March 3, 2016

Dear [redacted]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/020/2016]

On February 3, 2016, the Department of Health and Community Services (the Department) received your request for access to the following records:

“Any and all expense claims and subsequent correspondence (travels, agendas, meals, itinerary, etc.) incurred by the Minister’s office (and staff) for the month of January 2016.”

The Department has reviewed your request in the context of the Access to Information and Protection of Privacy Act (the Act) and Beverley Clarke, Deputy Minister, made a decision and is pleased to inform you that access to these records has been granted, in part. In accordance with your request for a copy of the records, the appropriate copies have been enclosed. Some information has been refused in accordance with the following exceptions to disclosure, as specified in the Act:

- **Section 40 - Disclosure harmful to personal privacy**

As required by 8(2) of the Act, we have severed information that is unable to be disclosed and have provided you with as much information as possible.

Please be advised that you may appeal this decision and ask the Information and Privacy Commissioner to review the decision to provide partial access to the requested information, as set out in section 42 of the Act (a copy of this section of the Act has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner. Your appeal should identify your concerns with the request and why you are submitting the appeal.
The appeal may be addressed to the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John's, NL. A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section of the Act has been enclosed for your reference).

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Office of Public Engagement's website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7007 or by email at angelpower@gov.nl.ca.

Sincerely,

Angela Power
ATIPP Coordinator

/Encl.
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Total: 6,021.21
**Name:** Haggie, Hon Dr John Alastair  
**Expense Date:** 20-Dec-15 to 07-Jan-16  
**Cost Center:** 4000  
**Purpose:** Travel in relation to ministerial/departmental business  
**Report Submit Date:** 13-Jan-16  
**Claim Authorization:** Journey Authorization  
**Fiscal Year:** 2015-16  
**Acct Distribution:** 01-4000-110-5300-0369-000000  

### Receipt-Based Expenses

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**Total** 576.78 69.22 646.00
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Additionally, attach all original itemized receipts showing proof of payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2040.
* For Ministers who are also Members of the House of Assembly (HOA): The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members’ Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TRC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Upon processing, a notification will be sent via email and the claim's status will be updated in ECMS. The Expense Claim will be paid after it has been processed.
* Effective April 1, 2009, the tax amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 1,956.09

Claimant's Signature: ____________________________ Date: ____________

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By: ____________________________ Date: ____________

Supervisor/Divisional Head: ____________________________ Date: ____________

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes  No

Transactional Review and Compliance: ____________________________ Date: ____________
Capital Hotel
208 Kenmount Road
St. John's, NL
A1B 3P2
Telephone: 709-738-4480 Fax: 709-738-4481

John Haggie

Date       Description                     Reference                     Charges   Credits
Jan03      Government Room                 235305                         119.49    
Jan03      Lst                              15.53
Jan03      Tourism Levic Tax               4.78
Jan04      Government Room                 119.49                          15.53
Jan04      Lst                              4.78
Jan04      Tourism Levic Tax               4.78
Jan05      Government Room                 119.49                          4.78
Jan05      Lst                              4.78
Jan05      Tourism Levic Tax               4.78
Jan06      Government Room                 119.49                          4.78
Jan06      Lst                              4.78
Jan06      Tourism Levic Tax               4.78
Jan07      Master Card                     559.20

559.20

Thank You for staying with Steele Hotels. Come again soon!

BOOK YOUR NEXT RESERVATION ONLINE - www.steelehotels.com
Contact us at 1-800-503-1603 or reservations@capitalhotel.ca

Our H.S.T. # is 104 868 930

Charge Summary:
Government Room   477.96
Lst                62.12
Master Card        -559.20
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<td></td>
</tr>
<tr>
<td>Dec 21</td>
<td>Hst</td>
<td></td>
<td>15.40</td>
<td></td>
</tr>
<tr>
<td>Dec 22</td>
<td>Government Room</td>
<td></td>
<td>118.49</td>
<td></td>
</tr>
<tr>
<td>Dec 22</td>
<td>Hst</td>
<td></td>
<td>15.40</td>
<td></td>
</tr>
<tr>
<td>Dec 22</td>
<td>Tourism Levie Tax</td>
<td></td>
<td>4.74</td>
<td></td>
</tr>
<tr>
<td>Dec 25</td>
<td>Visa</td>
<td></td>
<td>118.49</td>
<td>415.89</td>
</tr>
</tbody>
</table>

Thank You for staying with Steele Hotels. Come again soon!

BOOK YOUR NEXT RESERVATION ONLINE - www.steelehotels.com
Contact us at 1-800-503-1603 or reservations@capitalhotel.ca

Our H.S.T. # is 104 868 930

Charge Summary:
- Government Room: 355.47
- Hst: 46.20
- Tourism Levie Tax: 14.22
- Visa: -415.89
**PRIVATE VEHICLE USAGE REPORT**
(to be attached to travel expense claim)

<table>
<thead>
<tr>
<th>Reason for Travel</th>
<th>Details of Travel</th>
<th>Distance Traveled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ministerial / departmental business</strong></td>
<td>mounted to St John’s</td>
<td>336.5 km</td>
</tr>
<tr>
<td>20/15/31 12</td>
<td>St. John’s to Gander</td>
<td>336.5 km</td>
</tr>
<tr>
<td>20/15/31 12</td>
<td>Gander to St. John’s</td>
<td>336.5 km</td>
</tr>
<tr>
<td>20/15/31 12</td>
<td>St. John’s to St. John’s</td>
<td>336.5 km</td>
</tr>
<tr>
<td>20/15/31 12</td>
<td>St. John’s to Gander</td>
<td>336.5 km</td>
</tr>
</tbody>
</table>

**Total Distance Travelled**: 1346 km

Use additional sheets if necessary and carry forward totals - Space below this line to be completed on final sheet only.

Log for employees subject to two-tiered reimbursement - see Instructions.

<table>
<thead>
<tr>
<th>Cumulative Distance Traveled since Jan 1 from Previous Claim</th>
<th>Total Distance Traveled this Claim</th>
<th>Cumulative Distance Traveled since Jan 1 Including this Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1346 km</td>
<td></td>
</tr>
</tbody>
</table>

Claim Amount: Total distance travelled $473$ kilometres $N$ 4.817 c per km $= 324.18$;

Total distance travelled $473$ kilometres $N$ 4.732 c per km $= 391.20$;

**Total**: 615.38

Transfer the amount claimed above to the Private Vehicle column on your TRAVEL EXPENSE CLAIM VOUCHER.

Certified Correct: 

Approved: 

Head of Branch / Division: 

Form 08G 128
**OFFICIAL JOURNEY AUTHORIZATION**

**SECTION 1: CLAIMANT INFORMATION**
- **Employee Name:** Hon. John Haggie
- **Department:** HCS
- **Position Title:** Minister
- **Address:** P.O. Box 8700, St. John's, NL
- **Postal Code:** A1B 4J6

**SECTION 2: TRAVEL DETAILS**
- **From:** St. John's
- **To:** St. John's
- **From Date:** 20 December 2015
- **To Date:** 7 January 2016
- **Purpose of Trip:** Travel in relation to ministerial/departmental business

**PAYMENT METHOD**
- [ ] Personal Credit Card
- [ ] Government Credit Card
- [ ] Travel Order

**MODE OF TRAVEL**
- [ ] Air
- [ ] Personal Vehicle
- [ ] Government Vehicle
- [ ] Rental Car

**THE ESTIMATED TOTAL TRIP COST MUST BE ENCUMBERED REGARDLESS OF IMPREST**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Accounting Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>0000</td>
</tr>
</tbody>
</table>

**EMPLOYEE'S SIGNATURE:**

**DATE:** 13 January 2016

**SECTION 3: CERTIFICATION**

I certify that the above employee is authorized to travel on government business as described and sufficient funds are available.

**DIVISIONAL DIRECTOR / ASSISTANT DEPUTY MINISTER**

**SIGNATURE**

**DATE**

**DEPUTY MINISTER**

**SIGNATURE**

**DATE**

**MINISTER**

**SIGNATURE**

**DATE**

**SECTION 4: TO BE COMPLETED IF A TRAVEL ADVANCE IS REQUIRED**

**SUMMARY OF ALL ANTICIPATED EXPENSES EQUAL TO THE AMOUNT OF THE ADVANCE REQUIRED (TRAVEL ADVANCE ONLY)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxi, limousine, or bus fare to and from departure points:</td>
<td>$</td>
</tr>
<tr>
<td>Transportation cost if travel order is not issued:</td>
<td>$</td>
</tr>
<tr>
<td>Accommodations for _____ nights (hotel/rented):</td>
<td>$</td>
</tr>
<tr>
<td>Meals for _____ days (at approved rates):</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
</tbody>
</table>

**Cash Advance Required:**
- [ ] Yes
- [ ] No

**Total Anticipated Expenses: (Advance Required)**

$ 0.00

**AMOUNT**

| 01 | 0000 | 0000 | 0000 |

**DEPARTMENTAL FINANCE DIVISION USE ONLY:**

**SIGNATURE**

**DATE**

9
Name: Haggie, Hon Dr John Alastair
Expense Date: 19-Jan-16 - 22-Jan-16
Cost Center: 4000
Purpose: To attend F/P/T Health Ministers Meeting - Vancouver
Report Submit Date: 26-Jan-16
Claim Authorization: Journey Authorization
Fiscal Year: 2015-16
Acct Distribution: 01-4000-110-5300-0369-000000

Receipt-Based Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-Jan-16</td>
<td>Airfare</td>
<td>Location From: St John's; Location To: Vancouver; Justification of Ticket: Journey Authorization; Ticket Number: 0141612314470-471; Receipt Date: 07-Jan-16; Airline Carrier: Air Canada; Class of Ticket: Economy Receipt Date: 07-Jan-16</td>
<td>1,068.29</td>
<td>126.19</td>
<td>1,195.48</td>
</tr>
<tr>
<td>19-Jan-16</td>
<td>Travel Agency Fees</td>
<td>01-4000-110-5300-0369-000000 Receipt Date: 07-Jan-16</td>
<td>18.65</td>
<td>2.24</td>
<td>20.89</td>
</tr>
<tr>
<td>19-Jan-16</td>
<td>Accommodations</td>
<td>01-4000-110-5300-0365-000000 Receipt Date: 22-Jan-16</td>
<td>468.96</td>
<td>56.28</td>
<td>525.24</td>
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<td>Total</td>
<td></td>
<td></td>
<td>1,555.90</td>
<td>186.71</td>
<td>1,742.61</td>
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</tbody>
</table>

