

INVOICE

Invoice no. : 5599

Date : October 22, 1991

FROM : Susan OURIOU
Lingua Franca Translation Services Inc.
22 Hallbrook Drive, S.W.
Calgary, Alberta
T2V 3H4

TO : Ms. Barbara Spronk
CRIAW
Box 10,000
Athabasca, Alberta
T0G 2R0

RE : Interpretation for CRIAW

ITEMS

AMOUNT

Interpretation Fees
\$460 x 4 interpreters x 2 days \$ 3,680

Organizing Fee \$ 100

Sub-Total \$ 3,780
GST (R103339966) \$ 264.40

TOTAL

\$ 4,044.40

PAYABLE WITHIN 15 DAYS OF DATE OF INVOICE

2000.00
paid
Feb 7/92

2900 Seaview Rd
Victoria BC

V8N 1L1

Dec 3, 1991

CRIAW/ICREF
Conference Committee

Re: my registration.

You kindly returned my
(uncashed) personal cheque for \$150.⁰⁰
as I was not able to
attend the Conference.

Therefore, I do not
need the enclosed cheque.
My donation of
\$25⁰⁰ was sent separately
on Oct. 2nd.

Yours

Fiona Hyslop

CRIAW / ICREF
CONFERENCE COMMITTEE

11043 - 90 AVENUE
EDMONTON, ALBERTA T6G 2G5

0065

VOID

Nov. 19 19 *91*

PAY TO THE
ORDER OF

Fiona Hyplop

\$ *125.00*

one hundred twenty five

xx /100 DOLLARS

CRIAW / ICREF
CONFERENCE COMMITTEE

CANADA TRUSTCO MORTGAGE COMPANY

10907 - 82ND AVENUE
EDMONTON, ALBERTA
T6G 0S7

refund conf fees

PER

M. Forestier

Robert Lee

⑈0000065⑈

⑆13949⑈509⑆

800633⑈0⑈

CRIAW / ICRF
Conference Committee

2900 Seaview Rd
Victoria BC

V8N 1L1
Dec 3, 1991

Re: my registration.

You kindly returned my
personal cheque for \$125.
as I was not able to
attend the Conference.

Therefore, I do not
need the enclosed cheque
as this \$125 was sent separately
on Oct. 24 to
you.

Fiona Hyslop

CRIAW / ICRF
CONFERENCE COMMITTEE
11043 - 90 AVENUE
EDMONTON, ALBERTA T6G 2G5

0065

Nov. 19 19 91

PAY TO THE
ORDER OF

Fiona Hyslop

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XX /100 DOLLARS

CRIAW / ICRF
CONFERENCE COMMITTEE

CANADA TRUSTCO MORTGAGE COMPANY
10907 - 82ND AVENUE
EDMONTON, ALBERTA
T6G 0S7

refund conf fees

PER

M. Forestier
Robert Lee

⑈0000065⑈

⑈13949⑈509⑈

800633⑈0⑈



4700 KEELE STREET • NORTH YORK • ONTARIO • CANADA • M3J 1P3

Department of Film and Video

January 30th, 1992

INVOICE

AIRFARE, TORONTO-EDMONTON RETURN
TO ATTEND THE CRIAW CONFERENCE AS
A PRESENTER, NOV. 8-10TH, 1991

\$353.03

YORK UNIVERSITY PAID 25%.

- 88.26

SSHRC TO PAY 75%.

\$264.77

THANK YOU.

Barbara E. Smith

*Paid
Feb 7/92*



University of Alberta
Edmonton

Women's Program and Resource Centre
Faculty of Extension

Canada T6G 2E1

11019-90 Avenue, Telephone (403) 492-3093

January 15, 1992



To: 1991 C.R.I.A.W. Conference Co-ordinators
c/o Women's Research Centre
11043 - 90 Avenue
University of Alberta

From: Women's Program and Resource Centre
Faculty of Extension
11019 - 90 Avenue

RE: 1991 C.R.I.A.W. Conference

INVOICE

Amount owing to the Women's Program and Resource Centre,
Faculty of Extension:

(1960) Labour for mail-out (July)	\$ 323.59
(4010) Postage (June to December)	\$2467.45
(4282) Printing / 30355Q	\$ 94.31
(4294) Central Stores/21071	\$ 108.31
(4030) L.D. Phone calls/FAX	\$ 453.75
(4720) Photocopying (Feb. to Dec. '91) 6181 copies at .10/copy	<u>\$ 618.10</u>

Total Owing 3583.20 ~~\$4065.51~~

Please make your cheque payable to the 'University of Alberta,
Women's Program'.

Thank you.

RYERSON

OFFICE OF THE DEAN, FACULTY OF BUSINESS

18 November 1991

CRIAW/ICREF Conference Coordinator
11043-90 Avenue
Edmonton, Alberta
T6G 1A6

Genilemen:

Professor Barbara J. Orser of the School of Business Management, Ryerson Polytechnical Institute was scheduled to present a paper at the CRIAW-ICREF Conference which was held November 8 - November 10, 1991.

However, Professor Orser was hospitalized and was unable to participate in your conference. Due to the suddeness of her illness, it was not possible to find a suitable substitute presenter.

Registration fees in the amount of \$150.00 were forwarded to you to cover full registration. In view of the foregoing, we would request that these funds be reimbursed to us.

Sincerely,

Bonnie Patterson P.C.

Bonnie Patterson
Dean, Faculty of Business

BP/mar

faculty\orser.exp

paid Jan 22/92



4700 KEELE STREET • NORTH YORK • ONTARIO • CANADA • M3J 1P3

Department of Film and Video

January 30th, 1992

INVOICE

AIRFARE, TORONTO-EDMONTON RETURN
TO ATTEND THE CRIAW CONFERENCES AS
A PRESENTER, NOV. 8-10TH, 1991

\$353.03

YORK UNIVERSITY PAID 25%.

- 88.26

SSARC TO PAY 75%.

\$264.77

THANK YOU.

Barbara Evans

Paid
Feb 7/92.

THE UNIVERSITY OF CHICAGO PRESS

01444284810869

1980年1月1日

ATN CANADA

1984/85 Name / Nom du candidat

USUAL ADDRESS, New Commission Address

AIR CANADA

TORONTO

CN

From / Provenance

Carrier /
Transporteur

Class /
Class

Transaction Amount:
Montant de la transaction

TOR

TORONTO ONTARIO CO

AC

QW

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EDMONTON ALBERTA CD

To / Destination

AC

Q4

Amazon Use Only /
Barcode & Amount

TORONTO ONTARIO CD

70 / Newsletter

To / Destination

PASSENGER TICKET
BILLET - PASSAGER
S/E * 9922700015

THE UNIVERSITY OF CHICAGO

卷之四

Cardmember Acct No. /
N° du membre du compte

10/21/91
Date de la transaction

N° du billet

01444784810867

3736-880722 41008
Passenger Name / Nom du passager

10/21/91
Ticketing Airline / Société aérienne émettrice (indiquer la ligne aérienne)

EVANS/BARBARA MS
Issuer Name / Nom du déposant

AIR CANADA
Issuer Address / Lieu d'émission / Adresse

AIR CANADA

TORONTO CN

From / Provenance

Carrier /
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Transaction Amount /
Montant de la transaction

TORONTO ONTARIO CD
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EDMONTON ALBERTA CD
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TORONTO ONTARIO CD
To / Destination

American Express Only /
Prépayé à American

10/21/91
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AMERICAN EXPRESS
TRANSACTIONS IN US
CURRENCY ONLY
AIR CANADA

PASSENGER TICKET
BILLET - PASSAGER
S/E # 9322700015

244820728681000000000000000000

Alignment mark - Instrument 810 Printer

PASSENGER TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS OF CONTRACT / BILLET DE PASSAGE ET BULLETIN DE BAGAGES SOUMIS AUX CONDITIONS DE TRANSPORT

ENDORSEMENTS RESTRICTIONS ENDOS RESTRICTIONS

ISSUED BY / EMIS PAR

CONJUNCTION TICKETS / BILLET COMPLEMENTAIRE

SEE BELOW FOR AIRLINE FORM SERIAL NUMBER / VOIR NO DU BILLET CI-DESSOUS

BSP CANADA

DATE OF ISSUE / DATE D'EMISSION: 03SEP91

ORIGIN/DESTINATION: TORONTO

BOOKING REF./REF. RES.:

ISSUED IN EXCHANGE FOR/EMIS EN ECHANGE DE:

NAME OF PASSENGER / NOM DU PASSAGER: DRAIN/SUSAN MS

NOT GOOD FOR PASSAGE / NON VALABLE POUR TRANSPORT

CARRIER TRANSPORT: AC

FLIGHT VOL: 1200

CL: ENCH

DATE: 0890

TIME HEURE: 0800

STATUS RESERV: CHOCHE

FARE BASIS - TKT DESIGNATOR: AC

BASE FARIATRE - CODE BILLET: AC

NOT VALID BEFORE / NON VALABLE AVANT LE: 0800

NOT VALID AFTER / NON VALABLE APRES LE: 0800

ALLOW / FRANCH: 0800

FARE PRIZ: 22.35

FARE CALCULATION / CALCUL DU PAI: 22.35

EQUIV. FARE PD. CONTRE-VALEUR VERSEE: 22.35

FORM OF PAYMENT / MODE DE PAIEMENT: 014 3142463583 0

APP. CODE CODEE: 40400

TOUR CODE: 40400

CODE VOYAGE A FORFAIT: 40400

CONTROL NO. / REFERENCE: 24602613770

Edmonton. AB
T6G 1E6

Dear Noreen.

