

## Official Administrator and Executive Expense Report

**Name** Dr. Carl Amrhein  
**Title** Official Administrator  
**Location** Edmonton

Expenses submitted during the month of March 2015

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Mar-15	Expense Claim	Meetings	2,070	572	465	838	3,945			
Mar-15	Direct Billing	Meetings	686				686			
<b>Total</b>			<b>\$ 2,756</b>	<b>\$ 572</b>	<b>\$ 465</b>	<b>\$ 838</b>	<b>\$ 4,631</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 4,631

Maximum daily single meal expense claimed in the month \$ 295 6 people  
 Maximum daily base hotel rate claimed in the month \$ 162  
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



<b>AHS - AP Processing - Internal Use Only</b>
Voucher #
Naming Convention:
T4A/NR Applicable? - If yes, indicate line & amt

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>				
Name:	Dr. Carl G. Amrhein	Vendor# (if known)	Expense Period Month:	Mar-15
Address:	[REDACTED]	City:	Edmonton	Province:
Postal Code:	[REDACTED]	Country:	Canada	Phone #:
Reason for Expense &/or Business Case	Expenses incurred in relation to my work as Official Administrator of Alberta Health Services and filed in accordance with the Public Service Relocation and Employment Expenses Regulation.			

<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	\$571.99
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$3,312.07
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$3,884.06</b>

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

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Carl G. Amrhein	[Signature]	Apr. 14/15	

I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.			
Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Christine Couture	Deputy Secretary to Cabinet / Deputy Clerk Exec. Council	April 20/15	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
[Signature]			

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 2) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

For payment please submit to the Official Administrator office:  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

Carry forward from Section 1

Name:	Dr. Carl G. Amrhein	Vendor# (if known)	Expense Period Month:	42064
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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 above

**SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE 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 )	Payroll Only OA Committee Meeting Fee ( F )
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
3-Mar-15	Cab from home to YEG re: trip to Montreal for Concordia University visit and presentation (Prestige Transportation)	Yes					\$72.00				
4-Mar-15	Breakfast meeting: Carl Amrhein, Diana McKay (CoBC), Reiner Banken (INESS), Luc Boileau (INESS) (La Societe Bistro)	Yes			B	\$94.07					
4-Mar-15	Cab from Toronto City Centre Airport to InterContinental Yorkville Hotel re: Toronto meetings with Don Lowry (Co-op Taxi)	Yes					\$20.00				
5-Mar-15	Breakfast meeting: Carl Amrhein, Don Lowry, Dr. David Naylor (Signatures Restaurant)	Yes			B	\$88.84					
5-Mar-15	Lunch meeting: Carl Amrhein, Anne-Marie Aplin, Don Lowry (Signatures Restaurant)	Yes			L	\$93.80					
5-Mar-15	Dinner meeting: Carl Amrhein, Anne-Marie Aplin, Don Lowry, Michelle di Emanuel, Kevin Smith, Barry (Sunnybrook) (Bliss Restaurant)	Yes			D	\$295.28					
6-Mar-15	Cab from St. Michael's Hospital (mtg w/ CEO) to InterContinental Hotel (Co-op Taxi)	Yes					\$18.00				
6-Mar-15	Accommodation in Toronto re: meetings with Don Lowry (InterContinental Toronto Yorkville Hotel)	Yes				\$375.84					
8-Mar-15	Airfare to London (UK) for meetings with key individuals involved in the development, implementation and/or monitoring of health system performance	Yes					\$2,070.16				
9-Mar-15	Cab from home to YEG re: trip to London (UK) (Prestige Transportation)	Yes					\$72.00				
10-Mar-15	Cab from LHR to Hotel (Carl Amrhein, Ellen Calabrese-Amrhein, Andrew Neuner, Shelley Neuner) (London Taxi)	Yes					\$157.22				
12-Mar-15	Cab from Hotel to Euston Square / UCL / CQC (Lyca Mobile)	Yes					\$24.59				
<b>Total: (amount auto fills to page 1)</b>			\$0.00			\$571.99	\$375.84	\$2,433.97	\$0.00	0.00	\$0.00

<b>OA COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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For payment please submit to the Official Administrator office:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

Carry forward from Section 1

Name:	Dr. Carl G. Amrhein	Vendor# (if known)	Expense Period Month:
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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 above

**SECTION 4B: OFFICIAL ADMINISTRATOR & COMMITTEE 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 )	Payroll Only OA Committee Meeting Fee ( F )
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
12-Mar-15	Cab from Euston Square to Hotel(Licensed London Taxi)	Yes					\$24.59				
13-Mar-15	Cab from Hotel to CQC to Finsbury Row (Lyca Mobile)	Yes					\$37.78				
13-Mar-15	Cab from Health Foundation to Hotel (Licensed London Black Taxi)	Yes					\$13.22				
15-Mar-15	Cab from Hotel to Waterloo Station (Licensed London Taxi)	Yes					\$28.34				
15-Mar-15	Cab to Hotel (Licensed London Taxi)	Yes					\$28.34				
18-Mar-15	Cab from YEG to home re: London (UK) meetings (Prestige Transportation)	Yes					\$72.00				
23-Mar-15	Cab from home to YEG re: trip to Medicine Hat for Provincial HAC meetings (Prestige Transportation).	Yes					\$72.00				
23-Mar-15	Cab from Medicine Hat Airport to Clarion Hotel for Provincial HAC meetings (Care Cabs Ltd.)	Yes					\$10.00				
24-Mar-15	Accommodation in Medicine Hat for Provincial HAC meetings (Clarion Hotel and Conference Centre)	Yes				\$88.99					
25-Mar-15	Cab from home to YEG re: trip to Vancouver to interview people re: AICE and AHS Board (Prestige Transportation)	Yes					\$72.00				
25-Mar-15	Cab from YVR to Sheraton Wall Centre Hotel (Maclure's Cabs)	Yes					\$40.00				
25-Mar-15	Cab from Sheraton Wall Centre Hotel to Vancouver Health Authority (Vancouver Taxi)						\$15.00				
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$88.99	\$413.27	\$0.00	0.00	\$0.00	

