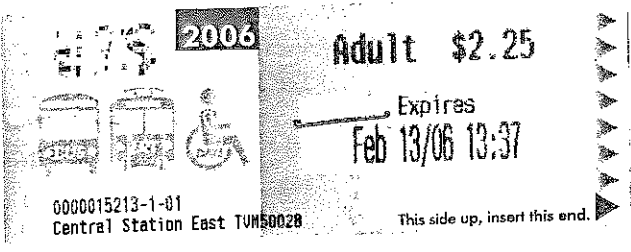
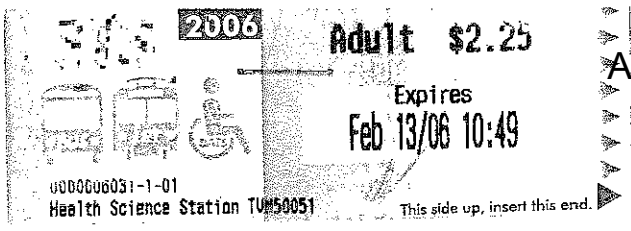
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

(NT) 25.76

(T) 811.95



APPLICANT COPY  
Feb 13/06 Mtg @ Alberta Mental  
Health



CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Feb 15 - Primary Care  
Conference

Rcpt# 30371  
02/15/06 11:23 LN 2 AM 40 Txn#102004  
02/15/06 07:44 In 02/15/06 11:23 Out  
Tkt# 262332  
Regular Rate \$ 11.21  
Total Tax \$ 0.79  
~~Total Fee \$ 12.00~~  
CASH PAID \$ 12.00-  
Cash Tender \$ 20.00  
Change Due \$ 8.00  
THANK YOU  
COME AGAIN

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Feb 15 - Primary Care  
Conference

Rcpt# 10269  
02/15/06 22:56 LN 1 AM 36 Txn# 11423  
02/15/06 15:00 In 02/15/06 22:56 Out  
Tkt# 262573  
Regular Rate \$ 10.78  
Total Tax \$ 0.72  
~~Total Fee \$ 11.50~~  
CASH PAID \$ 11.00-  
Cash Tender \$ 12.00  
Change Due \$ 1.00  
THANK YOU  
COME AGAIN

Section 17(1).(4)(e.1)  
**APPLICANT COPY**

DR THOMAS E FEASBY

RESSUS DE CETTE LIGNE

AUTHORIZATION NUMBER/N° D'AUTORISATION

EXPIRY DATE CHECKED

3/06/06

AMOUNT-MONTANT

TAKEN EMPORTE

CLERK COMMIS

DEPT. RAYON

DELIVERED LIVRE

DATE D'EXPIRATION VERIFIEE

5 584

DESCRIPTION	AMOUNT-MONTANT
	31-60
	7.50
SALES DRAFT CHARGE X FACTURE	
CAN \$	39.10

CUSTOMER COPY  
 COPIE DU CLIENT

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE  
 PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION  
 CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION



CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.  
 LE DETENTEUR DE LA CARTE CHARGE MENTIONNEE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

Mar 6

Taxis - Calgary

NT

RESSUS DE CETTE LIGNE

AUTHORIZATION NO./N° D'AUTORISATION

DR THOMAS E FEASBY

Section 17(1).(4)(e.1)

DATE CHECKED

05 06 06

DEPT.

DATE D'EXPIRATION VERIFIEE

CLERK COMMIS

D-J

Y.A.

TAKEN EMPORTE

DELIVERED LIVRE

#776  
 GST-89740-8019

05 392

DESCRIPTION	AMOUNT - MONTANT
	32 40
	5 00
SALES DRAFT CHARGE X FACTURE	
TAX TAXE	

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

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.  
 LE DETENTEUR DE LA CARTE MENTIONNEE CI-DESSUS PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.



81591 (8-93)

TOTAL \$  
 CAN

1234567890

37.40

CUSTOMER COPY  
 COPIE DU CLIENT

NT

CITY OF EDMONTON  
 LIBRARY PARKADE  
 GST # 119326270 RT0001

Jan 25 - 3rd way mtg +

10 km

Rcpt# 9163  
 01/25/06 15:14 L# 1 A# 35 Txn# 63975  
 01/25/06 12:05 In 01/25/06 15:14 Out  
 Tkt# 249525  
 Regular Rate \$ 9.81  
 Total Tax \$ 0.69  
 Total Fee \$ 10.50  
 CASH PAID \$ 10.50  
 Cash Tender \$ 20.00  
 Change Due \$ 9.50  
 THANK YOU  
 COME AGAIN

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

March 8 - mtg w/ Paddy Meade &  
Shoo Lee

Rcpt# 33639  
03/08/06 14:11 L# 2 A# 38 Txn#112340  
03/08/06 12:48 In 03/08/06 14:11 Out  
Tkt# 274405  
Regular Rate \$ 4.21  
Total Tax \$ 0.29  
Total Fee \$ ~~4.50~~  
CASH PAID \$ 4.50-  
Cash Tender \$ 5.00  
Change Due \$ 0.50  
THANK YOU  
COME AGAIN

MEM #  
MEM #  
TERM #  
AUTH#  
TRANS#  
CHECK # [REDACTED]  
CREDIT #  
DATE  
LINE  
SALE  
AMOUNT  
TIP  
TOTAL

Section 17(1),(4)(e.i)

March 9 - Taxi - Toronto - AEAHO  
Board Mtg.

TRANSACTION  
APPROVED - 0000  
THANK YOU  
CUSTOMER COPY  
POWERED BY MONEX  
WWW.MONEXGROUP.COM  
803



Aerogold VISA

Account number

Transaction details (continued)

Card number (continued)

Trans date Post date Description Section 17(1),(4)(e.i)

Amount (\$)

Best Copy Possible

Section 17(1),(4)(e.i)

MAR 13 MAR 14 CIBC CLUB PRIVILEGES TORONTO ON

189.00

Continued on next page





APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

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

GUEST MR Tom Feasby 1j2.10 Walter Mckinsey Ctr 8440 112 St Edmonton, AB T6G 2B7 Canada

ROOM 1223 RATE 155.00 NO. PERS. 2 FOLIO 531782 A PAGE 1 ARRIVE 28-APR-06 16:19 DEPART 29-APR-06 PAYMENT VI 11:19

TRAVEL CHARGE

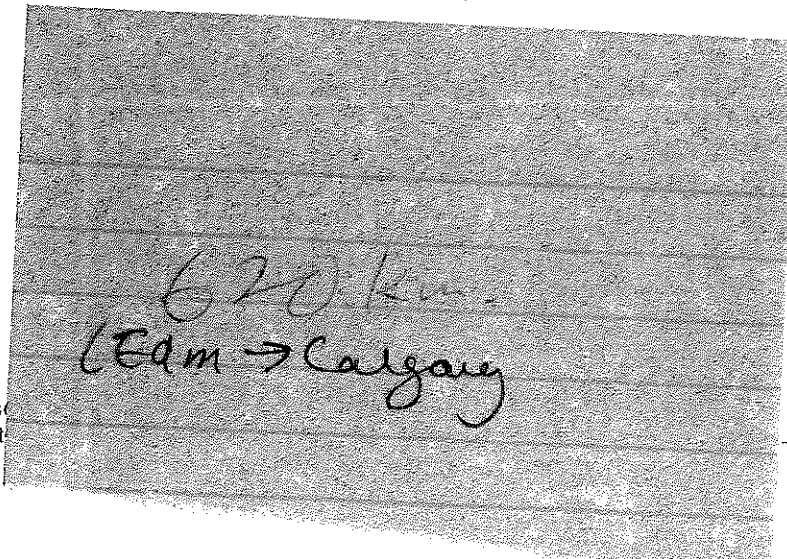
Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES - CREDITS. Includes entries for Room Charge, DMF, Alberta Tourism Levy, GST, Valet Pkg, and Visa. Total-Due 0.00.

EXPENSE REPORT SUMMARY

Table with columns: Date, Room & Tax, Food & Bev, Telephone, Other, Total, Payment. Summary of expenses for 28-APR-06 and 29-APR-06.

We would certainly appreciate any feedback that you may have. Please send to Ross Meredith at rmeredith@sheratonsuites.com.

\*\* continued on the next page \*\*



I agree to remain pers... third party billed fails t

SIGNATURE

For Reservations Call 1-888-784-8370

MR Tom Feasby ROOM 1223 DEPART 29-APR-06 AGENT TJS FOLIO 531782 28-APR-06





APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

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

MR Tom Feasby 1j2.10 Walter Mckinsey Ctr 8440 112 St Edmonton, AB T6G 2B7 Canada ROOM 1223 RATE 155.00 NO. PERS. 2 FOLIO 531782 A PAGE 2 ARRIVE 28-APR-06 16:19 DEPART 29-APR-06 PAYMENT VI 11:19 TRAVEL CHARGE

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES - CREDITS

GST Summary

GST Room Revenue 10.96 GST Food and Beverage 0.00 GST Telephone 0.00 GST Other Revenue 1.54 Total GST 12.50

139445290 RT0021

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

SIGNATURE

For Reservations Call 1-888-784-8370

As a Starwood Preferred Guest you have earned at least 2 Starpoints for each \$1 US Dollar spent.

MR Tom Feasby ROOM 1223 DEPART 29-APR-06 AGENT TJS FOLIO 531782 28-APR-06

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



APPLICANT COPY

Travel Approval Form / Request for Advance

<b>A. TRAVEL PARTICULARS</b> Complete this section and forward to your Travel Coordinator		
Name: Tom Feasby	Signature: <i>[Signature]</i>	Employee #:
Department: Corporate Office	Office Location: 1J2 WMC	Business Phone #: -4077812
Program:	Oracle Cost Centre: 201 900 71840400100	
Destination: Toronto		
Dates: From (day/month) March 9 (year) 2006 to (day/month) March 10 2006 (year)		
Purpose of Trip: ACAHO Board Meeting		
Travel Coordinator's Name: Marylynn Varghese		Business Phone #: -4077812
<b>APPROVALS:</b>		
Supervisor (please print): Sheila Weatherill		Title: President & CEO
Signature: <i>[Signature]</i>	Date:	
Vice President/Chief Operating Officer Signature: (for Out of Province Travel)		Date:

<b>B. ESTIMATE OF EXPENSES (Canadian Dollars)</b> Complete this section if your Supervisor needs to know total costs before approving travel		
1. Accommodation Charge	#	Nights at
2. Meals		
3. Registration	<b>TRAVEL ALREADY COMPLETED</b>	
4. Airfare or Other Travel Costs		
5. Other Expenses (please specify)		
Total Estimated Travel Costs		

Capital Health  
**RECEIVED**  
MAY 10 2006  
**ACCOUNTS PAYABLE**

<b>C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE</b> (only if amount required is \$500 or above)		
Advance Requested:	Date Required:	

<b>D. TICKET/TRAVEL INFORMATION TO BE COMPLETED BY TRAVEL COORDINATOR</b>		
Date:	Invoice Number:	Amount:
Date Information Sent to Traveler:		
Date information Received from Traveler:	Date Notified Travel Agent:	

- > Travel coordinators shall work with the Capital Health approved Travel Agency.
- > The travel coordinators will forward this form with required approvals to the Travel Agency at the time of booking by faxing it to:
  - Attention: Marlin Thomas Cook Travel – Capital Health Corporate Account
  - Fax: (780) 426-5759
- > If an advance is being requested the original Travel Approval Form should also be forwarded to:
  - Accounts Payable  
Capital Health Centre  
North Tower – 10<sup>th</sup> Floor, 10030-107 Street  
Edmonton, AB T5J 3E4
- > All out of Province travel requires VP/COO approval as depicted in SECTION A.



**Travel & Employee Expense Claim Form**  
(In Canadian Dollars)

Name: Dr. Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Academic Affairs	
Business Phone: 407-7812	Period From: to	

**Attachment**

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62620000				<input type="checkbox"/>
			850.84 72.90				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$923.74	<input type="checkbox"/>

Capital Health  
**RECEIVED**  
MAR 31 2006  
**ACCOUNTS  
PAYABLE**

**RECEIVED**  
APR 11 2006  
**ACCOUNTS  
PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: March 27, 2006

Approved By: Joanna Pawlyshyn (Print name)	Title: VP & COO, RAH	Phone # 735-4101
(Signature)	30 Mar 06	Date
Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See the other side of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.



