

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

FOR MONTH OF: SEPTEMBER 2008

NAME: CATHERINE M. ROOZEN

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
SEPT.22 SEPT 23		BOARD MEETING MEDICINE HAT					206.70			
<b>FINAL TOTALS</b>							206.70 ✓			

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103010.6220000	206.70 ✓
			OTHER (F)		

**TOTAL AMOUNT** 51901.414100000

<p>CLAIMANT SIGNATURE: <u>Catherine Roizen</u></p> <p>DATE SUBMITTED: <u>DECEMBER 12, 2008</u></p>	<p>APPROVAL SIGNATURE: <u>[Signature]</u></p> <p>DATE APPROVED: <u>Jan 21/09</u></p>	<p style="text-align: right;">Non-Responsive</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>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													

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



**MEDICINE HAT LODGE**

RESORT CASINO & SPA

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

*Sept*

Cathy Roozen

Page # 1  
 Res. # 354668  
 Checked in Mon Sep 22/08 - 10:49 am  
 Checked out Wed Sep 24/08 - 7:45 am  
 Nights 2  
 Room Rate 95.00  
 Room 456

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

**Group: Palliser Health**

Date	Description	Reference	Charges	Credits
Sep22	GOVERNMENT RATE	Rm456 -C Fr:RmZG17	95.00	
Sep22	GST	Rm456 -C Fr:RmZG17	4.75	
Sep22	Room Tax	Rm456 -C Fr:RmZG17	3.60	
Sep23	GOVERNMENT RATE		95.00	
Sep23	GST		4.75	
Sep23	Room Tax		3.60	206.70
Sep24	PAID BY MASTERCARD - Thank you			
			0.00	206.70
				206.70

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 9.50  
 Room Tax 7.20



APPLICANT COPY

**A BERTA HEALTH SERVICES  
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: AUGUST 2008

NAME: CATHERINE M. ROOZEN

ADDRESS: \_\_\_\_\_

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

POSTAL COD \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKIN	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
AUG. 12 & 13, 2008		BOARD MEETING GRANDE PRAIRIE					152.60			
<b>FINAL TOTALS</b>							152.60 ✓			

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	152.60 ✓
			OTHER (F)		

TOTAL AMOUNT 5901.414100000

CLAIMANT SIGNATURE: Catherine Roozen  
 APPROVAL SIGNATURE: [Signature]  
 DATE SUBMITTED: DECEMBER 12, 2008  
 DATE APPROVED: Jan 21/09

Non-Responsive

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



Accommodating good sense.

*Handwritten signature*

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

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website: www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 266126 Description: standard folio

Page: 1

Mail To: Cathy Roozen

Res. #: 232146

Arrive: 12/08/2008 12:06pm

Depart: 13/08/2008 12:29am

Room: JCSS 433

*avg.*

Group: Alberta Health Services Board

Guest: Cathy Roozen

Bill To: Roozen

Date	Description	Voucher	Amount
12/08/2008	Room Revenue	GP -433	140.00
12/08/2008	GST	GP -433	7.00
12/08/2008	Provincial Tourism Levy	GP -433	5.60
13/08/2008	Mastercard	THANK YOU	-152.60
Balance:			.00

Bill To: Roozen

Total GST

7.00

GST Registration # R-121767065

SIGNATURE

APPLICANT COPY

ALBERTA HEALTH SERVICES  
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: OCTOBER 2008

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKIN	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
OCT.15 & 16, 2008		BOARD MEETING FORT MCMURRAY					212.55			
FINAL TOTALS							212.55 ✓			

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	212.55 ✓
			OTHER (F)		

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE: *Cheryl Raza*  
 DATE SUBMITTED: DECEMBER 12, 2008

APPROVAL SIGNATURE: *[Signature]*  
 DATE APPROVED: Jan 21/09

Non-Responsive 471

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

APPLICANT COPY



SAWRIDGE INN  
AND CONFERENCE CENTRE

*Oct*

*MC*

Sawridge Inn and Conference Centre  
530 MacKenzie Boulevard, Fort McMurray, Alberta T9H 4C8  
Tel: (780) 791-7900 Fax: (780) 743-4654 Toll Free: 1-800-661-6657  
Email: sawridgefm@sawridge.com Website: www.sawridge.com

Cathy Roozen  
Alberta Health Services

Page Number : 1  
Guest Number: 90267  
Folio ID : EX-A  
1  
215

Invoice Nbr: 106441  
15-OCT-08  
16-OCT-08

AHJ14A - Alberta Health Servic

Information Invoice

Tax ID: 10473 3720 RT0004  
Sawridge Ft McMurray 16-OCT-08 01:57 BOBFRA

Date	Reference	Description	Charges	Credits
15-OCT-08	RT215	Corp. Group	195.00	
15-OCT-08	RT215	Room Gst	9.75	
15-OCT-08	RT215	Tourism Levy	7.80	
16-OCT-08	MC	MasterCard	-212.55	
		** Total	212.55	-212.55
		*** 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.

GST Summary	Amount CAD
GST Room Revenue	9.75
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	9.75

Continued on the next page

APPLICANT COPY

Sawridge Inn and Conference Centre  
530 MacKenzie Boulevard, Fort McMurray, Alberta T9H 4C8  
Tel: (780) 791-7900 Fax: (780) 743-4654 Toll Free: 1-800-661-6657  
Email: sawridgefm@sawridge.com Website: www.sawridge.com

  
SAWRIDGE INN  
AND CONFERENCE CENTRE

Cathy Roozen  
Alberta Health Services

Page Number : 2  
Guest Number: 90267  
Folio ID : EX-A  
1  
215

Invoice Nbr: 106441  
15-OCT-08  
16-OCT-08

AHJ14A - Alberta Health Service

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
15-OCT-08	9.75	202.80	212.55	0.00
Total	9.75	202.80	212.55	0.00





# APPLICANT COPY



**SAWRIDGE INN**  
AND CONFERENCE CENTRE

*Sawridge Inn and Conference Centre*  
530 MacKenzie Boulevard  
Fort McMurray, Alberta T9H 4C8  
Tel: 780-791-7900 Fax: 780-743-4654

Cathy Roozen	Page Number : 1	Invoice Nbr: 132295
Alberta Health Services	Guest Number: 125153	23-SEP-09
	Folio ID : EX-A	24-SEP-09
	s.17(1), 17(4)(g)(i)	1
AHI22A - Alberta Health Servic	262	

Information Invoice

Tax ID: 10473 3720 RT0004  
Sawridge Ft McMurray 24-SEP-09 01:48 BOBFRA

Date	Reference	Description	Charges	Credits
23-SEP-09	RT262	Corp. Group	169.00	
23-SEP-09	RT262	Room Gst	8.45	
23-SEP-09	RT262	Tourism Levy	6.76	
24-SEP-09	MC	MasterCard	-184.21	
		<b>** Total</b>	<b>184.21</b>	<b>-184.21</b>
		<b>*** Balance</b>	<b>0.00</b>	

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.

