

AHS Board and Executive Expense Report

Name David Carpenter
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of October 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-16	P-Card	Meetings			447	46	493			
Oct-16	Expense Claim	Meetings	784	119	335	497	1,735			
Total			\$ 784	\$ 119	\$ 781	\$ 543	\$ 2,228	\$ -	\$ -	\$ -

Total for the Month \$ 2,228

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 199
 Non economy air travel in the month \$ -

1) Travel expenses

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

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

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

4) Other

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

5) Remuneration, Allowances Reported in the Financial Statements

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

Instruction:

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

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/10/2016</u>	
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: [REDACTED]	\$493.04
<u>LORINDA.PROCIUK@AHS.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]	

Statement of Transactions

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩
- ⑪
- ⑫
- ⑬
- ⑭
- ⑮
- ⑯

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/09/2016	444653141	DELTA BOW VALLEY, DELTA HOTELS	493.04	CAD	493.04	00		Accommodation: Board member - attended Board meeting Sept 28-30, Calgary


 Linda Hughes
 Board Chair

Nov. 4/16
 Date

✓
AH

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Audrey Malone</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Exec Admin Coord.</u> Cardholder Designate Position/Title <u>Oct 24/16</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>10/25/2016</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Susan Best</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>Exec. Admin. Coord.</u> Approver Designate Position/Title <u>Oct. 26/16</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>VP Corp Services + CFO</u> Approver Position/Title <u>Oct. 31/16</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____


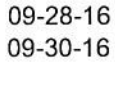
10


DELTA

BOW VALLEY

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-205-5460

AB HEALTH SERVICES
David Carpenter

Room: 
Folio: 
Cashier:
Arrival: 09-28-16
Departure: 09-30-16

Date	Description	Additional Information	Charges	Credits
09-28-16	Room Charge		199.00 ✓	
09-28-16	Destination Marketing Fee (DMF)		5.97	
09-28-16	Rooms - Federal Tax - GST		10.25	
09-28-16	Tourism Levy		8.20	
09-28-16	Self Parking		22.00	
09-28-16	Parking GST		1.10	
09-29-16	Room Charge		199.00 ✓	
09-29-16	Destination Marketing Fee (DMF)		5.97	
09-29-16	Rooms - Federal Tax - GST		10.25	
09-29-16	Tourism Levy		8.20	
09-29-16	Self Parking		22.00	
09-29-16	Parking GST		1.10	
09-30-16	Master Card			493.04

GST Summary	
Registration No:	826085417
Room	20.50
F&B	0.00
Other	2.20
Total	22.70

Total	493.04	493.04
Balance Due	0.00	CDN

Accom: \$446.84
Parking: \$46.20

Accommodation: Board Member
attended Board mtgs Sept 28-30,
Calgary

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



Employee # [Redacted]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4ANR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	David Carpenter			Expense Period Month:	Sept/Oct 2016
Address:	[Redacted]	City:	[Redacted]		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attendance at Board Meeting on September 29-30, 2016 in Calgary; attend South Zone Community Conversation meeting on October 4, 2016 in Pincher Creek; and attend Board Meeting on October 27, 2016 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (# applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	7111030000	45000000	\$119.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$1,616.12 ✓
Other (D)	101	0005	7111030000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,735.12 ✓

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#
David Carpenter	<i>[Signature]</i>	Nov 7/16	[Redacted]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Nov. 9/16

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Access to Information Act, and section 23 of the Privacy (FOIP) Act, respectively for the purpose of processing this claim.