APPLICANT COPY

CAPITAL HEALTH  
 VICE PRESIDENT, ACADEMIC AFFAIRS  
 MAR 09 2006

[ope\_orat] r5.85.189.37 Order Processing Co.: 200 EDMONTON  
 Sg:ROSHNI Del:16:34 Quote: 275.09

Cust# 80066	Customer Name PUROLATOR CREDIT CARD	SvcTyp NFO	Pc 1	Wght 1	Ctrl # 40608369	CSR OT*
Ordered By SSS	Referen V4500610	Rate Comment: NAVCAN/AVIATION			Quote/Rate	
Pickup Information [CU]		ChgCd/ #	Cd/ #	Cd/ #	Drv1	Drv2
Nam:UNIVERSITY OF ALBERTA		BASE	223.00	BASE	6573	60.00*
Adr:8440 112 ST		WEIGHT		WEIGHT/PCS		
Cty:EDMONTON Pr:AB		RETURN		RETURN		
Phn:780 407-7812 EXT:		WAIT		WAIT TIME		
See:*MARYLYNN Rm:ST		PIECES		VEHICLE		
Delivery Information		VEHICLE		MISC		
Nam:OFFICE		AFT HRS		Total:		
Adr:4500 OAK ST		FUEL CHRG	21.19			
Cty:VANCOUVER Pr:BC		MISC	16.15	Mi/Blk:1242/		
Phn:604 875-2424 EXT:		CHRGBACK		Zones: 15/901		
See:PETER EXT. 7913 Rm:ST		TAXES	18.22	Wait:		
		* Total:	278.56	Quote:	275.09	Pay Cht: 80080

Booking amount for this bucket for driver 1  
 [\*F] Menu [F9] Delete/Abort [F10] Rerate [F11] Recalc Add-on [Tab] ->

*March 2- carrier to Vancouver*

*Attn: Marylynn 407-7161*

*For your records this is the amt billed on the Visa.*

*Stinky Smith  
 Dynamex - Edm  
 462-4100*

APPLICANT COPY

03 06 338511  
TRIP REF. #      CARD AUTH #

DR THOMAS E. PEASE  
DRIVER # 6339      DRIVERS SIG. ML

BONNY'S TAXI 026  
GST REG. NO. K100560083  
5525 IMPERIAL STREET, BURNABY, B.C. V5J 1E8 604-435-6655

DELIVERY FROM	APR	PICK-UP TIME	6:45 PM
DELIVERY TO	TEA HOUSE ROSS - VAN	DROP-OFF TIME	7:10 PM
RECEIVER'S SIGNATURE	X	WAITING TIME	
		FARE	40.70
		TIP	7.00
		TOTAL	47.70

PRINT CUSTOMER'S NAME  
 BONNY'S      OTHER   
 GST INCLUDED

WHITE - CUSTOMER'S COPY / YELLOW & HARD - OFFICE COPY

\*\*\*\*\*  
 DATE 3/10/06      TIME 9:49PM  
 MID SQTEAHOU      4000236

SEQUOIA GRILL  
 Stanley Park Drive  
 Vancouver, BC  
 604-669-3281  
 PLEASE LEAVE SIGNED COPY WITH SERVER

Section 17(1),(4)(e.i)  
 Visa AUTH 060118      TBL 30      CHECK 7052  
 PURCHASE      DINING ROOM      SEPIDEH

AMOUNT      243.20  
 LIQUOR      6.00  
 GST      17.02  
 -----  
 SUBTOTAL \$      266.22  
 TIP \$      40.00  
 TOTAL \$      306.22  
 =====

CUSTOMER COPY

\*\*\*\*\*

# THE Fairmont VANCOUVER AIRPORT

APPLICANT COPY

VANCOUVER INTERNATIONAL AIRPORT  
 P.O. BOX 23798, RICHMOND  
 BRITISH COLUMBIA, CANADA V7B 1X9  
 T 604 207 5200 F 604 248 3219

GST#100769686RT0026

Arrival/Arrivée 10MAR, 06 Folio Number/N° Dossier 005485  
 Departure/Départ Balance/Solde

11MAR, 06 .00

Thomas Feasby

Nights/Nuits 1 Date Ck-Out 11MAR, 06 7:41a DF

American Express  
 1403 - 29th Street NW

Section 17(1),(4)(e.i)

Calgary ABT2N 2T9

Line No. N° Ligne	Date	Room Chambre	Description	Reference Référence	Amount Montant	ID
001	10MAR	1 /1337	Room	Rm 1337	229.00+	AP
002	10MAR	1 /1337	Room Tax	Rm 1337	22.90+	AP
003	10MAR	1 /1337	Room GST	Rm 1337	16.03+	R AP
004	11MAR	1 /1337	Globe Restaurant	7821	22.00+	
005	11MAR	1 /1337	Globe Rest GST	7821	1.33+	F
006	11MAR	1 /1337	Visa		291.26-	DF

Section 17(1),(4)(e.i)

F 1.33+  
 R 16.03+

1.33+  
 16.03+

17.36+

291.26+

Guest signature  
 Signature du client X \_\_\_\_\_

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 or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (19.56% per annum). All accounts deemed delinquent may be subject to finance charges, legal fees and all other costs associated with the bill. 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 me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois (19,56% par année). Des frais d'administration et de l'intérêt seront ajoutés sur tout compte passé dû. 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.)

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts  
 from United States or Canada 1 800 441 1414

Pour informations et réservations visitez notre site web au  
[www.fairmont.com](http://www.fairmont.com) ou téléphonez aux Hôtels Fairmont:  
 1 800 441 1414 à partir des États-Unis ou du Canada

Thank you for choosing to stay with Fairmont Hotels and Resorts  
 Merci d'avoir choisi les Hôtels Fairmont



**AMEX CANADA INC**

PHONE: 403-294-7100

\*AMEX PRIVACY STATEMENT\*CLICK ON THE LINK LOCATED ON THE LEFT  
E-MAIL [AMEX.CANADA@AMERICANEXPRESS.COM](mailto:AMEX.CANADA@AMERICANEXPRESS.COM)

**Electronic Invoice**

[Print this page](#) | [Close window](#) | [Help](#)

Salesperson: B1

Invoice number: 0682783

Date: 09MAR2006

For: FEASBY/THOMAS E DR

Record locator: MGONAF

Customer number: [REDACTED]

Section 17(1)

ATTN-MARYLYNN VARGHESE  
CAPITAL HEALTH AUTHORITY  
DEL-09MAR -VT-

CAPITAL HEALTH AUTHORITY  
ROOM 1J2  
8440-112 STREET  
EDMONTON, AB, T6G 2B7  
201900071840400100

Notes: AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED  
\*E-TICKET RECEIPT\* AND \*E-INVOICE\* LINKS LOCATED TO THE LEFT  
POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

**Fri, Mar 10**

<b>Air</b>	AIR CANADA	Flight # : 161	Economy	Food for Purchase
	From : TORONTO ON, CANADA		1600	
	Departure Terminal : 1			5Hr 07Min
	To : VANCOUVER BC, CANADA		1807	Non Stop
	Arrival Terminal : M			
	FEASBY/THOMAS E DR	Seat - 16H	AC - [REDACTED]	Section 17(1)

**Sat, Mar 10**

<b>Hotel</b>	VANCOUVER BC, CANADA	Out - 11MAR
	FAIRMONT HOTELS	1 Night(s)
	FAIRMONT VANCOUVER AIRPORT 1	Room(s) - DELUXE KING NS CONSORTIA
	3111 GRANT MCCONACHIE	Rate - 229.00CAD Per Night
	RICHMOND BC CA V6X 3X9	
	Phone 1-604-207-5200	
	Guaranteed Late Arrival	
	Confirmation: 5084221	
	ID- [REDACTED]	Section 17(1)
	CD- [REDACTED]	
	GUARANTEED LATE ARRIVAL	

Air ticket AC2291289155

FEASBY THOMAS E DR

Exchange AC2291075348

Billed to AX [REDACTED]

\*255.00

G.S.T./H.S.T.

\*0.00

Q.S.T.

Section 17(1),(4)(e.i)

\*0.00



APPLICANT COPY

Total base fare amount	255.00
Total taxes	0.00
Total V.A.T./G.S.T./H.S.T.	0.00
Total Q.S.T.	0.00
Net credit card billing	<del>255.00</del>
Total amount due	0.00

SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.  
 CHANGES PERMITTED BASED ON AVAILABILITY.  
 THIS TICKET IS NON-REFUNDABLE.  
 CHANGES TO FLIGHT AC126 MUST BE MADE  
 1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
 OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
 CHANGES TO FLIGHT AC157 MUST BE MADE  
 1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
 OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
 TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.  
 OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.  
 TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.  
 CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.  
 ONCE TICKETED FLIGHT HAS DEPARTED, THIS TICKET HAS NO VALUE.  
 PROOF OF IDENTIFICATION INCLUDING PHOTO IS REQUIRED.  
 PLEASE CHECK-IN 60 MINUTES PRIOR FOR DOMESTIC FLIGHTS.  
 LATE CHECK-IN MAY RESULT IN DENIED BOARDING.  
 THE CHECK-IN TIMES INDICATED ARE GUIDELINES ONLY. AIRPORT AND AIRLINE  
 CHECK-IN REQUIREMENTS ARE CHANGING FREQUENTLY AND WE RECOMMEND  
 YOU RECONFIRM SPECIFIC REQUIREMENTS BEFORE GOING TO THE AIRPORT.  
 ...YOUR ACCESS CODE IS...S-X970/MGONAF  
 FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN  
 CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263  
 FULL FARE 255.00 FARE PAID 255.00 LOW FARE 255.00/09MAR06  
 AMEX CANADA INC. GST/HST REGISTRATION R134194620RT0001.  
 AMEX CANADA INC. QST REGISTRATION 1015265325TQ0001.  
 AMEX HELPS MANAGE YOUR COMPANY,S TRAVEL EXPENSES AND  
 ASSISTS YOU IN FINDING TRAVEL SUPPLIERS AND MAKING  
 ARRANGEMENTS THAT MEET YOUR INDIVIDUAL NEEDS. WE CONSIDER  
 VARIOUS FACTORS IN IDENTIFYING TRAVEL SUPPLIERS AND  
 RECOMMENDING SPECIFIC ITINERARIES. IN THIS ROLE, WE ARE  
 ACTING AS AN INDEPENDENT THIRD PARTY AND NOT AS A  
 FIDUCIARY. WE WANT YOU TO BE AWARE THAT CERTAIN SUPPLIERS  
 PAY US COMMISSIONS AS WELL AS INCENTIVES FOR REACHING  
 SALES TARGETS OR OTHER GOALS, AND FROM TIME TO TIME MAY  
 ALSO PROVIDE INCENTIVES TO OUR TRAVEL COUNSELLORS. CERTAIN  
 SUPPLIERS MAY ALSO PROVIDE COMPENSATION TO US FOR VARIOUS  
 MARKETING AND ADMINISTRATIVE SERVICES THAT WE PERFORM FOR  
 THEM, SUCH AS GRANTING THEM ACCESS TO OUR MARKETING  
 CHANNELS, PARTICIPATING IN MARKETING PROGRAMS AND  
 SUPPORTING TECHNOLOGY INITIATIVES. IN ADDITION, WE RECEIVE  
 COMPENSATION FROM SUPPLIERS WHEN CUSTOMERS USE THE  
 AMERICAN EXPRESS CARD OR OTHER AMERICAN EXPRESS PRODUCTS  
 TO PAY FOR SUPPLIER PRODUCTS AND SERVICES. FROM TIME TO  
 TIME WE MAY ENTER INTO OTHER BUSINESS RELATIONSHIPS WITH  
 SUPPLIERS AND THESE ARRANGEMENTS, INCLUDING LEVELS AND

APPLICANT COPY

TYPES OF COMPENSATION AND INCENTIVES WE RECEIVE, ARE SUBJECT TO CHANGE. IN IDENTIFYING SUPPLIERS AND RECOMMENDING ITINERARIES, WE MAY CONSIDER A NUMBER OF FACTORS, INCLUDING SUPPLIER AVAILABILITY, YOUR PREFERENCES, AND ANY AGREEMENTS WE HAVE TO BOOK TRAVEL IN ACCORDANCE WITH YOUR COMPANY,S TRAVEL POLICY. THE RELATIONSHIPS WE HAVE WITH SUPPLIERS MAY ALSO INFLUENCE THE SUPPLIERS WE IDENTIFY AND THE ITINERARIES WE RECOMMEND

-VT-T-A1-2@  
CAR RESERVATIONS OFFERED BUT DECLINED.

Your travel arranger provides the information contained in this document to you. Sabre®  
Virtually There® is not responsible for the content of this document. Please contact your travel arranger should you have any questions.

Copyright and Trademark Notices



APPLICANT COPY



AMEX CANADA INC

PHONE: 403-294-7100

\*AMEX PRIVACY STATEMENT\*CLICK ON THE LINK LOCATED ON THE LEFT  
E-MAIL AMEX CANADA INC

Electronic Invoice

[Print this page](#) | [Close window](#) | [Help](#)

Salesperson: B1  
For: MARRIE/TOM DR

Invoice number: 0682587  
Record locator: CLJAOP

Date: 09MAR2006  
Customer number: [REDACTED] **Section 17(1)**

~~ATTN: MARRIE/TOM DR~~  
CAPITAL HEALTH  
10TH FLOOR NORTH TOWER  
10030-107TH STREET  
EDMONTON, AB, T5J 3E4  
DEL-09MAR -VT-

CAPITAL HEALTH  
10TH FLOOR NORTH TOWER  
10030-107TH STREET  
EDMONTON, AB, T5J 3E4  
201900071840400100

Notes: AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED  
PLEASE PRINT YOUR RECEIPT AND INVOICE BY SELECTING THE  
\*E-TICKET RECEIPT\* AND \*E-INVOICE\* LINKS LOCATED TO THE LEFT  
POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

**Fri, Mar 10**

**Air** AIR CANADA Flight # : 245 Economy Snack or Brunch  
From : EDMONTON INTL AB, CANADA 1740  
To : VANCOUVER BC, CANADA 1815  
Arrival Terminal : M  
1Hr 35Min  
Non Stop

Notes: YOU HAVE BOOKED A TANGO FARE CLASS TICKET WITH  
AIR CANADA AND ADVANCE SEAT SELECTION CANNOT BE BOOKED  
AT THIS TIME. WE RECOMMEND THAT YOU CHECK IN AT THE  
AIRPORT EARLY TO HAVE YOUR SEAT/SEATS ASSIGNED.