Thanks for your telephone message yesterday. I enclose my plane ticket. and will be grateful for the reimbursement.

I did know that you would need some evidence! Only I've been fighting for my job in the last little while. and haven't got very far down my list of "Other Things to Do".

Thanks. by the way. for a well-run conference

Yours sincerely.

Susan Drain

Office (416) 585 4449
Home (416) 596 7024

FAX (416) 585 4459
Email DRAIN@EPAS.UTORONTO.CA

paid
Feb 7 / 92

INVOICE

Invoice no. : 5599

Date : October 22, 1991

FROM : Susan OURIOU
Lingua Franca Translation Services Inc.
22 Hallbrook Drive, S.W.
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\$ 100

Sub-Total

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\$ 264.40

TOTAL

4,044.40

PAYABLE WITHIN 15 DAYS OF DATE OF INVOICE

Mailed
2000.00
Feb 25

2000.00
paid
Feb 7/92

Lingua Franca

Translation Services Inc.

22 Hallbrook Drive S.W.
Calgary, Alberta T2V 3H4
Phone: (403) 258-3828

October 24, 1991

Ms. Barbara Spronk
CRIAW
Athabasca University, Box 10000
Athabasca, Alberta
T0G 2R0

Dear Ms. Spronk:

Thank you for your letter of October 10th confirming cancellation of interpretation services for the CRIAW conference. I for my part have been in touch with the interpreters to see whether they were able to replace the days you had reserved them for with another conference. Since none of the interpreters was able to replace your conference, I have enclosed an invoice for their fees as stipulated in Article 3d of the contracts you signed with them.

Naturally, should any of the interpreters receive a last-minute conference for your dates, I would be happy to reduce the invoice by that amount. If there is no change before November 9th however, the full amount shown on the enclosed invoice is payable.

Yours truly,



Susan E. Ouriou
President

Encl.

FACSIMILE MESSAGE

Date: November 6, 1991

Time: 9:30 a.m.

From: Susan Ouriou
Company: Lingua Franca
Fax no.: 258-3828

To: Marcelline Forrestier
Company: CRIAW
Fax no.: 492-1186

Number of pages: 3 including this one

Notes: Further to our telephone conversation today, I have enclosed my October 24th letter and invoice to Barbara Spronk. As I mentioned over the telephone, none of the interpreters has been offered another conference for your dates and therefore the amount shown on the enclosed invoice is the amount payable.

INVOICE

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Mailed
2000.00
Feb 25

2000.00
paid
Feb 7/92

Lingua Franca

Translation Services Inc.

22 Hallbrook Drive S.W.
Calgary, Alberta T2V 3H4
Phone: (403) 258-3828

October 24, 1991

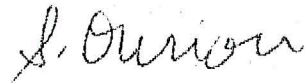
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CRIAW
Athabasca University, Box 10000
Athabasca, Alberta
T0G 2R0

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Encl.

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University of Alberta
Edmonton

Women's Program and Resource Centre
Faculty of Extension

Canada T6G 2E1

11019-90 Avenue, Telephone (403) 492-3093

January 15, 1992



To: 1991 C.R.I.A.W. Conference Co-ordinator
c/o Women's Research Centre
11043 - 90 Avenue
University of Alberta

From: Women's Program and Resource Centre
Faculty of Extension
11019 - 90 Avenue

RE: 1991 C.R.I.A.W. Conference

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(4030) L.D. Phone calls/FAX	\$ 453.75
(4720) Photocopying (Feb. to Dec. '91) 6181 copies at .10/copy	<u>\$ 618.10</u>
Total Owing	\$4065.51 3583.20

Please make your cheque payable to the 'University of Alberta,
Women's Program'.

Thank you.

*paid
Feb 7/92
dated Jan 31/92
Susan Boychuk.*

PASSENGER TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS OF CONTRACT / BILLET DE PASSAGE ET BULLETIN DE BAGAGES SOUMIS AUX CONDITIONS DE TRANSPORT

ISSUED BY / ÉMIS PAR

CONJUNCTION TICKETS / BILLET COMPLEMENTAIRE

SEE BELOW FOR AIRLINE, FORM, SERIAL NUMBER
VOIR N° DU BILLET CI-DESSOUS

ENDORSEMENTS / RESTRICTIONS / ENDOS / RESTRICTIONS

AIR CANADA
TICKET NON REFUNDABLE

BSP CANADA

DATE OF ISSUE / DATE D'ÉMISSION

ORIGIN/DESTINATION

YYZ/YYZ SITI MARLIN TRAVEL YYZ

NAME OF PASSENGER / NOM DU PASSAGER

DRAIN/SUSAN MS

NOT TRANSFERABLE / INCESSIBLE

3SEP91

ISSUED IN EXCHANGE FOR / ÉMIS EN ÉCHANGE DE

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TO A	TO A	TORONTO											
TO A	TO A	VOID											
TO A	TO A	VOID											

FARE / PRIX

FARE CALCULATION / CALCUL DU PRIX

CAD 289.00 8NOV YYZ AC 1230 0850 CHTR AC YYZ 144.50 0850 CHTR CAD 289.00 END

EQUIV. FARE PD. CONTRE-VALEUR VERSEE

TAX / TAXE

CAD 30.23 CA

TAX / TAXE

CAD 22.35 XG

TAX / TAXE

FORM OF PAYMENT / MODE DE PAIEMENT

ER201440555340010

EXP0693

APP. CODE / CODÉE

TOUR CODE

CODE VOYAGE À FORFAIT

A0690

TOTAL

CAD 341.58

A - AGT. INFO

0EMI / 535

CONTROL NO. / REFERENCE

24602613770

CPN COUPON

AIRLINE CIE AER

FORM

SERIAL NUMBER N° DU BILLET

CK. CONTRÔLE

ORIGINAL ISSUE

PREMIÈRE ÉMISSION

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□

NOTICE OF BAGGAGE LIABILITY LIMITATIONS

Liability for loss, delay or damage to baggage is limited unless a higher value is declared in advance and additional charges are paid. For most international travel (including domestic portions of international journeys), the liability limit is approximately US\$9.07 per pound (US \$20.00 per kilo) for checked baggage and US\$400 per passenger for unchecked baggage. For travel wholly between points in Canada the liability limit is CA\$750 per passenger on most carriers. For travel wholly between U.S. points, Federal rules require any limit on an airline's baggage liability to be at least US\$1250 per passenger. Excess valuation may not be declared on certain types of articles. Some carriers assume no liability for fragile, valuable or perishable articles. Further information may be obtained from the carrier.

AVIS DE LIMITES DE RESPONSABILITE EN MATIERE DE BAGAGES

La responsabilité en cas de perte, de retard ou d'avarie des bagages est limitée, à moins qu'une valeur supérieure ait été déclarée au préalable et qu'un supplément ait été versé. Pour la plupart des voyages internationaux (y compris les parcours nationaux d'un voyage international), la limite de responsabilité s'élève à environ 9,07 USD par livre (20 USD par kilo) pour les bagages enregistrés, et à 400 USD par passager pour les bagages non enregistrés. Pour les voyages effectués exclusivement entre des points situés au Canada, la limite de responsabilité s'élève à 750 CAD par passager, pour la plupart des transporteurs. Aux termes des règlements fédéraux, la limite de responsabilité d'une compagnie aérienne pour les bagages est d'au moins 1,250 USD par passager pour les voyages effectués exclusivement entre des points situés aux Etats-Unis. Une valeur excédentaire ne peut pas être déclarée pour certaines catégories d'articles. Certains transporteurs n'assument aucune responsabilité pour les articles fragiles, les articles de valeur ou les denrées périssables. Pour plus de renseignements, consulter le transporteur.



VICTORIA COLLEGE

University of Toronto

English

January 17, 1992

Ms Noreen Bell
c/o Misener/Margetts Women's Research Centre
11043--90 Avenue
Edmonton, AB
T6G 1E6

Dear Noreen.

Thanks for your telephone message yesterday. I enclose my plane ticket, and will be grateful for the reimbursement.

I did know that you would need some evidence! Only I've been fighting for my job in the last little while, and haven't got very far down my list of "Other Things to Do".