Per Diem Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Days</th>
<th>Rate</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-Jan-16</td>
<td>Lunch (Canada)</td>
<td></td>
<td>1</td>
<td>16.50</td>
<td>14.73</td>
<td>1.77</td>
<td>16.50</td>
</tr>
<tr>
<td>19-Jan-16</td>
<td>01-4000-110-5300-0364-000000</td>
<td></td>
<td>3</td>
<td>5.00</td>
<td>13.39</td>
<td>1.61</td>
<td>15.00</td>
</tr>
<tr>
<td>19-Jan-16</td>
<td>Incidental Expenses</td>
<td></td>
<td>1</td>
<td>10.00</td>
<td>8.93</td>
<td>1.07</td>
<td>10.00</td>
</tr>
<tr>
<td>22-Jan-16</td>
<td>Breakfast (Canada)</td>
<td></td>
<td>1</td>
<td>11.00</td>
<td>9.82</td>
<td>1.18</td>
<td>11.00</td>
</tr>
<tr>
<td>22-Jan-16</td>
<td>01-4000-110-5300-0364-000000</td>
<td></td>
<td>1</td>
<td>16.50</td>
<td>14.73</td>
<td>1.77</td>
<td>16.50</td>
</tr>
<tr>
<td>22-Jan-16</td>
<td>Lunch (Canada)</td>
<td></td>
<td>1</td>
<td>16.50</td>
<td>14.73</td>
<td>1.77</td>
<td>16.50</td>
</tr>
<tr>
<td>Date</td>
<td>Expense Type</td>
<td>Expense Details</td>
<td>Days</td>
<td>Rate</td>
<td>Net of Tax Amount</td>
<td>Tax Amount</td>
<td>Reimbursable Amount (CAD)</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>--------------------------</td>
<td>------</td>
<td>------</td>
<td>-------------------</td>
<td>------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>22-Jan-16</td>
<td>Dinner (Canada)</td>
<td>1</td>
<td>27.50</td>
<td>24.55</td>
<td>2.95</td>
<td>27.50</td>
<td></td>
</tr>
<tr>
<td>22-Jan-16</td>
<td>01-4000-110-5300-0364-000000</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>86.16</td>
<td>10.34</td>
<td>96.50</td>
</tr>
</tbody>
</table>
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Additionally, attach all original itemized receipts showing proof of payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2.040.
* For Ministers who are also Members of the House of Assembly (HOA): The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members' Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TRC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Upon processing, a notification will be sent via email and the claim’s status will be updated in ECMS. The Expense Claim will be paid after it has been processed.
* Effective April 1, 2009, the tax amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: $1,839.11

Claimant's Signature: __________________________ Date: 12/17/18

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By: __________________________ Date: 1/17/19

Supervisor/Divisional Head: __________________________ Date: 1/17/19

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes ☐ No ☐

Transactional Review and Compliance: __________________________ Date: 1/17/19
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Additional Information</th>
<th>Charges</th>
<th>Credits</th>
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<tr>
<td>01-19-16</td>
<td>Room Charge</td>
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<td>149.00</td>
<td></td>
</tr>
<tr>
<td>01-19-16</td>
<td>Destination Marketing Fee</td>
<td></td>
<td>1.93</td>
<td></td>
</tr>
<tr>
<td>01-19-16</td>
<td>Hotel Room Tax</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>01-19-16</td>
<td>Room GST</td>
<td></td>
<td>7.55</td>
<td></td>
</tr>
<tr>
<td>01-20-16</td>
<td>Notch8</td>
<td>Room# 0302 : CHECK# 3634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-20-16</td>
<td>Room Charge</td>
<td></td>
<td>149.00</td>
<td></td>
</tr>
<tr>
<td>01-20-16</td>
<td>Destination Marketing Fee</td>
<td></td>
<td>1.93</td>
<td></td>
</tr>
<tr>
<td>01-20-16</td>
<td>Hotel Room Tax</td>
<td></td>
<td>16.60</td>
<td></td>
</tr>
<tr>
<td>01-20-16</td>
<td>Room GST</td>
<td></td>
<td>7.55</td>
<td></td>
</tr>
<tr>
<td>01-21-16</td>
<td>Room Charge</td>
<td></td>
<td>149.00</td>
<td></td>
</tr>
<tr>
<td>01-21-16</td>
<td>Destination Marketing Fee</td>
<td></td>
<td>1.93</td>
<td></td>
</tr>
<tr>
<td>01-21-16</td>
<td>Hotel Room Tax</td>
<td></td>
<td>16.60</td>
<td></td>
</tr>
<tr>
<td>01-21-16</td>
<td>Room GST</td>
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<tr>
<td>01-22-16</td>
<td>Mastercard</td>
<td>XXXXXXXXXXXXXXX</td>
<td>545.09</td>
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<table>
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<th></th>
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<th>545.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Due</td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**GST Summary**
- Room: 22.85
- F&B: 0.85
- Other: 0.00
- Total: 23.50

**HST Summary**
- Room: 0.00
- F&B: 0.00
- Other: 0.00
- Total: 0.00

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Michael Pye, General Manager, at Michael.Pye@Fairmont.com.

We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from:
- United States or Canada: 1 800 441 1414

I agree that my liability for the full amount listed here shall be held personally liable in the event that the individual or company of accommodation fails to pay for any part of or in the full amount of the charges. Therefore- 
blanket liability in the event of the hotel and/or that I would have been subject to a $1.00 ( abusive) or $2.00 ( abusive) to my account. (5 participating hotels)

Thank you for choosing to stay with Fairmont Hotels & Resorts
### Trip on Jan 19, 2016

**Traveler:** MR JOHN HAGGIE  
**Agent:** KM

#### Tuesday, January 19, 2016

**Flight Air Canada 667**

**DEPARTURE**  
YYT - St Johns, Newfoundland  
12:45 PM, Jan 19, 2016

**ARRIVAL**  
YYZ - Toronto, Canada  
3:12 PM, Jan 19, 2016

<table>
<thead>
<tr>
<th>Status</th>
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<th>Coach Class - S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>03:57</td>
<td>(Non-stop)</td>
</tr>
<tr>
<td>Equipment</td>
<td>Airbus Industrie 320</td>
<td></td>
</tr>
<tr>
<td>Meal Service</td>
<td>Food For Purchase</td>
<td></td>
</tr>
<tr>
<td>Reserved Seats</td>
<td>14C</td>
<td></td>
</tr>
<tr>
<td>Frequent Flyer</td>
<td>s.40(1)</td>
<td></td>
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</tbody>
</table>

**Notes:** ARRIVES YYZ TERMINAL 1

#### Tuesday, January 19, 2016

**Flight Air Canada 161**

**DEPARTURE**  
YYZ - Toronto, Canada  
4:15 PM, Jan 19, 2016

**ARRIVAL**  
VVR - Vancouver, Canada  
6:32 PM, Jan 19, 2016

<table>
<thead>
<tr>
<th>Status</th>
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<th>Coach Class - S</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Duration</td>
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<td>(Non-stop)</td>
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<td></td>
</tr>
<tr>
<td>Meal Service</td>
<td>Food For Purchase</td>
<td></td>
</tr>
<tr>
<td>Reserved Seats</td>
<td>13C</td>
<td></td>
</tr>
<tr>
<td>Frequent Flyer</td>
<td>s.40(1)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** DEPARTS YVR TERMINAL M ARRIVES YVR TERMINAL M

#### Friday, January 22, 2016

**Flight Air Canada 116**

**DEPARTURE**  
VVR - Vancouver, Canada  
10:00 AM, Jan 22, 2016

**ARRIVAL**  
YYZ - Toronto, Canada  
5:25 PM, Jan 22, 2016

<table>
<thead>
<tr>
<th>Status</th>
<th>Confirmed</th>
<th>Coach Class - K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>04:25</td>
<td>(Non-stop)</td>
</tr>
<tr>
<td>Equipment</td>
<td>Airbus A320</td>
<td></td>
</tr>
<tr>
<td>Meal Service</td>
<td>Food For Purchase</td>
<td></td>
</tr>
<tr>
<td>Reserved Seats</td>
<td>15D</td>
<td></td>
</tr>
<tr>
<td>Frequent Flyer</td>
<td>s.40(1)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** DEPARTS YVR TERMINAL M ARRIVES YYZ TERMINAL 1
Flight Air Canada 620

DEPARTURE: YYZ - Toronto, Canada
6:40 PM, Jan 22, 2016

ARRIVAL: YHZ - Halifax, Nova Scotia Canada
9:47 PM, Jan 22, 2016

Status: Confirmed
Class: Coach Class - K
Duration: 02:07 (Non-stop)
Equipment: Airbus Industrie 320
Meal Service: Food For Purchase
Reserved Seats: 13D
Frequent Flier: DEPARTS YYZ TERMINAL 1

Flight Air Canada 8860

DEPARTURE: YHZ - Halifax, Nova Scotia Canada
10:55 PM, Jan 22, 2016

ARRIVAL: YQX - Gander Municipal
12:46 AM, Jan 23, 2016

Status: Confirmed
Class: Coach Class - K
Duration: 01:21 (Non-stop)
Equipment: Canada Jet
Meal Service: None
Reserved Seats: 2D
Frequent Flier: OPERATED BY AIR CANADA EXPRESS - JAZZ

Flight Air Canada 7786

DEPARTURE: YQX - Gander Municipal
3:35 PM, Jan 24, 2016

ARRIVAL: YYT - St Johns, Newfoundland
4:20 PM, Jan 24, 2016

Status: Confirmed
Class: Coach Class - K
Duration: 00:45 (Non-stop)
Equipment: BEH
Meal Service: None
Reserved Seats: 2B
Frequent Flier: OPERATED BY AIR CANADA EXPRESS - EXPLOITS VALLEY AIR

Form of Payment: CAXXXXXXXXXX

GENERAL INFORMATION
EMERGENCIES/ENROUTE CHANGES AFTER BUSINESS HOURS
1-866-464-4400 TOLL FREE. OUTSIDE NORTH AMERICA CALL
COLLECT 314-513-0807. ADDITIONAL FEES WILL APPLY
YOUR EMERGENCY ID CODE IS G/286T-GOV
RECOMMENDED CHECK-IN FOR DOMESTIC FLIGHTS-MINIMUM 1 HOUR PRIOR
***** ATTENTION E-TICKET TRAVELLERS *****
E-TICKET TRAVELLER WILL BE REQUIRED TO SHOW GOVERNMENT ISSUED PHOTO.
1.D. OR PURCHASING CREDIT CARD
E-TICKETS WILL NOT BE ACCEPTED BY OTHER CARRIERS.
CWT STRONGLY RECOMMENDS THAT YOU PURCHASE EMERGENCY TRAVEL AND MEDICAL
INSURANCE FOR YOUR PROTECTION AGAINST HIGH COSTS OF AN UNEXPECTED TRAVEL OR MEDICAL EMERGENCY DURING YOUR TRIP PLEASE NOTE UNLESS IT IS NOTED OTHERWISE ON THIS ITINERARY YOU DECLINED TRAVEL INSURANCE COVERAGE AND THEREFORE IS NOT INCLUDED WITH YOUR TRAVEL ARRANGEMENTS.