**Fri, Mar 10**

**Air** AIR CANADA Flight # : 248 Economy Snack or Brunch  
From : VANCOUVER BC, CANADA 2250  
Departure Terminal : M 1Hr 25Min  
To : EDMONTON INTL AB, CANADA 0115  
Non Stop

Notes: YOU HAVE BOOKED A TANGO FARE CLASS TICKET WITH  
AIR CANADA AND ADVANCE SEAT SELECTION CANNOT BE BOOKED  
AT THIS TIME. WE RECOMMEND THAT YOU CHECK IN AT THE  
AIRPORT EARLY TO HAVE YOUR SEAT/SEATS ASSIGNED.

Air ticket AC2291289023 MARRIE TOM DR  
Billed to AX [REDACTED] \*569.34  
G.S.T./H.S.T. Section 17(1),(4)(e.i) \*0.00  
Q.S.T. \*0.00

APPLICANT COPY

Total base fare amount	530.00
Total taxes	39.34
Total V.A.T./G.S.T./H.S.T.	0.00
Total Q.S.T.	0.00
Net credit card billing	<del>569.34</del>
Total amount due	0.00

SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.  
 CHANGES PERMITTED BASED ON AVAILABILITY.  
 THIS TICKET IS NON-REFUNDABLE.  
 CHANGES TO FLIGHT AC245 MUST BE MADE  
 1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
 OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
 CHANGES TO FLIGHT AC248 MUST BE MADE  
 1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
 OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
 TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.  
 OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.  
 TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.  
 CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.  
 ONCE TICKETED FLIGHT HAS DEPARTED, THIS TICKET HAS NO VALUE.  
 PROOF OF IDENTIFICATION INCLUDING PHOTO IS REQUIRED.  
 PLEASE CHECK-IN 60 MINUTES PRIOR FOR DOMESTIC FLIGHTS.  
 LATE CHECK-IN MAY RESULT IN DENIED BOARDING.  
 THE CHECK-IN TIMES INDICATED ARE GUIDELINES ONLY. AIRPORT AND AIRLINE  
 CHECK-IN REQUIREMENTS ARE CHANGING FREQUENTLY AND WE RECOMMEND  
 YOU RECONFIRM SPECIFIC REQUIREMENTS BEFORE GOING TO THE AIRPORT.  
 FULL FARE 968.71 FARE PAID 569.34 LOW FARE 569.34/09MAR06  
 ...YOUR ACCESS CODE IS...S-X970/CLJAOP  
 FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN  
 CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263  
 -VT-T-A1@  
 AMEX CANADA INC. GST/HST REGISTRATION R134194620RT0001.  
 AMEX CANADA INC. QST REGISTRATION 1015265325TQ0001.  
 CAR/HOTEL RESERVATIONS WERE OFFERED BUT DECLINED.  
 AMEX HELPS MANAGE YOUR COMPANY,S TRAVEL EXPENSES AND  
 ASSISTS YOU IN FINDING TRAVEL SUPPLIERS AND MAKING  
 ARRANGEMENTS THAT MEET YOUR INDIVIDUAL NEEDS. WE CONSIDER  
 VARIOUS FACTORS IN IDENTIFYING TRAVEL SUPPLIERS AND  
 RECOMMENDING SPECIFIC ITINERARIES. IN THIS ROLE, WE ARE  
 ACTING AS AN INDEPENDENT THIRD PARTY AND NOT AS A  
 FIDUCIARY. WE WANT YOU TO BE AWARE THAT CERTAIN SUPPLIERS  
 PAY US COMMISSIONS AS WELL AS INCENTIVES FOR REACHING  
 SALES TARGETS OR OTHER GOALS, AND FROM TIME TO TIME MAY  
 ALSO PROVIDE INCENTIVES TO OUR TRAVEL COUNSELLORS. CERTAIN  
 SUPPLIERS MAY ALSO PROVIDE COMPENSATION TO US FOR VARIOUS  
 MARKETING AND ADMINISTRATIVE SERVICES THAT WE PERFORM FOR  
 THEM, SUCH AS GRANTING THEM ACCESS TO OUR MARKETING  
 CHANNELS, PARTICIPATING IN MARKETING PROGRAMS AND  
 SUPPORTING TECHNOLOGY INITIATIVES. IN ADDITION, WE RECEIVE  
 COMPENSATION FROM SUPPLIERS WHEN CUSTOMERS USE THE  
 AMERICAN EXPRESS CARD OR OTHER AMERICAN EXPRESS PRODUCTS  
 TO PAY FOR SUPPLIER PRODUCTS AND SERVICES. FROM TIME TO

## APPLICANT COPY

TIME WE MAY ENTER INTO OTHER BUSINESS RELATIONSHIPS WITH SUPPLIERS AND THESE ARRANGEMENTS, INCLUDING LEVELS AND TYPES OF COMPENSATION AND INCENTIVES WE RECEIVE, ARE SUBJECT TO CHANGE. IN IDENTIFYING SUPPLIERS AND RECOMMENDING ITINERARIES, WE MAY CONSIDER A NUMBER OF FACTORS, INCLUDING SUPPLIER AVAILABILITY, YOUR PREFERENCES, AND ANY AGREEMENTS WE HAVE TO BOOK TRAVEL IN ACCORDANCE WITH YOUR COMPANY,S TRAVEL POLICY. THE RELATIONSHIPS WE HAVE WITH SUPPLIERS MAY ALSO INFLUENCE THE SUPPLIERS WE IDENTIFY AND THE ITINERARIES WE RECOMMEND

Your travel arranger provides the information contained in this document to you. Sabre®  
*Virtually There*® is not responsible for the content of this document. Please contact your travel arranger should you have any questions.

Copyright and Trademark Notices

Sabre  
**virtually  
there**



**AMEX CANADA INC**

PHONE: 403-294-7100

\*AMEX PRIVACY STATEMENT\*[CLICK ON THE LINK LOCATED ON THE LEFT](#)  
[E-MAIL AMEX CANADA INC](#)

**Itinerary - Printable By Category**

[Print this page](#) | [Close window](#) | [Help](#)

**Itinerary**

**DR TOM MARRIE**

Reservation code: **CLJAOP**

**Travel Arranger Priority Comments:**

AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED  
PLEASE PRINT YOUR RECEIPT AND INVOICE BY SELECTING THE  
\*E-TICKET RECEIPT\* AND \*E-INVOICE\* LINKS LOCATED TO THE LEFT  
POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

**FLIGHTS**

**Fri, Mar 10: AIR CANADA, AC 0245**

**From:** EDMONTON INTL AB, CANADA (YEG)

**Departs:** 17:40

**To:** VANCOUVER BC, CANADA (YVR)

**Arrives:** 18:15

**Arrival Terminal:** MAIN TERMINAL

**Class:** Economy

**Seat:** Check-In Required

**Status:** Confirmed

**Confirmation:** MI75WI

**Meal:** Snack or Brunch

**Smoking:** No

**Aircraft:** AIRBUS INDUSTRIE 319 JET

**Mileage:** 509

**Flight Time:** 1 hours and 35 minutes

**Notes:** YOU HAVE BOOKED A TANGO FARE CLASS TICKET WITH  
AIR CANADA AND ADVANCE SEAT SELECTION CANNOT BE BOOKED  
AT THIS TIME. WE RECOMMEND THAT YOU CHECK IN AT THE  
AIRPORT EARLY TO HAVE YOUR SEAT/SEATS ASSIGNED.

**Verify flight times prior to departure**

**Fri, Mar 10-Sat, Mar 11: AIR CANADA, AC 0248**

**From:** VANCOUVER BC, CANADA (YVR)

**Departs:** 22:50

**Departure Terminal:** MAIN TERMINAL

**To:** EDMONTON INTL AB, CANADA (YEG)

**Arrives:** 01:15

**Class:** Economy

**Seat:** Check-In Required

**Status:** Confirmed

**Confirmation:** MI75WI

**Meal:** Snack or Brunch

**Smoking:** No

**Aircraft:** AIRBUS JET

**Mileage:** 509

**Flight Time:** 1 hours and 25 minutes

**Notes:** YOU HAVE BOOKED A TANGO FARE CLASS TICKET WITH  
AIR CANADA AND ADVANCE SEAT SELECTION CANNOT BE BOOKED  
AT THIS TIME. WE RECOMMEND THAT YOU CHECK IN AT THE  
AIRPORT EARLY TO HAVE YOUR SEAT/SEATS ASSIGNED.

**Verify flight times prior to departure**

**ARRANGER REMARKS**

**Notes:** SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.

CHANGES PERMITTED BASED ON AVAILABILITY.  
THIS TICKET IS NON-REFUNDABLE.  
CHANGES TO FLIGHT AC245 MUST BE MADE  
1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
CHANGES TO FLIGHT AC248 MUST BE MADE  
1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.  
OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.  
TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.  
CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.  
ONCE TICKETED FLIGHT HAS DEPARTED, THIS TICKET HAS NO VALUE.  
PROOF OF IDENTIFICATION INCLUDING PHOTO IS REQUIRED.  
PLEASE CHECK-IN 60 MINUTES PRIOR FOR DOMESTIC FLIGHTS.  
LATE CHECK-IN MAY RESULT IN DENIED BOARDING.  
THE CHECK-IN TIMES INDICATED ARE GUIDELINES ONLY. AIRPORT AND AIRLINE  
CHECK-IN REQUIREMENTS ARE CHANGING FREQUENTLY AND WE RECOMMEND  
YOU RECONFIRM SPECIFIC REQUIREMENTS BEFORE GOING TO THE AIRPORT.  
FULL FARE 968.71 FARE PAID 569.34 LOW FARE 569.34/09MAR06  
...YOUR ACCESS CODE IS...S-X970/CLJAOP  
FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN  
CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263

Copyright and Trademark Notices

**Experience  
virtually  
there**

ELECTRONIC  
TICKET  
Class / Classe  
HOSPITALITY/E TANGO

APPLICATION COPY  
AIR CANADA



Name / Nom  
MARRIE  
AP

Flight & Date / Vol et date  
AC 0248 10MAR

Gate / Porte  
C36

Seat / Place  
ET 24D



Seat & class / Place et classe  
24D ET Y

Boarding time  
Heure d'embarquement 22:15

Frequent flyer / Voyageur assidu

From / De  
VANCOUVER

Section 17(1)

To / Destination  
EDMONTON-YEG

To / Destination  
EDMONTON-YEG

Name / Nom  
MARRIE AP

Airline use / A usage interne  
0114 KYVR326

Remarks / Observations  
AC\*E

Boarding Pass | Carte d'accès à bord

Class / Classe  
HOSPITALITY/E TANGO

AIR CANADA



Name / Nom  
MARRIE  
AP

Flight & Date / Vol et date  
AC 245 10MAR

Gate / Porte  
50

Seat / Place  
ET 17D



Seat & Class / Place et classe  
17D ET Y

Boarding time  
Heure d'embarquement 17

Where not prohibited by law  
Sauf où la loi l'interdit

From / De  
EDMONTON-YEG

To / Destination

To / Destination  
VANCOUVER

Name / Nom  
MARRIE AP

Airline use / A usage interne  
0070 47284

Remarks / Observations  
AC\*E

Boarding Pass | Carte d'accès à bord



Information on this page redacted as Non Responsive

Invoice Number	Travel-Local/Parking 62410000	Taxi 62410001	Travel in Province 62412000	Travel-Out of Province 62414000	Relocation 62620000	Miscellaneous 69500000	Meals 69600000	GST	Total	Comments
APR-07					868.08			55.66	923.74	VANCOUVER-MAR10-11/06
MAY-07	50.75	123.24	433.97		189.00			40.75	837.71	CALGARY/PARKING/MILE FEB13-APR29/06
1st Quarter Total										
	50.75	123.24	433.97	-	868.08	189.00	-	96.41	\$	
JUL-07	32.25		110.28	1,118.03				8.61	151.14	PARK/TAXI/FLIGHT CHANGE FEB MAY 15-JUN 06
JUL-07									1,118.03	WASHINGTON-JUN 26-28/06
SEP-07							526.00	27.36	553.36	BOB WEARS DINNER
2nd Quarter Total										
	32.25	-	110.28	1,118.03	-	-	526.00	35.97	\$	
Total to Date										
	83.00	123.24	544.25	1,118.03	868.08	189.00	526.00	132.38	\$	



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Corporate Office	
Business Phone: 407-7812	Period From: May 2006 to July 2006	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71840400100	62412000			116.50 \$124.90	<input checked="" type="checkbox"/>	
201	9000	71840400100	62410000			29.24	<input checked="" type="checkbox"/>	
			62410000			5.00	<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							\$151.14	<input type="checkbox"/>

67%  
67%  
7%

Capital Health  
**RECEIVED**  
JUL 21 2006  
ACCOUNTS  
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: July 18, 2006

