



ISC: Confidential

**Our file #: 2017-G-0203**

July 26, 2017

Colin Craig  


**Subject: Final Response to FOIP Request**

This is in response to your request for access to information with The City of Calgary, in accordance with the *Freedom of Information and Protection of Privacy Act* (FOIP Act).

Please find enclosed all forty-eight (48) paper records responsive to your request. This office will not provide additional copies of this record.

The enclosed records are released under your access to information request. However, some of the records requested contain information that is excepted from disclosure under the FOIP Act. Where the information excepted from disclosure constitutes only a portion of individual records, the specific section which applies appears on the individual page(s):

Section 17(1) – Disclosure Harmful to Personal Privacy  
Section 25(1)(b) – Disclosure Harmful to Economic and Other Interests of a Public Body [i.e. proprietary interest or right of use]

To help with understanding the enclosed records, the following are the FOIP page numbers pertaining to each Councillor:

|             |                       |
|-------------|-----------------------|
| FOIP 1-15:  | Councillor Carra      |
| FOIP 16-26: | Councillor Farrell    |
| FOIP 27-33: | Councillor Woolley    |
| FOIP 34-36: | Councillor Keating    |
| FOIP 37-48: | Councillor Sutherland |

Section 65 of the FOIP Act provides that an applicant may make a written request to the *Office of Information and Privacy Commissioner* (OIPC) of Alberta to review this decision. You have 60 days from the date of this notice to request a review. A request for review is sent to:

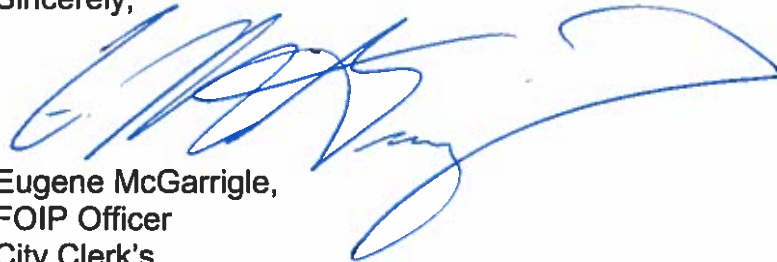
*Office of the Information & Privacy Commissioner  
#410, 9925 – 109 Street  
Edmonton, Alberta T5K 2J8*

The *Request for Review* form is available under the Resources tab on the Commissioner's website [www.oipc.ab.ca](http://www.oipc.ab.ca) or you can call 1-888-878-4044 to request a copy.

Section 67(1) of the FOIP Act requires the OIPC to provide a copy of a request for review to The City of Calgary and other parties who may be affected by the review. Please ensure that the request for review does not contain information that you do not wish to share.

For all future correspondence or inquiries, I may be reached at 403-476-4117 or by email at [eugene.mcgarrigle@calgary.ca](mailto:eugene.mcgarrigle@calgary.ca).

Sincerely,



Eugene McGarrigle,  
FOIP Officer  
City Clerk's  
City of Calgary

2

HMSHOST  
TIM MORTONS B  
CALGARY INTERNATIONAL AIRPORT

7293 Devinder

AK 6127 APR28 15 6:45AM GST

TO GO

|                 |      |
|-----------------|------|
| 1 XL COF BLK XL | 2.00 |
| CREAM           |      |
| CREAM           |      |
| SUGAR           |      |
| 1 BAGEL         | 1.19 |
| CRN CHS         | 0.70 |
| PLAIN           |      |
| TOASTED         |      |
| DEL EVERYTHING  |      |

SUBTOTAL 3.89

TAX 0.19

AMOUNT PAID 4.08

XXXXXXXXXXXX9860

MASTERCARD 4.08

7293 Closed APR28 06:45AM

THANK YOU FOR YOUR BUSINESS!

WE ASK ABOUT YOUR EXPERIENCE

JOHN VAN BESOUW  
JOHN.VANBESOUW@HMSHOST.COM

GST # 137512901

RECEIVED - 2015 APR 28 10:00 AM



①

**MISSING RECEIPT ACKNOWLEDGEMENT**  
Certification of Unavailable Documentation  
4.075 (02/11/07)

- This form must be completed for each City of Calgary transaction that is not supported by a detailed receipt from the merchant.
- If alcohol expenses are included, refer to the Reimbursement of Meals and Hosting Expenses policy for information that must be provided on this form.
- This form must be approved by the employee's Dept ID Owner.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                         |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|-----------------------------------------|
| Employee Name<br><b>GIAN CARLO CARRA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | Employee ID<br><b>s.17(1)</b>                           | Phone Number<br><b>(403) 2685492</b>    |
| Business Unit<br><b>COUNCILLOR'S OFFICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | Card Number (if a CCC transaction)<br><b>s.25(1)(b)</b> |                                         |
| Merchant Name<br><b>AA INFLIGHT IFE MC 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transaction Date<br>yyyy mm dd<br><b>2015 04 28</b> | Transaction Amount<br><b>\$ 9.94</b>                    |                                         |
| Description of purchase<br><b>LOST RECEIPT - AMERICAN AIRLINES - Meal on Flight</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                         |                                         |
| Reason detailed receipt / documentation is not available<br><b>LOST RECEIPT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                         |                                         |
| <b>Missing Receipt Acknowledgement</b> <ul style="list-style-type: none"><li>• The information provided is a complete and accurate description of the details of the purchase.</li><li>• I confirm that all reasonable attempts have been made to obtain a duplicate receipt.</li><li>• All items purchased were for use by The City of Calgary for civic employee duties. No personal purchases were made.</li><li>• Original documentation is not available to me. I have not obtained and will not attempt to obtain reimbursement for the transaction by any other method.</li><li>• I have provided all information required per the <u>Reimbursement of Meals and Hosting Expenses</u> policy for any alcohol expenses included on the missing receipt.</li></ul> |                                                     |                                                         |                                         |
| Employee Signature<br><b>X [Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     | Date<br>yyyy mm dd<br><b>2015 07 02</b>                 |                                         |
| I, the Dept ID Owner, have accepted the employee's explanation of the receipt loss and inability to obtain a detailed receipt. (Note: Employees may not approve their own form.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     |                                                         |                                         |
| Dept ID Owner Signature<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     | Employee ID<br><b>s.17(1)</b>                           | Date<br>yyyy mm dd<br><b>2015 07 14</b> |

This information is required to review and audit purchases made on behalf of The City of Calgary. This information is collected under the Alberta Freedom of Information and Protection Act, section 33(c) and is protected by this Act. If you have any questions regarding collection of information please contact 403-268-2700.

ISC Printed



(10)

# MISSING RECEIPT ACKNOWLEDGEMENT

Certification of Unavailable Documentation

A 205 (01/11/07)

- This form must be completed for each City of Calgary transaction that is not supported by a detailed receipt from the merchant.
- If alcohol expenses are included, refer to the Reimbursement of Meals and Hosting Expenses policy for information that must be provided on this form.
- This form must be approved by the employee's Dept ID Owner.

|                                             |                                                         |                                      |
|---------------------------------------------|---------------------------------------------------------|--------------------------------------|
| Employee Name<br><b>GIAN CARLO CARRA</b>    | Employee ID<br><b>s.17(1)</b>                           | Phone Number<br><b>(403) 2665482</b> |
| Business Unit<br><b>COUNCILLOR'S OFFICE</b> | Card Number (if a CCG transaction)<br><b>s.25(1)(b)</b> |                                      |
| Merchant Name<br><b>DART TICKET VENDING</b> | Transaction Date<br>YYYY MM DD<br><b>2015 05 02</b>     | Transaction Amount<br><b>\$ 6.25</b> |

Description of purchase:

LOST RECEIPT - REAL

Transit Ticket to Airport  
CC

Reason detailed receipt / documentation is not available

LOST RECEIPT

## Missing Receipt Acknowledgement

- The information provided is a complete and accurate description of the details of the purchase.
- I confirm that all reasonable attempts have been made to obtain a duplicate receipt.
- All items purchased were for use by The City of Calgary for civic employee duties. No personal purchases were made.
- Original documentation is not available to me. I have not obtained and will not attempt to obtain reimbursement for the transaction by any other method.
- I have provided all information required per the Reimbursement of Meals and Hosting Expenses policy for any alcohol expenses included on the missing receipt.

|                                                                                                                                                                                  |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Employee Signature<br>                                                                                                                                                           | Date<br>YYYY MM DD<br><b>2015 07 02</b> |
| I, the Dept ID Owner, have accepted the employee's explanation of the receipt loss and inability to obtain a detailed receipt. (Note: Employees may not approve their own form.) |                                         |
| Dept ID Owner Signature<br>                                                                                                                                                      | Dept ID<br><b>s.17(1)</b>               |

This information is required to review and audit purchases made on behalf of The City of Calgary. The information is collected under the Alberta Freedom of Information and Protection Act, section 33(c) and is protected by this Act. If you have any questions regarding collection of information please contact 403-268-2709.

CC Form 004

2  
HNSHOST  
TJM MORTONS B  
CALGARY INTERNATIONAL AIRPORT

7293 Devinder

AK 6127 APR28 15 6:45AM GST

TO GO

|                 |      |
|-----------------|------|
| 1 XL COF BLK XL | 2.00 |
| CREAM           |      |
| CREAM           |      |
| SUGAR           |      |
| 1 BAGEL         | 1.19 |
| CRM CHS         | 0.70 |
| PLAIN           |      |
| TOASTED         |      |
| BGL EVERYTHING  |      |

SUBTOTAL 3.89

TAX 0.19

AMOUNT PAID 4.08

XXXXXXXXXXXX9860

MASTERCARD 4.08

7293 Closed APR28 06:46AM

THANK YOU FOR YOUR BUSINESS!

CALL US ABOUT YOUR EXPERIENCE

JOHN VAN BESOUW  
JOHN.VANBESOUW@HNSHOST.COM

GST # 137512901

137512901

|                                                                                                                                        |                                                                                                                                       |                                                                                   |            |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|
| <br>419581                                            |                                                      |  | KATIE HOPE |
|                                                                                                                                        | THE POST<br>All-Access Pass, Regular<br>CA\$549.68                                                                                    |                                                                                   |            |
|                                                                                                                                        |  October 24, 2016 07:30AM - October 26, 2016 12:30PM |                                                                                   |            |
|                                                                                                                                        |  The Hyatt Regency, Calgary                          |                                                                                   |            |
|  700 Centre Street South, Calgary, AB T2G 5P6, Canada |                                                                                                                                       |                                                                                   |            |

www.calgary.ca

|                                                                                             |                                                                                                                                                                                                                                                       |             |  |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| <br>419563 |                                                                                     | Eric Peters |  |
|                                                                                             | THE POST<br>All-Access Pass Regular<br>CA\$549.68                                                                                                                                                                                                     |             |  |
|                                                                                             |  October 24, 2016 07:30AM - October 26, 2016 12:30PM                                                                                                                 |             |  |
|                                                                                             |  The Hyatt Regency Calgary<br> 700 Centre Street South, Calgary, AB T2G 5P6, Canada |             |  |

UNRECORDED

www.Calgary.ca

|                                                                                             |                                                                                   |                                                                                   |            |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|
| <br>419581 |  |  | KATIE HOPE |
|                                                                                             | THE POST                                                                          |                                                                                   |            |
|                                                                                             | All Access Pass Regular                                                           |                                                                                   |            |
|                                                                                             | CA\$549.68                                                                        |                                                                                   |            |
|                                                                                             |  | October 24, 2016 07:30AM - October 26, 2016 12:30PM                               |            |
|                                                                                             |  | The Hyatt Regency Calgary                                                         |            |
|                                                                                             |  | 700 Centre Street South, Calgary, AB T2G 5P6, Canada                              |            |

www.calgary.ca

PERSONAL DEVELOPMENT -  
COMMUNICATIONS CONFERENCE

Executive Assistant - Ward 9

From: Executive Assistant - Ward 9  
Sent: Wednesday, October 19, 2016 2:59 PM  
To: Eric Peters  
Subject: FW: Registration Confirmation to THE POST  
Attachments: Ticket #419563.pdf

Eric Peters  
Community and Communications Liaison  
Councillor Gian-Carlo Carra, Ward 9

From: Communications Liaison - Ward 9  
Sent: Wednesday, October 19, 2016 2:58 PM  
To: Executive Assistant - Ward 9  
Subject: FW: Registration Confirmation to THE POST

From: THE POST ([no-reply@buzzabo.com](mailto:no-reply@buzzabo.com))  
Sent: Wednesday, October 19, 2016 2:32 PM  
To: Communications Liaison - Ward 9  
Subject: Registration Confirmation to THE POST

THE POST



*Hello Eric Peters,*

Your registration to THE POST was successfully completed.

Thank you for your purchase and for your very awesome decision to take part in The Post 2016.

Stay tuned for additional updates and info in the coming weeks, and in the meantime, we welcome you to connect with The Post Community and find us online @thepostforum on Facebook.

Instagram and Twitter

We can hardly wait to see you at The Post!

To maximize your conference experience, we invite you to join our event networking community and download our event app for iPhone or Android! It's available from your computer, tablet and smartphone.

Network with fellow attendees, browse the agenda, participate in polls and follow the social buzz.

### *View Who's Attending*



Jason Coxson  
The Calgary Stampede



Mike Caruso  
Fotobuh



Amanda Schewaga  
The Marketing Girl



Mitch Joel  
Minum

[View The Community](#)

### *About the Event*

October 24, 2016 07:30AM - October 26, 2016 12:30PM

700 Centre Street South, Calgary, AB T2G 5P6, Canada

Add to Calendar [Google](#) [iCal](#) [Outlook](#) [Yahoo](#)

### *Your Registration Details*

Order #217607

Jackets cost was \$58.00 each. The office paid for 1/2 of the jackets. (\$29.00)  
The ward offices were responsible for the other 1/2 plus any extra embroidery.

Ward 9

④ Cost to embroider names on sleeve: \$5.50 ea  
Katie Hope, TEAM WARD 9 embroidered on right sleeve \$5.50  
Gian-Carlo Carra, TEAM WARD 9 embroidered on right sleeve \$5.50  
Eric Peters, TEAM WARD 9 embroidered on right sleeve \$5.50  
Shelaine Chapple, TEAM WARD 9 embroidered on right sleeve \$5.50  
(3) Gian-Carlo Carra (3 jackets) TEAM WARD 9 on left chest \$15.00  
\$138.00 W9 Charge to 116. office  
\$109.00 - personal

**ACTION WEST MARKETING**

317, 918 - 16 Avenue N.W.  
Calgary, Alberta  
T2M 0K3  
Phone: 403-256-8506  
Fax: 403-201-6181  
GST No. 135286581  
Vendor No. 731019

OK to pay as below

Jan Cost  
A03 s.17(1)

DATE:

INVOICE  
1219

**Bill To:**

Mike Hinds  
The City of Calgary  
Office of the Councilors  
700 Macleod Trail SE  
Calgary, Alberta  
T2G 2M3

**Ship To:**

City, DI 11366, Fax 77420

① City full amt. (\$3728.40) Reimbursement to this acct for this charge as follows:  
a) Half of \$58.00 (29.00) from each CTR. or Asst from their own account.  
b) Full cost of any jackets for non-employees of the OC by cheque payable to the City of Calgary  
c) Reimbursement of Additional charges from the account used account.

| QTY | ITEM                                      | DESCRIPTION                                                                                                             | UNIT PRICE | TOTAL      |
|-----|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 59  | Coal Harbour<br>Jackets<br>L7604<br>J7604 | JACKETS<br>Men's and Ladies Jackets<br>Assorted Sizes S-4XL<br>Embroidered Logo: City Crest<br>Office of the Councilors | \$58.00    | \$3,422.00 |

(b)

Calgary Flames Hockey Club  
555 Saddledome Rise  
Calgary, Alberta T2G 2W1  
(403) 777-4646

Account Information for s.25(1)(b)

BN GST # 13880 3002 ITT

Glan-Cano Carra  
Box 2100, Stn. M, 8001A  
Calgary, AB T2P 2M5

Amount: \$819.75

Card Type: Mastercard  
CC Number: x3076  
Expiration Date: \*\*/\*  
Payment Date: 17/03/2016 1:57 PM  
Approval Code: 155748

Cardholder signature \_\_\_\_\_

Copy # 2

Additional  
tickets purchased  
for Saddledome  
Feln Suite.

(115.00 per ticket)

144

Si 碎

--- (no show)

City of Calgary FOIP 00012

# Hockey Game RSVP

Response from Reminder Email

|                |     |                    |     |                  |
|----------------|-----|--------------------|-----|------------------|
| WHMV           | YES | Christine Johns    | Yes |                  |
| Acadia         | YES | Colleen Geib       | Yes |                  |
| Inglewood      | YES | Sarah Poldas       | Yes |                  |
| Erlton         | YES | Natalya Nicholson  | Yes |                  |
| Renfrew        | YES |                    |     | s.17(1) & (4)(g) |
| Ramsay         | YES | John Holt          |     |                  |
| Bridgeland     | YES | Matthew Littlejohn | Yes |                  |
| Dover          | YES | Maurice Espey      |     |                  |
| Tuxedo Park    | YES | Chrystina Lusney   | Yes |                  |
| Fairview       | YES | Dave Eisenbart     | Yes |                  |
| Rideau-Roxboro | YES | Lee Prevost        | Yes |                  |
| Ogden          | YES | Ray Jasper         | Yes |                  |
| Riverbend      | YES | Doug Ratke         |     |                  |
| Parkhill       | YES | Haig Allamehdjian  |     | s.17(1)          |
|                | YES | Eric               |     |                  |
|                | YES | Katie              |     |                  |
|                | YES | Gian-Carlo         |     |                  |
|                | YES | Barb               |     |                  |
| Forest Lawn    |     | Mike Shymka        | Yes | s.17(1)          |

\*We have 19 tickets in total with 18 Confirmations.

GC to reimburse to Cindy!

--- CUSTOMER SUMMARY ---

DATE : 2016/03/18 11:45:15 VS CASH

SUPPLR : CITY OF CALGARY WARD 9 (RENT)

ITEM : 41-46

SURF : 2016/03/18

UNITID : 9 MAR 2016 21:58

Q TOTAL : \$175.68

|               |         |
|---------------|---------|
| Shocking Fee  | \$43.00 |
| Goose IPA 6pk | \$55.00 |
| Stella 6 pk   | \$45.00 |

D TOTAL : \$174.26

|               |                 |           |
|---------------|-----------------|-----------|
| Goose IPA 6pk | 7.00 @ \$7.17   | \$110.00  |
| Shocking Fee  | 1.00 @ \$1.00   | \$129.00  |
| Goose IPA     | -4.00 @ \$4.17  | (\$16.68) |
| Shocking Fee  | -10.00 @ \$7.17 | (\$71.70) |
| Stella Can    | -1.00 @ \$7.17  | \$7.17    |

VS TOT : \$174.17

T CHRG : \$45.75

VS : \$128.42

GST @ 013R: 61% 5%

TOTAL : \$125.94

QSTID 0132800007

SERVICE CHARGE INCLUDED IN TOTAL

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

Saddle Creek  
GST#R130803002

\*\* COPY ONLY \*\*

CUSTOMER COPY

1145 City of Cal

Microphone

|               |         |
|---------------|---------|
| *41-46        | \$0.00  |
| Shocking Fee  | \$43.00 |
| Goose IPA 6pk | \$55.00 |
| Stella 6 pk   | \$45.00 |

|                  |           |
|------------------|-----------|
| Goose IPA 6pk    | \$55.00   |
| Shocking Fee     | \$43.00   |
| Goose IPA 6pk    | \$55.00   |
| Shocking Fee     | \$43.00   |
| Shocking Fee     | \$43.00   |
| -Goose IPA       | (\$16.68) |
| 4 @ \$4.17       |           |
| Shocking Fee     | (\$71.70) |
| 10 @ \$7.17      |           |
| -Stella Can      | (\$7.17)  |
| CS: R 0132800007 | \$15.98   |

Card Number: XXXXXXXXXX0001

Expiry: 12/13 - 12/14

Auth: 215904-5118208421

|             |          |
|-------------|----------|
| Total       | \$326.94 |
| Credit Card | \$326.94 |
| Subtotal    | \$0.00   |

01:54:02  
16-2016 9:58PM

Card holder agrees to pay according



THE CITY OF  
**CALGARY**

**OFFICIAL RECEIPT**  
R 00 (PCB 12-07)

245389

|                                                                                                                       |           |                                      |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|--------------------------------------------------------------------|
| RECEIVED FROM<br><b>G.C. Carra</b>                                                                                    |           | RECEIVED<br>DATE<br><b>2016.4.27</b> | AMOUNT RECEIVED<br>(Sum of each payment received)<br><b>326.94</b> |
| CONTACT NAME<br><b>Cindy Aldous</b>                                                                                   |           | PHONE<br><b>403 260-5492</b>         |                                                                    |
| BUSINESS UNIT<br><b>City Office</b>                                                                                   |           |                                      |                                                                    |
| REFERENCE<br><b>Reimbursement of personal charges on CCL for Flames Suite</b>                                         |           |                                      |                                                                    |
| THE CITY OF CALGARY S.T. REGISTRATION # T10487000                                                                     |           |                                      |                                                                    |
| CL BUS UNIT                                                                                                           | ACCOUNT   | FUND                                 | DEPT ID                                                            |
| LINE 1<br><b>City C 6271020</b>                                                                                       |           |                                      | <b>1113155</b>                                                     |
| LINE 2                                                                                                                |           |                                      |                                                                    |
| ACTIVITY                                                                                                              | REFERENCE | \$                                   | AMOUNTS \$                                                         |
| LINE 1                                                                                                                |           |                                      | <b>326.94</b>                                                      |
| LINE 2                                                                                                                |           |                                      |                                                                    |
| DISTRIBUTION: White - Original    Canary - Send to Cashiers    Pink - Business Unit (Stays in hole)    GC - Processed |           |                                      |                                                                    |

City of Calgary  
City Hall Corporate Cashiers

MISC REC  
66 10 326.94 326.94  
RECEIPT NO : 00000245389

TOTAL 326.94  
PAID CHEQUE 326.94

Please retain this copy as your  
RECORD OF PAYMENT  
Duplicate receipts will not be issued



THE CITY OF  
CALGARY

# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|      |      | 12 | 9  |

| ITEM # | QUANTITY | DESCRIPTION             | UNIT PRICE | TOTAL |
|--------|----------|-------------------------|------------|-------|
| 31     | 2        | Roadside Assistance Kit | 37.00      | 74.00 |
| 9      | 2        | Highland Stick Umbrella | 30.00      | 60.00 |
| 46     | 3        | Plier Tool              | 13.00      | 39.00 |
|        |          |                         |            |       |
|        |          |                         |            |       |
|        |          |                         |            |       |

Col down item/word inventory

TOTAL OWING 173.00

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

DISTRIBUTION: White - Corporate Gift Room      Canary - Requester

ISC Protected



THE CITY OF  
CALGARY

# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|------|------|----|----|

| ITEM #      | QUANTITY | DESCRIPTION        | UNIT PRICE | TOTAL  |
|-------------|----------|--------------------|------------|--------|
| 21          |          | Tartan Scarf       | 26.00      | 156.00 |
| 23          |          | Pinnia Blanket     | 19.00      | 95.00  |
| 45          |          | Scotch Glasses     | 32.00      | 64.00  |
| 115         |          | White Wine Glasses | 19.00      | 57.00  |
| 134         |          | Ceramic Coffee Mug | 9.00       | 54.00  |
| 77          |          | Wine Gift Box      | 50.00      | 100.00 |
| TOTAL OWING |          |                    |            | 526.00 |

Col logo items/ward inventory

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

DISTRIBUTION: White - Corporate Gift Room

Canary - Requester

ISC Protected

related that you be your own boss.



# KNIFEWEAR Knifewear Inc.

1005 1316 9th Avenue SE  
Calgary, AB T2C 0B3

CALL 1-506-67

15 53 04 12/15/2015

Customer: Dale Coulter

|                          |                 |
|--------------------------|-----------------|
| MAY180CY Molokai Full    | \$195.00        |
| Guard 180mm              |                 |
| KN2000CU Knifewear Blade | \$10.00         |
| Guard 200mm              |                 |
| <b>Subtotal</b>          | <b>\$205.00</b> |
| <b>GST</b>               | <b>\$10.25</b>  |
| <b>Total</b>             | <b>\$215.25</b> |
| Payment                  | \$115.00        |
| Balance                  | \$100.25        |

Mastercard 12/15/2015 \$215.25

Station Inglewood  
Terrance Cockburn

403-514-0577  
1-888-664-6168  
sales@knifewear.com  
www.knifewear.com  
GST 80063 6466 R10101

## Knifewear Inc. Return Policy

For any reason you are not satisfied, simply return your purchase with your receipt for an exchange or refund within 14 days. Credit cards are non-refundable, non-replaceable and have no bill value. Refunds are only given in the original form of payment. All returned products must be unused and in their original condition. This includes all accessories, packaging, instructions, etc. Please note for hygiene reasons we cannot accept returns of straight razors or safety razors.

## Knifewear Inc. Politique de Retour

Pour quelque raison que ce soit vous n'êtes pas satisfait, vous pouvez retourner votre achat avec votre reçu, pour un échange ou un remboursement dans les 14 jours suivant l'achat. Les cartes-creances sont non-remboursables, non remplaçables, et n'ont aucune valeur en espèces. Le remboursement se fait à l'aide de la méthode originale d'achat. Tous les produits retournés doivent être inutilisés et dans leur emballage original. Cela comprend tous les accessoires, l'emballage, les manuels, etc.

Date

10051316 9th Ave SE  
Calgary, AB T2C 0B3

15 53 04 12/15/2015

## Purchase

Customer

610210

Calgary, Alberta

Total: \$ - 215.25

12/15/15

15-52-33

Seq #: 001-386047-0

Appr Code: 175235

msl: 01/17

Barcode  
Barcode-1000  
3 4 0 0 1 5 0 0 0 0 0 0  
0 1 0 0 0 0 0 0  
3 33  
4 21 30 15 15 15 15 15

## APPROVED

Thank You

Verified By Pin

Barcode Code

Barcode

Please Use Code for new orders

Paul

Mountain Equipment Co-op Calgary  
830 10th Avenue, SW, Calgary, Alberta  
T2N 0A9 Telephone 403-269-2420

Date 15/12/2015 Time 10:11 AM

Transaction Number 1000207513712203  
Store 2 Register 7  
Cashier 0791

SALE  
Product ID Total  
100 00

Gift Card Activation  
\*\*\*\*\*0039  
Auth Code: s.25(1)...

100 00

Gift Card Activation  
\*\*\*\*\*5417  
Auth Code: s.25(1)...

Subtotal 200 00

Total 200 00

MasterCard  
PURCHASE 200 00

Card Type MasterCard  
Amount \$200 00

Card # \*\*\*\*\*2961  
Date/Time 15 Dec 2015 10:16:29  
Reference # 662256470310015720 C  
Auth # 121630  
Response Code 027  
MasterCard  
A0C00000041010  
00000000000000

01 APPROVED-THANK YOU 027

IMPORTANT  
retain this copy for your records  
\*\*\* CUSTOMER COPY \*\*\*

# RESTORATION HARDWARE

100-Anderson Rd SE  
Calgary, AB T2J3V1  
Phone: (403) 271-2122

## SLE

Salesperson Kelson no 60748

431051870003 41 01  
SIGNATURE DIFFUSER ITEM

Subtotal 941.00  
GST 5.05 2.05  
Total 943.05  
Master Card 943.05  
Card No XXXXXXXXX9886 (S)  
Auth No 152956

Please Retain for Your Records

Store 0504 Reg 03 Tran 000278  
Date 10/23/15 Time: 14:30 Assoc 060748

Items Sold 4  
Items Returned 0

Thank you for shopping at  
Restoration Hardware

Visit us at  
www.restorationhardware.com



RESTORATION  
HARDWARE/CALGARY  
100 ANDERSON RD, S.E  
CALGARY AB

CARD \*\*\*\*\*9886  
CARD TYPE MASTERCARD  
DATE 2015/10/23  
TIME 17:00 14:29:30  
RECEIPT NUMBER  
304003027-001-015-012-0

PURCHASE  
TOTAL

\$43.05

## APPROVED

AUTH# 162988 01-027  
THANK YOU

CARDHOLDER WILL PAY  
CARD ISSUER ABOVE AMOUNT  
PURSUANT TO CARDHOLDER  
AGREEMENT

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

CUSTOMER SUMMARY  
 DATE: 2015/12/10 FLAMES VS BUFFALO  
 FROM: CITY OF CALGARY (CHESTS)  
 TO: 4146  
 REF: 93405  
 DATED: 10 DEC 2015 22:10

TOTAL: \$319.41

|                 |         |
|-----------------|---------|
| Vegetables      |         |
| 12 @ \$5.00     | \$60.00 |
| Vietnamese Saus | \$74.00 |
| Nacho Chips     | \$42.00 |
| Popcorn         | \$15.00 |
| Bin 65 Chard    | \$33.00 |
| Concha Queso    | \$16.00 |

TOTAL: \$248.00

|                 |         |
|-----------------|---------|
| Concha Diablo   |         |
| 2 @ \$35.00     | \$70.00 |
| Keith Pale Beer | \$43.00 |
| Bud             |         |
| 5 @ \$6.80      | \$34.15 |
| Bud Light       |         |
| 6 @ \$6.80      | \$40.98 |
| Orange Juice    |         |
| 2 @ \$3.00      | \$6.00  |
| Juice, Clemente | \$3.00  |
| Sauces          | \$2.00  |

TAX: \$46.15  
 DUES: \$78.53  
 GST: \$27.03

TOTAL: \$567.52

CST: 813803002

SERVICE CHARGE INCLUDED IN TOTAL

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

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

TAX: \_\_\_\_\_

Saddi/Econe  
 813803002

\*\* COPY ONLY \*\*

CUSTOMER COPY

145 City of Cal  
 4146

\$0.00

|                 |         |
|-----------------|---------|
| Vegetables      |         |
| 12 @ \$5.00     | \$60.00 |
| Vietnamese Saus | \$74.00 |
| Nacho Chips     | \$42.00 |
| Popcorn         | \$15.00 |
| Bin 65 Chard    | \$33.00 |
| Concha Queso    | \$16.00 |

|                 |         |
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| Bud             | \$34.15 |

|              |         |
|--------------|---------|
| 5 @ \$6.80   |         |
| Bud Light    | \$40.98 |
| 6 @ \$6.80   |         |
| Orange Juice | \$6.00  |
| 2 @ \$3.00   |         |

|                 |         |
|-----------------|---------|
| Juice, Clemente |         |
| \$3.00          |         |
| Sauces          | \$2.00  |
| CST: 813803002  | \$27.03 |

TOTAL: \$567.52

Credit Card

Card Number: 0000000000000000

Expire: 12/15

Auth: 030721-11480455

TOTAL: \$567.52

Credit Card

Subtotal: \$0.00

dot 54102

10-2015 10:11PM

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

TAX: \_\_\_\_\_

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

TAX: \_\_\_\_\_

Card holder agrees to pay according to card issuer agreement



## Additional Suite Tickets

FORM 9.2

SUITE NUMBER **4146**  
CONTACT INFORMATION  
CONTACT NAME **Druid Farrell**  
TELEPHONE **403 268 2475** FAX **403 268 3823**  
EMAIL **EAward@calgaryflames.ca**

| EVENT                       | DATE       | NO. OF TICKETS | PRICE PER TICKET<br>(INCLUDES TAXES)                  | TOTAL         |
|-----------------------------|------------|----------------|-------------------------------------------------------|---------------|
| EVENT NAME<br><b>FLAMES</b> | <b>DEC</b> | <b>1</b>       | <b>\$ 146</b> (PLUS \$3.75<br>HANDLING FEE PER ORDER) | <b>103.75</b> |
| EVENT NAME                  |            |                | <b>\$</b> (PLUS \$3.75<br>HANDLING FEE PER ORDER)     |               |
| GRAND TOTAL:                |            |                |                                                       | <b>103.75</b> |

**115 + 3.75**  
**118.75**

### Credit Card Information:

PLEASE CHARGE TO THE FOLLOWING CREDIT CARD

☒ VISA ☐ MC ☐ AMEX

CREDIT CARD #

EXPIRY DATE

SIGNATURE

**10/17**  
**DRUID T FARRELL**

### Delivery / Pickup Information:

A PLEASE PRINT THE NAME OF THE PERSON PICKING UP THE TICKETS UNDER THE NAME OF

**LESLEY BEAL**

B PLEASE CANCEL TO

(A \$10.00 CANCELLATION FEE. SERVICES NOT AVAILABLE LESS THAN ONE FULL WORKING DAY PRIOR TO EVENT)

ADDRESS

Email to Suite Services: [suiteservices@calgaryflames.com](mailto:suiteservices@calgaryflames.com)

Fee to Suite Services: 403-777-2198

**Calgary Flames Hockey Club**  
555 Saddledome Rise  
Calgary, Alberta T2G 2W1  
(403) 777-4646

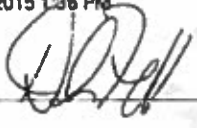
Account information for s.25(1)(b)

BN GST # 13880 3002 RT

Druh Farrell  
P.O. Box 2100, Stn. M  
Calgary, AB T2P 2M5

**Amount: \$118.75**

Card Type: Visa  
CC Number: x8157  
Expiration Date: \*\*/\*\*  
Payment Date: 10/12/2015 1:36 PM  
Approval Code: 094781

Cardholder signature: 

Copy #: 1

FLAMES SUITE  
 Calgary Flames GREENLINE

10/10/15

Net (2000.00) \$30.00  
 A/R 15.00  
 Net (2000.00) \$5.00  
 Net (2000.00) \$5.00

Card Number: XXXXXXXXXX2011  
 Exp. : XXXX XXXXXX01/1  
 Auth. : 775412286/14421

GST Inc & RISEB \$1.50  
 Subtotal \$40.00

Credit Card \$40.00

Change \$0.00

DEC 10-2015 4:37 PM  
 CSTA: 413892002  
 Receipt: 77849 77194  
 User: 06168

Sign:

Card holder agrees to pay according  
 to card issuer's agreement.