THANK YOU FOR CHOOSING THE SERVICES OF HARVEYS TRAVEL
** PLEASE REVIEW THESE RESERVATIONS THOROUGHLY
** IF A DISCREPANCY EXISTS CALL OUR OFFICE IMMEDIATELY

VIEW WWW.CARLSONWAGONLIT.CA FOR GREAT VACATION IDEAS

BY MAKING THIS RESERVATION WITH CWT YOU ARE ACKNOWLEDGING THE DATA PRIVACY POLICY AN CONSENT TO THE DATA PROTECTION STATEMENT BOTH FOUND AT WWW.CWTCORPORATE.CA/PRIVACY.HTML.

TO WITHDRAW YOUR CONSENT PLEASE CONTACT YOUR CONSULTANT.

Agency Information
Carlson Wagonlit/Harvey's Travel
92 Elizabeth Ave
St. John's, NF
A1A 4W7
Reservations: 877 726-1881
Facsimile: 709-726-0317

Consultant: [Redacted]
Form of Payment - CA***
Fare Total: 1196.48
Service Fee Amount: 20.89
Invoice Total Amount: 1217.37

This above service fee will be applied to your credit card
Note: The above fare quote is not guaranteed until time of ticket issuance.
**Official Journey Authorization**

**Employee Name:** Hon. John Haggie  
**Department:** HCS  
**Position Title:** Minister

**Address:** P.O. Box 8700  
**Postal Code:** A1B 4J6

**From:** St. John’s, NL  
**To:** Vancouver, NL

**From Date:** 19 January 2016  
**To Date:** 22 January 2016

**Purpose of Trip:** To attend F/PIT Health Ministers Meeting in Vancouver

**Payment Method:** Government Credit Card

**Mode of Travel:** Air

**Accounting Distribution:**
- 4000
- 110
- 5300
- 03XX
- 000000
- 0000

**Employee’s Signature:** [Signature]

**Section 22 Certification:**

I certify that the above employee is authorized to travel on government business as described and sufficient funds are available.

**Signature:** [Signature]  
**Date:** 10/10/16

**Section 13 to Be Completed if a Travel Advance is Required:**

**Summary of all anticipated expenses equal to the amount of the advance required (travel advance only):**

- Taxi, Limousine, or Bus fare to and from departure points:
- $_____
- Transportation cost if travel order is not refundable:
- $_____
- Accommodations for _______ nights (hotel/airport):
- $_____
- Meals for _______ days (as approved rates):
- $_____
- Other:
- $_____

**Cash Advance Required:**  
- Yes
- No

**Total Anticipated Expenses:** $2,000.00 (approx.)

<table>
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<th>Amount</th>
<th>Accounting Distribution</th>
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<tbody>
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<td>01</td>
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<td>01</td>
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<tr>
<td>01</td>
<td>0000</td>
</tr>
</tbody>
</table>
**Government of Newfoundland and Labrador**

**Expense Claim: TCMS953282**

<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-Jan-16</td>
<td>Airfare</td>
<td>Location From: St John's, Location To: Moncton; Justification of Ticket: Journey Authorization - This trip was cancelled due weather conditions. Credit will be issued for airfare. Ticket Number: 0141612477158-159; Receipt Date: 11-Jan-16; Airline Carrier: Air Canada; Class of Ticket: Economy</td>
<td>1,033.52</td>
<td>124.02</td>
<td>1,157.54</td>
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<td>12-Jan-16</td>
<td>Travel Agency Fees</td>
<td>Receipt Date: 11-Jan-16</td>
<td>18.65</td>
<td>2.24</td>
<td>20.89</td>
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<td></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,052.17</strong></td>
<td><strong>126.26</strong></td>
<td><strong>1,178.43</strong></td>
</tr>
</tbody>
</table>

**Name:** Haggie, Hon Dr John Alastair  
**Expense Date:** 12-Jan-16 - 12-Jan-16  
**Cost Center:** 4000  
**Purpose:** To attend Atlantic Health Ministers Meeting in Shediac, NB  
**Report Submit Date:** 13-Jan-16  
**Claim Authorization:** Journey Authorization  
**Fiscal Year:** 2015-16  
**Acct Distribution:** 01-4000-110-5300-0369-000000  
**Related Claims:** 

**Time of Departure:** 14:00  
**Time of Return:** 13:30  
**Departure Date:** 12-Jan-16  
**Return Date:** 14-Jan-16  
**Exchange Rate:** 1.157.54  
**Currency:** CAD  
**Reimbursement Amount:** 1,178.43  
**Net of Tax Total:** 1,052.17  
**Tax Total:** 126.26
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Additionally, attach all original itemized receipts showing proof of payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2.040.
* For Ministers who are also Members of the House of Assembly (HOA): The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members' Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TRC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Upon processing, a notification will be sent via email and the claim's status will be updated in ECMS. The Expense Claim will be paid after it has been processed.
* Effective April 1, 2009, the tax amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 1,178.43

Claimant's Signature: ____________________________ Date: ______________

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By: ____________________________ Date: ______________

Supervisor/Divisional Head: ____________________________ Date: ______________

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes No

Transactional Review and Compliance: ____________________________ Date: ______________
Trip on Jan 12, 2016  
Locator: SPWM10  
Date: Jan 11, 2016

Traveler: MR JOHN HAGGIE
Agent: KM

**Tuesday, January 12, 2016**

**Flight Air Canada 8995**

**DEPARTURE**
YYT - St Johns, Newfoundland
2:05 PM, Jan 12, 2016

**ARRIVAL**
YHZ - Halifax, Nova Scotia Canada
3:20 PM, Jan 12, 2016

- Status: Confirmed
- Class: Coach Class - W
- Duration: 01:45 (Non-stop)
- Equipment: CRA
- Meal Service: None
- Reserved Seats: 14C
- Frequent Flier: S.40(1)
- Notes: OPERATED BY AIR CANADA EXPRESS - JAZZ

**Flight Air Canada 7762**

**DEPARTURE**
YHZ - Halifax, Nova Scotia Canada
3:50 PM, Jan 12, 2016

**ARRIVAL**
YQM - MONCTON, YQM
4:33 PM, Jan 12, 2016

- Status: Confirmed
- Class: Coach Class - W
- Duration: 00:43 (Non-stop)
- Equipment: BEH
- Meal Service: None
- Reserved Seats: 4A
- Frequent Flier: S.40(1)
- Notes: OPERATED BY AIR CANADA EXPRESS - EXPLOITS VALLEY AIR

**Car BUDGET RENT A CAR**

**PICK UP**
Jan 12, 2016
MONCTON AIRPORT TERMINAL
MONCTON, YQM

**DROP-OFF**
Jan 14, 2016

- Reserved For: MR JOHN HAGGIE
- Status: Confirmed
- Car Type: Special 2 or 4 door auto
- Rate: CAD 56.49
- Extra Hours: CAD 43.87
Tuesday, January 12, 2016

Hotel HOTEL SHEDIAC

LOCATION
222 Belliveau Street
Shediac CA, NB CA E4P DM2

Reserved For: MR JOHN HAGGIE
Status: Confirmed
Check-In: Jan 12, 2016
Check-Out: Jan 14, 2016
Number of Rooms: 1
Rate: CAD 129.00/night
CANCEL HOTEL RESERVATION BY 6PM DAY OF ARRIVAL TO AVOID ROOM CHARGES. PLEASE OBTAIN CANCELLATION NUMBER GOVERNMENT RATE REQUESTED. PLEASE SHOW ID AT CHECK-IN.

Thursday, January 14, 2016

Flight Air Canada 7761

ARRIVAL
YHZ - Halifax, Nova Scotia Canada
10:22 AM, Jan 14, 2016

Flight Air Canada 8992

DEPARTURE
YHMZ - Moncton, YQM
9:40 AM, Jan 14, 2016

ARRIVAL
VYT - St Johns, Newfoundland
1:27 PM, Jan 14, 2016

Name: HAGGIE/JOHNMR
Invoice / Ticket / Date: 01416124777158 159/11JAN16
Base: CAD 923.00
Tax 1: 133.17 RC
Tax 2: 21.37 CA
Tax 3: 80.00 SO
Total: 1,157.54

Form of Payment: CAXXXXXXXXXX

GENERAL INFORMATION
EMERGENCIES/ENROUTE CHANGES AFTER BUSINESS HOURS
1-866-464-4400 TOLLFREE OUTSIDE NORTH AMERICA CALL COLLECT 314-513-0807. ADDITIONAL FEES WILL APPLY YOUR EMERGENCY ID CODE IS G/2867-GOVT
RECOMMENDED CHECK-IN FOR DOMESTIC FLIGHTS-MINIMUM 1 HOUR PRIOR.
**** ATTENTION E-TICKET TRAVELLERS ****
E-TICKET TRAVELLER WILL BE REQUIRED TO SHOW GOVERNMENT ISSUED PHOTO I.D. OR PURCHASING CREDIT CARD E-TICKETS WILL NOT BE ACCEPTED BY OTHER CARRIERS.
CWT STRONGLY RECOMMENDS THAT YOU PURCHASE EMERGENCY TRAVEL AND MEDICAL INSURANCE FOR YOUR PROTECTION AGAINST HIGH COSTS OF AN UNEXPECTED TRAVEL OR MEDICAL EMERGENCY DURING YOUR TRIP. PLEASE NOTE UNLESS IT IS NOTED OTHERWISE ON THIS ITINERARY YOU DECLINED TRAVEL INSURANCE COVERAGE AND THEREFORE IS NOT INCLUDED WITH YOUR TRAVEL ARRANGEMENTS.

THANK YOU FOR CHOOSING THE SERVICES OF HARVEYS TRAVEL
** PLEASE REVIEW THESE RESERVATIONS THOROUGHLY
** IF A DISCREPANCY EXISTS CALL OUR OFFICE IMMEDIATELY

VIEW WWW.CARLSONWAGONLIT.CA FOR GREAT VACATION IDEAS

BY MAKING THIS RESERVATION WITH CWT YOU ARE ACKNOWLEDGING THE DATA PRIVACY POLICY AN CONSENT TO THE DATA PROTECTION STATEMENT BOTH FOUND AT WWW.CWTCORPORATE.CA/PRIVACY.HTML.

TO WITHDRAW YOUR CONSENT PLEASE CONTACT YOUR CONSULTANT.

