

AHS Board and Executive Expense Report

Name Sean Chilton
Title VP Collaborative Practice, Nursing & Health Professions
Location Edmonton
 Expenses submitted during the month of October 2017

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-17	P-Card	Meetings			523	327	850			
Oct-17	Expense Claim	Meetings		140	171	188	499			
Oct-17	Direct Billing	Meetings	1,119				1,119			
Total			\$ 1,119	\$ 140	\$ 694	\$ 515	\$ 2,468	\$ -	\$ -	\$ -

Total for the Month \$ 2,468

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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 850.32								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/19/2017	Overnight stay for Benefits Realization in Calgary	AB - Other Zones	Accommodations	\$ 223.42			Decision made to stay at airport hotel so there would be no taxi fee in the evening traveling from the airport to the hotel.	1			
9/19/2017	Flight to YYC for Benefits Realization	AB - Local	Parking - Lot or Parkade	\$ 50.00				1			
9/19/2017	Taxi in YYC	AB - Other Zones	Taxi	\$ 64.29	Southport	YYC Airport		1			
9/22/2017	Rounds at Sturgeon hospital	AB - Local	Parking - Lot or Parkade	\$ 1.25			This receipt has been lost	1			
9/26/2017	U of A Nursing Centennial	AB - Local	Parking - Lot or Parkade	\$ 6.75			Parking at Kaye Clinic for nursing meeting	1			
9/29/2017	AHS Board, Mount Royal Gala, and Round Dance	AB - Other Zones	Accommodations	\$ 171.44				1			
9/29/2017	Provincial Community & Rural Maternity Care meeting	AB - Other Zones	Fuel	\$ 28.66	Calgary Airport	Red Deer - Michener Bend	Fuel for rental car driven from YYC airport to Southport, to Mount Royal, to hotel on first day. Second day driven from hotel to Red Deer, back to Carriage House Inn in Calgary, then to YYC airport	1			
9/29/2017	AHS Board, Mount Royal Gala, and Round Dance	AB - Local	Parking - Lot or Parkade	\$ 50.00			Airport parking for flight to YYC	1			
10/1/2017	HPSP and CoACT South Zone orientation	AB - Other Zones	Taxi	\$ 31.40	Chinook Regional Hospital	Lethbridge Airport		1			
10/2/2017	HPSP and CoACT South Zone orientation	AB - Local	Parking - Lot or Parkade	\$ 50.00			Parking at YEG airport for trip to Lethbridge	1			
10/2/2017	HPSP and CoACT South Zone orientation	AB - Other Zones	Accommodations	\$ 127.86				1			

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 850.32									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/2/2017	HPSP and CoACT South Zone orientation		AB - Other Zones	Taxi	\$ 16.50	Fairfield Inn	Chinook Regional Hospital		1			
10/11/2017	Clinical Ethics Team orientation		AB - Local	Parking - Lot or Parkade	\$ 8.50			Parking at Red Deer Regional Hospital	1			
10/16/2017	HSERC Collaboration Meeting		AB - Local	Parking - Lot or Parkade	\$ 9.00			Parking at the Jubilee for meeting at Edmonton Clinic Health Academy	1			
10/17/2017	Minister's Meet and Greet – Celebrating Occupational Therapy Month		AB - Local	Parking - Lot or Parkade	\$ 11.25			Parking at Kaye Edmonton Clinic	1			
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		31-Oct-17								



**MARRIOTT
CALGARY AIRPORT
IN-TERMINAL HOTEL**

Calgary Airport Marriott In-Terminal Hotel
2008 Airport Road NE Calgary, Alberta, Canada T2E 3B9
Telephone: (403) 717-0522 Fax: (587) 232-0600

Mr Sean Chilton

Room: [REDACTED]
 Folio: [REDACTED]
 Cashier: 17
 Arrival: 09-18-17
 Departure: 09-19-17

Date	Description	Additional Information	Charges	Credits
09-18-17	Room Charge		199.00	
09-18-17	Rooms Destination Market Fee		5.97	
09-18-17	Rooms Tourism Levy		8.20	
09-18-17	Room GST		10.25	
09-19-17	Master Card	[REDACTED]		223.42

GST Summary	
Reg No: 741907497 RT0001	
Room	10.25
F&B	0.00
Other	0.00
Total	10.25

Total	223.42	223.42
Balance Due	0.00	CDN

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.