GST Summary	Amount CAD
GST Room Revenue	8.45
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	8.45

Continued on the next page

Please visit our other locations:

**Sawridge Inn and Conference Centre**  
82 Connaught Drive, Box 2080  
Jasper, Alberta TOE 1E0  
Tel: 780-852-5111 Fax: 780-852-5942

**Sawridge Inn and Conference Centre**  
1200 Main Street South, Box 879  
Slave Lake, Alberta T0G 2A0  
Tel: 780-849-4101 Fax: 780-849-3426

**Sawridge Inn and Conference Centre**  
9510 - 100 Street  
Peace River, Alberta T8S 1S9  
Tel: 780-624-3521 Fax: 780-624-4855

**Sawridge Inn**  
4235 Gateway Blvd.  
Edmonton, Alberta T6J 5H2  
Tel: 780-438-1222 Fax: 780-438-0906

APPLICANT COPY



SAWRIDGE INN  
AND CONFERENCE CENTRE

Sawridge Inn and Conference Centre  
530 MacKenzie Boulevard  
Fort McMurray, Alberta T9H 4C8  
Tel: 780-791-7900 Fax: 780-743-4654

Cathy Roozen Page Number : 2 Invoice Nbr: 132295  
Alberta Health Services Guest Number: 125153 23-SEP-09  
Folio ID : EX-A 24-SEP-09  
s.17(1), 17(4)(g)(i) 1  
AHI22A - Alberta Health Servic 262

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
23-SEP-09	8.45	175.76	184.21	0.00
-----				
Total	8.45	175.76	184.21	0.00

Please visit our other locations:

Sawridge Inn and Conference Centre  
82 Connaught Drive, Box 2080  
Jasper, Alberta T0E 1E0  
Tel: 780-852-5111 Fax: 780-852-5942

Sawridge Inn and Conference Centre  
1200 Main Street South, Box 879  
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Peace River, Alberta T8S 1S9  
Tel: 780-624-3521 Fax: 780-624-4855

Sawridge Inn  
4235 Gateway Blvd.  
Edmonton, Alberta T6J 5H2  
Tel: 780-438-1222 Fax: 780-438-0906

**APPLICANT COPY**

RED DEER LODGE  
4311 49 AVE

RED DEER, ALBERTA T4N 5Y7  
1-800-661-1657  
(403) 346-8841

Acct# P33624-00  
Room# 339

Rate Code  
Group AHS  
Room Type CNQQ  
Room Rate 99.00

Arrive OCT 27 09 20:01  
Depart OCT 29 09

RED DEER LODGE  
4311 - 49TH AVENUE  
RED DEER, ALBERTA  
403-346-8841

TERM 10: 314

MASTERCARD ID: 27502760085

**FORCE SALE**

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

000000

MASTERCARD

10/29/09

INV #: 000016

ENTRY METHOD: MANUAL

07:48:56

APPR CODE: 027644

BATCH #: 000391

REF #: 016

SERVICES

LOAD SW

AB

T2W 3N9

\$205.92

9472

Exp: 09/12

Pa AMOUNT

1	CARDHOLDER COPY	Reference	Room	Charges	Credits
	APPROVED			99.00	
OCT				3.96	
OCT 28	TOURISM LEVY			99.00	
OCT 28	ROOM CHARGE			3.96	
OCT 29	TOURISM LEVY				205.92
	MASTERCARD	THANK YOU			
=====G.S.T. subtotal:		.00			
TOURIS subtotal:		7.92	Balance Due:	.00	

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

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

1971695



Name: <b>Catherine Roozen</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: April 2010

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							
28/04/10	Committee of Whole Board Grande Prairie					108.99			
		Non-Responsive							
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
						108.99			

ENTERED MAY 15 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	108.99
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>2,358.99</b>

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:15%;">meals</td> <td style="width:15%;">breakfast</td> <td style="width:70%;">\$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													
May 8 / 2010 DATE SUBMITTED	May 18 / 10 DATE APPROVED	104.009 RB													

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

APPLICANT COPY



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

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

PROPERTY: 01-042 Invoice #: 302212 Description: standard folio

Always the Smart Choice

Page: 1

Mail To: Cathy Roozen

Res.#: 262730  
Arrive: 28/04/2010 06:41pm  
Depart: 29/04/2010 12:29am  
Room: TWNN 208

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

Group: Alberta Health Services

Guest: Cathy Roozen

Bill To: Roozen

Date	Description	Voucher	Amount
28/04/2010	Room Revenue	GP -208	99.00
28/04/2010	Destination Marketing Fee	GP -208	.99
28/04/2010	GST	GP -208	5.00
28/04/2010	Provincial Tourism Levy	GP -208	4.00
29/04/2010	Mastercard	THANK YOU	-108.99
Balance:			.00

Bill To: Roozen

Total GST

5.00

GST Registration # R-121767065

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

SANDMAN HOTELS #1-42  
9805-100 ST  
GRAND PRAIRIE AB  
CARD TYPE MASTERCARD  
DATE 2010/04/29  
TIME 07:30:50  
RECEIPT NUMBER  
30723586-001-637-015-0

AUTH COMPLETION  
AL-CAD

\$108.99



PROVED

Sandman Hotels, Inns & Suites, Limited | A Northland Company

028232 01-027 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

INVOICES ARE DUE AND PAYABLE WHEN PRESENTED.

www.sandmanhotels.com

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

1986983

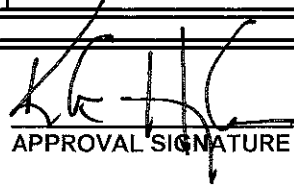


Name: <u>Catherine Roozen</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: May 2010 <span style="float:right">Non-Responsive</span>

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

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				
13/05/10	Audit & Finance Committee Attended							Parking 23.00	
		Non-Responsive							
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D <b>23.00</b>	E

RECEIVED  
 JUN 16 2010  
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	
OTHER (D)	01.71110300002.41090000	R 23.00
<b>GRAND TOTAL</b>		<del>523.00</del> <b>23.00</b>

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:15%; text-align:center">meals</td> <td style="width:15%;">breakfast</td> <td style="width:70%; 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													
 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

MANULIFEPLACE PARKADE  
OPERATED BY:  
STANDARD PARKING

---

Terminal#:1 Cashier#:1  
13/05/10 08:33  
13/05/10 13:09 - 04:36  
44990037 / #141141  
RATE-1 : \$ 23.00  
TOTAL : \$ 23.00  
CASH : \$ 23.00

---

GST INCLUDED  
GST # R119580595  
HAVE A NICE DAY

*Parking  
Audit  
m/8*

2011329

APPLICANT COPY  
**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM** s.17(1), 17(4)(g)(i)

Name: <u>Catherine Roozen</u>	<b>RECEIVED</b> JUL 26 2010	(For Board Office Use Only) A/P Vendor ID#
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: June 2010	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
05/06/10	Province Wide Health Advisory Council							Parking 11.00 ✓	
									Non-Responsive
29/06/10	The Westin, Calgary					214.68			
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		204.85	214.68		R	11.00			

ENTERED JUL 27 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	204.85 9.83 214.68
OTHER (D)	01.71110300002.41090000	R 11.00
<b>GRAND TOTAL</b>		<del>255.68</del> 225.68

<u>Catherine Roozen</u> CLAIMANT SIGNATURE	<u>[Signature]</u> APPROVAL SIGNATURE	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
<u>July 07/2010</u> DATE SUBMITTED	<u>7/15/10</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	



APPLICANT COPY

Best Copy Possible

ST. J. EDWARDS  
LAWSON HARVEY  
ER. 4 1-132276 RT09.01

TXN 71076  
02/05/10 13:26 CMT

ST. J. EDWARDS	1.41
LAWSON HARVEY	0.52
TXN 71076	1.00
ST. J. EDWARDS	1.10
LAWSON HARVEY	1.00
TXN 71076	0.50

STANK VOL  
LIFE 10414

Parking for  
Province Wide  
Health Advisory  
Council June 5/10

# APPLICANT COPY

the westin calgary  
 320 4th avenue s.w. calgary, ab T2P2S6  
 phone 403.266.1611 fax 403.233.7471  
 www.westin.com/calgary

guest

travel agent/charge to

Ms. Cathy Roozen

room 717  
 rate 195.00  
 no. pers. 1  
 folio 555733 EX-A  
 page 1  
 arrive 28-JUN-10 18:28  
 depart 29-JUN-10  
 payment MC