Agency Information
Carlson Wagonlit/Harvey's Travel
92 Elizabeth Ave
St John's, NF
A1A 4W7
Reservations: 877 726-1881
Facsimile: 709-726-0317

Consultant: [Redacted]
Form of Payment - CA***
Fare Total: $40.19
Service Fee Amount: 20.89
Invoice Total Amount: $171.43

Note: The above fare quoted is not guaranteed until time of ticket issuance.
**OFFICIAL JOURNEY AUTHORIZATION**

**FISCAL YEAR:** 2015-16

**JA NUMBER:** JA-00392

**SECTION 4: TRAVEL INFORMATION**

**NAME:** Hon. John Haggie

**ADDRESS:** P.O. Box 8700

St. John's, NL

**POSTAL CODE:** A1B 4J6

**DEPARTMENT:** HCS

**POSITION TITLE:** Minister

**SUPPLIER NUMBER:**

**FROM:** St. John's, NL

**TO:** Moncton, NB

**FROM DATE:** 12 January 2016

**TO DATE:** 14 January 2016

**PURPOSE OF TRIP:** To attend Atlantic Health Ministers Meeting in Shaduce, NB

**PAYMENT METHOD:**

- [ ] PERSONAL CREDIT CARD
- [ ] GOVERNMENT CREDIT CARD
- [ ] TRAVEL ORDER

**MODE OF TRAVEL:**

- [ ] AIR
- [ ] RENTAL CAR
- [ ] PERSONAL VEHICLE

**TRAVEL AGENCY AND ORDER NUMBER:**

**THE ESTIMATED TOTAL TRIP COST MUST BE ENCUMBERED REGARDLESS OF IMPREST:**

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<thead>
<tr>
<th>AMOUNT</th>
<th>ACCOUNTING DISTRIBUTION</th>
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</thead>
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<tr>
<td>$</td>
<td>01 4000 110 5300 03XX 000000 0000</td>
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</tbody>
</table>

**EMPLOYEE'S SIGNATURE:**

**DATE:**

**SECTION 5: AUTHORIZATION SIGNATURES**

**DIVISIONAL DIRECTOR / ASSISTANT DEPUTY MINISTER SIGNATURE:**

**DATE:**

**DEPUTY MINISTER SIGNATURE:**

**DATE:**

**MINISTER SIGNATURE:**

**DATE:**

**SECTION 6: ANTICIPATED EXPENSES**

**SUMMARY OF ALL ANTICIPATED EXPENSES EQUAL TO THE AMOUNT OF THE ADVANCE REQUIRED (TRAVEL ADVANCE ONLY):**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
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</thead>
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<tr>
<td>TAXI, LIMOUSINE, OR BUS FARE TO AND FROM DEPARTURE POINTS</td>
<td>$</td>
</tr>
<tr>
<td>TRANSPORTATION COST IF TRAVEL ORDER IS NOT ISSUED</td>
<td>$</td>
</tr>
<tr>
<td>ACCOMMODATIONS FOR _______ NIGHTS (ESTIMATED)</td>
<td>$</td>
</tr>
<tr>
<td>MEALS FOR _______ DAYS (AT APPROVED RATES)</td>
<td>$</td>
</tr>
<tr>
<td>OTHER</td>
<td>$</td>
</tr>
</tbody>
</table>

**CASH ADVANCE REQUIRED:**

- [ ] YES
- [ ] NO

**TOTAL ANTICIPATED EXPENSES:** $1,800.00

**ACCOUNTING DISTRIBUTION**

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**DEPARTMENTAL FINANCE DIVISION USE ONLY:**

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<tr>
<th>ACCOUNTING DISTRIBUTION</th>
<th>DEPARTMENTAL FINANCE DIVISION USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>SIGNATURE DATE</td>
</tr>
</tbody>
</table>
**Name:** Haggie, Hon Dr John Alastair  
**Expense Date:** 12-Jan-16 - 18-Jan-16  
**Cost Center:** 4000  
**Purpose:** Travel for ministerial/departmental business  
**Report Submit Date:** 01-Feb-16  
**Claim Authorization:** Journey Authorization  
**Fiscal Year:** 2015-16  
**Acct Distribution:** 01-4000-110-5300-0369-000000  
**Related Claims:**  

**Receipt-Based Expenses**

<table>
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<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
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</thead>
<tbody>
<tr>
<td>12-Jan-16</td>
<td>Accommodations</td>
<td>Receipt Date: 15-Jan-16</td>
<td>374.46</td>
<td>44.94</td>
<td>419.40</td>
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<tr>
<td>17-Jan-16</td>
<td>Accommodations</td>
<td>Receipt Date: 19-Jan-16</td>
<td>248.63</td>
<td>29.84</td>
<td>278.46</td>
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**Total** 623.09 74.78 697.86

**Per Diem Expenses**

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<tr>
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<td>Per Diem (NL)</td>
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<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
<td>50.00</td>
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<tr>
<td>12-Jan-16</td>
<td>Per Diem (NL)</td>
<td></td>
<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
<td>50.00</td>
</tr>
<tr>
<td>13-Jan-16</td>
<td>Per Diem (NL)</td>
<td></td>
<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
<td>50.00</td>
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<tr>
<td>14-Jan-16</td>
<td>Per Diem (NL)</td>
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<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
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<tr>
<td>15-Jan-16</td>
<td>Breakfast (NL)</td>
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<td>10.00</td>
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<td>15-Jan-16</td>
<td>Dinner (NL)</td>
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<td>18-Jan-16</td>
<td>Per Diem (NL)</td>
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<td>44.64</td>
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<td>50.00</td>
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**Total** 209.82 25.18 235.00
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<th>Trip Distance</th>
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<tr>
<td>16-Jan-16</td>
<td>Mileage</td>
<td>01-4000-110-5300-0362-000000</td>
<td>336.5 KM</td>
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<td>143.67</td>
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<tr>
<td>17-Jan-16</td>
<td>Mileage</td>
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<td>336.5 KM</td>
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<td>143.67</td>
<td>17.24</td>
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<td>287.34 KM</td>
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<td>34.48</td>
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<td>321.82</td>
</tr>
</tbody>
</table>
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
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Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 1,254.68

Claimant's Signature: [Signature]

Date: 2/2/16

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By:

Supervisor/Divisional Head: [Signature]

Date: 2/2/16

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes ☐ No ☐

Transactional Review and Compliance: [Signature]

Date: 2/2/16
### Capital Hotel
208 Kenmount Road
St. John's, NL
A1B 3P2
Telephone: 709-738-4480 Fax: 709-738-4481

Page # | 1
---|---
Res. # | 235849
Checked in | Sun Jan 10/16 - 4:45pm
Checked out | Fri Jan 15/16 - 7:03am
Nights | 5
Room Rate | 119.49
Room | 405

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference</th>
<th>Charges</th>
<th>Credits</th>
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<tr>
<td>Jan10</td>
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<td></td>
<td>15.53</td>
<td></td>
</tr>
<tr>
<td>Jan10</td>
<td>Tourism Levy Tax</td>
<td></td>
<td>4.78</td>
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<tr>
<td>Jan11</td>
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<td></td>
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<td>Jan11</td>
<td>Hst</td>
<td></td>
<td>15.53</td>
<td></td>
</tr>
<tr>
<td>Jan11</td>
<td>Tourism Levy Tax</td>
<td></td>
<td>4.78</td>
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<tr>
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<td>Jan12</td>
<td>Hst</td>
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<td>Jan12</td>
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<td>adj room rate</td>
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<tr>
<td>Jan13</td>
<td>Hst</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Jan13</td>
<td>Tourism Levy Tax</td>
<td></td>
<td>4.78</td>
<td></td>
</tr>
</tbody>
</table>

0.00 | 699.00 | 699.00 |

Thank You for staying with Steele Hotels. Come again soon!

BOOK YOUR NEXT RESERVATION ONLINE - www.steelehotels.com
Contact us at 1-800-503-1603 or reservations@capitalhotel.ca

Our H.S.T. # is 104 868 930

<table>
<thead>
<tr>
<th>Charge Summary</th>
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<tr>
<td>Hst</td>
<td>77.65</td>
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<tr>
<td>Master Card</td>
<td>-699.00</td>
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<tr>
<td>Tourism Levy Tax</td>
<td>23.90</td>
</tr>
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</table>

Pre-Auth Cmpl: $49.00
John Haggie

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
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<tbody>
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<td>Jan18</td>
<td>Hst</td>
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<td>Jan18</td>
<td>Tourism Levie Tax</td>
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</tr>
<tr>
<td>Jan19</td>
<td>Master Card</td>
<td></td>
<td>278.46</td>
</tr>
</tbody>
</table>

Thank You for staying with Steele Hotels. Come again soon!

BOOK YOUR NEXT RESERVATION ONLINE:  www.steelehots.com
Contact us at 1-800-503-1603 or reservations@capitalhotel.ca

Our H.S.T. # is 104 868 930

Charge Summary:
- Government Room: 238.00
- Hst: 30.94
- Master Card: 278.46
- Tourism Levie Tax: 9.52
### Newfoundland Labrador

**PRIVATE VEHICLE USAGE REPORT**
(to be attached to travel expense claim)

<table>
<thead>
<tr>
<th>Claimant</th>
<th>Department</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Travel**

- Travel to attend departmental business

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Travel</th>
<th>Distance Traveled</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/15</td>
<td>St. John's to Baie Verte</td>
<td>336.50</td>
</tr>
<tr>
<td>01/07/17</td>
<td>Baie Verte to St. John's</td>
<td>221.50</td>
</tr>
</tbody>
</table>

Use additional sheets if necessary and carry forward totals - Space below this line to be completed on final sheet only.

1. Log for employees subject to two-tiered reimbursement - see instructions

#### Cumulative Distance Traveled

<table>
<thead>
<tr>
<th>Since Jan 1 from Previous Claim</th>
<th>1,472.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Distance Traveled this Claim</td>
<td>1,673.60</td>
</tr>
<tr>
<td>Cumulative Distance Traveled since Jan 1 Including this Claim</td>
<td>2,255.40</td>
</tr>
</tbody>
</table>

**Claim Amount:**

- Total distance travelled: 1,673.60 kilometres
- 478.2¢ per km = $301.82

Transfer the amount claimed above to the Private Vehicle column on your TRAVEL EXPENSE CLAIM VOUCHER

Certified Correct: [Signature]

Approved: [Signature]

Date: 27th Jan 2016

Head of Branch or Division: [Signature]

Date: 7th Feb 2016

Form OCG 128
**SECTION 1: CLAIMANT INFORMATION**

- **Employee Name:** Hon. John Haggie
- **Department:** HCS
- **Address:** P.O. Box 8700
- **Position Title:** Minister
- **Postal Code:** A1B 4J6

**TYPE OF IMPREST (if applicable):**
- [ ] Travel Advance
- [ ] Standing Travel Advance

**SEC 2: OFFICIAL JOURNEY AUTHORIZATION**

- **Fiscal Year:** 2015-16
- **JA Number:** JA-00413

**SECTION 2: TRAVEL DETAILS**

**From Date:** 13 January 2016

**To Date:** 19 January 2016

**Travel Details:**
- Travel in relation to ministerial/departmental business

**Purpose of Trip:**

**Payment Method:**
- [ ] Personal Credit Card
- [ ] Government Credit Card
- [ ] Travel Order

**Mode of Travel:**
- [ ] Personal Vehicle
- [ ] RENTAL CAR COMPANY:
- [ ] Other (Specify):

**The Estimated Total Trip Cost Must Be Encumbered Regardless of Imprest:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Accounting Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>01</td>
</tr>
</tbody>
</table>

**Employee's Signature:**

**Date:**

---

**SECTION 3: CERTIFICATION**

I certify that the above employee is authorized to travel on government business as described and sufficient funds are available.

