



Travel Expense Claim

Employee Name LYNN REDFORD	Employee Number s.17(1), 17(4)(g)(i)	Location SPT
Department OFFICE OF THE CEO	Phone Number 943-1225	Date 2005/03/09

Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2005/02/16	Black Diamond Town Council	30	0.38	\$11.40	\$0.00
2005/02/03	SPT - Southport to FMC - Foothills Medical Ctr. Rick Hansen - Spinal Cord Unit Event	15	0.38	\$5.70	\$0.00
2005/01/21	SPT - Southport to ACH - Alberta Children's Hospital (ret) Provincial Announcement - Children's Bursaries	23	0.38	\$8.74	\$0.00
2005/01/26	Jonathon Mosser - Asst to Fed Minister of Health	20	0.38	\$7.60	\$3.75
2005/01/11	Premier's Speech - Canadian Club	20	0.38	\$7.60	\$13.00
2005/01/28	Calgary Caucus	20	0.38	\$7.60	\$12.00
2005/01/13	Alana Delong - Opportunity Works	20	0.38	\$7.60	\$8.00

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org 01	Functional Centre 71105000001	Account 6 2 4 1 0 0 0 0	Mileage	\$56.24
			Parking	\$36.75
Employee Signature <i>[Signature]</i>			Date March 14/05	TOTAL PAYABLE TO EMPLOYEE \$ 92.99
Expenditure Officer Authorization <i>[Signature]</i>			Authorizer Employee #	Authorizer Phone #

ENTERED 3/15/05

451
McDougal
6 Street SW
CAN-TOP #02, Calgary, AB
Tax Code CA GST #119452869
13/01/2012 14:16 Cashier 2

Receipt 021288

Short-term Parkings tkt
McDougal Parkings tkt
13/01/2012 14:16
Period 00:00:00 to 01:00:00
(GST)

Gross total \$ 12.00
Payment \$8.00
Net total \$7.40
GST (7%) 0.75

All amounts in CAD
Deliv. Date=Receipt Date

451
McDougal
6 Street SW
CAN-TOP #02, Calgary, AB
Tax Code CA GST #119452869
13/01/2012 10:01 Cashier 56

Receipt 023559

Short-term Parkings tkt
McDougal Parkings tkt
13/01/2012 10:01

Gross total \$12.00
Payment \$12.00
Net total \$12.00
GST (7%) 0.75

All amounts in CAD
Deliv. Date=Receipt Date

PAUL JEFF TARKADL
CALGARY AB
13/01/2012 10:01

913.00

MULTI TKT *

GST No. R112

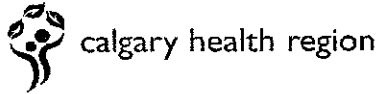
THANK YOU FOR YOUR VISIT

00 00016276_12

Jonathan Misco
Henry Hoag
Heather Jorda

PLEASE LOCK YOUR VEHICLE.

Charges are for use of parking space only. We are not responsible for loss or damage to vehicle or contents.



CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 11, 2005	Requested By (Please Print) Lynn Redford	
Department Office of the CEO	Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford		Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)		
Canada Post:	s.17(1), 17(4)(g)(i)	
City	Province	Postal Code
Interoffice Mail: Department	Office of the CEO	
Site	Southport	
Purpose of Request	March 2005 Expenses	
SPECIAL HANDLING INSTRUCTIONS		

RECEIVED
MAR 14 2005

CODING & AUTHORIZATION

FINANCIAL CODE					AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT				
0 1	7 1 1 0 5 0 0 0 0 0 1	6 7 5 0 0 0 0 0		30.00	✓	Canadian Club Luncheon - ticket (540.00 paid by CHR cheque 00166579)
		61022001				
0 1	7 1 1 0 5 0 0 0 0 0 1	1 2 0 2 0 0 0 0		786.18	R	Cell Phone Reimbursement
0 1	7 1 1 0 5 0 0 0 0 0 1	1 2 0 2 0 0 0 0		47.82	264.50 R	Hosting - AH&W Dir of Comm
0 1	7 1 1 0 5 0 0 0 0 0 1	1 2 0 2 0 0 0 0		22.68	6.00 Z	Printing PP Presentation
		69600				GST \$
TOTAL AMOUNT OF CHEQUE:				886.68		<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 				Print Name Patti Grier		
Authorizer's Employee Number				Authorizer Phone # (in full) 943-1128		

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

CHEQUE NUMBER
00166579

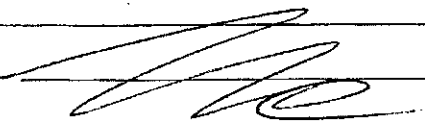
Date Jan 11 / 05

Received from Calgary Health Region (Lynn Redford)

five hundred - seventy 100 Dollars

Jan 11 / Luncheon

\$ 570

No. 

Tax Reg. No.:

37894

Discount	Net Amount
	\$540.00
TOTAL	*****\$540.00

Electronic Payments are available upon request
Contact Edna Trento at 403-943-0858

100102 R(2001/07)

REMITTANCE STATEMENT

FOR INQUIRIES CALL (403) 943-0756

DETACH BEFORE DEPOSITING

carls

WE CAN FEED THE PEOPLE

Date: 01/24/2005 12:50PM

CASSIDY KESSEL

5

04

DAVID

102708210

LYNN REDFORD

Total: 41.88

Total: 47.82

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

*****Customer Copy*****

01-2005597PT

WEST CANADIAN GRAPHIC INDUSTRY

901 10 AVE S W

CALGARY AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 0911
DATE/TIME	2005/01/28 06:54:28
RECEIPT NUMBER	S80009985-387-001
PURCHASE	-----
TOTAL AMOUNT	\$22.68

01 APPROVED 027 AUTH. # 067828

THANK YOU

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

LYNN REDFORD



February 12, 2005

Account

Mobile

1 of 10

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

Previous amount due	s.17(1), 17(4)(g)(i)	\$119.91
Payment received Thank you Feb 11		-119.91

Thank you for choosing Bell Mobility

Balance \$0.00

Current charges summary

Monthly charges	78.20
Usage and long distance	53.05
Total taxes on current charges	9.26

Total current charges including taxes \$140.51

Total amount due \$140.51

Total GST included in this bill \$9.26

35.00 Monthly charge
 30.00 Monthly service charge
 14.10 L.I.
 554 GST

 54.64

FOR CUSTOMER SERVICE
toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	February 12, 2005	\$140.51	

#01#E#EMANB#R# #SMP# #G00002041#

Amount due upon receipt

Ms. LYNN REDFORD

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

75484886908485656700086050212676568488748481484804800000140511



January 12, 2005

Account #

Mobile

1 of 10

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

Previous amount due	s.17(1), 17(4)(g)(i)	\$563.76
Total payments (see following pages)		-563.76

Thank you for choosing Bell Mobility

Balance \$0.00

Current charges summary

Monthly charges	78.20
Usage and long distance	33.85
Total taxes on current charges	7.86

Total current charges including taxes \$119.91

Total amount due \$119.91

Total GST included in this bill \$7.86

3500 monthly charges
 30.00 additional charges
 7.20 tax
 5.05 GST
77.25

FOR CUSTOMER SERVICE

toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	January 12, 2005	\$119.91	

#01#E#0MAR#R#SMP#00002067#

Amount due upon receipt

Ms. LYNN REDFORD

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

7548488690848565670008605011267656848884848148480480000119911

Bell Mobility

December 12, 2004

Account #

Customer identification number :

1 of 11

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

Previous amount due	s.17(1), 17(4)(g)(i)	\$435.20
Unpaid balance		\$435.20
Current charges summary		
Monthly charges		78.20
Usage and long distance		41.90
Total taxes on current charges		8.46
Total current charges including taxes		\$128.56
Total amount due		\$563.76

DID YOU KNOW...

Effective the due date of your January 2005 invoice, late payment charges will once again be applicable on those customers accounts that have unpaid balances. The rate of interest is 2% per month. Thank you for your patience during this time of conversion.

Thank you for choosing Bell Mobility

Total GST included in this bill \$8.46

Our records show an outstanding balance on your account. Kindly forward the amount due. If your payment was sent, please disregard this notice. Thank You.

35.00 monthly charges
 20.00 additional charges
 10.40 PL
 5.28 GST
80.68

FOR CUSTOMER SERVICE
 toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number :



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	December 12, 2004	\$563.76	

#01#L#B#M#E#P#S#M#700001731#

Amount due upon receipt

Ms. LYNN REDFORD

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

75484886908485656700086041212676568488648481484804800000563761



November 12, 2004

Account #



1 of 12

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

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

Previous amount due \$602.29

Total payments (see following pages) -320.09

Unpaid balance \$282.20

Current charges summary

Monthly charges 78.20

Usage and long distance 64.70

Total taxes on current charges 10.10

Total current charges including taxes \$153.00

Total amount due \$435.20 ✓

Total GST included in this bill \$10.10

Thank you for choosing Bell Mobility

35.00 Monthly charges
30.00 Additional...
28.25 LIS
6.53 GST
99.78

FOR CUSTOMER SERVICE

toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number :



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	November 12, 2004	\$435.20	

#01#E#EMANB#F#*#SM#*#00002493#C0167-1104E#E0160-1104E#

Amount due upon receipt

Ms. LYNN REDFORD

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

75484886908485656700086041112676568488748481484804800000435200



Bell Mobility

October 12, 2004

APPLICANT COPY 2012-G-0168

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

Account #

Mobile

1 of 15

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

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

Previous amount due \$442.03

Unpaid balance \$442.03

Current charges summary

Monthly charges 78.20

Usage and long distance 71.45

Total taxes on current charges 10.61

Total current charges including taxes \$160.26

Total amount due \$602.29

Total GST included in this bill \$10.61

Thank you for choosing Bell Mobility

Our records show an outstanding balance on your account. Kindly forward the amount due. If your payment was sent, please disregard this notice. Thank You.

3500 Monthly charges
3000 Add'l. Local Minutes
13.25 LD
5.47 GST
83.67

FOR CUSTOMER SERVICE
toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	October 12, 2004	\$682.29	

#01#E#B#AN#F#F#S#M#P#F#000002281#

Amount due upon receipt

Ms. LYNN REDFORD

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

August 12, 2004

Account #

1 of 9

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

Previous amount due s.17(1), 17(4)(g)(i) \$340.15

Payment received Thank you Sep 3 -141.85

Thank you for choosing Bell Mobility

Unpaid balance \$198.30 ✓

Current charges summary

Monthly charges 78.20

Usage and long distance 35.70

Total taxes on current charges 7.89

Total current charges including taxes \$121.79

Total amount due \$320.09

Total GST included in this bill \$7.89

35.00
 30.00
 15.00
 5.60
85.60

*Usage
 Additional
 GST*

FOR CUSTOMER SERVICE

toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number :



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	August 12, 2004	\$320.09	

#01#E#BMANB#R#SMP#000002049#

Amount due upon receipt

Ms. LYNN REDFORD

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

75484886908485656700086040812676568488248481484804800000320097



June 12, 2004

Account #

mobile

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

Previous amount due \$171.42
s.17(1), 17(4)(g)(i)

Unpaid balance **\$171.42**

✓ Thank you for choosing Bell Mobility

Current charges summary

Monthly charges 78.20
 Usage and long distance 54.35
 Total taxes on current charges 9.30

Total current charges including taxes **\$141.85**

Total amount due **\$313.27**

Total GST included in this bill \$9.30

Our records show an outstanding balance on your account. Kindly forward the amount due. If you require more information, feel free to contact us at 514 420-7711, 1 800 387-3961 or *777 from your mobile. If your payment was sent, please disregard this notice. Thank you.

Handwritten notes:
 35.00
 30.00
 9.35
 5.20
79.55
 (Additional illegible handwritten notes)

Handwritten note: 70L416

FOR CUSTOMER SERVICE

toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	June 12, 2004	\$313.27	

#01#E#BMANE#R##SML#00005433#

Amount due upon receipt

Ms. LYNN REDFORD

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

75484886908485656700086040612676568488448481484804800000313274

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



July 12, 2004

Account #



1 of 15

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

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

Previous amount due \$313.27

Payment received Thank you Aug 3 -171.42

Thank you for choosing Bell Mobility

Unpaid balance \$141.85

Current charges summary

Monthly charges 78.20

Usage and long distance 106.90

Total taxes on current charges 13.20

Total current charges including taxes \$198.30

Total amount due \$340.15

Total GST included in this bill \$13.20

Handwritten notes and calculations:

35.001 (circled)
 30.00
 33.25
 6.88
 105.13 (circled)
 GST
 340.15
 -141.85
 198.30
 052645

FOR CUSTOMER SERVICE

totl free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number :



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	July 12, 2004	\$340.15	

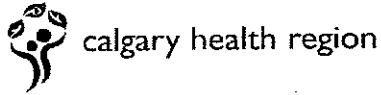
#01#E#BMANB#R##SML##00004783#04-08-4619E#

Amount due upon receipt

Ms. LYNN REDFORD

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

75484886908485656700086040712676568488348481484804800000340152



CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 11, 2005	Requested By (Please Print) Lynn Redford	
Department Office of the CEO	Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford		Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)		
Canada Post:	s.17(1), 17(4)(g)(i)	
City	Province	Postal Code
Interoffice Mail: Department	Office of the CEO	
Site	Southport	
Purpose of Request	March 2005 Expenses	
SPECIAL HANDLING INSTRUCTIONS		

MAR 14 2005

CODING & AUTHORIZATION

FINANCIAL CODE				AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT			
0 1	7 1 1 0 5 0 0 0 0 0 1	1 2 0 2 0 0 0 0	40.00		Staff Recognition/Acknowledgement
0 1	7 1 1 0 5 0 0 0 0 0 1	1 2 0 2 0 0 0 0	29.96		Flowers MLA Constituency Office
0 1	7 1 1 0 5 0 0 0 0 0 1	1 2 0 2 0 0 0 0	45.74		Flowers Minister's Office
					GST \$
TOTAL AMOUNT OF CHEQUE:				115.70	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 				Print Name Patti Grier	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)				Authorizer Phone # (in full) 943-1128	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

ENTERED MAR 15 2005

Laurelwood Floral Design



7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

S E N D E R

Date: Dec. 3/04 Time: _____ am / pm
 Customer: Lynn Redford
 Address: _____
 City: _____ State/Prov: _____ Zip: _____
 Home Ph: 943-1225 ← Work Ph: 943-1126

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD # (MSTR) HOUSE ACCOUNT NUMBER / CHECK NUMBER _____ EXT. DATE AUTHORIZATION s.17(1), 17(4)(e.1)

WALK IN PHONE WIRE WIRE FLORIST NUMBER:
 IN IN B. OUT SERVICE: _____

FLORIST CITY: VS# PERSON SPOKEN TO: _____

O R D E R

DESCRIPTION	CHARGES
<u>Plant (Violet)</u> s.17(1), 17(4)(e.1)	PRODUCT CODE <u>20. -</u>
	DELIVERY <u>8. -</u>
	RELAY _____
	SUB TOTAL _____
	TAX _____
	Total <u>29.96</u>

C A R D

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER
 B G

DarLynn s.17(1), 17(4)(g)(i)
Patti + Lynn

D E L I V E R Y

Deliver to: DarLynn Le-Lynn
 Address: _____ s.17(1), 17(4)(g)(i)
 City: _____ State/Prov: _____ Zip/Code: _____
 Home Ph: _____ Work Ph: _____
 Special instructions: s.17(1), 17(4)(g)(i)

DELIVERY DATE FRI Dec. 3/04 TIME AM
PM
 Flowers Say It Best!

PO Lynn Redford

7702 Elbow Dr. S.W.
 Calgary, AB T2V 1K2
 403-640-9493

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

ENTERED MAR 5 2005



LAURELS FLOWER AND GARDEN



FAX COVER PAGE

To: Lynn Redford (403) 943-1124

Company :

Date : Dec. 10/04

Pages : 1

LAUREL'S		CUSTOMER/CLIENT
10404-82 AVENUE	EDMONTON AB	
ID: A4285639		
STORE: 4285639	SLIP #: 8105	
SALE	\$45.74	

12-03-04

01 *32.00 TX 1
 07 *9.50 TX 1
 02 *1.25 TX 1
 *42.75 SF
 *2.99 TX 1

*45.74 CA

000-6283
12-32F

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

VISA M

SEQ 665001001000 AUTH 009999 IS000-001
APPROVED
DATE Dec 03 2004 TIME 12:18 pm

10404 - 82 Ave
Edmonton, AB
T6E 2A2

Phone: 780 431-0738
Fax: 780 435-0287

Thank you!

ENTERED 12/15/04



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 18, 2005		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)		ENTERED APR 21 2005	
Canada Post: _____		s.17(1), 17(4)(g)(i)	
City _____		Province _____	Postal Code _____
Interoffice Mail:	Department	Office of the CEO	
	Site	Southport	
		Conference - Edmonton Apr 8	
Purpose of Request		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>APR 19 2005</p> <p>FINANCE</p> </div>	
SPECIAL HANDLING INSTRUCTIONS			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 0 0	219.78 <i>211.84</i>	Hotel (2 nights)
		6 0 5 0 0 0 0 0 0	200.00 ✓	Conference Registration
		6 2 4 1 2 0 0 0 0	52.00 <i>48.00</i>	Taxi Fare (Airport – Legislature)
		6 2 4 1 2 0 0 0 0	50.00	Taxi Fare (Legislature – Airport)
				GST \$
TOTAL AMOUNT OF CHEQUE:			521.78	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 			Print Name Patti Grier	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1128	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: <i>309.86 T2</i> <i>211.92</i>
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

APPLICANT COPY 2012-G-0168



EDMONTON DOWNTOWN
 1 THORNTON COURT NW
 EDMONTON AB T5J 2E7
 780-423-9999

GUEST FOLIO

Thank you for selecting Courtyard by Marriott. We trust that your experience with us has included warm and gracious service, and the type of accommodations expected.

We look forward to serving you again on future trips. For additional reservations, call our toll-free reservation number, (800) 321 2211.

EDMONTON DOWNTOWN Courtyard Staff

GUEST NAME LYNN REDFORD ROOM 519 WKNF
 s.17(1), 17(4)(g)(i) ROOM TYPE QNQN
 NO. OF GUESTS 1
 RATE 99.00
 CLERK
 CALGARY HEALTH REGION

ARRIVE 08Apr05 TIME 05:57p DEPART 10Apr05 TIME FOLIO # FL-60019

DATE	REFERENCE NUMBER	DESCRIPTION	CHARGES	CREDITS
08Apr05	RP519	ROOM CHARGE	99.00	
08Apr05	T1519	GST 861361608	6.93	
08Apr05	T2519	TOURISM LEVY	3.96	
09Apr05	RP519	ROOM CHARGE	99.00	
09Apr05	T1519	GST 861361608	6.93	
09Apr05	T2519	TOURISM LEVY	3.96	
10Apr05	VI519	VISA		219.78-

* Your VISA card on file				*
* will be charged \$ 219.78				*

** BALANCE **				.00

GST 86136108 13.86
 HST 7.92

GUEST SIGNATURE _____

COURTYARD RESERVATIONS (800) 321 2211

Redford, L



YELLOW

ADMIN: 465-8500
FAX: 462-2722

CAB



10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456

THANK YOU/MERCI

Date: 13/4/05 Amount/Montant \$ 50.85 Car/Voiture # 462

Driver/Chauffeur: 21 GST #

From/De: LCC To/A: [Signature]



10135-31 Avenue
Edmonton, AB

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

\$200.00

Confirmation of Registration

A sincere thanks for your registration to the PC Alberta held at the Edmonton Northlands Park, April 8-10, 2005. The contribution to the revitalization of the Party cannot be overstated!

Organized a Revitalization Team last November. These hard working members across the province talking and perhaps most importantly, really listening to our members. There have been regional workshops, meetings and a survey that went to our entire membership and I can report that the overall response has been overwhelming.

At this year's AGM, you will hear about the Team's findings and their recommendations. However, it will be up to you—our members—to vote on how we should proceed with the revitalization of the Party.

It is going to be a rigorous schedule but as you can see from the enclosed agenda, the committee has managed to squeeze in a lot of fun, games, great entertainment and fine cuisine!

Once again, thank you for taking the time to meet with you and hearing your thoughts.

CHARGE TO:

ACCOUNT NO.

Best wishes,

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

Ralph Klein
Premier

Enclosures: 2

YELLOW (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

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

1407.72

GST #
FROM
TO
PRINT NAME
CUSTOMER'S SIGNATURE X



FARE
INT.
GRAT.
TOTAL

CUSTOMER COPY

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



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 30, 2005		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____ Province _____ Postal Code _____			
Interoffice Mail: Department Office of the CEO			
Site Southport			
Purpose of Request March 2005 Cell Phone ENTERED APR 05 2005			
SPECIAL HANDLING INSTRUCTIONS			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	4 2 0 2 0 0 0 0	113.45	March Cell Phone Charges
		61022001		Mar 05
				GST \$
TOTAL AMOUNT OF CHEQUE:			113.45	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 			Print Name Patti Grier	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1128	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____ Cycle _____	

00074



March 12, 2005

Account #

1 of 12

Customer identification number :

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

ACCOUNT SUMMARY for Ms. LYNN REDFORD

Previous amount due	s.17(1), 17(4)(g)(i)	\$140.51
Unpaid balance		\$140.51
Current charges summary		
Monthly charges		78.20
Usage and long distance		135.05
Total taxes on current charges		15.28
Total current charges including taxes		\$228.53
Total amount due		\$369.04

DID YOU KNOW...

NEW! Earn Aeroplan Miles when you get a Digital Bundle from Bell. Bundle your current Mobility service with Sympatico internet service or ExpressVu Digital TV or both and save up to \$15 every month! Plus subscribe now and get 2500 Bonus Aeroplan Miles. For full details visit www.bell.ca/bundle, a Bell World store or call 1 888 300-8931.