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

AHF28M

28-JUN-10	RT717	Room Charge	195.00
28-JUN-10	RT717	Good And Services Tax	9.85
28-JUN-10	RT717	Destination Marketing Fee	1.95
28-JUN-10	RT717	Tourism Levy	7.88
28-JUN-10	MC	MasterCard/Euro	214.68-
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 & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
28-JUN-10	214.68	0.00	0.00	0.00	0.00	214.68	0.00
Total	214.68	0.00	0.00	0.00	0.00	214.68	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at [ross.meredith@westin.com](mailto:ross.meredith@westin.com)

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

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

signature \_\_\_\_\_

Ms. Cathy Roozen  
 FOLIO 555733 28-JUN-10

# APPLICANT COPY

the westin calgary  
320 4th avenue s.w. calgary, ab T2P2S6  
phone 403.266.1611 fax 403.233.7471  
www.westin.com/calgary

guest

travel agent/charge to

Ms. Cathy Roozen

room 717  
rate 195.00  
no. pers. 1  
folio 555733 EX-A  
page 2  
arrive 28-JUN-10 18:28  
depart 29-JUN-10  
payment MC

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

AHF28M

## GST Summary

Room	9.85
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	9.85

Vendor Number 861336493RT0004

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

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 390 Starpoints for this visit

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

Ms. Cathy Roozen

FOLIO 555733 28-JUN-10

2039961

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>Catherine Roozen</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: August 2010

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							
		ENTERED SEP 13 2010							
07/07/10	FedEx package to AHS Board Office - Calgary, AB							11.61 ✓	
25/08/10	Medicine Hat Lodge				103.95 109.59 ✓				
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			109.59 ✓	R	11.61 ✓				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	103.95 5.64 109.59
OTHER (D)	01.71110300002.41090000	R 11.61
<b>GRAND TOTAL</b>		<b>121.20 ✓</b>

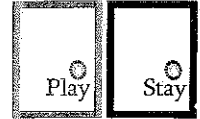
 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <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	 Honoraria over...													

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



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK



**Cathy Roozen**  
10101 South Port Road SW  
Calgary, AB  
AB Health Services  
T2W 3N2

**Page #** 1  
**Res. #** 433007  
**Checked in** Wed Aug 25/10 - 6:01 pm  
**Checked out** Thu Aug 26/10 - 7:22 am  
**Nights** 1  
**Room Rate** 99.00  
**Room** 331

**Group: AB Health Services**

Date	Description	Reference	Charges	Credits
Aug25	GOVERNMENT RATE		99.00	
Aug25	GST		4.95	
Aug25	Room Tax		3.76	
Aug25	Destination Marketing Fee		1.88	
Aug26	PAID BY MASTERCARD - Thank you			109.59
			0.00	109.59
			109.59	109.59

*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 4.95  
Room Tax 3.76

MEDICINE HAT LODGE  
1051 ROSS GLEN DR T1B3T6  
MEDICINE HAT AB  
31264162

|||| PRE AUTH COMPLETION ||||

08-26-2010 07:17:51  
Acct # s.17(1), 17(4)(e.1) S  
Exp Date Card Type MC  
Name:

Trace # 020012  
FS2246402403  
Inv. # 47486  
Auth # 025615 RRR 001291999

Pre-Auth Amount \$109.59  
**Total \$109.59**

Customer copy



21  
STAGEWEST

SINCE 1944

APPLICANT COPY



Non-Responsive

<b>Invoice Number</b> 5-776-48730	<b>Invoice Date</b> Jul 12, 2010	<b>Account Number</b>	<b>Page</b> 5 of 6
--------------------------------------	-------------------------------------	-----------------------	-----------------------

<b>Ship Date:</b> Jul 07, 2010	<b>Cust. Ref.:</b> cil	<b>Ref.#2:</b>
<b>Payor:</b> Shipper	<b>Ref.#3:</b>	

• Fuel Surcharge - FedEx has applied a fuel surcharge of 8.00% to this shipment.

Automation ICAB  
 Tracking ID 854960521449 ✓  
 Service Type FedEx Priority Overnight  
 Package Type FedEx Pak  
 Orig/Dest YEG/YYC  
 Zone 03  
 Packages 1  
 Rated Weight 2.0 lb, 0.9 kg  
 Declared Value CAD 1.00  
 Delivered Jul 08, 2010 at 11:02  
 Signed by J.ROBERTS

**Sender**  
C ROOZEN

**Recipient**  
SHIRLEY MCLEOD  
ALBERTA HEALTH SERVICES  
10101 SOUTHPIRT RD SW  
CALGARY AB T2W 3N2 CA

s.17(1), 17(4)(g)(i)	
Transportation Charge	22.75
Volume Discount	-12.51
<b>Net Transportation Charges</b>	<b>10.24</b>
Fuel Surcharge	0.82
<b>Subtotal</b>	<b>11.06</b>
Canada GST	0.55
<b>Total</b>	<b>CAD \$11.61</b>

208120

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

Name: <u>Catherine Roozen</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: October 2010

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							
15/10/10	Hotel Accommodation Lethbridge (Oct 13 & 14)				211.48 ✓				
		Non-Responsive							
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			211.48 ✓						

**RECEIVED**  
 NOV 16 2010  
**FINANCE**

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	211.48 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>211.48 ✓</b>

ENTERED NOV 17 2010

<u>Catherine Roozen</u> CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">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>Nov. 03/2010</u> DATE SUBMITTED	<u>10/10/10</u> DATE APPROVED														

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



**The Coast Lethbridge  
Hotel & Conference Centre**

*real people.*

APPLICANT COPY

*Invoice*

526 Mayor Magrath Drive South  
Lethbridge, AB T1J 3M2  
Tel: (403) 327-5701 Fax: (403) 327-5075

**Roozen, Cathy**

## Receipt

Invoice date 10/15/2010  
Our reference CLH-FC11657 /A  
GST Number GST # 848475554RP0001

Guest **Roozen, Cathy** Arrival **10/13/2010** Departure **10/15/2011** Room **113**

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/13/2010	Room Charge		1	95.00	95.00
10/13/2010	GST Taxes		1	5.04	5.04
10/13/2010	Levy Taxes		1	3.80	3.80
10/13/2010	Marketing Fee		1	1.90	1.90
10/14/2010	Room Charge		1	95.00	95.00
10/14/2010	GST Taxes		1	5.04	5.04
10/14/2010	Levy Taxes		1	3.80	3.80
10/14/2010	Marketing Fee		1	1.90	1.90

**Total invoice 211.48**

10/15/2010 Auth: 013477

-211.48

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

**Total Paid -211.48**

**Total Due 0.00**

Total GST 10.08

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

**For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144**



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

4403  
4431

APPLICANT COPY

Name: <u>Catherine Roozen</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: December 2010

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				
01/12/10	<u>cow</u> Parking at AHS Board Meeting						14.00 ✓		
		Non-Responsive							
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>			
				14.00					

RECEIVED  
FEB 23 2011  
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	
OTHER (D) <u>101,0005, 71110300004</u>	<u>62210000</u> 01.71110300002.44090000	14.00
<b>GRAND TOTAL</b>		<b>PARK 14.00</b>

<u>Catherine Roozen</u> <b>CLAIMANT SIGNATURE</b>	 <b>APPROVAL SIGNATURE</b>	<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>Feb 01 / 2011</u> <b>DATE SUBMITTED</b>	<u>Feb 15 / 11</u> <b>DATE APPROVED</b>														