Thanks, by the way, for a well-run conference

Yours sincerely,

Susan Drain

Office (416) 585 4449
Home (416) 596 7024

FAX (416) 585 4459
Email DRAIN@EPAS.UTORONTO.CA

*paid
Feb 7/92*

SOUTH SIDE STATIONERY

10441-82 AVENUE

EDMONTON, ALBERTA

DATE 16E-2A1 NOV 29 19 91

M. ACCT. FWD.

1 Office Supplies

2 7 22

3

4

5

6

7 PAID

8

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10

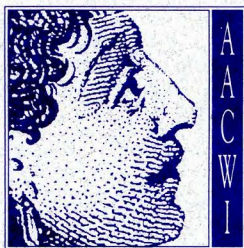
11 ANN CHINNEY

12

13 ASH

14

15 02 7 22



ALBERTA
ADVISORY
COUNCIL
ON
WOMEN'S
ISSUES

December 02, 1991

CRIAW/ICREF Conference Organizing Committee
c/o Misener/Margetts Women's Research Centre
11043 - 90 Avenue
EDMONTON, Alberta
T6G 1E6

Dear Marcelline:

Attached, please find copies of the receipts for expenses incurred by AACWI for you in the amount of \$1421.85.

The breakdown is as follows:

Paper	56.41
Copying	1328.85
Courier	<u>36.59</u>
	1421.85

ELVA MERTICK
CHAIRPERSON

LAURIE BLAKEMAN
EXECUTIVE DIRECTOR

Yours very truly,

Laurie Blakeman
Executive Director

LB/CN

9810 - 111 STREET
EDMONTON, ALBERTA
T5K 1K1

(403) 422-0668
FAX 422-9111

CRIAW COSTS

TO DATE

130. ⁰⁰	our copy cost.
42. ⁶⁴	our paper cost
728. ⁰⁰	Scholastic
27. ⁴⁵	Courier costs
259. ⁰⁰	Booklet
21. ⁰⁰	Song sheets our copy cost
13. ⁷⁷	Song sheets our paper cost

<u>\$1221.86</u>	
+ 61.85	Scholastic.
<u>1283.71</u>	
129.00	Scholastic
9.14	Courier
<u>1421.85</u>	

SCHOLASTIC DUPLICATORS

PRINTING AND PAPER HOUSE
#110, 9919 - 105 STREET
EDMONTON, ALBERTA T5K 1B1
421-0136 or 421-1726

Sold to: AL. ADVISORY Council on Women's Iss
Address: 9810-111 Street -
EDMONTON - T5K-1K1 Tel: 422-0668
Day Req. _____ A.M. _____ P.M. Name: Lorina.

Date: July-11/91 P.O. #: _____
Ordered by: ENTERED JUL 28 1991
☐ Call for Proofing ☐ Call when Ready ☐ Sales Rep. _____
_____ BC _____ LH _____ EV _____ LL _____ 11x17 _____ M

INVOICE

No 9149
Exempt.

Pre-Press (preparation work)

☐ Copy Prep. \$
☐ Paste up \$
☐ Red. ☐ Enlg. \$
☐ Negs ☐ Plates \$
☐ Stripping \$
☐ Paper Plates \$
☐ PMT's \$
☐ 1/2 Tones () \$
☐ Bleeds \$
☐ Typesetting \$
☐ \$
☐ \$

Printing

☐ 1 side ☐ 2 side

Run Size
☐ 8 1/2 x 11 or ☐ _____
Trim size: _____ / _____ up
☐ Ink \$
☐ Ink \$
☐ Registration \$
☐ Set up \$
☐ Bleed \$
☐ HRS \$
☐ HRS \$
☐ \$
☐ \$
☐ \$
☐ \$

Details	Pages	Copies/ Page	Flat Rate	Cost

Bindery

☐ Collating \$
☐ Folding \$
☐ Saddle Stitch \$
☐ Left Staple \$
☐ Hole Punching \$
☐ Padding \$
☐ Cutting _____ Cuts \$
☐ Cerlox Binding \$
☐ Shrink Wrapping \$
☐ Numbering \$
☐ Perforating \$
☐ Scoring \$

Copying

☐ 1 side ☐ 2 side

Details	Pages	Copies/ Page	Flat Rate	Cost

Details	Pages	Copies/ Page	Flat Rate	Cost
8 1/2 x 11 - 5.000 Paper	2	6500	325.00	
8 1/2 x 14 -	2	6500	403.00	

Stock

☐ 8 1/2 x 11 or ☐ _____
☐ 20 lb. or ☐ _____
☐ White or ☐ _____
Authorization Certified
Laurie Stakeme \$ _____

Notes:

ACCOUNT CODE				CENTRE CODE				AIRPRINT
5	1	2	P11	4	2	B		728.00
5	1	2						

GST # R122003809

SUB TOTAL	728.00
Taxable Items only	Fed % Tax Exempt
RETAIL SALES	
THERMOGRAPHY	
	770.00

Messelger

C.D.X. COURIER SERVICE

① DATE

BILLING
COPYFORWARDING BILL OF LADING #
EDM-262301

② SHIPPER # <i>Alpha advisory</i>		④ PREPAID ☒		⑤ COLLECT ☐	
③ <i>Council on Women's Issues</i>		⑥ <i>Scholastic</i>		⑦ <i>9919-105 St</i>	
⑧ <i>Edm alb</i>		⑨ <i>Edm alb</i>		⑩ <i>Edm alb</i>	
⑦ SHIPPER'S SIGNATURE		⑧ TIME		⑨ CONSIGNEE'S SIGNATURE	
⑩ PIECES		⑪ DESCRIPTION		⑫ WEIGHT	
⑬ <i>4</i>		⑭ <i>Boxes</i>		⑮ <i>140</i>	
⑯ CONTENTS		⑰ VALUE **		⑱ DELIVERY CHARGE	
⑲ CITY MESSENGER		⑳ COURIER - INTER CITY		㉑ P/U DRIVER	
㉒ REGULAR (OVERNITE) (T/C)		㉓ GROUND		㉔ AIR	
㉕ EXPEDITE (S.D.S.)		㉖ REGULAR		㉗ REGULAR	
㉘ RUSH 1 - 3 HOURS		㉙ EXPEDITE (S.D.S.)		㉚ EXPEDITE (S.D.S.)	
㉛ DIRECT (HOT SHOT)		㉜ DIRECT (HOT SHOT)		㉝ NEXT FLITE OUT	
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SCHOLASTIC DUPLICATORS

PRINTING AND PAPER HOUSE
#110, 9919 - 105 STREET
EDMONTON, ALBERTA T5K 1B1
421-0136 or 421-1726

Sold to: ALBERTA ADVISORY COUNCIL
on Women Issues
Address: EDMONTON Tel: 422-0668
Day Req. ☐ A.M. ☐ P.M. Name: Lorina

Date: Nov/5/91 P.O. #: _____
Ordered by: _____
☐ Call for Proofing ☐ Call when Ready ☐ Sales Rep. _____
BC ☐ UH ☐ EV ☐ LL ☐ ILX7 ☐ M

INVOICE

09533

Exempt

Pre-Press (preparation work)

☐ Copy Prep. \$ ☐ Negs ☐ Plates \$ ☐ PMTs \$ ☐ Typesetting \$
☐ Paste up \$ ☐ Stripping \$ ☐ 1/2 Tones () \$ ☐ Bleeds \$
☐ Red. ☐ Enlg. \$ ☐ Paper Plates \$

Printing

☐ 1 side ☐ 2 side

Run Size ☐ 8 1/2 x 11 or ☐ ☐ Bleed \$
Trim size: _____ / _____ up ☐ HRS \$
☐ Ink \$ ☐ HRS \$
☐ Ink \$ ☐ \$
☐ Registration \$ ☐ \$
☐ Set up \$ ☐ \$

Details	Pages	Copies/ Page	Flat Rate	Cost

Bindery

☐ Collating \$ ☒ Left Staple \$ ☐ Cutting _____ Cuts \$ ☐ Numbering \$
☐ Folding \$ ☐ Hole Punching \$ ☐ Cerlox Binding \$ ☐ Perforating \$
☐ Saddle Stitch \$ ☐ Padding \$ ☐ Shrink Wrapping \$ ☐ Scoring \$

Copying

☐ 1 side ☐ 2 side

Details	Pages	Copies/ Page	Flat Rate	Cost	Details	Pages	Copies/ Page	Flat Rate	Cost
	4	350	6/85		8 1/2 x 11 -	10	350	25/00	
					Booklets -				
					15th Annual				
					Conference				

Stock

☐ 8 1/2 x 11 or ☐ ☐ White or ☐
☐ 20 lb. or ☐

Authorization Certified
\$ Reverie Blake \$

ACCOUNT CODE	CENTRE CODE	AMOUNT
512P11B	42B	320.85
512		

7016 Text - *Medallion*
\$ 12.50

Notes:

Signature

GST # R122003809

SUB TOTAL	320	85
Taxable Items only <u>7%</u> Fed Tax	Exempt	
☐ RETAIL SALES		
☐ THERMOGRAPHY		
GRAND TOTAL	320	85

Sub Totals

259 00

☐ Orig. ☐ Job ☐ Goods Received by:

Printed by:

Downpayment \$

Balance \$

ALBERTA ADVISORY COUNCIL ON WOMEN'S ISSUES CANADIAN OVERNITE COURIER RECEIVED		CUSTOMER COPY REMIT TO BOX 1030 STN "M" CALGARY T		DATE DAY MO. YEAR 9 11 91		INVOICE NUMBER 2411701																	
				ANY INQUIRY ON THIS BILLING 421-9009																			
C. D. X. ACT / FLAT RATE BILLING BILL OF LADING		Authorization Certified <i>Laurie Blake</i> <table border="1" style="margin: auto;"> <tr> <th colspan="2">ACCOUNT NO.</th> <th>CENTRE CODE</th> <th>AMOUNT</th> </tr> <tr> <td>512</td> <td>E99</td> <td>42E</td> <td>4.64</td> </tr> <tr> <td>512</td> <td></td> <td></td> <td></td> </tr> <tr> <td>512</td> <td></td> <td></td> <td></td> </tr> </table>		ACCOUNT NO.		CENTRE CODE	AMOUNT	512	E99	42E	4.64	512				512				MONTH OF NOV \$.00			
ACCOUNT NO.				CENTRE CODE	AMOUNT																		
512	E99			42E	4.64																		
512																							
512																							
				\$ 4.50																			
ALTA ADVISORY COUNCIL 980-111 STREET EDMONTON, ALBERTA T5K 1K1				\$.00 \$.00 INS SC .14 G.S.T. .00																			
CUSTOMER ACCOUNT NO. 2401900				PLEASE PAY \$ 4.64																			
PAYABLE ON RECEIPT - NO STATEMENTS ISSUED. OVERDUE ACCOUNTS CHARGED INTEREST AT 2% PER MONTH. PLEASE SEND "REMITTANCE COPY" WITH PAYMENT.																							
GST REG # 123326549																							

5-64

C.D.X. COURIER SERVICE				FORWARDING BILL OF LADING # EDM-242310			
① SHIPPER # WOMAN PROGRAM 11019 ROAVE		④ PREPAID		① DATE Nov. 01/91		BILLING COPY	
③ SHIPPER'S SIGNATURE <i>W. Book</i>		⑧ TIME		⑥ CONSIGNEE # SCHOLASTIC DUPLICATORS 999-105 ST		⑤ COLLECT	
⑨ PIECES 1 ⑩ DESCRIPTION Equipt		⑫ CONTENTS CHARBETO ALTA ADVISORY COUNCIL ON WOMEN'S ISSUES		⑪ WEIGHT		⑬ VALUE **	
⑬ CITY MESSENGER		⑭ COURIER - INTER CITY		P/U DRIVER 87.17		TOTAL 4.50	
REGULAR (OVERNITE) (Y/C) ☒ EXPEDITE (S.D.S.) RUSH 1 - 3 HOURS DIRECT (HOT SHOT)		GROUND REGULAR EXPEDITE (S.D.S.) DIRECT (HOT SHOT)		AIR REGULAR EXPEDITE (S.D.S.) NEXT FLITE OUT		DATE 01 11 91 TIME 3:22 D/O DRIVER NUMBER	

WARNING: THIS SHIPMENT IS NOT COVERED BY LIABILITY INSURANCE FOR DELAYED DELIVERY, LOSS OF MARKET, OR PENALTY EXPENSE DUE TO LATE RECEIPT.
 * SHIPPER - SEE REVERSE SIDE FOR TERMS & CONDITIONS.

5-10

* RECEIVED: THE PROPERTY LISTED ABOVE (WHICH LIST IS A PART HEREOF) IN APPARENT GOOD ORDER, EXCEPT AS NOTED.

SCHOLASTIC DUPLICATORS

PRINTING AND PAPER HOUSE
#110, 9919 - 105 STREET
EDMONTON, ALBERTA T5K 1B1
421-0136 or 421-1726

Sold to: ARB. ADVISORY COUNCIL
Address: _____
Tel: 492-8950
Day Req. _____ A.M. _____ P.M. Name: MARCELLINE

Date: Nov/8/91 P.O. #: _____
Ordered by: _____
☐ Call for Proofing ☐ Call when Ready ☐ Sales Rep.
_____ BC _____ LH _____ EV _____ LL _____ 11x17 _____ M

INVOICE

09544

PLEASE DETACH THIS PORTION
AND RETURN WITH PAYMENT TO:

**SCHOLASTIC
DUPLICATORS**
#110, 9919 - 105 STREET
EDMONTON, ALBERTA T5K 1B1

Pre-Press (preparation work)

☐ Copy Prep. \$ _____ ☐ Negs ☐ Plates \$ _____ ☐ PMTs \$ _____ ☐ Typesetting \$ _____
☐ Paste up \$ _____ ☐ Stripping \$ _____ ☐ 1/2 Tones () \$ _____ ☐ Bleeds \$ _____
☐ Red ☐ Enlg. \$ _____ ☐ Paper Plates \$ _____

Printing

☐ 1 side ☐ 2 side

Run Size ☐ 8 1/2 x 11 or ☐ _____ ☐ Bleed \$ _____
Trim size: _____ / _____ up ☐ _____ HRS \$ _____
☐ Ink \$ _____ ☐ _____ HRS \$ _____
☐ Ink \$ _____ ☐ _____ \$ _____
☐ Registration \$ _____ ☐ _____ \$ _____
☐ Set up \$ _____ ☐ _____ \$ _____

Details	Pages	Copies/ Page	Flat Rate	Cost

Bindery

☐ Collating \$ _____ ☐ Left Staple \$ _____ ☐ Cutting _____ Cuts \$ _____ ☐ Numbering \$ _____
☐ Folding \$ 35 ☐ Hole Punching \$ _____ ☐ Cerlox Binding \$ _____ ☐ Perforating \$ _____
☐ Saddle Stitch \$ _____ ☐ Padding \$ _____ ☐ Shrink Wrapping \$ _____ ☐ Scoring \$ _____

Copying

☐ 1 side ☐ 2 side

Details	Pages	Copies/ Page	Flat Rate	Cost

Details	Pages	Copies/ Page	Flat Rate	Cost
GLOBAL VISION	10	120	55.00	
REPEAT	10	50	29.00	

Stock

☐ 8 1/2 x 11 or ☐ _____ ☐ White or ☐ _____ \$ _____
☐ 20 lb. or ☐ _____ \$ _____ Cover \$ _____

Notes:

PAYMENT APPROVED

Louise Blakemore
EXPENDITURES OFFICER
CCP: 428
512011

GST # R122003809
EXEMPT

SUB TOTAL	129.00
Taxable Items only % Fed Tax	9.03
RETAIL SALES	129.00
THERMOGRAPHY	138.03
GRAND TOTAL	267.03

Sub Totals

Ready

35.00

55.00
29.00

10.00

TERMS: NET 10 DAYS

NO STATEMENTS 2% per month is charged
ARE ISSUED on overdue accounts

TOTAL INVOICE

\$ 90.95
138.03
129.00

Invoice

09544

CUSTOMER NAME

ARB. ADVISORY COUNCIL

☐ Orig. ☐ Job ☐ Goods Received by:

Retail tax \$

Downpayment \$

Balance \$

I.S.T.S. / TELAV

90 MONTÉE DE LIESSE, MONTRÉAL, QUÉBEC H4T 1N4
TÉL.: (514) 340-1821 • TÉLEX: 05-824655

Organisation
Organization

C.R.L.A.W.

Lieu

Location

EDMONTON

Date

11/10/91

Je soussigné(e), au nom de l'organisation ci-haut mentionnée accuse réception de:

The undersigned, on behalf of the above mentioned organization acknowledges receipt of:

Bandes magnétiques enregistrées

Recorded Reel-to-Reel Tapes

Cassettes enregistrées

Recorded Cassettes

8 C-60

Magnétophones à bandes

Tape Recorders

Magnétophones à cassettes

Cassette Recorders

Microphones

Câbles

Cables

Chronomètre

Timer

Émetteurs-récepteurs portatifs

Walkie-Talkies

Appareil de transcription

Transcribing Unit

Pédale de commande

Foot Pedal

Stethoclips

Autre

Other

100 OT. nov 9

1/2

Du

From

Jour/Day

Mois/Month

Année/Year

Au

To:

Jour/Day

Mois/Month

Année/Year

B. Laporte

Signature autorisée/Authorized Signature

Alex Zolov

Opérateur ISTS/TELAV Operator

Je demande que l'opérateur de I.S.T.S./TELAV fournisse l'équipement additionnel suivant, qui n'est pas incius dans notre devis et bon de commande.

I have asked the ISTS/TELAV operator to provide the following additional equipment which was not requested on our quotation.

QTÉ/QT.

ARTICLE/ITEM

.....
.....
.....
.....
.....
.....

Signature autorisée/Authorized Signature

Opérateur ISTS/TELAV Operator

ASSOCIATION CANADIENNE FRANCAISE DE L'ALBERTA
pièce 200, 8923 82 avenue, Edmonton (Alberta) T6C 0Z2
Téléphone: (403) 466-1680 Télécopieur: (403)465-6773

COMPTE DE DEPENSE

NOM Agathe Gaulin DATE 18 Nov 91

ADRESSE 9144 70 AVE T6E 0T5 JUSTIFICATION _____

DATE	DESCRIPTION	CODE	*TPS	MONTANT-TPS
	Dépenses pour colloque national de l'ICREF à Edmonton			
OCT.	Interurbains			1.92
8 NOV	Parking			8.50
8 NOV	Souper avec Mme. C. Bonenfant			26.75
9 NOV	Parking			8.50
10 NOV	Parking			4.75

SOUS-TOTAL _____

TOTAL 50.42 \$

LES POLITIQUES DE REMBOURSEMENT DES COMPTES DE DEPENSES SONT INDIQUEES AU
VERSO DE CE FORMULAIRE.