Total GST included in this bill \$15.28

Thank you for choosing Bell Mobility

35.00 monthly charge
 30.00 additional minutes
 45.70
 7.75 GST
113.45

FOR CUSTOMER SERVICE
 toll free 1-800-667-0123; from cellular phone *611

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

Please detach this portion and return with your payment

Customer identification number



Account Number	Statement Date	Total Amount Due	Amount Paid
s.17(1), 17(4)(g)(i)	March 12, 2005	\$369.04	

#01#E#BMANB#R##3MIP##000002849#Fetch-CP#

Amount due upon receipt

Ms. LYNN REDFORD

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

7548488690848565670008605031267656848864848148480480000369045



Travel Expense Claim

Employee Name LYNN REDFORD		Employee Number s.17(1), 17(4)(g)(i)		Location SPT	
Department OFFICE OF THE CEO		Phone Number 943-1225		Date 2005/04/18	
Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2005/04/01	SPT - Southport to PLC - Peter Lougheed Ctr. Meeting with NE MLAs	19	0.38	\$7.22	\$0.00
2005/04/13	SPT - Southport to YYC - Calgary Int'l Airport Budget - flight to Edmonton	26	0.38	\$9.88	\$16.00
2005/04/08	Edmonton Re-PC Convention - return Sunday April 10	600	0.38	\$228.00	\$0.00
AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		
Org 01	Functional Centre 7110500001	Account 6/24/10/0/0	Mileage Parking		
Employee Signature <i>Lynn Redford</i>		Date 4/18/05	Amount (including GST)		
Expending Officer Authorization <i>[Signature]</i>			\$245.10 \$16.00		
			\$261.10		

CALGARY AIRPORT
 Terminal Parkade
 GST No. R122556194
 RECEIPT H1
 ENTRY DATE/TIME:
 04/13/05 11:26:02
 EXIT DATE/TIME:
 04/13/05 19:13:59
 FARE \$ 10.00
 LENGTH OF STAY:
 0 07:47
 METHOD OF PAYMENT:
 CASH
 THANK YOU FOR YOUR VISIT

PRE
 APR
 FIN



calgary health region

CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date June 14, 2005		Requested By (Please Print) Lynn Redford		
Department Office of the CEO		Site Southport		Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford				Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)				
Canada Post: _____ ENTERED JUN 20 2005 s.17(1), 17(4)(g)(i)				
City _____ Province _____ Postal Code _____				
Interoffice Mail: Department Office of the CEO				
Site Southport <i>Mont June 7</i>				
Purpose of Request Misc receipts – PERFORM Conference				
SPECIAL HANDLING INSTRUCTIONS				
CODING & AUTHORIZATION				
FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 1	6 2 4 1 4 0 0 0	737.73 <i>136.47</i>	Air Fare
		6 2 4 1 4 0 0 0	35.00 <i>7</i>	Taxi fare from airport
		6 2 4 1 4 0 0 0	35.00 <i>7</i>	Taxi fare to airport
		6 2 4 1 4 0 0 0	579.62 <i>539.28</i>	Hotel
				GST \$
TOTAL AMOUNT OF CHEQUE:			1387.35	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>[Signature]</i>			Print Name Patti Grier	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)			Authorizer Phone # (in full) 943-1128	

RECEIVED
JUN 17 2005
FINANCE

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: <i>1275.75 T2</i> <i>1160</i>
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

St Denis
St Laurent

Subject: Booking Confirmation

Date: Tue, 24 May 2005 14:49:59 +0000 (GMT)

From: Air Canada <confirmation@aircanada.com>

To: Lynn.Redford@CalgaryHealthRegion.ca,

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



Itinerary / Receipt

***** PLEASE DO NOT REPLY TO THIS EMAIL *****

Your booking is confirmed. Thank you for choosing Air Canada. **Please print this itinerary/receipt for your reference.**

Main Contact Information

Name: Ms Lynn Redford

Email:

Phone 1:

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

Booking Reference: KHCRV5

Customer Care

**Air Canada Customer
Technical Support Desk**
1-888-712-7786

Air Canada Flight Info
1-888-422-7533

On the web
www.aircanada.com

Alert me of flight changes
[Flight notification](#)

More Travel Options

► **Save on Hotels**
Earn 200 Aeroplan Miles.

► **Save on Cars**
Earn 100 Aeroplan Miles.

► **Add a Flight**
Earn 1 mile for 1-3 \$
spent within North
America.

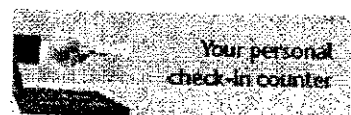
► **Add Travel Insurance**
Choose the travel
insurance
that best suits your needs.

► **Air Canada email offers**
Sign up and be the first to
know!

Electronic Ticketing confirmed.
This is your official itinerary/receipt.

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type
AC144	Calgary (YYC) Tue 07-Jun 2005 12:10	Montreal (YUL) Tue 07-Jun 2005 18:09	0	3hr59	321	Tango
AC155	Montreal (YUL) Thu 09-Jun 2005 19:25	Calgary (YYC) Thu 09-Jun 2005 21:58	0	4hr33	320	Tango



Passenger Information

Passenger 1 - Adult

Name:	Ms Lynn Redford	Ticket Number:	0142126573107
Frequent Flyer Pgm:	Air Canada Aeroplan	Program Number:	s.17(1), 17(4)(g)(i)
Meal Preference:	Regular	Special Needs:	None
Seat Selection:	None		
Credit Card:	XXXX-XXXX-XXXX-0118		

Fare Summary

Canadian Dollars	
Passenger Type	Adult
Flight 1 - Departing airfare (Tango)	279.00
Flight 2 - Returning airfare (Tango)	324.00
<u>Navcan and Surcharges</u>	46.00
<u>Canada Airport Improvement Fee</u>	30.00
Taxes	
Canada Security Charge	9.35
Canada Goods and Services Tax (GST/HST #10009-2287)	48.18
Canada Quebec Sales Tax (QST #1000-043-172)	1.20
Number of Passengers	1
Total	737.73
Grand Total - Canadian Dollars	\$ 737.73

Fare Rules

Tango

- Tickets are non-refundable and non-transferable.
- Changes are permitted as follows:
 Prior to day of departure - CAS30 / US\$22 plus taxes and any fare difference if applicable.
 Day of departure:
 - At the airport - CAS150 / US\$120 plus applicable taxes (no charge for fare difference) for same day flights only.
 - By calling Reservations or on the Web site - CAS30 / US\$22 taxes and any fare difference if applicable.
 A higher fare could apply in addition to the change fee.
- Changes and cancellations can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a CAS30 / US\$22 change fee per direction, plus taxes and any fare difference if applicable, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance.
- Customers who no-show their flight will forfeit the fare paid.
- Paid Advance Seat Selection available for CAS15/US\$12 (plus taxes) per passenger for one-way flight from origin to destination including connections.
- Same day standby is not permitted for travel within Canada and Canada - USA travel.

Please read important information regarding the general conditions of carriage.

APPLICANT COPY 2012-G-0168



Hilton
Montréal Bonaventure

900 de la Gauchetière ouest • Montréal, Québec H5A 1E4
Phone (514) 878-2332 • Fax (514) 878-1442
Reservations
www.hiltonmontreal.com or 1 800 HILTONS
TPS/GST RI42382597 TVQ/QST N1021213116

Nom et adresse / Name & Address

REDFORD, LYNN

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

Chambre/ Room 2114/K1RRC
Date d'arrivée/ Arrival Date 06/07/05 7:19PM
Date de départ/ Departure Date 06/09/05

Adulte/Enfant/ Adult/Child 1/0
Tarif/ Room Rate 249.95

RATE PLAN LV3

HH#
AL:
BONUS AL: CAR:

CONFIRMATION NUMBER : 3209652459

06/09/05 PAGE 1

Date	Description	ID	Ref. No.	Charges	Credits	Balance
06/07/05	CHAMBRE/GUEST ROOM	AUDIT	715221	\$249.95		
06/07/05	TAXE TPS/GST	AUDIT	715221	\$17.64		
06/07/05	TAXE TVQ/QST	AUDIT	715221	\$20.22		
06/07/05	TAXE HEBERGEMENT/LODGING	AUDIT	715221	\$2.00		
06/08/05	CHAMBRE/GUEST ROOM	AUDIT	716896	\$249.95		
06/08/05	TAXE TPS/GST	AUDIT	716896	\$17.64		
06/08/05	TAXE TVQ/QST	AUDIT	716896	\$20.22		
06/08/05	TAXE HEBERGEMENT/LODGING	AUDIT	716896	\$2.00		
WILL BE SETTLED TO VS *****0118						\$579.62
EFFECTIVE BALANCE OF						\$0.00
EXPENSE REPORT SUMMARY						
	06/07/05	06/08/05	STAY TOTAL			
ROOM & TAX	\$289.81	\$289.81	\$579.62			
DAILY TOTAL	\$289.81	\$289.81	\$579.62			
	06/19/05					
ROOM & TAX	\$0.00					
DAILY TOTAL	\$0.00					

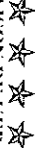
T
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K
Y
O
U

Zip-Out Check-Out®

Bonjour! Nous espérons que votre séjour avec nous a été agréable. Avec Départ Express il n'est pas nécessaire de vous présenter à la Réception.
La facture ci-jointe est votre reçu et reflète les éléments facturés à votre compte jusqu'à hier soir. Vous pouvez acquitter les frais additionnels soit à la Réception au départ, ou encore, ils seront portés à votre carte de crédit.
Sur demande, nous vous posterons un relevé de compte à jour, en dedans de deux jours. Pour compléter votre Départ Express:
+ Communiquez avec la Réception, de votre chambre, pour les informer de votre départ.
+ Vous pouvez laisser la carte clé dans la chambre.
SVP contactez la Réception si vous désirez prolonger votre séjour ou si vous avez des questions au sujet de votre facture.

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out®, there is no need to stop at the Front Desk to check out.
Please review this statement. It is a record of your charges as of late last evening. For any charges after your account was prepared, you may:
+ pay at the time of purchase.
+ charge purchases to your account, then stop by the Front Desk for an updated statement.
+ or request an updated statement be mailed to you within two business days.
Simply call the Front Desk from your room and tell us when you are ready to depart. your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

Date de la charge Date of Charge	Numér. de folio/Check No. 119494 A
Autorisation / Authorization	
Achats & Services / Purchases & Services	
Taxes	
Pourboires & Divers / Tips & Misc.	
Montant total Total Amount	

 MAISON DE KEBAB 11 AVENUE 2003 Presse	MAISON DE KEBAB Casual Respos The Best of 2003 The Gazette Dec. 27/2003	MAISON DE KEBAB Earned this year's most value added award The Gazette Dec. 27/2003	MAISON DE KEBAB Perse - Coeur 12 Dec 2002
--	---	---	--

REÇU-RECEIPT
 DATE: 7 30 03 \$ 35.00
 TITRE / OUTLET
 MAISON DE KEBAB

VOYAGE / TRIP: DelFrom A11101
 ATO
 No. permis de travail
 Workperm No.

No. Vignette
 Sticker No.

No Auto
 Car No.

No. T.P.S./G.S.T. No. T.Q.S.T.
 TAXI ATLAS - TEL:(514) 485-8585, FAX:(514) 485-0946

REGU - RECEIPT

\$ 100.00
T.S. & T.S.M. Incurse
G.S.T. & P.S.T. Included

DATE 10/15
To From

VOYAGE
RIP

No. Permis de travail
Workpermit No.

11975

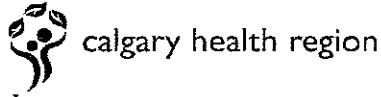
Signature du chauffeur
Driver's signature

No. Vignette
No. Auto

4 TPS
4 TPS

CHAMPLAIN TAXIS
ADMINISTRATION: (514) 273-3377

FAX: (514) 273-4445



CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date June 14, 2005		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)		ENTERED JUN 20 2005	
Canada Post:		s.17(1), 17(4)(g)(i)	
City	Province	Postal Code	
Interoffice Mail: Department	Office of the CEO		
Site	Southport		
	Misc Expenses		
Purpose of Request			
SPECIAL HANDLING INSTRUCTIONS			
CODING & AUTHORIZATION			
FINANCIAL CODE			
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT
0 1	7 1 1 0 5 0 0 0 0 1	6 2 4 1 2 0 0 0	16.00
		6 9 5 0 0 0 0 0	125.00
		6 2 4 1 2 0 0 0	16.00
		6 9 6 0 0 0 0 0	14.02
TOTAL AMOUNT OF CHEQUE:			171.02
Expenditure Officer Authorization			Print Name Patti Grier
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1128

RECEIVED
JUN 17 2005

FINANCE

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: 16.00 RB 155.02
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074



May 31, 2005 at 01:45am Eastern time

[Empty boxes]

Account Details

CIBC VISA

Account Type: CIBC VISA

Balance:

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

Account Number:

Available Funds:

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

Last Payment:

Payment to be Processed:

Account Details — May. 01, 2005 to May. 31, 2005

Transaction Date	Posted Date	Transaction Details	Debit	Credit
				s.17(1), 17(4)(g)(i)
May. 25, 2005	May. 25, 2005	AIR CANADA 0142126573107WINNEPEG MB	\$737.73*	
				s.17(1), 17(4)(g)(i)
May. 15, 2005	May. 19, 2005	ALBERTA LIBERAL PARTY EDMONTON AB	\$125.00*	
				s.17(1), 17(4)(g)(i)
May. 10, 2005	May. 11, 2005	IMPARK 0197LOT# 03MAYO CALGARY AB	\$17.00*	
				s.17(1), 17(4)(g)(i)

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



AlbertaLiberal Organizing TO WIN

CONVENTION 2005

May 27 and 28, 2005

Registration Fee: \$125.00

Cheques payable to: Alberta Liberal Party

Important Deadlines:

April 27, 2005—Hotel reservations

May 15, 2005—Convention registration form

Name	Lynn Redford
Address	s.17(1), 17(4)(g)(i)
City/Province/Postal Code	
Home Phone	
Business Phone	403-943-1225
Fax	403-943-1124
E-mail	s.17(1), 17(4)(g)(i)

Payment options:

Cheque _____ Credit Card (Visa/Mastercard) # _____

Name on Card _____ s.17(1), 17(4)(e.1) _____

To register:

Fax: (780)414-1125

Phone: 1-800-661-9201

E-mail: office@albertaliberal.com

Please photocopy form for multiple registrations

AlbertaLiberal Organizing TO WIN

CONVENTION 2005

Friday and Saturday,
May 27 and 28, 2005

Calgary, Alberta

Hyatt Regency Calgary
Stephen Avenue Walk

AlbertaLiberal

AlbertaLiberal

Health Resources Calgary
 2000 Centre St South
 Can-120 596 Calgary

Cashier 29 21/04/05 17:52
 Receipt 003883

Non-Customer 1 Day \$16.00
 21/04/05 17:45-
 22/04/05 17:44
 No. 027328
 (V.A.T.) @ \$16.00 \$16.00

Gross: Total \$16.00
 Payment \$16.00
 Cash \$16.00
 Net Total \$14.95
 (V.A.T. 7%)

All amounts in CAD
 Deliv. Date: Receipt Date
 Thank-You

Health Resources Calgary
 2000 Centre St South
 Can-120 596 Calgary

Cashier 26 28/05/05 12:02
 Receipt 013368

Non-Customer 1 Day \$16.00
 28/05/05 12:00-
 29/05/05 11:59
 No. 032724
 (V.A.T.) @ \$16.00 \$16.00

Gross: Total \$16.00
 Payment \$16.00
 Cash \$16.00
 Net Total \$14.95
 (V.A.T. 7%)

All amounts in CAD
 Deliv. Date: Receipt Date
 Thank-You

the real Canadian Superstore
 Refunds/Exchanges will be considered
 within 14 days with valid receipt
 Your cashier is MARIVIC

CHRISTND BABS001218 0.04 6
 * COOKIE #288417 6.99
 *M COOKIE #230480 6.99

Balance Due 14.02

 STORE:1574 LANE:20 CASHIER:00090169

** DIRECT PAYMENT ** Purchase
 PAYMENT FROM None

TERM:WD157420
 2005/06/06 12:11:31

35

 798-NOT COMPLETED

 STORE:1574 LANE:20 CASHIER:00090169

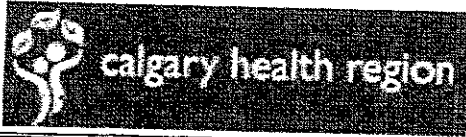
** DIRECT PAYMENT ** Purchase
 PAYMENT FROM \$14.02
 S.17(D), 17(4)(e.1)

REF#: 031602001044 TER:00002897
 TERM:WD157420 ISO:00
 2005/06/06 12:11:25

001-APPROVED 947419

Debit Card 14.02

You could have earned 140
 PC points with a President's
 Choice Financial MasterCard.
 Apply today! Visit pcfinancial.ca



Travel Expense Claim

Employee Name LYNN REDFORD		Employee Number s.17(1), 17(4)(g)(i)		Location SPT	
Department OFFICE OF THE CEO		Phone Number 943-1225		Date 2005/09/20	
Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2005/06/17	Chamber of Commerce - David Tuer's Speech	20	0.38	\$7.60	\$18.00
2005/09/19	Chamber of Commerce & ACH - Ujjal Dosonjh	30	0.38	\$11.40	\$16.00
2005/09/04	Gordon McPherson - Vulcan	250	0.38	\$95.00	\$0.00
2005/08/17	Dr. Ted Morton's Office - Spring Bank	60	0.38	\$22.80	\$0.00
2005/08/26	Dave Coutts Golf Tournament Dinner - <i>Coleman</i>	400	0.38	\$152.00	\$0.00
2005/08/30	Gary Mar's Office - Constituency Assist	30	0.38	\$11.40	\$0.00
2005/08/24	Ron Liepert's Office - Constituency Assist	30	0.38	\$11.40	\$0.00
2005/09/15	MLA Dinner Preparation - Bragg Creek	100	0.38	\$38.00	\$0.00
2005/09/16	MLA Dinner - Bragg Creek	90	0.38	\$34.20	\$0.00
AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		Amount (including GST)
Org 01	Functional Centre 71105000001	Account 6241100000	09 20 2 0.05 - Mileage Parking		\$383.80 \$34.00
Employee Signature <i>[Signature]</i>		Date	TOTAL PAYABLE TO EMPLOYEE		\$ 417.80
Expenditure Officer Authorization <i>[Signature]</i>		Authorizer Employee #	Authorizer Phone #		

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

TICKET VOID IF RE-SOLD

IMPARK

SEP 19 05

18.00

TICKET VOID IF RE-SOLD

IMPARK

SEP 19 05

11.40

TICKET VOID IF RE-SOLD

IMPARK

SEP 19 05

11.40

TICKET VOID IF RE-SOLD

IMPARK

SEP 19 05

11.40

37



Travel Expense Claim

Employee Name LYNN REDFORD	Employee Number s.17(1), 17(4)(g)(i)	Location SPT
Department OFFICE OF THE CEO	Phone Number 943-1225	Date 2005/09/20

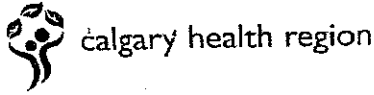
Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2005/06/17	Chamber of Commerce - David Tuer's Speech	20	0.38	\$7.60	\$18.00
2005/09/19	Chamber of Commerce & ACH - Ujjal Dosonjh	30	0.38	\$11.40	\$16.00
2005/09/04	Gordon McPherson - Vulcan	250	0.38	\$95.00	\$0.00
2005/08/17	Dr. Ted Morton's Office - Spring Bank	60	0.38	\$22.80	\$0.00
2005/08/26	Dave Coutts Golf Tournament Dinner - <i>Coleman</i>	400	0.38	\$152.00	\$0.00
2005/08/30	Gary Mar's Office - Constituency Assist	30	0.38	\$11.40	\$0.00
2005/08/24	Ron Liepert's Office - Constituency Assist	30	0.38	\$11.40	\$0.00
2005/09/15	MLA Dinner Preparation - Bragg Creek	100	0.38	\$38.00	\$0.00
2005/09/16	MLA Dinner - Bragg Creek	90	0.38	\$34.20	\$0.00

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org 01	Functional Centre 71105000001	Account 6 2 4 1 0 0 0 0	Mileage	\$383.80
			Parking	\$34.00
Employee Signature			Date	TOTAL PAYABLE TO EMPLOYEE
				\$ 417.80
Expenditure Officer Authorization			Authorizer Employee #	Authorizer Phone #
			s.17(1), 17(4)(g)(i)	

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH



CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date September 22, 2005		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____		s.17(1), 17(4)(g)(i)	
City _____	Province _____	Postal Code _____	
Interoffice Mail: Department Office of the CEO		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">SEP 27 2005</p> <p style="font-size: 24px; margin: 0;">FINANCE</p> </div>	
Site Southport Misc Expenses			
Purpose of Request _____			
SPECIAL HANDLING INSTRUCTIONS _____			
CODING & AUTHORIZATION			
FINANCIAL CODE			
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 1	6 7 5 0 0 0 0 0	40.00 <i>Z</i> Ujjal Dosanjh Breakfast
		6 9 6 0 0 0 0 0	117.97 <i>R</i> MLA BBQ Pop and Juice
TOTAL AMOUNT OF CHEQUE:			157.97
			<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 		Print Name Patti Grier	
Authorizer's Employee Number _____		Authorizer Phone # (in full) 943-1128	

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

ACCOUNTS PAYABLE ONLY

Invoice # _____ Supplier # _____ Recurring Payment: Start Date _____ End Date _____ # of Payments _____ Cycle _____	Comments: _____ _____ _____ _____
--	--