**Divisional Director / Assistant Deputy Minister:**

**Signature:**

**Date:**

**Deputy Minister:**

**Signature:**

**Date:**

**Minister:**

**Signature:**

**Date:**

---

**SECTION 4: TO BE COMPLETED IF A TRAVEL ADVANCE IS REQUIRED**

**Summary of all anticipated expenses equal to the amount of the advance required (Travel Advance Only):**

- **Taxi, Limousine, or Bus fare to and from departure points:** $
- **Transportation Cost (if travel order is not issued):** $
- **Accommodations for ______ Nights (Note: Private):** $
- **Meals for ______ Days (at approved rates):** $
- **Other:** $

**Cash Advance Required:**

- [ ] Yes
- [ ] No

**Total Anticipated Expenses: (Advance Required):** $0.00

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</table>

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**Date:**

---
Government of
Newfoundland and Labrador
Expense Claim: TCMS953300

Name: Haggie, Hon Dr John Alastair
Expense Date: 10-Jan-16 - 11-Jan-16
Cost Center: 4000
Purpose: Travel in relation to ministerial/departmental business
Report Submit Date: 13-Jan-16
Claim Authorization: Journey Authorization
Fiscal Year: 2015-16
Acct Distribution: 01-4000-110-5300-0369-000000
Related Claims:

Receipt-Based Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Jan-16</td>
<td>Accommodations</td>
<td>Receipt Date: 12-Jan-16</td>
<td>249.64</td>
<td>29.96</td>
<td>279.60</td>
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<tr>
<td></td>
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<td></td>
<td>Total</td>
<td>249.64</td>
<td>29.96</td>
<td>279.60</td>
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</table>

Per Diem Expenses

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<tr>
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<th>Expense Details</th>
<th>Days</th>
<th>Rate</th>
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<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
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<tr>
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<td>1</td>
<td>25.00</td>
<td>22.32</td>
<td>2.68</td>
<td>25.00</td>
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<tr>
<td>10-Jan-16</td>
<td>01-4000-110-5300-0364-000000</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-Jan-16</td>
<td>Per Diem (NL)</td>
<td></td>
<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
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<td>11-Jan-16</td>
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<td></td>
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Mileage Expenses

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<tr>
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<th>Expense Details</th>
<th>Trip Distance</th>
<th>Mileage Rate</th>
<th>Net of Tax Amount</th>
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<tbody>
<tr>
<td>10-Jan-16</td>
<td>Mileage</td>
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<td>336.5 KM</td>
<td>4782</td>
<td>143.67</td>
<td>17.24</td>
<td>160.91</td>
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<tr>
<td>10-Jan-16</td>
<td></td>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>160.91</td>
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</table>
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Additionally, attach all original itemized receipts showing proof of payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2.040.
* For Ministers who are also Members of the House of Assembly (HOA): The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members’ Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TRC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Upon processing, a notification will be sent via email and the claim’s status will be updated in ECMS. The Expense Claim will be paid after it has been processed.
* Effective April 1, 2009, the tax amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (If applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: £15.51

Claimant’s Signature:

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By:

Supervisor/Divisional Head:

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes No

Transactional Review and Compliance: Date:
Capital Hotel
208 Kenmount Road
St. John's, NL
A1B 3P2

Page # 1
Res. # 235849
Checked in Sun Jan 10/16 - 4:36pm
Checked out Tue Jan 12/16 - 7:44am
Nights 2
Room Rate 119.49
Room 405

Date Description Reference Charges Credits
Jan10 Government Room 119.49
Jan10 Hst 15.53
Jan10 Tourism Levy Tax 4.78
Jan11 Government Room 119.49
Jan11 Hst 15.53
Jan11 Tourism Levy Tax 4.78
Jan12 Master Card

279.60
0.00

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Contact us at 1-800-503-1603 or reservations@capitalhotel.ca

Our H.S.T. # is 104 868 930

Charge Summary:
Government Room 238.98
Hst 31.06
Master Card -279.60
Tourism Levy Tax 9.56

Pre-Authorization Complete
### PRIVATE VEHICLE USAGE REPORT
(to be attached to travel expense claim)

**Hon. John Hoagie**  
Claimant

**Health and Community Services**  
Department

**Executive**  
Division

**Reason for Travel:**  
Travel in relation to Ministerial / Departmental business

<table>
<thead>
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<th>Details of Travel</th>
<th>Distance Traveled</th>
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<tbody>
<tr>
<td>2016/01/10</td>
<td>St. John's to St. John's</td>
<td>336.5 km</td>
</tr>
</tbody>
</table>

**Total Distance Traveled:** 336.5 km

Use additional sheets if necessary and carry forward totals - Space below this line to be completed on final sheet only

Log for employees subject to two-tiered reimbursement - see Instructions

<table>
<thead>
<tr>
<th>Dec. 20</th>
<th>Cumulative Distance Traveled since Jan 1 from Previous Claim</th>
<th>Total Distance Traveled this Claim</th>
<th>Cumulative Distance Traveled since Jan 1 Including this Claim</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>13410</td>
<td>336.5</td>
<td>47235</td>
</tr>
</tbody>
</table>

Claim Amount:  
Total distance travelled 336.5 kilometres  
47235 km -$1100.91

Transfer the amount claimed above to the Private Vehicle column on your TRAVEL EXPENSE CLAIM VOUCHER

Certified Correct:  
[Signature]

Approved:  
[Signature]

Head of Branch or Division  
[Signature]

[Date] 2016

Form (RC 128) 34
**Newfoundland Labrador**  
**FISCAL YEAR** 2015-16  
**OFFICIAL JOURNEY AUTHORIZATION**  
**JA NUMBER** JA-60405

**SECTION 1: CLAIMANT INFORMATION**

**EMPLOYEE NAME:** Hon. John Haggie  
**DEPARTMENT:** HCS  
**ADDRESS:** P.O. Box 8700  
**POSTAL CODE:** A1B 4J6  
**St. John's, NL**  
**POSITION TITLE:** Minister  
**AUTHORIZATION TYPE OF IMPREST (IF APPLICABLE):**  
☐ TRAVEL ADVANCE (COMPLETE SECTION 4 BELOW)  
☐ STANDING TRAVEL ADVANCE

**SECTION 2: TRAVEL DETAILS**

**FROM:**  
**TO:** St. John's  
**FROM DATE:** 10 January 2016  
**TO DATE:** 11 January 2016  
**PURPOSE OF TRIP:** Travel in relation to ministerial/departmental business.

**PAYMENT METHOD:**  
☐ PERSONAL CREDIT CARD  
☐ GOVERNMENT CREDIT CARD  
☐ TRAVEL ORDER

**MODE OF TRAVEL:**  
☐ PERSONAL VEHICLE

**TRAVEL ADVANCE ADDRESS:**

**SUPPLIER NUMBER:**

**SECTION 3: CERTIFICATION**

I CERTIFY THAT THE ABOVE EMPLOYEE IS AUTHORIZED TO TRAVEL ON GOVERNMENT BUSINESS AS DESCRIBED AND SUFFICIENT FUNDS ARE AVAILABLE.

**DIVISIONAL DIRECTOR / ASSISTANT DEPUTY MINISTER:**  
**DEPUTY MINISTER:**  
**SIGNATURE:**  
**DATE:**

**SECTION 4: TO BE COMPLETED IF A TRAVEL ADVANCE IS REQUIRED**

**SUMMARY OF ALL ANTICIPATED EXPENSES EQUAL TO THE AMOUNT OF THE ADVANCE REQUIRED (TRAVEL ADVANCE ONLY)**

| TAXI, LIMOUSINE, OR BUS FARE TO AND FROM DEPARTURE POINTS: | $ |
| TRANSPORTATION COST (IF TRAVEL ORDER IS NOT ISSUED): | $ |
| ACCOMMODATIONS FOR _____ NIGHTS (MOTEL / PRIVATE): | $ |
| MEALS FOR _____ DAYS (AT APPROVED RATES): | $ |
| OTHER: | $ |

**CASH ADVANCE REQUIRED:**  
☐ YES  
☐ NO

**TOTAL ANTICIPATED EXPENSES (ADVANCE REQUIRED):** $0.00

**ACCOUNTING DISTRIBUTION**

| AMOUNT | 01 | 02 | 03 | 04 |
| ACCOUNTING DISTRIBUTION | 0000 | 0000 | 0000 | 0000 |

**DEPARTMENTAL FINANCE DIVISION USE ONLY:**

| AMOUNT | 01 | 02 | 03 | 04 |
| DEPARTMENTAL FINANCE DIVISION USE ONLY | 0000 | 0000 | 0000 | 0000 |

**SIGNATURE:**  
**DATE:**
PRESS RELEASE - Improving health of Canadians the focus in wide-ranging health talks

VANCOUVER – In a wide-ranging set of discussions touching on many aspects of Canadians' health and health care, provincial and territorial health ministers committed to continued cooperation and collaboration across the country during a meeting today in Vancouver.

"My colleagues and I looked at the challenges and opportunities faced by provinces and territories in delivering health services across the country. We know we need to work closely together as we continue to improve our systems," said B.C. Health Minister Terry Lake, who chaired the meeting. "We look forward to our discussions with federal Health Minister Dr. Jane Philpott tomorrow, as we build a new relationship between governments for the benefit of the country's health care systems and Canadians."

The provinces and territories discussed a new way forward on health care in Canada. The ministers agree that Canadians expect their governments to work together when it comes to health care, within their areas of responsibility, and with flexibility to address the challenges unique to each province and territory. This will be discussed during tomorrow's meeting, including how a long-term federal funding agreement, of at least 25% of all health care spending by provinces and territories, would help support investments in innovation and transformation of health care systems, to improve outcomes for patients.

Many of today's discussions furthered work which began out of the previous meeting of provincial and territorial ministers of health and wellness in September 2014.

Pharmaceuticals

Expensive drugs for rare diseases, also known as orphan drugs, are used to treat life-threatening, chronic and seriously debilitating rare diseases. The cost of these medications continues to put significant pressure on health spending. The ministers affirm that strong, long-term solutions are needed to address the ongoing challenges.

A working group led by B.C., Alberta and Ontario studied the issue of expensive drugs for rare diseases, looking at issues of access, evidence of effectiveness, communication with doctors and patients, and pricing. Ministers have agreed to work toward more consistent assessments of drugs and coverage decisions, and a fair pricing strategy. They will discuss the issue of expensive drugs for rare diseases again at the next health ministers meeting in the fall.

Québec is always committed to work with the provinces and territories to address the challenges of the rising cost of medications, but Quebec only participates in this initiative by sharing information and best practices, since coverage decisions remain its sole responsibility.

Ministers also agreed to set up a working group to improve equitable and appropriate access to pharmaceuticals based on evidence and will also be inviting the federal government to participate.

Newborn screening

The health ministers discussed the work of an intergovernmental working group struck to improve newborn screening practices (blood tests done shortly after birth) in Canada. Early detection can prevent serious health problems and save lives.

