

Office of the Information and Privacy Commissioner of Alberta
 LeRoy Brower, Assistant Commissioner
 Expenses Processed April 1, 2017 - May 31, 2017

Travel Expenses

Date Expenses Incurred	Destination	Description/Rationale	Transportation ¹	Accommodation	Per Diems ² (no receipts)	Meals (with receipts)	Other ³	Total
April 3	Edmonton, AB	Meeting with Alberta Health	\$ -	\$ -	\$ -	\$ -	\$ 19.04	\$ 19.04
Apr 5-7	Calgary, AB	Travelled to Calgary office and also attended the Privacy & Access Council of Canada conference (PACC)	139.04	298.80	79.10	-	34.00	550.94
Apr 13	Edmonton, AB	Meeting with Covenant Health	-	-	-	-	25.19	25.19
May 15-16	Calgary, AB	To Calgary for OIPC office meetings	134.67	140.56	39.57	-	17.00	331.80
Total			\$ 273.71	\$ 439.36	\$ 118.67	\$ -	\$ 95.23	\$ 926.97

¹Transportation includes: airfare, mileage, rental vehicle, Red Arrow

²Where receipts are not provided, per diem rates are claimed.

³"Other" includes conference fee, taxis, parking, telephone long distance and daily incidental per diem allowance.

Hospitality/Working Session Expenses

Date Expenses Incurred	Description/Rationale	Hospitality	Working Session	Total
Total		\$ -	\$ -	\$ -
Total Expenses				\$ 926.97

N/Y

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD *****
CARD TYPE MASTERCARD
DATE 2017/04/03
TIME 4864 11:19:54
INVOICE # 794369
RECEIPT NUMBER
C85052778-001-001-814-0

PURCHASE
TOTAL

\$10.00

MasterCard
A0000000041010
4C8AED6515CC8CBA
0000008000-E800
F716E5B8B331FBCB

*Meeting with
Alberta Health*

APPROVED *[Signature]*
AUTH# 131955 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 108483070

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD *****
CARD TYPE MASTERCARD
DATE 2017/04/03
TIME 9132 09:43:20
INVOICE # 426151
RECEIPT NUMBER
C85050149-001-001-114-0

PURCHASE
TOTAL

\$10.00

MasterCard
A0000000041010
78D8A9B62C166973
0000008000-E800
DDEA84EE2471FCE0

*Meeting with
Alberta Health*

APPROVED *[Signature]*
AUTH# 114321 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 108483070

10.00 Expense
.48 Less GST
9.52

10.00 Expense
.48 Less GST
9.52
\$19.04

new year .

Audrey Palmer

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: March-20-17 1:26 PM
To: Audrey Palmer
Subject: Invoice

#139.04

INVOICE

[]

2017-03-20

OFFICE OF INFORMATION & PRIVACY (106908)
410, 9925 - 109th STREET
EDMONTON, AB T5K 2J8
Attn: AUDREY PARKER

You can reach us at:

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1644035	2017-03-20				2017-04-05	2017-04-09	-	Website User

Travellers:

Brower/LeRoy

PRODUCT DESCRIPTION	DURATION	OGGUPANCY	QTY	PRICE/UNIT	BILLED
ECEXP 06:00 Assigned to: 03A Departs Edmonton (EDMTO / ETO 10014 104 St) at 06:00 on 2017-04-05. Arrives Calgary (CALTO / CTO 205 9 Ave SE) at 09:20 on 2017-04-05. (3 hrs 20 mins)	3 hrs 20 mins	Corporate 1	1	\$ 69.52	\$ 69.52
CALEDM 10:00 YYC Assigned to: 03A Departs Calgary (CALTO / CTO 205 9 Ave SE) at 10:00 on 2017-04-09. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 14:05 on 2017-04-09. (4 hrs 5	4 hrs 5 mins	Corporate 1	1	\$ 69.52	\$ 69.52

mins)

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2017-03-20	OFFICE OF INFORMATION & PRIVACY (Palmer	MasterCard *****	\$ 139.04

