

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

134882

APPLICANT COPY



Name: <u>NORMAN W. JOHNSON</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>APRIL 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
5/4/11	OLDMAN REVISED (CASH) HLTH ADVIS. GENERAL								100	
Non-Responsive										
12/4/11	AHS BAO ORIENTATION C-TRAVEL AND PARADISE				33.85	166.91			565	
13/4/11	" BOARD MTG.				30	250				
14/4/11	" " " (PUBLIC)				20.75	220.47		103.95		
20/4/11	ALBERTA HAC MTG.								235	
21/4/11	CREDIT + FINANCE CMT (REVISIONS)						PARKING 13		565	
15/4/11	HLTH PERFORMANCE HLTH MTG				29.96	187.63			294.65	
SUB-TOTAL (carry forward to continuation sheet, where applicable)										739.83

RECEIVED
 MAY 20 2011
 TOTAL KMS
 FINANCIAL

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	84.71
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1431.79
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1516.50

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:50%; text-align: center;">meals</td> <td style="width:50%;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td>lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td>dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>APRIL 21/11</u> DATE SUBMITTED	<u>MAY 17/11</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

Honoraria over...

GRANDE PRAIRIE HOTELS #1-42
605-100 ST
GRANDE PRAIRIE AB
s.17(1), 17(4)(e.1)

CARD NO. 0011/04/14
CARD TYPE VISA
EXPIRES 07:38:55
HOLD NUMBER 0074 0070

0011, 58

APPROVED

DATE 01-027
TIME 007

2

CARDHOLDER COPY

FOR INFORMATION - RETAIN THIS COPY FOR YOUR RECORDS

PLACE ON DASH UP
ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES
21 APR 11
11:59 PM
PAID \$ 13.00C
ENTRY TIME 21 APR 11 08:01 AM
14013 SPACE 2
PLACE ON DASH FACE UP

PLACE ON DASH FACE UP
EXPIRES
21 APR 11
11:59 PM
PAID \$ 13.00C
ENTRY TIME 21 APR 11 08:01 AM
14013 SPACE 2
PLACE ON DASH FACE UP

PLACE ON DASH FACE UP
EXPIRES
21 APR 11
11:59 PM
PAID \$ 13.00C
ENTRY TIME 21 APR 11 08:01 AM
14013 SPACE 2
PLACE ON DASH FACE UP

RECEIPT
GST NO. R122556194

EXIT No. A102
IN: 04/11/11 19:18
OUT: 04/15/11 19:52
DURATION: 4 00: 34
PAID: \$ 103.95
(GST INCLUDED)
MASTERCARD

REF. XXXX
VIM. CODE 015417
s.17(1), 17(4)(e.1)

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

earls
GREAT FOOD GREAT PEOPLE

GRANDE PRAIRIE
Date: 12Apr'11 09:10PM
Card Type: Visa
Acct #: AX/XX
Exp Date: 05/100
Auth Code: 0978
s.17(1), 17(4)(e.1)

APPLICANT COPY

2 35
4 50
33.85

above total
card issuer

0011 6032
***** STAMER COPY*****

APPLICANT COPY



HOTELS | INNS | SUITES

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

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

Always The Smart Choice

PROPERTY: 01-042 Invoice #: 320209 Description: standard folio

Page: 1

Mail To: Don Johnson

Res.#: 278915

Arrive: 12/04/2011 07:39pm

Depart: 14/04/2011 12:29am

Room: JCSN 335

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

Group: Alberta Health Services Board

Guest: Don Johnson

Bill To: Johnson

Date	Description	Voucher	Amount
12/04/2011	Long Distances		.79
12/04/2011	GST s.17(1), 17(4)(g)(i)		.04
12/04/2011	Long Distances		.79
12/04/2011	GST		.04
12/04/2011	Room Revenue	GP -335	99.00
12/04/2011	Destination Marketing Fee	GP -335	.99
12/04/2011	GST	GP -335	5.00
12/04/2011	Provincial Tourism Levy	GP -335 s.17(1), 17(4)(g)(i)	4.00
			<u>30.11</u>
13/04/2011	Long Distances		.79
13/04/2011	GST s.17(1), 17(4)(g)(i)		.04
13/04/2011	Room Revenue	GP -335	99.00
13/04/2011	Destination Marketing Fee	GP -335	.99
13/04/2011	GST	GP -335	5.00
13/04/2011	Provincial Tourism Levy	GP -335	4.00
14/04/2011	Visa	THANK YOU	-250.58
Balance:			.00

250.58
 - 30.11

 220.47

Bill To: Johnson

Total GST

10.12

GST Registration # R-121767065

Signature



Sandman Hotels, Inns & Suites, Limited A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

AND OTHERS ARE OWNED AND OPERATED BY SANDMAN HOTELS LTD.

www.sandmanhotels.com

APPLICANT COPY

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.426.3636 fax 780.428.1454
 westin.com/edmonton

guest 903 travel agent/charge to
 Don Johnson
 room 154.00
 rate 1
 no. pers. 554710 EX-A
 folio 1
 page 11-APR-11 00:00
 arrive 12-APR-11
 depart VI
 payment
 s.17(1), 17(4)(g)(i)

date	reference	description	charges/credits
11-APR-11	RT903	Govt PKG	154.00
11-APR-11	RT903	Room Revenue	12.91
12-APR-11	VI	Visa	166.91-
Balance Due			0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
11-APR-11	0.00	6.46	5.17	0.00	0.00	155.28	166.91
Total	0.00	6.46	5.17	0.00	0.00	155.28	166.91

Date	Payment
11-APR-11	0.00
Total	0.00

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

** continued on the next page **

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

signature _____

Don Johnson
 FOLIO 554710 11-APR-11

APPLICANT COPY

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.426.3636 fax 780.428.1454
 westin.com/edmonton

guest		903		travel agent/charge to
Don Johnson	room	154.00		
	rate	1		
	no. pers.	554710	EX-A	
	folio	2		
	page	11-APR-11	00:00	
s.17(1), 17(4)(g)(i)	arrive	12-APR-11		
	depart	VI		
	payment			

date	reference	description	charges/credits
------	-----------	-------------	-----------------

GST Summary:

GST Room Revenue:	6.46
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	6.46

The Westin Edmonton GST# 861336493RT0005

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
 As a Starwood Preferred Guest you have earned at least 308 Starpoints for this visit

signature _____

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

Don Johnson
 FOLIO 554710 11-APR-11

APPLICANT COPY



10065 - 100 Street
 Edmonton, AB, Canada T5J 0N6
 T (780) 424-5181 F (780) 429-6481
 G.S.T. Registration # 846543619

Room : 0615
 Folio # :
 Cashier # : 510
 Page # : 1 of 1

Govt Cda

Arrival : 04-14-11
 Departure : 04-15-11

Fairmont President's Club
 s.17(1), 17(4)(g)(i)

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

Date	Description	Additional Information	Charges	Credits
04-14-11	Telephone Local - Interface	Room	1.58	
04-14-11	Government Rate		169.00	
04-14-11	Room - DMF		1.69	
04-14-11	Room - AB Tourism Levy		6.83	
04-14-11	Room - GST	s.17(1), 17(4)(e.1)	8.53	
04-15-11	Mastercard	XX/XX		187.63
Total			187.63	187.63

Balance Due 0.00

GST Summary

Room	8.53
F&B	0.00
Other	0.08
Total	8.61

Thank you for choosing Fairmont Hotels & Resorts.

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

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

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

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

134883

APPLICANT COPY

Name: DONALD W. JOHNSON s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: MARCH 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
9/3/11	AHS BOARD MTH.			1	20.75				63.5
10/3/11	" " " (PUBLIC)			1	20.75				
24/3/11	ACCREDIT FINANCE COMT.			1	21.90				600

RECEIVE
 MAY 20 2011
 FINANCE

TOTAL KMS 1275.0

APPLICABLE MILEAGE RATE @ 50.5¢

SUB-TOTAL (carry forward to continuation sheet, where applicable)	^{63.40} 623.9	^{Hotel} 156.61	^{Mile} 623.9
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FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	63.40
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	780.29
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		843.69

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="padding: 2px;">meals</td> <td style="padding: 2px;">breakfast</td> <td style="padding: 2px;">\$9.20</td> </tr> <tr> <td style="padding: 2px;">lunch</td> <td style="padding: 2px;">\$11.60</td> </tr> <tr> <td style="padding: 2px;">dinner</td> <td style="padding: 2px;">\$20.75</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Lodging per night</td> <td style="padding: 2px;">\$20.15</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Per diem 24-hour</td> <td style="padding: 2px;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
APRIL 21 / 11 DATE SUBMITTED	MAY 17 / 11 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY
PROPERTY MANAGER QUIT
INTL

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.426.3636 fax 780.428.1454
 westin.com/edmonton

guest 1041 travel agent/charge to
 Don Johnson room 139.00
 Government Of Canada rate 1
 OBTAIN AT CHECK IN no. pers. 549629 A
 , AB folio 1
 Canada page 23-MAR-11 08:08
 arrive 24-MAR-11 13:35
 depart VI
 payment

date	reference	description	charge/credits
23-MAR-11	RT1041	Room Charge	139.00
23-MAR-11	RT1041	GST	7.02
23-MAR-11	RT1041	DMF	1.39
23-MAR-11	RT1041	Tourism Levy	5.62
23-MAR-11	486A		1.50
23-MAR-11	486A	Telephone GST	s.17(1), 17(4)(g)(i) 0.08
23-MAR-11	671A		1.90
23-MAR-11	671A	Telephone GST	0.10
24-MAR-11	1849	Share Restaurant	21.90
24-MAR-11	VI	Visa	178.51-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
23-MAR-11	139.00	7.02	5.62	0.00	3.58	1.39	156.61
24-MAR-11	0.00	0.00	0.00	21.90	0.00	0.00	21.90
Total	139.00	7.02	5.62	21.90	3.58	1.39	178.51

Date	Payment
23-MAR-11	0.00
24-MAR-11	178.51-
Total	178.51-

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

** continued on the next page **

178.51
- 21.90

156.61

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 _____

Don Johnson
 FOLIO 549629 23-MAR-11

APPLICANT COPY

the westin edmonton
 10135 100th street edmonton, alberta T5J 0N7 canada
 phone 780.426.3636 fax 780.428.1454
 westin.com/edmonton

guest		1041		travel agent/charge to
Don Johnson	room	139.00		
Government Of Canada	rate	1		
OBTAIN AT CHECK IN	no. pers.	549629	A	
, AB	folio	2		
Canada	page	23-MAR-11	08:08	
	arrive	24-MAR-11	13:35	
	depart	VI		
	payment			

date	reference	description	charge / credits
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GST Summary:

GST Room Revenue:	7.02
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.18
GST Other:	0.00
	7.20

The Westin Edmonton GST# 861336493RT0005

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

As a Starwood Preferred Guest, you could have earned 327 Starpoints for this visit. Please provide your member number or enroll today.