<b>OA &amp; COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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For payment please submit to the Official Administrator office:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

Mar 3/15

DR. CARL G. ANRHEID  
March 08/2015  
Res Ap.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id:4502412509440  
Item #:1170  
VISA PURCHASE  
Op Id:114995  
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. # [REDACTED]  
Auth. # [REDACTED]

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST 862184769

Date: 2015/03/08 Time: 09:18:34  
Response: AUT [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

Cab from Home  
to airport (YEG)  
re: trip to Montreal  
(Concordia University  
presentation)



# LOEWS

HÔTEL VOGUE  
MONTRÉAL

1425 rue de la Montagne, Montreal, Qc. Canada H3G 1Z3  
Telephone/Telephone: (514) 285-5555 Telecopieur/Fax: (514) 849-8903  
Sans frais/Toll free: (866) 563-9792

Mr. Carl Amrhein  
Canada

Co.: Concordia University

Chambre/Room: [REDACTED]  
Arrivee/Arrival: 03-03-15  
Depart/Departure: 03-04-15  
Page No.: 1 of 1  
No. de facture/Folio No.:  
No. de Reservation/Conf. No.: [REDACTED]  
Caissier/Cashier: [REDACTED]

### FOLIO CLIENT/GUEST FOLIO

Date	Description	Charges/Debit	Credit/Credit
03-04-15	La Societe Restaurant [REDACTED]	94.07	
03-04-15	Mastercard [REDACTED]		94.07
<b>Total</b>		<b>94.07</b>	<b>94.07</b>
<b>Solde/Balance Due</b>		<b>0.00</b>	

J'ai accepte la livraison du Globe and Mail. Si refuse, mon compte sera credite de 1,00\$ (lundi au vendredi) ou de 2,00\$ (samedi).

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

#### TPS/GST Sommaire/Summary

Chambre/Room 5% 0.00  
N&B/F&B 5% 0.00  
Autre/Other 5% 0.00

#### TVQ/PST Sommaire/Summary

Chambre/Room 9.975% 0.00  
N&B/F&B 9.975 0.00  
Autre/Other 9.975% 0.00

TPS: R140411794

TVQ:1017622788

Signature du client/Guest Signature

*IN ESS  
Wed. Breakfast  
See reverse side of  
receipt for details*

LA SOCIETE BISTRO

1415 de La Montagne  
Montreal, Quebec  
Tel: (514) 507-9223

Employe: [redacted] Factu: [redacted]  
Table: [redacted] Date: 2015-03-04  
Client: [redacted] Heure: 08:56:45

- 1 Tea 2,00
- 1 Cappucino - Diana 5,00
- 1 Maple Parfait - Vice P 12,00
- 1 Sandwich dejeuner - Carl
- 1 OMELETTE Herbes - CEO
- 1 Open Food
- 1 Fruit Berry Cup - Diana 10,00
- 1 Fresh Orange Juice 5,00
- 1 Reg Coffec 2,00

SOUS TOTAL: 70,50  
 TPS (803943687): 3,53  
 TVQ (1219112111): 7,04

TOTAL: 81,07

RMPOST: 81,07

+13-

Merci de vous joindre a nous!  
Reservez votre prochaine visite @  
[www.lasociete.ca](http://www.lasociete.ca)

Visitez notre restaurant a Toronto

Pourboire non inclus  
Merci  
Tip not included  
Thank you

GST# 803943687 RT0001  
QST# 1219112111 TQ0001

TPS: 3,53 \$ TVQ: 7,04 \$  
Total : 81,07 \$

FACTURE ORIGINALE



2015-03-04 09:11:17 MEV:14457101-10028376  
BISTRO LA SOCIETE  
1425 RUE DE LA MONTAGNE MONTREAL

Wednesday  
Breakfast  
Diana  
Carl  
Reiner  
+  
CEO-INESS

**RECEIPT**

CALL NO. \_\_\_\_\_ DATE Mar/4/15

CAB NO. \_\_\_\_\_ AMOUNT \$ 20.00

DRIVER'S NAME \_\_\_\_\_

FROM \_\_\_\_\_

TO City Center Airport to Hotel

NOTE: AMOUNT SHOWN ABOVE INCLUDES HST  
Driver is an Independent Contractor, any HST Input Credit  
may be claimed as "NOTIONAL" or applied to driver's  
registration number, not Co-op Cabs.