* T.P.S.: VEUILLEZ INDiquer LE MONTANT DE T.P.S. PAYE SUR CHACUNE DES
PIECES JUSTIFICATIVES

paid
Nov 18
cheque #
58

APPROUVE		CODE	MONTANT
DATE PAYE			
CHEQUE			

SIGNATURE Agathe Gaulin

RECOMMANDATION DE PAIEMENT _____

DATE _____

**POLITIQUES DE REMBOURSEMENT DES FRAIS
ENCOURUS PAR LES OFFICIERS, LES BÉNÉVOLES ET LES EMPLOYÉS
DE L'A.C.F.A. DANS L'EXERCICE DE LEURS FONCTIONS**

****Règle générale:** L'A.C.F.A. Provinciale souhaite encourager la participation de ses membres et de ses employés à une saine gestion de ses finances. Les mesures ci-dessous mentionnées ont pour objectif de prévenir les abus et d'assurer un traitement équitable pour tous.

DÉPENSES DE VOYAGE ET DE DÉPLACEMENT

Les élus, les bénévoles et les employés de L'A.C.F.A. peuvent réclamer les frais raisonnables qu'ils auront encourus dans l'exercice de leurs fonctions. Les demandes de remboursements doivent être présentées dans les trente (30) jours qui suivent la date du voyage et doivent être accompagnées des reçus originaux. L'A.C.F.A. ne sera pas responsable des réclamations qui ne rencontrent pas ces conditions.

TRANSPORT

Dans le cadre des rencontres prévus 14 jours d'avance, les membres et les employés de L'A.C.F.A. devront effectuer leurs réservations de billets d'avion conformément aux directives émises par L'A.C.F.A.; ceci afin de se prévaloir du tarif excursion ou de toute autre réduction. Tous les frais additionnels occasionnés par les délais ou une préférence du participant seront défrayés par la régionale ou le participant.

MODALITÉ DE REMBOURSEMENT:

- Autobus et train: selon les reçus présentés.
- Avion (classe économique): selon les reçus présentés et conformément aux directives émises par L'A.C.F.A.
- Automobile: .25/km (à condition de ne pas dépasser le prix du billet d'avion classe économique et taxis pour le même trajet). L'A.C.F.A. s'engage à défrayer les coûts d'une voiture par 4 personnes et s'il y a plus que 4 personnes, le coût de deux voitures sera remboursé.
- Taxi: selon les pièces justificatives indiquant le lieu de départ et la destination.

REPAS

L'A.C.F.A. remboursera le coût des repas jusqu'à concurrence de trente six dollars (\$36.00) par jour complet. C'est-à-dire que vous pourrez disposer du maximum de la journée selon vos désirs. Pour une journée non complète, les repas devront être au prorata, c'est-à-dire si vous utilisez un repas ou deux dans la journée, vous devez mentionner lesquels et l'addition des maximums vous sera accordé pour cette journée. Il ne faut pas oublier que le coût des repas se répartit comme suit: \$7.75 déjeuner, \$11.25 dîner, \$17.00 souper. Les pièces justificatives de ces repas doivent être incluses à votre rapport.

HÉBERGEMENT

Seul le nombre de soirées/journées et selon le tarif autorisé par L'A.C.F.A. sera remboursé selon les reçus présentés. C'est-à-dire:

- une (1) nuit pour une rencontre d'un (1) jour.
- deux (2) nuits pour une rencontre de deux (2) jours.
- trois (3) nuits pour une rencontre de trois (3) jour; etc.

Veuillez noter que \$20. par jour est alloué pour l'hébergement chez un particulier ou un parent.

**** L'A.C.F.A. encourage fortement le partage des chambres.**

APPELS TÉLÉPHONIQUES

L'A.C.F.A. défraie le coût des appels locaux ayant un rapport avec la rencontre. Une justification écrite de ces appels doit être fournie pour que ceux-ci vous soient remboursés. Pour une absence de plus de 3 jours consécutifs, L'A.C.F.A. défraie le coût d'un appel téléphonique, d'un montant raisonnable, à votre résidence.

Entrée en vigueur: 1er janvier 1991

Dans ces directives, les termes de genre masculin englobent à la fois le genre féminin.



THE WESTIN HOTEL
Edmonton

Statement

10135 - 100TH STREET EDMONTON, ALBERTA T5J 0N7

FOR ACCOUNT INQUIRY PLEASE
TELEPHONE (403) 493-8927
FACSIMILE (403) 423-3785

Amount
Paid \$ _____

Customer 10 9074105
Number

Date 11/12/91

D DHALIWAL
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB T6E2G1

DATE	DESCRIPTION	REFERENCE	DEBIT	CREDIT	BALANCE
11/10/91	ROOM ACCOUNT DHALIWAL, D	0074105	82.13		82.13
	TRAVEL MANAGERS OF FORTUNE 500 COMPANIES RATE WESTIN "TOPS" IN SERVICE				
	<i>paid Nov 21/91 82.13</i>				

TERMS-PAYABLE IN FULL UPON RECEIPT OF STATEMENT

A FINANCE CHARGE is computed on account balances which are delinquent.

The PERIODIC RATE is % per month; the ANNUAL PERCENTAGE RATE is

%

CURRENT	BALANCE
	82.13



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

DHALIWAL, D INC 11/08/91 Arrival Date
UNIVERSITY OF ALTA CAMPUS 11/10/91 Departure Date
11043 90 AVE # in Party
EDMONTON, AB .00 Rate
T6E2G1 C/I JHH TIME 13:37
C/O STS TIME 16:05
Acct. No. CR11108 Room No. 306
0074105

#	Date	Description	Amount
1	11/08/91	ROOM SERVICE...../306/307/0/4 14:28/24/ /POS GST INCLUDED IN ABOVE CHARGE	\$26.38 \$1.73
2	11/08/91	LONG DISTANCE...../306 5143244008/1/4 00:04	\$4.75
3	11/08/91	GST...../306 5143244008/1/4 00:04	\$1.05
4	11/09/91	ROOM SERVICE...../306/2/1/4 GST INCLUDED IN ABOVE CHARGE	\$8.83 \$.58
5	11/09/91	ROOM SERVICE...../306/2/0/4 02:40/24/ /POS GST INCLUDED IN ABOVE CHARGE	\$19.74 \$1.29
6	11/09/91	ROOM SERVICE...../306/165/0/4 08:52/24/ /POS GST INCLUDED IN ABOVE CHARGE	\$18.73 \$1.29
7	11/09/91	ROOM SERVICE...../306/3/1/4 GST INCLUDED IN ABOVE CHARGE	\$8.83CR \$.58CR
CONTINUED....			

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

BHALIWAL, D
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

INC

11/08/91

Arrival Date

11/10/91

Departure Date

in Party

Rate

CRI1108

0074105

Room No.

C/I JHH

TIME 13:37

C/O STS

TIME 16:05

Acct. No.

306

#	Date	Description	Amount
8	11/10/91	ROOM SERVICE...../306/124/0/4	\$16.48
		09:01/24/ /POS	
		GST INCLUDED IN ABOVE CHARGE	\$1.08
		* TOTAL *	482.13
		GST REGISTRATION NUMBER: R101577591	
		GST - ROOM	\$1.00
		F & B	45.33
		OTHER	\$1.05
		* TOTAL GST *	45.38

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1 1/4% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____

FACTURE

Association Canadienne - Française de l'Alberta

SECRETARIAT PROVINCIAL
200, 8923 - 82 AVENUE
EDMONTON (Alberta)
T6C 0Z2

Nom & Adresse I.C.R.E.F.

Date 31 octobre 1991

I0999

Interurbains/Télexcopies

1 92 \$

(199)

Payable dès réception. Merci.

Nº 3556

Date

Amount
Montant

Check No.
No de Facture

Nov 8 91



THE WESTIN HOTEL

Edmonton

26.75

CITY OF EDMONTON
LIBRARY PARKADE
GST# R119326276

OUT	11/08	11:04PM
IN	11/08	10:35AM
FEE 1		\$7.94
TAX		\$0.56
TOTAL ->		\$8.50
CASH		\$9.00
CHANGE		\$0.50
CASH PAID		\$8.50

THANK YOU!

21267 33

CITY OF EDMONTON
LIBRARY PARKADE
GST# R119326270

OUT 11/10 04:36PM

IN 11/10 11:16AM

FEE 1	\$4.40
-------	--------

TAX	\$0.31
-----	--------

TOTAL->	\$4.75
---------	--------

CASH	\$4.75
------	--------

CHANGE	\$0.00
--------	--------

CASH PAID	\$4.75
-----------	--------

THANK YOU!