Don Johnson
 FOLIO 549629 23-MAR-11

signature _____

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

224315 *J*

Name: DONALD W. JOHNSON s.17(1), 17(4)(g)(i) Phone #:	(For Board Office Use Only) A/P Vendor ID#: _____ Travel Period Month: APRIL / MAY / 11
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Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
8/9 MAR/11	AHS BUD MTG (L2) DIZBA					328.40 ✓			240
26/4/11	PARLISEA HAC MTG ^{WREA- HAT}						(PARKING) 5 MAR 11		240
1/2/MAY/11	HIGH POWER HEALTH COM. REMUNTDON	1		1	29.75	303.52 ✓	(PARKING) 50.40 ✓	5110/11	525
3/MAY/11	OLD MAN RIVER HAC - LETH.							5111/11	100
12/MAY/11	WTA WITH S-20ME EXECUTIVE GROUP								100
17/MAY/11	S. ZONE PRIORITY SITE VIS -TAGRE / BOW ISLAND HOSPITAL ANNOUNCEMENT								95
18/MAY	YELLOW HEAD PAST HAC MTS. DAGSLAND			1	11.60				95
19/MAY	ACCT & FINANCIAL COM. REMUNTDON			1	207.50 ✓	135.50 ✓			1325
TOTAL KMS								2385	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		62.75	767.43 ✓	55.40 ✓		1204.43 ✓			

RECEIVED
JUL - 4 2011

ENTERED JUL 06 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.005. 01.71110300002.4500000	2 62.30
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	2004.38 230.45 7 2034.83
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		2097.13

CLAIMANT SIGNATURE _____ DATE SUBMITTED	<p align="center"><i>June 24/11</i></p> APPROVAL SIGNATURE _____ DATE APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>ROHARD W. JOHNSON</u> s.17(1), 17(4)(b)	Travel Period Month: <u>April / May / 11</u>
Phone #:	

DATE (DD/MY/YY)	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)								
		B	L	D	AMOUNT												
7/9 MAY/11	AHS BLD MTC. RSD DREA					328 ⁴¹ ✓			240								
26/4/11	PALLISER MTC MTC LITHA- MTC						(PARKING) 5 ME. ✓		240								
12/4/11	HIGHT PONTON MTC CONF. REMUNTON	1	1	29 ⁷³		303 ⁵² ✓	(PARKING) 50.40 ✓		525								
3/4/11	OLD MAN RIVER MTC - LITH.								100								
12/4/11	REBELTIVE GROUP								100								
17/4/11	5. ZONE PRIONTS STATION - TRONA / BOW ISLAND HOSPITAL ANNOUNCEMENT								95								
18/4/11	48 LEAD HEAD PAST MTC MTC. PASTLAND	1		11 ⁴⁰ ✓					95								
19/4/11	ACCT + FINANCIE CONF. REMUNTON			20 ⁷⁵ ✓		135 ⁵⁰ ✓			1325								
TOTAL KMS									2385								
APPLICABLE MILEAGE RATE @									50.54								
SUB-TOTAL (carry forward to continuation sheet, where applicable)								A	62 ³⁰ ✓	B	767 ⁴³ ✓	C	55 ⁴⁰ ✓	D		E	1204 ⁴³ ✓

Description	Coding	Amount
MEAL (A)	01.71110300002.4500000	62.30
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	2034.53
OTHER (D)	01.71110300002.4109000	
GRAND TOTAL		2097.13

CLAIMANT SIGNATURE 	APPROVAL SIGNATURE _____	meals	breakfast	\$9.20
DATE SUBMITTED <u>8/11</u>	DATE APPROVED _____		lunch	\$11.80
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB, T2W 3N2, Attention: Lynn Redford			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

Honoraria over...



Black Knight Inn

Guest Folio APPLICANT COPY

2929 - 50 Avenue
Red Deer, AB T4R 1H1

Phone: 403-343-6666
Fax: 403-340-8970

www.blackknightinn.ca
frontoffice@blackknightinn.ca

Print Date 3/10/2011
Print Time 6:38:28AM

Reservation 28940 - 0

Guest Don Johnson
Agent: General Groups
Reference: Alberta Health Services

From	to	Nights	Adults	Children		
3/8/2011	3/10/2011	2	1	0		
Room	Date	Reference and Description			Amount with tax	
801	3/8/2011	Non smoking, King Bed			145.00	158.05
801	3/9/2011	Non smoking, King Bed			145.00	158.05
801	3/10/2011	Visa				-328.41
801	3/9/2011	s.17(1), 17(4)(e.1) #1179 Remington's Tourism Levy				12.31
				GST	11.60	
					15.01	
Balance						\$0.00

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE

CITY OF MEDICINE HAT
ESPLANADE LOT 2
EXPIRES

27 APR 11

18:00 PAID Cnd
\$ 5.00

ENTRY TIME 27 APR 11 09:45
05888

EXPIRES

27 APR 11

18:00

PAID Cnd

\$ 5.00

RECEIPT

RD

PLACER SUR LE TABLEAU DE BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE COTE VISIBLE

PLACER SUR
CE

BLACK KNIGHT INN
2929 50 AVENUE
RED DEER AB
S.17(1), 17(4)(e.1)

CARD
CARD TYPE VISA
DATE 2011/03/10
TIME 06:37:42
CLERK ID AZ
RECEIPT NUMBER
C30563583-001-018-006-0

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

PRE-AUTH COMPLETION
TOTAL

\$328.41

APPROVED

AUTH# 050877 01-027
THANK YOU!

CARDHOLDER OF

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

RECEIPT
GST NO. R122556194

A102
EXIT NO. 05/01/11 18:44
IN: 05/03/11 15:39
OUT: 05/03/11 15:39
DURATION: 1 19: 55
PAID: \$ 50.40
(GST INCLUDED)
MASTERCARD

AUTH. CODE 003453
REF. 52
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

APPLICANT COPY

CROWNE PLAZA®

EDMONTON
 CHATEAU LACOMBE

Don Johnson CA

A/R Number
 Group Code
 Folio/Invoice No.
 Reference #

Room No.	1515	Page No.	1 of 2
Arrival	05-01-11	Cashier No.	227
Departure	05-03-11	User ID	NTP

www.chateaulacombe.com

Date	Description	Charges	Credits
05-01-11	Room Accomodation	128.00	
05-01-11	ERDMF-1%	1.23	
05-01-11	Tourism Levy -4%	4.97	
05-01-11	Room GST	6.21	
05-02-11	Cafe Lacombe - Gratuity Line# 1515 : CHECK# 0013406	2.50	
05-02-11	In Room Dining - Misc. 24.00 Split Into 12.00 And 12.00	20.20	
05-02-11	Room Accomodation	128.00	
05-02-11	ERDMF-1%	1.23	
05-02-11	Tourism Levy -4%	4.97	
05-02-11	Room GST	6.21	
05-03-11	MasterCard		303.52

Crowne Plaza Chateau Lacombe Edmonton
 10111 Bellamy Hill
 Edmonton, Alberta T5J-1N7
 Telephone: (780) 428-6611 Fax: (780) 425-6564
www.chateaulacombe.com G.S.T. REG #R802215269

Don Johnson

Room Number: 0910
 Arrival Date: 05-18-11
 Departure Date: 05-19-11
 Page No: 1 of 1

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

INVOICE

Folio No: 84625

05-19-11

Date	Description	Charges	Credits
05-18-11	Room Revenue	129.00	
05-18-11	Tourism Levy - 4%	5.16	
05-18-11	Destination Marketing Fee - 1%	1.29	
05-18-11	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
05-19-11	Visa XX/XX		135.50
Total		135.50	135.50
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.29
Tourism Levy - 4 %	5.16
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

304170

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: DONALD W. JOHNSON S.17(1), 17(4)(g)(1) Phone #:	(For Board Office Use Only) A/P Vendor ID#: Travel Period Month: MAY/JUNE 2011
---	---

Non-Responsive

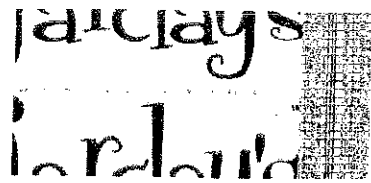
DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
ENTERED AUG 05 2011									
25 MAY	MTG WITH ASSOCIATE MED. CLINIC - TAARA								15
26 MAY	YELLOWHEAD TEST COM. HAC MTG. - 1214512121				21.80				940
8 JUNE	SHE Project CANAL WEST OPEN HOUSE				54.80		AHS BOARD 13		
9 "	SPECIAL A+F AHS BOARD MTG - CALGARY				28.15				
10 "	AHS BOARD MTG " } HAC MTGS " }				80.33	532.66 644.69		77.70 - PK.	
11 "	HAC COUNCILS MTG "					200.66			600
Non-Responsive									
15 "	CALENDAR HLT+ TRUST & MISANO MTG & RECREATION								565
								TOTAL KMS	2120
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A 82.95	B 757.32	C 90.70	D 13	E			1070.60

RECEIVED
 AUG - 5 2011
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	141.86 174.88
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	3262.97 3232.67
OTHER (D)	01.71110300002.41090000	3404.83
GRAND TOTAL		3407.55

CLAIMANT SIGNATURE DATE SUBMITTED: July 21/11	APPROVAL SIGNATURE DATE APPROVED: July 29/11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



Sheraton Suites Calgary
G.S.T. # 846543619RT0002

Sheraton Suites Calgary
Alberta, Canada
G.S.T. # 846543619RT0002
CHECK: 4838
TABLE: 116/1
SERVER: 112 MELISSA
DATE: JUN08'11 10:04PM
CARD TYPE: VISA
ACCT #:
EXP DATE: XX/XX s.17(1), 17(4)(e.1)
AUTH CODE: 027599
DONALD JOHNSON

112 MELISSA

116/1 CHK 4838 GST 1
JUN08'11 8:39PM

2 *WED STELLA 11.00
2 GL RAVENSWOOD 22.00
1 STEAK SAND 13.00

Food 13.00
Wine 22.00
Beer 11.00
Tax 2.30
Total Due .. \$48.30

GRATUITY 6.50

TOTAL 54.80

ROOM # _____

PRINT NAME _____

SIGNATURE _____

NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

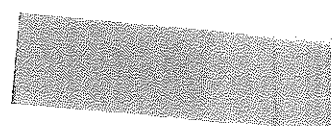
SUBTOTAL: 24.15

GRATUITY 4.50

TOTAL 28.65

SIGNATURE [Signature]

PLEASE RETURN A SIGNED COPY
TO YOUR SERVER



APPLICANT COPY

P PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES

08 JUN 11
11:59 PM PAID
\$ 13.00C

ENTRY TIME 08 JUN 11 01:17 PM
15442 SPACE 7

EXPIRES
08 JUN 11
11:59 PM
PAID
\$ 13.00C
RECEIPT
SPACE 7

30RD PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE

D. Thompson
HAC wets

RED DEER REGIONAL HOSPITAL
PARKING SERVICES P-3F-2

Rept# 776 Ixn# 6868
06/29/11 21:12 L# 1 A# 1 06/29/11 21:12 Out.
06/29/11 17:19 In
ikt# 050886
Fee 1 \$ 8.00
Total Fee \$ 8.00
CASH PAID \$ 8.00
Cash Tender \$ 8.00
Change Due \$ 0.00
THANK YOU
DRIVE SAFELY

SHERATON SUITES CALGARY EAU CLAIRE
 255 Barclay Parade S.W.
 Calgary, Alberta T2P 5C2 Canada
 T - 403 266 7200
 F - 403 266 1300

APPLICANT COPY



GUEST / CLIENT
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Mr Don Johnson
 s.17(1), 17(4)(g)(i)

224
 ROOM / CHAMBRE 239.00
 RATE / TARIF 1
 # PERS. / N° PERS. 895249 A
 FOLIO / DOSSIER 1
 PAGE / PAGE 08-JUN-11 10:34
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART VI
 PAYMENT / PAIEMENT

AHSBOD

DATE / DATE	REFERENCE / REFERENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CREDIT
08-JUN-11	RT224	Group Government	239.00
08-JUN-11	RT224	DMF	7.17
08-JUN-11	RT224	Alberta Tourism Levy (4%)	9.85
08-JUN-11	RT224	GST (5%)	12.31
08-JUN-11	RT224	Valet Parking	38.85 -
09-JUN-11	RT224	Group Government	239.00
09-JUN-11	RT224	DMF	7.17
09-JUN-11	RT224	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT224	GST (5%)	12.31
09-JUN-11	RT224	Valet Parking	38.85 -
09-JUN-11	4817	Barclay's Restaurant	15.13
09-JUN-11	4887	Barclay's Restaurant	34.95
10-JUN-11	4882	Barclay's Restaurant	30.25
10-JUN-11	VI	Visa	694.69-

80.33

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

Auth Date	Code	Authorized
08-JUN-11	006109	645.30
09-JUN-11	042893	100.00

Balance Due

0.00

** continued on the next page **

Meals
 15.13
 34.95
 30.25

 80.33

Parking
 38.85
 38.85

 77.70

694.69
 - 80.33
 - 77.70

 536.66

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
 SIGNATURE Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