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature)		Date: July 20, 2006
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



TO ORDER  
YOUR VEHICLE

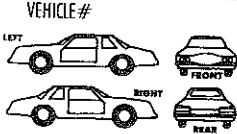


Please Dial 6918

(allow 15 minutes advance notice to have your vehicle waiting)

5 \$

72329 VEHICLE#



SEE REVERSE  
FOR CONDITIONS

Damage area indicated by X

APPLICANT COPY

May 15 - Dinner w/ Senator Kirby

July 18 - Calgary - LAB Alberta MD

EDMONTON AIRPORTS

GST# R129599776

\*\*\*\*\*  
\*\*\*\*\*

Car park : 00000719 Phone : (780) 463-1111  
Fax : (780) 463-1111

Receipt no. 01-117-11-0004 15.07.06

075106 pay per ... 12.90 \$  
06:39 ... 12:10  
Length of stay: 0 Day ... 57 Min.

total amount 12.90 \$

accepted total ... \$  
G.S.T. 6.00 % ... \$

Thank you for your patronage!  
Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*

THOMAS E FEASBY

THANK YOU

Card 1336

Driver: Ziggy  
442

From: FOOTHILLS HOSPITAL

To: 07-18-06 Amount: 51.00

Date: 07-18-06  
GST# 13064913

68 km - toll from Edm airport

I ACKNOWLEDGE RECEIPT OF TICKET(S) FOR RELATED CHARGES DESCRIBED HEREON AND AM AWARE OF APPLICABLE RESTRICTIONS AND/OR PENALTIES AS SHOWN ON SUCH TICKET(S). JE RECONNAIS AVANT REÇU UN OU DES BILLET(S) POUR LA VALEUR CORRESPONDANT AUX FIGURANTS SUR LE OU LES BILLET(S) COMMANDEMENT DES RESTRICTIONS ET/OU PENALTIES APPLICABLES.		UNIVERSAL CREDIT CARD CHARGE FORM - NOTE DE DEBIT UNIVERSELLE - CARTES DE CREDIT - CANADA	
NAME OF PASSENGER IF OTHER THAN CARDHOLDER NOM DU PASSENGER SI AUTRE QUE CELUI DU TITULAIRE DE LA CARTE		AIR CANADA 014 DATE OF ISSUE	
COMPLETE ROUTING - ITINERAIRE COMPLET Calgary + Edmonton fee Edm + Calgary fee		CONNECTION OF PASSENGER WITH SUBSCRIBER RAPPORT ENTRE PASSENGER ET SOUSCRIPTION AIRLINE / COMPAGNE FORM / MODELE SERIAL NO. / N° DE SERIE	
FARE BASIS/BASE TAUX 50.00 TAX 3.00 TOTAL EQUIVALENT MONTANT EQUIVALENT 53.00		DATE D'EMISSION 3 6 9 12	
FARE TAX 50.00 TAX 3.00 TOTAL EQUIVALENT MONTANT EQUIVALENT 53.00		APPROVAL CODE CODE D'APPROBATION	
ROUTE CODE CODE D'ITINERAIRE		FORM OF CREDIT - CARTE DE CREDIT DR THOMAS E FEASBY	
CREDIT CARD NAME/CODE NOM/CODE CARTE DE CREDIT		LIEU ET DATE D'EMISSION ALGARY CANA	
TICKETS NOT TRANSFERABLE BILLET(S) NON CESSIBLES AUCUN REMPLACEMENT AU COURS DU VOYAGE		1. CARBON-COPY COPY 1. COPIE LE TITULAIRE DE LA CARTE IF ESTIMATED PAYMENT DESERVED CIRCLE NUMBER OF MONTHS PAYMENTS OFFERED ENVOYER LE NUMBRE DE MOIS DESERVE	

Section 17(1),(4)(e.i)



Travel & Employee Expense Claim Form

(In Canadian Dollars) USD

Name: Dr. Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Academic Affairs	
Business Phone: 407-7812	Period From: June 26, 2008 to June 28, 2006	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency (USD)	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71840400100	62414000	\$719.92			<input type="checkbox"/>
201	9000	71840400100	62414000	15.86			<input type="checkbox"/>
201	9000	71840400100	62414000	244.95			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						1.14	<input type="checkbox"/>
Total						980.73 (USD)	<input checked="" type="checkbox"/>

Capital Health  
**RECEIVED**  
 JUL 05 2006  
 ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

1118.03 Cdn (NT) = 1098.42 Cdn

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:

*[Handwritten Signature]*

Date: June 30, 2006

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature) <i>[Signature]</i>		Date: July 7, 2006
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

NOTE: All receipts are in US dollars.



APPLICANT COPY



2401 M Street NW,  
Washington, DC, 20037  
T (202) 429-2400 F (202) 457-5010

Room : 0546  
Folio # : 89907  
Cashier # : 26  
Page # : 1 of 1  
Group Code : Alberta Government

Mr Tom Feasby

Canada

Alberta International & Intergovernmental Affairs

Arrival : 06-26-06  
Departure : 06-28-06  
Fairmont President's Club

Section 17(1)

Date	Description	Additional Information	Charges	Credits
06-26-06	In-Room HSIA - Interface	#546 :	14.75	
06-26-06	Room Charge		209.00	
06-26-06	Occupancy Tax		30.31	
06-27-06	Juniper - Breakfast	#0546 : CHECK #1071	100.00	
06-27-06	In-Room HSIA - Interface	#546 :	14.75	
06-27-06	Room Charge		209.00	
06-27-06	Occupancy Tax		30.31	
06-28-06	Juniper - Breakfast	#0546 : CHECK #1242	111.80	
06-28-06	Visa			719.92
<b>Total</b>			<b>719.92</b>	<b>719.92</b>
<b>Balance Due</b>			<b>0.00</b>	

Brian Touhy } PHARMA.  
David  
Josanne O'Gorman  
TEF.

Alan Kirk  
Carl Amrhein,  
Shelby Westcott  
TEF

Guest signature X \_\_\_\_\_  
For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from:  
United States 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, travel agent 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, (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have requested delivery of The New York Times. If refused, a credit will be applied to my account of \$.25 (Mon - Sat) and \$1.25 (Sun).  
(At participating hotels)

Thank you for choosing to stay with Fairmont Hotels & Resorts

APPLICANT COPY

Credit Card  
Computer Exp.

Location : Fairmont Washing  
ID# : ██████████ Section 17(1)  
Date : 6/27/06  
Time : 4:11 PM  
Auth # : AP014326  
Card# : 0097 Last 4 Digits

Time	\$/Min.	Total
Start: 3:59P -> Stop: 4:10P		
Usage: :11	\$ .79	\$8.69
=====		
Time Charge:		\$8.69
Total:		\$15.86
** Minimum Charge	\$15.86	**

SIGNATURE NOT REQUIRED

1-888-561-4748

→→→♥9





# Taxi-Cab Receipt

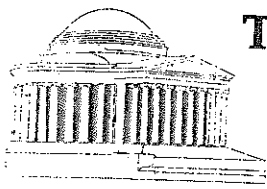
APPLICANT COPY

DATE: 6/27/06 TIME: \_\_\_\_\_  
 TRIP ORIGIN: \_\_\_\_\_  
 DESTINATION: \_\_\_\_\_  
 FARE: \$ 12.00 SIGNATURE [Signature]



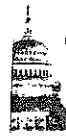
# Taxi Cab Receipts

DATE: 6/27/06 TIME: \_\_\_\_\_  
 TRIP ORIGIN: 24am  
 DESTINATION: 2100 C  
 FARE: \$ 15.00 SIGNATURE [Signature]



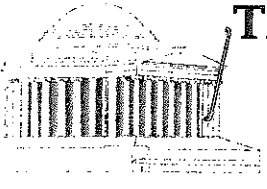
# TAXICAB RECEIPT

Time: \_\_\_\_\_  
 Date: June 27/06  
 Origin of trip: Senate  
 Destination: Georgetown  
 Fare: \$50- Sign: \_\_\_\_\_



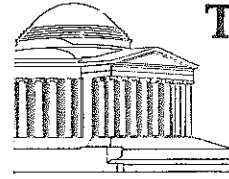
# Taxi Cab Receipts

DATE: June 27/06 TIME: \_\_\_\_\_  
 ORIGIN: DHHS  
 DESTINATION: Fairmont Wash  
 FARE: \$ 1.9 SIGNATURE \_\_\_\_\_



# TAXICAB RECEIPT

Time: \_\_\_\_\_  
 Date: 6/27  
 Origin of trip: \_\_\_\_\_  
 Destination: Fairmont Hotel  
 Fare: 23.00 Sign: [Signature]



# TAXICAB RECEIPT

Time: June 28/06  
 Date: \_\_\_\_\_  
 Origin of trip: Fairmont Htl,  
 Destination: Airport - National  
 Fare: \$18 Sign: \_\_\_\_\_

Destination: \_\_\_\_\_  
 Cab Co.: \_\_\_\_\_  
 Driver: [Signature]  
 Amount: \$ 20.00

APPLICANT COPY SERVICE CHARGE FORM

DATE 06/26/06	TIME M. <input type="checkbox"/> PM. <input type="checkbox"/>	CALL/FARE/JOB NO.	CAR NO.	BASIC FARE \$ 50.95
PICKUP POINT	ZONE/ZIP	W.T.	R.R.	MISC. \$ 8.00
FINAL DESTINATION			O.T.	TOLLS/PARKING \$
	STOPS		MISC.	STOPS \$
			PHONE	WAIT TIME \$
			SPEC ROUTE	
			PACKAGE	
TOTAL				58.95

THOMAS E FEASBY  
Section 17(1),(4)(e.i)

Date of Charge

Service Establishment

APPROVAL CODE

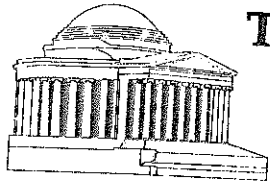
AMEX D.C. DISC MC VISA OTHER

Customer Signature

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder agreement with the issuer.

Invoice Number  
970391

PASSENGER COPY



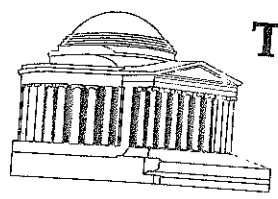
TAXICAB RECEIPT

Time: \_\_\_\_\_  
Date: June 27/06

Origin of trip: JOM

Destination: Fairmont Wash.

Fare: \$ 15 Sign: \_\_\_\_\_



TAXICAB RECEIPT

Time: \_\_\_\_\_  
Date: June 27/06

Origin of trip: Fairmont Washington

Destination: 601 13th St NW

Fare: \$ 14 Sign: \_\_\_\_\_



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: Dr. Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department:	
Business Phone: 407-7812	Period From:	to

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71840400100	62410000 69600		483.76 76.00	\$553.36	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$553.36	<input checked="" type="checkbox"/>

Capital Health  
**RECEIVED**  
SEP 13 2006  
**ACCOUNTS  
PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: Sept 7, 2006

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherjll (Print name)	Title: President & CEO	Phone # 407-8008
(Signature)		Date Sept 11, 2006
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



APPLICANT COPY

CHARACTERS REST  
10257 - 105 Street  
EDMONTON, AB.  
T5J 1E3  
(780) 421-4100  
GST# 89206-4429

CHARACTERS REST  
10257 - 105 STREET  
EDMONTON, AB.  
T5J 1E3  
(780) 421-4100  
GST# 89206-4429

110 SNOW S

TOT 1/1    CHK 406    Gst 5  
Aug22 '06 07:07PM

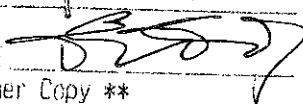
Date:                    08/22/06 09:29PM  
Card Type:            SA  
Acct #:                [REDACTED]  
Exp Date:              [REDACTED]  
Auth Code:            026907  
Check:                 2406  
Table:                 1/1  
Server:                110 SNOW S  
                          THOMAS E FEASBY

- 2 @ 8.00
- ROMAINE SALAD            16.00
- 1 BABY OCTOPUS            9.00
- 1 BEEFTARTAR              11.00
- 1 TOMATO BLU CHEEZ      10.00
- 1 SPICD CALAMARI         9.00
- 3 DUCK BREAST @ 32.00    96.00
- 1 TUNA LOIN                34.00
- 1 SOLE                      38.00
- 1 BEEF TENDERLN         33.00
- 1 SOUFFLE                 10.00
- 1 KIM CRAWFORD          36.00
- 2 @ 65.00
- SAINT LUCIA PN            130.00
- 5 CAPPUCCINO @ 4.25     21.25
- 1 COFFEE                    2.75

Subtotal                483.36

GRATUITY                70.00

TOTAL                    553.36

SIGNATURE 

\*\* Customer Copy \*\*

Subtotal                456.00  
GST                        27.36

09:27 Amount Du 483.36

WELCOME TO CHARACTERS!  
& HAVE A GREAT DAY!!

