

## Official Administrator and Executive Expense Report

**Name** Dr. Carl Amrhein  
**Title** Official Administrator  
**Location** Edmonton  
 Expenses submitted during the month of June 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			
Jun-15	Expense Claim	Meetings		19	350	714	1,083	630		152
Jun-15	Direct Billing	Meetings	1,849				1,849			
May-15	Direct Billing	Meetings	(37)				(37)			
<b>Total</b>			\$ 1,812	\$ 19	\$ 350	\$ 714	\$ 2,895	\$ 630	\$ -	\$ 152

**Total for the Month** \$ 3,677

Maximum daily single meal expense claimed in the month \$ 8  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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:	Jun-15
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:	Canada	Phone #:	[REDACTED]
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	\$18.97
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,064.40
Other (D)	101	0005	71110300000	41090000	\$782.04
<b>TOTAL PAYMENT</b>					<b>\$1,865.41</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]	30 June 2015	[REDACTED]
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#
* See attached letter of approval.		July 9	
Signature: I, by signing this form, attest that I am compliant with all the above statements		DOFA Level	Position#

- 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:
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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	Allow-ance	Meal Type	With Receipt					
30-Mar-15	Prestige Transportation: Cab from Residence to YEG re: trip to Toronto for meetings with Don Lowry on March 3, 2015.	Yes					\$72.00				
30-Mar-15	Prestige Transportation: Cab from Residence to YEG re: trip to UK re: NICE meetings on March 9, 2015.	Yes					\$72.00				
30-Mar-15	Prestige Transportation: Cab from YEG to Residence re: trip from UK re: NICE meetings on March 18, 2015.	Yes					\$72.00				
1-Apr-15	Prestige Transportation: Cab from Residence to YEG re: HAC meetings in Medicine Hat on March 23, 2015.	Yes					\$72.00				
1-Apr-15	Prestige Transportation: Cab from Residence to YEG re: meetings in Vancouver on March 25, 2015.	Yes					\$72.00				
15-Apr-15	Associated Cab: Cab from YYC to Southport for AHS meetings.	Yes					\$70.00				
15-Apr-15	Associated Cab: Cab to YYC from Southport for AHS meetings.	Yes					\$65.00				
16-Apr-15	Westin Hotel: Parking re: AMA roundtable presentation and dinner meeting.	Yes					\$20.00				
23-Apr-15	Roundtrip mileage Edmonton-Camrose for visit to St. Mary's Hospital and Covenant Health local board members.	Yes							195		
28-Apr-15	Diamond Parking: Parking re: dinner meeting to discuss Health Research Task Force final report.	Yes					\$5.00				
12-May-15	National Healthcare Ottawa: Registration fee to attend 2015 NHLC conference in PEI (June 15-16, 2015).	Yes						\$630.00			
19-May-15	Lot 1: Parking re: Dr. Cy Frank memorial event.	Yes					\$14.00				
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$534.00	\$630.00	195.00	\$0.00	

<b>OA COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 98.48
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For payment please submit to the Official Administrator office:

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**Carry forward from Section 1**

<b>Name:</b>	Dr. Carl G. Amrhein	<b>Vendor#</b> (if known)		<b>Expense Period</b> 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	Allow-ance	Meal Type	With Receipt					
20-May-15	Amazon.ca: Purchase of 4 Allan Blakeney books.	Yes						\$152.04			
14-Jun-15	Yellow Cab: Cab from Charlottetown airport to Rodd Royalty Hotel re: NHLC conference.	Yes					\$15.00				
14-Jun-15	Good Taxi Service: Cab from Rodd Royalty Hotel to Delta Hotel re: NHLC conference.	Yes					\$13.00				
14-Jun-15	Yellow Cab: Cab from Delta Hotel to Rodd Royalty Hotel re: NHLC conference.	Yes					\$13.00				
15-Jun-15	Good Taxi Service: Cab to Rodd Royalty Hotel from Delta Hotel re: NHLC conference.	Yes					\$13.00				
15-Jun-15	Co-op Taxi: Cab from City Centre to Rodd Royalty Hotel re: NHLC conference.	Yes					\$13.00				
15-Jun-15	Subway: Dinner on June 15, 2015 re: NHLC conference.	Yes			D	\$5.70					
16-Jun-15	Rodd Royalty Hotel: Accomodation in Charlottetown re: NHLC conference.	Yes				\$349.92					
16-Jun-15	Yellow Cab: Cab from Delta Hotel to Charlottetown airport re: NHLC conference.	Yes					\$15.00				
16-Jun-15	Budleys on Fly: Lunch on June 16, 2015 re: NHLC conference.	Yes			L	\$5.42					
16-Jun-15	Air Canada Onboard Café: Dinner on June 16, 2015 re: NHLC conference.	Yes			D	\$7.85					
<b>Total: (amount auto fills to page 1)</b>			\$0.00			\$18.97	\$349.92	\$82.00	\$152.04	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

DR. CARL G. ANRHEIM

March 08/2015

Res> Ap.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6N-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: 2015/03/30 Time: 09:18:34  
Response: AUTH [REDACTED]

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

Cab from Residence  
to YEG re: trip to  
Toronto for mtgs w/  
Don Lowry

DR. CARL G. ANRHEIM

March 09/2015

Res> Ap.

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

Term Id:4502412509440  
Item #:1171  
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: 2015/03/30 Time: 09:20:17  
Response: AUTH [REDACTED]

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

Cab from Residence  
to YEG re: trip to  
UK re: NICE mtgs

DR. CARL G. ANRHEIM

March 18/2015

Ap> Res.

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

Term Id:4502412509440  
Item #:1172  
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: 2015/03/30 Time: 09:21:58  
Response: AUTH [REDACTED]

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

Cab from YEG to  
Residence re: trip to  
UK re: NICE mtgs.

DR. CARL AMRHEIN.

March 23/2015.

Res > Ap.

PRESTIGE TRANSPORTATION  
18135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5888

Term Id: 4502412509440  
Item #: 1182  
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: 2015/04/01 Time: 15:32:23  
Response: AUTH [REDACTED]

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

Cab from Residence  
to UEG H: Medicine  
Hot HAC mtgs.

DR. CARL AMRHEIN.

March 25/2015.

Res > Ap.

PRESTIGE TRANSPORTATION  
18135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5888

Term Id: 4502412509440  
Item #: 1183  
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: 2015/04/01 Time: 15:33:54  
Response: AUTH [REDACTED]

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

Cab from Residence  
to UEG H: Meetings  
in Vancouver.

Thank You for choosing

# ASSOCIATED CAB

for all your transportation needs.

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



Driver [Redacted] Date April 15/15  
Car # [Redacted] Amount \$70.00

GST included # Airport to Southport

ASSOCIATED CAB ALTA LTD  
307 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

DATE: 2015/04/15  
PICK-UP TIME: 15:50  
DROP-OFF TIME: 16:26  
TRIP ID: 446467  
LOCATION: 073000-45024103707  
CAR NUMBER: 0081  
DRIVER: [Redacted]  
AUTH: [Redacted]

FARE (\$): 65.00  
EXTRA (\$): 0.00  
SUBTTL (\$): 65.00

TIP (\$): Cab Southport to Airport  
TOTAL (\$): \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

## AUTOMOBILE CLAIM CHECK

\$20.00 paid

THE WESTIN EDMONTON  
10135 - 100 street, edmonton, alberta T5J ON7  
t 780.426.3636 f 780.428.1454 westin.com

04/16/2015



AMA  
Round table/Presentation/  
Dinner

③ April 23 - Round trip mileage  
Edmonton to Camrose  
for visit to St Mary Hosp &  
Covenant Health local board members

195 kms

④ Parking

5.00

PLACE FACE UP ON DASH

Welcome to  
Diamond Parking  
GST #89878 3089 RT0001

Expiration Date/Time  
**EXP 04:59AM**  
**APR 28, 2015**

Purchase Date/Time: 06:08pm Apr 27, 2015

Total Parking: \$4.76

Total GST: \$0.24

Total Due: \$5.00

Total Paid: \$5.00

Rate: \$5.00 UNTIL 5AM

Payment Type: Card

MasterCard

Ticket #

Auth #:

S/N #: 100007241795

Setting: CE25

Mach Name: CE25

Please place face up  
on dashboard

RECEIPT

Welcome to  
Diamond Parking

Expiration Date/Time: 04:59am Apr 28, 2015

Purchase Date/Time: 06:08pm Apr 27, 2015

Total Parking: \$4.76

Total GST: \$0.24

Total Due: \$5.00

Total Paid: \$5.00

Rate: \$5.00 UNTIL 5AM

Payment Type: Card

MasterCard

Ticket #

Auth #:

KING RECEIPT  
PARKING RECEIPT  
KING RECEIPT  
PARKING RECEIPT  
KING RECEIPT  
PARKING RECEIPT



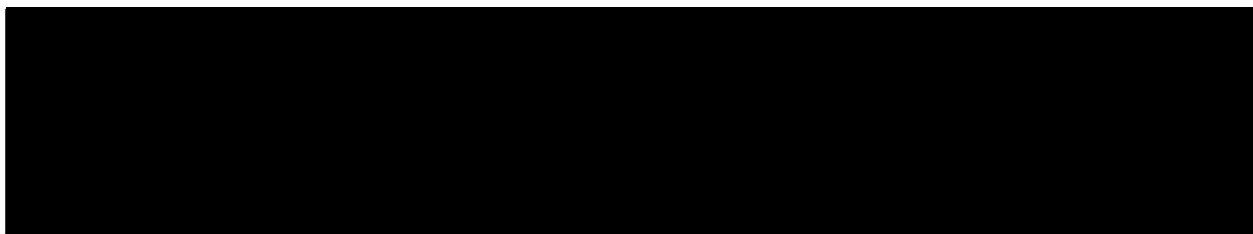
June 15-16/15.

**Colette Mooney**

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**From:** Carl Amrhein  
**Sent:** Friday, May 15, 2015 3:54 PM  
**To:** Colette Mooney; Von Whiting; Ellen Amrhein  
**Cc:** Jennifer Pougnet  
**Subject:** FW: Updated registration for 2015 NHLC / CNLS 2015

**Categories:** Action Category



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**From:** 2015 NHLC / CNLS 2015 [mailto:system-mail@confmanager.com]  
**Sent:** Friday, May 15, 2015 2:03 PM  
**To:** Carl Amrhein  
**Subject:** Updated registration for 2015 NHLC / CNLS 2015

Registration Date: 12 May 2015  
Invoice: [Redacted]  
RE: Updated registration for 2015 NHLC / CNLS 2015  
To: Carl G Amrhein , MCIP, RPP  
Official Administrator  
Alberta Health Services



**2015 NHLC / CNLS 2015**  
15 Jun 2015 - 16 Jun 2015

*Le texte français suit.*

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**Payment Policy:**

Registration must be submitted online and paid in full to qualify for the early registration rates. If payment is not received by the deadline date, attendees will be invoiced at the next deadline rate. Registrations received without full payment are considered incomplete.

Super Early Bird closes on February 13, 2015 and is applicable to the first 150 registrants on a first-come first-served basis.

Early Bird closes on April 30, 2015.

**Cancellation Policy:**

Conference cancellation requests must be submitted in writing to Laurie Oman at [loman@cchl-ccls.ca](mailto:loman@cchl-ccls.ca) and received no later than April 30, 2015. Registration fees will be refunded minus a \$250 administrative fee. There will be no refunds for cancellation requests received after April 30, 2015. Tickets for optional events are non-

5

Are you attending NHLC as a result of the Nursing Leadership Stream?: / Est... No / Non

How did you hear about the conference?: / Comment avez-vous entendu parler ... Colleague or Friend / Collègue/ami

Please indicate your primary sector: / Veuillez indiquer votre milieu de tr... Hospital - Health Centre / Centre de santé ou centre hospitalier

Please choose the category that best describes your role: / Veuillez choisi... Administrator / Administrateur

Should your organization have **HST EXEMPTION**... R124072513

Do you plan to attend the Monday Awards Luncheon? (included with registrati... Yes / Oui

Do you plan to attend the Tuesday Awards Luncheon? (included with registrat... Yes / Oui

**Registration Type / Type d'inscription**

Carl Amrhein, (HST Exempt) Abstract Presenter \$630.00

**Sessions**

15 Jun 2015 11:00 am - 12:00 pm, An ecosystem perspective on leading health innovation adoption and scalability (Panel)  
Amrhein, C. \$0.00

15 Jun 2015 1:45 pm - 3:15 pm, Engaging Emerging Health Leaders in a culture of innovation and improvement (Panel)  
Amrhein, C. \$0.00

16 Jun 2015 10:30 am - 12:00 pm, How Alberta is advancing the provincial health innovation agenda (Panel)  
Amrhein, C. \$0.00

16 Jun 2015 1:30 pm - 3:00 pm, If you build it: Achieving quality through organizational research capacity (Panel)  
Amrhein, C. \$0.00

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Subtotal: \$630.00  
HST / TVH #106844442 (on \$0.00) \$0.00

---

Total Order (Canadian dollars) \$630.00  
Amount Paid: (Online / Visa) \$630.00

---

Total Owing: (Canadian dollars) \$0.00

---

This email was sent for [2015 NHLC / CNLS 2015](#) using Conference Manager, an online conference registration, abstract submission, exhibit reservation, and membership management system.  
[www.confmanager.com](http://www.confmanager.com)

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6

**RECEIPT**

NO IN AND OUT PRIVILEGES  
LOT 1

License Plate No.  
[Redacted]

Expiration Date/Time

**05:44 PM**

**MAY 19, 2015**

*FX Freak event*

Purchase Date/Time: 03:44pm May 19, 2015

Total Parking: \$13.33

Total gst: \$0.67

Total Due: \$14.00

Total Paid: \$14.00

Rate: \$14.00 - 2 hours

Payment Type: Card

Ticket #: [Redacted]

S/N #: 520014461782

Setting: Lot 1

Mach Name: Meter 1

[Redacted]

MasterCard

Auth #: [Redacted]

GST #887315638RT0001



### Final Details for Order [REDACTED]

[Print this page for your records.](#)

**Order Placed:** May 20, 2015

**Amazon.ca order number:** [REDACTED]

**Order Total:** CDN\$ 152.04

### Shipped on June 5, 2015

#### Items Ordered

2 of: *Political Management in Canada*, Blakeney, Allan

Sold by: Amazon.com.ca, Inc.

Condition: New

#### Price

CDN\$ 29.40

#### Shipping Address:

Dr. Carl G. Amrhein  
[REDACTED]

Item(s) Subtotal: CDN\$ 58.80

Shipping & Handling: CDN\$ 0.00

Total before tax: CDN\$ 58.80

Estimated GST/HST: CDN\$ 2.94

Estimated PST/RST/QST: CDN\$ 0.00

**Total for this Shipment: CDN\$ 61.74**

#### Shipping Speed:

FREE Super Saver Shipping

### Shipped on May 29, 2015

#### Items Ordered

2 of: *An Honourable Calling: Political Memoirs*, Blakeney, Allan

Sold by: Amazon.com.ca, Inc.

Condition: New

#### Price

CDN\$ 43.00

#### Shipping Address:

Dr. Carl G. Amrhein  
[REDACTED]

Item(s) Subtotal: CDN\$ 86.00

Shipping & Handling: CDN\$ 0.00

Total before tax: CDN\$ 86.00

Estimated GST/HST: CDN\$ 4.30

Estimated PST/RST/QST: CDN\$ 0.00

**Total for this Shipment: CDN\$ 90.30**

#### Shipping Speed:

FREE Super Saver Shipping

### Payment information

#### Payment Method:

Visa | Last digits: [REDACTED]

Item(s) Subtotal: CDN\$ 144.80

Shipping & Handling: CDN\$ 0.00

**Billing Address:**

Carl G Amrhein



Total before tax: CDN\$ 144.80  
Estimated GST/HST: CDN\$ 7.24  
Estimated PST/RST/QST: CDN\$ 0.00

-----

**Grand Total:CDN\$ 152.04**

**Credit Card transactions**

Visa ending in [REDACTED] ay 29, 2015:CDN\$ 90.30

Visa ending in [REDACTED] une 5, 2015:CDN\$ 61.74

To view the status of your order, return to [Order Summary](#)

**Please note:** This is not a VAT invoice.

[Conditions of Use](#) | [Privacy Notice](#) © 2008-2015, Amazon.com, Inc. and its affiliates. All rights reserved. Amazon.ca is a trademark of Amazon.com, Inc.

RECEIPT - Date June 14 2015  
 From: Airport  
 To: Robb Royalty  
 Taxi # \_\_\_\_\_ Amt. \$ \_\_\_\_\_  
 HST # \_\_\_\_\_ H.S.T. \$ \_\_\_\_\_  
 Driver: [Redacted] Total \$ 18.00  
 ISLAND OWNED and OPERATED  
 Thanks - We appreciate your business  
 Airport to Robb Royalty Hotel

Yellow Cab

92 Capital Drive, Unit 5 Admin: (902) 370-2222  
 Charlottetown, PE Fax: (902) 370-3210  
 C1E 1E7 goodtaxi@eastlink.ca  
 www.goodtaxiandtours.ca  
 Date: 14/06/2015 Cab#: 4  
 Driver: [Redacted] Fare: \$13.00  
 Robb Royalty to Delta  
 Check out our airport rates.


Good Taxi Service

RECEIPT - Date JUNE 14/2015  
 From: \_\_\_\_\_  
 To: Delta to Robb Royalty Hotel  
 Taxi # [Redacted] Amt. \$ \_\_\_\_\_  
 HST # \_\_\_\_\_ H.S.T. \$ \_\_\_\_\_  
 Driver: \_\_\_\_\_ Total \$ 13.00  
 ISLAND OWNED and OPERATED  
 Thanks - We appreciate your business

Yellow Cab

92 Capital Drive, Unit 5 Admin: (902) 370-2222  
 Charlottetown, PE Fax: (902) 370-3210  
 C1E 1E7 goodtaxi@eastlink.ca  
 www.goodtaxiandtours.ca  
 Date: 15 June Cab#: \_\_\_\_\_  
 Driver: [Redacted] Fare: 13.00  
 from Charlottetown to hotel  
 Check out our airport rates.

Good Taxi Service

RECEIPT - Date June 15 / 15  
 From: City Center  
 To: Road  
 Taxi # 40 Amt. \$ \_\_\_\_\_  
 No. \_\_\_\_\_ H.S.T. \$ \_\_\_\_\_  
 Driver  Total \$ 13.00  
 FOR SERVICE TO THE TOP; CALL CO-OP THANK YOU


Co-op Taxi

*James Howard*

Subway#4485-0 Phone 902-894-7827  
 99 Grafton Street  
 Charlottetown, PE, C1A 1K9  
 Served by: April Gi 6/15/2015 5:56:06 pm  
 Term ID-trans# 1/A-29308

Customer Receipt  
 GST#

Qty	Size	Item	Price
1	6"	B.M.T. Sub	\$5.00
Sub Total			\$5.00
HST (14%)			\$0.70
Total (Eat In)			\$5.70
Cash			\$7.00
Change			\$1.30

Host Order ID: 

How'd we do Get a Free Cookie! Take 1 min.  
 Survey at [www.TellSubway.com](http://www.TellSubway.com)

© 2015 Subway IP, Inc. All rights reserved.  
 To receive your receipt



June 16, 2015

RODD HOTELS & RESORTS

14 Capital Dr. Charlottetown, PE Canada C1E 1E7

Reservation Number [REDACTED]

Send to Carl Amrhein  
Get  
Get, NB

Phone get

Guest Name Carl Amrhein

Arrival Date  
14/06/2015

Departure Date  
16/06/2015

Group National Health Leadership Conf

Room Information [REDACTED]

Bill To Amrhein, Carl  
Get  
Get, NB

Phone get

Folio Number [REDACTED]

Trans Date	Description		Voucher	Amount
<b>Charges</b>				
14/06/2015	Guest Room Revenue	Cdn College Of Healthcare	[REDACTED]	149.00
14/06/2015	Charlottetown Levy			4.47
14/06/2015	PHST			21.49
15/06/2015	Guest Room Revenue	Cdn College Of Healthcare	[REDACTED]	149.00
15/06/2015	Charlottetown Levy			4.47
15/06/2015	PHST			21.49
		Subtotal		349.92
	Total Charges			349.92

**Payments**

16/06/2015	Visa		[REDACTED]	-349.92
		Subtotal		-349.92
	Total Payments			-349.92
		<b>Balance Due:</b>		<b>0.00</b>

	town Levy	PHST	Total
Total Tax	\$8.94	\$42.98	\$51.92

GST/HST# 10377 2877 RT0001

Thank you for staying at Rodd Royalty. In an effort to convey to others the quality service and amenities offered, we appreciate your comments online at www.tripadvisor.com. We look forward to your next visit with us.

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

10



RECEIPT - Date June 16/15  
 From: Delta  
 To: Airport  
 Taxi # [REDACTED] Amt. \$ \_\_\_\_\_  
 HST # \_\_\_\_\_ H.S.T. \$ \_\_\_\_\_  
 Driver: John Total \$ 15.00

ISLAND OWNED and OPERATED  
 Thanks - We appreciate your business

*Yellow Cab*

BUDLEYS  
 ON FLY  
 CHARLOTTE TOWN AIRPORT  
*lunch tuesday*  
 REG [REDACTED] 11:48 AM  
 0001 08-056  
 CT 1

1 SANDWICH 1	\$4.75
TA1	\$4.75
HST	\$0.67
TOTAL	<b>\$5.42</b>
CASH	\$5.42

BUDLEYS  
 ON FLY

*dinner tuesday*

AIR CANADA 

Onboard Café

Flight / Vol: AC0177 YYZ-YEG  
 Departure / Depart: 2015-06-16  
 Order no / Commande: YVR 607320/9/2  
 Date: 2015-06-16  
 Time / Heure: 22:39:45  
 Tran type / Type trans.:  
 Sale / Vente

Card no / No de carte: [REDACTED]

Name / Nom: [REDACTED]  
 Total amount / Montant Total: CAD 7.85

CUSTOMER COPY / COPIE DU CLIENT

AIR CANADA 

1 Chicken / Poulet	6.95
Total Before T / Avant taxes	CAD 6.95
HST / TVH @ 13%	0.90
Grand Total / Total	CAD 7.85

Payments / Paiements:  
 Credit card / Carte de crédit  
 CAD 7.85

Total payments / Total paiement  
 CAD 7.85

Air Canada  
 GST/HST reg # 100092287 RT0001  
 QST reg # 1000043172 TQ1991  
 Air Canada  
 TPS/TVH reg # 100092287 RT0001  
 QST reg # 1000043172 TQ1991

## 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. 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 : Dr. Carl Amrhein</b>	<b>Reporting Period for the Month of :</b> May-15
--------------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-May-15	Direct Billing	Airline Ticket	PEI re:presentation and attendance at 2015 NHLC	Marlin Travel	1,848.87
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 1,848.87</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: May 12, 2015  
Page: 1/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

### For

DR CARL G AMRHEIN  
AC [REDACTED]

Sunday, June 14, 2015

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: MONTREAL-TRUDEAU  
Stops: 0 Arrival: 14Jun15  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 13C

Flight: 1140 W CLASS  
08:05 AM Equipment: E90  
02:03 PM

Mile(s) Flown: 1850

### Air

AIR CANADA  
From: MONTREAL-TRUDEAU  
To: CHARLOTTETOWN PE  
Stops: 0 Arrival: 14Jun15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 8C

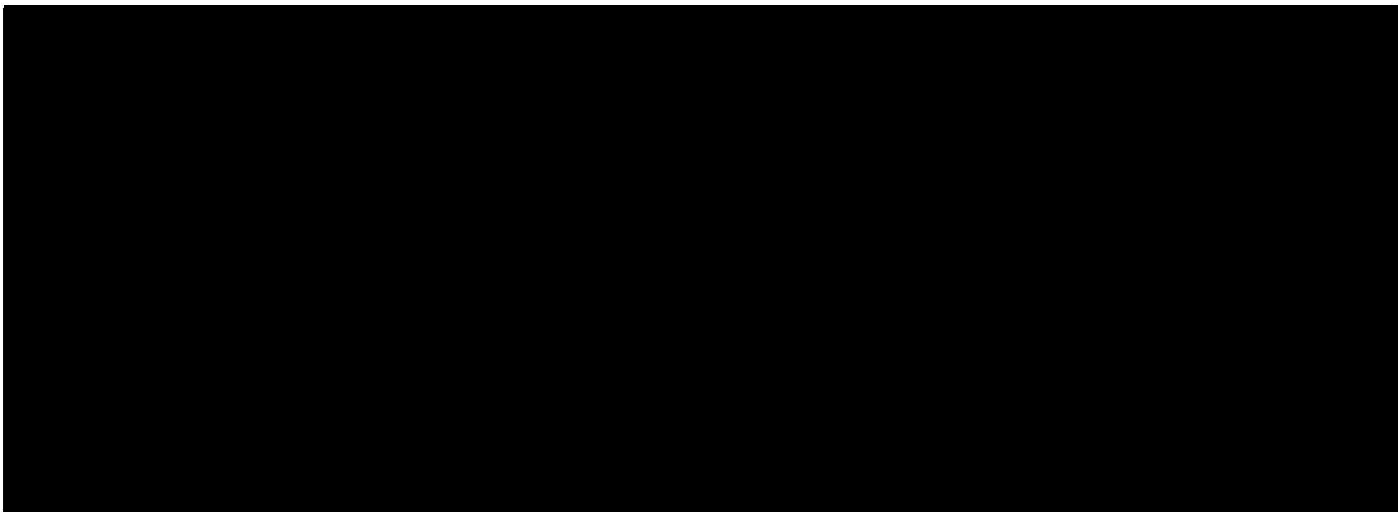
Flight: 7674 M CLASS  
03:35 PM Equipment: CRJ JET  
06:04 PM

Mile(s) Flown: 505

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

Invoice Number: [REDACTED]  
Date: May 12, 2015  
Page: 2/3  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE



Tuesday, June 16, 2015

 Air

AIR CANADA  
From: CHARLOTTETOWN PE  
To: TORONTO PEARSON  
Stops: 0 Arrival: 16Jun15

Flight: 7340 ECONOMY CLASS  
01:40 PM Equipment: CRJ JET  
03:02 PM

Mile(s) Flown: 839

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5D

 Air

AIR CANADA  
From: TORONTO PEARSON  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 16Jun15

Flight: 177 G CLASS  
04:25 PM Equipment: A320  
06:32 PM

Mile(s) Flown: 1671

AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 13C

**Cost:**

AIR CANADA WEB [REDACTED]

[REDACTED] 1777.30  
GST: 91.08  
Tax: 71.57  
Ticket Total: 1939.95

\$1848.87

## 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:

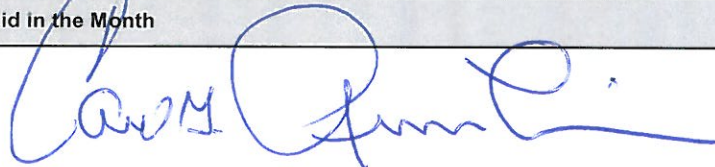
AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to 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. 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> Carl Amrhein, Official Administrator	<b>Reporting Period for the Month of :</b> JUN-15
--	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-03-2015	Direct Billing	Airline Ticket	Credit re: Air Canada travel itinerary K8WB6M / March 23-24/15	Marlin Travel	(30.00)
20-07-2015	Direct Billing	Airline Ticket	GST refund re: Air Canada travel itinerary KC23TZ / March 3-7/15	Marlin Travel	(6.45)
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ (36.45)</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 25, 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 [REDACTED]  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D [REDACTED]

 **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

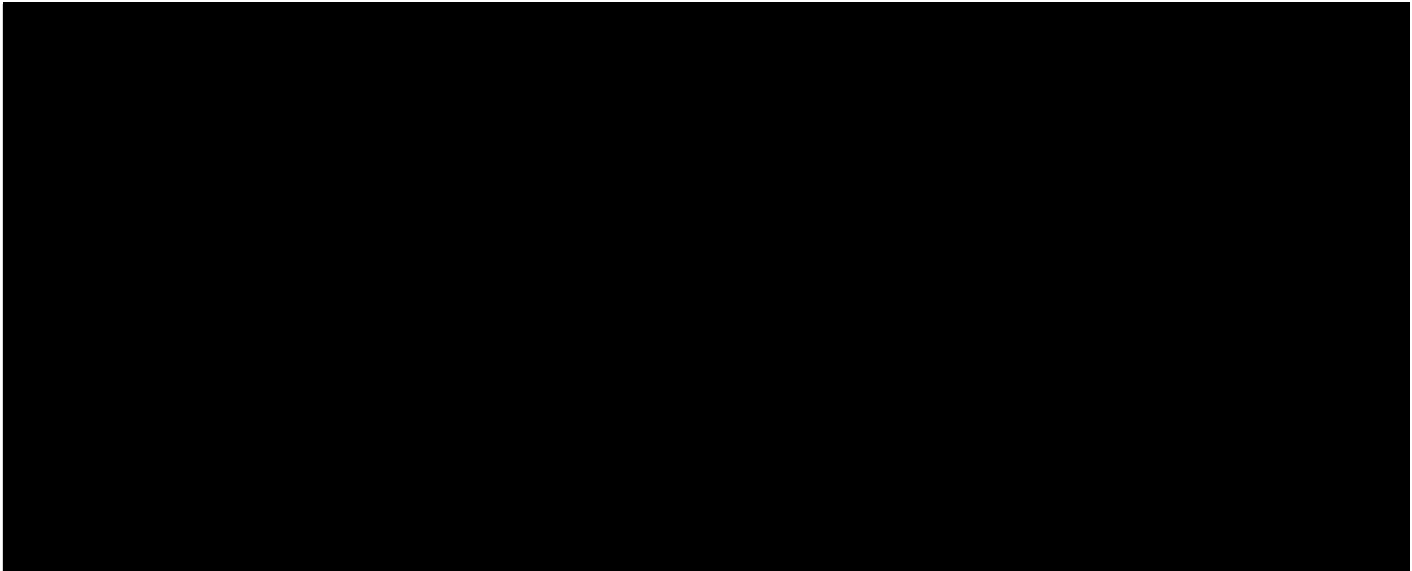
Mile(s) Flown: 164

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

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

Invoice Number: [REDACTED]  
Date: March 25, 2015  
Page: 2/3  
Our Reference: [REDACTED]

# INVOICE



Tuesday, March 24, 2015

 Air

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

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

Mile(s) Flown: 115

 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] [REDACTED] -30.00



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

Invoice Number: [REDACTED]  
Date: March 25, 2015  
Page: 3/3  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	-30.00
<b>Less Credit Card Payments:</b>	-30.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	686.07
<b>Total Charges Previous Invoices:</b>	686.07
<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: July 20, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
DR CARL AMBRIEN  
AC [REDACTED]

Wednesday, March 4, 2015

 **Air**

AIR CANADA  
**From:** MONTREAL-TRUDEAU  
**To:** TORONTO PEARSON  
**Stops:** 0 **Arrival:** 04Mar15  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 14D

**Flight:** 425 W CLASS  
07:00 PM **Equipment:** A320  
08:32 PM **Mile(s) Flown:** 339

 **Air**

AIR CANADA  
**From:** MONTREAL-TRUDEAU  
**To:** TORONTO-ISLAND ON  
**Stops:** 0 **Arrival:** 04Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
SEAT 2C  
TICKET NUMBER [REDACTED]

**Flight:** 7527 ECONOMY CLASS SNACK  
07:30 PM **Equipment:** DH4  
08:40 PM **Mile(s) Flown:** 306

**Cost:**  
AIR CANADA W [REDACTED] [REDACTED] -6.45

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

Invoice Number: [REDACTED]  
Date: July 20, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	-6.45
<b>Less Credit Card Payments:</b>	-6.45
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	746.13
<b>Total Charges Previous Invoices:</b>	746.13
<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  
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OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.