Deborah Rhodes Nov. 7/16
 For payment p Deborah Rhodes, VP Corporate Services & CFO
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 11 Position #: 40179 DOFA Level: [] Date:

Carry forward from Section 1

Name:	David Carpenter	Expense Period Month:	Sept/Oct 2016
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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

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal Allowance				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
28-Sep-16	Mileage from Lethbridge to Calgary and return to attend Board Meetings on September 29-30, 2016.	Yes	D-\$24.00	\$24.00	✓				420	
29-Sep-16	Per diem for breakfast.	Yes	B-\$10.50	\$10.50	✓					
30-Sep-16	Per diems for breakfast and lunch.	Yes	BL-\$23.50	\$23.50	✓					
4-Oct-16	Mileage from Lethbridge to Pincher Creek and return to attend the South Zone Community Conversation.	Yes	L-\$13.00	\$13.00	✓				200	
26-Oct-16	Mileage from residence to YQL and return on October 28, 2016.	Yes							40	
26-Oct-16	Parking at YQL to attend Board Meeting in Edmonton on October 27, 2016.	Yes					o \$16.00	✓		
26-Oct-16	Flight from YQL to Edmonton to attend Board Meeting on October 27th (includes flight change fees as meeting times/dates changed).	Yes					o \$783.56	✓		
26-Oct-16	Taxi from YEG to hotel and return on October 28, 2016.	Yes					o \$145.20	✓		
26-Oct-16	2 nights accommodation (unable to get a flight home on October 27th so needed to stay an extra night).	Yes	D-\$24.00	\$24.00	✓	o \$334.56	✓			
27-Oct-16	ETS fare from hotel to SSP to attend Board Meeting.	Yes					o \$3.25	✓		
27-Oct-16	ETS fare from SSP to hotel.	Yes	D-\$24.00	\$24.00	✓		o \$3.25	✓		
Total: (amount auto fills to page 1)				\$119.00		\$0.00	\$334.56	\$951.26	\$0.00	660.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 333.30
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For payment please submit to:

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

County of Lethbridge

Airport Parking

GST #106989023

Space # : [REDACTED]

Transaction # : [REDACTED]

Date : OCT/26/16

Time : 12:18 PM

Paid : \$16.00 ✓

Card : [REDACTED]

Parking Expires At:

OCT/28/16

12:18 PM

Please Retain Ticket.

Lock your vehicle and

secure all valuables.

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

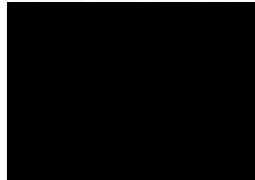
ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE AMEX
DATE 2016/10/26
TIME 4802 16:23:39
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$132.00
TIP \$13.20
TOTAL

\$145.20 ✓

AMERICAN EXPRESS



APPROVED

AUTH# [REDACTED]

THANK YOU

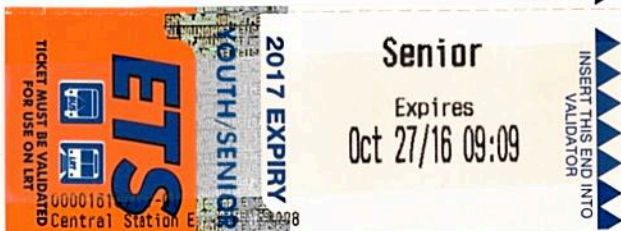
CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 89368 2658 RT0001

①

③



\$3.25 ✓

⑤

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Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Passengers Mr David Carpenter

Flight	From	To	Departure	Arrival	Air Transp. Charges	10.00
AC7216	Lethbridge (YQL)	Edmonton (YEG)	13:00	16:15	Options	0.00
AC8150	- Connection in Calgary -		Wed 26-Oct 2016	Wed 26-Oct 2016	Taxes, fees and charges	0.50
AC8139	Edmonton (YEG)	Lethbridge (YQL)	10:15	12:37	Extras (Change Fee)	52.50
AC7213	- Connection in Calgary -		Fri 28-Oct 2016	Fri 28-Oct 2016	Grand Total	\$63.00 ✓
						Canadian dollars

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



AIR CANADA

Booking Information

Booking Reference: [REDACTED] Customer Care
 Air Canada
 1-888-247-2262

Electronic Ticketing confirmed. This is your official itinerary/receipt. Flight Arrivals and Departures
 1-888-422-7533

Main Contact:
 Mr David Carpenter
 [REDACTED]

ORIGINAL BOOKING FOR JUN 23 510.56

JUN 23 CANCELLED

CHANGE TO SEP 28 105.00 ✓

SEP 29 BOARD IN CALGARY

CHANGE TO OCT 26 105.00 ✓

OCT 28 BOARD (WOULD NOT GET OCT 27 LATE FLIGHT) FLEW HOME EARLY 63.00 ✓

763.56 ✓

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC7216 ¹	Lethbridge (YQL)	Calgary (YYC)	0	3hr15	BEH	Flex. G	
	Wed 26-Oct 2016 13:00	Wed 26-Oct 2016 13:49					
AC8150 ²	Calgary (YYC)	Edmonton, Edmonton Int'l (YEG)	0		DH4	Flex. G	
	Wed 26-Oct 2016 15:25	Wed 26-Oct 2016 16:15					
AC8139 ³	Edmonton, Edmonton Int'l (YEG)	Calgary (YYC)	0	2hr22	DH3	Flex. G	
	Fri 28-Oct 2016	Fri 28-Oct 2016 11:11					

	2016 10:15				
AC7213 ¹	Calgary (YYC) Fri 28-Oct 2016 11:50	Lethbridge (YQL) Fri 28-Oct 2016 12:37	0	BEH	Flex, G
Operated by: ¹ Air Canada Express - Air Georgian ² Air Canada Express - Jazz					

Passenger Information

1: Mr David Carpenter : Adult (16+), Ticket Number: 0142168428633			
Air Canada - Aeroplan :	[REDACTED]	Meal Preference:	None
Payment Card:	[REDACTED]	Special Needs:	None
Seat Selection:	AC7216 1B , AC8150 1C (Preferred) , AC8139 1C (Preferred) , AC7213 1B		
Congratulations on your selection of a Preferred seat . Please read the Terms and conditions			

Additional amount payable and/or refund - Summary

	Additional charges
Passenger Type	Adult
Air Transportation Charges	
Air Transportation Charges (including surcharges)	10.00
Taxes, Fees and Charges	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.50
Total Additional Fare	10.50
Extras (Change Fee)	
Change Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	2.50
Total Extras (Change Fee)	52.50
Number of passengers	x 1
Total with options	63.00
Grand Total - Canadian dollars	\$63.00
Payment Information	
Credit/Debit Card [REDACTED]	Amount paid: \$63.00
The following amount (tax inclusive) will appear on your credit card or debit card statement:	
<ul style="list-style-type: none"> Air Canada: \$10.50 Air Canada: \$52.50 (Change Fee per ticket) 	
Ticket number(s):	[REDACTED]

Fare Rules

Departing Flight Lethbridge (YQL) To Edmonton (YEG) - Flex
Return Flight Edmonton (YEG) To Lethbridge (YQL) - Flex

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Passengers Mr David Carpenter

Flight	From	To	Departure	Arrival	Air Transp. Charges	Options	Taxes, fees and charges	Extras (Change Fee)	Grand Total Canadian dollars
AC7216 AC8150	Lethbridge (YQL)	Edmonton (YEG) - Connection in Calgary -	13:00 Wed 26-Oct 2016	16:15 Wed 26-Oct 2016	0.00	0.00	0.00	105.00 *	\$105.00 ✓
AC8149 AC7217	Edmonton (YEG)	Lethbridge (YQL) - Connection in Calgary -	13:20 Fri 28-Oct 2016	17:00 Fri 28-Oct 2016					

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Previous
615.56
720.56

AIR CANADA

Booking Information

Booking Reference:	Customer Care Air Canada 1-888-247-2262
Electronic Ticketing confirmed. This is your official itinerary/receipt.	Flight Arrivals and Departures 1-888-422-7533
Main Contact: Mr David Carpenter 	