Joint CPSI / UofA / CH Recruitment Dinner

- Tom Feasby
- Donna Towers
- Ken Gardiner
- Jack Shamandas
- Phil Massen

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

CATEGORY

Information on this page redacted as Non Responsive

Accounting Period	Invoice Number	Travel-Local/Parking 62410000	Taxi 62410001	Travel in Province 62412000	Travel-Out of Province 62414000	Relocation 62620000	Miscellaneous 69500000	Meals 69600000	GST	Total	Comments
PR-07	TRAVEL-11MAR06					868.08			55.66		923.74 VANCOUVER-MAR10-11/06
PR-07	REIMBURSE-29APR06	50.75	123.24	433.97		189.00			40.75		837.71 CALGARY/PARKING/MILE FEB13-APR29/06
1st Quarter Total		50.75	123.24	433.97	-	868.08	189.00	-	96.41	\$	
JL-07	REIMBURSE-18JUL06	32.25		110.28	1,118.03				8.61		151.14 PARK/TAXI/FLIGHT CHANGE FEE MAY15-JUL18/06
JL-07	TRAVEL-28JUN06										1,118.03 WASHINGTON-JUN 26-28/06
3P-07	REIMBURSE-22AUG06							526.00	27.36		553.36 BOB WEARS DINNER
2nd Quarter Total		32.25	-	110.28	1,118.03	-	-	526.00	35.97	\$	
CT-07	TRAVEL-28SEP06	18.87			773.21				36.57		809.78 OTTAWA-CAHS ANNUAL CONF-SEP26-28/06
CT-07	REIMBURSE-15OCT06				668.31		87.00	248.20	56.34		1,078.72 VANCOUVER/PARK/MEALS OCT4-15/06
CV-07	REIMBURSE-03NOV06	105.85		624.14	746.05				81.19		1,557.23 CALGARY/OTTAWA-OCT 28-NOV03/06
3rd Quarter Total		124.72	-	624.14	2,187.57	-	87.00	248.20	174.10	\$	
Total to Date		207.72	123.24	1,168.39	3,305.60	868.08	276.00	774.20	306.48	\$	



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Corporate Office	
Business Phone: 407-7812	Period From: Sept 2006 to	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71840400100	62414000			\$809.78	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$809.78	<input checked="" type="checkbox"/>

696.0  
163.71

Capital Health  
**RECEIVED**  
OCT 05 2006  
ACCOUNTS  
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* Date: Oct 2, 2006

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature)		Date Oct 4, 2006
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP







**APPLICANT COPY**

**Sheraton  
Ottawa  
HOTEL**

150 RUE ALBERT STREET | OTTAWA | ONTARIO K1P 5G2 CANADA T 613 238 1500 F 613 235 2723 sheraton.com/ottawa

GUEST CLIENT

Dr Tom Feasby  
Stelj2 Walter Mckenzie Ct  
8440 112th St  
Edmonton, AB T6G 2B7  
Canada

ROOM | CHAMBRE 1106  
RATE | TARIF 159.00  
NO. PERS. | N<sup>BR</sup>E PERS. 1  
FOLIO | RÉFÉRENCE 127939 A  
PAGE | PAGE 2  
ARRIVE | ARRIVÉE 26-SEP-06 13:17  
DEPART | DÉPART 28-SEP-06 06:11  
PAYMENT | PAIEMENT VT

TRAVEL AGENT  
AGENT DE VOYAGES  
  
CHARGE TO  
DÉBITER À

DATE   DATE	REFERENCE   RÉFÉRENCE	DESCRIPTION   DESCRIPTION	DEBIT   CREDIT   DEBIT   CREDIT
-------------	-----------------------	---------------------------	---------------------------------

Summary of GST for your stay:

GST for Room Revenue:	19.08	
GST for Food and Beverage:	0.00	
GST for Telephone:	0.00	
GST for Other:	0.00	
GST for entire stay:	<del>19.08</del>	19.62

PST Tax Number: 20674422      GST Tax Number: 122417470

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

reservations: 800 325-3535 or sheraton.com | réservations : 800 325 3535 ou sheraton.com

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges. J'accepte d'être personnellement responsable du paiement de ce compte, si l'entreprise ou le tiers facturé omet de le payer en partie ou en totalité.

signature

Dr Tom Feasby      ROOM      DEPART      AGENT  
FOLIO 127939      26-SEP-06      1106      28-SEP-06      EUFEMIO

APPLICANT COPY

INTER-CONTINENTAL TORONTO  
\*\*\*SIGNATURES RESTAURANT\*\*  
G.S.T. #848225546

3 Andrew

**Pancho Villa**  
Elgin Street Ottawa Ont  
Tel: 613-234-8872  
Check #: 216838

54/1 1526 GST 2  
26SEP'06 8:19AM

Server: Tim Date: 09/26/2006  
Table: 34 -2 Time: 20:06  
CT: 2

1 Fitness 18.00  
1 Continental 17.00  
1 Grandma Granola 7.95

1 20oz. St. Am 4.95  
0.50 Nachos 2.87  
1 Pastas for G. 12.95

FOOD 42.95  
G.S.T. 2.58  
P.S.T. FOOD 3.44  
Total Due \$48.97

SUB-TOTAL: 21.77  
GST: 1.31  
Food Tax: 1.35  
Liquor Tax: 0.50

TIP : 2.00  
TOTAL: 56.97

TOTAL 24.93

ROOM # \_\_\_\_\_

+ 3.00

NAME (print) \_\_\_\_\_

Thank You For Dining With Us.

27.93

signature  
Gratuity Not Included

PAGE 2

BOOKING REFERENCE: WAGYE

AIRPORT CHANGE FEE  
NUMBER OF FEES - 1  
FEE AMOUNT WITH TAXES \$50.000000  
GRAND TOTAL \$50.000000/26SEP2006 11.1  
1.1M TIDMAG REPERY TICKET NUMBERS 014853000000  
THANK YOU FOR CROSSING OUR BORDERS

RECEIPT / REÇU

Amount/Montant: 729 Date: 28/9/06

From/De: \_\_\_\_\_

Taxi#: \_\_\_\_\_ Driver/Chauffeur: \_\_\_\_\_

Thank you / Merci WEST-WAY TAXI NEPEAN LTD.

RECEIPT / REÇU

Amount/Montant: 3300 Date: 8/9/2006

From/De: \_\_\_\_\_

Total: 821

Taxi #: \_\_\_\_\_ Driver/Chauffeur: \_\_\_\_\_

Thank you / Merci

RECEIPT

Car No.: 12/3 G.S.T. No.: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Date: 26/9/06 Amount \$ 55.00

Signature: [Signature]

TAXI CAB OWNER OPERATOR #A680  
Tel. (416) 820-4057  
MEHARI Y. TEKIE

DATE 26/9/06 AMOUNT \$ 60.00

From: \_\_\_\_\_

To: \_\_\_\_\_

Serving the City of Toronto Airport and all Suburbs around Toronto.

Thank You Signature: [Signature]

EDMONTON AIRPORTS  
GST# R126599776  
\*\*\*\*\*  
\*\*\*\*\*  
Car park 0000001009 Phone: (780) 891-8439  
Fax: (780) 890-0329

Receipt no. 0037/0780/006/2 28.09.06

015100 pay parking ticket 24.60 \$  
25.09.06 23:27 - 28.09.06 11:33  
Length of stay: 2 Ds, 12 Hr, 5 Min.

total amount 24.60 \$  
accepted total 24.60 \$  
G.S.T. 6.00 % 1.39 \$

Thank you for your patronage!  
Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*

REPORT AUTH  
L...AIRP  
AB

6351  
/09/28 11:35:19  
83012-146-009

60

H. # 056244

TOTAL AMOUNT SHOWN  
ING TO CARDHOLDER

Section 17(1),(4)(e.i)

MERCHANT COPY



APPLICANT COPY

Travel & Employee Expense Claim Form

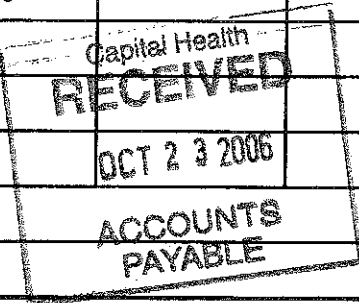
(In Canadian Dollars)

Name: Tom FEasby	Employee Number:	Union Name:
Position: Vice President	Department: Academic Affairs	
Business Phone: 407-7812	Period From: to	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71840400100	62414000			\$705.39	<input checked="" type="checkbox"/>
201	9000	71840400100	62410000 69600			261.11	<input checked="" type="checkbox"/>
201	9000	71484040010	62410000			20.00	<input checked="" type="checkbox"/>
201	9000	71840400100	69500			92.22	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,078.72	<input type="checkbox"/>

655.09  
50.30  
228.11  
33.00



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: Oct 19, 2006

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheial Weatherill (Print name)	Title: President & CEO	Phone # 407-8008
(Signature)		Date Oct 20, 2006
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



APPLICANT COPY  
Aug 1 - mtg w/ Thorsten Oubel

TICKET VOID IF RE-SOLD  
IMPERIAL PARKING  
impark  
Hourly Parking

THIS SIDE UP ON DASH

Meter: 82233781  
Tag#: 868485  
Time: 5:23 PM A.S. 21  
Rate: \$9.00

TICKET VOID IF RE-SOLD  
Card: [REDACTED]  
Exp: [REDACTED]  
4:23 PM TUE  
AUG 01 06  
INSTRUCTIONS ON BACK  
impark  
THIS SIDE UP ON DASH

Section 17(1),(4)(e.i)

/

Sept 12 - AMHB Research mtg

TELUS PARKADE  
GST INC. RN122388333

08SEP12 11:57 001 001  
06SEP12 08:59  
/ 2:58 \$147439  
RATE 1 \$9.00  
TOTAL \$9.00  
CASH \$9.00

MANAGED BY  
IMPERIAL PARKING

STAPLE SURFACE LOT  
15TH 875940710RT0001  
THANK YOU

Sept 22 - CPSI mtg

09-22-2006 FRI #0  
DAILY MAX 8.50  
CASH 8.50

ITEM 1  
ICL 5/53 12:57PM

APPLICANT COPY

Oct 4- Gift Basket for  
ICARE

407-731  
 per M. [Signature]  
 APPLICATE'S [Signature]  
 11838 166 ST NW  
 ID: 04102588  
 STORE: 4102588  
 SLIP#: 0259  
 SALE \$92.22  
 SIGNATURE [Signature]  
 VISA [Redacted]  
 SEC 0570010010 AUTH 067399 ISO .001  
 APPROVED  
 DATE Oct 06 2006 TIME 8:42 AM  
 [Signature] Tom Feasby

Section 17(1),(4)(e.i)

THANK YOU FOR COMING  
 PLEASE RETAIN RECEIPT FOR CASHIER  
 OR EXCHANGE -- NO REFUND  
 NO EXCHANGE ON FOOD ITEMS AFTER 5 DAYS





APPLICANT COPY

KHAZANA RESTAURANT  
10177 10TH STREET  
EDMONTON AB

Section 17(1),(4)(e.i)

Oct 5 - Dinner w/ Egon Jonson

Alan Forster, Muhammad

Mamdanu

CARC		
CARD TYPE		
DATE	2006-10-05	
TIME	22:00:00	
RECEIPT NUMBER		
S9068254		
PRE-AUTHORITY		B RT
AMOUNT	1170.50	2
TIP	25.00	2
TOTAL	195.50	NARESH
		22.00
		16.25
		16.25
		15.25
		18.50
		5.90
		9.50
		26.85
		5.25
		2.50
		17.85
		4.75
Balance	\$	160.85
GST	\$	9.65
Total	\$	170.50
TOTAL	\$	

APPROVED

AUTH# 015517 01-027

THANK YOU

CARDHOLDER COPY

3 RASMALAI  
1 ICE CREAM

PLEASE PAY NARESH

T H A N K Y O U

CO-HOST TO THE  
JUNO AWARD 2004

**THE**  
*Fairmont*  
**WATERFRONT**

900 CANADA PLACE WAY  
VANCOUVER, BC, CANADA V6C 3L5  
T 604 691 1991 F 604 691 1999  
G.S.T. Registration # 139445290

Room : 2119  
Folio # : 180616  
Cashier # : 239  
Page # : 1 of 1

Group Name Trilateral 2006 Conference - Assoc of F

**The Association of Faculties of Medicine of Canada**  
**Dr Thomas Feasby**  
**Edmonton, AB**  
**CA**

Arrival : 10-14-06  
Departure : 10-17-06

Date	Description	Additional Information	Charges	Credits
10-14-06			199.00	
10-14-06	Non-Responsive		19.90	} personal = 230.84
10-14-06			11.94	
10-15-06	Internet	#2119 : 999-9999 A0e	14.79	
10-15-06	Parking	Oct 14	27.00	} charges to Capital Health
10-15-06	Room Charge		199.00	
10-15-06	Room Tax		19.90	
10-15-06	Room GST		11.94	
10-15-06	Parking		27.00	
10-16-06	Room Charge		199.00	
10-16-06	Room Tax		19.90	
10-16-06	Room GST		11.94	
10-16-06	Parking		27.00	
10-17-06	Internet	#2119 : 999-9999 A0c Section 17(1),(4)(e.i)	14.79	
10-17-06	Visa			803.10
<b>Total</b>			<b>803.10</b>	<b>803.10</b> <del>- 230.84</del>