DRIVER SIGNATURE:  
If applicable

[Signature]



Thursday ~~lunch~~  
breakfast

INTERCONTINENTAL TORONTO  
\*\*\*SIGNATURES RESTAURANT\*\*  
H.S.T. #855206975

[REDACTED] 2  
-----  
[REDACTED] [REDACTED] GST 3  
05MAR'15 8:26AM

3 2 farm eggs @ 15.00 45.00  
3 @ 3 75  
Brewed Coffee 11.25  
1 Fresh Orange Jc 3.75  
2 Toast @ 4.00 8.00

FOOD 68.00  
H.S.T. 8.84  
Total Due \$76.84

TIP: 12.00

TOTAL: 88.84

NAME (PRINT):

ROOM NO:

SIGNATURE:

GRATUITY NOT INCLUDED

Don Lowry }  
Carl Smokey }  
David Taylor }

Thursday ~~Breakfast~~  
lunch

INTERCONTINENTAL TORONTO  
\*\*\*SIGNATURES RESTAURANT\*\*  
H.S.T. #855206975

[REDACTED] 2  
-----  
[REDACTED] [REDACTED] GST 3  
05MAR'15 12:40PM

1 Onion Soup 12.00  
1 \*\*\*\*\*  
1 Arugula Salad 11.00  
2 Green Side @ 4.50 9.00  
1 Brewed Coffee 3.75  
1 Tea 3.75  
1 Ahi Tuna 16.00  
1 Ahi Tuna 16.00

FOOD 71.50  
H.S.T. 9.30  
Total Due \$80.80

TIP: 13.00

TOTAL: 93.80

NAME (PRINT):

ROOM NO:

SIGNATURE:

GRATUITY NOT INCLUDED

Anne-Mare Apelin }  
Dan }  
Carl }  
Lunch }  
Thursday }

TORONTO AIRPORT HILTON *400.28*  
 BLISS RESTAURANT *105*  
 CHECK: *295.28*  
 TABLE:   
 SERVER:   
 DATE: 05MAR'15 8:39PM  
 CARD TYPE: MASTERCARD  
 ACCT #:   
 EXP DATE:   
 AUTH CODE:   
 CARL G. AMKHEIN

SUBTOTAL: 345.78

TIP: *55.00*

TOTAL: *400.28*

*Carl G. Amkhein*  
 Signature

*Dinner Thursday*

*Anne Marie Spler*

*Carl*

*Don Lowry*

*Michelle di Emanuel*

*Kenny Smith*

*Benny (Sunnybrook)*

TORONTO AIRPORT HILTON  
 BLISS RESTAURANT & BAR  
 C.S.T.# 84115 8926 RT0003

[Redacted]  
 [Redacted] 05MAR'15 8:39PM  
 [Redacted]

1 Cranberry Juice	5.00
3 Caesar Salad @ 9.00	27.00
2 Cauli Soup @ 8.50	17.00
1 Chick Marsala	21.50
1 Grilled Salmon	27.50
1 Paella	28.50
1 Mac Entree	15.50
2 @ 29.50	
Scallops&Shrimp	59.00
SubTotal	306.00
TAX	39.78
8:38 Total Due	CDN\$345.78

TIP: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ROOM# \_\_\_\_\_

NAME(PRINT) \_\_\_\_\_

*Carl for  
 Pop-Tite  
 Wine*

SIGNATURE

PLEASE PAY YOUR SERVER

RECEIPT

CALL NO. [REDACTED] DATE 6/3/15

CAB NO. [REDACTED] AMOUNT \$ 18.00

DRIVER'S NAME [REDACTED]

FROM [REDACTED]  
TO St Mike's to Intercom.

NOTE: AMOUNT SHOWN ABOVE INCLUDES HST  
Driver is an Independent Contractor. any HST Input Credit  
may be claimed as "NON-ONAL" or applied to driver's  
registration number, not Co-op Cabs.

DRIVER'S HST NO.  
(if applicable)



INTERCONTINENTAL  
TORONTO YORKVILLE

03-06-15

<b>Mr Carl Amrhein</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	03-04-15
	Group Code :	[Redacted]	Departure :	03-06-15
	Company :	[Redacted]	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :	[Redacted]	Page No. :	1 of 2
	Cashier No. :	[Redacted]	HST# :	[Redacted]
	User ID :	[Redacted]		

Date	Description	Charges	Credits
03-04-15	*Accommodation	162.00	
03-04-15	Destination Fee @ 2.66%	4.30	
03-04-15	DF HST (13%)	0.56	
03-04-15	HST 13% on Rooms	21.06	
03-05-15	Signatures Brkfst - Food	88.84	
03-05-15	Signatures Restaurant	93.80	
03-05-15	*Accommodation	162.00	
03-05-15	Destination Fee @ 2.66%	4.30	
03-05-15	DF HST (13%)	0.56	
03-05-15	HST 13% on Rooms	21.06	
03-06-15	MasterCard		558.48

*Handwritten notes:*  
 - Naylor  
 Brk.  
 - Lunch.

$$\$187.92 \times 2 = \underline{\underline{\$375.84}}$$



INTERCONTINENTAL  
TORONTO YORKVILLE

03-06-15

<b>Mr Carl Amrhein</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	03-04-15
	Group Code :	[Redacted]	Departure :	03-06-15
	Company :	[Redacted]	Conf. No. :	[Redacted]
	Membership No.:	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :	[Redacted]	Page No. :	2 of 2
	Cashier No. :	[Redacted]	HST# :	[Redacted]
	User ID :	[Redacted]		

Date	Description	Charges	Credits
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Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

**Total** 558.48 558.48

**Balance** 0.00 CAD

Approval Code [Redacted]  
Approval Amount 558.48

HST 13% on Rooms

DF HST (13%)

0.00 CAD  
0.00 CAD  
0.00 CAD  
42.12 CAD  
0.00 CAD  
1.12 CAD  
0.00 CAD  
0.00 CAD

*If you have any questions, please contact the accounting department at (416) 324-5869 or fax (416) 324-5895*

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

*\*Booked Feb. 9/15.*

S: Snack or Brunch M: Meal (Non Specific) K: Continental breakfast

F: Food for purchase on board All Air Canada Café purchases made on board Air Canada and Air Canada rouge flights, as well as on Air Canada Express flights operated by Jazz, are payable only with Visa, MasterCard and American Express credit cards.