GR # R128599776

Edmonton Airports

Plan-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 19/09/17 19:56
Receipt [REDACTED]

Short-term parking tkt

DI - No. 096184

19/09/17 15:59

19/09/17 19:56

Period 2d0h0'

Cash) \$50.00

Total \$50.00

Payment Received

MR [REDACTED] \$50.00

XO [REDACTED]

MR ch [REDACTED]

Auth: [REDACTED]

Type: Swiped

Sub Total \$47.62

Tax 5% \$2.38

ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1861

SALE

MD: [REDACTED]
TD: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
09/19/17 05:45:24
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT	\$55.90
TIP	\$8.39
TOTAL	\$64.29

00 - APPROVED - 001

MasterCard
[REDACTED]

Thank You

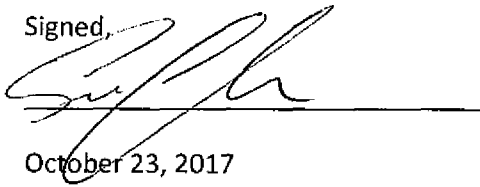
CUSTOMER COPY

Attestation for Lost Receipts

On my P-card report for Sept 21 – Oct 20, 2017, I have one charge for which I am missing the receipt. This expense has not been claimed previously, and the charge was incurred in relation to AHS business. The receipt is for a parking lot, so it is not available for reprinting.

1. Transaction date Sept 22, 2017, AHS Parking lot at Sturgeon Community Hospital in St. Albert, AB - \$1.25. This is a charge for parking at SCH.

Signed,

A handwritten signature in black ink, appearing to read 'Sean Chilton', is written over a horizontal line.

October 23, 2017

Sean Chilton

Vice President Health Professions & Practice



UNIVERSITY OF ALBERTA
KAYE EDMONTON CLINIC PARKADE
Machine ID #1130

Rcpt# [REDACTED]

09/26/17 16:48 L# 1: A# 1 Txn# 31125

09/26/17 15:24 In 09/26/17 16:48 Out

Tkt# [REDACTED]

UAH Fee #1 \$ 6.75

Total Fee \$ 6.75

MASTER CARD \$ 6.75

[REDACTED]

Approval No. [REDACTED]

Reference No. [REDACTED]

Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? Email Us

parking@edmonton@ahs.ca

GST# R128599776

Edmonton Airports

Can-TSJ 2T2 Edmonton
Tax Code CA5%

Exit Lane 29/09/17 21:55
Receipt [REDACTED]

Short-term parking tkt

HL - No. 019702

28/09/17 06:24

29/09/17 21:55

Period 2d0h0

(Tax) \$50.00

Total \$50.00

Payment Received

MC [REDACTED] \$50.00

Merch [REDACTED]

Auth: [REDACTED]

Type: Swiped

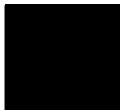
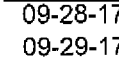

Sub Total \$47.62

Tax 5% \$2.38



135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
Mr Sean Chilton

Room: 
Folio: 
Cashier: 
Arrival: 09-28-17
Departure: 09-29-17

Date	Description	Additional Information	Charges	Credits
09-28-17	Room Charge		154.00	
09-28-17	DMF		4.02	
09-28-17	Tourism Levy		5.52	
09-28-17	Rooms - GST		7.90	

<u>GST Summary</u>	
Registration No: 895126332	
Room	7.90
F&B	0.00
Other	9.54
Total	17.44

Total	171.44	0.00
Balance Due	171.44	CDN

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.