**Balance Due** 0.00 = 572.26

**GST Summary**

Room	35.82
F&B	0.00
Other	6.26
<b>Total</b>	<b>42.08</b>

Guest signature

Signature du client X

For information or reservations, visit us at  
[www.fairmont.com](http://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](http://www.fairmont.com) ou téléphoner au Hôtels Fairmont de:  
États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.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 où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

**Thank you for choosing to stay with Fairmont Hotels & Resorts**  
**Merci d'avoir choisi les Hôtels Fairmont**



APPLICANT COPY



Travel & Employee Expense Claim Form  
(In Canadian Dollars)

Name: Tom Feasby	Employee Number:	Union Name:
Position: Vice President, Academic Affairs	Department:	
Business Phone: 407-7812	Period From:	to

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
203	0001	71840001098	69500000			\$650.78	<input checked="" type="checkbox"/>
201	9000	71840400100	69500000			906.45	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,557.23	<input type="checkbox"/>

*Handwritten notes:* LTA 10064, RECEIVED NOV 20 2006, ACCOUNTS PAYABLE, FUNDS OF... PTO →

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* Date: *Nov 10, 2006*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: <i>KEN GARDNER</i> (Print name)	Title: <i>VP, MEDICAL AFFAIRS</i>	Phone # <i>407-7162</i>
<i>[Signature]</i>		Date <i>Nov 23 / 06</i>
Approved By: <i>Sheila Weatherill</i> (Print name)	Title: <i>President</i>	Phone #
<i>[Signature]</i>		Date <i>NOV 15, 2006</i>

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval with support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

**APPLICANT COPY**  
**EXPENSE CLAIM DETAILS**

Recommended Coding							
<ul style="list-style-type: none"> <li>• Local Travel – Staff - 62410000</li> <li>• Staff Local Travel – Taxi – 62410001</li> <li>• Staff Travel – UNA – 62410002</li> <li>• Staff Provincial Travel – 62412000 (all expenses)</li> <li>• Staff Out of Province Travel – 62414000 (all expenses)</li> </ul>				<ul style="list-style-type: none"> <li>• Catering – 69600000</li> <li>• Meals - 62410000</li> <li>• Mileage – 62410000</li> <li>• Course Registration &amp; Materials – 61030000</li> </ul>			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct 28/06	Hotel Arts - Calgary - Dept of Clinical Neurosciences Anniversary	✓ \$412.05					
Oct 27/06	Mileage - Edmonton to Calgary						310
Oct 29/06	Return Travel - Edmonton to Calgary - Red Arrow Bus				✓ 60.43		
Oct 27/06	Taxis - Calgary				✓ 33.00		
Oct 29/06	TAXI - Edmonton				✓ 12.00		
Oct 31/06	Taxi - Ottawa - ACAHO Mtg				✓ 28.00		
Nov 3/06	Fairmont Chateau Laurier	✓ 762.35					
Nov 3/06	Parking - Edm Airport				✓ 39.20		
	Per Diem for 2 days		✓ 76.90				
<b>Total km</b>							310
<b>Rate as outlined in Section 2 – Travel below @</b>							0
<b>Totals</b>		\$1,174.40	\$76.90		\$172.63		\$133.30

**EXPENSE LIMITS**

**1. Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

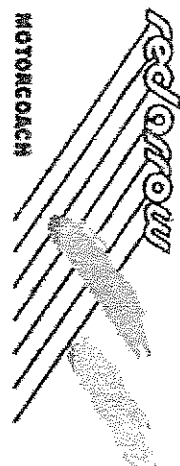
- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

**2. Travel**

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.



# 7145

# Voucher

Page 1 / 1  
Date : 2006-10-28

Order #	Customer #	Group Name	Sales Rep	Sales Agent
68663	9450			RUTH

Traveller: FEASBY/TOM  
Rewards Balance: 15620 Points

Product	Date/Time	Description	Seat	Price Basis	Net Fare	Taxes	Total	Balance Due
CEEXP 16:00	2006-10-29 at 16:00 2006-10-29 at 19:00	Depart: Calgary, Ticket Office (CALTO) Arrives Edmonton: Ticket Office (EDMTO)	OSA	Adult	57.01	3.42	60.43	0.00

GST# R101410017 To serve you better we are changing our reservation system. We thank you for your patience during this process. BAGGAGE LIABILITY - Red Arrow is not responsible for baggage loss or damage however caused. Maximum baggage liability is \$100.00. Any damage must be reported to Red Arrow within 24 hours or claims will be refused. If you wish to make any changes to this reservation - time change, date change, or cancel for a full refund - we only require 3 hours notice prior to p.m. departures and a half hour notice prior to a.m. departures. Wheelchair reservations and reservations during our Christmas Blackout season require 24 hours notice. Thank you for choosing Red Arrow.

APPLICANT COPY

HOTEL



Hotel Arts

800.661.9378

www.hotelarts.ca

GUEST FOLIO

Tom Feasby  
University of Calgary

Re: Feasby, Tom

ACCOUNT NAME Feasby, Tom  
ACCOUNT NO. IN 45130  
FOLIO TYPE Current

ARRIVAL 10/26/06

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

Fax :

Prop.	Seq.	Date	Transaction Description	Ref/Comments	Room No.	Q	Amount	TX	S/F	
	1	10/26/06	Room Tourism Levy (AB) Calgary Tourism GST	Re: 708/Feasby, Tom	708	1	164.00	N	A	
							6.63			
							1.64			
							9.94			
	2	10/27/06	Raw Bar Charges	Chk: 0089	708	1	15.85	I	A	
	3	10/27/06	Raw Bar Charges	Chk: 0089/TIP Waiter#: 34 Time: 8:09:00	708	1	2.00	I	A	
	4	10/27/06	Room Tourism Levy (AB) Calgary Tourism GST	Re: 708/Feasby, Tom	708	1	164.00	N	A	
							6.63			
							1.64			
							9.94			
	5	10/27/06	Parking	Re: 708/Feasby, Tom	708	1	14.00	I	A	
	6	10/28/06	Raw Bar Charges	Chk: 0207	708	1	13.78	I	A	
	7	10/28/06	Raw Bar Charges	Chk: 0207/TIP Waiter#: 18 Time: 8:17:00	708	1	2.00	I	A	
	8	10/28/06	VISA	Aut#: [REDACTED]	708	1	(412.05)	I	A	
TOTAL								0.00		
*** TAXES INCL ***										
							Tourism Levy	13.26		
							City hotel tax	3.28		

**THANK YOU FOR RIDING WITH CAPITAL TAXI**  
 Date: 10/28/06 Amount: 12.00  
 From: [REDACTED]  
 To: ST Geo. Bldg  
 Unit: [REDACTED] Driver: [REDACTED]  
**PLEASE CALL 423-2425**

Thank You for choosing  
**ASSOCIATED CAB**  
 for all your transportation needs.  
 Visit our counter at the Calgary International Airport international arrival door.  
 Air Canada International Arrival WestJet  
**ASSOCIATED CAB**  
 Driver: Doug Date: Oct 27/06  
 Car #: [REDACTED] Amount: \$1800  
 GST Included # [REDACTED]

From: [REDACTED]  
 Date: 10/27/06 Amount: \$1500  
 GST#: 9516477



RECEIPT / REÇU  
**APPLICANT COPY**  
 Amount/Montant: \$ 28 Oct 31 2006  
 From/De: Airport  
 To/à:  
 Taxi #: 738 Driver/Chauffeur: A.D.  
 Thank you / Merci

IER

tational Conferenc

nic Healthcare Orgar

Arrival/Arrivée : 10-31-06  
 Departure/Départ : 11-03-06

Best copy available

Additional Information/Supplémentaire	Charges	Credits
#614 :	14.79	
	209.00	
	10.45	
	12.54	
	5.92	
	0.35	
g (15:31 #7614 : [redacted])	1.60	
	209.00	
	10.45	
	12.54	
11-01-06 Room G.S.T. (6%)	5.92	
11-01-06 Destination Marketing Fee	0.35	
11-01-06 DMF - G.S.T. (6%)	14.79	
11-02-06 Internet #614 :	1.60	
11-02-06 Telephone Local, 1-800, Calling (17:25 #7614 : [redacted])	209.00	
11-02-06 Room Charge	10.45	
11-02-06 Room P.S.T. (5%)	12.54	
11-02-06 Room G.S.T. (6%)	5.92	
11-02-06 Destination Marketing Fee	0.35	
11-02-06 DMF - G.S.T. (6%)	14.79	
11-03-06 Internet #614 :		
11-03-06 Visa [redacted]		
		762.35

Section 17(1)

Section 17(1)

Section 17(1),(4)(e.i)

762.35

Guest signature

Signature du client X \_\_\_\_\_

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:  
 United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au  
 www.fairmont.com ou téléphoner au Hôtels Fairmont de:  
 États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$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 où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avalais 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.)

Thank you for choosing to stay with Fairmont Hotels & Resorts  
 Merci d'avoir choisi les Hôtels Fairmont

# APPLICANT COPY

Legacy  Oracle

Legacy Account	UTA0064
Oracle Account	00.203.0001.71840001098
Digital Copy	Images\UTA0064.pdf
Site	UAH
Signing Protocol	SINGLE (ANY ONE)
Account Name	Outcomes Research Fund
Executive Responsibility	Feasby, Tom
Primary Authority	Feasby, Thomas
Primary Limit	0
Second Authority	Gardener, Ken \$5000
Second Limit	0
Third Authority	
Fourth Authority	
Fifth Authority	
Sixth Authority	
First Alternate	
First Alternate Limit	0
Second Alternate	
Second Alternate Limit	0
Third Alternate	
Fourth Alternate	
Fifth Alternate	
Sixth Alternate	
Seventh Alternate	

Capital Health  
**RECEIVED**  
NOV 27 2006  
ACCOUNTS  
PAYABLE

Mary Lynn

Unfortunately Shelia Weath will  
is not authorized to sign on this  
Special Purpose Fund account.  
The Payment will need to be signed  
by Ken Gardener as the Reimbursing  
is for Tom Feasby.

Nov 24, 2006

Filiza - back to you...

Thank You  
Filiza Barden  
→ email

CATEGORY

Information on this page redacted as Non Responsive

Accounting Period	Invoice Number	Travel Local/Parking	Travel in Province	Meals	GST	Total	Comments
APR-08	REIMBURSE-29MAR07	24.53		711.75	38.48	774.76	MEALS/PARKING MAR25-29/07
APR-08	REIMBURSE-05APR07	80.65		846.15	48.89	975.69	MEALS/PARK/LRT OCT23/06-APR05/07
MAY-08							
	REIMBURSE-14FEB07			538.12	27.97	566.09	MEETING EXPENSES NOV14/06; FEB 14/07
JUN-08							
	REIMBURSE-31MAY07	38.21	403.91	878.05	71.50	1,391.67	MEALS/CALGARY/PARK APR16-MAY31/07
	1st Quarter Total	143.39	403.91	2,974.07	186.84		
	Total to Date	143.39	403.91	2,974.07	186.84		



**Capital Health**  
EDMONTON AREA

APPLICANT COPY  
*March 25-26 Strategic Retreat*  
**Travel & Employee Expense Claim Form**  
(In Canadian Dollars)

Attachment #2

Name: Dr, Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Academic Affairs	
Business Phone: 407-7812	Period From:	to

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500052	62410000	15.00	69600 = 373.92 55.00	\$443.92	<input checked="" type="checkbox"/>
201	9000	7110106066	62410000			330.84	<input checked="" type="checkbox"/>
		69600 = 279.84 62410 = 11.00	40.00				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$774.76	<input type="checkbox"/>

RECEIVED  
APR 13 2007  
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:	Date: March 28, 2007
---------------------	----------------------

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature)		Date April 10, 2007
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



March 25-26

CH Strategic  
RSCN Plan  
Retreat

Best copy available

03/25/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45

THANK YOU  
COME AGAIN

Best copy available

03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45  
 03/26/07 15:45

THANK YOU  
COME AGAIN

MARK'S GRILL  
 1542 11 ST  
 WILMINGTON, ON  
 L7R 3G1  
 (519) 434-1111

1 Mer to 12/1 0754  
 2 Term to 12/1 154  
 3 Emplo to 12/1  
 C Pre-Auth  
 T  
 VISA  
 Section 17(1),(4)(e.i)  
 1 Amount: \$ 373.92  
 3  
 3 Tip: \$ 53.00  
 2  
 2 Total: CAD \$ 428.92  
 1  
 2 001/ APPROVED 041117  
 3  
 3 26-Mar-07 19:01:04  
 1 Customer Com  
 GST # 1249359647  
 G.S.T. 21.17  
 Total Due \$373.92

Dinner w/ Lorne Babluk, Aubrey  
 Tingle, Tony Windebank,  
 Jack Shamandas

\*\*\*PLEASE PAY SERVER\*\*\*  
 Thank You

APPLICANT COPY

TO ORDER  
YOUR VEHICLE



Please Dial ☎ 6918  
(allow 15 minutes advance notice to have your vehicle waiting)

Fairmont Hotel Macdonald  
The Harvest Room

121 GLORIA

20:31:11 CHK 1000 GST 6  
MAR 25 '07 12:31PM

2 CRAB CAKES	40.00
1 ATLANTIC	25.00
2 HR CLUB	40.00
	15.00
	45.00
	24.00
	12.00
2	20.00
1 TIRAMISU	10.00
BOWL BALSAM STRAW	
1 OPEN FOOD	8.00
3 CAPPUCCINO	15.00
1 TEA	4.00