**Passenger Information**

**1: Dr Carl G Amrhein : Adult (16+), Ticket Number** [REDACTED]

Air Canada - Aeroplan : [REDACTED]

Meal Preference : **Regular**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: **None**

**2: Mr Ellen Calabrese amrhein : Adult (16+), Ticket Number** [REDACTED]

Frequent Flyer Prog : **None**

Meal Preference : **Regular**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: **None**

**Purchase Summary**

**Fare Summary**

	<b>Adult</b>
<b>Passenger Type</b>	
<b>Air Transportation Charges</b>	
Base Fare	<b>1257.00</b>
<u>Carrier surcharges</u>	414.00
<b>Taxes, Fees and Charges</b>	
<u>Canada Airport Improvement Fee</u>	34.00
U.K. Passenger Service Charge	78.77
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.50
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	0.52
U.K. Air Passenger Duty	258.46
<u>Air Travellers Security Charge (ATSC)</u>	25.91
Total before options (per passenger)	<b>2070.16</b>
Number of passengers	x 2
Total with options	<b>4140.32</b>
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$4140.32</b>

*Reimburse*  
*claimed for one passenger.*

**Payment Information**

Credit/Debit Card [REDACTED] Amount paid: ~~\$4140.32~~ *\$2070.16*

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$2070.16 (Airfare - per adult)

Ticket number(s): [REDACTED]



## Notice of change in Itinerary

**\*\*PLEASE CONTACT US IMMEDIATELY AT THE NUMBER BELOW IF YOU HAVE ANY QUESTIONS CONCERNING THIS SCHEDULE CHANGE NOTICE.\*\***

Thank you for choosing Air Canada.

Please print this new itinerary and keep with your original for your reference.

### Main Contact Information

Booking reference: XXXXXXXXXX

Name: **Dr Carl Amrhein**

E-mail: XXXXXXXXXX

#### Customer Care

**Air Canada Reservations**  
1-888-247-2262

**Air Canada Flight Information**  
1-888-422-7533

[International Reservations](#)

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

### Updated Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booked class)	Status
AC251	Edmonton International (YEG)	Vancouver (YVR)	320	Economy (B)	Confirmed
	Mon 09-Mar 2015 15:15	Mon 09-Mar 2015 16:05 - TERMINAL M -MAIN			
AC854	Vancouver (YVR)	London Heathrow (GB) (LHR)	77W	Premium Economy (E)	Confirmed
	Mon 09-Mar 2015 19:35 - TERMINAL M -MAIN	Tue 10-Mar 2015 11:50 - TERMINAL 2			
AC855	London Heathrow (GB) (LHR)	Vancouver (YVR)	77W	Premium Economy (N)	Confirmed
	Wed 18-Mar 2015 14:25 - TERMINAL 2	Wed 18-Mar 2015 17:05 - TERMINAL M -MAIN			
Seat number(s) requested: 14H 14K					
AC246	Vancouver (YVR)	Edmonton International (YEG)	E90	Economy (B)	Confirmed
	Wed 18-Mar 2015 19:55 - TERMINAL M -MAIN	Wed 18-Mar 2015 22:29			
Seat number(s) requested: 13D 13F					


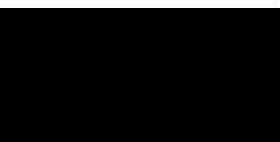
### Previous Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC154	Edmonton International (YEG) Mon 09-Mar 2015 16:00	Toronto Pearson (YYZ) Mon 09-Mar 2015 21:40	320	Economy (B)	Confirmed
Seat number(s) requested:					
AC858	Toronto Pearson (YYZ) Mon 09-Mar 2015 23:55	London Heathrow (GB) (LHR) Tue 10-Mar 2015 11:00	333	Economy (V)	Confirmed
Seat number(s) requested:					
AC855	London Heathrow (GB) (LHR) Wed 18-Mar 2015 14:25	Vancouver (YVR) Wed 18-Mar 2015 17:05	77W	Premium Economy (N)	Confirmed
Seat number(s) requested:					
AC246	Vancouver (YVR) Wed 18-Mar 2015 19:55	Edmonton International (YEG) Wed 18-Mar 2015 22:29	E90	Economy (B)	Confirmed
Seat number(s) requested:					

## Passenger Information

### Passenger 1

Name: **Dr Carl Amrhein**  
Frequent Flyer Pgm: Air Canada Aeroplan

Ticket number:   
Program number: 

If the flight for which you have a confirmed upgrade has been cancelled and we were not able to rebook you in the Business Class cabin, any eUpgrade Credits or frequent flyer miles/points that were used for the initial upgrade will be returned to your account.

You can change your new seat assignment by going to the Manage My Bookings tab on [aircanada.com](http://aircanada.com). If you wish to change your new flight, please contact Air Canada Reservations.

You can check in for your flight at any time within 24 hours of departure when you use our convenient Web check-in or Mobile check-in options, or within 12 hours at one of our self-service check-in kiosks located in most of the airports Air Canada serves.

You must obtain your boarding pass and check-in any baggage by the check-in deadline shown below.

Additionally, you must be available for boarding at the boarding gate by the boarding gate deadline shown below. Failure to respect check-in and boarding gate deadlines may result in the reassignment of any pre-reserved seats, the cancellation of reservations, and/or ineligibility for denied boarding compensation.