The ministers also received a Canadian newborn screening list to provide guidance for screening programs. Ministers directed staff to continue working together to improve this type of screening, focusing on access, equity, and sharing information.

Québec is not participating in this initiative and will review its program by March 2016, with the goal of enhancement. Québec will then share results of this review with the other provinces and territories.
Physician-Assisted Dying

The provincial and territorial health ministers discussed the work of the provincial/territorial expert advisory group on physician-assisted dying, as well as Quebec's law and approach regarding physician-assisted dying. The ministers expressed their thanks to the members of the advisory group for their timely and detailed advice, and acknowledged collaboration between the provinces and territories, as well as the federal government, is fundamental in approaching this issue.

Mental health and substance use

The health ministers discussed the importance of improving care for young people outgrowing child and youth mental health and substance use services, as they move into the adult systems.

A working group, established at the 2014 ministers' meeting, developed a compendium of best practices for improving service integration for youth and young adults. It includes a review of published research and a scan of existing provincial and territorial programs, to identify the most effective services and approaches, particularly for rural and remote communities. At their next meeting, ministers will take an in-depth look at successful projects throughout the country, to consider as models for program improvements in their own jurisdictions.

Access to primary health care

Improving access to primary care in the community, from family doctors, nurse practitioners and other health professionals, is a common challenge faced by all provinces and territories.

Health ministers discussed this challenge and innovations being developed in various provinces and territories. The ministers agree to share information about successful innovation in this area, and to set up a working group to collaborate where possible to support each other's efforts.

Indigenous health and wellness

Ministers recognize the challenges regarding the health status of Indigenous Canadians as a significant issue across Canada. They discussed how to best work with Indigenous people to address their health concerns, and the role of governments to work together and with Indigenous partners.

Medicare in Canada: The Next 50 Years

To commemorate 2016 as the 50th anniversary of the introduction of the Medical Care Act, Ontario Health Minister Dr. Eric Hoskins has proposed to host a symposium entitled Medicare in Canada: The Next 50 Years and has invited other jurisdictions to participate, including the federal government.

Interprovincial Health Coverage

The provinces and territories are committed to continuing to work together to ensure Canadians have access to appropriate health services when they travel within the country.

The ministers discussed the current approach to interprovincial health care coverage and agreed to review the current coverage agreements.

Ministers look forward to productive discussions with Dr. Philpott tomorrow on areas such as physician-assisted dying, Indigenous health and wellness, access and affordability of pharmaceuticals, and a new way forward for health care, including the federal government's commitment to negotiate a new Health Accord and a long-term agreement on funding.
Following the meeting Ontario will assume the role of chair of the provincial and territorial health ministers and co-chair of the federal, provincial and territorial health ministers.

Media contact:

B.C. Ministry of Health Media Relations
250 952-1887 (media line)
PRESS RELEASE - Statement of the Federal-Provincial-Territorial Ministers of Health

VANCOUVER - The Federal, Provincial and Territorial Ministers of Health today issued the following statement at the conclusion of their meeting on Jan. 20 and 21, 2016:

"Today, we agreed to move ahead on shared health priorities, working collaboratively while respecting our jurisdictional roles, and guided by the common vision of creating more adaptable, innovative and affordable health-care systems for all Canadians. We discussed the pressing need to address gaps in health outcomes for Indigenous peoples.

Shared Health Priorities:

"We agreed that strong, universally accessible, publicly financed health-care systems are an essential foundation for a strong and prosperous Canada. We affirmed our commitment to continue transforming and strengthening health-care systems so that they can provide high-quality, accessible and patient-centered health services in a sustainable way. To this end, we, as Federal, Provincial and Territorial Ministers, agreed to work individually and collectively on the following immediate priorities where efforts will yield the greatest impact:

- Enhancing the affordability, accessibility and appropriate use of prescription drugs;
- Improving care in the community, home care and mental health, to better meet the needs of patients closer to home and outside of institutional settings; and
- Fostering innovation in health-care services to spread and scale proven and promising approaches that improve the quality of care and value-for-money.

Funding Commitment:

"While acknowledging that health-care transformation will improve the responsiveness and patient focus of our health care systems, ministers agreed that new resources are needed to stimulate and support needed changes in health-care systems across the country. The federal minister confirmed the federal government's commitment to work collaboratively with provinces and territories toward a long-term funding arrangement, which would include bilateral agreements.

Going forward, in respect of jurisdictional areas of responsibility and precedent agreements, the bilateral agreements will take into account the different circumstances and starting points of jurisdictions.

Prescription Drugs:

"Ministers agree that improving the affordability and accessibility of prescription drugs is a shared priority. Provincial and territorial ministers welcome the Government of Canada’s decision to join, at the invitation of the provinces and territories, the pan-Canadian Pharmaceutical Alliance, which negotiates lower drug prices on behalf of public drug plans.

Our governments will also consider a range of other measures to reduce pharmaceutical prices and improve prescribing and appropriate use of drugs, while striving to improve health outcomes. We also agree to explore approaches to improving coverage and access to prescription drugs for Canadians. In this regard, Minister Philpott agreed, at the invitation of Ontario, to join a Federal-Provincial-Territorial working group.

Care in the Community:

"Recognizing our aging population, as well as growing rates of chronic disease, including mental illness, we must pursue a shift of health-care systems from a predominant focus on institutions and specialized care toward a greater emphasis on providing care in the home and community. Building on the work of provinces and territories and the
federal commitment to invest in home care, we will consider ways to better integrate and expand access to services at home, including palliative care at home; enhanced support for informal caregivers; and continue to work to improve access to mental-health services.

Health Innovation:

“Service delivery innovation is a vital component of sustainable, quality health systems. Today, we agreed to support the adoption and spread of proven and promising innovations in the organization and delivery of health services. We will examine how the existing pan-Canadian health organizations and provincial counterparts could support system transformation, and explore the role of critical enablers such as health information and data analytics, digital health and technology management.

Next Steps:

“Given the importance of advancing work on our shared health priorities, we agreed to meet again in mid-2016 to take stock of progress and decide on next steps.

Indigenous Health:

“We, as Health Ministers, will work together and within our jurisdictions with Indigenous leaders to determine areas of shared priority, and to improve the coordination, continuity and appropriateness of health services for Indigenous peoples as part of a population health approach to improving Indigenous peoples’ health in Canada.

Physician-assisted Dying:

“As Health Ministers, we appreciate that physician assisted dying is a complex and important issue for Canadians. Mindful of the recent timeline set by the Supreme Court of Canada, we discussed the recent and ongoing federal and provincial/territorial work on physician-assisted dying. We received updates on the recent reports of the Provincial-Territorial Expert Advisory Group and the Federal Expert panel, and the proposed work of the Special Joint Committee. We recognize that a response to the Carter decision will have significant implications across governments and for Canadians. Recognizing that Quebec has its own law, our governments will continue to work toward a consistent approach to physician-assisted dying in Canada.

Prescription Drug Abuse:

“As Health Ministers, we are concerned with problematic prescription drug use and the burden it is having on Canadians and their families and communities. As part of our commitment to work on this important public-health and safety issue, ministers have agreed to continue to work with their respective regulatory authorities, professional colleges and medical schools to enlist their support in working with their jurisdictions to combat problematic prescription drug use, including improving awareness and education on appropriate prescribing practices.

Health Promotion and Prevention:

“Ministers of Health agreed that the continued transformation of health-care systems is a critical element of improving health outcomes for Canadians, while recognizing that progress on the social determinants of health is equally important. In this context, ministers received an update on the important issue of antimicrobial resistance, a report on healthy weights, and the Pan-Canadian Joint Consortium for School Health Annual Report (2015).”

Media Contacts:

Health Canada Media Relations
613 957-2983

B.C. Ministry of Health Media Relations
250 952-1887 (media line)
**Government of Newfoundland and Labrador**

**Expense Claim: TCMS955753**

**Name:** Haggie, Hon Dr John Alastair  
**Expense Date:** 24-Jan-16 - 28-Jan-16  
**Cost Center:** 4000  
**Purpose:** Travel in relation to ministerial/departmental business  
**Report Submit Date:** 04-Feb-16  
**Claim Authorization:** Journey Authorization  
**Fiscal Year:** 2015-16  
**Acct Distribution:** 01-4000-110-5300-0369-000000  
**Related Claims:**

### Receipt-Based Expenses

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<th>Date</th>
<th>Description</th>
<th>Receipt Date</th>
<th>Amount (CAD)</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
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<tbody>
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**Total:** 497.25 | 59.67 | 556.92

### Per Diem Expenses

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<thead>
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<th>Date</th>
<th>Description</th>
<th>Days</th>
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<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
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<tr>
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<td>Dinner (NL)</td>
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<td>25.00</td>
<td>22.32</td>
<td>2.68</td>
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<tr>
<td>26-Jan-16</td>
<td>Per Diem (NL)</td>
<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
<td>50.00</td>
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<td>44.64</td>
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**Total:** 165.18 | 19.82 | 185.00
Government of
Newfoundland and Labrador
Expense Claim: TCMS955753

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<th>To</th>
<th>Net of Tax</th>
<th>Tax</th>
<th>Reimbursable Amount (CAD)</th>
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<td>24-Jan-16</td>
<td>Accumulated Mileage</td>
<td>336.5</td>
<td>4782</td>
<td>143.67</td>
<td>17.24</td>
<td>160.91</td>
<td></td>
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</table>

Total | 143.67 | 17.24 | 160.91 |
Submission Instructions:
* * All supporting documentation must be attached and signed by the claimant.
* * For Members of the House of Assembly (HOA), the Expense Claim must be signed by the claimant and submitted to the Corporate and Members' Services Division (CMS).
* * Claims submitted by Members of the HOA are subject to review and compliance by the Transactional Review and Compliance (TRC) office.
* * Effective April 1, 2000, the tax amount on expense claims is automatically calculated in accordance with Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 902.83

Claimant's Signature: [Signature] Date: 8.2.16

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By:
Supervisor/Divisional Head: [Signature] Date: 7.8.16

Office of the Comptroller General Purposes Only:
Selected for Regular Review: Yes [ ] No [ ]
Transactional Review and Compliance: [ ] Date: [ ]
FISCAL YEAR
2015-16

OFFICIAL JOURNEY
AUTHORIZATION

JN 421

SECTION 1: EQUIMENT INFORMATION

EMPLOYEE NAME: Hon. John Haggie

ADDRESS: P.O. Box 8700

St. John's, NL

DEPARTMENT: HCS

SUPPLIER NUMBER:

POSTAL CODE: A1B 4J6

POSITION TITLE: Minister

SECTION 2: TRAVEL DETAILS

FROM: 

TO: St. John's

FROM DATE: 24 January 2016

TO DATE: 28 January 2016

PURPOSE OF TRIP: Travel in relation to ministerial/departmental business.