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

APPLICANT COPY

**LEAVE ON DASH - THIS SIDE UP**

**DETACH RECEIPT FROM TICKET**

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

01/12/10 05:02 PM

01/12/10 01:02 PM \$ 14.00

AMOUNT PAID

\$ 14.00 76430000 01:02 PM NETP

CREDIT CARD NUMBER

NETP DAILY

1431468



Alberta Health Services

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

NON TRANSFERABLE

1431468



Alberta Health Services

Alberta Health Services

RECEIPT



APPLICANT COPY

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

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

AUTHORIZATION NO./N° D'AUTORISATION	
BILL NO. DE NOTE 10 40 58	
DATE 01 12 09	CLERK COMMIS

EXPIRY, DATE CHECKED

DATE D'EXPIRATION VÉRIFIÉE

05 894

PLEASE WRITE LIKE THIS WHEN FILLING IN BOXES. VEUILLEZ REMPLIR LES CASES COMME SUIT

\* 1234567890

AMOUNT MONTANT	
TAX TAXE	
TIPS POURBOIRE	

CARDHOLDER'S SIGNATURE / DU TITULAIRE  
*Calvin Ray*

SALES DRAFT CHARGE X FACTURE

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

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

VISA 81505 (5-89)

TOTAL \$ CDN CAN

85.97

recycled / recyclé

CUSTOMER COPY / COPIE DU CLIENT

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

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

APPLICANT COPY

FOR MONTH OF: MARCH 2009

NAME: CATHERINE ROOZEN

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
MAR 24 & 25	(Commnt of the whole) BOARD MEETING RED DEER, AB. (Public)					107.91			
						107.91			

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	107.91 ✓
			OTHER (F)		

**TOTAL AMOUNT** 51901.414100000 (1290.46) Net: 4484.11

CLAIMANT SIGNATURE: Catherine Roozen  
 DATE SUBMITTED: MARCH 27, 2009

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: April 3/09

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: Patti Grier

Honoraria over...

Date 03/25/09  
Time 07:19  
Page 1

APPLICANT COPY

RED DEER LODGE  
4311 49 AVE  
RED DEER, ALBERTA T4N 5Y7  
1-800-661-1657  
(403) 346-8841

Acct# P28995-00  
Room# 335

Rate Code  
Group ABHS  
Room Type CNQQ  
Room Rate 99.00

Arrive MAR 24 09 10:38  
Depart MAR 25 09

ROOZEN, CATHY

AB HEALTH SERVICES

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

Payment MC

Exp:

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			99.00	
MAR 24	G.S.T.			4.95	
MAR 24	TOURISM LEVY			3.96	
MAR 25	MASTERCARD	THANK YOU			107.91
=====G.S.T.=subtotal:		4.95	=====		
TOURIS subtotal:		3.96	Balance Due:	.00	

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

RED DEER LODGE  
4311 - 49TH AVENUE  
RED DEER, AB T4N5Y7  
403-346-8841

TERN ID: 015

MASTERCARD ID: 27502760085

FORCE SALE

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

MASTERCARD ENTRY METHOD: MANUAL  
03/25/09 07:18:41  
CV #: 000009 APPR CODE: 024288  
BATCH #: 000029  
REF #: 009

AMOUNT \$107.91

CARDHOLDER COPY

APPROVED



APPLICANT COPY



Accommodating good sense.

Sandman Hotel Lethbridge  
 421 Mayor Magrath Drive S.  
 Lethbridge Alberta T1J 3L8  
 Tel: 403.328.1111  
 www.sandmanhotels.com

PROPERTY: 01-036 Invoice #: 160758 Description: guest folio

Page: 1

Mail To: Roozen

Res. No. : 134540  
 Arrive: 28/04/2009 05:06pm  
 Depart: 29/04/2009 11:00am  
 Room: jcsn 311  
 Rate: 89.00

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

Group: Alberta Health Services  
 Guest: Cathy Roozen  
 Bill To: Roozen

Date	Description	Voucher	Amount
28/04/2009	Room Revenue	lth-311	89.00
28/04/2009	Goods & Services Tax	lth-311	4.54
28/04/2009	Provincial Tourism Levy	lth-311	3.63
28/04/2009	Destination Marketing Fee	lth-311	1.78
29/04/2009	Master Card	thank you	-98.95
Balance:			.00

Bill To: Roozen

Total Goods & Services Tax 4.54  
 GST Registration # R-121767065

SANDMAN HOTELS #1-36  
 421 MAYOR MAGRATH DR  
 LETHBRIDGE AB

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

CARD TYPE MASTERCARD  
 DATE 2009/04/29  
 TIME 06:26 08:34:44  
 RECEIPT NUMBER  
 M30704138-001-358-024-0

PRE-AUTH COMPLETION  
 TOTAL-CAD

**\$98.95**

APPROVED

AUTH# 028925 01-027  
 THANK YOU

Sandman Hotels, Inns & Suites, Limited | A Northland Company  
 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

CARDHOLDER COPY

INVOICES ARE DUE AND PAYABLE WHEN PRESENTED.



# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

FOR MONTH OF: MAY 2009

NAME: CATHERINE ROOZEN

ADDRESS: \_\_\_\_\_

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

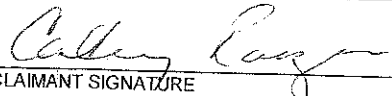
POSTAL CODE: \_\_\_\_\_

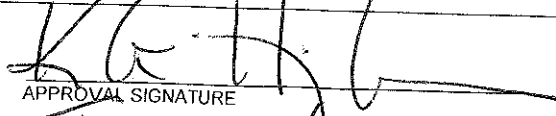
PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
			Non-Responsive						
MAY 27	GRANDE PRAIRIE POMEROY INN & SUITES					186.01			
			Non-Responsive						
						186.01			

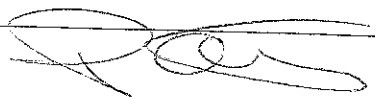
KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	186.01 ✓
			OTHER (F)		
<b>TOTAL AMOUNT</b> 51901.414100000 (\$1370.46) Net: 4732.21 TOTAL					

  
CLAIMANT SIGNATURE  
may 29, 2009  
DATE SUBMITTED

  
APPROVAL SIGNATURE  
June 9/09  
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: Patti Grier

 33

Honoraria over...

# Pomeroy Inn & Suites Grande Prairie

APPLICANT COPY  
www.pomeroygrandeprairie.com

May 28, 2009  
8:12 am

11710-102 St

Grande Prairie, AB T8V7S7

Telephone: (780)831-2999 Fax: (780)513-1146

CATHY ROOZEN  
10101 SOUTHPORT ROAD SW  
Calgary, AB T2W 3N2

Account #: 79885  
Room Number: 222  
Rate: \$170.65  
Pay Method: VI1430

Arrival Date: Wednesday, May 27, 2009  
Departure Date: Thursday, May 28, 2009

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
5/27/2009	ROOM CHARGE	Auto Posted		222	\$170.65	
5/27/2009	HOTEL TAX	Auto Posted		222	\$6.83	
5/27/2009	GST TAX	Auto Posted		222	\$8.53	
5/28/2009	MASTERCARD	CHECKED-OUTMC9472		222		\$186.01

G.S.T. REGISTRATION #: 858317167RT0020  
HOLLOWAY LODGING L.P.  
DBA GRANDE PRAIRIE  
POMEROY INN & SUITES

Tax Summary	
HOTEL TAX	\$6.83
GST TAX	\$8.53
Balance:	\$0.00

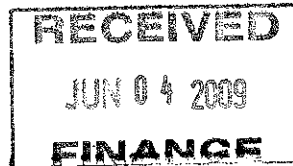
See Pomeroy Inn & Suites Privacy Policy for a complete statement of our policies with respect to the handling of your personal information. You can view the Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

GRANDE PRAIRIE POMEROY  
INN & SUITES  
11710-102 STREET  
GRANDE PRAIRIE AB

I agree to be responsible for any damages that have occurred in my room.