Mr Don Johnson ROOM DEPART AGENT
 FOLIO 895249 08-JUN-11 224

APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE
 255 Barclay Parade S.W.
 Calgary, Alberta T2P 5C2 Canada
 T - 403 266 7200
 F - 403 266 1300



GUEST / CLIENT
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Mr Don Johnson
 s.17(1), 17(4)(g)(i)

ROOM / CHAMBRE 224
 239.00
 RATE / TARIF 1
 # PERS. / N° PERS. 895249 A
 FOLIO / DOSSIER 2
 PAGE / PAGE 08-JUN-11 10:34
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART VI
 PAYMENT / PAIEMENT

AHSBOD

DATE / DATE	REFERENCE / REFERENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CREDIT
-------------	-----------------------	---------------------------	------------------------------------

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
08-JUN-11	261.16	0.00	0.00	46.02	307.18	0.00
09-JUN-11	261.16	50.08	0.00	46.02	357.26	0.00
10-JUN-11	0.00	30.25	0.00	0.00	30.25	694.69-
Total	522.32	80.33	0.00	92.04	694.69	694.69-

We would certainly appreciate any feedback that you may have. Please send to Gord Minor at gminor@sheratonsuites.com

GST Summary

GST Room Revenue	24.62
GST Food and Beverage	3.33
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	27.95

846543619 RT0002

Meals

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
SIGNATURE Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

As a Starwood Preferred Guest you have earned at least 211 Starpoints for this visit

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

Mr Don Johnson ROOM DEPART AGENT
 FOLIO 895249 08-JUN-11 224



DELTA

CALGARY SOUTH

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

GOVT AB
 Don Johnson

Room: 0606
 Folio: 149855
 Cashier: 27
 Arrival: 06-15-11
 Departure: 06-16-11

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

Date	Description	Additional Information	Charges	Credits
06-15-11	Room Charge		169.00	
06-15-11	DMF		5.07	
06-15-11	Room GST		8.70	
06-15-11	Tourism Levy		6.96	
06-16-11	Atrium Cafe Charges	#606 : CHECK #0072	10.93	
06-16-11	Visa	s.17(1), 17(4)(e.1)	XX/XX	200.66
			Total	200.66
			Balance Due	0.00 CDN

GST Summary:	
Registration No:	895126332
Room	8.70
F&B	0.00
Other	0.00
Total	8.70

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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

APPLICANT COPY

KILLAM CROSSING HOTEL
4003 51 AVE
KILLAM AB

KILLAM CROSSING HOTEL INC.
PO Box 240, 4003-51st Avenue
Killam, Alberta
T0B 2L0
(780)385-2290

TYPE VISA
2011/06/24
4593 09:05:01
REIPT NUMBER
0755049-001-078-010-0

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

AUTH COMPLETION
AL
\$109.00

ALD

Room # 40 Folio # 79884
Arrive 06/23/11 Depart 06/24/11

ALBERTA

APPROVED
ATH# 089204 01-027
THANK YOU

Department	Description	Reference	Amount
	2-Room Charg		100.00
	23-TOURISM LE On Room Charge		4.00
	92-Visa		-109.00
	GST On Room Charge		5.00
	GST Reg. # 871963005		

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

=====
Balance: 0.00

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

405449

Name: <u>DONALD W. JOHNSON</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <u>s.17(1), 17(4)(g)(i)</u>	Travel Period Month: <u>July, August, 2011</u>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
21/07/11	PIPER HAC MTS - GRANDIE PRAMIE				32.55 37.5		Taxi - 23.00 Dinner - 24.00 Parking - 05.00	47 taxi Bkfst 575	
25/08/11	AFC MTS - EDMONTON				20.75	135.50		1260	
Non-Responsive									
17/08/11	LUNCH - LYNN REDFORD.				40.44		Parking AHS - 5.25		
					53.10				
ENTERED SEP 27 2011									
RECEIVED SEP 26 2011 FINANCE									
TOTAL KMS								1835	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E	F		
		93	135	77.45			67	926	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101-0005, 71110300004 01.71110300002.45000000	93.54
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1139.62
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1233.16

CLAIMANT SIGNATURE <u>Sept 22/11</u> DATE SUBMITTED	APPROVAL SIGNATURE <u>Sept 22/11</u> DATE APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align:center;">meals</td> <td style="text-align:center;">breakfast</td> <td style="text-align:right;">\$9.20</td> </tr> <tr> <td style="text-align:center;">lunch</td> <td style="text-align:right;">\$11.60</td> </tr> <tr> <td style="text-align:center;">dinner</td> <td style="text-align:right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align:center;">Lodging per night</td> <td style="text-align:right;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align:center;">Per diem 24-hour</td> <td style="text-align:right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

earls

ORDER FOOD CONTACT RECEIPT

284 CHANUI
 Tbl 31/1 Cmk 7297 Gst 2
 17Aug'11 12:19PM

1 POP 3.00
 1 POP REFILL 6.00
 1 7oz STEAK FRITES 2.00
 1 DYNAMITE PR ROLL 10.99
 Subtotal 35.99
 GST Tax 1.69
 01:20PM Total 35.44

PLEASE PAY YOUR SERVER

We'd love your feedback on your experience with us. Visit us at www.earls.ca

1-800-363-6377

EMPLOYEE: MILEN PARK
 LOCATION: MILEN PARK
 ORDER #: 170811001007
 TABLE #: 31
 CHECK #: 7297
 EMPLOYEE #: 1
 EMPLOYEE NAME: CHANUI

RESTAURANT: RUC - Restaurant
 TABLE #: 31
 CHECK #: 7297
 EMPLOYEE #: 1
 EMPLOYEE NAME: CHANUI
 MASTERCARD S-17(1), 17(4)(e.1)
 Pre-Auth Purchase

Amount \$35.44
 TIP \$5.00
 TOTAL CND \$40.44

THANK YOU
 Come Again

Fare: 24.00 Date: 21-7-2011
 From: AIRPORT To: ELKS
 Driver: _____ C.No.: _____
 Co. Name: _____
 Print Name: _____
 Signature: _____

STATION 013

17/08/11 12:19
 PAY DATE: 17/08/11
 PARK DUE: 0:01
 s.17(1), 17(4)(e.1)

ALLOWED EXIT 10:
 17:08:11 12:19
 \$ S.A.S

* 15 MINUTE
 * To Exit Gate

 * NO IN/OUT
 * PRIVILEGES

 * Managed by
 * Standard Parking
 * of Canada

 * GST INCLD
 * GST: R1: 20/7/2513

 * 1-800-363-6377
 * 1-800-363-6377

CALGARY AIRPORT
 AUTHORITY

STATION 013
 IRI: 07/21/11 14.41
 IRI: 07/21/11 25.17
 LAID: AD 15.60
 (GST INCLD)
 GST NO: 1256194
 MATH: 11

REF: S-17(1), 17(4)(e.1)
 YOU: S-17(1), 17(4)(e.1)

THANK YOU
 FOR EXIT
 DUE: 17:08:11

Fare: 23.00 Date: 21-7-2011
 From: ELKS To: AIRPORT
 Driver: _____ C.No.: _____
 Co. Name: _____
 Print Name: _____
 Signature: _____

Mr Don Johnson

Room Number: 1506
 Arrival Date: 08-24-11
 Departure Date: 08-25-11
 Page No: 1 of 1

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

INVOICE

Folio No: 92856

08-25-11

Date	Description	Charges	Credits
08-24-11	Room Revenue	129.00	
08-24-11	Tourism Levy - 4%	5.16	
08-24-11	Destination Marketing Fee - 1%	1.29	
08-24-11	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
08-25-11	Visa XX/XX		135.50
Total		135.50	135.50
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.29
Tourism Levy - 4 %	5.16
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

484357

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: <u>DONALD W. JOHNSON</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <u>s.17(1), 17(4)(g)(i)</u>	Travel Period Month: <u>SEPTEMBER, 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
1/9/11	AHS/AHSB MINISTERS + RE-EVALUATION ACTION PLAN		✓		11.60		PARKING 6.00 ✓		580
14/15/9/11	AHS BOARD MTGS MEDICINE HAT		✓		20.75	153.93	Hotel.		235
20/9/11	OLD MAN RIVER HAC - MILK RIVER								195
Non-Responsive									
22/9/11	APC MTGS CALGARY.					152.52	PARKING 13.00 ✓		240
22/9/11	TAMUAK HAC - WHITZ COURT		✓		11.60	145.36	Hotel		825
23/9/11	AAUCO EAST CENMOK 24 MTGS - LAE LA MICHAZ.		✓		20.75				1125
26/9/11	PARCISIA TA IANABIE HAC MTG - A MOKS.								225
TOTAL KMS									3425
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		6470	45	192		1729.62			

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.4500000	97.05
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	2475.66
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		2572.71

CLAIMANT SIGNATURE	APPROVAL SIGNATURE
DATE SUBMITTED	DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: DONALD W. JOHNSON (For Board Office Use Only) AP Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i) Travel Period Month: SEPTEMBER, 2011

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
1/9/11	AHS/AHSU ADMINISTRATION + RECONSTRUCTION ACTION PLAN				116.00		FAMILY 6 ⁰⁰		580
14/15/9/11	AHS BOARD MEETING MAGNIFICENT HAT				207.50	153.92			235
20/9/11	OLD MAN RIVER HAC - MICK RIVER								195
Non-Responsive									
22/9/11	AFC MEETING CALGARY				152.52		FAMILY 13 ⁰⁰		240
22/9/11	TAMMARA HAC - WILDZCOURT				116.00	145.36			825
23/9/11	AHSUO EAST COUNCIL 2N MEETING - LAC LA PICHÉ				207.50				1125
26/9/11	AHSUO MEETING - BANKS								225
TOTAL KMS								3425	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		647.00	457.11	19.00					1729.62

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	47.05
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	2475.66
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		2572.71

CLAIMANT SIGNATURE <u>[Signature]</u>	APPROVAL SIGNATURE <u>[Signature]</u>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
DATE SUBMITTED <u>14/11</u>	DATE APPROVED	Lodging per night		\$20.15
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford		Per diem 24-hour		\$7.35



Don Johnson

Page # 1
Res. # 488937
Checked in Wed Sep 14/11 - 6:06 pm
Departing Thu Sep 15/11
Nights 1
Room Rate 139.00
Room 373

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

Group: Ab Health Services

Date	Description	Reference	Charges	Credits
Sep14	GOVERNMENT RATE		139.00	
Sep14	GST		6.95	
Sep14	Room Tax		5.32	
Sep14	Destination Marketing Fee		2.66	
			-----	-----
			153.93	0.00

*Thank you for staying with us. Please come again!
 Call 1 (800) 661-8095 to make your next reservation with us.*

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 6.95
 Room Tax 5.32

APPLICANT COPY



Wingate by Wyndham Calgary
400 Midpark Way SE
Calgary, AB T2X 3S4
Tel: (403) 514-0099 Fax: (403) 514-0090

09-22-11

Don Johnson s.17(1), 17(4)(g)(i)	Folio No. :		Room No. :	115
	A/R Number :		Arrival :	09-21-11
	Group Code :		Departure :	09-22-11
	Company :	Alberta Health Services	Conf. No. :	52814927
	Wyndham Rewards :		Rate Code :	LBCO
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
09-21-11	Room Charge	139.92	
09-21-11	Tourism Levy	5.60	
09-21-11	GST Room	7.00	
09-22-11	Visa		152.52
As a Wyndham Rewards member you could have earned 1399 points for this stay.		Total	152.52
		152.52	152.52

Balance 0.00
GST: 1040894040 RT 0002

This is your invoice, payment due upon receipt.

Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate Hotels or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate Hotel's website about privacy.

**Thank you for staying with us.
It was our pleasure to serve you.**

Express Checkout. For your records, this is your receipt and hotel bill as of 2 a.m. today. Charges incurred after 2 a.m. can be paid at the front desk, or at your request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key **33** your room or at the front desk.

APPLICANT COPY

GUEST ACCOUNT

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

~~JOHNSON DON~~
 10101 SOUTH PORT RD SW
 CALGARY, AB
 T2W 3N2

Arrive 09/22/11 Depart 09/23/11

Room # 362 Invoice # 517387

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
09/22/11	PDG	2-Room Charge		119.00
09/22/11	PDG	42-Tourism Le	On Room Charge	4.76
09/23/11	XXX	10-Restaurant	115/3005/GST 0.65	15.65
09/23/11	CE	90-Visa		-145.36
			GST On Room Charge	5.95
			GST Reg. # 879535953RT0004	
				0.00

BILLING INSTRUCTIONS

BALANCE DUE →

0.00

COMPANY		I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.
ADDRESS		
CITY	POSTAL	
ATTENTION		
		SIGNATURE
		X

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

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

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

EXECUTIVE EXPRESS
 LEDUC
 Tel: (780) 986-1760 1-888-388-3932
 Fax: (780) 986-1782
 8116 Sparrow Crescent, Leduc, Alberta T9E 8B7

Explore the Exceptional... Enjoy the Experience

APPLICANT COPY

Don. J.

EXECUTIVE ROYAL INN
LEDUC
8450 SPARROW DRIVE
LEDUC AB
s.17(1), 17(4)(e.1)

EXECUTIVE ROYAL INN
LEDUC
8450 SPARROW DRIVE
LEDUC AB

FOOTHILLS MEDICAL
CENTER
RECEIPT C14

ENTRY DATE/TIME:

CARD
CARD TYPE VISA
DATE 2011/09/23
TIME 5674 07:08:51
CLERK ID 77
RECEIPT NUMBER
C30B58946-001-493-029-0

CARD DESCRIPTION s.17(1), 17(4)(e.1)
Executive Club Reward
CARD
DATE 2011/09/23
TIME 6326 07:09:00
CLERK ID 77
RECEIPT #

01/09/11 13:47
PAY DATE/TIME:
01/09/11 15:22
PARK-DUR.: HRS:MIN
0:01:35

PRE-AUTH COMPLETION
TOTAL
\$145.36

PURCHASE AMOUNT \$145.36
Points
EARNED 300
NEW TOTAL 8493
Lifetime Points 8493

ALLOWED EXIT TO:
01.09.11 15:36

PAID: \$ 6.00
CASH

APPROVED

AUTH# 082473 01-027
THANK YOU

000 APPROVED

REF # 95409892

Redeem for iPods, gift
cards & digital cameras!
www.executiverewards.com

* You Have ONLY *
* 15 MINUTES *
* To Exit Garage *

* NO IN/OUT *
* PRIVILEGES *

* Managed by *
Standard Parking
* of Canada *

* GST INCLUDED *
* GST:R124072513 *

Comments/Concerns
Call: 403-943-3937

CARDHOLDER COPY

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES

22 SEP 11
11:59 PM PAID \$ 13.00C

ENTRY TIME 22 SEP 11 08:22 AM
18615 SPACE 2

IRD PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

EXPIRES

22 SEP 11
11:59 PM
PAID
\$ 13.00C

RECEIPT
SPACE 2

PLACER SUR LE TABLEAU DE
CE CÔTÉ VISIBLE

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

523422

Name: <u>DON JOHNSON</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>October 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
Oct 11-13/11	BOARD REPORT & BOARD MTRG. - F.MAR.		2	3	85.40	577.69	206.01 (12th) 178.51 (11th) 193.11 (13th)		245 km
Oct 14	AAMOE CENTRAL ZONE PRESENTATION (Percut)								85 km
Oct 17	AAMOE PERIBINA ZONE PRESENTATIONS (Percut)			1	20.75				10 km
Oct 20/21	HOULERS FOUNDATION MEAL - BATHFR.			1	20.75				525 km
Oct 21/22	PROG. ADUS. COM. OF CANADA LANCHE.		1		11.60	139.00	CAR RENTAL. 53.04. ✓		850 km
Oct 26/11	SOUTH ZONE PERIBINA ZONE - LENT.								110 km
Oct 27/11	AUDIT & FINANCE COM. - CASHIER TELECONF.						PARKING 13.00 ✓		225 km
Non-Responsive									
TOTAL KMS								3000	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)						138.55	716.63	66.04	1515

ENTERED NOV 28 2011
M/pd

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	138.55
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	2297.67
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		2436.22

<p>CLAIMANT SIGNATURE: <u>[Signature]</u></p> <p>DATE SUBMITTED: <u>NOVEMBER 21/11</u></p>	<p>APPROVAL SIGNATURE: <u>[Signature]</u></p> <p>DATE APPROVED: <u>Nov 25/11</u></p>
--	--

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

Greenwood

Inn & Suites
Calgary
by FORTIS PROPERTIES

GUEST FOLIO

on Johnson

Account Name **Johnson, Don**
 Account No. **IN 264765**
 Folio Type **Current**
 Arrival **10/11/11**
 Departure **10/12/11**
 Room # **609**
 Voucher #

q.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
	10/11/11	Room Individual GST #896932449 RT001 Alberta Tourism Levy Destination Marketing Fee	Re: 609/Johnson, Don s.17(1), 17(4)(e.1)	609	1	159.00 8.19 6.55 4.77	N	A
	10/12/11	Visa	Aut#: 072838/	609	1	(178.51)	I	A
			TOTAL			0.00		
			*** TAXES INCL ***					
			GST			8.19		
			Other Taxes			11.32		

bill is in currency : **Canadian Dollars**

Print date: **10/12/11**

agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover any damage caused to the property.

X

Guest signature

APPLICANT COPY

Greenwood

Inn & Suites
Calgary
by FORTIS PROPERTIES

GUEST FOLIO

Don Johnson

Account Name **Johnson, Don**
 Account No. **IN 264766**
 Folio Type **Current**
 Arrival **10/13/11**
 Departure **10/14/11**
 Room # **627**
 Voucher #

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

Seq.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
1	10/13/11	Room Individual <i>GST #896932449 RT001</i> <i>Alberta Tourism Levy</i> <i>Destination Marketing Fee</i>	Re: 627/Johnson, Don	627	1	159.00	N	A
						8.19		
						6.55		
						4.77		
2	10/14/11	Daltons	Inv:61987-9/187135/Wtr:109 Time:08:09 AM	627	1	12.00	I	A
3	10/14/11	Daltons		627	1	0.60	I	A
4	10/14/11	Daltons Grat	Inv:61987-9/187135/Wtr:109 Time:08:09 AM	627	1	2.00	I	A
5	10/14/11	Visa	Aut#: 073209/	627	1	(193.11)	I	A
			s.17(1), 17(4)(e.1) TOTAL			0.00		
			*** TAXES INCL ***					
			GST			8.19		
			Other Taxes			11.32		

This bill is in currency : **Canadian Dollars**

Print date: **10/14/11**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

X _____
Guest signature

APPLICANT COPY

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Don Johnson	Page Number : 1	Invoice Nbr: 108831
Alberta Health Services	Guest Number: 605587	Arrive Date: 21-OCT-11 17:16
	Folio ID : EX-A	Depart Date: 22-OCT-11
	No. Of Guest: 1	
	Room Number : 503	
Email: Has Not Been Asked For	Room Rate : 139.00	
Email	Club Account:	
AHJ21B - Alberta Health Servic		

Information Invoice

Tax ID: 861336493RT0005
The Westin Edmonton 22-OCT-11 03:09 RENEDEC

Date	Reference	Description	Charges	Credits
21-OCT-11	G766	Internet And/or Business C	9.48	
21-OCT-11	G766	GST	0.47	
22-OCT-11	MC	Mastercard	-9.95	
		** Total	9.95	-9.95
		*** Balance	0.00	

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

Continued on the next page

APPLICANT COPY

LT, EDMONTON, AB T9E8M6 (780) 980-2338

RENTAL AGREEMENT
829333

REF#
1KDFDW

SUMMARY OF CHARGES

RENTER

DATE	DESCRIPTION	START DATE	END DATE	QUANTITY	UNIT	PRICE	TOTAL
	TIME & DISTANCE	17/10	17/10	1	DAY	\$40.00	\$40.00
	REFUELING CHARGE	17/10	17/10				\$0.00

DATE & TIME
17/10/2011 07:04 PM

	CUSTOMER FACILITY CHARGE	17/10	17/10	1	DAY	\$3.00	\$3.00
	VLF	17/10	17/10	1	DAY	\$1.10	\$1.10
Total Charges:							\$53.04

BILLING CYCLE
24-HOUR

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

LIC#
KM 000/EM 01

Total Amount Due

\$0.00

PAYMENT INFORMATION

AMOUNT PAID

TYPE

CREDIT CARD NUMBER

Handwritten signature

Handwritten signature

MANUEL PRUDHOMME ZONE UTA - EDMONTON

APPLICANT COPY

PLAÇER SUR LE TABLEAU DU
REÇU

PLAÇER SUR LE TABLEAU
DU BORD DE CÔTÉ VISI

ALBERTA HEALTH SERVICES
SPT-1 GST-R24072513
EXPIRES
27 OCT 11
PAID \$ 13.00C
RECEIPT SPACE 16
ENTRY TIME 27 OCT 11 08:21 AM
19650 SPACE 16

EXPIRES
27 OCT 11
11:59 PM
PAID \$ 13.00C
RECEIPT SPACE 16

PLACE ON DASH FACE UP

RECEIPT

PLACE ON DASH FAC

JOHNSON DON

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

ALBERTA HEALTH SERVICES
Room # 1415 Invoice # 20782

10/13/11

DEPARTMENT
-Accommodat
-Room Tax
-Visa

DESCRIPTION	AMOUNT
On Accommodation	189.00
	7.56
	-206.01
GST On Accommodatio	9.45
Tax Reg. # 856465620RT0001	

CHATEAU NOVA
FORT McMURRAY
MOD 3, COMP 9, RR 1
FORT McMURRAY, AB T9H5B5
99149965727

TERM ID: N9314996 BATCH#: 018
EMPLOYEE ID: 1 SHIFTH: 001

Completion

INV#: 000000465
VISA Chip
SEQ#: 018001001007
Application Label: VISA
AID: 0000000031010
TVR: 00 00 00 00 00
TSI: F8 00

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

Total: CAD\$ 206.01

APPROVED 058106
000/00

13-Oct -11 08:12:40

CUSTOMER COPY
THANK YOU
(780) 791-6682

BALANCE DUE → 0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

SIGNATURE

X _____

ATTENTION

"Where Comfort and Service are at their best!"

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta – Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray

Saskatchewan – Kindersley

NWT & Nunavut – Inuvik, Iqaluit

APPLICANT COPY

TO: _____ ATTN: _____ PHONE: _____ EXT.: _____	REFERENCE NUMBER: _____ ADDITIONAL AUTHORIZED DRIVERS(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. I REQUEST OWNER'S PERMISSION TO ALLOW _____ WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING. I WILL BE RESPONSIBLE FOR THE RENTING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT. RENTER: X PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE PROVINCE OF RENTAL AND THE FOLLOWING PROVINCE(S) OR STATES: _____ OPERATION IN ANY OTHER PROVINCE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT. RENTER REQUESTS OPTIONAL DAMAGE WAIVER (DW) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. RENTER IS RELIEVED OF RESPONSIBILITY ACCORDING TO ABOVE COLUMN. SEE OPTIONAL PRODUCT NOTICE TO LEFT AND PARAGRAPH 16 FOR FURTHER DETAILS. RENTER'S INSURANCE DAMAGE WAIVER DOES NOT APPLY TO DAMAGES OR LOSS OF VEHICLE RESULTING FROM THEFT OR ATTEMPTED THEFT. X FRONT WINDSHIELD ONLY (16A) X ALL DAMAGE (SEE 16B) RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AND PERSONAL EFFECTS INSURANCE (PEI) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 17. RENTER: X RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT DAILY FEE SHOWN IN COLUMN TO LOWER RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 18. RENTER: X	RENTER: X OWNER REP X I WILL RETURN CAR BY: _____ DATE: _____ TIME: _____ PAID BY: _____ DEPOSIT(S) AMOUNT: _____ DATE PAID: _____ RENTER IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH HIGHWAY TRAFFIC ACT VIOLATIONS, PARKING INFRACTIONS, TOLL FEES, RED LIGHT CAMERA VIOLATIONS, IMPOUND FEES, PLUS AN ADMINISTRATIVE FEE.	TOTAL CHARGES DEPOSITS REFUNDS AMOUNT DUE	CLOSED BY: _____ PAID BY: CASH _____ CHEQUE _____ CHARGE _____ RECEIVED BY: _____ DATE: _____ AMOUNT: _____
ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT WHICH CONSISTS OF PAGES 1 THROUGH 4. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE RENTER UNDER THIS AGREEMENT BY SIGNING BELOW I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARDS AND/OR DEBIT CARDS FOR ADVANCE DEPOSIT'S INCREMENTAL AUTHORIZATION(S) AND CHARGES INCURRED AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED. JE RECONNAITRAIS AVOIR REÇU LA VERSION FRANÇAISE DE CE CONTRAT. PAGES 1 A 4.				
WINDSHIELD CONDITION: CLEAR STAR CRACKED <input type="checkbox"/> NO DAMAGE FRONT X-DEPT -- SCRATCH -- MISSING CONDITION SAME ON RETURN Yes No F OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F U OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F L IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F				
OPTIONAL PRODUCTS NOTICE: OUR CONTRACT OFFERS FOR AN ADDITIONAL CHARGE, AS OPTIONAL PRODUCTS: DAMAGE WAIVER, PERSONAL ACCIDENT INSURANCE, PERSONAL EFFECTS PROTECTION, BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE OR CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE OPTIONAL PRODUCTS IS NOT REQUIRED TO RENT VEHICLE. LIABILITY FOR LOSS BY ACCIDENT: WARNING: YOU MAY BE LIABLE FOR LOSS IF VEHICLE IS USED CONTRARY TO THIS AGREEMENT, OR IF LIABILITY TO OTHERS EXCEEDS APPLICABLE INSURANCE COVERAGE. SEE PARAGRAPH 7 & 8.				
REPLACEMENT VEHICLE COLOUR: _____ LICENCE NO.: _____ MODEL: _____ UNIT#: _____ KILOMETRES IN: _____ OUT: _____ DRIVEN: _____ CONDITION AND FUEL LEVEL: X RENTER AGREED TO _____ WINDSHIELD CONDITION: CLEAR STAR CRACKED <input type="checkbox"/> NO DAMAGE FRONT X-DEPT -- SCRATCH -- MISSING CONDITION SAME ON RETURN Yes No F OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F U OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F L IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F				

OWNER IS AN AFFILIATE OF ENTERPRISE RENT-A-CAR COMPANY, WHICH OWNS ALL RIGHTS TO ENTERPRISE NAMES AND MARKS.

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**


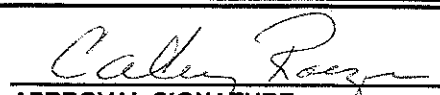
634554

Name: <u>DONALD W. JOHNSON</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>DECEMBER 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
2/12/11	MUNICIPAL MTC @ ALBERTA BEACH	1		1	29.75	178.2	parking 25.20	511	565
" " "	MTC - TOWN/VULCAN COUNTY - MLA - DA. BECH								
7/8/12/11	AHS BOARDS MTCs.	1		2	50.70	135.89	50.40		565
Non-Responsive									
16/12/11	LETHBRIDGE REGIONAL CONSTM. LAUNCH.								100
22/12/11	AUDIT & FINACD Com Mtg.					193.64			550
ENTERED JAN 30 2012									
								RECEIVED JAN 27 2012 FINANCE	
								TOTAL KMS	1780
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D				
		80.45	507.65	75.60					898.70

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.7111030000.4	80.45
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1482.15
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1562.60

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
JAN 19/12 DATE SUBMITTED	Jan. 26/2012 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

CALGARY AIRPORT
AUTHORITY

STATION C9
IN: 12/07/11 06:38
OUT: 12/08/11 17:38
PAID: AD 50.40
(GST INCLUDED)
GST No. 122556194
VISA

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

REF
YOU HAVE 15 Min. 73
TO EXIT
THANK YOU FOR
YOUR VISIT

CALGARY AIRPORT
AUTHORITY

STATION C17
IN: 12/02/11 06:11
OUT: 12/02/11 17:27
PAID: AD 25.20
(GST INCLUDED)
GST No. 122556194
MASTERCARD
XXXXX

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

REF. 69
YOU HAVE 15 Min.
TO EXIT
THANK YOU FOR
YOUR VISIT

APPLICANT COPY

Greenwood

Inn & Suites
Calgary
by FORTIS PROPERTIES

GUEST FOLIO

Donald W Johnson

Account Name **Johnson, Donald W**
 Account No. **IN 270619**
 Folio Type **Current**
 Arrival **12/01/11**
 Departure **12/02/11**
 Room # **605**
 Voucher #

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

Seq.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
1	12/01/11	Room Individual GST #896932449 RT001 Alberta Tourism Levy Destination Marketing Fee	Re: 605/Johnson, Donald W	605	1	159.00	N	A
						8.19		
						6.55		
						4.77		
2	12/02/11	Master Card	Aut#: 001838/ s.17(1), 17(4)(e.1) TOTAL	605	1	(178.51)	I	A
						0.00		
*** TAXES INCL ***								
			GST			8.19		
			Other Taxes			11.32		

This bill is in currency : **Canadian Dollars**

Print date: **12/02/11**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

X _____
Guest signature

APPLICANT COPY

Greenwood

Inn & Suites
Calgary
by FORTIS PROPERTIES

GUEST FOLIO

Donald W Johnson

Account Name **Johnson, Donald W**
 Account No. **IN 270435**
 Folio Type **Current**
 Arrival **12/06/11**
 Departure **12/07/11**
 Room # **602**
 Voucher #

eq.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
1	12/06/11	Room Individual GST #896932449 RT001 Alberta Tourism Levy Destination Marketing Fee	Re: 602/Johnson, Donald W	602	1	159.00 8.19 6.55 4.77	N	A
2	12/07/11	Visa	Aut#: 035605/ s.17(1), 17(4)(e.1) TOTAL	602	1	(178.51) 0.00	I	A
*** TAXES INCL ***								
						GST		8.19
						Other Taxes		11.32

Bill is in currency : **Canadian Dollars**

Print date: **12/07/11**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

X

Guest signature

Mr Don Johnson
Canada

Room Number: 0611
 Arrival Date: 12-07-11
 Departure Date: 12-08-11
 Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

12-08-11

Date	Description	Charges	Credits
12-07-11	Room Revenue	129.00	
12-07-11	Tourism Levy - 4%	5.16	
12-07-11	Destination Marketing Fee - 1%	1.29	
12-07-11	Tourism Levy on DMF	0.05	
Total		135.50	0.00
Balance		135.50	

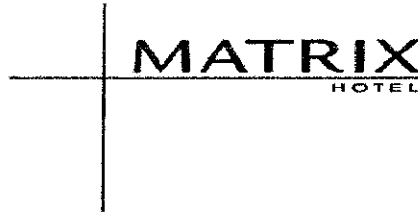
Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.29
Tourism Levy - 4 %	5.16
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

APPLICANT COPY



Thursday, December 08, 2011

Dear Valued Guest,

Our records indicate that today is your scheduled departure day from the hotel. In order to avoid any delay or potential line-ups at our front desk, we suggest that you take advantage of our quick and easy express checkout program.

Express Check Out –

If you have left a credit card on file at check-in, please follow these convenient steps:

- Review the folio delivered under your door and ensure all transactions are included and accurate.
- Sign the folio to indicate that you agree to all transactions.
- Drop the signed folio and your guestroom keys in the Express Check Out Mailbox, located beside the Front Desk, on the main lobby level.
- You will be mailed a copy of your receipt (provided we have your correct mailing address on file – if we do not, please add it to your folio) – your payment transaction will be clearly indicated, along with a zero balance.

We truly value your feedback, therefore, if you have any comments or suggestions regarding your stay that would help us to improve our service, please feel free to complete the comment card located in your guest room and drop it in the Express Check Out Mailbox, along with your signed folio and keys.

Thank you for choosing the Matrix Hotel Edmonton. We look forward to welcoming you back in the near future.

Yours in hospitality,

A handwritten signature in black ink, appearing to read "Mike Randall", written in a cursive style.

Mike Randall
Front Office Manager



DELTA

CALGARY SOUTH

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

GOVT AB

Room: 0805
 Folio: 168910
 Cashier: 52
 Arrival: 12-21-11
 Departure: 12-22-11

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

Date	Description	Additional Information	Charges	Credits
12-21-11	Room Charge		159.00	
12-21-11	DMF		4.77	
12-21-11	Room GST		8.19	
12-21-11	Tourism Levy		6.55	
12-22-11	Atrium Cafe Charges	Line# 805 : CHECK# 0015	15.13	
12-22-11	Visa	s.17(1), 17(4)(e.1) XX/XX		193.64

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

Total	193.64	193.64
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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

**ALBERTA HEALTH SERVICES
APPLICATION
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**




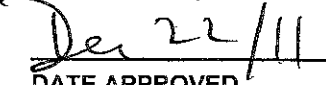
574294

Name: <u>DONALD W. JOHNSON</u>	(For Board Offices Use Only) A/P Vendor ID#: _____
Phone #: _____ s.17(1), 17(4)(g)(i)	Travel Period Month: <u>NOVEMBER 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
NOV 4/11	HAIR CUTTING - GOOD SALON'S - CALGARY & TABER								340
NOV 4 & 5/11	FOUNDATIONS LDS HQ CONFERENCE - CALGARY					111.15 ✓			565
NOV 9/11	TRAVEL MONTH HAC VIA TELECONFERENCE					156.06 ✓			15
NOV 14/11	PRIVATE MOUNTAIN HAC - CALGARY	✓			14.60	120.40 ✓			250
NOV 14/11	WOOD BUFFALO HAC P-T. MOUNTAIN	✓	1	1	13.55 4.75 32.35	174.95 187 ✓	PARKING - ED MOUNTAIN 21.00 ✓		300
NOV 16/11	BYELONATED TRAST HAC - VIKING								275
NOV 18/11	AD MENTAL HLTH & ADDICTIONS RESEARCH CH. ANNUNCIATION						PARKING @ WORK. 15.00 ✓		
ENTERED - 28 2011									
Non-Responsive								TOTAL KMS	1745
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)						A 60.5 ✓ 32.35	B 441.61 ✓ 469.75	C 36.00 ✓	D E 881.22 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	76.13
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1729.52
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1805.65

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
 DATE SUBMITTED	 DATE APPROVED														
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford															

APPLICANT COPY

Four Points By Sheraton Calgary Airport
 2875 Sunridge Way NE
 Calgary, AB T1Y7K7
 Canada
 Tel: 403-648-3180 Fax: 403-648-3179

Don Johnson	Page Number : 1	Invoice Nbr: 111427
10101 Southport Rd Sw	Guest Number: 77456	Arrive Date: 04-NOV-11 17:12
Calgary, AB T2W 3N2	Folio ID : EX-A	Depart Date: 05-NOV-11
Canada	No. Of Guest: 2	
	Room Number : 622	
Email: LOU.DECOSTE@ALBERTAHEALTH	Room Rate : 99.00	
SERVICES.CA	Club Account:	
ABHEAL - Alberta Health Servic		

Tax ID: 829610872 RT0001
 Four Points Calgary 05-NOV-11 02:08 KLESTER

Date	Reference	Description	Amount
04-NOV-11	RT622	Room Charge	99.00
04-NOV-11	RT622	GST	4.95
04-NOV-11	RT622	Tourism Levy	3.96
04-NOV-11	RT622	DMF Tax	3.24
05-NOV-11	VI	Visa	-111.15
		** Total Charges	111.15
		** Total Credits	-111.15
		*** Balance	0.00

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

Continued on the next page

APPLICANT COPY

Four Points By Sheraton Calgary Airport
2875 Sunridge Way NE
Calgary, AB tly7k7
Canada
Tel: 403-648-3180 Fax: 403-648-3179

Don Johnson	Page Number : 2	Invoice Nbr: 111427
10101 Southport Rd Sw	Guest Number: 77456	Arrive Date: 04-NOV-11 17:12
Calgary, AB T2W 3N2	Folio ID : EX-A	Depart Date: 05-NOV-11
Canada	No. Of Guest: 2	
	Room Number : 622	
Email: LOU.DECOSTE@ALBERTAHEALTH	Room Rate : 99.00	
SERVICES.CA	Club Account:	
ABHEAL - Alberta Health Servic		

Amount CAD

0.00
0.00
0.00
0.00
0.00

As a Starwood Preferred Guest, you could have earned 0 Starpoints for this visit. Please provide your member number or enroll today.

APPLICANT COPY

Greenwood

Inn & Suites
Calgary
by FORTIS PROPERTIES

GUEST FOLIO

Don Johnson

Account Name **Johnson, Don**
 Account No. **IN 268872**
 Folio Type **Current**
 Arrival **11/14/11**
 Departure **11/15/11**
 Room # **350**
 Voucher #

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

Seq.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
3	11/14/11	Room Individual <i>GST #896932449 RT001</i> <i>Alberta Tourism Levy</i> <i>Destination Marketing Fee</i>	Re: 350/Johnson, Don	350	1	139.00	N	A
						7.16		
						5.73		
						4.17		
4	11/15/11	Daltons	Inv:62996-34/189994/Wtr:80 Time:08:26 AM	350	1	12.00	I	A
5	11/15/11	Daltons		350	1	0.60	I	A
6	11/15/11	Daltons Grat	Inv:62996-34/189994/Wtr:80 Time:08:26 AM	350	1	2.00	I	A
7	11/15/11	Visa	Aut#: 082683,	350	1	(170.66)	I	A
s.17(1), 17(4)(e.1) TOTAL						0.00		
*** TAXES INCL ***								
GST						7.16		
Other Taxes						9.90		
						170.66 14.60 (meal) <hr/> 156.06		

This bill is in currency : **Canadian Dollars**

Print date: **11/15/11**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

X _____
Guest signature



APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P:780-791-6682 F:780-743-0560
Toll Free 1-866-924-6682
Arrive 11/15/11 Depart 11/16/11

JOHNSON DON
10101 SOUTH PORT ROAD SW
CALGARY, AB
T2W 3N2
ALBERTA HEALTH SERVICES
Room # 3306 Invoice # 22690

Table with columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Includes entries for accommodation, room tax, restaurant, and visa charges.

Handwritten calculation: 187.95 - 13.55 (meal) = 174.40

BILLING INSTRUCTIONS

BALANCE DUE 0.00

COMPANY

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

ATTENTION

SIGNATURE

X

"Where Comfort and Service are at their best!"

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta - Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray

Saskatchewan - Kindersley

NWT 56 Inuvik

APPLICANT COPY



DELTA

CALGARY SOUTH

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

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

GOVT AB
Mr Don Johnson

Room: 0347
Folio: 166458
Cashier: 35
Arrival: 11-24-11
Departure: 11-25-11

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

Date	Description	Additional Information	Charges	Credits
11-24-11	Room Charge		159.00	
11-24-11	DMF		4.77	
11-24-11	Room GST		8.19	
11-24-11	Tourism Levy		6.55	
11-25-11	Atrium Cafe Charges	Line# 347 : CHECK# 0034	15.63	
11-25-11	Mastercard s.17(1), 17(4)(e.1)			194.14
				XX/XX

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

Total	194.14	194.14
Balance Due	0.00	CDN

194.14
- 15.63 (meal)

178.51

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

57

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

APPLICANT COPY

CALGARY AIRPORT
AUTHORITY

STATION C15
IN. 10/21/11 14:04
DUPLICATE
PAID TO
150 INCL DUPLICATE
No. 122556194
M. BERGARD

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

REF.
YOU HAVE

THANK
YOUR



CALGARY AIRPORT
AUTHORITY

16-Nov-11
APPROVED 023452
000/00
08:07:02
CUSTOMER COPY
THANK YOU
(780) 751-6682

Total: CAD\$ 187.95
S.17(1), 17(4)(e.1)
TERMINAL: N9914936
EMPLOYEE ID: 1
BATCH: 052
SHIFT: 001
Application Label: VISA
AID: 806300000031010
TYR: 00 00 00 00 00
TSI: F8 00
SEQR: 052001001015
Chip

APPLICANT COPY

CHATEAU NOVA
FORT HONORARY
MOD 3, COMP 5, RR 1
FORT HONORARY, AS 191585
99149365727

Completion
0000014938

GST# R128599776

Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%

P2 South E 16/11/11 10:38
Receipt 086131

Short-term parking tkt
HL - No. 019481
15/11/11 11:39 -
16/11/11 11:38
Period 1d0h0
(Tax) \$21.00

Total \$21.00
Payment Received \$21.00
MC

Merch: 82005340013
Auth: 016877(1), 17(4)(e.1)
Type: Swiped
Sub Total \$20.00
Tax 5% 1.00

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 18/11/11
EXPIRATION TIME 11:59 AM

DATE ISSUED 18/11/11
TIME ISSUED 08:59 AM
AMOUNT PAID \$ 15.00

AMOUNT PAID \$ 15.00
84940000 08:59 AM

CREDIT CARD NUMBER
LOT C-NORTH
UNIVERSITY OF ALBERTA
RECEIPT GST# R108102831



UNIVERSITY OF ALBERTA



UNIVERSITY OF ALBERTA

0385736

NON TRANSFERABLE

0385736

PLACER SUR LE TABLEAU DU
BORD CE COTE VISIBLE

reçu

PLACER SUR LE TABLEAU DU
BORD CE COTE VISIBLE

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES
25 NOV 11
11:59 PM PAID \$ 13.00C
ENTRY TIME 25 NOV 11 08:17 AM
20653 SPACE 6

EXPIRES
25 NOV 11
11:59 PM
PAID \$ 13.00C
RECEIPT
SPACE 6

PLACE ON DASH FACE UP

RECEIPT

PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

691255



APPLICANT COPY

Name: <u>DOUG W. JOHNSON</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____	s.17(1), 17(4)(g)(i) Travel Period Month: <u>JANUARY 2012</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
18/01/12	EDMONTON CLINIC OP. / MTC DR. TRAVEL.			✓	20.59	167.28	park. 102.43	14.00 fuel 10.59 car rent 25.20	565
19/01/12	CREDIT & FINANCE COM.				31.89		park. 10.00		
23/01/12	CREATED CO. HAC. - IED. ✓ TRAVEL WITH HAC. - CALG.			✓	11.60	184.28	park. 12.59	17.00 fuel 15.20 car rent	565
30/01/12	PALLISER TRIANGLE HAC.							car rent	260
ENTERED FEB 24 2012									
RECEIVED									
FEB 23 2012									
FINANCE									
									TOTAL KMS 1390
									APPLICABLE MILEAGE RATE @ 50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)									A 32.35 B 483 C 172 D 07 E 95 F 701

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	32.35
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1357.47
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1389.82

CLAIMANT SIGNATURE  DATE SUBMITTED <u>FEB 15 / 12</u>	APPROVAL SIGNATURE  DATE APPROVED <u>Feb. 20 / 2012</u>	<table border="1" style="width:100%"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford



RA # 163746458

Invoice # 15015561571

Renter Name DONALD JOHNSON

ALBERTA HEALTH SERVICES S.17(1), 17(4)(g)(i)
Contract ID

Rental Location
EDMONTON INTL ARPT
PARKADE - LOWER LEVEL
EDMONTON INTL AIRPORT
EDMONTON

AB T5J2T2

Phone (780) 9802338

Charges

No Unit Price/Unit

Amount

Return Location
EDMONTON INTL ARPT

18-JAN-2012 06:28 PM

Vehicle # CD528967

Model CALIBER

Class Driven ICAR

Class Charge ICAR

License# J56701

State/Province ALBERTA

M/Kms Driven 108

M/Kms Out 192

M/Kms In 300

TIME & DISTANCE
UNLIMITED MILES/KM - TIME & DIST
CUST FAC CHARGE
CFC
VLF REC
GST @5.000 %

1 1 Days M/Kms
1 1 Days
1 1 Days
1 1 Days
1 1 Days

40.00
3.00
40.77
0.77
50.13

40.00 *
0.00 *
3.00 *
6.36 *
0.77 *
2.51 *

Rates Info

APPLICANT

Messages

* Taxable Items
Subject to Audit

Total Charges

CAD 52.64

Payments
Visa S.17(1), 17(4)(e.1)
AUTH: 095219 18-JAN-2012

63.17

Payment

-52.64

For Reservations: 1-800-RENT-A-CAR

Amount Due

CAD 0.00

GUEST FOLIO

Donald Johnson
Alberta Health Services
101 South Port Rd
Calgary, Ab
T2W 2N2
CA

Account Name **Johnson, Donald**
 Account No. **IN 274016**
 Folio Type **Current**
 Arrival **01/23/12**
 Departure **01/24/12**
 Room # **624**
 Voucher #

Seq.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
1	01/23/12	Room Individual GST #896932449 RT001 Alberta Tourism Levy Destination Marketing Fee	Re: 624/Johnson, Donald	624	1	149.00	N	A
						7.67		
						6.14		
						4.47		
2	01/24/12	Daltons	Inv:-195901/195901/Wtr:80 Time:09:15 AM	624	1	14.00	I	A
3	01/24/12	Daltons		624	1	0.70	I	A
4	01/24/12	Daltons Grat	Inv:-195901/195901/Wtr:80 Time:09:15 AM	624	1	2.30	I	A
7	01/24/12	Visa	Aut#: 014446/	624	1	(184.28)	I	A
s.17(1), 17(4)(e.1) TOTAL						0.00		
*** TAXES INCL ***								
GST						7.67		
Other Taxes						10.61		

This bill is in currency : **Canadian Dollars**

Print date: **01/24/12**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

X

 Guest signature



RA # 163760878

Invoice # 15015576297

Renter Name DONALD JOHNSON

ALBERTA HEALTH SERVICES S.17(1), 17(4)(g)(i)
Contract ID

Rental Location
EDMONTON INTL ARPT
PARKADE - LOWER LEVEL
EDMONTON INTL AIRPORT
EDMONTON

AB T502T2

23-JAN-2012 03:48 PM
Phone (780)9802338

Charges

No Unit Price/Unit

Amount

Return Location
EDMONTON INTL ARPT

23-JAN-2012 09:42 PM

Vehicle # CU603313

Model LANCCER

Class Driven ICAR

Class Charge ICAR

Licence# J52771

State/Province ALBERTA

M/Kms Driven 612

M/Kms Out 1066

M/Kms In 1678

TIME & DISTANCE	1	Days	40.00	*
UNLIMITED MILES/KM - TIME & DIST	1 <td>M/Kms</td> <td>0.00</td> <td>*</td>	M/Kms	0.00	*
CUST FAC CHARGE	1 <td>Days</td> <td>3.00</td> <td>*</td>	Days	3.00	*
CPC			40.77	*
VLF REC	1 <td>Days</td> <td>0.77</td> <td>*</td>	Days	0.77	*
GST @5.000 %			50.13	*
			2.51	*

Rates Info

APPLICANT ONLY

Messages

* Taxable Items
Subject to Audit

Total Charges

CAD 52.64

Payments
Visa S.17(1), 17(4)(e.1)
AUTH: 010820 23-JAN-2012 63.17

Payment

-52.64

For Reservations: 1-800-RENT-A-CAR

Amount Due

CAD 0.00

APPLICANT COPY

WINGATE[®]
 BY WYNDHAM

Wingate by Wyndham Calgary
 400 Midpark Way SE
 Calgary, AB T2X 3S4
 Tel: (403) 514-0099 Fax: (403) 514-0090

01-19-12

Don Johnson s.17(1), 17(4)(g)(i)	Folio No. : A/R Number : Group Code : Company : Alberta Health Services Wyndham Rewards : Invoice No. :	Room No. : 316 Arrival : 01-18-12 Departure : 01-19-12 Conf. No. : 54735889 Rate Code : SGC Page No. : 1 of 1
--	---	--

Date	Description	Charges	Credits
01-18-12	Room Charge	121.00	
01-18-12	Tourism Levy	4.84	
01-18-12	GST Room	6.05	
01-19-12	Visa		131.89
As a Wyndham Rewards member you could have earned 1210 points for this stay.		Total	131.89
		131.89	131.89

Balance 0.00
GST: 1040894040 RT 0002

This is your invoice, payment due upon receipt.

Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate Hotels or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate Hotel's website about privacy.

**Thank you for staying with us.
 it was our pleasure to serve you.**

Express Checkout. For your records, this is your receipt and hotel bill as of 2 a.m. today. Charges incurred after 2 a.m. can be paid at the front desk, or at your request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key **64** your room or at the front desk.

APPLICANT COPY

Greenwood

Inn & Suites
Calgary
by FORTIS PROPERTIES

GUEST FOLIO

Don Johnson
Alberta Health Services
101 South Port Rd
Calgary, Ab
T2W 2N2
CA

Account Name **Johnson, Don**
 Account No. **IN 273534**
 Folio Type **Current**
 Arrival **01/17/12**
 Departure **01/18/12**
 Room # **611**
 Voucher #

Seq.	Date	Transaction Description	Ref/Comments	Room	Q	Amount	TX	S/F
1	01/17/12	Room Individual GST #896932449 RT001 Alberta Tourism Levy Destination Marketing Fee	Re: 611/Johnson, Don s.17(1), 17(4)(e.1)	611	1	149.00 7.67 6.14 4.47	N	A
2	01/18/12	Visa	Aut#: 056110/	611	1	(167.28)	I	A
TOTAL						0.00		
*** TAXES INCL ***								
GST						7.67		
Other Taxes						10.61		

This bill is in currency : **Canadian Dollars**

Print date: **01/18/12**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

X _____
 Guest signature

APPLICANT COPY

CALGARY AIRPORT AUTHORITY

STATION 015
 IN: 01/18/12 07:00
 OUT: 01/18/12 21:35
 PAID: AD 25.20
 GST INCLUDED
 GST No. 123456789
 VISA s.17(1), 17(4)(e.1)

REF. YOU HAVE 15 Min. TO EXIT
 THANK YOU FOR YOUR PATIENCE

UNIVERSITY OF ALBERTA PARKING KIOSKS
 1-051 LISTER CENTRE
 EDMONTON, AB
 s.17(1), 17(4)(e.1)

CARD TYPE VISA
 DATE 2012/01/18
 TIME 0343 11:04:32
 RECEIPT NUMBER C30663337-001-064-037-0

PURCHASE TOTAL \$14.00

VISA
 A0000000031010
 61819578A88DBA16
 0000008000
 FCAD165DC9BBC250

APPROVED
 AUTH# 029516 01-027
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Received from Don Johnson No. _____ Date Jan. 19, 2012
 \$ 10.00
 For 100 Dollars
 Pour Day Parking
 Tax Reg. No. _____
 N° de taxe _____
 By mas Part _____
 2738

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE: 23/01/12 09:06 PM
 AMOUNT PAID: \$ 7.00 96630000 07:06 PM

DETACH RECEIPT FROM TICKET
 DATE ISSUED: 23/01/12 07:06 PM
 TIME ISSUED: 07:06 PM
 AMOUNT PAID: \$ 7.00
 CREDIT CARD NUMBER

Alberta Health Services
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDORSERS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 2197318
 Alberta Health Services
 2197318
 Alberta Health Services
 DEFENDT

(1)(e)(4)(1)(1)(1) s.

2-10-11 18-11-11
 33343
 33343SIC
 40082555704
 402607
 008564
 R104855408
 159
 10.59 \$
 0.50 \$
 088554
 088553
 159001001286
 001/00
 089573
 THANK YOU
 WELCOME AGAIN

2012-01-18

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

757351

Name: <u>NORMAN W. JOHNSON</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>FEBRUARY 2012</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
<u>FEB 1/12</u>	<u>AHS BRD MTS.</u> <u>AD. HOSP. EDMONTON</u>					<u>283⁶⁰</u>			<u>1225km</u>
<u>FEB 11/12</u>	<u>WINNIPEG HEALTH</u> <u>FOUNDATION CANADA</u>					<u>136⁴⁰</u>			<u>1067km</u>
<u>FEB 15/12</u>	<u>HEALTH FINANCE Com - 120.</u>		<input checked="" type="checkbox"/>			<u>11⁶⁰</u>			<u>875km</u>
<u>FEB 16/12</u>	<u>AHS BUDGET MTS.</u> <u>EDMONTON</u>					<u>141⁸⁰</u>			
		Non-Responsive						<u>RECEIVED MAR 2 5 2012</u>	
<u>FEB 22/12</u>	<u>JNT MTS. AHS - LETH.</u> <u>+ PALLISERVALE - LETHBRIDGE.</u>								<u>1021km.</u>
<u>JAN 18</u>	<u>EDMONTON CLINIC</u> <u>W&A. - OPERING.</u>						<u>MARKING.</u> <u>14</u>		
		Non-Responsive							
								TOTAL KMS	<u>3265</u>
								APPLICABLE MILEAGE RATE @	<u>50:50</u>
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		<u>1160</u>	<u>561⁸⁰</u>	<u>14</u>					<u>1648⁸⁰</u>

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	<u>11.60</u>
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	<u>2224.62</u>
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		<u>2236.22</u>

<u></u> CLAIMANT SIGNATURE	<u></u> APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>March 15/12</u> DATE SUBMITTED	<u>March 22/2012</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lou DeCoste

Mr Don Johnson
 Canada

Room Number: 0512
 Arrival Date: 01-31-12
 Departure Date: 02-03-12
 Page No: 1 of 2

Guest Name

INVOICE

Folio No: 106541

02-03-12

Date	Description	Charges	Credits
01-31-12	Room Revenue	135.00	
01-31-12	Tourism Levy - 4%	5.40	
01-31-12	Destination Marketing Fee - 1%	1.35	
01-31-12	Tourism Levy on DMF	0.05	
02-01-12	Room Revenue	135.00	
02-01-12	Tourism Levy - 4%	5.40	
02-01-12	Destination Marketing Fee - 1%	1.35	
02-01-12	Tourism Levy on DMF	0.05	
		135.00	
		5.40	
s.17(1), 17(4)(g)(i)		1.35	
		0.05	
02-03-12	Mastercard		425.40
s.17(1), 17(4)(e.1)			

283⁶⁰

APPLICANT COPY
RAMADA[®]
 W O R L D W I D E

Don Johnson

Wainwright Ramada
 1510 27th Street
 Wainwright, AB T9W 0A4
 Tel: (780) 842-5010 Fax: (780) 842-5166

Room No. : 309
 Arrival : 02-11-12
 Departure : 02-12-12
 Page No. : 1 of 1
 Folio /Inv. No. : 393891 /
 Trip Rewards :
 s.17(1), 17(4)(g)(i)

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

Group Code :
 Company Name :

AR No:

Date	Item Description	Charges	Credits
02-11-12	Visa		136.40
	s.17(1), 17(4)(e.1)		
02-11-12	Room Charge	121.49	
02-11-12	DMF	3.64	
02-11-12	GST	6.26	
02-11-12	Hotel Tax	5.01	
Total		136.40	136.40
Balance		0.00 CAD	

Guest Signature: _____

Please contact the Manager about any issues with your stay. Ramada or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Ramada Worldwide website about privacy.

APPLICANT COPY
MATRIX
HOTEL

Mr Don Johnson

Room Number: 1208
 Arrival Date: 02-15-12
 Departure Date: 02-16-12
 Page No: 1 of 1

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

INFORMATION INVOICE

Folio No:

02-16-12

Date	Description	Charges	Credits
02-15-12	Room Revenue	135.00	
02-15-12	Tourism Levy - 4%	5.40	
02-15-12	Destination Marketing Fee - 1%	1.35	
02-15-12	Tourism Levy on DMF	0.05	
Total		141.80	0.00
Balance		141.80	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.35
Tourism Levy - 4 %	5.40
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

APPLICANT COPY

309

REMADA MAINWRIGHT
1510 271ST
MAINWRIGHT AB

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

CARD TYPE UISA
DATE 2012/02/11
TIME 5211 16:56:51
RECEIPT NUMBER
C30552822-001--0E2-009-0

PURCHASE TOTAL

\$136.40

UISA
A00000000031010
9882061B1A599757
0000008000-EB00
005A8BBD3F536A9C
0000008000-FFB00

APPROVED

AUTH# 095089 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

NOTE
THIS CARD IS
NOT VALID FOR
CASH PURCHASES

01-18-2012 11:11:22

DEBIT 14.00 S
CASH 14.00

ITEM 1
YR01 11:07:11

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

815166


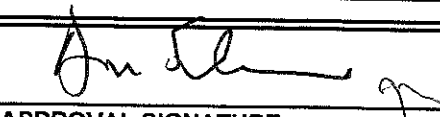
Name: DONALD W. JOHNSON s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: MARCH 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
MAR 2/3	CAREER ADVISING COM. - CALGARY	✓		✓	9.20 20.75	✓			775km
MAR 8	DAVID THOMPSON HAC - VIDZO CONF.								201km
MAR 9	POWER OF PARTNERSHIP LUNCHEON / PORTALS - CALGARY					PARKING 13.50 ✓			575km
Non-Responsive									
" 13/14/15	AHS BOARD WORK CANMORE			✓	20.75	199.84 ✓			885km
Non-Responsive									
" 21	SIZELOW HEAD RAST HAC - VIK MILLION								390km
" 26	PALUSTEN TRIVANGLI HAC - BEVISLAND								1201km
TOTAL KMS									2565
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		50.70 ✓	199.84 ✓	13.50 ✓			1295.32 ✓		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.7111030000.45000000	65.30
TRAVEL EXPENSE (B+C+E)	01.7111030000.62212000	1941.07
OTHER (D)	01.7111030000.41090000	
GRAND TOTAL		2006.37

RECEIVED
 APR 23 2012
 FINANCE

CLAIMANT SIGNATURE  DATE SUBMITTED APRIL 13 / 2012	APPROVAL SIGNATURE  DATE APPROVED 4/19/12	<table border="1" style="width:100%"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

Don Johnson
Canada

Room No. : 244
 Arrival : 03-13-12
 Departure : 03-15-12
 Page No. : 1 of 1
 Folio No. : 1068331
 Conf. No. : 1108006
 Cashier No. : 115

INVOICE

Membership No. :
 A/R Number :
 Group Code : 1201ALBHEA
 Company Name : Alberta Health Services

03-15-12 01:02:55 PM EST

Date	Text		Charges	Credits
03-13-12	Room Charge		89.00	
03-13-12	Destination Marketing Fee		2.67	
03-13-12	Alberta Tourism Levy %4		3.67	
03-13-12	Room %5 GST		4.58	
03-14-12	Room Charge		89.00	
03-14-12	Destination Marketing Fee		2.67	
03-14-12	Alberta Tourism Levy %4		3.67	
03-14-12	Room %5 GST		4.58	
03-15-12	Visa	s.17(1), 17(4)(e.1)		199.84
		XX/XX		
Room GST	9.16	Other PST 12.68	Other GST	0.00
Net Amount	178.00	CAD		
Total			199.84	199.84
Balance				0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
 Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____
 GST# 865543425

Radisson Hotel & Conference Center
 511 Bow Valley Trail
 Canmore, Alberta T1W 1N7
 Telephone: (403) 678-3625 Fax: (403) 678-5534



DELTA

CALGARY SOUTH

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

GOVT AB
 Mr Don Johnson

Room: 0603
 Folio: 174989
 Cashier: 123
 Arrival: 03-28-12
 Departure: 03-29-12

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

Date	Description	Additional Information	Charges	Credits
03-28-12	Room Charge		149.00	
03-28-12	DMF		4.47	
03-28-12	Room GST		7.67	
03-28-12	Tourism Levy		6.14	
03-29-12	Atrium Cafe Charges	Line# 603 : CHECK# 0023	(14.60)	
03-29-12	Visa	s.17(1), 17(4)(e.1) XX/XX		181.88

GST Summary	
Registration No: 895126332	
Room	7.67
F&B	0.00
Other	0.00
Total	7.67

Total	181.88	181.88
Balance Due	0.00	CDN

Handwritten calculation:
 - 181.88
 - 14.60

 167.28

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and ~~2.00~~ ⁷⁵ (Sat) credit will be applied to my account.

APPLICANT COPY

Wes E.

TEACHERS RESOURCE
AND WELLNESS
RECEIPT C10

ENTRY DATE/TIME:
09.03.12 11:01
PAY DATE/TIME:
09.03.12 13:56
DUE:

0:02:55

ALLOWED EXIT TO:
09.03.12 14:11

PAID: \$ 13.50 ^N
VISA

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

REF. 69

* You Have ONLY *
* 15 MINUTES *
* To Exit Garage *

* NO IN/OUT *
* PRIVILEGES *

* Managed by *
Standard Parking
* of Canada *

* GST INCLUDED *

GST No. R124072513

**APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

878485

Name: Norm W. JOHNSON
 s.17(1), 17(4)(g)(i)
 Phone #: _____
 Travel Period Month: APRIL 2012

Non Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
AP. 4/12	GROW - COM. VIA LONG CALL					167.23			49.12
AP. 19/12	AFCCLM MTR.	✓			15.13	182.41	10 ⁰² ✓		525
					Non-Responsive				
MAR. 29/12	AFC MTR.						10 ⁰² ✓		
ENTERED MAY 25 2012									
RECEIVED									
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)					15.13	182.41	20 ⁰²		467.54

Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	15.13
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	452.41
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		467.54

CLAIMANT SIGNATURE <u>[Signature]</u> DATE SUBMITTED <u>MAY 17/2012</u>	APPROVAL SIGNATURE <u>[Signature]</u> DATE APPROVED <u>MAY 23/2012</u>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 TZW 3N2, Attention: Lou DeCosta

Honoraria over...

APPLICANT COPY



DELTA

CALGARY SOUTH

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

GOVT AB
Mr Don Johnson

Room: 0815
Folio: 176647
Cashier: 35
Arrival: 04-18-12
Departure: 04-19-12

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

Date	Description	Additional Information	Charges	Credits
04-18-12	Room Charge		149.00	
04-18-12	DMF		4.47	
04-18-12	Room GST		7.67	
04-18-12	Tourism Levy		6.14	
04-19-12	Atrium Cafe Charges	Line# 815 : CHECK# 0028	15.13	
04-19-12	Visa	s.17(1), 17(4)(e.1) XX/XX		182.41
			Total	182.41
			Balance Due	0.00 CDN

GST Summary	
Registration No:	895126332
Room	7.67
F&B	0.00
Other	0.00
Total	7.67

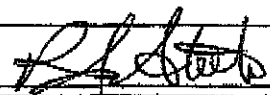
182.41
15.13
167.28

Guest Signature: _____


I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

APPLICANT COPY

REÇU
RECEIPT

REÇU DE RECEIVED FROM	DATE	19 APR 2012	NO.	#33
DON JOHNSON			\$	10 ⁰⁰ XX
TEN				100 DOLLARS
POUR FOR	DAY PARKING			
N° DE TAXE TAX REG. NO.	PAR BY		 DC71B	

REÇU
RECEIPT

REÇU DE RECEIVED FROM	DATE	MAR 29, 2012	NO.	#31
DON JOHNSON			\$	10 ⁰⁰
TEN				100 DOLLARS
POUR FOR	DAY PARKING			
N° DE TAXE TAX REG. NO.	PAR BY		 DC71B	

432722

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY



Name: DONALD W. JOHNSON s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: MAY 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
MAY 3/12	" " MID. HAT.					147 ²⁹ ✓			225
MAY 8/12	OLD MAN RIVER HAE -FT. VANCELOD								220
" 24/12	AFC WITH ED MONTGOMERY YELLOWHEAD EAST					148 ⁶² ✓	}		
" 24/12	HAL COMMUNITY EVENT. HANDISIT, AB.								1475
" 28/12	PALLISER TRAVELLER. HAL WITH - CUSZEN, AB								625
ENTERED JUN 25 2012									
TOTAL KMS									2545
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
			295 ⁹¹						1285 ²²

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1581.14
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1581.14

RECEIVED
 JUN 25 2012

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE
JUN 15 / 12 DATE SUBMITTED	June 18 / 2012 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



Medicine Hat Lodge

APPLICANT COPY

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Don Johnson

AB Health Services

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

Group: AB Health Services

Page #	1
Res. #	522271
Checked in	Wed May 2/12 - 6:34 pm
Checked out	Thu May 3/12 - 7:43 am
Nights	1
Room Rate	139.00
Room	270

Date	Description	Reference	Charges	Credits
May02	Hospital Rate		139.25	
May02	Room Tax		5.36	
May02	Destination Marketing Fee		2.68	
May03	PAID BY VISA - Thank you			147.29
			-----	-----
			0.00	147.29
				147.29

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	0.25
Room Tax	5.36

MEDICINE HAT LODGE
1051 ROSS GLEN DR SE
MEDICINE HAT, AB T1B3T8
4035028170

Merchant ID: 87212730014
Term ID: 002 Ref.#: 064

Pre-Auth Compl

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

VISA Entry Method: CHIP

05/03/12 07:37:07

Inv #: 000019 Appr Code: 043833

Apprvd Batch#: 000419

Original Pre-Auth Amount: \$ 230.00

Total: \$ 147.29

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit voucher).

Retain this copy for statement verification.

Application Label: VISA
AID: A0000000031010
TVR: 00 00 00 00
TSI: F8 00

Customer Copy

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk: (403) 528-4075

www.medhatlodge.com

1-800-661-8095



STAGEWEST *hospitality*
SINCE 1944



Mr Don Johnson

Room Number: 0308
 Arrival Date: 05-23-12
 Departure Date: 05-24-12
 Page No: 1 of 1

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

INVOICE

Folio No: 116248

05-24-12

Date	Description	Charges	Credits
05-23-12	Room Revenue	135.00	
05-23-12	Tourism Levy - 4%	5.40	
05-23-12	Room GST - 5%	6.75	
05-23-12	Destination Marketing Fee - 1%	1.35	
05-23-12	GST on DMF	0.07	
05-23-12	Tourism Levy on DMF	0.05	
05-24-12	Visa s.17(1), 17(4)(e.1) XX/XX		148.62
Total		148.62	148.62
Balance		0.00	

Tax Summary

GST on DMF	0.07
Destination Marketing Fee - 1%	1.35
Tourism Levy - 4 %	5.40
Room GST - 5%	6.75
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges 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. G.S.T. #866344302 RT 0001

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

983214

APPLICANT COPY

Name: <u>DONALD W. JOHNSON</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>JUNE 2012</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
JUNE 1	BOARD CHILDREN'S PLAN SYMPOSIUM - BANFF			✓	20.75	559 ¹⁰			875
JUNE 6/7	AHS BOARD MEET - CALGARY + AUDIT & FINANCE. CALGARY			✓	39.07	677 ⁰²	38.85		465
JUNE 8	PAC - MONTREAL HLTH								455
Non-Responsive									
JUNE 15	Pension Comm.			✓	20.75				1175
JUNE 15/16	PAC CALGARY - 1200H								
Non-Responsive									
									ENTERED JUL 24 2012
TOTAL KMS									2970
57 APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A 80 4150	B 559 ¹⁰ 677 ⁰²	C	38.85	D			1499 ⁸⁵ 2388 ⁷⁸

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000 62312	80.57 AB3
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	2097.80 R
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		2178.37

<u></u> CLAIMANT SIGNATURE	<u></u> APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>July 2/12</u> DATE SUBMITTED	<u>July 09/2012</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lou DeCoste



Sheraton
HOTELS & RESORTS

Mr Johnson, Don	Page Number	1	Invoice Nbr	28125313
	Guest Number	966034	Arrive Date	06-05-2012
	Folio ID	A	Depart Date	06-07-2012
	No. Of Guest	1		
	Room Number	1026		
	Time	06-07-2012 07:30		

Invoice

Tax Identification 846543619 RT0002

Date	Reference	Description	Charges	Credits
06-05-2012	RT1026	Group Government	\$249.00	
06-05-2012	RT1026	DMF	\$7.47	
06-05-2012	RT1026	Alberta Tourism Levy (4%)	\$10.26	
06-05-2012	RT1026	GST (5%)	\$12.82	
06-06-2012	RT1026	Group Government	\$249.00	
06-06-2012	RT1026	DMF	\$7.47	
06-06-2012	RT1026	Alberta Tourism Levy (4%)	\$10.26	
06-06-2012	RT1026	GST (5%)	\$12.82	
06-06-2012	RT1026	Valet Parking	\$38.85 <	
06-07-2012	4436	Barclay`s Restaurant	\$39.07 <	
06-07-2012	VI	Visa		\$-637.02
		** Total	\$637.02	\$-637.02
		** Balance	\$0.00	
****			\$27.26	

637.02
- 38.85
- 39.07

559.10

For Authorization Purpose Only

DONALD JOHNSON

Date	Credit Card	Code	Authorized
06-05-2012		047929	672.30

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

Continued on the next page

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

APPLICANT COPY



Mr Johnson, Don	Page Number	2	Invoice Nbr	28125313
	Guest Number	966034	Arrive Date	06-05-2012
	Folio ID	A	Depart Date	06-07-2012
	No. Of Guest	1		
	Room Number	1026		
	Time	06-07-2012 07:30		

Invoice

GST Summary

GST Room Revenue	25.64
GST Food and Beverage	1.62
GST Telephone	0.00
GST Other Revenue	0.00
	27.26

GST Other Revenue 846543619 RT0002

EXPENSE SUMMARY REPORT
 Currency: CAD

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
06-05-2012	\$272.08	\$0.00	\$0.00	\$7.47	\$279.55	\$0.00
06-06-2012	\$272.08	\$0.00	\$0.00	\$46.32	\$318.40	\$0.00
06-07-2012	\$0.00	\$39.07	\$0.00	\$0.00	\$39.07	\$-637.02
Total	\$544.16	\$39.07	\$0.00	\$53.79	\$637.02	\$-637.02

As a Starwood Preferred Guest, you could have earned 146 Starpoints for this visit. Please provide your member number or enroll today.

Signature _____

19 SEP 5 11 10 AM

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

VENDOR
 APPLICANT COPY

Name: DONALD W. JOHNSON s.17(1), 17(4)(g)(i) # 1064394 (For Board Office Use Only) A/P Vendor ID#: _____

Phone #: _____ Travel Period Month: JULY 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
17/07/12	Minister's Task Force GOVERNANCE INTERVIEW CALGARY				11.60				465
TOTAL KMS								465	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A	B	C	D	E
					11.60				234.82

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	11.60
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	234.82
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		246.42

CLAIMANT SIGNATURE: [Signature] APPROVAL SIGNATURE: [Signature]

DATE SUBMITTED: July 17/12 DATE APPROVED: Aug. 08/2012

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lou DeCoste

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35