00074



Date of deposit

Cash Confirmation Form

For Office Use Only

I, LYNN REDFORD
Please print the full name of the original contributor (include name of chief executive officer or president in the case of a numbered company)

1000 Henderson
Address

City Province Postal Code

have contributed \$ 40.00 in cash to Ontario Liberal Party
(Name of Federal Registered Party or Registered Electoral District Association)

Sept 19/05 Date [Signature] Signature of Contributor

the real Canadian Superstore
 Refunds/Exchanges will be considered
 within 14 days with valid receipt
 Your cashier is BARBARA



DEPT VIEW IGA
 1000 HILL TRAIL S.W.
 TEL: 413-742-7360
 CASHIER: BARBARA
 CASHIER ID: 15018

RF	Merchandise Credit	
RF	Total Quantity 6	7.02-6
RF	COKE CLASSIC	
RF	Merchandise Credit	
RF	Total Quantity 6	0.30-6
RF	RECYCLE FEE	
RF	Merchandise Credit	
RF	Total Quantity 6	1.20-
RF	20C DEPOSIT	
RF	Merchandise Credit	
RF	Total Quantity 5	6.20-6
RF	7UP	
RF	Merchandise Credit	
RF	Total Quantity 5	0.25-6
RF	RECYCLE FEE	
RF	Merchandise Credit	
RF	Total Quantity 5	1.00-
RF	20C DEPOSIT	
RF	Merchandise Credit	
RF	20 GINGER ALE	1.17-6
RF	Merchandise Credit	
RF	RECYCLE FEE	0.05-6
RF	Merchandise Credit	
RF	20C DEPOSIT	0.20-
RF	7.0% GST 105642805	1.05-
RF	Balance Due	18.44-
RF	Cash	
RF	Change Due	
RF	Total Tax Paid	1.05-

18.44 →

2055/09/21 10:21 1574 0069 30 00001271

Handwritten signature: *Barbara*

RF	Merchandise Credit	\$0.05
RF	Merchandise Credit	\$0.05
RF	Merchandise Credit	\$0.20
RF	Merchandise Credit	\$1.17
RF	Merchandise Credit	\$0.25
RF	Merchandise Credit	\$6.20
RF	Merchandise Credit	\$1.20
RF	Merchandise Credit	\$7.02
RF	Merchandise Credit	\$1.05
RF	Merchandise Credit	\$18.44
RF	Merchandise Credit	\$1.05
RF	Merchandise Credit	\$19.90
RF	Merchandise Credit	\$1.05
RF	Merchandise Credit	\$20.95

The real Canadian Superstore
 Returns/Exchanges will be considered
 within 14 days with valid receipt
 Your cashier is Kalllyn

1000	2 1.17 ea	Unit Price	7.02 6
1001	0.05 ea	Unit Price	0.30 6
1002	0.20 ea	Unit Price	1.20
1003	1.17 ea	Unit Price	9.36 6
1004	0.05 ea	Unit Price	0.40 6
1005	0.20 ea	Unit Price	1.60
1006	1.97 ea	Limit Price	27.53
1007	3.37 ea	Over The Limit	2.16
1008	0.24 ea	Unit Price	5.40
1009	0.60 ea	Unit Price	13.08
1010	3.27 ea	Unit Price	0.20
1011	0.05 ea	Unit Price	0.80
1012	0.20 ea	Unit Price	
1013	0.20 ea	Unit Price	

APPLICANT COPY 2012-G-0168

100 DEPOSIT 0.00
 200 CLUB 500A 1.17 6
 RECYCLE FEE 3.65 6
 100 DEPOSIT 0.20
 200 CLUB 500A 1.17 6
 RECYCLE FEE 0.05 6
 200 DEPOSIT 0.20

7X GST R105642805 1.07

Balance Due 87.82

6 @ 1.24 ea Unit Price *7.44 6*

7UP 0.30 6

RECYCLE FEE 1.20

200 DEPOSIT 1.24 6

7UP 0.05 6

RECYCLE FEE 0.20

200 DEPOSIT 1.24-6

CL Void 0.05-6

7UP Void 0.20-

RECYCLE FEE 7.02 6

CL 0.50 6

200 DEPOSIT 1.20

CL 2.42

Balance Due *106.33*

Cash 0.00

Change Due 2.42

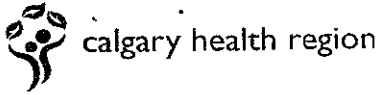
Tax Pay Paid

7X GST R105642805

03 60090187

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

NOW COME WAYS TO SAVE!
 WWW.SUPERMARKET.COM
 E-MAIL US AT WWW.SUPERMARKET.COM
 WE'LL FIND YOU THE BEST PRICE GUARANTEE!



CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date November 3, 2005		Requested By (Please Print) Lynn Redford		
Department Office of the CEO		Site Southport		Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford				Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)				
Canada Post:		s.17(1), 17(4)(g)(i)		
City _____		Province _____		Postal Code _____
Interoffice Mail: Department Office of the CEO				
Site Southport				
Misc Expenses				
Purpose of Request _____				
SPECIAL HANDLING INSTRUCTIONS _____				
CODING & AUTHORIZATION				
FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 7 5 0 0 0 0 0 0	180.00 2	Iris Evans Lunch – Strategic Leadership Forum
		4 9 0 1 0 0 0 0 2	10.00 2	Govt of AB Telephone Directory
				GST \$
TOTAL AMOUNT OF CHEQUE:			190.00	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 			Print Name Patti Grier	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1128	

RECEIVED
NOV 7 2005
FINANCE

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments: _____ _____ _____ _____
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

Main Floor, Park Plaza, 10611 - 98 Avenue
Edmonton, Alberta, Canada T5K 2P7
Telephone (780) 427-4952
Facsimile (780) 452-0688
Email qp@gov.ab.ca
Internet www.gov.ab.ca/qp

Date	Invoice Number
10/4/2005	W9399

WEBSITE H051004

Page 1

Bill to LYNN REDFORD	Ship to LYNN REDFORD CALGARY HEALTH REGION 10101 SOUTHPORT ROAD SW CALGARY AB T2W 3N2
------------------------------------	--

Account Number	Contact	Telephone Number	Purchase Order Number
QP.GOV.AB.CA	LYNN REDFORD	(403) 943-1225	WEB PURCHASE

Quantity Shipped	Qty. Back Ordered	Bin	Location	Item Number	Description	List Price	Unit Price	Extended Price
1			EDM	0779735897	Interim Gov't of Alberta Telephone Directory 2005	\$10.00	\$10.00	\$10.00

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

AUTHORIZATION NUMBER / NO. D'AUTORISATION 034273	
AMOUNT / MONTANT	
DATE 10 11 05	TAKEN EMPORTÉ <input type="checkbox"/>
EXPIRY DATE CHECKED <input checked="" type="checkbox"/>	CLERK / CAISSIER 112
DEPT. / RAYON	DELIVERED / LIVRÉ <input type="checkbox"/>
DATE OF EXPIRATION / DATE DE VERIFICATION	

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

DESCRIPTION	AMOUNT-MONTANT
SELF EVENT	
Oct. 12/05	
4-NON MEM	180.00

SALES DRAFT CHARGEX FACTURE

CDN \$	180.00
CAN	

CUSTOMER COPY
COPIE DU CLIENT

Completion
10 XXXX XXXX 0118

le: 000
ROVED
05 2:26:26 PM
54100

Subtotal	\$10.00
Shipping/Handling	\$0.00
GST	\$0.00
Total	\$10.00
Amount Received	\$10.00
Balance Due	\$0.00

Ship Method	CANADA POST
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CARDHOLDER'S SIGNATURE-SIGNATURE DU TITULAIRE
PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION
Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne



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

Term: QPEUM01

GST Registration # 124072513 RT. Make cheques payable to Minister of Finance. Payment by VISA or MasterCard also accepted. Please quote invoice number with payment. Returns accepted only within 10 calendar days, with copy of invoice: restocking fee may be levied. No returns accepted on opened, damaged or out-of-date goods.

The content of this is intended for the use of the addressee only and may contain information that is privileged and confidential. If you are not the intended recipient, please be advised that any dissemination, distribution or copying of the content of this document is strictly prohibited. If you have received this document in error, please notify us immediately by calling the telephone number above.



Travel Expense Claim

Employee Name LYNN REDFORD	Employee Number s.17(1), 17(4)(g)(i)	Location SPT
Department OFFICE OF THE CEO	Phone Number 943-1225	Date 2005/11/15

Date of Travel Expense	Details	KM	Rate	Amount	Parking
2005/10/24	Calgary Chamber of Commerce - Lyle Oberg	20	0.40	\$8.00	\$16.00
2005/10/25	Calgary Chamber of Commerce - Iris Evans	20	0.40	\$8.00	\$0.00
2005/10/26	Aerospace Museum - Gord Lowe Reception	25	0.40	\$10.00	\$0.00
2005/10/27	Cochrane - Priisme Launch	100	0.40	\$40.00	\$0.00
2005/10/28	Airdrie - Carol Haley	100	0.40	\$40.00	\$0.00
2005/11/01	Turner Valley - Gas Plant Meeting	125	0.40	\$50.00	\$0.00
2005/10/11	Palliser - Strategic Leadership Forum - Iris Evans	20	0.40	\$8.00	\$0.00
2005/11/08	SPT - Southport to FMC - Foothills Medical Ctr. (ret) Domestic Violence Event - Iris Evans	30	0.40	\$12.00	\$0.00
2005/11/08	Didsbury - Chapel Decommissioning	180	0.40	\$72.00	\$0.00
2005/10/28	Hyatt - Chronic Disease Mgmt Conf - Iris Evans	10	0.40	\$4.00	\$12.00

AUTHORIZATION & CODING

Org	Functional Centre	Account	GL Description	Amount (including GST)
01	71105000001	62 4 1 0 0 0 0	Mileage	\$252.00
			Parking	\$28.00

Employee Signature	Date	TOTAL PAYABLE TO EMPLOYEE	\$ 280.00
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Expenditure Officer Authorization _____ Authorizer Employee # _____ Authorizer Phone # _____

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

Stamp: RECEIVED OFFICE OF THE CEO 11/15/2005
Stamp: IMPARK 16.00
Stamp: SPT 17(1), 17(4)(g)(i)

Stamp: RECEIVED OFFICE OF THE CEO 11/15/2005
Stamp: IMPARK 12.00
Stamp: SPT 17(1), 17(4)(g)(i)

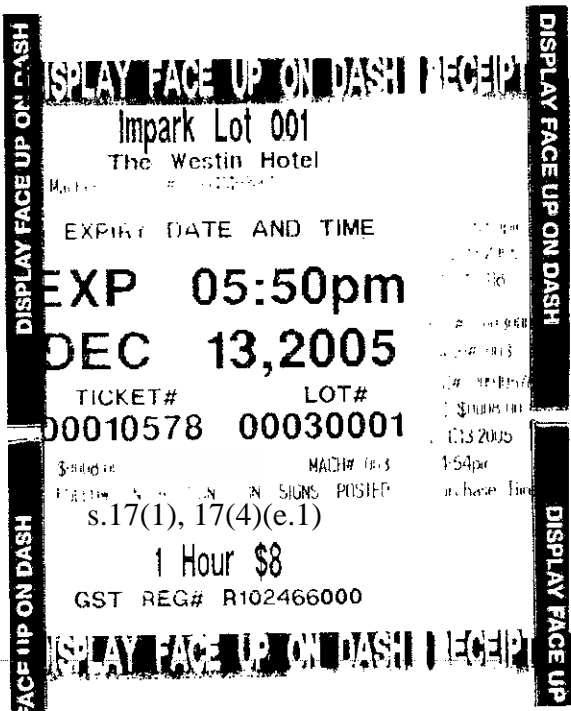
Stamp: RECEIVED OFFICE OF THE CEO 11/15/2005
Stamp: IMPARK 12.00
Stamp: SPT 17(1), 17(4)(g)(i)



Travel Expense Claim

Employee Name LYNN REDFORD		Employee Number s.17(1), 17(4)(g)(i)		Location SPT	
Department OFFICE OF THE CEO		Phone Number 943-1225		Date 2005/12/30	
Date of Travel Expense	Details	KM	Rate	Amount	Parking
2005/12/30	AB Mental Health Announcement - AMHB Office	20	0.405	\$8.100	\$0.00
2005/12/13	Liberal Opposition Event - Westin Hotel	10	0.405	\$4.050	\$8.00
2005/11/17	Calgary Elbow Event - Palamino Restaurant	10	0.405	\$4.050	\$6.00
AUTHORIZATION & CODING					
FUNCTIONAL CENTRE			GL Description		Amount (including GST)
Org 01	Functional Centre 71105000001	Account 6 2 4 1 0 0 0 0	Mileage		\$16.20
			Parking		\$14.00
Employee Signature <i>Lynn Redford</i>		Date 2005/12/30	TOTAL PAYABLE TO EMPLOYEE		\$ 30.20
Expenditure Officer Authorization <i>[Signature]</i>			Authorizer Employee #	Authorizer Phone #	

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



Convention Centre
520 - 1 Street SE
CAN-T26 269 Calgary, AB
Tax Code CA GST #119457869
CT 2 (102) Cashier 32
17/11/05 19:07
1001750

Best Copy Possible



INSTRUCTIONS: A cheque requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. ORIGINAL DOCUMENTS MUST BE ATTACHED.

CHEQUE INFORMATION

Date: Dec 30/05 Requested By (Print): Lynn Redford

Department: Office of the CEO Site: SPT Phone No. (in full): 943-1225

MAKE CHEQUE PAYABLE TO: Lynn Redford Employee/Supplier #

MAILING ADDRESS (for forwarding of cheque) s.17(1), 17(4)(g)(i) s.17(1), 17(4)(g)(i)

Canada Post:

City Province Postal Code

Inter-Office Mail: Department: Site:

Purpose of Request: Misc Expenses

Enclose attached documents (originals) with cheque.

Calgary Health Region E-Mail Address (If payment to employee only): lynnredford@calgaryhealthregion.ca

RECEIVED
MAR 13 2006
FINANCE

AUTHORIZATION & CODING

FINANCIAL CODE					AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE			ACCOUNT		
0171105000000141	090000	21.91	R		Office supplies	
0171105000000149	010002	13.44	R		books, journals, subscriptions	
0171105000000167	500000	300.00	R		tickets - 672 Calgary Elbow	
TOTAL AMOUNT OF CHEQUE					\$334.35	GST S <input checked="" type="checkbox"/>

Expenditure Officer Authorization: [Signature] Print Name: Paula Carter

Authorizer's Employee Number: s.17(1), 17(4)(g)(i) Authorizer Phone # (in full): 943-1128

ACCOUNTS PAYABLE ONLY

Invoice #

Supplier #

Recurring Payment:

Start Date

End Date

of Payments

Cycle

Comments

Accounts Payable Authorization

Date

CALGARY ELBOW PC ASSOCIATION

6203 – 34 Street S.W.

Calgary, AB T3E 5M1
Phone 403-249-3924 Fax 403 – 233-0140

DATE: OCTOBER 20, 2005

INVOICE # 01

TO:

Lynn Redford
Government Relations Advisor
Calgary Health Region
10101 Southport Road SW
Calgary, AB T2W 3N2

FOR:

Calgary Elbow PC Association Fundraiser

DESCRIPTION	AMOUNT
Tickets – Palomino Smokehouse @ \$75.00 each November 17, 2005 Please let us know to whom the tax receipt should go	\$300.00
TOTAL	\$ 300.00

ticket 35, 36, 37, 38

Make all checks payable to Calgary Elbow PC Association
Payment is due within 30 days.
If you have any questions concerning this invoice, contact betti.weiss@shaw.ca

Thank you for your support!

MS LYNN K REDFORD

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

051

DATE 28 11 2005
D D M M Y Y Y Y

FRY TO THE ORDER OF Calgary Elbow Plains ac | \$300.00
Three Hundred * 100 DOLLARS

Security features included. Details on back.

TD Canada Trust
8330 MACLEOD TRAIL AT HERITAGE
CALGARY, ALBERTA T2H 2V2

MEMO _____ Redford MR

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

Calgary Elbow PC Association

6203 - 34 Street SW
 Calgary, AB
 T3E 5M1

INVOICE

INVOICE #[100]
 DATE: OCTOBER 21, 2005

TO:
 Lynn Redford
 Calgary Health Region
 10101 Southport Road SW
 Calgary, AB
 T2W 3N2

SHIP TO: LYNN REDFORD

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
4	Palomino Smokehouse Fundraiser Ticket 35, 36, 37, 38	\$75	\$ 300.00
PAID IN FULL WITH THANKS!			
		SUBTOTAL	\$ 300.00
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL DUE	\$ 300.00

Make all checks payable to Calgary Elbow
 If you have any questions concerning this invoice, contact betti.weiss@shaw.ca

Thank you for your support

Best Copy Possible

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INSTRUCTIONS: A cheque requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. ORIGINAL DOCUMENTS MUST BE ATTACHED.

CHEQUE INFORMATION

Date: March 10/12 Requested By (Print): Lynn Redford

Department: Office of the CFO Site: SPT Phone No. (in full): 403-1225

Employee/Supplier #: _____

MAKE CHEQUE PAYABLE TO: Lynn Redford

MAILING ADDRESS (for forwarding of cheque)

Canada Post:

City: _____ Province: _____ Postal Code: _____

Inter-Office Mail: Department: _____ Site: _____

Purpose of Request

Enclose attached documents (originals) with cheque. Calgary Health Region E-Mail Address (if payment to employee only)

Lynn Redford (Calgary Health Region)

AUTHORIZATION & CODING

FINANCIAL CODE										AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE					ACCOUNT					
01	71105	00000	001	69600000	00000	27.61	Office Fund 14				
01	71105	00000	001	69600000	00000	25.47	Coffee - Mtn View				
01	71105	00000	001	67500000	00000	100.00	Prints				
01	71105	00000	001	69500000	00000	43.60	Flowers - Mtn View				
											GST S
TOTAL AMOUNT OF CHEQUE										<u>\$196.68</u>	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other

Expenditure Officer Authorization: [Signature] Print Name: Patti Green

Authorizer's Employee Number: _____ Authorizer Phone # (in full): 403-1225

ACCOUNTS PAYABLE ONLY

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

Invoice # _____ Supplier # _____

Recurring Payment:

Start Date _____ End Date _____

of Payments _____ Cycle _____

Comments: _____

Accounts Payable Authorization: _____ Date: _____

14039431124



LAURELS FLOWER AND GARDEN



FAX COVER PAGE

To: Lynn Redford

Company :

Date : Jan 31/06

Pages : 1

Handwritten notes:
Lynn Redford
Lynn Redford

Best Copy Possible

LAUREL'S		
10404-82 AVENUE	EDMONTON	AB
ID: A4205639		
STORE: 4205639	SLIP #: 0126	
SALE	\$43.60	

CUSTOMER/CLIENT

SIGNATURE X _____

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

SEQ 069001001005 AUTH 001593 ISO -001
APPROVED

DATE Jan 30 2006 TIME 11:29 AM

**10404 - 82 Ave
Edmonton, AB
T6E 2A2**

**Phone: 780 431-0738
Fax: 780 435-0287**

Thank You.

APPLICANT COPY 2012-G-0168

The Westin
The Westin

Parliament Hotel & Resorts
8914 146th St
Edmonton, Alberta T6E 4S5
252-1284

115/100 1361
JAN 26 '06 7:57AM

ROOM: 5006
TABLE: 20/1
SERVER: 116 BRONWYNN
DATE: JAN 26 '06 2:21PM
CARD: VISA
ACCT #

Room 12.00
Tax 5.00

EXP DATE:
AUTH CODE: 046214 s.17(1), 17(4)(e.1)
LYNN REDFORD

Subtotal 23.00 s.17(1), 17(4)(e.1)
TAX #R261938492 1.61
Total Due \$24.61

Subtotal: 22.47
TAX: 3.00
Total: 25.47

Tip 3.00
TOTAL 27.61

SIGNATURE

ROOM #

PRINT NAME

SIGNATURE
NOT A CREDIT CARD

PLEASE RETURN A SIGNED COPY
TO YOUR SERVER

LEFT - CHARGE/FACTURE
ASSOCIATION
LYNN REDFORD
DO NOT WRITE ABOVE THIS LINE
11081015
5352
PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION.
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION.

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



Travel Expense Claim

Employee Name LYNN REDFORD	Employee # s.17(1), 17(4)(g)(i)	Location SPT
Department OFFICE OF THE CEO	Phone Number 943-1225	Date 2006/03/10

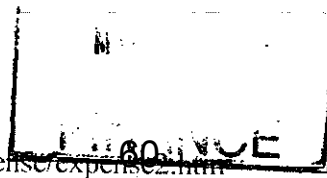
Date of Travel Expense	Details	KM	Rate	Amount	Parking
2006/01/05	Westin Hotel - Mtg w/ Fred Horne - one way	10	0.405	\$4.050	\$12.00
2006/01/26	Fairmont Palliser Hotel - Mtg w/ Iris Evans, Andrea Robertson - return	20	0.405	\$8.100	\$7.50
2005/10/25	Winter Club - Neil Brown event - one way	30	0.405	\$12.150	\$0.00
2006/01/26	Fairmont Palliser Hotel - Chamber of Commerce post election - one way	10	0.405	\$4.050	\$10.00
2006/01/27	McDougall Centre - Calgary Caucus - one way	10	0.405	\$4.050	\$15.00
2006/01/10	McDougall Centre - Calgary Caucus - one way	10	0.405	\$4.050	\$15.00
2006/03/06	FMC - Foothills Medical Ctr. to SPT - Southport Mtg with Zuege, Bioteau, Liepert - Bill 201	15	0.405	\$6.075	\$0.00
2006/02/21	SPT - Southport to FMC - Foothills Medical Ctr. (ret) Mtg with Donly, Shapiro et al - ARP Comm Plan	30	0.405	\$12.150	\$0.00
2006/03/01	SPT - Southport to FMC - Foothills Medical Ctr. Mtg with Zuege, Bioteau, Doig - Bill 201	15	0.405	\$6.075	\$0.00
2006/01/12	SPT - Southport to FMC - Foothills Medical Ctr. (ret) Mtg with Megran, Lynch, Donly - ARPs	30	0.405	\$12.150	\$0.00

AUTHORIZATION & CODING

Org			GL Description	Amount (including GST)
01	Functional Centre 71105000001	Account 624100000	Mileage	\$72.90
			Parking	\$59.50
Employee Signature <i>[Signature]</i>			Date	TOTAL PAYABLE TO EMPLOYEE \$ 132.40
Expenditure Officer Authorization s.17(1), 17(4)(g)(i)			Authorizer Employee #	Authorizer Phone #

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44.50
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72.90 59.50
- 4.05 - 15.00
68.85 44.50



APPLICANT COPY 2012-G-0168

PALISER PARKADE
 CALGARY AB
 RECEIPT ONLY!
 POSITION: C3

 ENTRY DATE/TIME:
 26/01/06 07:11
 PAY DATE/TIME:
 26/01/06 09:02
 PARK-DUR.: HRS:MIN
 0:01:51

 PAID: \$ 10.00
 VISA

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

AUTH. CODE073361
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 * YOU MUST TAKE *
 * ORIGINAL TICKET *
 * WITH YOU AND USE *
 * IT TO EXIT *

 GST INCLUDED
 GST No. RT12201449
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 THANK YOU FOR YOUR
 VISIT!

PALISER PARKADE
 CALGARY AB
 RECEIPT ONLY!
 POSITION: C3

 ENTRY DATE/TIME:
 26/01/06 12:56
 PAY DATE/TIME:
 26/01/06 14:27
 PARK-DUR.: HRS:MIN
 0:01:29

 PAID: \$ 7.50
 VISA

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

AUTH. CODE017643
 REF. 14

 * YOU MUST TAKE *
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 * WITH YOU AND USE *
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 GST INCLUDED
 GST No. RT12201449
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 THANK YOU FOR YOUR
 VISIT!

DISPLAY FACE UP ON DASH

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DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 001
 The Westin Hotel
 Machine Serial #:00004103001

EXPIRY DATE AND TIME
EXP 08:48am
JAN 05,2006

TICKET# LOT#
00010999 00030001

\$0012.00 CC # MACH# 003
 FOLLOW INSTRUCTIONS ON SIGNS POSTED

1 hr 30 min \$12
 GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

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

451 - McDougall
 6 Street SW
 CAN-T2P J02 Calgary, AB
 Tax Code CA GST #119457869

CT 1 (82) Cashier 56
 27/01/06 11:45

Receipt 075418

Short-term Parking	
Short-term parking tkt	
McDougall Parkade	
27/01/06 11:45	
27/01/06 11:45	
Period 0d03h45	
(GST)	\$15.00
Gross total	\$15.00
Payment	
Cash	\$15.00
Net total	\$14.02
GST (7%)	0.98

All amounts in CAD.
 Deliv. Date=Receipt Date



RECEIVED

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date May 11, 2007		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)			
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____		Province _____	Postal Code _____
Interoffice Mail: Department		Office of the CEO	
Site		Southport	
Purpose of Request		Misc Expenses	
SPECIAL HANDLING INSTRUCTIONS			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	77.97	Lunch – govt stakeholders
		4 1 0 1 0 0 0 0	54.03	Stationery – Invitations
		4 1 0 1 0 0 0 0	16.13	Stationery – Invitations
				GST
TOTAL AMOUNT OF CHEQUE:			148.13	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 			Print Name Mark Kastner	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)			Authorizer Phone # (in full) 943-0639	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

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APPLICANT COPY 2012-G-0168

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Verdict: [illegible] Date: [illegible]
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[illegible]
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DATE: [illegible]

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NOTE: [illegible]
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CARDHOLDER WILL PAY TAIR FEE ABOVE
APPROX PURSUANT TO CARDHOLDER AGREEMENT
Please leave Signed Copy [illegible]

CUSTOMER COPY
POS Solution
MOMENTS 2
1111 380 CANYON MEADOWS
CALGARY AB T2J 7C9
Credit Purchase
Merchant 66067400
Terminal 0009163

MOMENTS

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Amount \$16.13
Total \$16.13
VISA

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

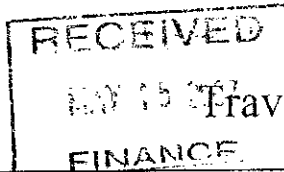
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Cardholder above
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Amount 16.13
Total 16.13
Cardholder 16.13
Merchant 16.13

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Merchant Moments
Reporting at moments



Travel Expense Claim

Employee Name LYNN REDFORD	Employee Number s.17(1), 17(4)(g)(i)	Location SPT
Department OFFICE OF THE CEO	Phone Number 943-1225	Date 2007/05/11

Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2007/05/05	BBQ event - stationery - Michaels	15	0.43	\$6.45	\$0.00
2007/05/09	Meeting - Cindy Ady AGM	30	0.43	\$12.90	\$0.00
2007/05/01	Breakfast Meeting - Alyssa Haunholter - Westin Hotel	20	0.43	\$8.60	\$8.00
2007/04/26	Premier's Dinner - Telus Convention Centre	20	0.43	\$8.60	\$5.00
2007/04/26	Meeting - Fred Horne - McDougall Centre	20	0.43	\$8.60	\$6.75
2007/04/20	Meeting - Calgary Caucus - McDougall Centre	20	0.43	\$8.60	\$11.25
2007/05/02	SPT - Southport to FMC - Foothills Medical Ctr. Meeting with Physicians	15	0.43	\$6.45	\$0.00

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org 01	Functional Centre 7110500001	Account 624100000	Mileage	\$60.20
			Parking	\$31.00

Employee Signature <i>Lynn Redford</i>	Date 11/07	TOTAL PAYABLE TO EMPLOYEE	\$ 91.20
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Expenditure Officer Authorization <i>[Signature]</i>	Authorizer Employee #	Authorizer Phone # 943-0039
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s.17(1), 17(4)(g)(i)

Best Copy Possible

[Faint, mostly illegible text from a receipt, possibly including a date and amount.]

4800

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

McDougal
451 - 6 Street
CAN-T2P 4A2 Calgary, AB
Tax code: GST # [REDACTED]

PT 1 (12) 20/04/07 13:45
Receipt #91588

Short-term parking tkt
L3 - No. 000567
20/04/07 11:26 -
20/04/07 13:45
Period 0c02h20'
(GST) \$11.25

Gross total \$11.25

Payment
Cash \$11.25
04/08

Net total \$10.61
GST 6%

All amounts in CAD.
Deliv. date=Receipt date

60290

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

McDougal
451 - 6 Street
CAN-T2P 4A2 Calgary, AB
Tax code: GST # [REDACTED]

PT 1 (12) 22/04/07 09:39
Receipt #93270

Short-term parking tkt
L3 - No. 010371
22/04/07 08:07 -
22/04/07 09:39
Period 0c01h33'
(GST) \$6.75

Gross total \$6.75

Payment
Cash \$6.75
04/08

Net total \$6.37
GST 6%

All amounts in CAD.
Deliv. date=Receipt date

60290

Civic Plaza Parkade
322 - 9 Avenue SE
CAN-T2G 5E9 Calgary, AB
Tax code: GST #119457869

PT 1 (90) 26/04/07 18:05
Cashier 20
Receipt #058841

Flat rate payment
Short-term parking tkt
L3 - No. 054573
26/04/07 18:00 -
27/04/07 06:00
Period 0c11h59'
(GST) \$5.00

Gross total \$5.00

Payment
Cash \$5.00

Net total \$4.72
GST 6%

All amounts in CAD.
Deliv. date=Receipt date



Travel Expense Claim

Employee Name LYNN REDFORD		Employee Number s.17(1), 17(4)(g)(i)		Location SPT	
Department OFFICE OF THE CEO		Phone Number 943-1225		Date 2007/07/06	
Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2007/06/26	Dave Bronconnier Event	15	0.43	\$6.45	\$5.00
2007/05/31	MLA BBQ preparation	30	0.43	\$12.90	\$0.00
2007/06/18	East Calgary Health Centre Groundbreaking Event	45	0.43	\$19.35	\$0.00
2007/06/19	Claresholm Care Facility Name Change Event	250	0.43	\$107.50	\$0.00
2007/07/04	MLA BBQ Bragg Creek & preparation	140	0.43	\$60.20	\$0.00
2007/07/04	MLA BBQ Bragg Creek & preparation	120	0.43	\$51.60	\$0.00
2007/06/08	SHC Announcement - McDougall Centre	25	0.43	\$10.75	\$9.00
AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		Amount (including GST)
Org 01	Functional Centre 7110500001	Account 624100000	Mileage		\$268.75
			Parking		\$14.00
Employee Signature <i>Lynn Redford</i>		Date July 9/07	TOTAL PAYABLE TO EMPLOYEE		\$ 282.75
Expenditure Officer Authorization <i>[Signature]</i>			Authorizer Employee #	Authorizer Phone #	

RECEIVED
JUL 10 2007
FINANCE

```

816709      McDougall
            451 - 6 Street SW
            CN-TSP 4A2 Calgary, AB
            CodeCAGST #119452869
            12> 06/06/07 11:53
            t 082630

Short-term parking tkt
L: No. 020651
06/06/07 10:05
06/06/07 11:53
Priced 801h49
(CST) ----- $9.00
Gross total ----- $9.00

Payment
VISA ----- $9.00
04/08

Net total ----- $8.49
CIT 5% ----- 0.51

All amounts in CAD.
Receipt date
    
```

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

RECEIPT
Thank you for
your patronage



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date July 7, 2007		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)			
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____		Province _____	Postal Code _____
Interoffice Mail: Department		Office of the CEO	
Site		Southport	
Purpose of Request		Misc Expenses	
SPECIAL HANDLING INSTRUCTIONS			
CODING & AUTHORIZATION			
FINANCIAL CODE			
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0 0	57.35 ✓
		6 7 5 0 0 0 0 0 0	15.90 ✓
		6 7 5 0 0 0 0 0 0	16.50 ✓
		6 7 5 0 0 0 0 0 0	23.05 ✓
		6 7 5 0 0 0 0 0 0	210.41 ✓
TOTAL AMOUNT OF CHEQUE:			323.21
			<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization 		Print Name Mark Kastner	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)		Authorizer Phone # (in full) 943-0639	

RECEIVED
JUL 18 2007
FINANCE

ACCOUNTS PAYABLE ONLY

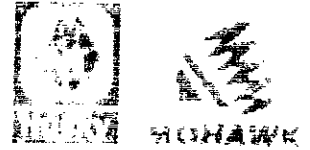
Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

00074

Best Copy Possible

MON-FRI 10-9, SAT 9-9, SUN 10-6

SUSHI GINZA JAPANESE R
276 10816 MACLEOD T2J5N8
CALGARY AB 22693994



Name: REDFORD LYNN
Acct #

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

Date 07/06/08 Time 13 26 12
Exp Date 0804 Auth # 089272
Card Type VI Iran Code 01
N22693994001 001356022

0117357
16 994

#15.90

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

Op ID: 008

Invoice No.: 86324

SALE \$16.50

Subtotal \$50.35
Tip 7.00
Total 57.35

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

6516610.45... K. FOR YOUR VISIT

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

APPROVED (21120)

Top copy-customer Bottom copy-merchant

CUSTOMER COPY

Subtotal \$50.35
Tip \$7.00
Total \$57.35
TOTAL : 23.05

Amount \$23.05

23.05



WILLOW PARK
WINES & SPIRITS

Willow Park Wines & Spirits
10801 Boonventure Dr. SE
Bellevue, WA 98004
206.468.1234

Best Copy Possible

Bill of Sale 10:13:06 AM

Item	Qty	Price	Total Tax
Ident Number 12385	1	34.65	34.65 +
DEPOSIT			0.65
Bevandi White 141	1	35.12	35.12 +
DEPOSIT			0.20
Bombay Sapphire 404723	1	36.04	36.04 +
DEPOSIT			0.20
Crown Royal 10108	1	38.52	38.52 +
DEPOSIT			0.20
Samnuff 20505	1	51.37	51.37 +
DEPOSIT			0.20

of Items Sold: 5

Subtotal	187.70
Total Deposit	0.85
NET TOTAL DUE	188.55
Net Total	210.41
Amount Paid	210.41

DATE OF SALE
TOTAL AMOUNT

AMOUNT PAID

CARD NUMBER s.17(1), 17(4)(e.1)
DATE/TIME
BILLING ADDRESS
AUTHOR. #

DATE OF RECEIPT

AMOUNT

For the full and true payment of the above amount
received by the undersigned

Signature _____ Date _____

DATE OF RECEIPT 71
BILLING ADDRESS Bill of Sale



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date July 7, 2007		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)			
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____		Province _____	Postal Code _____
Interoffice Mail:	Department	Office of the CEO	
	Site	Southport	
		Misc Expenses	
Purpose of Request _____			
SPECIAL HANDLING INSTRUCTIONS _____			

RECEIVED
 JUL 10 2007
 FINANCE

CODING & AUTHORIZATION

FINANCIAL CODE					AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT				
0 1	7 1 1 0 5 0 0 0 0 0 1	6 7 5 0 0 0 0 0	120.61	115.54 ²	Beverages – MLA BBQ	
		6 7 5 0 0 0 0 0	56.57	61.64 ²	Fruit and Insect Repellent – MLA BBQ	
		6 2 4 1 0 0 0 0	25.00	2-	Taxi for 4 staff – Calgary Chamber of Commerce – David Tuer Speech	
TOTAL AMOUNT OF CHEQUE:					202.18	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization					Print Name Mark Kastner	
Authorizer's Employee Number					Authorizer Phone # (in full) 943-0639	

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

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

APPLICANT COPY 2012-G-0168

the real Canadian Superstore
 Returns/Exchanges will be considered
 within 14 days with valid receipt
 your cashier is MIHO

MOTT'S CLAM	2.97
RECYCLING	0.02
DEPOSIT	0.20
MOTT'S CLAM	2.97
RECYCLING	0.02
DEPOSIT	0.20
MOTT'S CLAM	2.97
RECYCLING	0.02
DEPOSIT	0.20
MOTT'S CLAM	2.97
RECYCLING	0.02
DEPOSIT	0.20
6 @ 1.65 ea Unit Price	
ORANGE JUICE	9.90
6 @ 0.05 ea Unit Price	
DEPOSIT	0.30

Balance Due	22.96
1 @ 3.47 ea Limit Price	
7UP	3.47 F
DEPOSIT	0.60
3 @ 5.29 ea Unit Price	
RC SPR WATER	15.87
3 @ 0.35 ea Unit Price	
RECYCLING	1.05
3 @ 1.75 ea Unit Price	
DEPOSIT	5.25
1 @ 3.47 ea Limit Price	
1 @ 3.98 ea Over The Limit	
DIET FM	14.90 F
1 @ 0.60 ea Unit Price	
DEPOSIT	2.40
4 @ 3.98 ea Over The Limit	
COKE CLASSIC FM	15.92 F
4 @ 0.60 ea Unit Price	
DEPOSIT	2.40

6% GST 122235922 2.06

Balance Due	86.88
3 @ 3.98 ea Over The Limit	
CD CLUB SOJA	11.94 F
3 @ 0.60 ea Unit Price	
DEPOSIT	1.80
1 @ 3.98 ea Over The Limit	
CD TONIC WTR FM	3.98 F
DEPOSIT	0.60
1 @ 3.98 ea Over The Limit	
CD WTR FM	3.98 F
1 @ 3.98 ea Over The Limit	
CD BINGERALE	3.98 F
DEPOSIT	0.60
1 @ 3.98 ea Over The Limit	
CD BINGERALE	3.98 F
DEPOSIT	0.60

6% GST 122235922 3.73

Balance Due 1.01

Best Copy Possible

Account Number: 123456789
Card Number: 1234 5678 9010 1112
Expiration: 12/11 - 12/11
CVV: 123

53.88-F
12/11
123
11
123456789

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

Approved for purchase
Merchant: ABC STORE
Amount: \$57.11
Approved

Card 57.11
Change Due 0.00

0170706 1219 1474 0187 30 000011-

Now more toys to save
www.superstore.ca
E-flyers, and exclusive offers
great features and much much more...

APPLICANT COPY 2012-G-0168

Chauffeur: 2

Date: 6-14-07

Unit No.: 180

Amount: 85

G.S.T. INCLUDED

G.S.T. No.: SPT

⇒ Number of
concrete



calgary health region

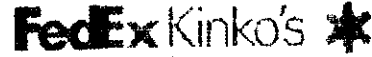
CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a cheque made outside of established Purchasing policies. **ORIGINAL DOCUMENT**

Date September 14, 2007	Requested By (Please Print) Lynn Redford
Department Office of the CEO	Site Southport

Thank you for choosing FedEx Kinko's



FedEx Kinko's
5828 Macleod Trail S.
Calgary, Alberta T2H 0J8
GST # R123456789

MAKE CHEQUE PAYABLE TO: Lynn Redford

MAILING ADDRESS (for forwarding of cheque) s.17(1), 17(4)(g)(i)

Canada Post:

City _____ Province _____

Interoffice Mail: Department Office of the CEO
Site Southport
Misc Expenses

Purpose of Request

10.98	EXTRA
10.98	Subtotal
0.62	GST 6.00%
\$10.98	Total
\$10.98	VISA

Receipt # 8686
Date: 9/8/2007, 2:20 PM
Cashier: Shannon B
Authorizing Signature:

SPECIAL HANDLING INSTRUCTIONS

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0 0	10.98	Printing for Public Accts Meeting - Kinkos
TOTAL AMOUNT OF CHEQUE:			10.98	<input type="checkbox"/> CDN
Expenditure Officer Authorization			Print Name	Mark Kastner
Authorizer's Employee Number			Authorizer Phone # (in full)	943-0639

Best Copy Possible

ACCOUNTS PAYABLE ONLY

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

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	

\$10.98

APPROVED

00074



Travel Expense Claim

RECEIVED
SEP 17 2007
FINANCE

Employee Name LYNN REDFORD s.17(1), 17(4)(g)(i)	Employee Number	Location SPT
Department OFFICE OF THE CEO	Phone Number 943-1225	Date 2007/09/14

Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2007/09/07	ACH - Alberta Children's Hospital to SPT - Southport Health Canada News Conf	22	0.43	\$9.46	\$0.00
2007/09/06	SPT - Southport to ACH - Alberta Children's Hospital (ret) Health Canada News Conf Preparation	43	0.43	\$18.49	\$0.00
2007/08/24	SPT - Southport to CBH - Colonel Belcher Hospital (ret) Madeleine King - photo at SMC	32	0.43	\$13.76	\$4.00
2007/08/29	SPT - Southport to CBH - Colonel Belcher Hospital (ret) Harvey Cenaiko - photo at SMC	32	0.43	\$13.76	\$3.50
2007/08/28	Mayors and Reeves Meeting - Turner Valley/Cochrane	260	0.43	\$111.80	\$0.00

Madeleine King
Harvey Cenaiko

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org 01	Functional Centre 71105000001	Account 62410000	Mileage	\$167.27
			Parking	\$7.50

Employee Signature <i>Lynn Redford</i>	Date Sept 14/07	TOTAL PAYABLE TO EMPLOYEE	\$ 174.77
---	--------------------	---------------------------	-----------

Expenditure Officer Authorization <i>[Signature]</i>	Authorizer Employee #	Authorizer Phone #
---	-----------------------	--------------------

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

RECEIVED
SEP 19 2007
FINANCE

CALGARY REGIONAL HEALTH AUTHORITY FINANCIAL SERVICES

TO *Lynn B. [unclear]*

DATE *Sept 18/12*

FROM CAROLINA MANIAS, ACCOUNTS PAYABLE
SOUTHPORT TEL# 943 0775 FAX# 943 0337

WE ARE RETURNING THE ATTACHED FOR THE FOLLOWING REASON(S)

- No approval signature
- You cannot approve your own requisition, please resubmit with another authorized signature
- No or invalid functional control account. Please provide valid codes
- No or invalid CAPITAL PROJECT CODING Please provide valid codes

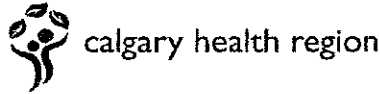
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG

- Requires original back-up (invoice/receipts) Or for proof of payment, front & back copy of cancelled cheque or copy of your credit card bill is acceptable *for parking*
- Requires a completed cheque requisition form
- Employees' claims under \$100.00 can be claimed at the petty cash/cashier office at your site
- Must provide CURRENT employee number (from most recent paystub)

Best Copy Possible

If making please make sure...

10-1-12
[Handwritten notes and scribbles]



CHEQUE REQUISITION

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date November 14, 2007		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)			
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____		Province _____	Postal Code _____
Interoffice Mail:	Department	Office of the CEO	
	Site	Southport	
Purpose of Request	Misc Expenses		
SPECIAL HANDLING INSTRUCTIONS			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 2 4 1 0 0 0 0 0	1.95	Public transit – Hyatt Regency return from event
0 1	7 1 1 1 0 3 0 0 0 0 1	6 9 5 0 0 0 0 0 0	42.40	Flowers – Government House Administrator Mtg with Chair, Board Chair and Minister of AH&W
TOTAL AMOUNT OF CHEQUE:			44.35	<input type="checkbox"/>
Expenditure Officer Authorization			Print Name Mark Kastner	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-0639	

▲ VALIDATE HERE ▲

114 CENT 07.10.29 15:27

L988124

ADULT

ACCOUNTS PAYABLE ONLY

Invoice # _____ Supplier # _____ Recurring Payment: Start Date _____ End Date _____ # of Payments _____ Cycle _____	Comments: _____ _____ _____ _____
--	--



LAURELS FLOWER AND GARDEN



FAX COVER PAGE

To: Lynn Redford 403-943-~~1225~~

Company: Calgary Health Region

1124

Date: Oct. 18 /07

Pages: 1 of 1

Re: delivery to Christine Taylor.