PAYMENT METHOD

☐ PERSONAL CREDIT CARD

☐ GOVERNMENT CREDIT CARD

☐ TRAVEL ORDER

AND

TRAVEL AGENCY AND ORDER NUMBER

MODE OF TRAVEL

☐ AIR

☐ GOVERNMENT VEHICLE

☐ RENTAL CAR

COMPANY:

ORDER NUMBER:

THE ESTIMATED TOTAL TRIP COST MUST BE ENCUMBERED REGARDLESS OF IMPREST

AMOUNT

ACCOUNTING DISTRIBUTION

$ 01 0000

EMPLOYEE'S SIGNATURE: DATE:

SECTION 2: CERTIFICATION

I CERTIFY THAT THE ABOVE EMPLOYEE IS AUTHORIZED TO TRAVEL ON GOVERNMENT BUSINESS AS DESCRIBED AND SUFFICIENT FUNDS ARE AVAILABLE.

DIVISIONAL DIRECTOR / ASSISTANT DEPUTY MINISTER

DEPUTY MINISTER

SECTION 4: TO BE COMPLETED IF A TRAVEL ADVANCE IS REQUIRED

SUMMARY OF ALL ANTICIPATED EXPENSES EQUAL TO THE AMOUNT OF THE ADVANCE REQUIRED (TRAVEL ADVANCE ONLY)

TAXI, LIMOUSINE, OR BUS FARE TO AND FROM DEPARTURE POINTS: $ 

TRANSPORTATION COST (IF TRAVEL ORDER IS NOT ISSUED): $ 

ACCOMMODATIONS FOR _______ NIGHTS (HOSTEL / PRIVAT£): $ 

MEALS FOR _______ DAYS (AT APPROVED RATES): $ 

OTHER: $ 

CASH ADVANCE REQUIRED: [ ] YES [ ] NO

TOTAL ANTICIPATED EXPENSES: ($ADVANCE REQUIRED): $ 0000

AMOUNT

ACCOUNTING DISTRIBUTION

01 0000

DEPARTMENTAL FINANCE DIVISION USE ONLY:

SIGNATURE DATE

0000

0000

0000

0000
<table>
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<tr>
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<th>Description</th>
<th>Reference</th>
<th>Charges</th>
<th>Credits</th>
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<tr>
<td>Jan 24</td>
<td>TLT</td>
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<td>4.76</td>
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<td>Jan 25</td>
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<td>Jan 25</td>
<td>TLT</td>
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<td>4.76</td>
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</tr>
<tr>
<td>Jan 26</td>
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<td>119.00</td>
<td></td>
</tr>
<tr>
<td>Jan 26</td>
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<td></td>
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<tr>
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<td>TLT</td>
<td></td>
<td>4.76</td>
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<tr>
<td>Jan 27</td>
<td>Special Discount Rate</td>
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<td>0.00</td>
<td>556.92</td>
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<td>Jan 27</td>
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<td>TLT</td>
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<td>Jan 28</td>
<td>MasterCard</td>
<td></td>
<td>0.00</td>
<td>556.92</td>
</tr>
</tbody>
</table>

Thank you for staying with us. Please come again!
Call 1-844-564-1524 to make your next reservation with us.
http://jaghotel.ca
HST# 104868930

Charge Summary:
- Convention Group Room: 357.00
- HST: 61.88
- MasterCard: -556.92
- Special Room Rate: 119.00
- TLT: 19.04

Total: $556.92

Pre-Auth Comp1

---

Customer Copy
### PRIVATE VEHICLE USAGE REPORT
(to be attached to travel expense claim)

<table>
<thead>
<tr>
<th>Claimant</th>
<th>Department</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hon John Hoare</td>
<td>Health Community Services</td>
<td>Executive</td>
</tr>
</tbody>
</table>

#### Reason for Travel
Travel in relation to maintenance departmental business

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Travel</th>
<th>Distance Traveled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/11/24</td>
<td>St. John's to St. John's</td>
<td>336.50</td>
</tr>
</tbody>
</table>

**Total Distance Traveled**: 336.50

**Log for employees subject to two-tiered reimbursement - see Instructions**

<table>
<thead>
<tr>
<th>Cumulative Distance Traveled since Jan 1 from Previous Claim</th>
<th>2355 km</th>
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</thead>
<tbody>
<tr>
<td>Total Distance Traveled this Claim</td>
<td>336.50</td>
</tr>
<tr>
<td>Cumulative Distance Traveled since Jan 1 Including this Claim</td>
<td>2692.50</td>
</tr>
</tbody>
</table>

**Claim Amount**: Total distance travelled 336.50 kilometres $0.78/km = $160.71

**Transfer the amount claimed above to the Private Vehicle column on your TRAVEL EXPENSE CLAIM VOUCHER**

**Certified Correct**: [Signature]

**Approved**: [Signature] Head of Branch or Division

20 11

Form OCG 128
**Name:** Haggie, Hon Dr John Alastair  
**Expense Date:** 28-Jan-16 - 28-Jan-16  
**Cost Center:** 4000  
**Purpose:** To attend Central Health Board Meetings  
**Report Submit Date:** 04-Feb-16  
**Claim Authorization:** Journey Authorization  
**Fiscal Year:** 2015-16  
**Related Claims:** 01-4000-110-5300-0369-000000  

### Per Diem Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Days</th>
<th>Rate</th>
<th>Net of Tax</th>
<th>Tax</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28-Jan-16</td>
<td>Lunch (NL)</td>
<td>1</td>
<td>15.00</td>
<td>13.39</td>
<td>1.61</td>
<td>15.00</td>
</tr>
</tbody>
</table>

**Total:** 13.39 | 1.61 | 15.00

### Mileage Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Distance</th>
<th>Rate</th>
<th>Net of Tax</th>
<th>Tax</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28-Jan-16</td>
<td>From St John's to Carmelite Road</td>
<td>428.9 KM</td>
<td>.4782</td>
<td>183.13</td>
<td>21.98</td>
<td>205.10</td>
</tr>
<tr>
<td>28-Jan-16</td>
<td>From: Carmelite Road, Grand Falls</td>
<td>97.6 KM</td>
<td>.4782</td>
<td>41.67</td>
<td>5.00</td>
<td>46.67</td>
</tr>
<tr>
<td>28-Jan-16</td>
<td>To: Gander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** 224.80 | 26.98 | 251.77
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Ensure the total claim amount does not exceed $400 for payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2.040.
* For Ministers who are also Members of the House of Assembly (HOA). The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members' Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TPC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Upon processing, notification will be sent via email and the claim's status will be updated in ECMS. The Expense Claim will be paid after it has been processed.
* Effective April 1, 2000, the total amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanation - Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE ITEMS OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 266.77

Claimant's Signature: ___________________________ Date: 8/2/16

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By: ___________________________ Date: 7/28/16

Supervisor/Divisional Head: ___________________________ Date: 7/28/16

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes [ ] No [ ]

Transactional Review and Compliance: ___________________________ Date: ___________________________
**Fiscal Year:** 2015-16

**Employee Name:** Hon. John Haggie

**Address:** P.O. Box 8700

**St. John's, NL**

**Position Title:** Minister

**Supplier Number:** JA-00419

**Section 2: Travel Details**

- **From:** St. John's
- **To:** Grand Falls/Gander
- **From Date:** 28 January 2016
- **To Date:** 29 January 2016
- **Purpose of Trip:** Travel to attend meetings at Central Health

**Payment Method:**

- Government Credit Card

**Mode of Travel:**

- Personal Vehicle

**Accounting Distribution:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Accounting Distribution</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>01 4000 110 5300 03XX 00000000 0000</td>
</tr>
</tbody>
</table>

**Employee's Signature:**

**Date:**

**Divisional Director / Assistant Deputy Minister**

**Signature:**

**Date:**

**Deputy Minister**

**Signature:**

**Date:**

**Minister**

**Signature:**

**Date:**

**Section 4: To be Completed if a Travel Advance is Required**

**Summary of All Anticipated Expenses Equal to the Amount of the Advance Required (Travel Advance Only):**

- **Transportation Cost (if travel order is not issued):** 
- **Accommodations for ____ Nights (hotel/ private):** 
- **Meals for ____ Days (at approved rates):** 
- **Other:** 

**Cash Advance Required:**

- **Yes**
- **No**

**Total Anticipated Expenses (Advance Required):** $0.00
**PRIVATE VEHICLE USAGE REPORT**
(to be attached to travel expense claim)

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Travel</th>
<th>Distance Travelled</th>
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<tbody>
<tr>
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<td>St. John's to Grand Falls</td>
<td>438.9 km</td>
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<td>2016/01/28</td>
<td>Grand Falls to St. John's</td>
<td>97.6 km</td>
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</tbody>
</table>

Use additional sheets if necessary and carry forward totals - Space below this line to be completed on final sheet only.

**Claim Amount**: Total distance travelled 536.5 km \( \times 4.783 \) $/per km = $351.77

Transfer the amount claimed above to the Private Vehicle column on your TRAVEL EXPENSE CLAIM VOUCHER.

Certified Correct: [Signature]

Approved: [Signature]
Government of Newfoundland and Labrador
Expense Claim: TCMS956898

Name: Haggie, Hon Dr John Alastair
Expense Date: 31-Jan-16 - 12-Feb-16
Cost Center: 4000
Purpose: Travel in relation to ministerial/departmental business
Report Submit Date: 15-Feb-16
Claim Authorization: Journey Authorization
Fiscal Year: 2015-16
Acct Distribution: 01-4000-110-5300-0369-000000
Related Claims:

Receipt-Based Expenses

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<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
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<td>07-Feb-16</td>
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Per Diem Expenses

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<th>Days</th>
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<td>02-Feb-16 to Per Diem (NL)</td>
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<td>02-Feb-16</td>
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<td>5.36</td>
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<td>04-Feb-16 to Breakfast (NL)</td>
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<td>2.68</td>
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</table>

Receipts:
- Accommodations: Receipt Date: 04-Feb-16
- Accommodations: Receipt Date: 12-Feb-16
<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Days</th>
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<td>50.00</td>
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<tr>
<td>11-Feb-16</td>
<td>Breakfast (NL)</td>
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<td>10.00</td>
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<td>1.07</td>
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<tr>
<td>12-Feb-16</td>
<td>Breakfast (NL)</td>
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<td>10.00</td>
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<td></td>
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### Mileage Expenses

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<th>Expense Details</th>
<th>Trip Distance</th>
<th>Mileage Rate</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Jan-16</td>
<td>Accumulated Mileage</td>
<td>From: Gander; To: St John's</td>
<td>336.5 KM</td>
<td>.4782</td>
<td>143.67</td>
<td>17.24</td>
<td>160.91</td>
</tr>
<tr>
<td>04-Feb-16</td>
<td>Accumulated Mileage</td>
<td>From: St John's; To: Gander</td>
<td>336.5 KM</td>
<td>.4782</td>
<td>143.67</td>
<td>17.24</td>
<td>160.91</td>
</tr>
<tr>
<td>07-Feb-16</td>
<td>Accumulated Mileage</td>
<td>From: Gander; To: St John's</td>
<td>336.5 KM</td>
<td>.4782</td>
<td>143.67</td>
<td>17.24</td>
<td>160.91</td>
</tr>
<tr>
<td>12-Feb-16</td>
<td>Accumulated Mileage</td>
<td>From: St John's; To: Gander</td>
<td>336.5 KM</td>
<td>.4782</td>
<td>143.67</td>
<td>17.24</td>
<td>160.91</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>574.68 KM</td>
<td>.4782</td>
<td>574.68</td>
<td>68.96</td>
<td>643.64</td>
</tr>
</tbody>
</table>
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Additionally, attach all original itemized receipts showing proof of payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2.040.
* For Ministers who are also Members of the House of Assembly (HOA): The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members' Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TRC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Effective April 1, 2009, the tax amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 2,435.69