Food	219.00
Wine	45.00
264.00 GST	15.84
<b>Total Due</b>	<b>\$279.84</b>

FAIRMONT HOTEL MACDONALD  
GST #139445290

GRATUITY 40.84  
TOTAL 319.84

ROOM # \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NOT A CREDIT CARD NUMBER  
PLEASE PAY YOUR SERVER

*Signature*

78297 VEHICLE #

SEE REVERSE FOR CONDITIONS

Damage area indicated by X



**Travel & Employee Expense Claim Form**

(In Canadian Dollars)

Name: Dr, Tom Feasby	Employee Number:	Union Name:
Position: VP, Academic Affairs	Department: Academic Affairs	
Business Phone: 407-7812	Period From: Oct 2006 to April 2007	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71710000109	62410000	69600000		\$672.40	<input checked="" type="checkbox"/>
201	9000	71840400100	62410000			303.29	<input checked="" type="checkbox"/>
		69600 = 190.80	27.00				<input type="checkbox"/>
		62410 = 85.49					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
<b>Total</b>						\$975.69	<input type="checkbox"/>

587.40  
85.00

RECEIVED  
APR 17 2007  
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* Date: April 11, 2007

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature) <i>[Signature]</i>		Date April 16/07
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP





# APPLICANT COPY

the westin harbour castle  
 1 harbour square toronto, ontario M5J 1A6 canada  
 phone 416.869.1600 fax 416.869.0573  
 westin.com/harbourcastle

guest

travel agent/charge to

MR Tom Feasby s.17(1), 17(4)(g)(i)  
 1j2.10 Walter Mckinsey Ctr  
 8440 112 St  
 Edmonton, AB T6G 2B7

room 1935  
 rate 155.00  
 no. pers. 1  
 folio 250456 A  
 page 1  
 arrive 08-FEB-07 17:47  
 depart 09-FEB-07 14:03  
 payment VI

GHCANA

DATE	REFERENCE	DESCRIPTION	AMOUNT
09-FEB-07	4826	Internet Svc 3rd Party	10.05
09-FEB-07	4826	Telephone GST 6%	0.60
09-FEB-07	4936	Chart Room	8.34
09-FEB-07	VI	Visa Settlement	18.99-

\*\*\*For Authorization Purposes Only\*\*\*

Section 17(1),(4)(e.i)

Auth Date	Code	Authorized
08-FEB-07	054484	50.00

Total Charges	18.99
Total Credits	18.99-
Balance Due	0.00

### EXPENSE REPORT SUMMARY

Date	Rm/Tx	GST Tax	Food/Bev	Telecom	Misc	Other	Total
09-FEB-07	0.00	0.00	8.34	10.65	0.00	0.00	18.99
Total	0.00	0.00	8.34	10.65	0.00	0.00	18.99

Date	Payment
09-FEB-07	18.99-
Total	18.99-

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

MR Tom Feasby  
 FOLIO 250456 08-FEB-07

# APPLICANT COPY

the westin harbour castle  
1 harbour square toronto, ontario M5J 1A6 canada  
phone 416.869.1600 fax 416.869.0573  
westin.com/harbourcastle

guest

travel agent/charge to

	room	1935	
MR Tom Feasbys.17(1), 17(4)(g)(i)	rate	155.00	
	no. pers.	1	
1j2.10 Walter Mckinsey Ctr	folio	250456	A
8440 112 St	page	2	
Edmonton, AB T6G 2B7	arrive	08-FEB-07	17:47
	depart	09-FEB-07	14:03
GHCANA	payment	VI	

MR Feasby: 17(1) 17(4)(g)(i) 1j2.10 Walter Mckinsey Ctr 8440 112 St Edmonton, AB T6G 2B7

## GST Summary for your stay:

Room Revenue GST	0.00
Food & Beverage GST	0.00
Phone/Fax/Copy Service GST	0.60
Other Revenue GST	0.00
Total GST for your stay:	0.60

Westin Harbour Castle GST Vendor # 861336493

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

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 15 Starpoints for this visit [REDACTED]. Section 17(1)

MR Tom Feasby  
FOLIO 250456 08-FEB-07

APPLICANT COPY

Clinical Scientist

Feb 15. Dinner w/ Eric Parent,  
Isabel Henderson & Paul  
Hagler

HENDERSON'S TABLES LTD  
10044-101 AVENUE  
EDMONTON AB

Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]  
EXPIRE DATE [REDACTED]  
CARD TYPE VISA 6151  
EXPIRE DATE 2007/02/15 21:00:16  
ACCOUNT NUMBER 580581579-874-019  
AUTHORIZATION 4296.53

35.00

TOTAL AMOUNT \$271.53

APPROVED 027 AUTH. # 004809  
THANK YOU

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

*[Signature]*  
THOMAS E. PEARSON

2661000RP0001

WALKER'S GRILL  
3841 111 ST  
EDMONTON, AB  
T6H 5W1  
(781) 421-1111

Section 17(1),(4)(e.i)

Card # [REDACTED] Expiry [REDACTED] psts: 5


Pre-Auth

Amount:	\$	351.07	10
Tip:	\$	50.00	10
Total: CAD		<u>401.07</u>	0
APPROVED	32313		0
Customer Loy.	20116		0
GST # 12492354			0
NING CLIP		36.00	1
CAPUCCINO		7.50	2
LATTE		3.75	1
COFFEE		2.95	1
ESPRESSO BOMB		10.00	1
APPLE STRUDEL		10.00	1
Subtotal		331.20	
G.S.T.		19.87	
Total Due		<u>\$351.07</u>	

Clinical Scientist  
April 4 -  
Dinner w/ Colleen Norris, Beth  
Horsburgh, Glenda Coleman-Miller, &  
Carol Manson-McLeod

\*\*\*PLEASE PAY SERVER\*\*\*

Thank You  
\$351.07

TO ORDER  
YOUR VEHICLE 

Please Dial 6918

(allow 15 minutes advance notice to have your vehicle waiting)

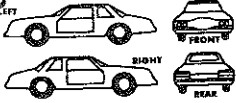
143 Parking

06/10/23

80935

VEHICLE #

SEE REVERSE  
FOR CONDITIONS



Damage area indicated by X

APPLICANT COPY

Oct 23 - Parking @ Hotel Macdonald  
(Bardineu Lecture Dinner)


Nov 21 & 22 - Parking downtown  
(IHE mtg)

IMPERIAL PARKING #101  
10239 107 STREET  
EDMONTON AB

CARD NUMBER [REDACTED]  
EXPIRY DATE [REDACTED]  
CARD TYPE VISA 8162  
DATE/TIME 2008/11/22 11:28:51  
RECEIPT NUMBER 252-002  
PURCHASE TOTAL AMOUNT \$14.00

APPROVED 027 AUTH: # 955508  
THANK YOU

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



Alberta Collage  
Section 17(1),(4)(e.i)

Terminal #:1 Cashier#:2  
21/11/06 19:17  
21/11/06 20:19 - 01:02  
61617456 / #013226  
Rate1 : \$ 3.00  
TOTAL : \$ 3.00  
3.00  
4.00

TO ORDER  
YOUR VEHICLE

*The Fairmont*  
HOTEL MACDONALD  
TORONTO

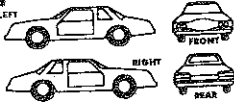
Please Dial 6918

(allow 15 minutes advance notice to have your vehicle waiting)

\$11.00 RECEIVED

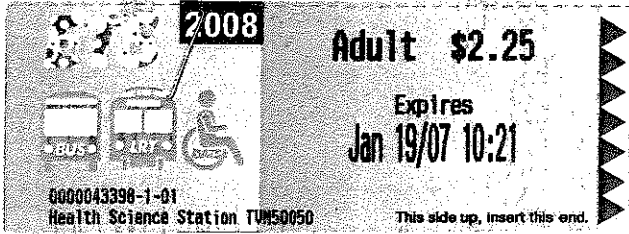
75581 VEHICLE#

SEE REVERSE  
FOR CONDITIONS

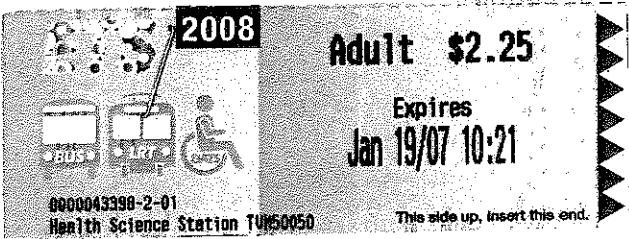


Damage area indicated by X

APPLICANT COPY  
Delivered parking @ hotel Macdonald  
(Susan Paul reception)



Jan 19 - mtg @ CHC



FARE #: \_\_\_\_\_ DATE: \_\_\_\_\_

CAB NO.: 1355 AMOUNT \$: 13.50

DRIVER'S NAME: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

**NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.**

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T.# (if applicable)

RECEIPT

Jan 25 - Toronto  
taxi to "Breakfast w/ the  
Chiefs" mtg

APPLICANT COPY *CEI RHF!*

*Feb 21 - Dinner w/ Roger Foxall  
(CEI RHF Consultant)*

\*\*\*\*\*  
CHECK # 7869      DATE 2/21/07  
TABLE # 52      TIME 8:16PM  
\*\*\*\*\*

-- LOWER FLOOR : LAURA --

ITEMS ORDERED	AMOUNT
1 RUTHS CHOP SALAD	12.00
1 STEAK HSE SALAD	9.00
1 BAKED POTATO	8.00
1 ALBERTA STRIP	47.00
1 NY STRIP	49.00
1 SAUTEED MUSHROOM	8.00
1 COFFEE	3.00
1 PARINGA	44.00

\*\*\*\*\*

SUBTOTAL      180.00  
GST PLUS      10.80

-----  
TOTAL DUE      190.80  
-----

*Thank you!*

THANK YOU DINING AT RUTH'S CHRIS STEAK HOUSE EDMONTON.

GST# 823672944

\*\*\*\*\*  
DATE 2/21/07      TIME 8:24PM  
MID CCRD

RUTH'S CHRIS EDMONTON  
100-9990 JASPER AVE  
EDMONTON, ALBERTA  
T5J 1P7  
780-990-0123

Section 17(1),(4)(e.i)

VISA  
AUTH 036086      IBL 52      CHECK 7869  
PRE-AUTH      LOWER FLOOR      LAURA

AMOUNT      180.00  
GST PLUS      10.80

-----  
SUBTOTAL \$      190.80  
TIP \$      *27.00*  
TOTAL \$      *217.80*  
-----

CUSTOMER COPY

\*\*\*\*\*

STAPLE SURFACE LOT  
DATE 02/27/07 (10/01/00)  
THANK YOU

04-05-2007 THU #0

1 1/2 1963      6.00  
1001      6.100

1001      09-037M

*April 5  
Meeting w/AHFMR*

APPLICANT COPY



Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

*Strat. RSN Plan mtg*

Name: Tom Feasby	Employee Number:	Union Name:
Position: Vice President, Academic Affairs	Department:	
Business Phone: 407-7812	Period From:	to

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110500052	69500000			\$566.09	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$566.09	<input type="checkbox"/>

494.09  
72.06

Capital Health Authority  
**RECEIVED**  
MAY 04 2007  
**ACCOUNTS PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* Date: *Feb 20, 2007*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: (Print name)	Title:	Phone #
(Signature)		Date
Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature) <i>[Signature]</i>		Date <i>May 2/07</i>

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



# APPLICANT COPY

## EXPENSE CLAIM DETAILS

Recommended Coding							
<ul style="list-style-type: none"> <li>• Local Travel – Staff - 62410000</li> <li>• Staff Local Travel – Taxi – 62410001</li> <li>• Staff Travel – UNA – 62410002</li> <li>• Staff Provincial Travel – 62412000 (all expenses)</li> <li>• Staff Out of Province Travel – 62414000 (all expenses)</li> </ul>				<ul style="list-style-type: none"> <li>• Catering – 69600000</li> <li>• Meals - 62410000</li> <li>• Mileage – 62410000</li> <li>• Course Registration &amp; Materials – 61030000</li> </ul>			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Nov 14/07	Lunch meeting w/ Consultants		\$88.31	76.31	12.00		
Feb 14/07	Dinner meeting w/ consultants, Jack Jhamandas & Gerry Predy		477.78	417.78	60.00		
					39.20		
<b>Total km</b>							
<b>Rate as outlined in Section 2 – Travel below @</b>							0
<b>Totals</b>		\$0.00	\$566.09		\$0.00		\$0.00

### EXPENSE LIMITS

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast      \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch            \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner          \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

# earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus  
8629-112 Street  
Edmonton, Alberta

Date: 14 Nov '06 01:08PM  
Card Type: Visa  
Acct #:   
Exp Date:   
Auth Code: 049950  
Check: 8150  
Table: 14/1  
Server: 24, MARISA  
Ref Number: 001163534913

Subtotal: 76.31  
Tip: 12.00  
Total: 88.31

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\*\*\*Customer Copy\*\*\*\*\*

General Manager Colin Corbett  
GST# 10154 1191 RT0001

Feb 14  
Dinner mtg w/ Strat  
Rsch Plan members

APPLICANT COPY

Nov 14 - lunch w/ Helena Axler,  
Marilee Krinsky, Kara Check &  
Kelly Wiens re: Strat Rsch Plan

Strat Rsch  
Plan

MURRIETA'S EDMONTON

10612 82nd Ave.  
Tel: 780-438-4100  
Check: 56745

Server: Diane C. Date: 02/14/2007  
Table: 42 Time: 20:32

Section 17(1),(4)(e.i)

VISA

FEASBY/THOMAS E  
AUTH 007442 ONLINE  
MERCHANT# 9999

SUBTOTAL \$ 417.78

TIP \$ 60.00

TOTAL \$ 477.78

\*\* CUSTOMER COPY \*\*

GST#857377576RT0001  
Thank You  
Murrieta's Bar & Grill.