Base Price:	\$ 139.04
Discounts:	\$ 0.00
Service Charges:	\$ 0.00
Invoice Total:	\$ 139.04
Payments Received:	\$ 139.04
Balance Due:	\$ 0.00

PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** Corporate Billing Accounts - Please pay off your monthly statement & not individual invoices.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication



Nuvo Hotel Suites
 827 12th Ave SW
 Calgary, AB, CA T2R 0J1

Check-in receipt

Name: LeRoy Brower
 Check-in: Wednesday Apr 5, 2017
 Check-out: Friday Apr 7, 2017
 Confirmation #: 13971326
 Invoice number: 35633

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roy*

LeRoy Brower
 null
 CA

Date	Description of services	Cost(CAD)
2017/04/05	Unit 401: Queen Bed Suite - Government Discount Rate	143.65
2017/04/06	Unit 401: Queen Bed Suite - Government Discount Rate	143.65
$ \begin{array}{r} \$ 313.16 \\ 14.36 \\ \hline \$ 298.80 \end{array} $		
Sub-total		287.30
GST		14.36
TL		11.50
Total		313.16
MasterCard: Apr 5, 2017 - XXXX XXXX XXX*		313.16
Amount owing (CAD)		0.00

Please make check payable to: Nuvo Hotel Suites

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. I also agree that I am responsible for any damages to the room, and that the the hotel is 100% non-smoking, with a \$400 charge if caught smoking in the suite (including balcony). The parking access card, if assigned, must also be returned or a \$400 charge will apply. Also in case of public disturbance including noise nuisance, I agree that I am responsible for the charge of up to \$500.

Customer signature: _____

new year

CT 07:57

10.00 EFT 17.04.07

\$10.00

144 8thStSW and from
PACC Conference

Adult Day Pass *AA* 00.00
Valid Today Only

CT 07:43

10.00 EFT 17.04.06

\$10.00

144 8thStSW from PACC
conference

Adult Day Pass *AA* 00.00
Valid Today Only

\$10 Day Pass
10 Day Pass
14 Per diem
\$34.00

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

Terminal 395/66234971
Driver 4592
17/04/13 15:01:14

MASTERCARD

Card : *****

MasterCard

CHIP CARD

A0000000041010
000008000

Ref # 0010017210 C

Auth # 170115

FARE : \$ 23.20
TIP : \$ 3.00

PURCHASE

TOTAL : \$ 26.20

*Meeting with
Covenant Health.*

APPROVED - THANK YOU
(01-027) *[Signature]*

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

*\$26.20 Expans
1.01 Less G:

25.19
=*



Nuvo Hotel Suites
 827 12th Ave SW
 Calgary, AB, CA T2R 0J1

Check-in receipt

Name: LeRoy Brower
 Check-in: Monday May 15, 2017
 Check-out: Tuesday May 16, 2017
 Confirmation #: 14505200
 Invoice number: 36596
 GST#: 790429526RT0001

LeRoy Brower
 null
 CA

Date	Description of services	Cost(CAD)
2017/05/15 2017/05/15	Unit 401: Queen Bed Suite - Government Discount Rate Parking	135.15 10.00
$ \begin{array}{r} \$147.32 \text{ hotel} \\ 6.76 \text{ less GST} \\ \hline 140.56 \checkmark \\ +10.00 \text{ parking} \\ \hline \end{array} $		
Sub-total		145.15
GST		6.76
TL		5.41
Total		157.32
MasterCard: May 15, 2017 - XXXX XXXX XX		157.32
Amount owing (CAD)		0.00

Please make check payable to: Nuvo Hotel Suites

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. I also agree that I am responsible for any damages to the room, and that the hotel is 100% non-smoking, with a \$400 charge if caught smoking in the suite (including balcony). The parking access card, if assigned, must also be returned or a \$400 charge will apply. Also in case of public disturbance including noise nuisance, I agree that I am responsible for the charge of up to \$500.

Customer signature: _____