* Dept 29 Board Meeting in Calgary, not Edmonton

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC7216 ¹	Lethbridge (YQL) Wed 26-Oct 2016 13:00	Calgary (YYC) Wed 26-Oct 2016 13:47	0	3hr15	BEH	Flex. G	
AC8150 ²	Calgary (YYC) Wed 26-Oct 2016 15:25	Edmonton, Edmonton Int'l (YEG) Wed 26-Oct 2016 16:15	0		DH4	Flex. G	
AC8149 ²	Edmonton, Edmonton Int'l (YEG) Fri 28-Oct	Calgary (YYC) Fri 28-Oct 2016 14:10	0	3hr40	DH4	Flex. G	

	2016 13:20				
AC7217 ¹	Calgary (YYC) Fri 28-Oct 2016 16:15	Lethbridge (YQL) Fri 28-Oct 2016 17:00	0	BEH	Flex G

Operated by:
¹ Air Canada Express - Air Georgian
² Air Canada Express - Jazz

Passenger Information

1: Mr David Carpenter : Adult (16+), Ticket Number: [REDACTED]			
Air Canada - Aeroplan :	[REDACTED]	Meal Preference:	None
Payment Card:	[REDACTED]	Special Needs:	None
Seat Selection:	AC7216 1B , AC8150 1C (Preferred) , AC8149 1C (Preferred) , AC7217 1A		

Congratulations on your selection of a **Preferred seat**. Please read the **Terms and conditions**.

Additional amount payable and/or refund - Summary

	Additional charges
Passenger Type	Adult
Air Transportation Charges	
Air Transportation Charges (including surcharges)	0.00
Extras (Change Fee)	
Change Fee	100.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	5.00
Total Extras (Change Fee)	105.00
Number of passengers	x 1
Total with options	105.00
Grand Total - Canadian dollars	\$105.00

Payment Information
 Credit/Debit Card [REDACTED] Amount paid: **\$105.00**
 The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$105.00 (Change Fee per ticket)

Ticket number(s) [REDACTED]

Fare Rules

Departing Flight Lethbridge (YQL) To Edmonton (YEG) - Flex
Return Flight Edmonton (YEG) To Lethbridge (YQL) - Flex

- Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Passengers Mr David Carpenter

Flight	From	To	Departure	Arrival	Air Transp. Charges	
AC7216 AC8150	Lethbridge (YQL)	Edmonton (YEG) - Connection in Calgary -	13:00 Wed 28-Sep 2016	16:15 Wed 28-Sep 2016	0.00	
AC8151 AC7219	Edmonton (YEG)	Lethbridge (YQL) - Connection in Calgary -	15:40 Fri 30-Sep 2016	19:00 Fri 30-Sep 2016	105.00	
Grand Total Canadian dollars					\$105.00	✓

Options 0.00
Taxes, fees and charges 0.00
Extras (Change Fee) 105.00 ✓
Grand Total Canadian dollars \$105.00 ✓
ORIGINAL
SINCE
L15.56

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



* June 23 Board cancelled.

AIR CANADA

Booking Information

Booking Reference: [REDACTED]

Customer Care
Air Canada
1-888-247-2262

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

Flight Arrivals and Departures
1-888-422-7533

Main Contact:
Mr David Carpenter
[REDACTED]

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC7216 ¹	Lethbridge (YQL) Wed 28-Sep 2016 13:00	Calgary (YYC) Wed 28-Sep 2016 13:47	0	3hr15	BEH	Flex. G	
AC8150 ²	Calgary (YYC) Wed 28-Sep 2016 15:25	Edmonton, Edmonton Int'l (YEG) Wed 28-Sep 2016 16:15	0		DH4	Flex. G	
AC8151 ²	Edmonton, Edmonton Int'l (YEG) Fri 30-Sep	Calgary (YYC) Fri 30-Sep 2016 16:36	0	3hr20	DH3	Flex. G	

	2016 15:40				
AC7219 ¹	Calgary (YYC) Fri 30-Sep 2016 18:15	Lethbridge (YQL) Fri 30-Sep 2016 19:00	0	BEH	Flex, G

Operated by:
¹ Air Canada Express - Air Georgian
² Air Canada Express - Jazz

Passenger Information

1: Mr David Carpenter : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan : [REDACTED] Meal Preference: None
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: AC7216 1A , AC8150 1C (Preferred) ,
 AC8151 1C (Preferred) , AC7219 1A

Congratulations on your selection of a **Preferred seat**. Please read the **Terms and conditions**.

Additional amount payable and/or refund - Summary

	Additional charges
Passenger Type	Adult
Air Transportation Charges	
Air Transportation Charges (including surcharges)	0.00
Extras (Change Fee)	
Change Fee	100.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	5.00
Total Extras (Change Fee)	105.00
Number of passengers	x 1
Total with options	105.00
Grand Total - Canadian dollars	\$105.00

Payment Information
 Credit/Debit Card [REDACTED] - Amount paid: \$105.00
 The following amount (tax inclusive) will appear on your credit card or debit card statement:

- Air Canada: \$105.00 (Change Fee per ticket)

Ticket number(s) [REDACTED]

Fare Rules

Departing Flight Lethbridge (YQL) To Edmonton (YEG) - Flex

Return Flight Edmonton (YEG) To Lethbridge (YQL) - Flex

- Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8147	Edmonton International (YEG)	Calgary (YYC)	DH4	Economy (G)	Confirmed
<i>Operated by:</i> Thu 23-Jun 2016 Thu 23-Jun 2016					
<i>Air Canada Express-Jazz</i> 14:00 14:49					
Seat number(s) requested: 1C					
AC7217	Calgary (YYC)	Lethbridge (YQL)	BEH	Economy (G)	Confirmed
<i>Operated by:</i> Thu 23-Jun 2016 Thu 23-Jun 2016					
<i>Air Canada Express-Air Georgian</i> 16:15 17:00					
Seat number(s) requested: 1A					

Passenger Information

Passenger 1

Name: **Mr David Carpenter** Ticket number: [REDACTED]

Frequent Flyer Pgm: Air Canada Aeroplan Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	27-Feb 2016
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	427.00
Taxes, Fees & Charges	
Combined Taxes *see fare calculation below (XT)	PD
Total Fare in :	No Additional collection

Ticket particularities:
AC ONLY/NON-REF/CHGE FEE

***Fare calculation:**
21JUN16YQL AC X/YYC AC YEA Q12.00R199.00AC X/YYC Q12.00AC YQL
R204.00CAD427.00 END ROE1.00 PD14.25CA24.31XG45.00SQ

Canadian tax registration numbers:
XG Canada Goods and Service Tax (GST) #10009-2287
RC Canada Harmonized Sales Tax (HST) #10009-2287

Your booking is confirmed. Booking reference [REDACTED]

An email booking confirmation has been sent to: [REDACTED]

Use your booking reference to retrieve your official Itinerary/Receipt at aircanada.com.

Passengers Mr David B Carpenter

Flight	From	To	Departure	Arrival		
AC7216	Lethbridge (YQL)	Edmonton (YEG)	13:00	15:20	Air Transp. Charges	427.00
AC8140	- Connection in Calgary -		Tue 21-Jun 2016	Tue 21-Jun 2016	Options	0.00
AC8147	Edmonton (YEG)	Lethbridge (YQL)	14:00	17:00	Taxes, fees and charges	83.56
AC7217	- Connection in Calgary -		Thu 23-Jun 2016	Thu 23-Jun 2016	Travel Insurance	Purchase travel insurance
Grand Total					Canadian dollars	\$510.56



Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]	Customer Care Air Canada 1-888-247-2262
Electronic Ticketing confirmed. This is your official itinerary/receipt.	Flight Arrivals and Departures 1-888-422-7533
Main Contact: Mr David B Carpenter [REDACTED]	