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

CARD TYPE MASTERCARD  
DATE 2009/05/28  
TIME 4592 08:17:54  
RECEIPT NUMBER  
S30708595-001-715-035-0



PRE-AUTH COMPLETION  
TOTAL-CAD

**\$186.01**

**APPROVED**

AUTH# 027805 01-027  
THANK YOU

CARDHOLDER COPY

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

FOR MONTH OF: JUNE 2009

NAME: CATHERINE M. ROOZEN

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
				Non-Responsive						
JUNE 29/09		THE WESTIN CALGARY					230.08			
				Non-Responsive						
<b>FINAL TOTALS</b>							230.08 ✓			

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103010.6220000	230.08 ✓
			OTHER (F)		
<b>TOTAL AMOUNT</b> 51901.414100000 (1310.467) Net: 4776.28					

CLAIMANT SIGNATURE: *Catherine Roozen*  
 DATE SUBMITTED: July 2/2009

APPROVAL SIGNATURE: *[Signature]*  
 DATE APPROVED: Aug 5/09

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: Patti Grief

Honoraria over.

# APPLICANT COPY

the westin calgary  
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada  
 phone 403.266.1611 fax 403.233.7471  
 www.westin.com/calgary

guest		1011	travel agent/charge to
Cathy Roozen	room	209.00	
	rate	1	
	no. pers.	447976	EX-A
	folio	1	
	page	29-JUN-09	17:37
	arrive	30-JUN-09	
AHJ29M s.17(1), 17(4)(g)(i)	depart	MC	
	payment		

Date	Room	Charge	Amount
29-JUN-09	RT1011	Room Charge	209.00
29-JUN-09	RT1011	Good And Services Tax	10.55
29-JUN-09	RT1011	Destination Marketing Fee	2.09
29-JUN-09	RT1011	Tourism Levy	8.44
30-JUN-09	MC	MasterCard/Euro	230.08-
		Balance Due	.000

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 & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
29-JUN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
<b>Total</b>	<b>230.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>230.08</b>	<b>0.00</b>

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

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

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

signature \_\_\_\_\_

Cathy Roozen  
 FOLIO 447976 29-JUN-09



# APPLICANT COPY

the westin calgary  
320 4th avenue s.w. calgary, alberta T2P 2S6 canada  
phone 403.266.1611 fax 403.233.7471  
www.westin.com/calgary

guest		1011	travel agent/charge to
Cathy Roozen	room	209.00	
	rate	1	
	no. pers.	447976	EX-A
	folio	2	
	page	29-JUN-09	17:37
	arrive	30-JUN-09	
AHJ29M	depart	MC	
s.17(1), 17(4)(g)(i)	payment		

## GST Summary

Room	10.55
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	10.55

Vendor Number 861336493RT0004

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 398 Starpoints for this visit A42026420673

signature \_\_\_\_\_

Cathy Roozen  
FOLIO 447976 29-JUN-09

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

APPLICANT COPY

FOR MONTH OF: SEPTEMBER 2009

NAME: CATHERINE M. ROOZEN

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKIN	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
SEPT 3/09	ENCYRPTION SOFTWARE FOR LAPTOP COMPUTER							52.48 ✓	
SEPT 9/09	ADOBE ACROBAT PR 9.0 FOR LAPTOP COMPUTER							519.93 ✓	
								Non-Responsive	
								72.41	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	
			OTHER (F)	5190.113813000 7650005	24.76 572.41 547.65
<b>TOTAL AMOUNT</b>					<b>5190.414100000 / 51290.467 Net: 4948.61</b>

Catherine Roozen  
 CLAIMANT SIGNATURE  
OCTOBER 13, 2009  
 DATE SUBMITTED

[Signature]  
 APPROVAL SIGNATURE  
NOV 6 2009  
 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: Patti Grier

CCI Thermal Technologies  
EXPENSE CLAIM  
APPLICANT COPY

DATE OF EXPENSES:

3-Sep-09

RE:

Encryption software for Cathy Roozen RE: AHS

Date	Description	Travel	Hotel	Meals	Customer Relations	Auto/Gas	Other	No GST	GST	TOTAL
September 3, 2009	Cryptainer PE 7.2 - Encryption Software						52.48			52.48
September 9, 2009	Adobe Acrobat Pro 9.0						495.17		24.76	519.93
<b>Total Expenses Claimed</b>										<b>572.41</b>
<b>Less Advance</b>										
<b>Due To</b>										<b>\$572.41</b>

*[Handwritten Signature]*  
Signature of Claimant

Approval

Acct. Name	Code	Amount
Travel		0.00
Hotel		0.00
Meals		0.00
Auto/Gas		0.00
GST		0.00
Other		0.00
Advance		0.00

*Paid Via Personal Cheque  
Cathy Roozen # s.17(1), 17(4)(g)(i)  
Sept 15/09 \$ 572.41*

## APPLICANT COPY



**CYPHERIX**  
STRONG ENCRYPTION

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[About Us](#)
[Products](#)
[Solutions](#)
[Downloads](#)
[Store](#)
[Reviews](#)
[Support](#)

Order Confirmation

## Order Confirmation

Your order has been processed successfully (confirmed at 12:32:19 on Thu Sep 03 2009)

Please note that the charge will appear on your credit card statement as *DRI\*Cryptainer PE 7*

### Order #U353434701

#### Our Details

**Sold by** SWREG Inc.  
 9625 West 76th St  
 Eden Prairie, MN  
 55344  
 US

**VAT Number** EU826011714

**Federal Tax ID** 35-2308811

#### Your Details

**Name :** Kurt Colhoun  
**Company** CCI Thermal Technologies  
**name :** Inc.  
**Address :** 5918 Roper Road  
 Edmonton AB T6W 0C1  
 Canada  
**Telephone**  
**:** 780-577-5597  
**E-Mail :** kcolhoun@ccithermal.com

Product Code	Name	Comments	Price	Delivery Method	Quantity	Net Total
3089YRC000EP	Cryptainer PE 7.2	f8d632cf2022793-e3490cb81-abf906475-d5fd61162	CAD 52.48	Single License Pack Instant Electronic Delivery	1	CAD 52.48
<b>Total</b>						CAD 52.48
<b>Grand Total</b>						CAD 52.48

You can access your printable receipt at any time via the following URL  
<https://usd.swreg.org/cgi-bin/r.cgi?o=353434701&x=004ae9fd3e5e54dc2c9>

### Cryptainer PE 7.2 Single License Pack Instant Electronic Delivery (3089YRC000EP)

Dear Kurt Colhoun,

Thank you for ordering Cryptainer PE from us.

Here is the necessary information to download and register the software:

You can download the software from  
<http://usd.swreg.org/cgi-bin/r.cgi?o=353434701&x=004ae9fd3e5e54dc2c9>  
 If the above link fails, please try  
<http://usd.swreg.org/cgi-bin/r.cgi?o=353434701&x=004ae9fd3e5e54dc2c9>

Please note that this download link is valid for 7 days.

Once you have downloaded and installed the software, double click on the desktop icon to begin. Click on the button 'Enter Registration Codes.'