72230 22

CITY OF EDMONTON
LIBRARY PARKADE
GST# R119326270

OUT 11/10 02:16AM
IN 11/09 08:36AM
FEE 1 \$7.94
TAX \$0.56
TOTAL → \$8.50
CASH \$20.00
CHANGE \$11.50
CASH PAID \$0.56

THANK YOU!

14250 11



THE WESTIN HOTEL
Edmonton

Statement

10135 - 100TH STREET EDMONTON, ALBERTA T5J 0N7

FOR ACCOUNT INQUIRY PLEASE
TELEPHONE (403) 493-8927
FACSIMILE (403) 423-3785

CRIAW -- LOCAL OFFICE
MARCELLINE FORESTIER
11043 90 AVENUE
EDMONTON, AB T6E 2G1

*paid
Nov. 19/91
8262.85
chq. #68*

Amount
Paid \$ _____

Customer 10 235
Number

Date 11/14/91

DATE	DESCRIPTION	REFERENCE	DEBIT	CREDIT	BALANCE
11/08/91	PAYMENT			8000.00	
	BANQUETS 3009		90.45		
	BANQUETS 3010		274.71		
	BANQUETS 3012		535.27✓		7,099.57--
11/09/91	BANQUETS 3014		2,799.39✓		
	BANQUETS 3015		1,957.44✓		
	BANQUETS 3016		18.19✓		
	BANQUETS 3020		6,295.56✓		3,971.01
11/10/91	ROOM ACCOUNT DAY CARE--	0066579	158.94✓		
	ROOM ACCOUNT FORESTIER,	0066580	121.20✓		
	ROOM ACCOUNT BELL, NOREE	0066731	94.45✓		
	BANQUETS 3029		738.30✓		
	BANQUETS 3030		2,325.65✓		
	BANQUETS 3031		1,218.46✓		8,628.01
11/14/91	BANQUETS 3009			90.45	
	BANQUETS 3010			274.71	8,262.65

TERMS-PAYABLE IN FULL UPON RECEIPT OF STATEMENT

A FINANCE CHARGE is computed on account balances which are delinquent.

The PERIODIC RATE is % per month; the ANNUAL PERCENTAGE RATE is

%

CURRENT

BALANCE

CONTINUED



THE WESTIN HOTEL
Edmonton

Statement

10135 - 100TH STREET EDMONTON, ALBERTA T5J 0N7

FOR ACCOUNT INQUIRY PLEASE
TELEPHONE (403) 493-8927
FACSIMILE (403) 423-3785

Amount

Paid \$ _____

Customer 10
Number

235

Date 11/14/91

CRIAW - LOCAL OFFICE
MARCELLINE FORESTIER
11043 90 AVENUE
EDMONTON, AB T6E 2G1

DATE	DESCRIPTION	REFERENCE	DEBIT	CREDIT	BALANCE
	TRAVEL MANAGERS OF FORTUNE 500 COMPANIES RATE WESTIN "TOPS" IN SERVICE				
TERMS-PAYABLE IN FULL UPON RECEIPT OF STATEMENT A FINANCE CHARGE is computed on account balances which are delinquent. The PERIODIC RATE is % per month; the ANNUAL PERCENTAGE RATE is %				CURRENT	BALANCE
					8,262.85



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: ORIAW

DATE: 08-NOV-91

NAME: MS. MARCELLINE FORESTIER

STREET: '11043 - 90 AVENUE

CITY: EDMONTON

PROVINCE: ALTA

POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

10 COFFEE	\$23.50	\$235.00
2 TEA	\$23.50	\$47.00
18 DOZ. COOKIES	\$8.50	\$153.00

SUB TOTAL \$435.00

GRATUITIES 15.0% \$65.25

TOTAL FOOD AND BEVERAGE SERVICE \$500.25

INCIDENTALS

FLOWERS: P.O.#

A/V EQUIPMENT: P.O.#

ROOM RENTAL:

LABOUR:

OTHER: P.O.#

OTHER: P.O.#

7% GOODS & SERVICES TAX: \$35.02

TOTAL FUNCTION: \$535.27

DEPOSIT RECEIVED:

ORDER NUMBER '2071 AS-L-CG

Guest Signature X

G.S.T. Registration No. R101577591

Banquet Check # 003012



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW
DATE: 09-NOV-91
NAME: MS. MARCELLINE FORESTIER

STREET: 11043 - 90 AVENUE
CITY: EDMONTON
PROVINCE: ALTA
POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

260 LUNCH	1	\$8.75	\$2,275.00
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SUB TOTAL \$2,275.00

GRATUITIES 15.0% \$341.25

TOTAL FOOD AND BEVERAGE SERVICE \$2,616.25

INCIDENTALS

FLOWERS: P.O.#

A/V EQUIPMENT: P.O.#

ROOM RENTAL:

LABOUR:

OTHER: P.O.#

OTHER: P.O.#

7% GOODS & SERVICES TAX: \$183.14

TOTAL FUNCTION: \$2,799.39

DEPOSIT RECEIVED:

ORDER NUMBER 2086 AS-L-CB

Guest Signature X

G.S.T. Registration No.

R101577591

Banquet Check #

003014



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW

DATE: 09-NOV-91

NAME: MS. MARCELLINE FORESTIER

STREET: 11043 - 90 AVENUE

CITY: EDMONTON

PROVINCE: ALTA

POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

13 GAL. COFFEE	\$23.50	\$305.50
2 GAL. TEA	\$23.50	\$47.00

SUB TOTAL \$352.50

GRATUITIES 15.0% \$52.88

TOTAL FOOD AND BEVERAGE SERVICE \$405.38

INCIDENTALS

FLOWERS:	P.O.#	
A/V EQUIPMENT:	P.O.# 9086	\$1,274.00
ROOM RENTAL:		\$150.00

LABOUR:

OTHER: P.O.#

OTHER: P.O.#

7% GOODS & SERVICES TAX: \$128.06

TOTAL FUNCTION: \$1,957.44

DEPOSIT RECEIVED:

ORDER NUMBER 2073 AS-L-CG

Guest Signature X

R101577591

G.S.T. Registration No.

Banquet Check # 003015



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW
DATE: 09-NOV-91
NAME: MS. MARCELLINE FORESTIER

STREET: 11043 - 90 AVENUE
CITY: EDMONTON
PROVINCE: ALTA
POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

SUB TOTAL

GRATUITIES %

TOTAL FOOD AND BEVERAGE SERVICE

INCIDENTALS

FLOWERS:	P.O.#	
A/V EQUIPMENT:	P.O.#	
ROOM RENTAL:		
LABOUR:		
OTHER:	P.O.# F/C	\$17.00
OTHER:	P.O.#	
7% GOODS & SERVICES TAX:		\$1.19
TOTAL FUNCTION:		\$18.19
DEPOSIT RECEIVED:		

Guest Signature **X**

ORDER NUMBER 12081/2082 AS L CG

G.S.T. Registration No.

Banquet Check #

003016



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW
DATE: 09-NOV-91
NAME: MS MARCELLINE FORESTIER

STREET: 11043-90 AVENUE
CITY: EDMONTON
PROVINCE: ALBERTA
POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

254 DINNER	\$19.95	\$5,067.30
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SUB TOTAL		\$5,067.30
GRATUITIES	15.0%	\$760.10
TOTAL FOOD AND BEVERAGE SERVICE		\$5,827.40

INCIDENTALS

FLOWERS:	P.O.#	
A/V EQUIPMENT:	P.O.# SOCAN	\$56.30
ROOM RENTAL:		
LABOUR:		
OTHER:	P.O.#	
OTHER:	P.O.#	
7% GOODS & SERVICES TAX:		\$411.86
TOTAL FUNCTION:		\$6,295.56
DEPOSIT RECEIVED:		

ORDER NUMBER 2089 AS-N-CG (LM)

Guest Signature X

R101577591

G.S.T. Registration No.

Banquet Check # 003020



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

BELL, NOREEN
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

11/08/91 Arrival Date
11/10/91 Departure Date
1 # in Party
70.00 Rate

C/I R5J TIME 11:32
C/O STS TIME 18:16

Acct. No. CRI1108
0066731 Room No. 1610

#	Date	Description	Amount
1	11/08/91	PARKING...../1610/34127/1/4	\$7.00
2	11/08/91	GST...../1610/34126/1/4	\$.49
		GST	
3	11/09/91	ROOM...../1610/36730/1/4	\$70.00
4	11/09/91	GST...../1610/36731/1/4	\$4.90
		GST	
5	11/09/91	ROOM TAX...../1610/36732/1/4	\$3.50
6	11/09/91	LOCAL CALL-DAILY CHG/1610/36733/1/4	\$1.00
7	11/09/91	GST...../1610/36734/1/4	\$.07
		GST	
8	11/09/91	PARKING...../1610/36735/1/4	\$7.00
9	11/09/91	GST...../1610/36736/1/4	\$.49
		GST	
		* TOTAL *	\$94.45
		CONTINUED....	