WELCOME
Shell Canada
282 Aviation Blvd NE
12E 7G1 AB
Calgary
(587) 538-2251

Bronze 01
PUMP No. 27.067
LITRES
PRICE/L \$1.059
TOTAL FUEL \$28.66
TOTAL SALE \$28.66
MASTERCARD \$28.66

FUEL INCLUDES
GST - Fuel \$1.36
No. 137400032RT

01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. 89801310
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

MASTERCARD
PURCHASE

INV No. [REDACTED]

DUPLICATE

A PLUS TAXI
416 10 ST N
LETHBRIDGE AB

DUPLICATE

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/10/02
TIME 2158 09:40:47
CLERK ID [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$14.50
TIP \$2.00
TOTAL

\$16.50

MasterCard

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

DUPLICATE

ROYAL TAXI LTD
238 12B ST NORTH
LETHBRIDGE, AB T1H 2K7
(403)828-5333

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard

AID: [REDACTED]
Entry Method: Chip

Batch#: [REDACTED]

10/01/17

19:14:46

Ref: [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount: \$ 27.30
Tip: \$ 4.10
Total: \$ 31.40

Customer COPY

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 02/10/17 18:02
Receipt [REDACTED]

Short-term parking tkt
DL - No. 027285
01/10/17 14:19
02/10/17 18:02
Period 2d0h0'
(Tax) \$50.00

Total \$50.00

Payment Received
MC \$50.00

Merch: [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$47.62
Tax 5% \$2.38



Fairfield Inn & Suites®
Lethbridge

4081 2nd Avenue South
Lethbridge Alberta T1j1z2
587.425.0388

S. Chilton

Room: [REDACTED]

Number of Guests: 1

Rate: \$115.00

Clerk: [REDACTED]

Arrive: 01Oct17

Time: 07:17PM

Depart: 02Oct17

Time: [REDACTED]

Folio Number [REDACTED]

Date

Description

Charges

Credits

01Oct17	Room Charge	115.00	
01Oct17	Convention and Tourism Tax	4.60	
01Oct17	Dmf	2.51	
01Oct17	Gst	5.75	
02Oct17	Master Card		127.86

Card #: [REDACTED]
Amount: 127.86 Auth: [REDACTED] Signature on File
This card was electronically swiped on 01Oct17

Balance: 0.00

Rewards Account: [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Gst # 84276 6644

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

Red Deer
Regional Hospital

License Plate Number 11-01111

Expiration Date/Time

09:19 AM
OCT 12, 2017

Alberta Health

Purchase Date/Time: 09/19/2017 09:11:00
Total Due: \$8.60 Rate: VALU-RATE 24HR/\$8.60
Total Paid: \$8.60 Payment Type: Card

Ticket

S/N #

Setting: Red Deer

Mach Name: CE-RDRH-026

MasterCard

Auth

DO NOT PLACE ON DASH

Alberta Health Services

University of Alberta
U-Park Receipt

Expiration Date/Time

05:44 PM
OCT 16, 2017

Purchase Date/Time: 03:44pm Oct 16, 2017

Total Due: \$9.00 Rate: Hr Increment @ \$4.50

Total Paid: \$9.00

Payment Type: Card

Ticket

S/N #:

Setting: Jubilee Surface

Mach Name: JUB East

MasterCard

Auth #

GST #R108102831

RECEIPT	PARKING RECEIPT	PARKING RECEIPT	PARKING RECEIPT	PARKING RECEIPT
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UNIVERSITY OF ALBERTA

KAYE EDMONTON CLINIC PARKADE

Machine ID #1123

Rcpt#

10/17/17 09:53 L# 1 A# 1 Txn# 9006

10/17/17 07:50 In 10/17/17 09:53 Out

Tkt#

UAH Fee #1 \$ 11.25

Total Fee	\$ 11.25
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MASTER CARD \$ 11.25-

Approval No. _____

Reference No

Change Due	\$ 0.00
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Parking Rates are GST Exempt

Comments? - Email Us :

parkingedmonton@ahs.ca


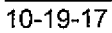
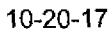
AHS Public Disclosure Expense Claims


Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 498.80									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/22/2017	Medical Rounds at Sturgeon			Mileage-Local-Home Zone	\$ 18.69	SSP	Sturgeon		1			37
9/28/2017	AHS Board meeting, Mount Royal Gala, Community/Rural Maternity Care, Round Dance		AB - Other Zones	Meals Per Diem	\$ 23.50			Bfast \$10.50 Lunch \$13.00	1			
9/29/2017	AHS Board meeting, Mount Royal Gala, Community/Rural Maternity Care, Round Dance		AB - Other Zones	Meals Per Diem	\$ 10.50			Bfast \$10.50	1			
10/1/2017	HPSP South Zone orientation		AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
10/2/2017	HPSP South Zone orientation		AB - Other Zones	Meals Per Diem	\$ 10.50			Bfast \$10.50	1			
10/11/2017	Clinical Ethics Team Meeting in Red Deer			Mileage-Other	\$ 158.57	SSP	Red Deer Regional Hospital		1			314
10/16/2017	Presentation to AB Federation of Regulated Health Professions			Mileage-Local-Home Zone	\$ 10.10	SSP	Derrick Golf and Winter Club	Presentation to AB Federation of Regulated Health Professions	1			20
10/19/2017	Connect Care Method Orientation and ISRA Team F2F		AB - Other Zones	Accommodations	\$ 171.44				1			
10/19/2017	Connect Care Orientation and ISRA Team F2F		AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	2			
10/20/2017	Connect Care Orientation and ISRA Team F2F		AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	2			
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		31-Oct-17								



135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Mr Sean Chilton

Room: 
Folio: 
Cashier: 
Arrival: 10-19-17
Departure: 10-20-17

Date	Description	Additional Information	Charges	Credits
10-19-17	Room Charge		154.00	
10-19-17	DMF		4.02	
10-19-17	Tourism Levy		5.52	
10-19-17	Rooms - GST		7.90	
10-20-17	American Express			171.44
GST Summary			Total	171.44
Registration No: 895126332			Balance Due	0.00 CDN
Room 7.90				
F&B 0.00				
Other 9.54				
Total 17.44				

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.

Expense Report Direct Bill Summary

Purpose of This Form:

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

Expenses Paid Directly to Third Party Vendors:

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

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

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

Direct Bill Report

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

Name :	Sean Chilton	Reporting Period for the Month of :	Oct-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-Sep-2017	Direct Billing	Airline Ticket	Air Canada from Edmonton to Calgary return, for a presentation to the AHS Board on Continuing Care on Sept. 28	Marlin Travel	325.06
15-Sep-2017	Direct Billing	Airline Ticket	Air Canada change fee for flight back to Edmonton on Sept. 29 following the Wisdom Council Round Dance	Marlin Travel	150.00
18-Sep-2017	Direct Billing	Airline Ticket	Air Canada change fee - eliminated an overnight stay on Sept. 27 in Calgary - changed to fly Sept. 28 AM instead.	Marlin Travel	75.00
18-Sep-2017	Direct Billing	Airline Ticket	West Jet flights from Edmonton to Lethbridge return on Oct 1 and 2 for HPSP Orientation and CoACT presentation to South Zone	Marlin Travel	288.48
Total Paid in the Month					\$ 838.54

Expense Report Direct Bill Summary

Purpose of This Form:

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

Expenses Paid Directly to Third Party Vendors:

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

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

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

Name :	Sean Chilton	Reporting Period for the Month of :	Oct-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Oct-2017	Direct Billing	Airline Ticket	West Jet flight from Edmonton to Calgary on Oct.19 for ISRA Student Placement meeting	Marlin Travel	139.69
3-Oct-2017	Direct Billing	Airline Ticket	Air Canada seat selection fee	Marlin Travel	10.50
3-Oct-2017	Direct Billing	Airline Ticket	Air Canada flight from Calgary to Edmonton on Oct. 20 following ISRA Student Placement meeting	Marlin Travel	130.48
Total Paid in the Month					\$ 280.67



Invoice

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

Trip #: [REDACTED]
Booking Date: 14 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

PASSENGERS: MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	250.10	0.00	\$0.00	74.96	0.00	325.06 CAD
Total:	250.10	0.00	0.00	74.96	0.00	325.06 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/12/2017			0.00 CAD
	[REDACTED]	09/12/2017		[REDACTED]	325.06 CAD
Total Payment:					325.06 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL MOUNT ROYAL GALA

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

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

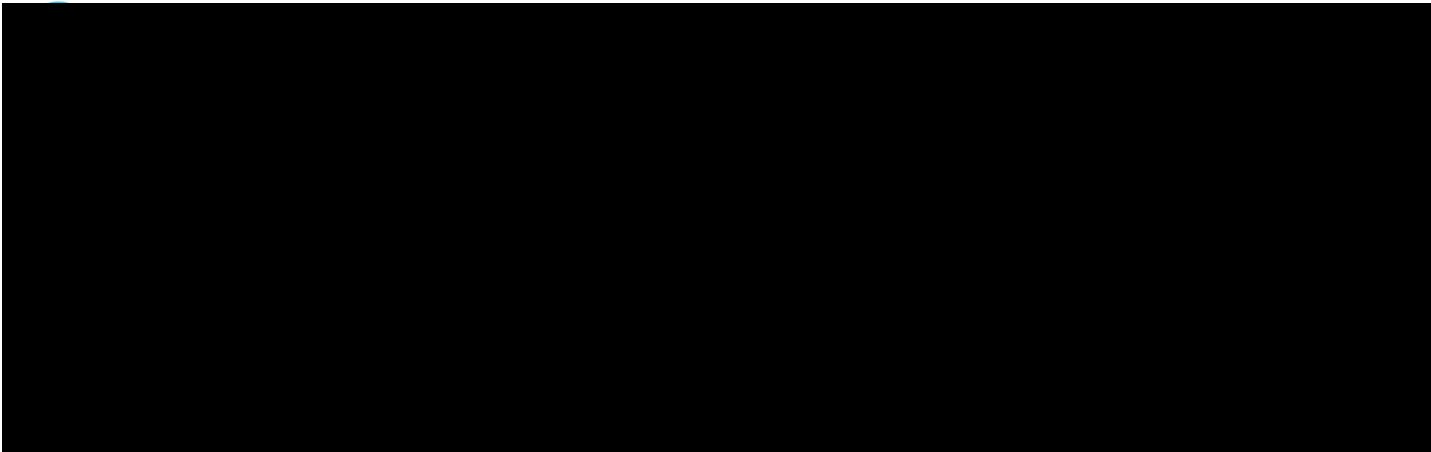
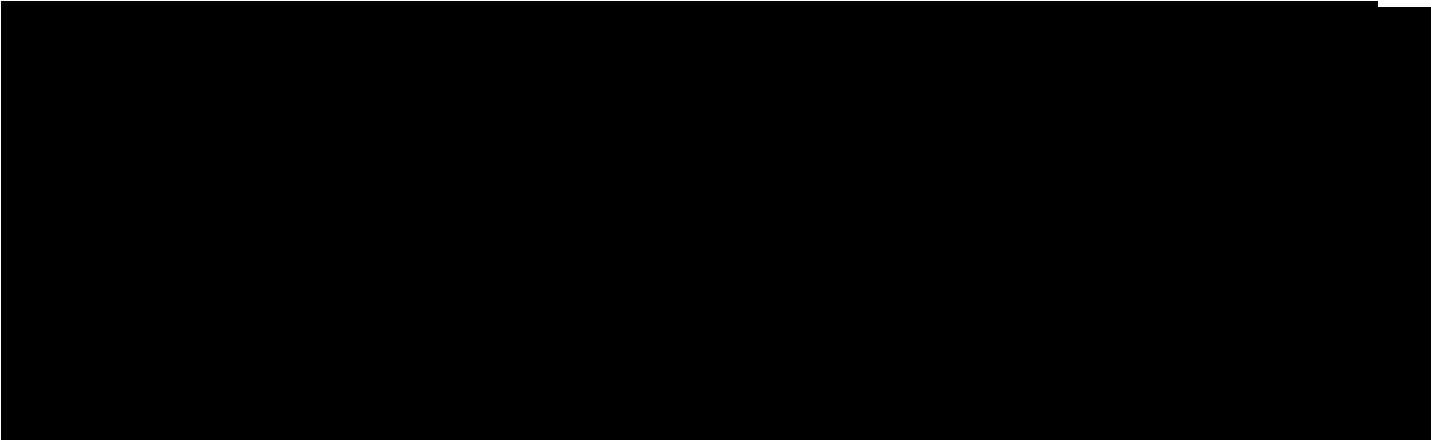
Trip #: [REDACTED]
Booking Date: 14 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada		



Passengers: SEAN CHILTON					Booking Date: 09/12/2017		
					File Locator/Ticket #: [REDACTED]		
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL		CALGARY INTL	G		
		09/28/2017 5:05PM		09/28/2017 5:58PM			



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

Trip #: [REDACTED]
Booking Date: 14 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]



AIR

Passengers: SEAN CHILTON

Booking Date: 09/12/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08134	CALGARY INTL 09/30/2017 8:00AM		EDMONTON INTL 09/30/2017 8:50AM	G		



Invoice

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

Trip #: [REDACTED]
Booking Date: 15 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

PASSENGERS: MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	150.00	0.00	\$0.00	0.00	0.00	150.00 CAD
Total:	150.00	0.00	0.00	0.00	0.00	150.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/15/2017		[REDACTED]	150.00 CAD
Total Payment:					150.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL MOUNT ROYAL GALA

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

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

Trip #: [REDACTED]
Booking Date: 15 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

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



AIR

Passengers: SEAN CHILTON

Booking Date: 09/15/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08155	EDMONTON INTL		CALGARY INTL	G		
		09/27/2017 8:00PM		09/27/2017 8:53PM			
AIR CANADA	08431	CALGARY INTL		EDMONTON INTL	G		
		09/29/2017 8:45PM		09/29/2017 9:35PM			



Invoice

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

Trip #: [REDACTED]
Booking Date: 19 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: RGFD5A

PASSENGERS: MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/18/2017		[REDACTED]	75.00 CAD
				Total Payment:	75.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL MOUNT ROYAL GALA

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

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

Trip #: [REDACTED]
Booking Date: 19 Sep 17
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

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



AIR

Passengers: SEAN CHILTON

Booking Date: 09/18/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL		CALGARY INTL	G		
		09/28/2017 7:40AM		09/28/2017 8:37AM			
AIR CANADA	08431	CALGARY INTL		EDMONTON INTL	G		
		09/29/2017 8:45PM		09/29/2017 9:35PM			



Invoice

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

Trip #: [REDACTED]
Booking Date: 20 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	251.00	0.00	\$0.00	37.48	0.00	288.48 CAD
Total:	251.00	0.00	0.00	37.48	0.00	288.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/18/2017		[REDACTED]	288.48 CAD
				Total Payment:	288.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL LEADERSHIP MEETING

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

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

Trip #: [REDACTED]
Booking Date: 20 Sep 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

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



AIR

Passengers: SEAN CHILTON

Booking Date: 09/18/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08151	EDMONTON INTL 10/01/2017 3:35PM		CALGARY INTL 10/01/2017 4:28PM	G		
AIR CANADA	07219	CALGARY INTL 10/01/2017 5:55PM		LETHBRIDGE 10/01/2017 6:43PM	G		



Invoice

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

Trip #: [REDACTED]
Booking Date: 04 Oct 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	90.21	0.00	\$0.00	49.48	0.00	139.69 CAD
Total:	90.21	0.00	0.00	49.48	0.00	139.69 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/02/2017		[REDACTED]	139.69 CAD
Total Payment:					139.69 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL STUDENT PLACEMENT MEETING