The Right Technology.  
Right Away.™

Canada

# ORDER PROPOSAL

ORDER NO.	ACCOUNT NO.	DATE
PTK3302	9450017	9/09/2009

CCI THERMAL TECHNOLOGIES  
 B 5918 ROPER ROAD  
 I  
 L  
 L ACCTS PAYABLE  
 T EDMONTON, AB T6B 3E1 CANADA  
 O  
 Customer Phone # 7804663178

CCI THERMAL TECHNOLOGIES  
 S 5918 ROPER ROAD  
 H  
 I  
 P KURT CALHOUN  
 T EDMONTON, AB T6B 3E1 CANADA  
 O Contact: KURT COLHOUN 780-466-3178  
 Customer P.O.# ACROBAT PRO

ACCOUNT MANAGER	SHIPPING METHOD	TERMS	EXEMPTION CERTIFICATE
TUAN HO 866-846-2392	CANADA GROUND	Master Card / VISA	

QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1500861	ADO ACROBAT PRO 9 WIN TR Mfg#: ADL-54026356TR	456.70	456.70
1	1494668	ADO ACROBAT PRO V9 WIN MED NACT Mfg#: ADO-22020688DM	25.48	25.48
SUBTOTAL				482.18
FREIGHT				12.99
GST				24.76

**TOTAL** CA Currency  
519.93

CDW Canada Inc.  
 20 Carlson Court  
 Suite 300  
 Etobicoke, ON M9W 7K6 CANADA  
 General Phone: 800-387-2173 Fax: 647-288-5900  
 Account Manager's Direct Fax: 647-288-5024

Please remit payment to:  
 CDW Canada Inc.  
 P.O.Box 57720  
 Postal Station A  
 Toronto, ON M5W 5M5

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

Name: Catherine Roozen	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: January 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				
		Non-Responsive							
26/01/11	The Westin (AHSB Meetings) Calgary				212.19 ✓				
		Non-Responsive							
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			212.19						

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	212.19
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>212.19</b>

CLAIMANT SIGNATURE  DATE SUBMITTED	APPROVAL SIGNATURE DATE APPROVED <p align="center">Feb 15 / 2011</p>	<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

# APPLICANT COPY

WESTIN HOTELS & RESORTS  
 1117  
 189.00  
 1  
 617785 EX-A  
 1  
 26-JAN-11 18:04  
 27-JAN-11  
 MC

Ms. Cathy Roozen

1117  
 189.00  
 1  
 617785 EX-A  
 1  
 26-JAN-11 18:04  
 27-JAN-11  
 MC

26-JAN-11	RT1117	Room Charge	189.00
26-JAN-11	RT1117	Good And Services Tax	9.73
26-JAN-11	RT1117	Destination Marketing Fee	5.67
26-JAN-11	RT1117	Tourism Levy	7.79
27-JAN-11	MC	MasterCard/Euro	212.19-
		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 & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
26-JAN-11	212.19	0.00	0.00	0.00	0.00	212.19	0.00
Total	212.19	0.00	0.00	0.00	0.00	212.19	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at [ross.meredith@westin.com](mailto:ross.meredith@westin.com)

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

Ms. Cathy Roozen  
 FOLIO 617785 26-JAN-11



APPLICANT COPY

100 West 100th Street  
New York, NY 10024  
Tel: 212 850 1000  
Fax: 212 850 1001

Ms. Cathy Roozen	Room	1117	
	Rate	189.00	
	Tax	1	
	Folio #	617785	EX-A
	Room	2	
	Check In	26-JAN-11	18:04
	Check Out	27-JAN-11	
	Payment	MC	

GST Summary

Room	9.73
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	9.73

Vendor Number 861336493RT0004

As a Starwood Preferred Guest, you could have earned 367 Starpoints for this visit. Please provide your member number or enroll today.

Ms. Cathy Roozen  
FOLIO 617785 26-JAN-11



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

89086

APPLICANT COPY

Name: Catherine Roozen	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	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				
		Non-Responsive							
10/03/11	Black Knight Inn Red Deer					107.91 ✓			
		Non-Responsive							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  APR 25 2011  FINANCE </div>									
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>				A	B	C	D	E	
					107.91 ✓				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	107.91
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		107.91

<b>CLAIMANT SIGNATURE</b>	<b>APPROVAL SIGNATURE</b>	<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													
<i>March 29/2011</i> <b>DATE SUBMITTED</b>	<i>April 21/2011</i> <b>DATE APPROVED</b>														

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

APPLICANT COPY

BLACK KNIGHT INN  
2929 50 AVENUE  
RED DEER AB

CARD  
CARD TYPE MASTERCARD  
DATE 2011-03-10  
TIME 2625 06:29:09  
CLERK ID A2  
RECEIPT NUMBER  
030663523-001-018-003-0

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

PRE-AUTH COMPLETION  
TOTAL  
*Net* \$107.91  
*AHSB*  
*Red Beer*

APPROVED  
AUTH# 09349 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT RETAIN THIS  
COPY FOR YOUR RECORDS

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

APPLICANT COPY

293583

Name: <b>Catherine Roozen</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: June 2011 <span style="float:right">Non-Responsive</span>

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							
10/06/11	Sheraton Suites Calgary Eau Claire, Calgary				268.33 ✓				
		Non-Responsive							
<b>ENTERED AUG 02 2011</b>									
<b>RECEIVED</b>									
<b>AUG 2 2011</b>									
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
		268.33 ✓							

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.7111030000 <sup>4</sup> 2.45000000	
TRAVEL EXPENSE (B+C+E)	01.7111030000 <sup>4</sup> 2.62214000	AB Hotel 268.33 ✓
OTHER (D)	01.7111030000 <sup>4</sup> 2.41090000	
<b>GRAND TOTAL</b>		<b>268.33 ✓</b>

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE July 17, 2011	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%;">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> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15
meals	breakfast	\$9.20										
	lunch	\$11.60										
	dinner	\$20.75										
Lodging per night		\$20.15										

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

Ms Cathy Roozen

1017  
 ROOM / CHAMBRE 239.00  
 RATE / TARIF 1  
 # PERS. / N° PERS. 895257 EX-A  
 FOLIO / DOSSIER 1  
 PAGE / PAGE 09-JUN-11 20:32  
 ARRIVE / ARRIVÉE 10-JUN-11  
 DEPART / DÉPART MC  
 PAYMENT / PAIEMENT

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

DATE / DATE	REFERENCE / REFERENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CREDIT
09-JUN-11	RT1017	Group Government	239.00
09-JUN-11	RT1017	DMF	7.17
09-JUN-11	RT1017	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT1017	GST (5%)	12.31
10-JUN-11	MC	Master Card	268.33-
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 & Tax	Food & Bev	Telephone	Other	Total	Payment
09-JUN-11	261.16	0.00	0.00	7.17	268.33	0.00
Total	261.16	0.00	0.00	7.17	268.33	0.00

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

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

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

Ms Cathy Roozen ROOM DEPART AGENT  
 FOLIO 895257 09-JUN-11 1017



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

Ms Cathy Roozen

1017  
 ROOM / CHAMBRE 239.00  
 RATE / TARIF 1  
 # PERS. / N° PERS. 895257 EX-A  
 FOLIO / DOSSIER 2  
 PAGE / PAGE 09-JUN-11 20:32  
 ARRIVE / ARRIVÉE 10-JUN-11  
 DEPART / DÉPART MC  
 PAYMENT / PAIEMENT

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

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CRÉDIT
-------------	-----------------------	---------------------------	------------------------------------

GST Summary

GST Room Revenue	12.31
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	12.31

846543619 RT0002

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 39  
 Starpoints for this visit s.17(1), 17(4)(g)(i)

Ms Cathy Roozen	ROOM	DEPART	AGENT
FOLIO 895257 09-JUN-11	1017		

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

456947

ORIGINAL COPY

Name: <u>Catherine Roozen</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: September 2011 <span style="float: right;">Non-Responsive</span>

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							
15/09/11	Medicine Hat Lodge				153.93 ✓				
		Non-Responsive							
							10.20 ✓		
							10.20 ✓		
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> <small>(carry forward to continuation sheet, where applicable)</small>		A	B <sup>40</sup> <sub>40</sub>	C	D <sup>40</sup> <sub>40</sub>	E			
			153.93 ✓		20				