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1½% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

BELL, NOREEN
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

11/08/91 Arrival Date
11/10/91 Departure Date
1 # in Party
70.00 Rate

Acct. No. CRI1108 Room No. 1610
0066731

C/I RSJ TIME 11:32
C/O STS TIME 18:16

#	Date	Description	Amount
		GST REGISTRATION NUMBER: R101577591	
		GST - ROOM	\$4.90
		F & B	1.00
		OTHER	\$1.05
		* TOTAL GST *	\$5.95

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1½% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

FORESTIER, MARCELLINE
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

11/08/91 Arrival Date
11/10/91 Departure Date
1 # in Party
70.00 Rate

C/I RSJ TIME 11:33
C/O MTU TIME 16:48

Acct. No. CRI1108 Room No. 805
0066580

#	Date	Description	Amount
1	11/08/91	PHOTOCOPIES...../805/9/1/4	\$25.00
2	11/08/91	GST...../805/9/1/4	\$1.75
3	11/08/91	PARKING...../805/33488/1/4	\$7.00
4	11/08/91	GST...../805/33489/1/4	\$1.49
		GST	
5	11/09/91	ROOM...../805/35977/1/4	\$70.00
6	11/09/91	GST...../805/35978/1/4	\$4.90
		GST	
7	11/09/91	ROOM TAX...../805/35979/1/4	\$3.50
8	11/09/91	LOCAL CALL-DAILY CHG/805/35980/1/4	\$1.00
9	11/09/91	GST...../805/35981/1/4	\$1.07
		GST	
10	11/09/91	PARKING...../805/35982/1/4	\$7.00
11	11/09/91	GST...../805/35983/1/4	\$1.49
		GST	
		* TOTAL *	\$121.20
		CONTINUED....	

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1½% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

FORESTIER, MARCELLINE
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

11/08/91 Arrival Date
11/10/91 Departure Date
1 # in Party
70.00 Rate

C/I RSJ TIME 11:33
C/O MTU TIME 16:48

Acct. No. CRI1108 Room No. 805
0066590

#	Date	Description	Amount
		GST REGISTRATION NUMBER: R101577591	
		GST - ROOM	\$4.90
		F & B	\$1.00
		OTHER	\$2.80
		* TOTAL GST *	\$7.70

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1½% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

DAY CARE-, CRIAW
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

11/08/91 Arrival Date
11/10/91 Departure Date
1 # in Party
70.00 Rate

C/I RSJ TIME 11:35
C/O MTU TIME 16:48

Acct. No.

CRI1108
0066579

Room No.

804

#	Date	Description	Amount
1	11/08/91	ROOM...../804/33483/1/4	\$70.00
2	11/08/91	GST...../804/33484/1/4	\$4.90
		GST	
3	11/08/91	ROOM TAX...../804/33485/1/4	\$3.50
4	11/08/91	LOCAL CALL-DAILY CHG/804/33486/1/4	\$1.00
5	11/08/91	GST...../804/33487/1/4	\$0.07
		GST	
6	11/09/91	ROOM...../804/35972/1/4	\$70.00
7	11/09/91	GST...../804/35973/1/4	\$4.90
		GST	
8	11/09/91	ROOM TAX...../804/35974/1/4	\$3.50
9	11/09/91	LOCAL CALL-DAILY CHG/804/35975/1/4	\$1.00
10	11/09/91	GST...../804/35976/1/4	\$0.07
		GST	
		* TOTAL *	\$158.94
		CONTINUED....	

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1½% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

Guest Account

10135-100th Street, Edmonton, Alberta T5J 0N7 (403) 426-3636 Fax (403) 423-3785

DAY CARE-, CRIAW
UNIVERSITY OF ALTA CAMPUS
11043 90 AVE
EDMONTON, AB
T6E2G1

11/08/91 Arrival Date
11/10/91 Departure Date
1 # in Party
70.00 Rate

Acct. No. CRI1108 Room No. 804
0066579

C/I RSJ TIME 11:35
C/O MTU TIME 16:48

#	Date	Description	Amount
		GST REGISTRATION NUMBER: R101577591	
		GST - ROOM	\$9.80
		F & B	\$1.00
		OTHER	\$1.14
		* TOTAL GST *	\$9.94

A FINANCE CHARGE is computed on account balances which are delinquent; the PERIODIC RATE is 1½% per month; the ANNUAL PERCENTAGE RATE is 18%.

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

Company _____

Street _____

City _____ Prov. _____ Postal Code _____

Signature _____



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW

DATE: 07-NOV-91

NAME: MS MARCELLINE FORESTIER

UNIVERSITY OF ALBERTA CAMPUS

STREET: 11043-90 AVENUE

CITY: EDMONTON

PROVINCE: ALBERTA

POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

SUB TOTAL

GRATUITIES %

TOTAL FOOD AND BEVERAGE SERVICE

INCIDENTALS

FLOWERS:

P.O.#

A/V EQUIPMENT:

P.O.#

ROOM RENTAL:

LABOUR:

OTHER:

P.O.# 23 DISPLAY

\$690.00

OTHER:

P.O.#

7% GOODS & SERVICES TAX:

\$48.30

TOTAL FUNCTION:

\$738.30

DEPOSIT RECEIVED:

ORDER NUMBER 2072 AS-N-CG (LM)

Guest Signature **X**

R101577591

G.S.T. Registration No.

Banquet Check # **003029**



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW
DATE: 07-NOV-91
NAME: MS MARCELLINE FORESTIER
UNIVERSITY OF ALBERTA CAMPUS
STREET: 11049-90 AVENUE
CITY: EDMONTON
PROVINCE: ALBERTA
POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

216 LUNCHEON	\$8.75	\$1,890.00
--------------	--------	------------

SUB TOTAL		\$1,890.00
GRATUITIES	15.0%	\$283.50
TOTAL FOOD AND BEVERAGE SERVICE		\$2,173.50

INCIDENTALS

FLOWERS:	P.O.#	
A/V EQUIPMENT:	P.O.#	
ROOM RENTAL:		
LABOUR:		
OTHER:	P.O.#	
OTHER:	P.O.#	
7% GOODS & SERVICES TAX:		\$152.15
TOTAL FUNCTION:		\$2,325.65
DEPOSIT RECEIVED:		

ORDER NUMBER 2091 AS-N-C9 (LM)

Guest Signature X

R101577591

G.S.T. Registration No.

Banquet Check # 003030



THE WESTIN HOTEL
Edmonton

10135 - 100 Street
Edmonton, Alberta T5J 0N7
Phone: (403) 426-3636
Fax: (403) 428-1454

Catering Services

FUNCTION: CRIAW
DATE: 07-NOV-91
NAME: MS MARCELLINE FORESTIER
UNIVERSITY OF ALBERTA CAMPUS
STREET: 11043-90 AVENUE
CITY: EDMONTON
PROVINCE: ALBERTA
POSTAL CODE: T6E 2G1

FOOD AND BEVERAGE SERVICE

8 COFFEE	\$23.50	\$188.00
2 HOT WATER/TEA	\$23.50	\$47.00

SUB TOTAL		\$235.00
GRATUITIES	15.0%	\$35.25
TOTAL FOOD AND BEVERAGE SERVICE		\$270.25

INCIDENTALS

FLOWERS:	P.O.#	
A/V EQUIPMENT:	P.O.# 9085	\$718.50
ROOM RENTAL:		\$150.00
LABOUR:		
OTHER:	P.O.#	
OTHER:	P.O.#	
7% GOODS & SERVICES TAX:		\$79.71
TOTAL FUNCTION:		\$1,218.46
DEPOSIT RECEIVED:		

ORDER NUMBER 2090 AS-N-CB (LM)

Guest Signature **X**

R101577591

G.S.T. Registration No.

Banquet Check # **003031**

437993

GUEST RECEIPT

Thank You!

DATE	AMOUNT	G.S.T.
11.07.91	\$4.95	

REG. NO. _____

melting Sheryl McGinnis
registration coordinator
Nov 7/91

supper at hotel

Friday, Nov. 8th

receipt not available
for Marcelline Forestier

\$ 10.



THE WESTIN HOTEL

GUEST CHECK
Edmonton
SERVER 16 TABLE 200 TIME 08:21

1 WESTIN CONTIN	6.25
1 FRUIT COCKTAIL	2.95

SUB TOTAL	9.20
-----------	------

TAX	0.64
-----	------

TOTAL	9.84
-------	------

GST# R101577591

GST INCLUDED	0.64
--------------	------

TIP\$ TOTAL\$

PRINT NAME

ROOM#

THE WESTIN HOTEL

SIGNATURE Edmonton

THE WESTIN HOTEL - EDMONTON

THE PALM COURT

FOOD	9.20
------	------

91-11-10 1 GUEST #821- 81

breakfast

farewell

Sun. Nov. 10



THE WESTIN HOTEL
Edmonton

GUEST CHECK

SERVER 88 TABLE 238/ 1 TIME 07:31

1 1 EGG	3.50
1 COFFEE	1.25
1 FRESH O J	2.95

THE WESTIN HOTEL
Edmonton

TOTAL 8.24

GST# R101577591

GST INCLUDED 0.54

TIP\$.....TOTAL\$.....

PRINT NAME.....

ROOM#....

SIGNATURE.....