Request For Police Record Check (CNIC Search)  
The City of Calgary  
FOR FINANCE & SUPPLY USE ONLY

|                                                                                                                                                                                                                                           |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>Company Information</b>                                                                                                                                                                                                                |                                     |
| Department<br><b>Legislative</b>                                                                                                                                                                                                          | Business Unit<br><b>Off. of CRR</b> |
| OL Bk. Line<br><b>CITYC 399552011353</b>                                                                                                                                                                                                  | Med Code<br><b>8001</b>             |
| Account<br><b>399552011353</b>                                                                                                                                                                                                            | Fund Dept ID<br><b>399552011353</b> |
| Activity<br><b>Assistant</b>                                                                                                                                                                                                              | Reference                           |
| Reason for Request (Screening for): <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other (specify) _____ |                                     |
| I will be working/volunteering with: <input type="checkbox"/> Disabled <input type="checkbox"/> Children/Youth <input type="checkbox"/> Elderly <input type="checkbox"/> Patients <input type="checkbox"/> N/A                            |                                     |

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>Applicant Information</b>    |                                     |
| Signature<br><b>CARLUS</b>      | Given Name<br><b>DAE</b>            |
| Address Apt #<br><b>s.17(1)</b> | Mobile Phone<br><b>780-241-1111</b> |
| City/Town                       |                                     |

|                                                       |             |
|-------------------------------------------------------|-------------|
| <b>Previous address if any within past five years</b> |             |
| Address 1 Apt #<br><b>s.17(1)</b>                     | City/Town   |
| Address 2 Apt #                                       | City/Town   |
| Street                                                | Province    |
| City/Town                                             | Postal Code |

|                                                                    |                            |
|--------------------------------------------------------------------|----------------------------|
| Date of Birth<br><b>2015 03 02</b>                                 | Country of Birth           |
| Sex<br><b>Male</b>                                                 | Female                     |
| Identification (1) Must include photo<br><b>DRIVERS License</b>    | ID (1) #<br><b>s.17(1)</b> |
| Identification (2) Must include current address<br><b>PASSPORT</b> | ID (2) #<br><b>s.17(1)</b> |
| ID Issued by<br><b>Blanger</b>                                     | Date<br><b>2015 03 02</b>  |

**Part A - Request for criminal record search**  
The Applicant hereby irrevocably requests and directs The Company through their agent L-1 Identity Solutions, Investment Services Division (L-1) to conduct a Criminal Name Index Check (CNIC) of the Applicant's name using any local Canadian police department(s) (LPCD) of L-1's choosing for the purpose of confirming whether or not the Applicant has been convicted of a criminal offence and reporting the results of such CNIC to L-1 and to The Company.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Part B - Release</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| The Applicant fully and finally releases and forever discharges L-1 and their respective directors, officers, employees, shareholders, members, representatives and all members and employees of the processing Police Services from and against any and all claims, demands, losses, fees, expenses, liabilities, damages, claims of action, actions, torts, applications, proceedings, judgments and orders of every kind whatsoever arising related to (a) the performance by L-1 under the Police Services of the Criminal Name Index Check, including the disclosure by L-1 to any LPCD(s) of Personal Information, (b) any failure on the part of The Company to properly identify the Applicant, (c) any error, inaccuracy, mistake, defect, and/or omission in any Personal Information under or in any other information received by L-1 from the Applicant under any LPCD(s). |                           |
| Signature of Applicant<br><b>Blanger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date<br><b>2015 03 02</b> |
| This City of Calgary Witness Signature (by authorized Dept ID personnel only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date<br><b>2015 03 02</b> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part C - For completion by local police department</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Search Result<br><input checked="" type="checkbox"/> No Record Found                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fingerprints Required<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| No Record Found<br>Based solely on the name(s) and date of birth provided a search of the National Criminal Records repository maintained by the RCMP did not identify any records for a person with the name(s) and date of birth of the applicant. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. | Fingerprints Required<br>Based solely on the name(s) and date of birth provided a search of the National Criminal Records repository maintained by the RCMP could not be completed. In order to complete the request the applicant is required to have fingerprints submitted to the National Criminal Records Repository by an authorized police service or an accepted private fingerprint company. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. Please acknowledge that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. |
| Police Officer Signature<br><b>Blanger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date<br><b>2015 03 02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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63524

4400 10th Street, 1143  
 10th Street, 1143  
 Calgary, Alberta

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Goodbye Galbraith  
 event  
 B. Cunningham  
 P. Hewer  
 T. Hunt  
 E. Galbraith  
 E. Woolley  
 M. Hunter

SHIP & ANCHOR PUB  
834 17 AVE SW  
CALGARY AB

CARD \*\*\*\*\*1001  
CARD TYPE MASTERCARD  
DATE 2016/08/03  
TIME 03:17:17.30  
SERVER ID 1288  
CHECK # 50823  
TABLE # 85  
RECEIPT NUMBER  
C82028498-001-001-274-A

PURCHASE  
TAX HUNT 180.75  
TIP 110.18  
TOTAL

**\$60.95**

MasterCard  
A-000000041010  
-1-00000004100226  
0000000000000000  
0000000000000000

**APPROVED**

AUTH# 19173 01-027  
THANK YOU

CARDNO. 0000000000000000

IMPORTANT COPY OF THIS CARD

Ship & Anchor Pub  
534 17th Ave SW Calgary AB

Server: Misty Date: 8/3/16  
Table: 15  
Liquor (84.75) 84.75  
Beverages 14.95  
In House (2.00) 2.00  
Taxes (18.95) 18.95  
Total 48.37  
Total 50.75  
Balance Due \$ 50.75

Please Don't Drink and Drive

Have A Nice Day!

PLEASE PAY YOUR SERVER  
GST #11284 8270 7700-1

Goodbye Galbraith  
E. Woulley  
E. Galbraith  
L. Nilson  
T. Hunt  
M. Hunter R. Riblow

4. 11. 2014

Tell us about your visit today  
and enter to win a \$500 giftcard!  
Complete our survey at  
[www.indiafeedback.co](http://www.indiafeedback.co)  
See survey site for contest details.

Goodbye  
E. Calbreath

With our free plus rewards program,  
you could have earned 327 plus points.  
Join today!

0096400308665621

City of Calgary FOIP 00029

# HUDSON'S BAY

*Paula*

Thank you for shopping with us today  
 We hope is  
 HUDSON'S BAY #1138  
 6455 MACLEOD TRAIL #200  
 CALGARY AB

Goodbye gift  
 for E. Galbraith

## SALE

1 FSL (ST BACKPACK 400  
 762146313511 119.00  
 Subtotal 119.00  
 107420296 SA GST 5.95  
 ALBERTA Q1 TAX 00  
 Total 124.95

MASTER CARD 124.95  
 (00 150923)

NO: \*\*\*\*\*3001 EXPIR: \*\*\*  
 A3000000041010 Master Card

PURCHASE  
 AUTHCD 150923 C

LC 001001725  
 MARCH 7 2009 16:50 TID 62009354061  
 701

\*\*\*NO APPROVED-THANK YOU

You could have earned 119 points  
 with an HBC Rewards Card  
 as an Associate now to get your card  
 and to earn your way to savings.