LAUREL'S
 10404-82 AVENUE EDMONTON AB
 ID: A4205639
 STORE: 4205639 SLIP #: 4809
 SALE \$42.40

CUSTOMER/CLIENT

SIGNATURE X _____

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

SEQ 279001001006 AUTH 001922 ISO -001
 APPROVED
 DATE Oct 18 2007 TIME 1:13 pm

01 *50*10 01
 07 *70*00 11
 *10*00 *
 *2*40 71

Thank You!

10404 - 82 Ave
 Edmonton, AB
 T6E 2A2

Phone: 780 431-0738
 Fax: 780 435-0287

800-9605
 1-122



Travel Expense Claim

817463

0579804

Instructions on Reverse Side:
 Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.

Employee Name LYNN REDFORD		Location SPT			
Department OFFICE OF THE CEO		Date 2007/11/14			
Date of Travel /Expense		Rate	Amount	Parking	
2007/10/17	Len Webber Dinner - Chinatown	15	0.43	\$6.45	\$3.00
2007/11/15	SPT - Southport to FMC - Foothills Medical Ctr. (ret) Betty Lynn Morrice Meeting - rehab event	30	0.43	\$12.90	\$0.00
2007/10/24	SPT - Southport to ACC - Airport Corporate Centre (ret) Maire Glennon for meeting with Jack Davis	53	0.43	\$22.79	\$0.00
2007/09/27	Cindy Ady - Photos - South Health Campus	30	0.43	\$12.90	\$0.00
2007/09/17	Harvey Cenaiko - home for document pick up	20	0.43	\$8.60	\$0.00
2007/10/18	Edmonton - Government meetings	600	0.43	\$258.00	\$0.00
2007/10/12	Ken Faulkner - McDougall Centre	20	0.43	\$8.60	\$13.50

2/0912 15:12
 GST 6% 0.76
 \$ 13.50 82
 12/10/07 18:06

5032/170020200/053227
 12/10/07 EN 5th-L
 McDougall Parkade

← **257203**

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org 01	Functional Centre 7110500001	Account 6 2 4 1 0 0 0 0	Mileage Parking	\$330.24 \$16.50

Employee Signature <i>Lynn Redford</i>	Date Nov 14/07	TOTAL PAYABLE TO EMPLOYEE \$ 346.74
---	-------------------	--

Expenditure Officer Authorization <i>[Signature]</i>	Authorizer Employee #	Authorizer Phone # 8743-0659
---	-----------------------	---------------------------------

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

OCT 18 07
 5:00A THU

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

OCT 18 07
 5:00A THU
 43.60

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

Chinatown dinner



INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date January 3, 2008		Requested By (Please Print) Lynn Redford	
Department Office of the CEO		Site Southport	Phone No (in full) 943-1225
MAKE CHEQUE PAYABLE TO: Lynn Redford			Employee/Supplier # s.17(1), 17(4)(g)(i)
MAILING ADDRESS (for forwarding of cheque)			
Canada Post:		s.17(1), 17(4)(g)(i)	
City _____		Province _____	Postal Code _____
Interoffice Mail:	Department	Office of the CEO	
	Site	Southport	
		Misc Expenses	
Purpose of Request			
SPECIAL HANDLING INSTRUCTIONS			

CODING & AUTHORIZATION

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION	
0 1	7 1 1 0 5 0 0 0 0 0 1	4 1 0 7 0 0 0 0 0	129.85	50% of cost for additional computer memory and service	
TOTAL AMOUNT OF CHEQUE:			129.85	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other	
Expenditure Officer Authorization			Print Name Mark Kastner		
Authorizer's Employee Number			Authorizer Phone # (in full) 943-0639		

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

ACCOUNTS PAYABLE ONLY

Invoice # _____ Supplier # _____ Recurring Payment: Start Date _____ End Date _____ # of Payments _____ Cycle _____	Comments: _____ _____ _____ _____
--	--

00074

APPLICANT COPY 2012-G-0168

Geeks On The Way formerly The Geek Patrol
 1223 Macleod Trail SE
 Calgary, AB T2G 1N2
 www.geeksontheway.com
 info@geeksontheway.com



Telephone 1-800-875-5017
 Facsimile 403-206-7270

<p>To</p> <p>Lynn Redford</p> <p>s.17(1), 17(4)(g)(i)</p> <p>Lynn Redford</p> <p>Tel: s.17(1), 17(4)(g)(i)</p>	<p>Ship To</p> <p>Lynn Redford s.17(1), 17(4)(g)(i)</p> <p>Lynn Redford</p> <p>s:17(1), 17(4)(g)(i)</p>
---	--

INVOICE: 18919

Date	Due	Salesperson
12-17-2007	12-17-2007	Vadim Pismarkin

Line Item	Number	Description	Qty	Price	Amount
1	1160	Troubleshooting - General Troubleshooting	2	85.00	170.00
2	8295	RAM Desktop	1	75.00	75.00

259.70 - 2 = 257.70

Subtotal	245.00
GST on 245.00	12.25
Paid	- 259.70
Balance Due	-2.45

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

All prices in CAD.
 GST # 861929214

Payments

Date	Source	Amount
12-17-2007	Undeposited Funds - Visa CDN 091921	259.70 ✓

Refer someone to Geeks On The Way and we will give you a half hour credit towards your next service call!

Payment due NET 0 Days from date of Invoice.

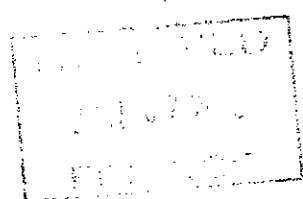


Travel Expense Claim

Employee Name LYNN REDFORD		Employee Number s.17(1), 17(4)(g)(i)		Location SPT			
Department OFFICE OF THE CEO		Phone Number 943-1225		Date 2008/01/03			
Date of Travel /Expense	Details			KM	Rate	Amount	Parking
2007/12/12	SPT - McDougall Centre - Premier's reception			10	0.43	\$4.30	\$2.00
2007/11/22	Petroleum Club - SPT			10	0.43	\$4.30	\$28.00
AUTHORIZATION & CODING							
FINANCIAL CODE			GL Description			Amount (including GST)	
Org 01	Functional Centre 7110500001	Account 6241100000	Mileage Parking			\$8.60 \$30.00	
Employee Signature <i>[Signature]</i>		Date 10/3/08	TOTAL PAYABLE TO EMPLOYEE			\$38.60	
Expenditure Officer Authorization <i>[Signature]</i>			Authorizer Employee #		Authorizer Phone # 943-0639		

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

PARKING 59-012
202-6 AVE SW
CALGARY AB
s.17(1), 17(4)(e.1)



CARD NUMBER
CARD TYPE VISA
DATE/TIME 2007/11/22 10:4
RECEIPT NUMBER S80513488-315-0
PURCHASE
TOTAL AMOUNT \$28.00

1426165

617463
Instructions on Reverse Side:
Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



3/0985 5092/170020200/122008
16:25 11/12/07 EN 5th-L
McDougall Parkade

01 APPROVED 027 AUTH. # 04E
THANK YOU

CARDHOLDER COPY

GST 6% 0.11
\$ 2.00 82
11/12/07 19:01



022012



Travel Expense Claim

Employee Name LYNN REDFORD		Employee Number s.17(1), 17(4)(g)(i)		Location SPT	
Department OFFICE OF THE CEO		Phone Number 943-1225		Date 2008/03/24	
Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2008/03/13	Cal - Edm return	600	0.43	\$258.00	\$0.00
2008/01/30	Permier Luncheon - SPT - Westin - return	20	0.43	\$8.60	\$6.00
2008/01/25	Mtg - Advisory Group - SPT - McDougall Centre - return	20	0.43	\$8.60	\$12.50
AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		Amount (including GST)
Org 01	Functional Centre 7110500001	Account 6241100000	Mileage		\$275.20
			Parking		\$18.50
Employee Signature <i>Lynn Redford</i>		Date March 20/08	TOTAL PAYABLE TO EMPLOYEE		\$ 293.70
Expenditure Officer Authorization <i>[Signature]</i>		Authorizer Employee #	Authorizer Phone # 943-2659		

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

1568698

Instructions on Reverse Side:

Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.

817463



7/8434
07:14

5137/170020200/122007
25/01/08 EN 5th-L
McDougall Parkade

GST 5% 0.60
\$ 12.50 82
25/01/08 09:58



022012

2008 06 02 2008

Travel Expense Claim

Employee Name LYNN		Employee Number s.17(1), 17(4)(g)(i)		Location SPT		
Department REDFORD		Phone Number 943-0559		Date 2008/05/26		
Date of Travel /Expense	Details	KM	Rate	Amount	Parking	
2008/05/23	FMC - Foothills Medical Ctr. to RGH - Rockyview Gen. Hosp. MLA ED Tours	11	0.43	\$4.73	\$7.50	
2008/05/23	RGH - Rockyview Gen. Hosp. to SPT - Southport MLA ED Tours	5	0.43	\$2.15	\$0.00	
2008/03/25	SPT - Airdrie - City Council Meeting	150	0.43	\$64.50	\$0.00	
2008/05/13	SPT - Flames Central - Health Trust Event	10	0.43	\$4.30	\$12.00	
2008/05/13	Flames Central - Westside Recreation Centre - Jack Davis	30	0.43	\$12.90	\$0.00	
2008/04/25	SPT - McDougall Centre- Jack Davis - Alison Redford	20	0.43	\$8.60	\$10.00	
2008/05/14	SPT - Higher Ground Kensington - Jane Johnson	20	0.43	\$8.60	\$2.25	
2008/05/09	PLC - Peter Lougheed Ctr. to SPT - Southport MLA ED Tours	19	0.43	\$8.17	\$0.00	
2008/05/06	ACH - Alberta Children's Hospital to SPT - Southport (ret) Premier Stelmach - ACH Tour	43	0.43	\$18.49	\$0.00	
2008/04/07	ACH - Alberta Children's Hospital to SPT - Southport (ret) ACHF Event	43	0.43	\$18.49	\$0.00	

RECEIVED
MAY 20 2008

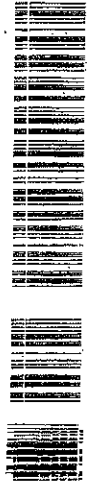
AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org 01	Functional Centre 7110500001	Account 623000000	Mileage	\$150.93
			Parking	\$31.75
Employee Signature <i>[Signature]</i>			Date <i>[Date]</i>	TOTAL PAYABLE TO EMPLOYEE \$ 182.68
Expenditure Officer Authorization <i>[Signature]</i>			Authorizer Employee # 943-0559	Authorizer Phone # 943-0559

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

231002

Instructions on Reverse Side:
Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



3/0774 5256/17002000/000402
12:54 25/04/08 EN 5th-L
McDougal Parkade

GST 5% 0.46
\$ 10.00 12:54
25/04/08 14:46

002400

Instructions on Reverse Side:
Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



9/0915 5246/170019400/000753
13/05/08 EN 1.L-2
Convention Center

GST 5% 0.57
\$ 12.00 17:15A
13/05/08 17:00

503700

CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY

Terminal: 276
Plate: EMH254

Zone: 2865

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

Valid through:

WEDNESDAY 14 MAY 08
11:11 AM

AMOUNT PAID: \$2.25
ENTRY TIME: 5/14/2008 9:54 AM RECEIPT NO: 101
CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY

ROCKYVIEW GENERAL
HOSPITAL

RECEIPT H1

CASHIER NO. 1
IN- 23/05/08 10:00
OUT- 23/05/08 12:50
DUE: \$ 7.50
CASH 4 7 50

GST=RL24072513

THANK YOU

Issued by
Standard Parking
of Canada
COMMMENTS/CONCERNS -
CALL 403-943-3019



calgary health region

PAYMENT REQUISITION

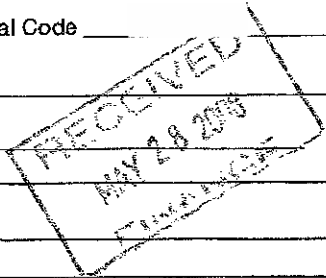
PROCESSED 06 02 2008

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date May 27, 2008	Requested By (Please Print) Lynn Redford	
Site SPT	Department Office of the CEO	Phone # (in full) 943-0559

MAKE PAYMENT TO:	If Employee – provide their employee number in this space.
MAILING ADDRESS (cheque payment only)	
Canada Post: _____	s.17(1), 17(4)(g)(i)
City _____ Province _____ Postal Code _____	
Interoffice Mail: Department _____ Office of the CEO	
Site: _____ SPT	



SPECIAL HANDLING INSTRUCTIONS

Purpose of Request _____

CODING & AUTHORIZATION					
FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	4.76	Coffee – June Lam	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	4.19	Coffee – Jane Johnson	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	37.29	Breakfast – Bob Holmes & MLA Calgary Elbow	

CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION
					41.24R
					5002

TOTAL AMOUNT OF PAYMENT:	\$46.24	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization <i>[Signature]</i>	Print Name Mark Kastner	
Authorizer's Employee Number	Expenditure Authorizer Phone # (in full) 943-0639	

For Finance Use Only: _____ s.17(1), 17(4)(g)(i)	Print Name _____
Accounting Officer Authorization _____	Accounting Authorizer Phone # (in full) _____

Comments:

Higher Ground
1126 Kensington Road
Calgary, AB
WWW.HIGHERGROUNDCAFE.CA

05/14/2008 10:01:00
DEBIT

Transaction # 10
Acc: s.17(1), 17(4)(e.1)
From Checking Account Swiped
Entry: 010242
Trace# 177
Batch# 39P30066
Terminal ID: 39P066
Merchant ID: 39P066
Base Amt: 3.94
Merch Fee: 0.25
Total: 4.19

Reference No.: 051400010242
Auth. Code: 634057
(00) Approved-Thank You

CUSTOMER COPY

Thank-you

Higher Ground
1126 Kensington Road
Calgary, AB
WWW.HIGHERGROUNDCAFE.CA

05/14/2008 09:59:55
DEBIT

Transaction # 9
Acc: s.17(1), 17(4)(e.1)
From Checking Account Swiped
Entry: 010241
Trace# 177
Batch# 39P30066
Terminal ID: 39P066
Merchant ID: 39P066
Base Amt: 4.51
Merch Fee: 0.25
Total: 4.76

Reference No.: 051400010241
Auth. Code: 222160
(00) Approved-Thank You

CUSTOMER COPY

Thank-you

37.0
50



calgary health region

RECEIVED
NOV 04 2008
FINANCE

PAYMENT REQUISITION

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date November 3, 2008	Requested By (Please Print) Lynn Redford	
Site Southport	Department Wellness & Citizen Engagement	Phone # (in full) 403.943.0559

PAYABLE TO:
 Employee Other
 Employee # s.17(1), 17(4)(g)(i)

MAILING ADDRESS (cheque payment only)
 Canada Post: _____
 City _____ Province _____ Postal Code _____

Interoffice Mail: Department **Community Relations** Site: **Southport**

SPECIAL HANDLING INSTRUCTIONS

Purpose of Request	Travel expenses, mileage
--------------------	--------------------------

CODING & AUTHORIZATION

FINANCIAL CODING

ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 5 5 0 0 0 0 0 9 0	6 9 6 0 0 0 0 0	\$59.92	Meeting Expenses 59.92
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 2 0 0 0	14.79	Staff Travel Provincial
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0	563.33	Mileage & Parking - See attached form
				GST \$

CAPITAL PROJECT CODING

PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG	AMOUNT	DESCRIPTION
				638.04	

TOTAL AMOUNT OF PAYMENT:

\$398.35 CDN US Other

Mona Pinder

Print Name
Mona Pinder

Authorizer's Employee Number

Authorizer Phone # (in full)
943-1162

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

Expenses for Lynn Redford

October 1- November 1, 2008

Financial Codes	Date	Amt. Claimed	Description of Expense
Meeting Expenses			
01 71550000090 69600000	10/03/2008	14.54	Good Earth - meeting w Bhatti/Nelson
01 71550000090 69600000	10/09/2008	45.38	Joey Tomato's - Lunch w Jamie Curran
		<u>59.92</u>	
Staff Travel Provincial			
01 71550000090 62412000	17/10/2008	6.79	Second Cup - lunch
01 71550000090 62412000	17/10/2008	8.00	Checker Cabs
01			
01			
		<u>14.79</u>	
TOTAL		\$74.71	



Good Earth
COFFEEHOUSE AND BAKERY

F-0096 Table 0 #Party 1
E SvrCk: 96 7:10 10/03/08

3 MUFFIN 6.75
2 TEA 4.50
1 EXLARGE COFFEE 2002 2.60

Sub Total: 13.85
GST: 0.69

10/03 07:10 TOTAL: 14.54

GST # 893154153

Good Earth Coffeehouse & Bakery
FOOTHILLS HOSPITAL
270-4140

Now hiring great people
www.goodearthcafes.com

	AMT-TEND	CHANGE	TALLY
CASH	20.00	5.46	14.54
			14.54

10/03/08 07:10

E *meeting w
Osam Bhatti +
Pat Nelson*

Joey Tomato's
Mediterranean Grill
Eau Claire Market
#208 Barclay Parade SW
Tel: 263-6336

Date: Oct09'08 01:04PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 123456 *
Check: 5052
Table: 5/1
Server: 201 AMBar96
LYNN REDFORD

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

Subtotal: 40.38

Tip: 5.00

Total: 45.38

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

*****Customer Copy*****

*Lunch w Jamie
Oswan*

WE ARE EAGER TO HEAR FROM YOU!!
WWW.JOEYSRESTAURANTS.COM

GST# R894148667

THANK YOU FOR RIDING WITH CHECKER

Date: 170908 Amount: 8.00

From: Western U.

To: _____

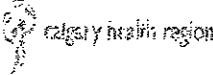
Unit: 10900 Driver: _____

GST# 139185722

From Mly with O Bhatti
PLEASE CALL AGAIN
484-8888
JSK

STATION COPY
X-105 11/03/08
10/03/08 07:10
GST# 139185722

10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10
10/03/08 07:10



	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> <u>Southport</u>	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
	<input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 120.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) LYNN REDFORD		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		LOCATION SPT	
DEPARTMENT Wellness & Citizen Engagement		PHONE NUMBER 943-0559		DATE November 3, 2008	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	PARKING
2008/010/08	SPT – FMC return – A. Robertson mtg	30	0.43	\$12.90	
2008/10/09	SPT – Eau Claire return – J. Curran mtg	26	0.43	\$11.18	
2008/10/09	Impark – Eau Claire				12.00
2008/10/16-18	Edmonton – return – AHS meetings	600	0.43	\$258.00	
2008/10/16	Capital Health Parking – mtg w B. Popp				5.25
2008/10/25	Impark – Westin Hotel – Volunteering w IFCC Training Seminar				6.00
2008/11/01	Edmonton – return – CHC meeting/A. Bhatti	600	0.43	\$258.00	
Total		656		\$540.08	\$23.25

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT
01	7155000090	62410000	MILEAGE	\$540.08
			PARKING	23.25
EMPLOYEE SIGNATURE 			TOTAL PAYABLE TO EMPLOYEE	\$563.33
AUTHORIZATION 		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER 403-943-1162	

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

TICKET VOID IF R

mtg @ Curran
impark

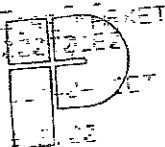
5 SIDE UP ON DASH

TICKET VOID IF

VOLUNTEERING / IECC CONFERENCE
impark

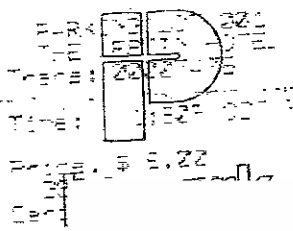
5 SIDE UP ON DASH

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

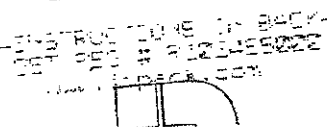


PLACE THIS SIDE UP ON DASH

1:10P THU
OCT 05 08

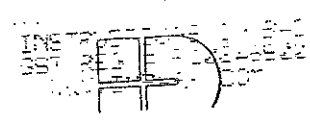
4:30P SAT
OCT 25 08

RE-SOLD



PLACE THIS

RE-SOLD



PLACE THIS

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

10/05/08 01:02 PM

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

10/05/08 01:02 PM 5.25

AMOUNT PAID

\$ 5.25 4375000001:02 PM

CREDIT CARD NUMBER

0000

Meeting w

B. Pott

Capital Health

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



NON TRANSFERABLE 2533616



RECEIPT 2533616



Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. ORIGINAL DOCUMENTS MUST BE ATTACHED

Date	Requested By (Please Print)	
November 18, 2008	Lynn Redford	
Site	Department	Phone # (in full)
Southport	Wellness & Citizen Engagement	403.943.0559

PAYABLE TO:	Employee #
<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Other	

MAILING ADDRESS (cheque payment only)	s.17(1), 17(4)(g)(i)
Canada Post:	
City _____ Province _____ Postal Code _____	
Interoffice Mail: Department Community Relations	Site: Southport

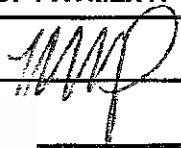
SPECIAL HANDLING INSTRUCTIONS	
Purpose of Request	Travel expenses, mileage

CODING & AUTHORIZATION

FINANCIAL CODING				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 2 0 0 0	99.97	Staff Travel Provincial
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 3 1 0 0 0 0	344.65	Mileage & Parking - See attached form
				GST \$

CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION

TOTAL AMOUNT OF PAYMENT:	\$444.62	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
---------------------------------	----------	--

Authorizer's Employee Number	 Print Name Mona Pinder Authorizer Phone # (in full) 943-1162
------------------------------	--

Comments:	s.17(1), 17(4)(g)(i)
-----------	----------------------

Expenses for Lynn Redford November 1 - 18, 2008

Financial Codes	Date	Amt. Claimed	Description of Expense
Staff Travel Provincial			
01 7155000090 62412000	13/11/2008	42.85	New York Bagel - meal (L Redford, D. Korzeniowski)
01 7155000090 62412000	13/11/2008	11.66	Madison's Grill - coffee (P. Cholak, L. Redford, D. Korzeniowski)
01 7155000090 62412000	14/11/2008	14.08	The Westin, Edmonton - brkfst (L. Redford)
01 7155000090 62412000	14/11/2008	45.89	High Level Diner - lunch (B. Pott, L. Redford, D. Korzeniowski)
01 7155000090 62412000	14/10/2008	12.00	Capital Taxi
01 7155000090 62412000	14/10/2008	13.00	Capital Taxi
01 7155000090 62412000	14/10/2008	15.00	Dinner - L. Redford (no receipt)
01			
TOTAL			99.97

Best Copy Possible

MADISON'S GRILL
10055 JASPER AVE NW
EDMONTON, AB
T5J 1S5
(780) 423-8604

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

Merchant ID: 8140673 Station 009
Term ID: 8410679 Shift # 001 0003
Employee ID: 12

Pre-Auth 0001

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

Amount: \$ 10.00

Tip: \$ 1.00

Total CAD\$ 11.66 11.66

001/00 APPROVED 045452 1.00

13-Nov-08 1.00

Customer Exp
THANK YOU 1.00

TOTAL

SIGNATURE

ROOM #

COUNT NAME

THANK YOU

Please Come Again Soon
001 8807347794

*P. Cholak L. Redford
D. Korzeniewski*

THE WILDER EDMONTON
Pradera Cafe & Lounge
GST# 853936493RT0005

1833

FOOD 50
Tax 50
Total Due \$12.00

to 2.00
14.00

L. Redford.

HIGHLEVEL DINER
10912 88TH AVENUE
EDMONTON AB

CARD
CARD TYPE VISA
DATE 2008/11/14
TIME 0352 12:35:27
CLERK ID 28
RECEIPT NUMBER
0318-001-220-058-0

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

Thank You for calling CapitalTaxi.ca

Date: 14/11/08 Amount: 12.00
From: Sunlife - Mtg with AGT
To: High Level Diner - Lunch
Unit: 104 Driver: 165 GST: 28
24 Hour Service

423-2425 

Thank You for calling CapitalTaxi.ca

Date: 18/11/08 Amount: 13.00
From: 87 Ave, 109 St High Level
To: City Centre - Mountain
Unit: 104 Driver: 166 GST: 28
24 Hour Service

423-2425 

PRE-AUTHORIZATION
AMOUNT \$40.69 :.00
TIP 5.00 :.00
TOTAL-CAD 45.89 :.50

APPROVED 1.75
AUTH# 050476 01-027 0.69
THANK YOU 1.00

CARDHOLDER COPY

Order Number: 5184

B. Pott
D. Korzeniowski
L. Redford.

Dinner - Nov 14 \$15.00
NO RECEIPT L. REDFORD

APPLICANT COPY 2012-G-0168

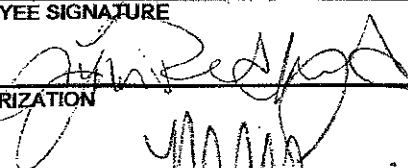
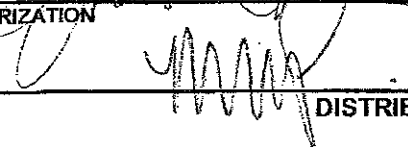
	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" type="checkbox"/> <u>Southport</u>	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
	<input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 120.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) LYNN REDFORD		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		LOCATION SPT	
DEPARTMENT Wellness & Citizen Engagement		PHONE NUMBER 943-0559		DATE November 18, 2008	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	PARKING
2008/11 - 14/08	Edmonton – return – AHS meetings	600	0.43	\$258.00	
2008/11/13	Imperial Parking - Edmonton				\$20.00
2008/11/17	SPT – Nanton – return – T. Gillespie meeting	155	0.43	\$66.65	
	Total	755		\$324.65	\$20.00

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT
01	7155000090	62410000	MILEAGE PARKING	\$324.65 20.00
EMPLOYEE SIGNATURE 			TOTAL PAYABLE TO EMPLOYEE	\$344.65
AUTHORIZATION 		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER 403-943-1162	

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE



Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. ORIGINAL DOCUMENTS MUST BE ATTACHED

Date December 22, 2008		Requested By (Please Print) Lynn Redford			
Site Southport		Department Wellness & Citizen Engagement		Phone # (in full) 403.943.0559	
PAYABLE TO: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Other			Employee # s.17(1), 17(4)(g)(i)		
MAILING ADDRESS (cheque payment only)					
Canada Post: _____					
City _____ Province _____ Postal Code _____					
Interoffice Mail: Department Community Relations			Site: Southport		
SPECIAL HANDLING INSTRUCTIONS					
Purpose of Request		Travel expenses, mileage			
CODING & AUTHORIZATION					
FINANCIAL CODING					
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION	
0 1	7 1 5 5 0 0 0 0 0 9 0	6 9 6 0 0 0 0 0	\$23.00	Meeting Expense <i>19,400 3,160</i>	
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 2 0 0 0	255.02	Staff Travel Provincial	
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0		<i>23451R</i>	
				GST \$ <i>20.512</i>	
CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG	AMOUNT	DESCRIPTION
TOTAL AMOUNT OF PAYMENT:			\$278.02	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other	
Authorizer's Employee Number			Print Name Mona Pinder		
			Authorizer Phone # (in full) 943-1162		
Comments: s.17(1), 17(4)(g)(i)					

APPLICANT COPY 2012-G-0168

Expenses for Lynn Redford

November 13 - December 19, 2008

	Financial Codes	Date	Amt. Claimed	Description of Expense
	Staff Travel Provincial			
01	7155000090 62412000	11/13/2008	20.00	Imperial Parking - Edmonton
01	7155000090 62412000	12/01/2008	10.00	Imperial Parking - Edmonton
01	7155000090 62412000	12/01/2008	8.00	Zenari's - Lunch ✓
01	7155000090 62412000	12/02/2008	11.38	Sobeys - Lunch ✓
01	7155000090 62412000	12/02/2008	13.00	Capital Health Parking
01	7155000090 69600000	12/02/2008	23.00	Lunch - T. Hokanson ✓
01	7155000090 62412000	12/18/2008	20.00	Check Cab ✓
01	7155000090 62412000	12/18/2008	134.40	Red Arrow Motorcoach - Edmonton return
01	7155000090 62412000	12/18/2008	7.12	Grandma Lee's Café -lunch ✓
01	7155000090 62412000	12/18/2008	24.00	Blue Plate Diner - Dinner
01	7155000090 62412000	12/19/2008	7.12	Grandma Lee's Café -lunch (no receipt)
01	TOTAL		<u>\$278.02</u>	

Best Copy Possible

100110 STREET
 200110 40

CARD NUMBER: s.17(1), 17(4)(e.1)
 EXPIR DATE: 12/31/12
 CARD TYPE: VISA
 DATE/TIME: 12/02/12 13:41
 RECEIPT NUMBER: 4171000
 AMOUNT PAID: \$11.30

BY APPROVED BY: [Signature]
 THANK YOU

EXCESSIVE WILL BE TOTAL AMOUNT OWED
 TO CARD ISSUER ACCORDING TO CARDHOLDER
 AGREEMENT.

Linen - LREDford



Sobeys Jasper Ave
 10404-Jasper Ave T5J 1Z3
 780.429.9922
 GST# 89558-8788

Served by: Kara

Mix-I Pepperoni Stic \$2.20
 Canneloni 2775860000 \$8.90
 SUBTOTAL \$11.20
 TAX \$0.10
TOTAL \$11.30
 Visa TENDER \$11.30
 Cash CHANGE \$0.00

NUMBER OF ITEMS 2

Points you would have earned today
 with your Club Sobeys card: 11

TERM 03024605
 MERCHANT ID 3137716z SWIPED
 ** PURCHASE ** \$ 11.30
 AUTH: Visa RCPT 4171000
 DATE 12/02/12 TIME 13:41
 AUTH # 123456 REF # 123456

APPROVED

Term	Tran	Store	Oper	12/02/12
2	4171	1717	118	13:41 16

Thank You For Shopping
 at SOBEYS

Capital Health
 CHARGES ARE FOR USE OF PARKING SPACE ONLY CAPITAL
 HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF
 ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
 OR DAMAGE TO CAR OR CONTENTS
 NON TRANSFERABLE 2498331

Capital Health
 EXPIRATION AREA

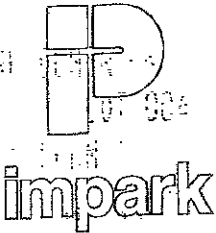
Capital Health
 RECEIPT 2498331

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE
 12/12/12 08:52 AM
 EXPIRATION TIME

DETACH RECEIPT FROM TICKET
 DATE ISSUED
 12/12/12 08:52 AM
 TIME ISSUED
 AMOUNT PAID
 \$11.30
 CREDIT CARD NUMBER
 0000

TICKET VOID IF RE-SOLD

LET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON

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

UNITED FINANCIAL
 2145 SUMMIT STREET
 SE.
 AIRDRIVE AB
 CARD
 CARD TYPE VISA
 DATE 2008/12/17
 TIME 02:28 12:45:24
 RECEIPT NUMBER
 S06626:25-001-400-000-00

PURCHASE
 AMOUNT \$19.99
 TIP \$3.60
 TOTAL-CAD \$23.59

APPROVED

AUTHORIZED SIGNATURE
 01-0007

CARDHOLDER COPY

Driver # Adam Car # 89
 To: Red Arrow Bay
 From: Home
 Date: Dec 18/08 Amount: 20.00
 GST#

10145 104TH ST
 EDMONTON AB
 s.17(1), 17(4)(e.1)

CARD
 CARD TYPE VISA
 DATE 2008/12/17
 TIME 04:34 26:05:58
 CLERK ID 62
 RECEIPT NUMBER
 S05613454-001

PRE-AUTHORIZATION
 AMOUNT \$20.46

TIP \$3.52
 TOTAL \$24.00

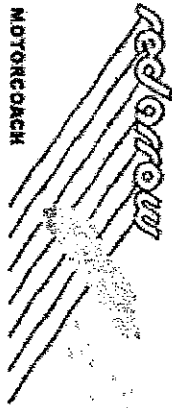
APPROVED

LUNCH - T. HARRISON

6
 #/U 10123-99 31-
 GST# 139526057

12/18/2008 4:45PM
 000000#0299

CREAM SOUP \$3.79
 TUNA SALAD \$5.99
 TAX \$0.00
 %1 3.00
 MDSE \$6.78
 GSTAX \$0.34



Voucher

Page 1 / 1
Date : 2008-12-17

Order #	Customer #	Group Name	Sales Rep	Sales Agent
366848				FEVEN

Traveller: REDFORDLYNN S.17(1), 17(4)(g)(i)
Rewards Balance

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

Product	Date/Time	Description	Seat	Price Basis	Net Fare	Taxes	Total	Balance Due
CALEDM 08:30	2008-12-18 at 08:30	Departs Calgary (CALTO / Ticket Office)	08A	Adult	128.00	6.40	134.40	
	2008-12-18 at 12:10	Arrives Edmonton (EDMTO / Ticket Office)						0.00
ECEXP 08:30 O/L	2008-12-20 at 08:30	Departs Edmonton (EDMTO / Ticket Office)	02A	Adult				
	2008-12-20 at 11:28	Arrives Calgary (CALTO / Ticket Office)						

IMPORTANT NOTICE TO ALL CALGARY <=> EDMONTON PASSENGERS. EFFECTIVE THURSDAY, DEC. 11 THERE IS LIMITED PARKING AT OUR CALGARY NORTH TERMINAL LOCATION. *****
 HAVE YOU EARNED ENOUGH FREQUENT TRAVELLER POINTS TO TRAVEL AT NO CHARGE ? ASK YOUR CUSTOMER SERVICE AGENT NEXT TIME YOU CALL TO BOOK. FPPoints can not be redeemed mid-December through mid-January.*****
 BAGGAGE LIABILITY - Red Arrow is not responsible for baggage loss or damage however caused. Maximum baggage liability is \$100.00. Any damage must be reported to Red Arrow within 24 hours or claims will be refused. ***** GST# BN139981476
 change, date change, or cancel for a full refund - we only require 3 hours notice prior to p.m. departures and a half hour notice prior to a.m. departures. Wheelchair reservations and reservations during our Christmas Blackout season require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or failure to arrive on time for departure, will result in the forfeiture of funds paid and the ability to get a refund. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. Thank you for choosing Red Arrow.



Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. ORIGINAL DOCUMENTS MUST BE ATTACHED

Date January 21, 2009	Requested By (Please Print) Lynn Redford	
Site Southport	Department Wellness & Citizen Engagement	Phone # (in full) 403.943.0559

PAYABLE TO: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Other	Employee # s.17(1), 17(4)(e.1)
---	-----------------------------------

MAILING ADDRESS (cheque payment only)

Canada Post: _____

City _____ Province _____ Postal Code _____

Interoffice Mail: Department **Community Relations** Site: **Southport**

SPECIAL HANDLING INSTRUCTIONS

Purpose of Request	Travel expenses, mileage
--------------------	--------------------------

CODING & AUTHORIZATION

FINANCIAL CODING

ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 5 5 0 0 0 0 0 9 0	6 9 6 0 0 0 0 0	\$26.15	Meeting Expense <i>24,522.00</i>
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 0 0 0 0	40.00	Staff Travel Local - Parking
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 2 0 0 0	29.70	Staff Travel Provincial
0 1	7 1 5 5 0 0 0 0 0 9 0			
				GST \$

CAPITAL PROJECT CODING

PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG	AMOUNT	DESCRIPTION

TOTAL AMOUNT OF PAYMENT: \$95.85 CDN US Other

Authorizer's Employee Number	<i>[Signature]</i> Print Name Mona Pinder
	Authorizer Phone # (in full) 943-1162

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

APPLICANT COPY 2012-G-0168

Expenses for Lynn Redford

December 19, 2008 - January 15, 2009

	Financial Codes	Date	Amt. Claimed	Description of Expense
Meeting Expenses				
01	7155000090 69600000	09/01/2009	26.15	Little Mis Saigon - Lunch w T. Gillespie
01	7155000090 69600000	15/01/2009		Redwater Rustic Grille - M. Fullerton
			<u>26.15</u>	
Staff Travel Local				
01	7155000090 62410000	13/01/2009	40.00	Parking - Impark @Westin Hotel
Staff Travel Provincial				
01	7155000090 62412000	12/01/2009	7.45	Zenari's - breakfast
01	7155000090 62412000	12/01/2009	7.00	Parking - Capital Health
01	7155000090 62412000	12/01/2009	5.25	Parking - Capital Health
01	7155000090 62412000	12/01/2009	10.00	Parking - Capital Health
			<u>29.70</u>	
TOTAL			\$95.85	

MISS LITTLE SAIGON FOR
 9737 MACLEOD TRAIL T2J0P6,
 CALGARY AB
 21692061

PRE AUTH PURCHASE
 01-09-2009 s.17(1), 17(4)(e.1)
 Acct #
 Exp Date Card typ.
 Name: LYNN M. FORD

Track # 260013
 FS2169206101
 Inv. # 816
 Auth # 039318 KRN 001026013

P. Auth Purchase \$24.15

Tip
 Total *2.00*
2.15

Customer copy

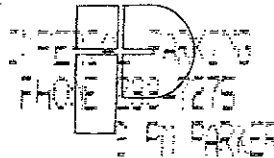
Lynn - T. Bellisari
L. Redford

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH



impark

Trans: 92283335

Time: 3:52 PM JAN 13

Price: \$24.15 s.17(1), 17(4)(e.1)

Auth: 039318

Expires: 11:23 AM



impark

WWW.IMPARK.COM

ZENON'S
 MANULIFE PLACE

RES 01-12-09 07:44
 CPO1 0001 529074

PREPA BAGE # 95.95
 TEA # 91.90
 BT \$7.45
 CA \$7.45

L. Redford
Breakfast

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

12/01/09 11:23 PM

AMOUNT PAID
 \$ 7.00 37790000 11:23 AM

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



NON TRANSFERABLE 2503606

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

12/01/09 11:23 AM \$ 7.00

CREDIT CARD NUMBER

00391

Meeting w
May O'Neill
 Capital Health

RECEIPT 2503606



Capital Health
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE 2444655

AMOUNT PAID

\$ 10.00 40770000 03:39 PM

12/01/09 03:39 PM

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

12/01/09 01:45 PM

AMOUNT PAID
 \$ 5.25 43750000 01:45 PM

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



NON TRANSFERABLE 2411089

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

12/01/09 01:45 PM \$ 5.25

CREDIT CARD NUMBER

00391

Meeting w
Michael Shea
 Capital Health

RECEIPT 2411089



Capital Health
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. CAPITAL HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE 2444655

CREDIT CARD NUMBER

00391

12/01/09 03:39 PM \$ 10.00

DETACH RECEIPT FROM TICKET
 DATE ISSUED TIME ISSUED AMOUNT PAID



TM 09 Mar 09
R 09 Mar 09

Instructions:

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Date February 20, 2009		Requested By (Please Print) Lynn Redford			
Site Southport		Department Wellness & Citizen Engagement		Phone # (in full) 403.943.0559	
PAYABLE TO: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Other			Employee # s.17(1), 17(4)(g)(i)		
MAILING ADDRESS (cheque payment only) Canada Post: _____ City _____ Province _____ Postal Code _____					
Interoffice Mail: Department Community Relations			Site: Southport		
SPECIAL HANDLING INSTRUCTIONS					
Purpose of Request		Travel expenses, mileage			
CODING & AUTHORIZATION					
FINANCIAL CODING					
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION	
0 1	7 1 5 5 0 0 0 0 9 0	6 9 6 0 0 0 0 0	\$101.01	Meeting Expense	
0 1	7 1 5 5 0 0 0 0 9 0	6 2 4 1 2 0 0 0	697.09	Staff Travel Provincial	
0 1	7 1 5 5 0 0 0 0 9 0	6 2 4 1 0 0 0 0			
				GST \$	
CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG	AMOUNT	DESCRIPTION
					R - 792.10
					Z - 6.00
TOTAL AMOUNT OF PAYMENT:			\$798.10	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other	
Authorizer's Employee Number			Print Name Mona Pinder		
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1162		
Comments: s.17(1), 17(4)(g)(i)					

00074

PROCESSED 03 09 2009

Expenses for Lynn Redford

January 19 - February 20, 2009

Financial Codes	Date	Amt. Claimed	Description of Expense
Meeting Expenses			
01 71550000090 69600000	23/01/2009	60.34	Broken Plate - T. Gillespie, D. Korzenowski, K. Taylor, L. Redford
01 71550000090 69600000	20/02/2009	40.67	Redwater Rustic Grille - A. Robertson
TOTAL		101.01	

BROKEN PLATE WILLOW PARK
10816 MACLEAD TRAIL SE
CALGARY AB

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

Best Copy Possible

CARD
CARD TYPE VISA
DATE 2009/01/23
TIME 1781 13:37:36 1/23/2009
CLERK ID 115 1:43
RECEIPT NUMBER
S06618477-001-014-012-0

Redwater Rustic Grille
10010 Strachan Plaza
10010 Strachan Plaza
Calgary, Alberta

PRE-AUTHORIZATION 2.75
AMOUNT \$54.34 16.00
TIP 6.00 2.00
TOTAL 60.34 14.00
51.75

Redwater Rustic Grille
10010 Strachan Plaza
Calgary, Alberta
02/20/09

APPROVED

AUTH# 011982 01-027 1.34
THANK YOU

DUB...:AT : 0.500


CARDHOLDER COPY . late!

TOTAL : \$ 40.67

03 Approved - Thank you for...

* ... set copy *

PROCESSED 03 09 2009

 calgary health region	<input type="checkbox"/> ACH	<input type="checkbox"/> FMC	<input type="checkbox"/> <u>Southport</u>	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
	<input type="checkbox"/> PLC	<input type="checkbox"/> RGH	<input type="checkbox"/> Other _____	

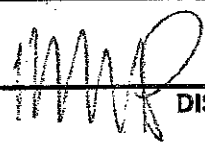
INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 120.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) LYNN REDFORD		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		LOCATION SPT	
DEPARTMENT Wellness & Citizen Engagement		PHONE NUMBER 943-0559		DATE February 20, 2009	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	PARKING
2009/01/30	Calgary – Edmonton – Return	616	0.43	\$264.88	
2009/01/30	Parking – Impark - Edmonton				\$5.00
2009/02/13	Calgary – Drayton Valley – Return	637.5	0.43	\$274.13	
2009/02/18	Calgary – Fort McLeod - Return	340	0.43	\$146.20	
2009/02/20	SPT – UoC - Return	16	0.43	\$6.88	
	Total	1609.5		\$692.09	\$5.00 ✓

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT
01	71550000090	62410000	MILEAGE	\$692.09
			PARKING	5.00
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	\$697.09
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER 403-943-1162	



DISTRIBUTION:

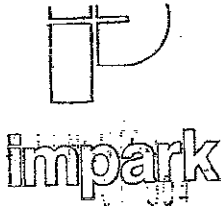
WHITE-ACCOUNTS PAYABLE

PROCESSED 03 03 2009

PARKING
Lynn Redford
February 2009

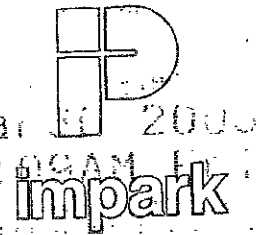
Best Copy Possible

TICKET VOID IF RE-



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TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

APPLICANT COPY 2012-G-0168

PROCESSED 04 20 2009


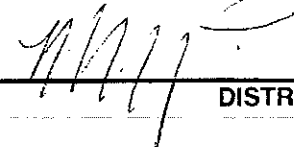
	<input type="checkbox"/> ACH	<input type="checkbox"/> FMC	<input checked="" type="checkbox"/> <u>Southport</u>	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
	<input type="checkbox"/> PLC	<input type="checkbox"/> RGH	<input type="checkbox"/> Other _____	

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 120.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) LYNN REDFORD		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		LOCATION SPT	
DEPARTMENT Wellness & Citizen Engagement		PHONE NUMBER 943-0559		DATE March 25, 2009	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	PARKING
2009/03/02	Calgary – Edmonton – Return	616	0.43	\$264.88	
2009/03/02	Parking – Capital Health - Edmonton				\$6.00
2009/03/04	Calgary – High River – Return	96	0.43	\$41.28	
2009/03/13	Calgary – Red Deer - Return	300	0.43	\$129.00	
2009/03/13	Parking – Red Deer Reg. Hospital				\$2.25
2009/03/19	SPT – UoC - Return	16	0.43	\$6.88	
2009/03/20	Parking – Calgary Airport – Flight to Ft. McMurray				\$24.00
2009/03/23& 24	Calgary – Edmonton – Return	625	0.43	\$268.75	
2009/03/24	Parking – Library Parkade – Edmonton				\$12.50
	Total	1,653		\$710.79	\$44.75

CODING & AUTHORIZATION

FINANCIAL CODE			GL DESCRIPTION	AMOUNT
ORG	FUNCTIONAL CENTRE	ACCOUNT		
01	7155000090	62410000	MILEAGE PARKING	\$710.79 44.75
EMPLOYEE SIGNATURE 			TOTAL PAYABLE TO EMPLOYEE	\$755.54
AUTHORIZATION 		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER 403-943-1162	

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

PARKING

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

DATE ISSUED TIME ISSUED AMOUNT PAID

02/20/09 03:24 PM

02/20/09 01:54 PM \$ 6.00

AMOUNT PAID

CREDIT CARD NUMBER

\$ 6.00 4077000001:54 PM

00301

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

Capital Health



NON TRANSFERABLE 2466818



RECEIPT 2466818

meeting with D. Diamond

CALGARY AIRPORT
Terminal Parkade
GET No. R102556194

RECEIPT H1
IN: 03/20/09 03:04
OUT: 03/20/09 15:19
PARKED: 0 10:13
PAID: \$ 24.00
DEBIT CARD

THANK YOU FOR YOUR
VISIT

Flight to Ft McMurray

Mtg w Northern Lights

Foundation Board

Mtg. w.

K. Bales,

C. Murray

F. Clant

DTHR Trust

Break mtg - M. Eyfe

mtg - Dr. T. Fields

PAYMENT REQUISITION

PROCESSED 04 20 2009

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date March 26, 2009		Requested By (Please Print) Lynn Redford			
Site Southport		Department Wellness & Citizen Engagement		Phone # (in full) 403.943.0559	
PAYABLE TO: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Other			Employee # s.17(1), 17(4)(g)(i)		
MAILING ADDRESS (cheque payment only) Canada Post: _____ City _____ Province _____ Postal Code _____					
Interoffice Mail: Department f			Site: Southport		
SPECIAL HANDLING INSTRUCTIONS					
Purpose of Request		Travel and meeting expenses			
CODING & AUTHORIZATION					
FINANCIAL CODING					
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION	
0 1	7 1 5 5 0 0 0 0 9 0	6 9 6 0 0 0 0 0	\$162.68	Meeting Expense <i>R-100 243</i>	
0 1	7 1 5 5 0 0 0 0 9 0	6 2 4 1 2 0 0 0	69.13	Staff Travel Provincial	
0 1	7 1 5 5 0 0 0 0 9 0	6 2 4 1 0 0 0 0			
			GST \$		
CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION
					<i>R 213.50.</i>
					<i>Z 18.25</i>
TOTAL AMOUNT OF PAYMENT:			\$231.81	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other	
Authorizer's Employee Number <i>MJP</i>			Print Name Mona Pinder		
			Authorizer Phone # (in full) 943-1162		
Comments: s.17(1), 17(4)(g)(i)					

APPLICANT COPY 2012-G-0168

Expenses for Lynn Redford

March 1 - March 27, 2009

	Financial Codes		Date	Amt. Claimed	Description of Expense
Meeting Expenses					
01	7155000090	69600000	09/01/2009	45.48	Lunch - T. Gillespie, L. Redford
	7155000090	69600000	15/01/2009	77.20	Dinner - B. Noble, L. Redford
01	7155000090	62412000 69600000	12/01/2009	40.00	Breakfast - M. Fyfe, L. Redford
				<u>162.68</u>	
Staff Travel Provincial					
01	7155000090	62412000	02/03/2009	7.13	Toyko Express - Lunch - L. Redford
01	7155000090	62412000	20/03/2009	30.00	Taxi - Airport to Ft. McMurray Hospital
01	7155000090	62412000	20/03/2009	32.00	Taxi - Ft. McMurray Hospital to Airport
				<u>69.13</u>	
TOTAL				\$231.81	

TOKYO EXPRESS

10371-78 AVE.
TEL (780) 988-1898

MEAL

L. REDFORD

2009
TAXI SERV

Beer
TAXI
...10 GO...

MUSI
GST

...TOTAL \$ 13
CASH 122.13
CHANGE \$15.00

GST# 871639/20 RT0001

L. Redford
T. Gilchrist

CAB FARE



Safe, Courteous
Taxi Service

Date: 0/3/09 Amount: \$ 30.50
From: Air port
To: Hospital
Car: 294 Driver: [Signature]



Safe, Courteous
Taxi Service

Date: 00/3/09 Amount: \$ 32.00
From: Hospital
To: Air port
Car: 294 Driver: [Signature]



PAYMENT REQUISITION

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date May 11, 2009	Requested By (Please Print) Lynn Redford	
Site SPTT	Department Wellness & Citizen Engagement	Phone # (in full) 403.943.0559

MAKE PAYMENT TO: <i>Lynn Redford</i>	If Employee – provide their employee number in this space.
MAILING ADDRESS (cheque payment only)	s.17(1), 17(4)(g)(i)
Canada Post: _____	
City _____ Province _____ Postal Code _____	
Interoffice Mail: Department _____	ENTERED JUN 2 3 2009
Site: _____	

SPECIAL HANDLING INSTRUCTIONS *Grand Prairie Mar-31/09*

Purpose of Request _____

CODING & AUTHORIZATION

FINANCIAL CODE						
ORG	FUNCTIONAL CENTRE			ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1	5 5	0 0	0 0 0 0 9 0	6 9 6 0 0 0 0 0	\$44.66 Meeting Expense
0 1	7 1	5 5	0 0	0 0 0 0 9 0	6 2 4 1 2 0 0 0	227.07 Staff Travel Provincial

CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION
					R

TOTAL AMOUNT OF PAYMENT: \$ 271.73 CDN US Other

Expenditure Officer Authorization	<i>[Signature]</i>	Print Name Mona Pinder
Authorizer's Employee Number	s.17(1), 17(4)(g)(i)	Expenditure Authorizer Phone # (in full) 403-943-1162

For Finance Use Only:

Accounting Officer Authorization	Print Name
Accounting Officer's Employee Number	Accounting Authorizer Phone # (in full) <i>224.11</i>

Comments: *47.02*

APPLICANT COPY 2012-G-0168

Expenses for Lynn Redford

March 31 - April 30, 2009

Financial Codes			Date	Amt. Claimed	Description of Expense
Meeting Expenses					
01	71550000090	69600000	17/04/2009	44.66	Lunch - J. Pawlyshyn, VP, Royal Alexandra Hospital
01	71550000090				
01	71550000090				
				44.66	
Staff Travel Provincial					
01	71550000090	62412000	31/03/2009	15.00	Taxi - Hotel to Queen II Hospital
01	71550000090	62412000	31/03/2009	14.00	Taxi - Queen II Hospital to hotel Holiday Inn, Grande Prairie -
01	71550000090	62412000	01/04/2009	198.07	Accommodation & meals
01	71550000090	62412000			
01	71550000090	62412000			
				227.07	
TOTAL				\$271.73	

RECEIPT FOR CAB FARE

Driver: Adon Car# 35
From: Holmes
To: ...
Date: ...
Amount: ...
GST# Hotel -> Hospital
205, 10001 -101 Ave. Grand Prairie, AB T8V 0X9

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check #: 123208

Server: Lara Date: 04/17/2009
Table: 63 Time: 12:52
Client: 2

Meeting with John Cabral,
Evelyn Niens

- 1 Soft Drinks 2.85
- 1 lg. Caesar 10.22
- 2 Add Chicken 9.94
- 1 500 ml Pellegrino 5.69
- 1 Sm. Caesar 5.12

Driver: _____ Car# _____
From: Hospital
To: Hollyday
Date: 31-03-2009
Amount: 14.00
GST# HOTEL -> Hospital
205, 10001 -101 Ave. Grand Prairie, AB T8V 0X9

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 123208

Server: Lara Date: 04/17/2009
Table: 63 Time: 13:02

SA s.17(1), 17(4)(e.1)
FFDFORD/YNN
AUTH 012953 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 38.66
TIP \$ 6.00
TOTAL \$ 44.66

** CUSTOMER COPY **

Gst#857377576R10001
Thank You
Murrieta's Bar & Grill

Lumen w JOANNE
PAWUSHENI
VP
ROTARY
ALSO



179

04-01-09

Lynn Redford	Folio No. :	72159	Room No. :	407
	A/R Number :		Arrival :	03-31-09
	Group Code :		Departure :	04-01-09
	Company :		Conf. No. :	60196140
	Membership No. :		Rate Code :	IMCGV
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
03-31-09	Barcelona's #407 : CHECK # 30	13.81	
03-31-09	Barcelona's #407 : CHECK # 30	21.85	
03-31-09	*Accommodation	149.00	
03-31-09	GST Tax - Room	7.45	
03-31-09	Tourism Tax - Room	5.96	
04-01-09	Visa - Manual s.17(1), 17(4)(e.1)		198.07
Total		198.07	198.07
Balance		0.00	

GRAND PRAIRIE HOLIDAY INN
9816-107 STREET

GRAND PRAIRIE, ALBERTA
s.17(1), 17(4)(e.1)

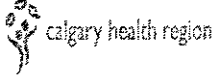
CARD TYPE VISA
DATE 2009/04/01
TIME 07:41:53
RECEIPT NUMBER
F30612411-001-001-005-0

The amount shown hereon, I agree that my liability for this bill is not waived and agree to be held person, company, or associate fails to pay for any part or the full amount of these charges. If the obligations set forth in the cardholder's agreement with the issuer.

PRE-AUTH COMPLETION
TOTAL
\$198.07

CHIP CARD SWIPE
APPROVED
AUTH# 051195 01-027
THANK YOU

CARDHOLDER COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> <u>Southport</u> <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
---	---	---

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 120.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) LYNN REDFORD		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		LOCATION SPT	
DEPARTMENT Wellness & Citizen Engagement		PHONE NUMBER 943-0559		DATE May 1, 2009	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	PARKING
2009/04/01	Park 2 Go – Calgary Airport				20.44
2009/04/16	Calgary – Innisfail	80	0.43	\$34.40	
2009/04/16	Innisfail – Edmonton	114	0.43	49.02	
2009/04/17	Edmonton – Calgary	186	0.43	79.98	
2009/04/17	Telus Plaza Parkade, Edmonton				7.50
2009/04/20	SPT – Health Sciences Centre - return	32	0.43	13.76	
2009/04/23	SPT – ACH - return	44	0.43	18.92	
2009/04/28	Calgary – Lethbridge – return	276	0.43	118.68	
2009/04/28	Lethbridge – CHR parking				\$14.00
PROCESSED 05 29 2009					4.00
Total		732		\$314.76	\$41.94

31.94

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT
01	715500000906	24100000	MILEAGE PARKING	\$314.76 41.94
EMPLOYEE SIGNATURE <i>Lynn Redford</i>			TOTAL PAYABLE TO EMPLOYEE	\$356.70
AUTHORIZATION <i>[Signature]</i>		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER 403-943-1162	

31.94
346.70

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

PARKING
Lynn Redford
April 2009

Best Copy Possible

CHR

at Large, Ltd.

April 16, 2009 11:05 AM

72597

Thank you for parking at the
airport in the Region

Thank you for parking at the
airport in the Region


Thank you for parking at the
airport in the Region

\$4.00

CALGARY AIRPORT

04-17-2009 01CL8739

*Meeting with
Susan Williams*

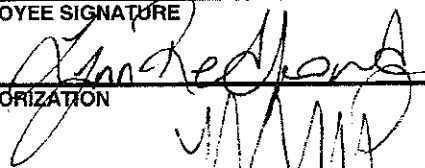

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" type="checkbox"/> <u>Southport</u> <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
---	--	--

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region e-mail address OR mailed to your home address if a valid e-mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- **INDICATE METERED PARKING IF APPLICABLE**
- Amounts under \$ 120.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) LYNN REDFORD		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	LOCATION SPT		
DEPARTMENT Wellness & Citizen Engagement		PHONE NUMBER 943-0559	DATE June 15, 2009		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	PARKING
2009/05/11 & 12	Calgary to Edmonton – return	620	0.43	\$266.60	\$8.00 <small>(meters, no receipts)</small>
2009/05/19 & 20	Calgary to Edmonton – return	620	0.43	\$266.60	
2009/05/25	SPT – U of C - return	16	0.43	\$6.88	
2009/05/27 & 28	Edmonton – Calgary	620	0.43	\$266.60	
	Total	1876		\$806.68	

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT
01	71550000090	62410000	MILEAGE PARKING	\$806.68 8.00
EMPLOYEE SIGNATURE 			TOTAL PAYABLE TO EMPLOYEE	\$814.58
AUTHORIZATION 		AUTHORIZER EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER 403-943-1162	

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE



PAYMENT REQUISITION

ENTERED JUN 30 2009

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date June 15, 2009	Requested By (Please Print) Lynn Redford	
Site SPTT	Department Wellness & Citizen Engagement (Community)	Phone # (in full) 403.943.0559

MAKE PAYMENT TO: Lynn Redford	If Employee – provide their employee number in this space.
MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)	
Canada Post: _____	
City _____	Province _____ Postal Code _____
Interoffice Mail: Department _____	
Site: _____	

SPECIAL HANDLING INSTRUCTIONS

Purpose of Request _____

CODING & AUTHORIZATION				
FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 5 5 0 0 0 0 0 9 0	6 9 5 0 0 0 0 0	\$81.68	Meeting Expense <i>R-48.48</i>
0 1	7 1 5 5 0 0 0 0 0 9 0	6 2 4 1 2 0 0 0	126.22	Staff Travel Provincial <i>2-3800</i>
		<i>3</i>		<i>= R-126.22</i>

CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION

TOTAL AMOUNT OF PAYMENT:	\$ 207.90	<input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization	<i>[Signature]</i>	
Authorizer's Employee Number	s.17(1), 17(4)(g)(i)	
	Print Name	Mona Pinder
	Expenditure Authorizer Phone # (in full)	403-943-1162

For Finance Use Only:

Accounting Officer Authorization	Print Name
Accounting Officer's Employee Number	Accounting Authorizer Phone # (in full)

Comments: _____

APPLICANT COPY 2012-G-0168

Expenses for Lynn Redford

April 27 - May 29, 2009

	Financial Codes	Date	Amt. Claimed	Description of Expense
Meeting Expenses				
01	7155000090 69600000	04/05/2009	4.73	Good Earth -Edmonton - D. Coutts
01	7155000090 69600000	06/05/2009	43.68	Olly Fresco's - HAC Recruitment team lunch
01	7155000090 69600000	12/05/2009	38.00	Dinner - J. Curran, Gov of AB
			<u>81.68</u>	
Staff Travel Provincial				
01	7155000090 62412000	27/04/2009	70.35	Red Arrow Express - Edmonton to Calgary
01	7155000090 62412000	04/05/2009	12.00	Parking - Grant MacEwan College
01	7155000090 62412000	04/05/2009	5.07	Dinner - L. Redford
01	7155000090 62412000	04/05/2009	20.00	Taxi - Red Arrow depot to home
01	7155000090 62412000	13/05/2009	12.25	Parking - Mtg with R. Fiebelkorn
01	7155000090 62412000	13/05/2009	6.55	Breakfast - L. Redford
			<u>126.22</u>	
TOTAL			\$207.90	

not claimed

COLLECTOR PRINT

ADDRESS: 10566-97 ST. S. #17(1), 17(4)(e.1)
EDMONTON AB T5H 2L2

DATE: 2009/05/12
TIME: 19:21:44
SUB TOTAL: 4.50
TAX: 0.23
TOTAL: 4.73

PASOLAC JRANT LTD.
10566-97 ST.
EDMONTON AB T5H 2L2
s.17(1), 17(4)(e.1)

CARD
ACCOUNT TYPE: CRE
DATE: 2009/05/12
TIME: 19:21:44
TERMINAL ID: 75582801
INVOICE#: 000049
PRE-AUTH SAL AMOUNT: \$33.39
TIP: 4.61
TOTAL: 38.00



Invoice # Party 1
Date: 05/12/09 18:51:06/04/09
Total: 4.50
GST: 0.23
TOTAL: 4.73

Good Earth Coffeehouse & Bakery
308 Street Edmonton
780-761-0440
Love with great coffee.
www.goodearthcafes.com

*AAC Recruitment
Team - Lunch
for meeting*

CUSTOMER COPY

SEQ/INV# 000049
00 APPROVED
AUTH# 026456
VISA PRE-AUTH

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

	AMT TEND	CHANGE	TOTAL
CASH	5.00	0.27	4.73

05/04/09 18:51:06

CUSTOMER SIGNATURE

COME VISIT US AGAIN
THANK YOU, GOOD DAY.
Janet Wilson
Gov. of AB.

Mtg w Anne Coutts

Your Red Arrow Itinerary

itinerary@redarrow.ca [itinerary@redarrow.ca]

Sent: April 27, 2009 9:19 AM

To: Lynn Redford

Dear Lynn,

Thank-you for choosing Red Arrow Motorcoach.

Trip Summary-----
Order #: 417860
Customer # s.17(1), 17(4)(g)(i)
Customer Name Website User-----
Traveller Details-----
Traveller: Redford, Lynn
Product: ECEXP 06:30
Date/Time: 2009-05-05 at 06:30 to 2009-05-05 at 09:28
Description: Departs Edmonton (EDMTO / Ticket Office), Arrives Calgary
(CALTO / Ticket Office)
Seat: 01A
Price Basis: Adult-----
Billing Summary-----
Net Fare: 67.00
Taxes: 3.35
Discounts: 0.00
Total Paid: 70.35
GST# BN1399814736

Baggage Liability - Red Arrow is not responsible for baggage loss or damage however caused. Maximum baggage liability is \$100.00. Any damage must be reported to Red Arrow within 24 hours or claims will be refused.

Time Change and Cancellation Policy

If you wish to make any changes to this reservation - time change, date change, or cancel for a full refund - we only require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures. Reservations during our Christmas Blackout period require 24 hours notice. Failure to provide proper notice of time change or cancellation, and or failure to arrive on time for departure will result in the forfeiture of funds paid and the ability to get a refund. If you wish to change or cancel your booking, please contact our central reservation line at 1-800-232-1958.

Online Bookings

It is your responsibility to ensure that your on line bookings are correct. You have several opportunities while making your reservation as well as receiving a print-out or email to verify the correctness of your booking. Red Arrow will not be responsible for bookings you have made incorrectly.

Unit: College
 Alberta: 38
 Campus:
 Terminal #1 Cashier #4
 04/05/09 06:06
 04/05/09 10:52 - 02:46
 44210669 - 125269
 Rate: \$ 12.00
 TOTAL \$ 20.00
 CHANGE \$ 8.00

*PICKING for
 meeting with
 Suzanne R. ...
 RHYM*

Best Copy Possible



Sobeys Jasper Ave
 10401 44 150 123
 Date: 04/05/09

Served by: Anthony

Sausage Roll	62716130004	\$3.99
Tea Small	380	\$1.00
SUBTOTAL		
5% GST		
TOTAL		\$11.07
Cash	TENDR	\$20.00
Cash	CHANGE	\$14.93

NUMBER OF ITEMS: 2

Points you would have earned today with your club Sobeys card:

None
L. Edford

Term	Trans	Store	Open	05/04/09
45	5938	1717	115	17:26:31

Thank You for Shopping at Jasper Ave Sobeys

APPLICANT COPY 2012-G-0168

Driver [Signature] Date Sept 19 12

Unit No. 33 Amount 20
(Gst Included)

G.S.T. No. Richardson, The Terminal

Air-Port Shuttle Services
777-1110

Taxi Services
777-1111

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

13/09/12 01:10 PM

AMOUNT PAID

\$ 12.25 43750000 09:40 AM

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.



Alberta Health Services

NON TRANSFERABLE 044667



Alberta Health Services

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

13/09/12 09:40 AM \$ 12.25

CREDIT CARD NUMBER

00301

Alberta Health Services

RECEIPT

044667

*Richardson -
Court in Row
Fairbairn, AHS*

*B. [Signature]
A. Redford*



Travel/Education Expense Claim

Instructions

- Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
- Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
- Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).
- See back of form for additional instructions.

Employee Name (Print) <i>Lynn Redford</i>		Calgary Health Region E-Mail Address <i>Lynn.Redford@</i>	Employee Number <i>17(1), 17(4)(g)(i)</i>
Department/Site <i>Community Engagement</i>		Phone Number <i>943-1202</i>	Date <i>Sept 16 10 9</i>
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.)		Destination <i>Fort McMurray</i>	
Course Title		Departure Date <i>Sept 23 10 9</i>	Return Date <i>Sept 24 10 9</i>

Estimated/Actual Expenses				Actual Expenses Paid by Employee <small>Original Receipts Must Be Attached</small>			
Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
Tuition				Tuition only if paid by employee			
Air paid by Calgary Health Region via Calgary Health Region Travel Agent			<i>622.80</i>				
Mileage <small>If travel is by car</small>				Mileage <small>If travel is by car</small>			
Accommodation				Accommodation			<i>166.95</i>
Meals Based on per diem rate				Meals			<i>173.31</i>
Ground Transport				Ground Transport			<i>5.24</i>
Other (Specify)				Other (Specify)			<i>26.34</i>
							<i>10.08</i>
Total			\$	Total			\$ <i>209.43</i>
			(Cdn)				(Cdn)

Advance Requested (80% of estimated expenses & advance exceeds \$250.00)	\$	Less Advance or Unfunded Portion	\$
	(Cdn)		(Cdn)
Employee Signature <i>[Signature]</i>	Date	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)	\$
			(Cdn)
Departmental Authorization <i>[Signature]</i>	Date	Employee Signature <i>[Signature]</i>	Date <i>2011 43</i>
Out of Province Authorization	Date	Departmental Authorization <i>[Signature]</i>	Date

Financial Code		
Org	Functional Centre	Account
<i>01</i>	<i>71110100009</i>	<i>62412000</i>

Comments/Other Sources of Funding	
	<i>182.27</i>
	<i>27.16</i>



1-800-765-2458
780-791-7916
www.wrex.com



Best Copy Possible

WREX-TV - Fort McMurray - Alberta, Canada

SEPTEMBER 24, 2009

CHECK #467138 1

TV License	\$4.99
Service Charge	\$0.25
TOTAL	\$5.24

Fort McMurray
International Airport
Aéroport International
de Fort McMurray

Time: 05:40 1 CUSTOMER

20.11
4.00
4.48
Beck

WREX-TV
ALBERTA

AMOUNT : \$10.00
PAID : \$4.76

2010.05.08
\$10.00

*Hotel
Fort McMurray
Board Conveyance
Event*



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

Lynn Redford

Page Number : 1 Invoice Nbr: 132256
Guest Number: 23-SEP-09
Folio ID : ~~EX-S~~ 17(1), 17(4)(g)(i) SEP-09
1
139
AFRO s.17(1), 17(4)(g)(i)

Information Invoice

Tax ID: 10473 3720 RT0004
Sawridge Ft McMurray 24-SEP-09 01:46 BOBFRA

Date	Reference	Description	Charges	Credits
13-SEP-09	RT139	Govt. Military Transient	159.00	
13-SEP-09	RT139	Room Gst.	7.95	
13-SEP-09	RT139	Tourism Levy	6.36	
24-SEP-09	VI	Visa	-173.31	
	** Total		173.31	-173.31
	*** 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	7.95
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	7.95

Continued on the next page

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
Slave Lake, Alberta T0G 2A0
Tel: 780-849-4121 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



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

Lynn Redford

Page Number : 2 Invoice Nbr: 132256
 Guest Number: 23-SEP-09
 Folio ID : EX-S.17(1), 17(4)(g)(i)-SEP-09
 1
 139
 AERO - s.17(1), 17(4)(g)(i)

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
23-SEP-09	7.95	165.36	173.31	0.00
<hr/>				
Total	7.95	165.36	173.31	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
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

www.sawridge.com

Toll Free: 1-888-729-7343



TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): s 17(1), 17(4)(g)(h)	Prior Approved by (related to Out-of-Province only):
Name: <i>Lyons, Robert</i>	Employee #:	Union Name:
Position (Title): <i>Chief of Staff</i>	Department: <i>Personnel Services</i>	Location:
Business Phone #: <i>543 1128</i>	Travel Period From: <i>Nov 18/09</i> to <i>Some</i>	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)			
Finance Code / Accounting Distribution (if applicable)	Non-Canadian Currency	Exchange Rate	Canadian \$
(Corp) (Location) Functional Centre Expense Account <i>01-11050-22001 (22-1000)</i>			<i>178.00</i>
Total GST			<i>0.43</i>
Subtotal			
Less Cash Advance (if applicable) <i>In lieu of personal calls 90 call #</i>			<i>\$ 50.00</i>
Total			<i>\$ 128.00</i>

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

Employee Signature: *Lyons, Robert* Date: *Nov 25/09*

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

<i>Chris Mazurkewich</i>	Title: <i>EDP/CFU</i>	Phone #
Signature: <i>Chris Mazurkewich</i>		Date: <i>Nov 15</i>
ENTERED DEC 14 2009	Title:	Phone #
Signature:		Date:

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
International arrival door.



Driver 61619 Date 19-Nov-09
Car # 296 Amount 19
GST Included # Red Arrow Shome

SAIT

CAN- Calgary

P2 Exit 09/11/09 10:57
Receipt 023418

Short-Term Parking
VISA
Lot P2
09/11/09 08:12 -
09/11/09 10:57 -
Period 0d2h46'
(GST) \$9.00

Total \$9.00

Payment Received
VISA \$9.00
04/10

Sub Total \$8.57
GST 5% 0.43

All Amounts in CAD.

Deliv. Date=Receipt Date

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

Driver # <u>1-c</u>	Car # <u>795</u>
To: <u>Red Arrow Terminal</u>	
From: _____	
Date: <u>Nov 18 2009</u>	Amount: <u>18.00</u>
GST# <u>home -> Red Arrow</u>	

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

Kelly Van Camp

From: Reservations [itinerary@redarrow.ca]
Sent: Thursday, November 12, 2009 2:43 PM
To: Lynn Redford
Subject: Travel Invoice 484965



Invoice

Date: 2009-11-12

Bill To:

CALGARY REGIONAL HEALTH AUTHORITY
 3961 106 AVENUE SE
 CALGARY, AB T2C 5B6

You can reach us at:

101, 205 - 9th AVENUE S.E.
 CALGARY, AB
 Phone: 403-531-0350
 Fax: 403-264-1004

Order#	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
484965		-	CT0861	2009-11-18	2009-11-18	-	WENDY

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

Travellers: REDFORD/LYNN

Description	Date	Time	Duration	Price Basis	Qty	Net Each	Billed
CEEXP 06:30 (CALTO@06:30 to EDMTO@09:30)	2009-11-18	06:30	3 hrs	Corporate 1	1	66.00	66.00
ECEXP 16:00 (EDMTO@16:00 to CALTO@18:58)	2009-11-18	16:00	2 hrs 58 mins	Corporate 1	1	66.00	66.00

Payments Received:

Date	From	Reference	Amount
2009-11-12	LYNN REDFORD	Visa	132.00 CAD
Base Price: 132.00 CAD s.17(1), 17(4)(e.1)			
Discounts: 0.00 CAD			
Service Charges: 0.00 CAD			
Taxes: 0.00 CAD			
Invoice Total: 132.00 CAD			
Commission: 0.00 CAD			
Received: 132.00 CAD			
Balance: 0.00 CAD			

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Lynn Redford	Employee #:	Union Name:
Position (Title): Chief of Staff, Board Office VP, Community Engagement	Department: s.17(1), 17(4)(g)(i) Board Office/Community Engagement	Location: SPT Tower
Business Phone #: 403-043-1128	Travel Period From: Dec 1/09 to Dec 17/09	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)				Non-Canadian Currency	Exchange Rate	Canadian \$
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account						
01 71105000001 69600000						874.22
						537.02
ENTERED JAN 05 2010						
Total GST						22.76
Subtotal						561.78
Less Cash Advance (if applicable)						693.98
Total						

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

Employee Signature: *Lynn Redford* Date: Dec 15 109

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & Chief Financial Officer	Phone # 403-943-1140
Signature: <i>Chris Mazurkewich</i>		Date: <i>Dec 18/09</i>

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

548.9
1282

APPLICANT COPY 2012-G-0168

Lynn Redford		402		
Alberta Health Services		159.00		
		1		
		417318	EX-A	
		1		
		01-DEC-09	21:42	
		03-DEC-09		
AHL01B		VI		
01-DEC-09	RT402	Room Charge		159.00
01-DEC-09	RT402	GST		8.03
01-DEC-09	RT402	DMF		1.59
01-DEC-09	RT402	Tourism Levy		6.42
02-DEC-09	RT402	Room Charge		159.00
02-DEC-09	RT402	GST		8.03
02-DEC-09	RT402	DMF		1.59
02-DEC-09	RT402	Tourism Levy		6.42
03-DEC-09	VI	Visa	350.08-	
		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.

** continued on the next page **

Lynn Redford
 FOLIO 417318 01-DEC-09

APPLICANT COPY 2012-G-0168

Lynn Redford 402
 Alberta Health Services 159.00
 1
 417318 EX-A
 2
 01-DEC-09 21:42
 03-DEC-09
 AHL01B VI

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
01-DEC-09	159.00	8.03	6.42	0.00	0.00	1.59	175.04
02-DEC-09	159.00	8.03	6.42	0.00	0.00	1.59	175.04
Total	318.00	16.06	12.84	0.00	0.00	3.18	350.08

Date	Payment
01-DEC-09	0.00
02-DEC-09	0.00
Total	0.00

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

GST Summary:

GST Room Revenue:	16.06
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	16.06

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest, you could have earned 636 Starpoints for this visit. Please provide your member number or enroll today.

Lynn Redford
 FOLIO 417318 01-DEC-09

Kelly Van Camp

From: itinerary@redarrow.ca
Sent: Monday, November 30, 2009 9:51 PM
To: Lynn Redford
Subject: Your Red Arrow Itinerary

Dear Lynn,

Thank-you for choosing Red Arrow Motorcoach.

Trip Summary

Order #: 492426
Customer # s.17(1), 17(4)(g)(i)
Customer Name Website User

Traveller Details

Traveller: Redford, Lynn
Product: CALEDM 18:00
Date/Time: 2009-12-01 at 18:00 to 2009-12-01 at 21:40
Description: Departs Calgary (CALTO / Ticket Office), Arrives Edmonton (EDMTO / Ticket Office)
Seat: 12C
Price Basis: Adult

Billing Summary

Net Fare: 67.00
Taxes: 3.35
Discounts: 0.00
Total Paid: 70.35

Return Trip Summary

Order #: 492426
Customer # s.17(1), 17(4)(g)(i)
Customer Name Website User

Traveller Details

Traveller: Redford, Lynn
Product: ECEXP 16:00
Date/Time: 2009-12-03 at 16:00 to 2009-12-03 at 18:58
Description: Departs Edmonton (EDMTO / Ticket Office), Arrives Calgary (CALTO / Ticket Office)
Seat: 12C
Price Basis: Adult

Billing Summary

Net Fare: 67.00

APPLICANT COPY 2012-G-0168

Taxes: 3.35
Discounts: 0.00
Total Paid: 70.35
GST# BN1399814736

Baggage Liability - Red Arrow is not responsible for baggage loss or damage however caused. Maximum baggage liability is \$100.00. Any damage must be reported to Red Arrow within 24 hours or claims will be refused.

Time Change and Cancellation Policy

If you wish to make any changes to this reservation - time change, date change, or cancel for a full refund - we only require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures.

Wheelchair reservations and reservations during our Christmas Blackout period require 24 hours notice. Please contact our central reservation line at 1-800-232-1958 in order to change your reservation.

Red Arrow Passenger Service Locations

EDMONTON

Downtown

Holiday Inn Express Plaza
10014 - 104th Street

Cedar Park Inn

Best Western Cedar Park Inn
5116 Gateway Blvd.

Note: This stop is NOT available on the Edmonton to/from Fort McMurray route

North

Rossllyn Inn and Suites
(Drop-off Only on Fort McMurray to Edmonton service)

South

Bonnie Doon Mall
(Drop-off Only on Fort McMurray to Edmonton service)

CALGARY

Downtown

Fording Place
101, 205 9th Avenue SE

North

304, 35th Ave. N.E.

FORT MCMURRAY

Downtown

8217 Franklin Avenue

Sawridge Hotel

530 MacKenzie Blvd

Drop Off Only

MacDonald Avenue

RED DEER

Holiday Inn

Driver # _____ Car # _____
 To: Home - 2nd floor
 From: 5th floor
 Date: Dec 01 09 Amount: 3.00
 GST# _____

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the Calgary International Airport international arrival door.



Driver _____ Date: DEC 3 / 09
 Car # 1201 Amount \$ 19
 GST Included # Red Arrow Cab - home

YELLOW CAB

780-462-3456

GST# 828630814
 Date: 25/12/09 Amount: 12.00
 Driver: _____ Car #: 146
 From: Westin Hotel
 To: Capitol Hosp
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

Date: Dec 11 09 Amount: 15.77
G.S.T. included

From: Edmonton Airport
 To: Westin Hotel
 Driver: _____ Car #: 415
 780-425-2525 780-425-8310
 www.co-optaxi.com

YELLOW CAB

780-462-3456

GST# _____
 Date: Dec 2 / 09 Amount: 10.00
 Driver: Omor Car #: 524
 From: Capitol Hospital
 To: Capitol Hospital
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Lynn Redford	Employee #:	Union Name:
Position (Title): Chief of Staff, Board Office Vice President, Community Engagement	s.17(1), 17(4)(g)(i) Department: Board Office/Community Engagement	Location: SPT
Business Phone #: 403-943-1128	Travel Period From: October 2009 to February 19, 2010	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> X Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)			
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
01 71110300001 69600000			1522.52
		1 - 1834.45	
		2 - 193.00	
Total GST			4.93
Subtotal			
Less Cash Advance (if applicable)			
Total			1527.45

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

Employee Signature: *Lynn Redford* **Date:** March 2, 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Chris Mazurkewich	Title: EVP & CFO	Phone # 403-943-1141
Signature: <i>Chris Mazurkewich</i>	Date: <i>March 5/10</i>	
	Title:	Phone #
Signature:		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

Handwritten note: 403-943-1141

APPLICANT COPY 2012-G-0168

EXPENSE CLAIM DETAILS

(Insert row as required)

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meals \$	Course Registration & Materials	Transportation \$	Other \$	Mileage km
20/10/09	AHAA meeting - Airdrie							108
11/12/09	Board Chair FMC							15
14/12/09	S Durrant - HAC	1.85		42.00 ✓ 43.85				
17/12/09	A & F Board meeting	1.95		7.05 ✓ 9.10				616
17/12/09	A & F parking	0.24				4.76 ✓ 5.00		
13/01/10	HR Foundation Okotoks							62
14/01/10	HR Board							42
20/01/10	Board Meeting	.39		7.75 ✓ 8.14		9.00 ✓ 9.49		12
26/01/10	Rosebud - Airdrie							108
28/01/10	HAC 9 - Airdrie							108
01/02/10	Provincial Leadership		20.00 ✓	21.00 ✓				301
2/02/10	Provincial Leadership		20.00 ✓	21.00 ✓				
3/02/10	Edmonton - Dr Duckett		20.00 ✓	43.00 ✓		23.00 ✓		4
3/02/10	Edmonton - GRH					5.25 ✓		
4/02/10	A & F Board meeting			43.00 ✓		23.00 ✓		305
4/02/10	Edmonton - U of A					5.25 ✓		
10/02/10	ICD					32.00 ✓		11
16/02/10	Board Meeting					7.00 ✓		301
17/02/10	Board Meeting	.50		9.99 ✓				
18/02/10	Board Meeting							301
								2180
113.50 Total km								2294
Applicable mileage rate @								.505
Totals		4.93	7.58 60.00	194.79		109.26		1158.47

Note: Record the total amount for each expense categories from above to the summary table on page 1.

EXPENSE LIMITS – (Summary information only. Please refer to AHS Travel Policy for terms and conditions.)

1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast \$10
- b) Lunch \$12
- c) Dinner \$21

Meal expenses should be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

COMMERCE PLACE
201 - 10150 Jasper Ave
(Tel. 426-3791)

12/17/2009 10:40:25 Martyr
Trs# 777950

Best Copy Possible

	\$1.05
	\$1.95
	\$0.00
	\$0.00
	\$9.10
	\$9.10
	\$20.00
	\$10.90
Item count	2
Points in Buy sale	9
New point balance	9

5
10.49

Thank you for shopping at Sunterra
at: www.sunterramarket.com
R69259614

MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

Cashier# 13
36
32 - 06 56
11 300
DATE-1 \$ 23.00
TOTAL \$ 23.00
CRED. CARD \$ 23.00
swiped
s.17(1), 17(4)(e.1)
Purchase 10/02/03 15 42.33
Res# 000058 002
Auth# 071499

GST INCLUDED
GST # R11958053E
HAVE A NICE DAY

PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE U

SAIT POLYTECHNIC
VISITORS PARKING
P5
EXPIRES

20 JAN
22:28 PAID \$ 9.

ENTRY TIME 20 JAN 10 19:28

0941900762
PLACER SUR LE TABLEAU DE BORD CE COTE VISIBILE

PLACER SUR LE TABLEAU DE BORD CE COTE VISIBILE PLACER SUR LE TABLEAU DE BORD CE COTE VISIBILE

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

EXPIRES
20 JAN 10
22:28
PAID Cnd \$ 9.00C
RECEIPT
0941901
PLACER SUR LE TABLEAU DE BORD CE COTE VISIBILE



Best Copy Possible

F-0573 #Party 1
E SvrCk:569 17:52 01/20/10

1 BREAKFAST SANDWICH 5.90
1 TEA 1.75
Sub Total: 7.65
GST : 0.39
01/20/10 17:52 TOTAL: 14

GST #R098770015

Wood Earth Coffee House & Bakery
1013 - 4TH ST SW - CHUMBY

43-532-6460

In love with great coffee...
www.goodearthcafes.com

	AMT-TEND	CHANGE	ALLY
CASH	20.00	11.86	8.14
			8.14

01/20/10 17:54

E

JCP

BOW VALLEY SQUARE

RECEIPT C1

ENTER TIME: 10.02.10 06:47
EXIT TIME: 10.02.10 11:18
PARK-DUR.: HRS:MIN 0:04:31
AMOUNT: \$ 32.00

KIND OF PAYMENT:
VISA

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

REF: 31

IMPARK THANKS YOU
GST No. 987315633

WOODWATER RUSTIC GRILLE

1234 Woodland Blvd
Calgary, Alberta
T2C 4B6
403-241-1501

Date: 01/20/10
Time: 17:54
Table: 2

1/20/10
17:54
Water 1.00
Salad 19.00

SUB-TOTAL: 37.00
GST: 1.85

TOTAL: 38.85

1/20/10
17:54

WOODWATER RUSTIC GRILLE

1234 Woodland Blvd
Calgary, Alberta

Date: 01/20/10
Time: 17:54
Table: 2

1/20/10
17:54

TOTAL: \$38.85

TIP: \$ 5.00

TOTAL: \$ 43.85

1/20/10 17:54

Best Copy Possible

PRECISE
PARKING

REPLACE PARKADE
BY:
PARKING

Terminal#:1 Cashier#:1
4/02/10 07:23
4/02/10 13:10 - 05:47
-518628 / #110554
-E-1 23.00
-E-1 23.00
-E-1 23.00

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

Case 10024 11:11:09
Sec# 000025 002
Auth# 032659

\$ 5.25

NOT INCLUDED
R119580595
HAVE A NICE DAY

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

DATE ISSUED TIME ISSUED AMOUNT PAID

16/02/10 04:24 PM

16/02/10 04:24 PM \$ 7.00

AMOUNT PAID

\$ 7.00 377800000 GRH 04:24 PM

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION



NON TRANSFERABLE 70967592



RECEIPT 70967592

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

DATE ISSUED TIME ISSUED AMOUNT PAID

03/02/10 09:55 AM

03/02/10 09:55 AM \$ 5.25

AMOUNT PAID

\$ 5.25 377800000 GRH 09:55 AM

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION



NON TRANSFERABLE 70966846



RECEIPT 70966846



Invoice

Date : 2009-12-17

Bill To:

LYNN REDFORD
10101 SOUTHPORT ROAD SW
CALGARY, AB T2W 3N2

You can reach us at:
304 - 35 Avenue NE
Calgary, AB

Phone: 1-800-232-1958

Order #	Customer #	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
501523		-	PARKING	2009-12-17	2009-12-17	-	KERRY

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

Description	Date	Time	Duration	Price Basis	Qty	Net Each	Billed
Parking Per Day	2009-12-17	N/A	24 hrs	Per Day Parking	1	4.76	5.00

Payments Received:

Date	Received From	Reference	Amount
2009-12-17	LYNN REDFORD		5.00 CAD

Base Price:	4.76
Discounts:	0.00
Service Charges:	0.00
Taxes:	0.24
Invoice Total:	5.00
Commission:	0.00
Received:	5.00
Balance Due:	0.00

GST# BN139981476 Thank you for choosing Red Arrow. **Corporate Billing - Please remit payment to: 8351 McIntyre Road, Edmonton, AB, T6E 5J7 **780-468-6771

*Parking for a day
Red Arrow North
A + Lynn M.H.*