Travel	Recommended check-in Time	Check-in Deadline	Boarding Gate Deadline
Within Canada	90 min.	45 min.	20 min.
To/from the US	120 min.	60 min.	20 min.
International (incl. Mexico & Caribbean)	120 min.	60 min.	30 min.
From Toronto City Airport, Ontario Canada	60 min.	20 min.	20 min.
From Caracas, Venezuela	180 min.	90 min.	60 min.
From Tel Aviv, Israel	180 min.	75 min.	60 min.

**Note:** If your itinerary now includes a flight operated by another airline, please refer to the [code share flights](#) page as baggage allowance and fees may vary with other carriers.



Mar 9/15

DR. CARL A. AMHEIN.

March 09/2015

Res> Ap.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id: 4502412509440

Item #: 1171

VISA PURCHASE

Op Id: 11405

Card

APPROVED

AMOUNT CAD\$72.00

Ref.

Auth.

book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST 862184769

Date: 2015/03/09 09:20:17

Response: AUT

\*\*\*CUSTOMER COPY\*\*\*

Cab from Home  
to airport (YEG)  
re: UK meetings

\*\* CARDHOLDER COPY \*\*

London Taxi

MasterCard

ICC

Please debit my account

Amount: £82.50  
TOTAL: £82.50

PIN VERIFIED

Please keep receipt for your

PTID: [redacted]  
MID: [redacted]  
TID: [redacted]  
Date: 10/03/2015  
Time: 12:15:42  
Authcode: [redacted]  
AID: A0000000041010  
APP Seq: 00

### Licensed London Taxi Receipt

Date

12-3-15

Amount

£13-00

Signed

Hotel to Euston Square  
UCL  
CRC  
Director

www.lycamobile.co.uk



Cab from Heathrow Airport to hotel

Carl & Ellen Amrhein  
Andrew & Shelley Neuner

\$157.22 CAD

Cab from Hotel to Euston Sq. / UCL / CRC

\$24.59 CAD

**Compare4Deals.com** helping you to save more

Car Insurance: Compare cheap quotes from over 120 insurance providers

Home Insurance: Compare cheap quotes from over 70 insurance providers

up to 70% DISCOUNT ON BIG BRANDS

**VoucherTree.co.uk**

Argos Currys HOMEBASE sky Wotifone STAPLES

SPREAD THE WORD AND WIN A FREE IPAD!!!  
Simply retweet / share our posts on Twitter or Facebook and subscribe to our newsletters for free entry in our monthly prize draw! Terms and conditions apply.



LICENSED TAXI RECEIPT



FROM:

Euston Sq  
to Hotel

TO:

AMOUNT:

13-00

NAME:

[Signature]

TEL:

DATE:

12 March

\$24.59 CAD

Cab from Euston Square to Hotel.

LICENSED TAXI  
RECEIPT

TO Hotel to CQC - Finsbury Row

FROM

FARE

£20.00

DATE

13 March

SIGNATURE

ALWAYS USE A LICENSED TAXI

For your FREE SIM visit  
[www.lycamobile.co.uk](http://www.lycamobile.co.uk)



Cab from hotel - CQC - Finsbury Row

\$37.78  
CAD



Licensed London  
Black Taxi Receipt

Date:.....

13/03/15

Amount: £.....

7.00

Health  
Foundation  
to  
Hotel

Thank you for using  
Licensed London Black Taxi  
Email: [clivenaturalman@yahoo.com](mailto:clivenaturalman@yahoo.com)

N. C. Promo  
[www.clivenatural.com](http://www.clivenatural.com)

Cab from Health Foundation to Hotel

\$13.22  
CAD

Licensed Taxi Receipt

Date

Fare amount

Signature

15-3-15  
15.00

We've parked our ISA fee.

Join by 5<sup>th</sup> April and get your first year free of our fees.

Hotel to Waterloo Station

[fidelity.co.uk/123](http://fidelity.co.uk/123)

Fund charges and T&Cs apply.  
Capital at risk. ISA rules apply.  
Fidelity does not give advice.



**Fidelity**  
PERSONAL INVESTING

\$28-34 CAD

Issued by FIL Investments International, authorised and regulated by the Financial Conduct Authority.

Cab from hotel to Waterloo Stn.

LICENSED LONDON TAXI  
Transport for London  
**RECEIPT**

15-03-15

AMOUNT £

15.00

ALWAYS USE TRADITIONAL LONDON TAXI-CABS  
THANK YOU FOR YOUR BUSINESS

\$28-34 CAD

Cab to hotel

Mar 18/15

DR. CARL A. ANDREWS  
March 18/2015  
Apd Res.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id:4502412509440  
Item #:1172  
VISA PURCHASE  
Op Id:1  
Card #: [REDACTED]

APPR [REDACTED]

AMOUNT CAD\$72.00

Ref [REDACTED]  
Aut [REDACTED]

Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2015/03/30 Time: 09:21:58  
Response: AUT [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

Cab from YEG  
to Home H:  
UK meetings.

Mar 23/15

DR. CARL AMRHEW.

March 23/2015

Res> Ap.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5000

Term Id: 4502412509440

Item #: 1182

VISA PURCHASE

Op Id: 114985

Card [REDACTED]

APPROVED

AMOUNT

CAD\$72.00

Ref [REDACTED]

Aut [REDACTED]  
Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST 862184769

Date: 2015/04/01

Response: AUT [REDACTED]

:32:23

\*\*\*CUSTOMER COPY\*\*\*

RECEIPT

DATE Mar 23/15

From: MHAirport

To: Clavon Hotel pd

Driver: SK Cash

Amount:  $\frac{6.90}{3.10} = 10.00$  Car# 63

Thank You Have a Nice Day

Cab from medicine Hat  
Airport to Clavon Hotel  
for HAA meetings.