OCT 21 2011  
KINAMON

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	153.93 ✓
OTHER (D)	01.71110300002.41090000	20.40 ✓
<b>GRAND TOTAL</b>		<b>174.33 ✓</b>

<u>Catherine Roozen</u> <b>CLAIMANT SIGNATURE</b>	 <b>APPROVAL SIGNATURE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">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>Sept 30 / 2011</u> <b>DATE SUBMITTED</b>	<u>Oct 20 / 11</u> <b>DATE APPROVED</b>														

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



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK



**Cathy Roozen**  
**Calgary, AB**  
**Ab Health Services**

**Page #** 1  
**Res. #** 488919  
**Checked in** Wed Sep 14/11 - 5:57 pm  
**Departing** Thu Sep 15/11  
**Nights** 1  
**Room Rate** 139.00  
**Room** 379

**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





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

523328

APPLICANT COPY

Name: <b>Catherine Roozen</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <b>October 2011</b> <span style="float:right">Non-Responsive</span>

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							
14/10/11	Chateau Nova Hotel Fort McMurray				412.02 ✓				
ENTERED NOV 28 2011									
RECEIVED NOV 28 2011									
								<b>TOTAL KMS</b>	
								<b>APPLICABLE MILEAGE RATE @ 50.5¢</b>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)					A	B <i>Hotel</i>	C	D	E
					412.02 ✓				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.7111030000 <sup>4</sup> 2.45000000	
TRAVEL EXPENSE (B+C+E)	01.7111030000 <sup>4</sup> 2.62214000	412.02 ✓
OTHER (D)	01.7111030000 <sup>4</sup> 2.41090000	
<b>GRAND TOTAL</b>		

<u>Catherine Roozen</u> <b>CLAIMANT SIGNATURE</b>	 <b>APPROVAL SIGNATURE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center; vertical-align: middle;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%; 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
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>Nov. 03/2011</u> <b>DATE SUBMITTED</b>	<u>Nov 25/11</u> <b>DATE APPROVED</b>														

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

APPLICANT COPY

CHATEAU NOVA  
FORT MCMURRAY  
HCD 3, COMP 9, RR 1  
FORT MCMURRAY, AB T9H5B5  
95143565727

TERM ID: N9514996  
EMPLOYEE ID: 1

BATCH#: 019  
SHIFT#: 001

**Completion**

INV#: 000000458

MCARD SEQ#: 019001001011 Chip

Application Label: MASTERCARD

AID: A0000000041010

TUR:00 00 00 00 00

TST:FR 00

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

**Total:CAD\$ 412.02**

APPROVED 012145  
000/00

14-Oct -11

07:19:52

CUSTOMER COPY  
THANK YOU  
(780) 791-6682



APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel  
Mod 3, Comp 9, RR 1  
Fort McMurray Airport  
Fort McMurray, AB T9H 5B5  
P:780-791-6682 F:780-743-0560  
Toll Free 1-866-924-6682  
Arrive 10/12/11 Depart 10/14/11

ROOZEN CATHY

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

ALBERTA HEALTH SERVICES  
Room # 2302 Invoice # 20786

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
10/12/11	NK	2-Accommodat		189.00
10/12/11	NK	3-Room Tax	On Accommodation	7.56
10/13/11	NK	2-Accommodat		189.00
10/13/11	NK	3-Room Tax	On Accommodation	7.56
10/14/11	LL	92-MasterCard		-412.02
			GST On Accommodatio	18.90
			Tax Reg. # 856465620RT0001	

BILLING INSTRUCTIONS

BALANCE DUE → 0.00

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

SIGNATURE

X

*"Where Comfort and Service are at their best!"*

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta – Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray  
Saskatchewan – Kindersley  
NWT & Nunavut 55 Inuvik, Iqaluit

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

815111



APPLICANT COPY

Name: <b>Catherine Roozen</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	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					
									Non-Responsive	
15/03/12	Radisson Hotel, Canmore				122.37 ✓					
									Non-Responsive	
ENTERED APR 24 2012								TOTAL KMS		
SUB-TOTAL								APPLICABLE MILEAGE RATE @	50.5¢	
(carry forward to continuation sheet, where applicable)								A	B Hotel 122.37 ✓	C

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.4500000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	122.37 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>122.37 ✓</b>

RECEIVED  
APR 23 2012  
FINANCE

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%;">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
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
DATE SUBMITTED March 26/2012	DATE APPROVED 4/18/12														

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



Cathy Roozen  
 Canada

Room No. : 357  
 Arrival : 03-13-12  
 Departure : 03-15-12  
 Page No. : 1 of 1  
 Folio No. : 1068349  
 Conf. No. : 1108024  
 Cashier No. : 115

**INVOICE**

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

03-15-12 07:31:10 AM EST

Date	Text		Charges	Credits
03-14-12	Room Charge		109.00	
03-14-12	Destination Marketing Fee		3.27	
03-14-12	Alberta Tourism Levy %4		4.49	
03-14-12	Room %5 GST		5.61	
03-15-12	Mastercard	s.17(1), 17(4)(e.1)		122.37
		XX/XX		
Room GST	5.61	Other PST 7.76	Other GST	0.00
Net Amount	109.00	CAD		
<b>Total</b>			<b>122.37</b>	<b>122.37</b>
<b>Balance</b>				<b>0.00</b>

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

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

93460

APPLICANT COPY

Name: <b>Catherine Roozen</b>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <b>May 2012</b>
<b>Non-Responsive</b>	

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							
03/05/12	Medicine Hat Lodge Medicine Hat				147.29 A				
		Non-Responsive							
TOTAL KMS									
								APPLICABLE MILEAGE RATE @	50.5¢
<b>SUB-TOTAL</b> <i>(carry forward to continuation sheet, where applicable)</i>					A	B <i>held</i>	C	D	E
					147.29				

ENTERED JUN 26 2012

**RECEIVED**  
 JUN 26 2012  
**FINANCE**

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	147.29 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>147.29</b>

<p><i>Catherine Roozen</i></p> <p>CLAIMANT SIGNATURE</p> <p>June 15, 2012</p>	<p><i>[Signature]</i></p> <p>APPROVAL SIGNATURE</p> <p>June 19, 2012</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%;">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> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15
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	dinner	\$20.75										
Lodging per night		\$20.15										



# 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

Cathy Roozen

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

**Page #** 1  
**Res. #** 522275  
**Checked in** Wed May 2/12 - 6:24 pm  
**Checked out** Thu May 3/12 - 6:58 am  
**Nights** 1  
**Room Rate** 139.00  
**Room** 470

Group: AB Health Services

Date	Description	Reference	Charges	Credits
May02	Hospital Rate		139.25	
May02	Room Tax		5.36	
May02	Destination Marketing Fee		2.68	
May03	PAID BY MASTERCARD - 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 #: 060

**Pre-Auth Compl**

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

MASTERCARD Entry Method: CHIP  
 05/03/12 06:52:19  
 Inv #: 000007 Appr Code: 002304  
 Apprvd Batch#: 000419  
 Original Pre-Auth Amount: \$ 200.00  
 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: MASTERCARD  
 AID: A0000000041010  
 TVR: 00 00 00 00 00  
 TSI: E8 00

Customer Copy

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGWEST Hospitality  
SINCE 1944



98324

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>Cathy Roozer</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: June 2012 <span style="float: right;">Non-Responsive</span>

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				
07/06/12	Sheraton Hotels & Resources Calgary				559.10 ✓				
ENTERED JUL 2 2012									
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			559.10						

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	559.10 <i>✓</i>
OTHER (D)	101.0005.71110300004.41090000	
<b>GRAND TOTAL</b>		<b>559.10</b>

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">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
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	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: Lou DeCoste