CLAW ID 8292 1138 738 08037016

MS TRNS OPERB SIRS DATE TIME  
 02 738 1894672 1138 08/03/16 01 09P

If I gave you great service today  
 please give me a HIGH FIVE at  
 www.thehudsonexperience.com  
 2928

\*\*\*\*\*  
**PAPYRUS**  
**78 SQUARE CALGARY**  
**517 7th Avenue SW Space 161**  
**Calgary, AB T2P 2T9**  
 \*\*\*\*\*

| Yr | Qty | Item No                      | Price | Total        |
|----|-----|------------------------------|-------|--------------|
|    | 1   | 000692528                    | 18.00 | 18.00        |
|    |     | London Locomot               |       |              |
|    |     | <b>Sub Total/Sum-total</b>   |       | <b>18.00</b> |
|    |     | <b>Total Inv/Total taxes</b> |       | <b>18.40</b> |
|    |     | <b>Total</b>                 |       | <b>18.40</b> |
|    |     | MasterCard                   |       | 18.40        |

Acct#/Canada No \*\*\*\*\*3113  
 Auth#bu d'auth# 121403

GST 5.0000 0.40

\*\*\*\*\*  
 We thank you for choosing PAPYRUS for all  
 your Personalized Gift Message and  
 also Printing Social Expression needs

Items/charges within 60 days of purchase  
 can be returned without receipt  
 - all non-perishable items aren't returned  
 - cashed merchandise returned after 30 days  
 - if the customer is not satisfied  
 \*\*\*\*\*

1/HS1 81140 0029 H10001

For Receipt/Case-# 52158  
 by 655 Sir/Mon 1100  
 of/Case# 01 8/03/16 10:11

\*\*\*\*\*  
 PAPERUS  
 \*\*\*\*\*

*Goodbye  
 Card  
 for  
 E. Gelbrantz*

\*DUPLICATE\*

MANGO SHIVA KITCHEN &  
BAR  
218 8 AVE SW  
CALGARY AB

\*DUPLICATE\*

CARD .....3112  
CARD TYPE MASTERCARD  
DATE 2016/01/14  
TIME 1855 12 49:43  
RECEIPT NUMBER  
C83010000-001-001-767-0

PURCHASE  
AMOUNT 101.00  
TIP 13.00  
TOTAL

\$104.75

MasterCard  
A0000000041010  
C8291000200000EC  
000000000-0000  
0000000011EE7CA3

APPROVED

AUTHID 144044 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

\*DUPLICATE\*

#14

Mango Shiva Restaurant  
218, 8th Avenue SW  
Calgary AB T2P 1B5  
Phone (403) 290-1644  
Business # 1361076C-RT00C2

Date: Jan 14, 2016 Time: 12:47PM  
Server: Dana  
Bill: 0310 Table: 14

|          |       |
|----------|-------|
| 1 Soda   | 2.45  |
| 4 Buffet | 33.80 |

|          |       |
|----------|-------|
| Subtotal | 36.25 |
| GST      | 4.34  |

Total 91.00

|               |       |
|---------------|-------|
| Non-Alcoholic | 2.95  |
| Food          | 83.90 |

Open Time: Jan 14, 2016 12:19PM

HAPPY HOUR 3-5 EVERYDAY

The

*Goodbye Ben* <sup>lunch</sup> Employee Recognition  
- E. Woolley  
- E. Galbraith 32996  
- B. Chorkend  
- M. Hunter

## HUDSON'S BAY

Thank you for shipping with us today  
My name is  
THE DAY 31114  
200 8TH AVE 36  
CALGARY  
ALBERTA  
T2P 1P1N5  
CANADA

**SALE**

1 FSL ES/MSND BAG 400  
762346298519 356 00 0

|                  |          |        |
|------------------|----------|--------|
|                  | Subtotal | 358 00 |
| 102470296 5% GST |          | 17 90  |
| LIBERIA 02 INK   |          | 00     |
| Total            |          | 375 90 |

MASTEN CARD 375 90

NO .....3118 EXPIR ....  
00000000041018 MasterCard  
PURCHASE  
AUTHOR 134000 C  
SEQ 001081291  
MEMO B 20093625 FILE H20093625059  
/00

(00) APPROVED-THANK TCU

You could have earned 35¢ savings  
with an HBO Rewards Card.  
See an Associate now to get your card  
and to earn your way to savings.



TRAN 12 0632 1314 374 21142314

INNO TMSO OPERO SIRA DAIL TIME  
2632 379 1993800 1114 01/14/16 11 40AM

If I gave you great service I do  
please give me a HIGH FIVE or  
www.theshopexperience.com  
or at 1-800-571-7774

Goodbye gift for Ben

Employee Recognition  
30996

# Manage Closed and Cancelled Moves

Select Job Move - Furniture

Hide Job Information

Job Information

Save Request

Submit Request

Job ID 27136 Requestor Name Leah Thistle

Project Type Move - Furniture

Requestor Phone\* (+03) 268-5234

Alternate Contact Name\* Beth Ranger

Alternate Contact Telephone\* (+03) 268-2420

Interior Design Project # 15.00.00.10

Job Title Furniture to Surplus (L Thistle 03/30/15)

Move Coordinator Project ID APRIL MOVES 2015

Preferred Move Date\* 3/30/2015

Project Status Closed

Order Pro

## PACE Code

Master CNYC

Dept ID 11356

Account Code 42030

Fund Code 20

Activity

Reference

## Documents

Document 1 Upload a document

Document 2 Upload a document

Document 3 Upload a document

Document 4 Upload a document

## Furniture Move Information

✓ Add Furniture to Move Clear

From Surplus? No To Surplus? Yes

## Location

From Building Historic City Hall

From Floor 3rd Floor

From Room 3045

From Location CLLR Meeting office

To Building select

To Floor

To Room

To Location

Move Description removal of existing bookcase to surplus for preparation of install of new cabinet

## Furniture to be Moved

Move Order Code Move Description

From Building From Room From Floor From Location From Surplus? To Building To Floor To Room

75033 removal of existing bookcase to surplus for pre... Historic City Hall 03 3049 CLLR Meeting office No

Edit Delete

XLS PDF

FOIP 2017-G-0203 ward 12 remote access calculation  
ward 12 remote access charges:

These are remote access charges for the staff of the ward 12 office.

Each remote access license is charged at a rate of \$25.00 per month.

There are three remote access licenses charged to ward 12, for a total cost of \$75.00 per month.

Over a 12-month period, the cost of the three remote access totals \$900.00 (\$25.00 per month per license x 3 licenses in the ward x 12 months)

Remote Access (3)

\$75.00

\$900.00

| Login      | Service Type | Fund Code | Account | Activity | Reference | Charge  |
|------------|--------------|-----------|---------|----------|-----------|---------|
| s.25(1)(b) | Citrix       | 20        | 41000   |          |           | \$25.00 |
|            | Citrix       | 20        | 41000   |          |           | \$25.00 |
|            | Citrix       | 20        | 41000   |          |           | \$25.00 |



THE CITY OF  
CALGARY

# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |     |    |    |
|------|-----|----|----|
| Date | yyy | mm | dd |
|      |     | 12 | 13 |

| ITEM # | QUANTITY | DESCRIPTION    | UNIT PRICE | TOTAL  |
|--------|----------|----------------|------------|--------|
| 364    | 2        | ColC Gold Pins | 50.00      | 100.00 |
|        |          |                |            |        |
|        |          |                |            |        |
|        |          |                |            |        |
|        |          |                |            |        |
|        |          |                |            |        |

TOTAL OWING 100.00

ColC Logo items/Ward inventory

|                      |             |            |      |                  |          |               |  |
|----------------------|-------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |             | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC       |            | 20   |                  |          |               |  |
| Authorized Signature |             |            |      |                  |          |               |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|      | 11   | 11 | 11 |

| ITEM # | QUANTITY | DESCRIPTION   | UNIT PRICE | TOTAL  |
|--------|----------|---------------|------------|--------|
| 372    | 20       | Pin Set       | 7.00       | 140.00 |
| 41     | 1        | Mini Mag Lite |            | 25.00  |
|        |          |               |            |        |
|        |          |               |            |        |
|        |          |               |            |        |
|        |          |               |            |        |