Cab from home to  
airport (YE6)



BY CHOICE HOTELS

**Clarion Hotel & Conference Centre  
(CN841)**

954 7th Street S.W.  
Medicine Hat, AB T1A 7R7  
403-527-8844  
GM.CN841@choicehotels.com

Account: [REDACTED]

Date: 3/24/15

Room: [REDACTED] SPC

Arrival Date: 3/23/15

Departure Date: 3/24/15

Check In Time: 3/23/15 10:21 AM

Check Out Time: 3/24/15 6:28 AM

Rewards Program ID:

You were checked out by [REDACTED]

You were checked in by [REDACTED]

**Total Balance Due: 0,00**

AMRHEIN, CARL G DR



Post Date	Description	Comment	Amount
3/23/15	Visa Payment	[REDACTED]	(88,99)
3/23/15	Room Charge	[REDACTED]	80,10
3/23/15	Goods & Services Tax	[REDACTED]	4,09
3/23/15	Tourism Levy	[REDACTED]	3,20
3/23/15	Destination Marketing Fee	[REDACTED]	1,60

**Folio Summary 3/23/15 - 3/23/15**

Room Charge	80,10
Destination Marketing Fee	1,60
Goods & Services Tax	4,09
Tourism Levy	3,20
Visa Payment	(88,99)
<b>Balance Due:</b>	<b>0,00</b>

LD

X

CHOICEprivileges

REWARDS PROGRAM

Mar 25/15

DR. CARL ANRHELD  
March 25/2015  
Res > Ap.

PRESTIGE TRANSPORTATION  
18135 31 Avenue NW  
Edmonton AB T6H-1C2  
788-463-5800

Term Id: 4502412509440  
Item #: 1183  
VISA PURCHASE  
Op Id: 114095  
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]  
Auth [REDACTED]

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST 862184769

Date: 2015/04/01 Time: 15:33:54  
Response: AU [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

Cab from Home to  
airport (YEG)

MACLURE'S CABS  
1275 W. 75TH AVE  
VANCOUVER, BC, V6P3G4  
6048311111

SALE

Clerk [REDACTED]  
MID: [REDACTED]  
TID: 057 REF [REDACTED]  
Batch [REDACTED]  
03/25/15 10:04:05  
APPR CODE [REDACTED]  
MASTERCARD [REDACTED] Chip  
\*\*\*

AMOUNT \$40.00

APPROVED

MasterCard  
AID: A0000000041010  
TVR: 00 00 00 80 00  
TS: E8 00

airport  
to Hotel

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

Hotel to Vancouver Health  
**VANCOUVER-TAXI**

AIRPORT • TOUR • DELIVERY



DOWNLOAD APP

CAB No. 59

DATE MARCH-25-2015

AMOUNT \$ 15.00

GST # 105485080

DRIVER'S NAME (Print) [REDACTED]

Cab from home  
to YEG re: trip to Vancouver  
to interview people re: AICE &  
AHS Board.





<b>AHS - AP Processing - Internal Use Only</b>
Voucher #
Naming Convention:
T4A/NR Applicable? - If yes, indicate line & amt

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Dr. Carl G. Amrhein	Vendor# (if known)		Expense Period Month:	Mar-15
Address:		City:	Edmonton	Province:	AB
Postal Code:		Country:	Canada	Phone #:	
Reason for Expense &/or Business Case	Expenses incurred in relation to my work as Official Administrator of Alberta Health Services and filed in accordance with the Public Service Relocation and Employment Expenses Regulation.				

<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	\$61.25
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$61.25</b>

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

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Carl G. Amrhein	<i>[Signature]</i>	Apr. 14/15.	
I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.			
Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Christine Couture	Deputy Secretary to Cabinet/Deputy Clerk Exec. Council	April 20/15	
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
<i>[Signature]</i>			

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 2) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

**For payment please submit to the Official Administrator office:**  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting



**Cash Receipt**

For prompt, safe and courteous service call...

**Black Top  
& Checker Cabs**

604-681-3201 or 604-731-1111

777 Pacific Street  
Vancouver, BC V6Z 2R7  
www.btccab.ca

Date 20/3/15 20/15

\$ 15/-

From.....

To.....

Driver..... Cab No.....

Thank You  
GST / HST # 100436724



1225 W. 75th Ave., Vancouver, BC V6P 3G4

604-683-6666

604-731-9211

Date: 25 MAR 15

Hotel to  
Received From: Teck (Thompson) \$ 8/-

From: NS To: NS

Cab No.: [redacted] Driver: [redacted]

Airport Service • 24 Hour Courier • Serving you since 1911  
Visit [www.maclurescabs.ca](http://www.maclurescabs.ca) or email: [contactus@maclurescabs.ca](mailto:contactus@maclurescabs.ca)  
GST INCLUDED. GST# R121458582



1225 W. 75th Ave., Vancouver, BC V6P 3G4

604-683-6666

604-731-9211

Date: 25 MAR 15

Hotel to  
Received From: Liz Watson \$ 10.00

From: WALL To: 601 W. Broadway

Cab No.: [redacted] Driver: [redacted]

Airport Service • 24 Hour Courier • Serving you since 1911  
Visit [www.maclurescabs.ca](http://www.maclurescabs.ca) or email: [contactus@maclurescabs.ca](mailto:contactus@maclurescabs.ca)  
GST INCLUDED. GST# R121458582



**604 681-1111**

RECEIVED FROM \_\_\_\_\_ DATE Mar 25, 15

Liz Watson to Hotel \$ 15

FROM \_\_\_\_\_ TO \_\_\_\_\_

CAB NO. [redacted] DRIVER [redacted]

AIRPORT SERVICE • 24 Hour Courier • Serving you since 1921  
AT A PAYPHONE? CALL: 1-800-898-TAXI(8294) NO COINS NEEDED

TTY LINE (hearing impaired) 604 258-4747 GST INCLUDED GST # R105762496

**RECEIPT**

Alberta Health  
Services  
South Campus

RECEIPT  
ENTRY DATE/TIME:  
30.03.15 09:41  
EXIT DATE/TIME:  
30.03.15 16:45  
PARK-DUR.: HRS:MIN  
0:07:04

AMOUNT:  
13.25

METHOD OF PAYMENT::  
MASTER CARD



Parking in Calgary  
re: Mar. 30/15  
Council of Chairs  
meeting

## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

Name: Carl Amrhein

Reporting Period for the Month of: March 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-09	Direct Billing	Transportation	OA Tour Medicine Hat and Lethbridge (see supporting documentation)	Marlin Travel	\$655.96
2015-03-18	Direct Billing	Transportation	Flight change re: OA Tour Medicine Hat and Lethbridge (see supporting documentation)	Marlin Travel	\$30.11

	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$686.07</b>

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: March 9, 2015  
Page: 1/4  
Our Reference: [REDACTED]

## INVOICE

For  
DR CARL G AMRHEIN  
AC [REDACTED]

Monday, March 23, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 23Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Flight: 8133 L CLASS  
07:00 AM Equipment: DH4  
07:53 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: MEDICINE HAT  
Stops: 0 Arrival: 23Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

Flight: 7229 L CLASS  
09:15 AM Equipment: BEH  
10:10 AM

Mile(s) Flown: 164

✈ Air

AIR CANADA  
From: MEDICINE HAT  
To: CALGARY AB  
Stops: 0 Arrival: 23Mar15

Flight: 7236 L CLASS  
08:15 PM Equipment: BEH  
09:18 PM

Mile(s) Flown: 164

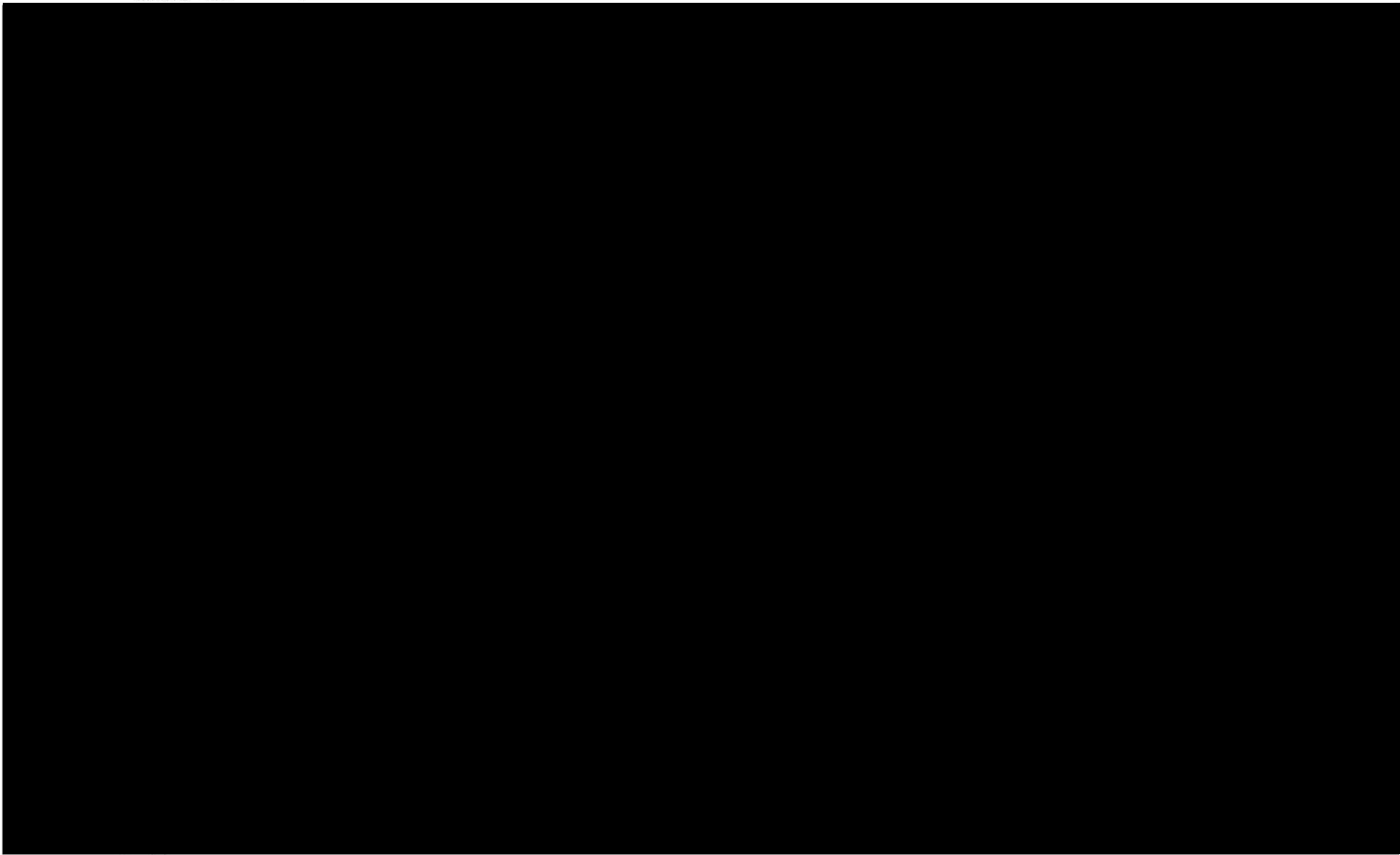
To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 9, 2015  
Page: 2/4  
Our Reference: [REDACTED]