# APPLICANT COPY

Sheraton Suites Calgary Eau Claire  
 255 Barclay Parade SW  
 Calgary, AB T2P 5C2  
 Canada  
 Tel: 403 266 7200 Fax: 403 266 1300



Ms Cathy Roozen	Page Number : 1	Invoice Nbr : 28125028	
	Guest Number : 966035		
	Folio ID : EX-A		
	Arrive Date : 05-JUN-12	18:22	
	Depart Date : 07-JUN-12		
	No. Of Guest : 1		
	Room Number : 515		
	Room Rate : 249.00		
	Club Account :		

Email : Has Not Been  
 Asked For Email  
 AHBMJ - Ab Health Svcs  
 Brd Mtg (rooms)

Information Invoice

Tax ID : 846543619 RT0002  
 Sheraton Eau Claire 07-JUN-12 02:42 NAT

Date	Reference	Description	Charges	Credits
05-JUN-12	RT515	Group Government	249.00	
05-JUN-12	RT515	DMF	7.47	
05-JUN-12	RT515	Alberta Tourism Le	10.26	
05-JUN-12	RT515	GST (5%)	12.82	
06-JUN-12	RT515	Group Government	249.00	
06-JUN-12	RT515	DMF	7.47	
06-JUN-12	RT515	Alberta Tourism Le	10.26	
06-JUN-12	RT515	GST (5%)	12.82	
07-JUN-12	MC	Master Card	-559.10	
		<b>** Total</b>	<b>559.10</b>	<b>-559.10</b>
		<b>*** Balance</b>	<b>0.00</b>	

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

Sheraton Suites Calgary Eau Claire  
255 Barclay Parade SW  
Calgary, AB T2P 5C2  
Canada  
Tel: 403 266 7200 Fax: 403 266 1300



Ms Cathy Roozen

Page Number : 2 Invoice Nbr : 28125028  
Guest Number : 966035  
Folio ID : EX-A  
Arrive Date : 05-JUN-12 18:22  
Depart Date : 07-JUN-12  
No. Of Guest : 1  
Room Number : 515  
Room Rate : 249.00  
Club Account :

Email : Has Not Been  
Asked For Email  
AHSBMJ - Ab Health Svcs  
Brd Mtg (rooms

Information Invoice  
Amount CAD

GST Summary

GST Room Revenue	25.64
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	25.64

As a Starwood Preferred Guest, you could have earned 81 Starpoints for this visit. Please provide your member number or enroll today.

Signature \_\_\_\_\_

CHK/025549

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: <u>Gathy Roozen</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: August 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				
17/05/12	Returning documents to AHSB						FedEx 13.62		
23/05/12	Returning documents to AHSB						FedEx 10.70		
09/08/12	Parking at AHS Board Meeting Seventh Street Plaza, Edmonton					18.00			
14/08/12	Parking at Interview with Chair Seventh Street Plaza Edmonton					6.00			
15/08/12	Parking at Call Backs for Media follow					5.00			
		Non-Responsive							
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									<b>50.5¢</b>
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E	F		
				29.00	24.32				

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	29.00
OTHER (D)	101.0005.71110300004.41090000	24.32
<b>GRAND TOTAL</b>		<b>53.32</b>

<p><u>Gathy Roozen</u> CLAIMANT SIGNATURE</p> <p><u>August 31/2012</u> DATE SUBMITTED</p>	<p><u>[Signature]</u> APPROVAL SIGNATURE</p> <p><u>9/6/12</u> DATE APPROVED</p>	<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: Lou DeCoste



# REMUNERATION AND EXPENSE CLAIM CONTINUATION SHEET

APPLICANT COPY

THIS FORM IS TO BE USED ONLY AS A SUPPLEMENT TO A COMPLETED PERSONAL EXPENSE CLAIM. DO NOT USE ALONE.

NAME: Cathy Roozen

Non-Responsive

	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
	B	L	D	Amount				
Carry forward subtotals from previous claim sheet, where applicable.	A				B	C	D	E
						29.00	24.33	
Non-Responsive								
<b>TOTAL KMS</b>								
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>
<b>TOTAL</b>	A				B	C	D	E
<i>(Record Grand Total to Personal Expense Claim Form)</i>						29.00	24.33	



APPLICANT COPY

<b>Invoice Number</b> 1-064-46484	<b>Invoice Date</b> Jun 05, 2012	<b>Account Number</b>	Page 8 of 10
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s.17(1), 17(4)(g)(i)

FedEx Express Shipper Detail

Ship Date: May 23, 2012  
Payor: Shipper

Cust. Ref.: AHS  
Ref.#3:

Ref.#2:

Fuel Surcharge - FedEx has applied a fuel surcharge of 16.50% to this shipment.

Automation ICAB  
Tracking ID 898553748815  
Service Type FedEx Priority Overnight  
Package Type FedEx Envelope  
Orig/Dest YEG/YYC  
Zone 03  
Packages 1  
Rated Weight 1.0 lb, 0.5 kg  
Declared Value CAD 1.00  
Delivered May 24, 2012 at 11:24  
Signed by B.BRENT

**Sender** s.17(1), 17(4)(g)(i)  
**C ROOZEN**  
Transportation Charge  
Volume Discount  
**Net Transportation Charges**  
Fuel Surcharge  
**Subtotal**  
Canada GST  
**Total**

**Recipient**  
LOU DE COSTE  
ALBERTA HEALTH SERVICES BOARD OFFIC  
10101 SOUTHPORT RD SW  
CALGARY AB T2W 3N2 CA

19.45
-10.70
<b>8.75</b>
1.44
<b>10.19</b>
0.51
<b>CAD \$10.70</b>

CAD \$13.63
0.65
<b>12.98</b>
1.84
<b>11.14</b>
-13.61
24.75

**Recipient**  
LOU DE COSTE  
ALBERTA HEALTH SERVICES BRD  
10101 SOUTH PORT RD S W  
CALGARY AB T2W 3N2 CA

Sender s.17(1), 17(4)(g)(i)  
C ROOZEN

**Total**  
Canada GST  
**Subtotal**  
Fuel Surcharge  
**Net Transportation Charges**  
Volume Discount  
Transportation Charge

Automation ICAB  
Tracking ID 898553748804  
Service Type FedEx Priority Overnight  
Package Type FedEx Pak  
Orig/Dest YEG/YYC  
Zone 03  
Rated Weight 1.0 lb, 0.5 kg  
Declared Value CAD 1.00  
Delivered May 18, 2012 at 11:54  
Signed by H.PALACSKO

Ship Date: May 17, 2012  
Payor: Shipper  
Fuel Surcharge - FedEx has applied a fuel surcharge of 16.50% to this shipment.

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

<b>Invoice Number</b> 1-064-46484	<b>Invoice Date</b> Jun 05, 2012	<b>Account Number</b>
--------------------------------------	-------------------------------------	-----------------------

FedEx Express Shipper Detail



APPLICANT COPY

TICKET VOID IF RE-SOLD

*Parkville Park 4th Street  
Aug 9/12*

PHONE 780-420-1976  
EARLY BIRD  
Meter : LOT 383

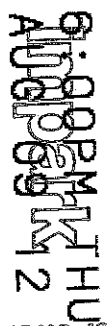
PLACE THIS SIDE UP ON DASH



Time: 8:33A AUG 09

Price: \$18.00 S.17(1)17(4)(e.1)

Card:    
Exp.:    
Expires:



GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

TICKET VOID IF RE-SOLD

PHONE 780-420-1976

IMPARK

Hourly Parker

Meter : LOT 383

Time: 2:52P AUG 12



3:52PM TUE  
AUG 14 12

GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

TICKET VOID



PHONE 780-420-1976

Hourly Parker

Meter : LOT 383

Time: 1:52P AUG 15

Price: \$9.00



GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD