

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn
Title AHS Board Vice-Chair
Location Calgary

Expenses submitted during the month of February 2016

Travel (1)

| MMM-YY | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Feb-16 | P-Card | Meetings | | | | 72 | 72 | | | |
| Feb-16 | Expense Claim | Meetings | | | | 151 | 151 | | | |
| Feb-16 | Direct Billing | Meetings | 404 | | 311 | | 715 | | | |
| Total | | | \$ 404 | \$ - | \$ 311 | \$ 223 | \$ 938 | \$ - | \$ - | \$ - |

Total for the Month \$ 938

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 145
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:





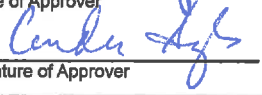
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

| | | | |
|---|--|--------------------------------|--|
| PROCIUK, LORINDA Cardholder's Name | EXECUTIVE ASSOCIATE Cardholder's Position/Title | Billing Reporting Period: | 20/02/2016 |
| PRESIDENT & CEO OFFICE Cardholder's Dept | SEVENTH STREET PLAZA Cardholder's Site/Location | Total Statement Amount: | \$155.69 \$72.00 |
| LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 6 digits of the P-Card #: | XXXXXXXXXX |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|---------------------------------|------|---------|---|
| | | | | | | | | |
| 19/02/2016 | 419641085 | INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS | 72.00 | CAD | 72.00 | 3.43 | | Taxi for Board Members (G. Yeates/B. Hemmelgarn) from SSP to Airport on January 21, 2016 (attended Board Meetings). |
| | | | | | 72.00 \$36.00 | | | |
| 19/02/2016 | 419641086 | INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS | 72.00 | CAD | 72.00 | 3.43 | | Taxi for Board Members (G. Yeates/B. Hemmelgarn) from SSP to Airport on January 28th (attended Board Meeting). |
| | | | | | 72.00 \$36.00 | | | |

✓ *[Signature]*

| | | |
|---|---|-------------|
| Signatures | | |
| Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. | | |
| <u>Jennifer Hamstra</u> Name of Cardholder Designate  Signature of Cardholder Designate | <u>Executive Secretary</u> Cardholder Designate Position/Title <u>Feb. 24, 2016</u> Date of Signature | |
| Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. | | |
| <u>PROCIUK, LORINDA</u> Name of Cardholder  Signature of Cardholder | <u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>03/07/16</u> Date of Signature | |
| Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. | | |
| <u>Deb Rhodes</u> Name of Approver Designate  Signature of Approver Designate | <u>VP Corporate + CFO</u> Approver Designate Position/Title <u>March 15, 2016</u> Date of Signature  | |
| Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. | | |
| <u>Linda Hughes</u> Name of Approver  Signature of Approver | <u>Board Chair</u> Approver Position/Title <u>Mar 17/2016</u> Date of Signature | |
| Submit approved statement with attachments to Accounts Payable: | | |
| Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. | Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 | |
| Accounts Payable only: | | |
| Reference #: _____ | Reviewed by: _____ | Date: _____ |

Jennifer Hamstra

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 5:39 AM
To: Colette Mooney; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

~~Glenda Yeates~~ and Brenda Hemmelgarn
Jan.21/2016
SSP>Ap

②

INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID [REDACTED]

CUSTOMER ID Lorinda Prociuk

CARD NUM [REDACTED]

ACCOUNT MASTERCARD

DATE Feb 19 2016 05:35AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

AMOUNT (CAD)

\$72.00

✓
\$36.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Jennifer Hamstra

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 5:39 AM
To: Colette Mooney; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

~~Glenda Yeates~~ and Brenda Hemmelgarn
Jan.28/2016
SSP>Ap

3

INFINITY TRANSPORTATION I

| TYPE | PURCHASE |
|-------------|---------------------|
| ORDER ID | [REDACTED] |
| CUSTOMER ID | Lorinda Prociuk |
| CARD NUM | [REDACTED] |
| ACCOUNT | MASTERCARD |
| DATE | Feb 19 2016 05:36AM |
| REF NUM | [REDACTED] |
| AUTH CODE | [REDACTED] |

AMOUNT (CAD)

~~-----
\$72.00
-----~~

✓ \$36.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records



Employee# 01141123

| | |
|--|--|
| AHS - AP Processing - Internal Use Only | |
| Voucher# | |
| Naming Convention: | |
| T4/ANR Applicable? - If yes, indicate line & amt | |

BOARD MEMBER EXPENSE CLAIM FORM

| SECTION 1: PAYEE INFORMATION | | | | | |
|------------------------------|---|--------------|-----------------------|----------|--------|
| Name: | Dr. Brenda Hemmelgarn | | Expense Period Month: | Feb-16 | |
| Address: | [Redacted] | | City: | Calgary | |
| Province: | AB | Postal Code: | [Redacted] | Country: | Canada |
| Reason for Expense | Attendance at Board Meetings on February 24, 2016 (Governance; Audit & Risk; and Finance Committees) and February 25, 2016 (Board Meeting). | | | | |

| SECTION 2: FINANCE CODING & TOTAL CLAIM | | | | | |
|---|--------------|--------------------------|---------------------------|-------------------------|--|
| Description | Comp/BU/O ID | Location (if applicable) | Function:1 Centre/Primary | Expense/ Secondary Acct | Total (Note: This column will auto fill) |
| Meals (A) | 101 | 0005 | 71110300000 | 45000000 | \$0.00 |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$151.30 |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$151.30 |

| SECTION 3: AUTHORIZATION | | | |
|--|--|----------|------------|
| I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies. | | | |
| I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. | | | |
| I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below. | | | |
| Claimant (Print Name) | Signature: I, by signing this form, attest that I am compliant to all the above statements | Date | Phone# |
| Dr. Brenda Hemmelgarn | <i>B. Hemmelgarn</i> | Mar 2/16 | [Redacted] |

| | |
|---|------------------------------|
| I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies. | |
| I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. | |
| I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below. | |
| Approved by (Print Name) | Position Title/Program Group |
| Linda Hughes | Board Chair |
| Signature: I, by signing this form, attest that I am compliant with all the above statements | Date |
| <i>Linda Hughes</i> | Mar. 8/16 |

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

14th Floor, North Tower Deborah Rhodes Mar-7/16
 Deborah Rhodes, VP Corporate Services & CFO
 Position [Redacted] Jennifer Hamstra

Carry forward from Section 1

Name: **Dr. Brenda Hemmelgarn** Expense Period Month: **42401**

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

| Date | Description: (include purpose of trip, mode of travel, starting point, details of expenditure) | Cost Effective method used? | Meal (Allowance OR Receipt)(A) | | | | Accommodation (B) | Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C) | Other (Itemize) (D) | Mileage km (E) |
|---|--|-----------------------------|----------------------------------|-----------|--------------|--------------|---------------------|--|-----------------------|------------------|
| | | | Allowance | | With Receipt | | | | | |
| | | | Meal Type | Allowance | Meal Type | With Receipt | | | | |
| 23-Feb-16 | Parking at Calgary International Airport to attend Board Meetings in Edmonton. | Yes | | | | | \$88.05 | | | |
| 23-Feb-16 | Taxi from Edmonton International Airport to hotel to attend Board Meetings in Edmonton. | Yes | | | | | \$63.25 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$0.00 | | \$0.00 | \$0.00 | \$151.30 ✓ | \$0.00 | 0.00 | |

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ -

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

RECEIPT
GST NO. R122556194

EXIT No. A4
IN: 02/23/16 17:19
OUT: 02/25/16 19:58
DURATION: 2 02: 39
PAID: \$ 88.05
(GST INCLUDED)
VISA

REF. [REDACTED] 4

THANK YOU FOR
YOUR VISIT



YYC CALGARY INTERNATIONAL AIRPORT

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456

Term Id: 45024124702214
Item #: 0676
Visa Credit
PURCHASE
Op Id: 755404
Card [REDACTED]

AID: 0000000031010

APPROVED

| | |
|--------|------------|
| AMOUNT | CAD\$55.00 |
| TIP | CAD\$8.25 |
| TOTAL | ===== |
| | CAD\$63.25 |

Ref. [REDACTED]
Auth. [REDACTED]
Resp. [REDACTED]
TUP: 4000000000
TST: F000

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 109403070

Date: 25/16/02/22 Time: 11:04:13
Response: AUTH [REDACTED]

CUSTOMER COPY

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

| | |
|---------------------------------|---|
| Name : Brenda Hemmelgarn | Reporting Period for the Month of : Feb-16 |
|---------------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------|--|----------------|------------------|
| 23-Feb-2016 | Direct Billing | Airline Ticket | Flight from Calgary to Edmonton and return to attend Board Meetings on February 24 and 25, 2016 (Invoice # [REDACTED]) | Marlin Travel | 344.48 |
| 23-Feb-2016 | Direct Billing | Airline Ticket | Change fee for flight from Edmonton to Calgary as meeting on February 25th was extended (Invoice # [REDACTED]) | Marlin Travel | 59.30 |
| 23-Feb-2016 | Direct Billing | Hotel | 2 nights accomodation to attend Board Meetings on February 24 and 25, 2016. | Other | 310.64 |
| | | | | | |
| | | | | | |
| Total Paid in the Month | | | | | \$ 714.42 |

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 1, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Tuesday, February 23, 2016

✈ Air

AIR CANADA Flight: 8170 G CLASS
From: CALGARY AB 07:20 PM Equipment: DH4
To: EDMONTON INTL AB 08:12 PM Mile(s) Flown: 163
Stops: 0 Arrival: 23Feb16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C [REDACTED]

Thursday, February 25, 2016

✈ Air

AIR CANADA Flight: 8169 V CLASS
From: EDMONTON INTL AB 05:00 PM Equipment: DH4
To: CALGARY AB 05:54 PM Mile(s) Flown: 163
Stops: 0 Arrival: 25Feb16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5C [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 1, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, February 25, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8153 V CLASS
To: CALGARY AB 06:40 PM Equipment: DH4
Stops: 0 Arrival: 25Feb16 07:34 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9C

| | | |
|---------------------------|--|---------------|
| Cost: | | |
| AIR CANADA WEB [REDACTED] | [REDACTED] | 269.52 |
| | Tax: | 74.96 |
| | Ticket Total: | 344.48 |
| Total: | | |
| | Grand Total: | 344.48 |
| | Less Credit Card Payments: | 344.48 |
| | Credit / Balance Due To This Invoice: | 0.00 |
| | Total Balance Due: | 0.00 |

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 17, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HEMMELGARN
AC [REDACTED]

Tuesday, February 23, 2016

 Air

AIR CANADA Flight: 8170 G CLASS
From: CALGARY AB 07:20 PM Equipment: DH4
To: EDMONTON INTL AB 08:12 PM Mile(s) Flown: 163
Stops: 0 Arrival: 23Feb16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C

Thursday, February 25, 2016

 Air

AIR CANADA Flight: 8153 V CLASS
From: EDMONTON INTL AB 06:40 PM Equipment: DH4
To: CALGARY AB 07:34 PM Mile(s) Flown: 163
Stops: 0 Arrival: 25Feb16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9C

Cost:

AIR CANADA WEB [REDACTED] 9.30
AIR CANADA WEB [REDACTED] 50.00

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

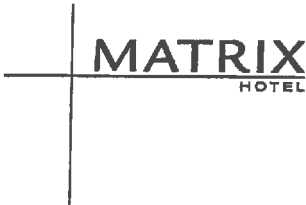
Invoice Number: [REDACTED]
Date: February 17, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

| | |
|--|--------|
| Grand Total: | 59.30 |
| Less Credit Card Payments: | 59.30 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Previous Payments: | 344.48 |
| Total Charges Previous Invoices: | 344.48 |
| Total Balance Due: | 0.00 |

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



Alberta Health Services

Room Number: [redacted]
Arrival Date: 02-23-16
Departure Date: 02-25-16
Page No: 1 of 1

Guest Name: Hemmelgarn, Brenda

COPY OF INVOICE

Folio [redacted]

02-26-16

| Date | Description | Charges | Credits |
|----------------|--------------------------------|---------------|-------------|
| 02-23-16 | Room Revenue | 145.00 | |
| 02-23-16 | Destination Marketing Fee - 3% | 4.35 | |
| 02-23-16 | Tourism Levy - 4% | 5.97 | |
| 02-24-16 | Room Revenue | 145.00 | |
| 02-24-16 | Destination Marketing Fee - 3% | 4.35 | |
| 02-24-16 | Tourism Levy - 4% | 5.97 | |
| Total | | 310.64 | 0.00 |
| Balance | | 310.64 | |

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

Coded March 02, 2016
101 0005 711103 00000