# INVOICE

Monday, March 23, 2015

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2B



 Air

AIR CANADA  
From: LETHBRIDGE  
To: CALGARY AB  
Stops: 0 Arrival: 24Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

Flight: 7220 T CLASS  
04:30 PM Equipment: BEH  
05:18 PM

Mile(s) Flown: 115



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

Invoice Number: [REDACTED]  
Date: March 9, 2015  
Page: 3/4  
Our Reference: [REDACTED]

# INVOICE

Tuesday, March 24, 2015

TICKET NUMBER [REDACTED]  
SEAT 2B

## Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 24Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D

Flight: 8172 T CLASS  
06:30 PM Equipment: D8 (300 SERIES)  
07:25 PM

Mile(s) Flown: 163

### Cost:

AIR CANADA WEB [REDACTED]	566.00
Tax:	89.96
<b>Ticket Total:</b>	<b>655.96</b>

### Total:

<b>Grand Total:</b>	655.96
Less Credit Card Payments:	655.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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: March 18, 2015  
Page: 1/3  
Our Reference: [REDACTED]

## INVOICE

For  
DR CARL G AMRHEIN  
AC [REDACTED]

Monday, March 23, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 23Mar15

Flight: 8133 L CLASS  
07:00 AM Equipment: DH4  
07:53 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

✈ Air

AIR CANADA  
From: CALGARY AB  
To: MEDICINE HAT  
Stops: 0 Arrival: 23Mar15

Flight: 7229 L CLASS  
09:15 AM Equipment: BEH  
10:10 AM

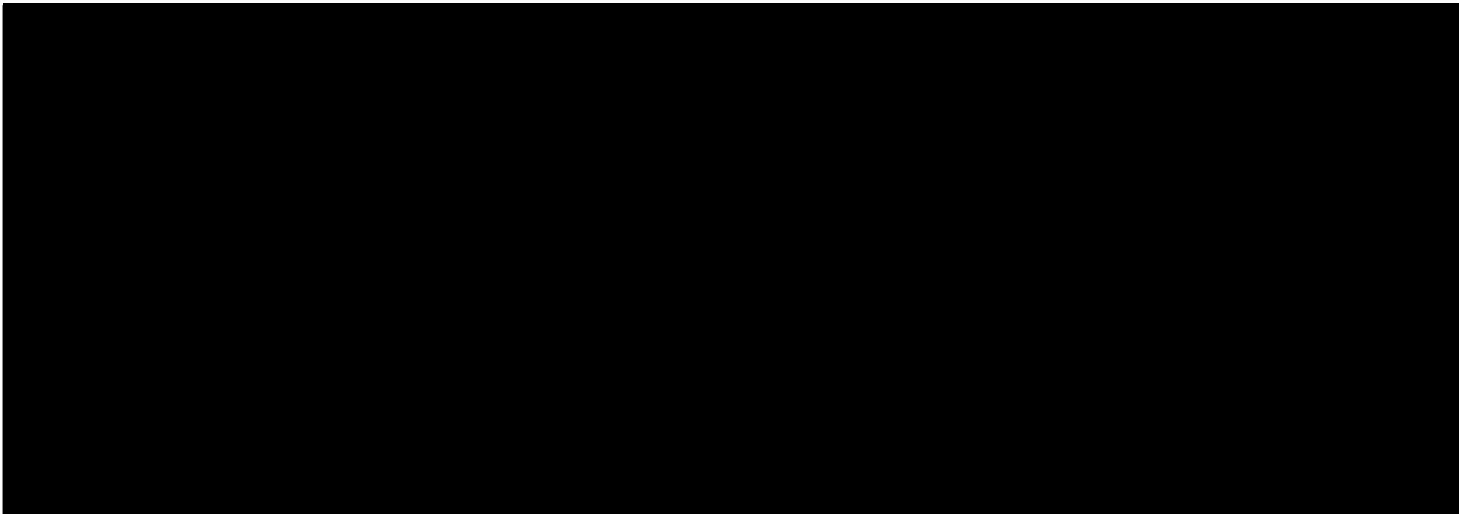
Mile(s) Flown: 164

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

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

Invoice Number: [REDACTED]  
Date: March 10, 2015  
Page: 2/3  
Our Reference: [REDACTED]

# INVOICE



Tuesday, March 24, 2015

✈ Air

AIR CANADA Flight: 7220 T CLASS  
From: LEJHBRIDGE 04:30 PM Equipment: BEH Mile(s) Flown: 115  
To: CALGARY AB 05:18 PM  
Stops: 0 Arrival: 24Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2B

✈ Air

AIR CANADA Flight: 8172 T CLASS  
From: CALGARY AB 06:30 PM Equipment: D8 (300 SERIES) Mile(s) Flown: 163  
To: EDMONTON INTL AB 07:25 PM  
Stops: 0 Arrival: 24Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D

Cost: [REDACTED] 30.11  
AIR CANADA WEB [REDACTED]

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

Invoice Number: [REDACTED]  
Date: March 18, 2015  
Page: 3/3  
Our Reference: [REDACTED]

## INVOICE

**Total:**

Grand Total:	30.11
Less Credit Card Payments:	30.11
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	655.96
Total Charges Previous Invoices:	655.96
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.