TOTAL OWING

165.00

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
|                      |              |            |      |                  |          |               |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|------|------|----|----|

| ITEM # | QUANTITY | DESCRIPTION   | UNIT PRICE | TOTAL  |
|--------|----------|---------------|------------|--------|
| 32     | 5        | First Aid kit | 23.00      | 115.00 |
| 41     | 5        | Mini Maglite  | 25.00      | 125.00 |
|        |          |               |            |        |
|        |          |               |            |        |
|        |          |               |            |        |
|        |          |               |            |        |

TOTAL OWING 240.00

*CoC logo items/ward inventory*

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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THE CITY OF  
CALGARY

# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |     |    |    |
|------|-----|----|----|
| Date | yyy | MM | DD |
|------|-----|----|----|

| ITEM # | QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL  |
|--------|----------|-------------|------------|--------|
| 372    | 15       | Pix set     | 7.00       | 105.00 |
|        |          |             |            |        |
|        |          |             |            |        |
|        |          |             |            |        |
|        |          |             |            |        |
|        |          |             |            |        |

TOTAL OWING 105.00

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | YYYY | MM | DD |
|      |      |    |    |

| ITEM # | QUANTITY | DESCRIPTION              | UNIT PRICE | TOTAL  |
|--------|----------|--------------------------|------------|--------|
| 364    | 2        | City of Calgary Gold Pin | 50.00      | 100.00 |
|        |          |                          |            |        |
|        |          |                          |            |        |
|        |          |                          |            |        |
|        |          |                          |            |        |

TOTAL OWING

100.00

*CoC Logos items/Ward inventory*

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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**CALGARY**

## CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|      |      |    |    |

| ITEM # | QUANTITY | DESCRIPTION     | UNIT PRICE | TOTAL |
|--------|----------|-----------------|------------|-------|
| 390    | 10       | Small Gift Bags | 1.00       | 10.00 |
|        |          |                 |            |       |
|        |          |                 |            |       |
|        |          |                 |            |       |
|        |          |                 |            |       |
|        |          |                 |            |       |

TOTAL OWING

10.00

*Col Logistics / Ward inventory*

|                      |              |            |      |         |                  |           |               |  |
|----------------------|--------------|------------|------|---------|------------------|-----------|---------------|--|
| Business Unit        |              | Ordered By |      |         | Telephone Number |           | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID | Activity         | Reference |               |  |
|                      | C I T Y C    |            | 2 0  |         |                  |           |               |  |
| Authorized Signature |              |            |      |         |                  |           |               |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|      |      |    | 15 |

| ITEM # | QUANTITY | DESCRIPTION    | UNIT PRICE | TOTAL  |
|--------|----------|----------------|------------|--------|
| 364    | 3        | Gold City Pico | 50.00      | 150.00 |
|        |          |                |            |        |
|        |          |                |            |        |
|        |          |                |            |        |
|        |          |                |            |        |
|        |          |                |            |        |

TOTAL OWING

150.00

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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## CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|      |      |    | 50 |

| ITEM # | QUANTITY | DESCRIPTION    | UNIT PRICE | TOTAL |
|--------|----------|----------------|------------|-------|
| 360    | 1        | City Crest Pen |            | 50.00 |
|        |          |                |            |       |
|        |          |                |            |       |
|        |          |                |            |       |
|        |          |                |            |       |
|        |          |                |            |       |

TOTAL OWING 50.00

*C.C. Department / Ward inventory*

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |     |    |      |
|------|-----|----|------|
| Date | yyy | mm | dd   |
|      | 12  | 12 | 2011 |

| ITEM # | QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
|--------|----------|-------------|------------|-------|
| 11     | 4        | Golf Balls  | 9.00       | 36.00 |
|        |          |             |            |       |
|        |          |             |            |       |
|        |          |             |            |       |
|        |          |             |            |       |
|        |          |             |            |       |

TOTAL OWING 36.00

Col. for items / Ward inventory

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
|                      |              |            |      | ( )              |          |               |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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X 503 (R2011-02)

|      |     |    |    |
|------|-----|----|----|
| Date | YYY | MM | DD |
|------|-----|----|----|

| ITEM # | QUANTITY | DESCRIPTION    | UNIT PRICE | TOTAL |
|--------|----------|----------------|------------|-------|
| 68     | 1        | Luggage Scale  |            | 30.00 |
| 209    | 1        | Luggage Strap  |            | 3.00  |
| 59     | 1        | Luggage Tag    |            | 13.00 |
| 93     | 1        | Picnic Blanket |            | 20.00 |
| 390    | 1        | Gift Bag       |            | 1.00  |

TOTAL OWING

67.00

*Col Logo items / ward inventory*

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | MM | DD |
|      |      |    |    |

| ITEM # | QUANTITY | DESCRIPTION      | UNIT PRICE | TOTAL  |
|--------|----------|------------------|------------|--------|
| 364    | 3        | City Pens - Gold | 50.00      | 150.00 |
|        |          |                  |            |        |
|        |          |                  |            |        |
|        |          |                  |            |        |
|        |          |                  |            |        |
|        |          |                  |            |        |

TOTAL OWING

150.00

|                      |                 |                 |      |                  |          |                 |  |
|----------------------|-----------------|-----------------|------|------------------|----------|-----------------|--|
| Business Unit        |                 | Ordered By      |      | Telephone Number |          | Location Code   |  |
| CITY OF CALGARY      |                 | CITY OF CALGARY |      | CITY OF CALGARY  |          | CITY OF CALGARY |  |
| DR                   | GL Bus. Unit    | Account         | Fund | Dept ID          | Activity | Reference       |  |
|                      | CITY OF CALGARY |                 | 20   |                  |          |                 |  |
| Authorized Signature |                 |                 |      |                  |          |                 |  |

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# CORPORATE GIFT ROOM ORDER

X 503 (R2011-02)

|      |      |    |    |
|------|------|----|----|
| Date | yyyy | mm | dd |
|      |      | 12 | 13 |

| ITEM # | QUANTITY | DESCRIPTION     | UNIT PRICE | TOTAL  |
|--------|----------|-----------------|------------|--------|
| 360    | 3        | City Crest Pens | 50.00      | 150.00 |
|        |          |                 |            |        |
|        |          |                 |            |        |
|        |          |                 |            |        |
|        |          |                 |            |        |
|        |          |                 |            |        |

TOTAL OWING

150.00

CoC Log items / Ward inventory

|                      |              |            |      |                  |          |               |  |
|----------------------|--------------|------------|------|------------------|----------|---------------|--|
| Business Unit        |              | Ordered By |      | Telephone Number |          | Location Code |  |
| DR                   | GL Bus. Unit | Account    | Fund | Dept ID          | Activity | Reference     |  |
|                      | CITYC        |            | 20   |                  |          |               |  |
| Authorized Signature |              |            |      |                  |          |               |  |

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