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

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

Trip #: [REDACTED]
Booking Date: 04 Oct 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

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

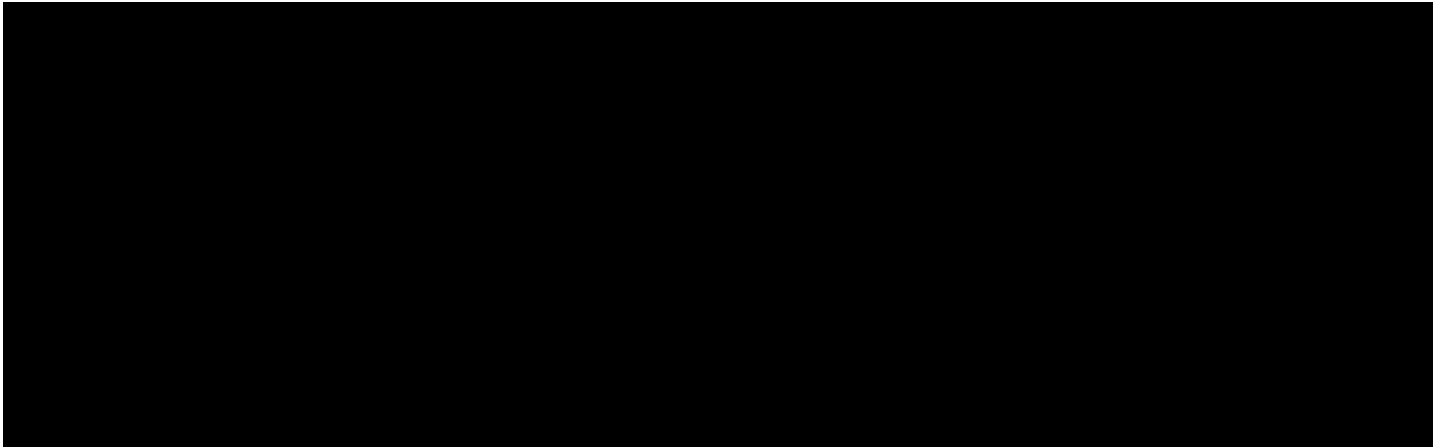


AIR

Passengers: SEAN CHILTON

Booking Date: 10/02/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03288	EDMONTON INTL 10/19/2017 9:00PM		CALGARY INTL 10/19/2017 9:54PM	G		





Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: Booking Date: 04 Oct 17 Client: Agent: File Locator:
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PASSENGERS: MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #	93.00	0.00	\$0.00	37.48	0.00	130.48 CAD
PRE PAID SEATS CAD Confirmation #	10.50	0.00	\$0.00	0.00	0.00	10.50 CAD
Total:	103.50	0.00	0.00	37.48	0.00	140.98 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		01/18/2018			10.50 CAD
		10/03/2017			130.48 CAD
Total Payment:					140.98 CAD
Balance Due CAD Currency					0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL STUDENT PLACEMENT MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
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PLEASE REVIEW YOUR ITINERARY FOR ACCURACY PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

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

Trip #: [REDACTED]
Booking Date: 04 Oct 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

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



AIR

Passengers: SEAN CHILTON

Booking Date: 18 Jan 18
File Locator/Ticket #: [REDACTED]

From:	EDMONTON INTL	Departing on:	19 Oct 17
To:	CALGARY INTL	Returning on:	20 Oct 17



AIR

Passengers: SEAN CHILTON

Booking Date: 03 Oct 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03288	EDMONTON INTL		CALGARY INTL	G/	
		19 Oct 17 9:00PM		19 Oct 17 9:54PM		

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

Trip #: [REDACTED]
Booking Date: 04 Oct 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: SEAN CHILTON

Booking Date: 03 Oct 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08154	CALGARY INTL 20 Oct 17 6:35PM		EDMONTON INTL 20 Oct 17 7:25PM	A/	