

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of March 2017

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)
Mar-17	Expense Claim	Meetings				504	504	998		
Mar-17	Direct Bill	Meetings	1,108		544		1,652			
<b>Total</b>			\$ 1,108	\$ -	\$ 544	\$ 504	\$ 2,156	\$ 998	\$ -	\$ -

**Total for the Month** \$ 3,154

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 164  
 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.



Employee: [Redacted]

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

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	Feb-Mar 2017
Address:	[Redacted]		City:	[Redacted]	
Province:	AB	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attendance at Board Meeting on March 01, 2017; attended March 7, 2017 AHS CEO/Board Chair and Minister/DM Meeting on behalf of Board Chair.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Org	Location (if applicable)	Functional 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	\$327.40 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$327.40</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
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		Mar 24/17	[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		
	Mar 29/17		

Health and Personal information on this form is collected by AHS under the authority of section 20(1) of Privacy (FOIP) Act, respectively for the

For paymer Deborah Rhodes  
 Deborah Rhodes, VP Corporate Services & CFO  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 Position #: [Redacted] DOFA Level: [Redacted] Date: Mar-27/17

**Carry forward from Section 1**

Name:	Dr. Brenda Hemmelgarn	Expense Period Month:	Feb-Mar 2017
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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**

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
28-Feb-2017	Parking at YYC to attend Board Meeting in Edmonton on March 01, 2017.	Yes					\$50.35	✓		
28-Feb-2017	Taxi from YEG to SSP.	Yes					\$63.25	✓		
1-Mar-2017	Taxi from SSP to YEG.	Yes					\$61.40	✓		
7-Mar-2017	Parking at YYC to attend AHS CEO-Board Chair and Minister-DM Meeting in Edmonton on March 07, 2017.	Yes					\$29.35	✓		
7-Mar-2017	Taxi from YEG to SSP.	Yes					\$63.25	✓		
7-Mar-2017	Taxi from SSP to YEG.	Yes					\$59.80	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$327.40	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**RECEIPT**  
**GST NO. R122556194**

TKT NO [REDACTED]  
POF: C52  
IN: 02/28/17 17:42  
OUT: 03/01/17 19:14  
PAID: \$ 50.35  
DURATION: 1 01: 32  
(GST INCLUDED)

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

*Board - Edmonton*  
AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2017/02/28  
TIME 3525 20:54:38  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

**\$63.25**

Interac  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

*Board - Edmonton*  
Co-op Taxi Line  
(780)425-2525  
www.co-optaxi.com

Terminal [REDACTED]  
Driver 3786  
17/03/01 16:18:14

INTERAC  
Card : [REDACTED]  
Interac  
CHIP CARD

Ref # [REDACTED]  
Auth # [REDACTED]

PURCHASE  
FARE : \$ 55.40  
TIP : \$ 6.00  
TOTAL : \$ **61.40**

APPROVED - THANK YOU  
(00-001)

IMPORTANT: Retain this  
copy for your records

Customer Copy

Thank you for choosing  
Co-op taxi

**RECEIPT**  
**GST NO. R122556194**

TXT NO: [REDACTED]  
POF: C52  
IN: 03/07/17 06:48  
OUT: 03/07/17 20:30  
PAID: \$ 29.35  
DURATION: 0 13: 42  
(GST INCLUDED) ✓

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

00 FlyYYC

**YYC** CALGARY  
INTERNATIONAL  
AIRPORT

(4)

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2017/03/07  
TIME 0662 12:13:29  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

**\$63.25**

Interac  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

(5)

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2017/03/07  
TIME 1616 17:54:33  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$52.00  
TIP \$7.80  
TOTAL

**\$59.80**

Interac  
[REDACTED] ✓

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

(6)



*Employee #* [REDACTED]

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

## BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Brenda Hemmelgarn			Expense Period Month:	Mar-17
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Registration Fee to attend the Institute of Corporate Director's Crown Director Effectiveness course on April 10, 2017 in Calgary. Attendance at Board Meeting on March 29, 2017; tour of RAH and Meeting with Wisdom Council on March 30, 2017 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional 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	\$177.15 ✓
Other (D)	101	0005	71110300000	41090000	\$997.50 ✓
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$1,174.65</b> ✓ <i>AB</i>

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>[Signature]</i>	Apr 10/17	[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>[Signature]</i>			April 12/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Privacy (FOIP) Act, respectively for the purposes:

*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO  
Position #: [REDACTED] DOFA Level: [REDACTED] Date: April 11/17

For payment please contact:  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107

**Carry forward from Section 1**

Name:	Dr. Brenda Hemmelgarn	Expense Period Month:	Mar-17
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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)

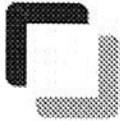
**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

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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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
22-Mar-2017	Registration Fee to attend the Institute of Corporate Director's Crown Director Effectiveness Course on April 10, 2017 in Calgary.	Yes						\$997.50	✓	
28-Mar-2017	Parking at YYC to fly to Edmonton to attend Board Meeting on March 29; tour of RAH and Meeting with Wisdom Council on March 30, 2017.	Yes					\$58.70	✓		
28-Mar-2017	Taxi from YEG to Westin Hotel.	Yes					\$63.25	✓		
30-Mar-2017	Taxi from SSP to YEG.	Yes					\$55.20	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$177.15	\$997.50	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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Institute of Corporate Directors  
 Institut des administrateurs de sociétés

# RECEIPT

2701-250 Yonge Street  
 Toronto, ON M5B 2L7

Invoice No. [REDACTED]

Sold To: Dr Brenda Hemmelgarn  
 [REDACTED]

Ship To: Dr Brenda Hemmelgarn  
 [REDACTED]

①

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]		3/4/2017	[REDACTED]	Upon Receipt	3/22/2017

Qty	Description	Unit Price	Extended Price
1	Calgary CRN 4 Calgary CRN 4  4/10/2017 - 4/10/2017 Calgary, AB CALCRN004/CRNREG Course Registration	950.00	950.00

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
950.00		47.50	997.50	997.50	0.00

Total GST/HST: 47.50  
 Total PST/QST: 0.00  
 GST Remittance Number: 12179 8201  
 QST Remittance Number: 1204855478



**RECEIPT**  
**GST NO R122556194**

TKT NO: [REDACTED]  
POF: C52  
IN: 03/28/17 17:36  
OUT: 03/30/17 16:33  
PAID: \$ 58.70  
DURATION: 1 22: 57  
(GST INCLUDED)

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT



(2)

**GREATER EDMONTON TAXI SERVICE**  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2017/03/28  
TIME 3557 21:01:37  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00  
TIP \$8.25  
TOTAL **\$63.25**

Interac  
[REDACTED]

**APPROVED**  
AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY  
YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

(3)

**GREATER EDMONTON TAXI SERVICE**  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2017/03/30  
TIME 6365 14:02:14  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$48.00  
TIP \$7.20  
TOTAL **\$55.20**

Interac  
[REDACTED]

**APPROVED**  
AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY  
YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

(4)

## 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**

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Feb-March 2017
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Feb-2017	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meeting March 01, 2017.	Marlin Travel	309.86
28-Feb-2017	Direct Billing	Hotel	1 night accommodation to attend Board Meeting on March 1, 2017 in Edmonton.	Marlin Travel [REDACTED]	175.68
1-Mar-2017	Direct Billing	Airline Ticket	Booked an earlier return flight as meeting ended earlier than scheduled (\$39.90 additional fare charge and \$75.00 change fee).	Marlin Travel [REDACTED]	114.90
7-Mar-2017	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend AHS Board/CEO and Minister/DM Meeting on behalf of Board Chair.	Marlin Travel [REDACTED]	349.76
				Choose from Drop-down List	
<b>Total Paid in the Month</b>					<b>\$ 950.20</b>

## 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**

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Mar-17
---------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Mar-2017	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Board Meeting on March 29, 2017 and tour of RAH and meeting with Wisdom Council on March 30, 2017 (Invoice [REDACTED]).	Marlin Travel	333.61
28-Mar-2017	Direct Billing	Hotel	Two nights accommodation to attend Board Meeting on March 29; and tour of RAH and meeting with Wisdom Council on March 30, 2017 in Edmonton.	Marlin Travel [REDACTED]	368.26
				Choose from Drop-down List	
				Choose from Drop-down List	
				Choose from Drop-down List	
<b>Total Paid in the Month</b>					<b>\$ 701.87</b>



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 17 Feb 17 Client: [REDACTED] Agent: [REDACTED]  File Locator: [REDACTED]
--	--

**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	234.90	0.00	\$0.00	74.96	0.00	309.86 CAD
<b>Total:</b>	<b>234.90</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>309.86 CAD</b>

PAYMENTS				Form of Payment	Amount
Invoice #	Payment Date	Card Holder			
[REDACTED]	02/16/2017			[REDACTED]	309.86 CAD
	02/16/2017				0.00 CAD
<b>Total Payment:</b>					<b>309.86 CAD</b>
<b>Balance Due CAD Currency</b>					<b>0.00 CAD</b>

Total GST                      0.00                      Total HST                      \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 17 Feb 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 16 Feb 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 28 Feb 17 7:30PM		EDMONTON INTL 28 Feb 17 8:26PM	G/	



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 16 Feb 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08163	EDMONTON INTL 01 Mar 17 10:10PM		CALGARY INTL 01 Mar 17 11:04PM	G/	

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



Brenda Hemmelgarn

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 28-FEB-17 21:00  
 Depart Date : 01-MAR-17 06:52  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]  
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001

The Westin Edmonton MAR-03-2017 14:05 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
28-FEB-17	[REDACTED]	Room Charge	164.00	
28-FEB-17	[REDACTED]	Destination Marketing Fee	4.92	
28-FEB-17	[REDACTED]	Tourism Levy	6.76	
01-MAR-17	[REDACTED]	Transfer to A/R		-175.68
** Total			175.68	-175.68
*** Balance			-0.00	

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at [westin.com/eatwell](http://westin.com/eatwell)



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Feb 17 Client: [REDACTED] Agent: [REDACTED]  File Locator: [REDACTED]
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**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONLINE Confirmation # [REDACTED]	39.90	0.00	\$0.00	0.00	0.00	39.90 CAD
AIR CANADA ONLINE Confirmation # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
<b>Total:</b>	<b>114.90</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>114.90 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/24/2017		[REDACTED]	39.90 CAD
	[REDACTED]	02/24/2017		[REDACTED]	75.00 CAD
				Total Payment:	114.90 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 ..... AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 .....  
 \*\*\*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 24 Feb 17  
Client: [REDACTED]  
Agent: [REDACTED]  
  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 16 Feb 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 28 Feb 17 7:30PM		EDMONTON INTL 28 Feb 17 8:26PM	G/	

Passengers: BRENDA HEMMELGARN  
Booking Date: 16 Feb 17  
File Locator/Ticket #: [REDACTED]

Passengers: BRENDA HEMMELGARN  
Booking Date: 16 Feb 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08173	EDMONTON INTL 01 Mar 17 7:10PM		CALGARY INTL 01 Mar 17 8:04PM	V/	

Passengers: BRENDA HEMMELGARN  
Booking Date: 16 Feb 17  
File Locator/Ticket #: [REDACTED]





**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 01 Mar 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	--

**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket: [REDACTED]	274.80	0.00	\$0.00	74.96	0.00	349.76 CAD
<b>Total:</b>	<b>274.80</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>349.76 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/28/2017		[REDACTED]	349.76 CAD
<b>Total Payment:</b>					<b>349.76 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 ..... AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ..... \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 01 Mar 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 28 Feb 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08138	CALGARY INTL 07 Mar 17 10:45AM		EDMONTON INTL 07 Mar 17 11:37AM	W/	
AIR CANADA	08173	EDMONTON INTL 07 Mar 17 7:10PM		CALGARY INTL 07 Mar 17 8:04PM	W/	



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 17 Mar 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
--	---

**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	258.65	0.00	\$0.00	74.96	0.00	333.61 CAD
<b>Total:</b>	<b>258.65</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>333.61 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/16/2017			0.00 CAD
	[REDACTED]	03/16/2017		[REDACTED]	333.61 CAD
<b>Total Payment:</b>					<b>333.61 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
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 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 17 Mar 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 03/16/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08164	CALGARY INTL 03/28/2017 7:30PM		EDMONTON INTL 03/28/2017 8:26PM	G		



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 03/16/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08151	EDMONTON INTL 03/30/2017 3:30PM		CALGARY INTL 03/30/2017 4:24PM	G		

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



Brenda Hemmelgarn

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 28-MAR-17 21:03  
 Depart Date : 30-MAR-17 07:19  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]  
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001

The Westin Edmonton APR-03-2017 11:41 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
28-MAR-17	[REDACTED]	Room Charge	164.00	
28-MAR-17	[REDACTED]	GST	8.45	
28-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
28-MAR-17	[REDACTED]	Tourism Levy	6.76	
29-MAR-17	[REDACTED]	Room Charge	164.00	
29-MAR-17	[REDACTED]	GST	8.45	
29-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
29-MAR-17	[REDACTED]	Tourism Levy	6.76	
30-MAR-17	[REDACTED]	Transfer to A/R		-368.26
		** Total	368.26	-368.26
		*** Balance	0.00	

Continued on the next page

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



Brenda Hemmelgarn

Page Number : 2 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 28-MAR-17 21:03  
 Depart Date : 30-MAR-17 07:19  
 No. Of Guest : [REDACTED]  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]  
 AR Account : [REDACTED]

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Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
03-28-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
03-29-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
03-30-2017	0.00	0.00	0.00	0.00	0.00	-368.26	-368.26	0.00
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Total	328.00	16.90	13.52	0.00	0.00	-358.42	0.00	0.00