Claimant's Signature: [Signature] Date: [Date]

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By:
Supervisor/Divisional Head: [Signature] Date: [Date]

Office of the Comptroller General Purposes Only:
Selected for Regular Review: Yes [ ] No [ ]
Transactional Review and Compliance: [ ]
### JAG
115 George Street West
St. John's, NL
Telephone: 709-738-1524  Fax: 709-738-1544

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 07</td>
<td>Government Room</td>
<td>139.00</td>
</tr>
<tr>
<td>Feb 07</td>
<td>HST</td>
<td>18.07</td>
</tr>
<tr>
<td>Feb 07</td>
<td>TLT</td>
<td>5.56</td>
</tr>
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<td>Feb 08</td>
<td>Government Room</td>
<td>139.00</td>
</tr>
<tr>
<td>Feb 08</td>
<td>HST</td>
<td>18.07</td>
</tr>
<tr>
<td>Feb 08</td>
<td>TLT</td>
<td>5.56</td>
</tr>
<tr>
<td>Feb 09</td>
<td>Valet</td>
<td>16.81</td>
</tr>
<tr>
<td>Feb 09</td>
<td>HST</td>
<td>2.19</td>
</tr>
<tr>
<td>Feb 09</td>
<td>Government Room</td>
<td>139.00</td>
</tr>
<tr>
<td>Feb 09</td>
<td>HST</td>
<td>18.07</td>
</tr>
<tr>
<td>Feb 09</td>
<td>TLT</td>
<td>5.56</td>
</tr>
<tr>
<td>Feb 10</td>
<td>Government Room</td>
<td>139.00</td>
</tr>
<tr>
<td>Feb 10</td>
<td>HST</td>
<td>18.07</td>
</tr>
<tr>
<td>Feb 10</td>
<td>TLT</td>
<td>5.56</td>
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<tr>
<td>Feb 11</td>
<td>Valet</td>
<td>16.81</td>
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<tr>
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<td>HST</td>
<td>2.19</td>
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<tr>
<td>Feb 11</td>
<td>House of Assembly</td>
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<tr>
<td>Feb 11</td>
<td>HST</td>
<td>18.07</td>
</tr>
<tr>
<td>Feb 11</td>
<td>TLT</td>
<td>5.56</td>
</tr>
<tr>
<td>Feb 12</td>
<td>MasterCard</td>
<td>851.15</td>
</tr>
</tbody>
</table>

**Total Charges:**

- 851.15

---

Thank you for staying with us. Please come again!
Call 1-844-564-1524 to make your next reservation with us.
http://jaghotel.ca
HST#: 104868930

**Charge Summary:**

- Government Room: 556.00
- House of Assembly: 139.00
- HST: 94.73
- MasterCard: -851.15
- TLT: 27.80
- Valet: 33.62
**Pre-Auth Compl**

<table>
<thead>
<tr>
<th>Original Pre-Auth Amount</th>
<th>1,000.00</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>$ 851.15</td>
</tr>
</tbody>
</table>

Customer Copy
JAG
115 George Street West
St. John's, NL
Telephone: 709-738-1524 Fax: 709-738-1544

John Haggie
Govt of NL & LAB

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference</th>
<th>Charges</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>Jan 31</td>
<td>Special Discount Rate</td>
<td></td>
<td>119.00</td>
<td></td>
</tr>
<tr>
<td>Jan 31</td>
<td>HST</td>
<td></td>
<td>15.47</td>
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</tr>
<tr>
<td>Jan 31</td>
<td>TLT</td>
<td></td>
<td>4.76</td>
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</tr>
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<td>Special Discount Rate</td>
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<td>119.00</td>
<td></td>
</tr>
<tr>
<td>Feb 01</td>
<td>HST</td>
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<td>15.47</td>
<td></td>
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<tr>
<td>Feb 01</td>
<td>TLT</td>
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<td>4.76</td>
<td></td>
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<td>Feb 02</td>
<td>Special Discount Rate</td>
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<td>119.00</td>
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</tr>
<tr>
<td>Feb 02</td>
<td>HST</td>
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<td>15.47</td>
<td></td>
</tr>
<tr>
<td>Feb 02</td>
<td>TLT</td>
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<td>4.76</td>
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<td>Feb 03</td>
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<td>Feb 03</td>
<td>HST</td>
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<td>15.47</td>
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<tr>
<td>Feb 03</td>
<td>TLT</td>
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<td>4.76</td>
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<tr>
<td>Feb 04</td>
<td>MasterCard</td>
<td></td>
<td></td>
<td>556.92</td>
</tr>
</tbody>
</table>

Total

0.00  556.92  556.92

Thank you for staying with us. Please come again!
Call 1-844-564-1524 to make your next reservation with us.
http://jaghotel.ca
HST# 104868930

Charge Summary:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HST</td>
<td>61.88</td>
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<tr>
<td>MasterCard</td>
<td>-556.92</td>
</tr>
<tr>
<td>Special Room Rate</td>
<td>476.00</td>
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<tr>
<td>TLT</td>
<td>19.04</td>
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</tbody>
</table>
Pre-AUTH Complete

Entry Method: CHIP/EMV

02/04/16 07:35:17
Inv #: 000004 Appr Code: 156055

Original Pre-Auth Amount: $ 800.00

Total: $ 556.92

Customer Copy
**PRIVATE VEHICLE USAGE REPORT**  
(to be attached to travel expense claim)

<table>
<thead>
<tr>
<th>Reason for Travel</th>
<th>Date</th>
<th>Details of Travel</th>
<th>Distance Travelled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry / Departmental Business</td>
<td>2016/01/31</td>
<td>Gander to St John's</td>
<td>336.5 km</td>
</tr>
<tr>
<td></td>
<td>2016/02/04</td>
<td>St John's to Gander</td>
<td>336.5 km</td>
</tr>
<tr>
<td></td>
<td>2016/03/07</td>
<td>Gander to St John's</td>
<td>336.5 km</td>
</tr>
<tr>
<td></td>
<td>2016/03/12</td>
<td>St John's to Gander</td>
<td>336.5 km</td>
</tr>
</tbody>
</table>

**Use additional sheets if necessary and carry forward totals - Space below this line to be completed on final sheet only**

**Log for employees subject to two-tiered reimbursement - see Instructions**

<table>
<thead>
<tr>
<th>Cumulative Distance Traveled since Jan 1 from Previous Claim</th>
<th>2671.50 km</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Distance Traveled this Claim</td>
<td>1346.0 km</td>
</tr>
<tr>
<td>Cumulative Distance Traveled since Jan 1 Including this Claim</td>
<td>4017.5 km</td>
</tr>
</tbody>
</table>

**Claim Amount:** Total distance travelled 336.5 km × 4.782 $ per km = $1543.64  
Total distance travelled Total $  

Transfer the amount claimed above to the Private Vehicle column on your TRAVEL EXPENSE CLAIM VOUCHER

Certified Correct: [Signature]  
Approved: [Signature]  

[Date: Feb 15, 2016]  
[Date: Feb 19, 2016]
<table>
<thead>
<tr>
<th>FISCAL YEAR</th>
<th>OFFICIAL JOURNEY AUTHORIZATION</th>
<th>JA NUMBER</th>
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<tbody>
<tr>
<td>2015-16</td>
<td>JA-0423</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 1: CLAIMANT INFORMATION**

**EMPLOYEE NAME:** Hon. John Haggie  
**DEPARTMENT:** HCS  
**ADDRESS:** P.O. Box 8700  
**POSITION TITLE:** Minister  
**SUPPLIER NUMBER:**

St. John's, NL  
**POSTAL CODE:** A1B 4J6

**SECTION 2: TRAVEL DETAILS**

**FROM:** Gander  
**TO:** St. John's  
**FROM DATE:** 31 January 2016  
**TO DATE:** 12 February 2016

**PURPOSE OF TRIP:** Travel in relation to ministerial/departmental business.

**PAYMENT METHOD**

- [ ] PERSONAL CREDIT CARD  
- [ ] GOVERNMENT CREDIT CARD  
- [x] TRAVEL ORDER  

**MODE OF TRAVEL**

- [ ] AIR  
- [x] PERSONAL VEHICLE  
- [ ] GOVERNMENT VEHICLE  
- [ ] RENTAL CAR

**COMPANY:**  
**ORDER NUMBER:**

**THE ESTIMATED TOTAL TRIP COST MUST BE ENCUMBERED REGARDLESS OF IMPEST**

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>ACCOUNTING DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>01 0000</td>
</tr>
</tbody>
</table>

**EMPLOYEE'S SIGNATURE:**  
**DATE:** Feb 5, 2016

**SECTION 3: CERTIFICATION**

I CERTIFY THAT THE ABOVE EMPLOYEE IS AUTHORIZED TO TRAVEL ON GOVERNMENT BUSINESS AS DESCRIBED AND SUFFICIENT FUNDS ARE AVAILABLE.

**DIVISIONAL DIRECTOR / ASSISTANT DEPUTY MINISTER**

**SIGNATURE**  
**DATE:**

**DEPUTY MINISTER**

**SIGNATURE**  
**DATE:**

**MINISTER**

**SIGNATURE**  
**DATE:**

**SECTION 4: TO BE COMPLETED IF A TRAVEL ADVANCE IS REQUIRED**

**SUMMARY OF ALL ANTICIPATED EXPENSES EQUAL TO THE AMOUNT OF THE ADVANCE REQUIRED (TRAVEL ADVANCE ONLY)**

| TAXI, LIMOUSINE, OR BUS FARE TO AND FROM DEPARTURE POINTS: | $ |
| TRANSPORTATION COST (IF TRAVEL ORDER IS NOT ISSUED): | $ |
| ACCOMMODATIONS FOR _____ NIGHTS (HOTEL / PRIVATE): | $ |
| MEALS FOR _____ DAYS (AT APPROVED RATES): | $ |
| OTHER: | $ |

**CASH ADVANCE REQUIRED:**  
- [x] YES  
- [ ] NO

**TOTAL ANTICIPATED EXPENSES (ADVANCE REQUIRED):** $0.00

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>ACCOUNTING DISTRIBUTION</th>
<th>DEPARTMENTAL FINANCE DIVISION USE ONLY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>0000</td>
<td>signature date</td>
</tr>
</tbody>
</table>