GST#857377576RT0001

Thank You  
Murrieta's Bar & Grill.



**Travel & Employee Expense Claim Form**  
(In Canadian Dollars)

Name: Dr, Tom Feasby		Employee Number:	Union Name:
Position: VP, Academic Affairs		Department: Academic Affairs	
Business Phone: 407-7812		Period From:	to

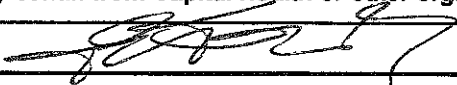
Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71840400100	69600: 262.56 62410: 40.50	36.00 / 62412	417.16 10.36	\$766.58	<input checked="" type="checkbox"/>
201	9000	71710000112	69600000			322.69	<input checked="" type="checkbox"/>
203	0001	71840001098				302.40	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
<b>Total</b>						<b>\$1391.67</b>	<input checked="" type="checkbox"/>

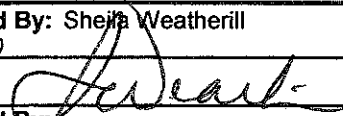
280.69  
42.00  
262.40  
40.00

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

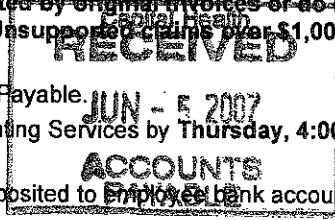
I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:  Date: June 1, 2007

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone #
(Signature) 		Date June 4/2007
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
  - GST amounts included in the expense claims will be calculated by Accounts Payable.
  - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
  - For all employees on the payroll system, expense reimbursements will be deposited to Employee Bank account.
  - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
  - See page 2 of this form for expense claim limits.
  - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



## APPLICANT CATEGORY

### EXPENSE LIMITS

<b>Recommended Coding</b>							
<ul style="list-style-type: none"> <li>• Local Travel – Staff - 62410000</li> <li>• Staff Local Travel – Taxi – 62410001</li> <li>• Staff Travel – UNA – 62410002</li> <li>• Staff Provincial Travel – 62412000 (all expenses)</li> <li>• Staff Out of Province Travel – 62414000 (all expenses)</li> </ul>				<ul style="list-style-type: none"> <li>• Catering – 69600000</li> <li>• Meals - 62410000</li> <li>• Mileage – 62410000</li> <li>• Course Registration &amp; Materials – 61030000</li> </ul>			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
April 16/07	Lunch Meeting w/ Karen Doucette & Justin Ezekowitz		\$84.67				
April 17-18	Travel to/from Primary Care Conference (Westin Hotel)				27.00		
April 27/07	Parking downtown (AMHB Meeting)				13.50		
May 10/07	Dinner meeting w/ George Karpati & Michael Brook		185.17				
May 11/07	Travel to Calgary - CFI Meeting						610
May 11/07	Taxi - U of C to hotel				15.00		
May 13/07	Hotel - Calgary (1 night only)	150.22					
May 23/07	Primary Care Research Chair Recruitment Dinner		322.69				
May 28/07	Dinner w/ Francois Mai and others		302.40				
May 31/07	CFI Meeting - lunch		28.72				
<b>Total km</b>							610
<b>Rate as outlined in Section 2 – Travel below @</b>							0
<b>Totals</b>		\$150.22	\$923.65		\$55.50		\$262.30

#### EXPENSE LIMITS

##### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast     \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch         \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner        \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

##### 2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  1. Monthly travel in excess of 340 kilometers; or
  2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

APPLICANT COPY  
May 23

Dinner w/ Amardeep Thind, Nikki  
Snow, Bob McKim, Andrew Cave.

DEPT. OF REVENUE  
G.S.T. DEPARTMENT  
RECEIPT  
TAX 20/1

Section 17(1),(4)(e.i)

1 DUCK  
1 G.S.T.  
1 RICE  
1 CALIFORNIA  
1 TENDERLOIN STEAK  
1 SAUSAGE  
1 STARTER  
1 SALAD  
1 AND MORE  
1 SEA ASH  
1 STUFFED  
1 CORN  
1 BREAD  
1 BUTTER  
1 SWEET  
G.S.T.  
TOTAL \$262.40  
G.S.T. 40.00  
TOTAL \$302.40

THE COPPER POT RESTAURANT  
101 9707 110TH TSK2L4  
EDMONTON AB  
2327866  
PRE AUTH PURCHASE 1111  
05-23-2007 21:04:10  
Acct # [REDACTED] Card type VI  
Exp Date [REDACTED]  
Name: [REDACTED]  
Trade # 6488  
P327236601  
Inv # [REDACTED]  
Auth # J28015 RRV 001064010  
P.Auth Purchase \$260.69  
Tip 42.00  
Total \$302.69

lower copy

Best copy available

May 28

Dinner w/ Francois Mai, Bill  
Dajee, Verna Yiu

\*\*\*\*\*  
TRANSACTION RECORD  
NORMANDS RESTAURANT  
11639A JASPER AVE  
EDMONTON AB TSK 0M9  
TYPE: PURCHASE  
Amount: \$ 262.40  
Tip: \$ 40.00  
ACCT: CREDIT \$ 302.40  
Section 17(1),(4)(e.i)  
CARD NUMBER: [REDACTED]  
DATE: 05/28/07  
TIME: 21:45:44  
Kbl: 00012923  
ALAN # 00115780  
000 TRANSACTION APPROVED 001  
THANK YOU  
Cardholder will pay card issuer the above amount pursuant to cardholder agreement.  
\*\*\*\* CUSTOMER\*\*COPY \*\*\*\*

NORMANDS FINE REGIONAL CUISINE  
GST#R123163602

2 MATTHEW  
TBL 20/1 CHK 203 GST 0  
MAY28'07 07:26PM  
1 LEGENDS LAB/FRAN 42.75  
1 PELEGRINO 7.95  
3 CUP BISQUE 12.75  
2 SALAD STARTER 11.90  
2 PASTA LOBSTER 49.90  
2 #FISH SPECIAL\* 55.90  
1 #GAME SPECIAL\* 32.95  
2 COMPOTE 13.50  
1 SORBET 6.75  
1 #OPEN FOOD 6.95  
1 ELYSIUM/GLASS 6.25  
SUBTOTAL 247.55  
G.S.T. 14.85  
TOTAL DUE 262.40

\*\*\* MUSSEL MONDAYS 4 STYLES \*\*\*  
4 POTS & SAUCES 21.95  
PLEASE PAY SERVER  
WWW.NORMANDS.COM

April 16

# earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At  
Earls On Campus  
8629-112 Street  
Edmonton, Alberta  
T6G-1K8

Date: 16Apr'07 01:10PM  
Card Type: Visa  
Acct #:   
Exp Date:   
Auth Code: 010642 Section 17(1),(4)(e.i)  
Check: 8165  
Table: 33/1  
Server: 40 ANDERS  
Ref Number: 001176750635

Subtotal: 73.67  
Tip: 11.00  
Total: 84.67

I agree to pay above total according to my card issuer agreement.

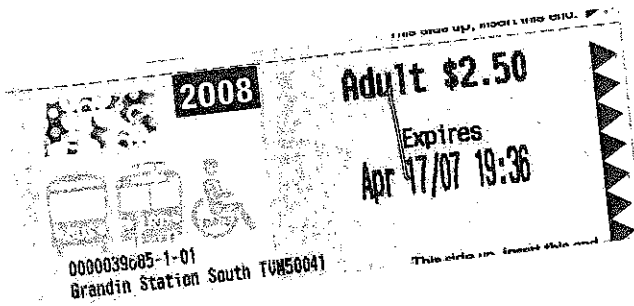
\*\*\*\*\*Customer Copy\*\*\*\*\*

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

April 17-18  
Travel to/from Primary care  
conf.

Rcpt# 15431  
04/17/07 18:32 L# 2 AM 14 Trn# 49107  
04/17/07 12:35 In 04/17/07 18:32 Out  
Tkt# 696523  
Regular Rate \$ 12.74  
Total Tax \$ 0.76  
Total Fee \$ 13.50  
CASH PAID \$ 13.50-  
Cash Tender \$ 20.00  
Change Due \$ 6.50

THANK YOU  
COME AGAIN



**YELLOW** 10135-31 Avenue  
Edmonton, AB T6N 1C2  
ADMIN: 465-8500 **CAB** 462-3456  
FAX: 462-2722  
THANK YOU/MERCI

Date: April 17/07 Amount/Montant \$ 11 Car/Voiture #  
Driver/Chauffeur: GST #  
From/De: Westin To/A: Legislature



1126 Memorial Drive N.W.  
 Calgary, Alberta  
 T2N 3E3

Phone: (403) 228-4442  
 Fax: (403) 228-9608  
**APPLICANT COPY**  
 Email: info@kensingtonriversideinn.com  
 www.kensingtonriversideinn.com

**GUEST  
 ACCOUNT**

*May 11, 2007*

**KENSINGTON  
 RIVERSIDE INN**

**FEASBY TOM**



Section 17(1)

CAPITAL HEALTH  
 Room # 206 Folio # 24340

Arrive 05/11/07 Depart 05/13/07

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
05/08/07	AA	91-Visa	deposit Room # 6000 / 24340	-300.44
05/11/07	AH	25-Key Deposi	2 keys	40.00
05/11/07	RP	2-Room Charg		259.00
05/11/07	RP	10-Tourism Le	On Room Charge	10.36
05/11/07	RP	4-Service Ch	On Room Charge	15.54
05/12/07	GT	2-Room Charg		259.00
05/12/07	GT	10-Tourism Le	On Room Charge	10.36
05/12/07	GT	4-Service Ch	On Room Charge	15.54
05/13/07	TM	17-Adjustment	On Key Deposit	-40.00
05/13/07	TM	91-Visa	Payment	-300.44
			GST On Room Charge	31.08
			<b>GST Reg. # 894582667RT0001</b>	

*\$150.22 (one night only)*

BILLING INSTRUCTIONS

BALANCE DUE →

0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.  
 89458 2667 PR0001

SIGNATURE

X

Driver # WAOA Car # 1310  
 To: Family of Dad.  
 From: Kensington Riverside Inn  
 Date: May 11/07 Amount: 15.00  
 GST# \_\_\_\_\_

April 27 - AMHB Mtg

FROM THE MERCHANT  
GENERATED BY  
EDMONTON PARKING

07/01/27 10:57 (00) (001)  
07/01/27 08:11  
/ 2:46 8571063

00000000  
RATE 1 \$13.50  
TAX \$13.50  
TOTAL \$27.00

RETAIL FOOD SERVICE  
MAY 31 2007  
RENEWAL  
CFI group

Retain this copy for your records

Top copy-customer Bottom copy-merchant

\*\*\*\*\*  
=====TRANSACTION RECORD=====  
NORMANDS RESTAURANT  
11639A JASPER AVE  
EDMONTON AB TSK 0M9  
TYPE: PURCHASE  
Amount: \$ 160.17  
Tip: \$ 25.00  
ACCT: CREDIT  
CARD NUMBER [REDACTED]

DATE: 2007/05/18  
TIME: 20:54:02  
REF./TRN#: 0003101  
77000901 S Emp. #: 117  
AUTH.#: (006346)

TRANSACTION APPROVED  
THANK YOU 001

Cardholder will pay card issuer the above amount pursuant to cardholder agreement.

\*\*\*\*\* CUSTOMER COPY \*\*\*\*\*

G.S.T. 9.07  
TOTAL DUE 169.17

4 POTS 4 CHAIRS 21.95

PLEASE PAY SERVICE  
NORMANDS RESTAURANT

Capital Health Authority  
Retail Food Service

534

Host: Mohini  
534

05/31/2007  
12:34 PM  
30534

Area: Cafeteria

Minute Maid  
Sushi  
Salad \$4.75

1.89  
6.50  
4.75

#Items 3 Sub Total  
Tax

12.94  
0.78

~~Order Total~~

Cash

15.00

University of Alberta Hospital  
GST# R108161688

470

Host: Mohini  
470

05/31/2007  
12:14 PM  
30470

Area: Cafeteria

Deli Sandwich Regular (2 @1.69)  
Yogurt  
Dasani 591ml (2 @1.65)  
Soup 10oz.

7.38  
1.23  
3.30  
2.24

#Items 4 Sub Total  
Tax

14.15  
0.85

~~Order Total~~

15.00

Cash

20.00

University of Alberta Hospital  
GST# D100161688

May 31  
- Renewal  
CFI group