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC7216 ¹	Lethbridge (YQL) Tue 21-Jun 2016 13:00	Calgary (YYC) Tue 21-Jun 2016 13:47	0	2hr20	BEH	Flex. G	
AC8140 ²	Calgary (YYC) Tue 21-Jun 2016 14:30	Edmonton, Edmonton Int'l (YEG) Tue 21-Jun 2016 15:20	0		CRJ	Flex. G	
AC8147 ²	Edmonton, Edmonton Int'l (YEG) Thu 23-Jun	Calgary (YYC) Thu 23-Jun	0	3hr00	DH4	Flex. G	

	2016 14:00	2016 14:49			
AC7217 ¹	Calgary (YYC) Thu 23-Jun 2016 16:15	Lethbridge (YQL) Thu 23-Jun 2016 17:00	0	BEH	Flex. G

Operated by:
¹ Air Canada Express - Air Georgian
² Air Canada Express - Jazz

Passenger Information

1: Mr David B Carpenter : Adult (16+), Ticket Number: 0142159360214	
Air Canada - Aeroplan : [REDACTED]	Meal Preference: None
Payment Card: [REDACTED]	Special Needs: None
Seat Selection:	AC7216 2A , AC8140 1C (Preferred) , AC8147 1C (Preferred) , AC7217 1A
Congratulations on your selection of a Preferred seat . Please read the Terms and conditions .	

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	199.00
Return Flight - Flex	204.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	24.31
Air Travellers Security Charge (ATSC)	14.25
Total before options (per passenger)	510.56
Number of passengers	x 1
Total with options	510.56
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$510.56
Payment Information	
Credit/Debit Card [REDACTED]	Amount paid: \$510.56
The following amount (tax inclusive) will appear on your credit card or debit card statement:	
• Air Canada: \$510.56 (Air Transp. Charges - per ticket)	
Ticket number(s) [REDACTED]	

Fare Rules

Departing Flight Lethbridge (YQL) To Edmonton (YEG) - Flex
Return Flight Edmonton (YEG) To Lethbridge (YQL) - Flex
• Changes:

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GUEST ACCOUNT

CARPENTER DAVID

ALBERTA HEALTH SERVICES

Arrive 10/26/16 Depart 10/28/16

Room # [REDACTED] Invoice # [REDACTED]

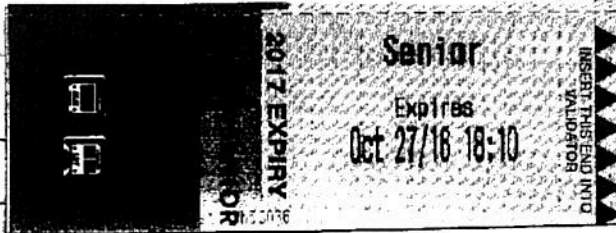
DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
10/26/16	MN	2-Room Charg		149.00
10/26/16	MN	41-Tourism Le	On Room Charge	5.96
10/26/16	MN	42-DMF		4.47
10/26/16	MN	41-Tourism Le	On DMF	0.18
10/27/16	MN	2-Room Charg		149.00
10/27/16	MN	41-Tourism Le	On Room Charge	5.96
10/27/16	MN	42-DMF		4.47
10/27/16	MN	41-Tourism Le	On DMF	0.18
10/28/16	AE	93-Amex. Expr		-334.56 ✓
			GST On DMF	0.44
			GST On Room Charge	14.90
			Tax Reg. # R897343794	

BILLING INSTRUCTIONS

BALANCE DUE

0.00

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 association fails to pay for any part or the full amount of these charges.



6 ✓
\$3.25

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10053 Jasper Avenue, Edmonton, AB, Canada T5J 1S5

Phone: 780.423.3600 • Fax: 780.423.4623

E-mail: info@unionbankinn.com • Web: unionbankinn.com