THE WESTIN HOTEL - EDMONTON
THE PALM COURT

FOOD 7.70

THE WESTIN HOTEL

91-11-09 1 GUEST #821- 22
Edmonton

at night
the little
ghost

Le 14 novembre 1991

Chère Agathe,

Objet: relevé du fonds de salaire pour Marcelline Forestier,
coordonnatrice du Colloque de l'ICREF

Salaires sept. et oct.	4410.00
Avantages sociaux	262.80
Frais administratifs	30.00
Salaire de novembre	2327.50

TOTAL	\$7030.30
-------	-----------

Remise de l'organisme
en date du 17 sept.'91 2200.00

Montant dû à l'ACFA: 4830.30

Mes journées pour le mois de novembre sont:
du 4 au 14 novembre inclusivement
du 18 au 21 novembre inclusivement
du 25 au 28 novembre inclusivement

Vous trouverez ci-inclus un chèque de \$4800.00 pour couvrir les
frais encourus à date.

Merci de votre attention.

M. Forestier

Marcelline Forestier
coordonnatrice du colloque

c.c. Sylvie Guillette

fonds des salaires

août 1260.00

sept. 17 jours $7h \times 17.50 \times 17 = 2082.50$

oct. 19 jours

$7h \times 17.50 \times 19 = 2327.50$

salaires sept. oct. 4410.00

avant. soc. 262.80

frais adm. 30.00

~~sept~~, oct, nov. 4702.80

salaire nov. 2327.50

nov. 19 jours

2327.50

76030.30

-

2200.00

4830.30

(remise de l'org.
en date du 17 sept/91)

journées de travail nov. '91

4 au 14 nov. incl.

18 au 21 " "

25 au 28 " "

Remise de l'organisme:

Aug. 20

- July & Aug. 2500.00

salary & benefits

Sept. 17

Sept. 2200.00

salary & benefits



Association canadienne-française de l'Alberta

Pièce 200, 8923 - 82 Avenue
Edmonton, Alberta
T6C 0Z2
Tél: 466-1680
Télécopieur: 465-6773

CONFIDENTIEL

DESTINATAIRE: Agathe Gaulin, I.C.R.E.F.

EXPÉDITEUR: Sylvie B. Guillette, comptabilité
A.C.F.A. provinciale

OBJET: Relevé du fonds des salaires
au 31 août 1991

DATE: 5 septembre 1991

Solde du mois précédent	<u>(21,44)</u>	\$
Remise de l'organisme 23/08/91	<u>2 500,00</u>	\$
Salaires Payé en septembre '91 mais salaire d'août '91	<u>(1 260,00)</u>	\$
Avantages sociaux	<u>(72,62)</u>	\$
Frais d'administration	<u>(15,00)</u>	\$

Solde du fonds des salaires à la fin du mois:	<u>1 130,94</u>	\$

solde positif = montant en banque
solde négatif = montant dû au secrétariat provincial

Si le solde du fonds des salaires de votre organisme est négatif, nous apprécierions grandement recevoir une remise le plus rapidement possible.

Merci de votre collaboration.



Association canadienne-française de l'Alberta

Pièce 200, 8923 - 82 Avenue
Edmonton, Alberta
T6C 0Z2
Tél: 466-1680
Télécopieur: 465-6773

CONFIDENTIEL

DESTINATAIRE: Agathe Gaulin, I.C.R.E.F.

EXPÉDITEUR: Sylvie B. Guillette, comptabilité
A.C.F.A. provinciale

OBJET: Relevé du fonds des salaires
au 31 octobre 1991

DATE: 4 novembre 1991

Solde du mois précédent	<u>2 373,67</u>	\$
Remise de l'organisme	<u> </u>	\$
Salaires	<u>(4 410,00)</u>	\$
Avantages sociaux	<u>(262,80)</u>	\$
Frais d'administration	<u>(15,00)</u>	\$

Solde du fonds des salaires à la fin du mois:	<u>(2 314,13)</u>	\$

*remise de
l'organisme
17 sept.
2200.00*

solde positif = montant en banque
solde négatif = montant dû au secrétariat provincial

Si le solde du fonds des salaires de votre organisme est négatif,
nous apprécierions grandement recevoir une remise le plus
rapidement possible.

Merci de votre collaboration.



November 15, 1991

GST #R122012511

CRIAW
11043 - 90 Avenue
Edmonton, Alberta
T6G 1A6

Attention: Noreen Bell

Terms: Payment due upon receipt

-----INVOICE-----

TO: 268 Namebadges @ 1.50 each	\$402.00
20 Sheets Namebadge Paper @ .30 each	6.00
160 pin badge holders @ .35 each	56.00
Shipping and Handling(Courier to Edmonton)	<u>13.61</u>
	477.61
GST @ 7%	<u>33.43</u>
	<u>\$511.04</u>

*paid
Nov. 21/91
\$ 511.04*

Invoice #009

* Receipts & ~~Cheques~~
Women @ disabilities
To be reimbursed by
CRIA W mat.

YELLOW

CAB

EDMONTON
462-3456
CALGARY
250-8311



“Courtesy & Service”

YELLOW

CAB

**THANK YOU
MERCI**

Date/Date: Nov 8/91 Amount/Montant: 500

From/De: _____

To/A: _____

Unit #/Voiture #: 419 Driver/Chauffeur: JIM

GST # _____

**PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR**

MINI



PASSENGER LINES

- Transporting the Physically Challenged -

498-1742

- Serving Edmonton and Surrounding Areas -

Date

NOV 8/91.

From

INTERNATIONAL

To

WESTIN HOTEL

KM Travelled

34.5.

Amount

~~422~~ 00

Driver

DAN.

Nancy Lear

#

Nov 7 1991

RECEIVED FROM
REÇU DE

Donna Dhaluval

Forty DOLLARS \$ 40.00

ride to & from Kettlebridge

Nagall Honda Bus.

Malcolm Kapt Treas.

NOTICE TO PASSENGER: SEE LIMITATION OF BAGGAGE LIABILITY AND TRANSPORTATION
RULES AND REGULATIONS ON BACK

GREYHOUND TRIPS ARE NOW NON SMOKING

GREYHOUND LINES OF CANADA LTD.



GOOD FOR ONE TRIP AS SHOWN BELOW

*** RECEIPT ***

NOT GOOD FOR
TRANSPORTATION

LETHBRIDGE AB	722397	RT
CALGARY AB	720664	GLL
EDMONTON AB	721290	GLL

RT REGULAR		11/07/91
\$96.00 FARE	11	4:19 PM
+6.72 GST		
\$102.72 CASH		22511556056

220 14543 916

GST REGISTRATION NO. R102200136

NOTE: ERASURES OR ALTERATIONS ON ANY PART OF THIS TICKET
RENDERS THIS NULL AND VOID.

VOID IF DETACHED

NOTICE TO PASSENGER

BAGGAGE LIABILITY LIMITED TO \$100.00 FOR LOSS OR DAMAGE HOWSOEVER OCCASIONED WHETHER THROUGH NEGLIGENCE OF ITS AGENTS, EMPLOYEES OR OTHERWISE FOR EACH ADULT TICKET AND \$50.00 FOR EACH HALF-FARE TICKET UNLESS GREATER VALUE DECLARED AT TIME OF DELIVERY FOR TRANSPORTATION. LIABILITY MAY BE INCREASED TO A MAXIMUM OF \$250.00 FOR EACH ADULT TICKET OR TO \$125.00 FOR EACH HALF-FARE TICKET ON PAYMENT OF 75¢ FOR EACH ADDITIONAL \$50.00 OF VALUATION OR FRACTIONAL PART THEREOF.

ISSUING CARRIER WILL BE RESPONSIBLE ONLY FOR TRANSPORTATION ON ITS OWN LINES IN ACCORDANCE WITH TARIFF REGULATIONS AND LIMITATIONS, AND ASSUMES NO RESPONSIBILITY FOR ANY ACTS OR OMISSIONS OF OTHERS OCCURRING WITHIN OR OUTSIDE CANADA.

ASK LOCAL AGENT FOR ADDITIONAL INFORMATION.

NAME _____

ADDRESS _____

NOTICE TO PASSENGER: SEE LIMITATION OF BAGGAGE LIABILITY AND TRANSPORTATION
RULES AND REGULATIONS ON BACK

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RT REGULAR		11/07/91
\$96.00 FARE	11	4:20 PM
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\$102.72 CASH		22511556056

220 14544 914

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NOTICE TO PASSENGER

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ASK LOCAL AGENT FOR ADDITIONAL INFORMATION.

NAME _____

ADDRESS _____

FACTURE

INVOICE



8923, 82^e AVENUE
EDMONTON, ALBERTA
T6C 0Z2
TÉLÉPHONE: (403) 465-6581
TÉLÉCOPIEUR: (403) 465-3647

MADAME MARCELINE FORESTIER
11043 - 90 avenue
Edmonton, AB
T6C 1A6

DATE: 18.10.91

CLIENT: Re: Colloque annuel de l'ICREF

No DE COMMANDE:
ORDER No:

	TITRE TITLE	ESPACE SPACE	TARIF RATE	MONTANT AMOUNT	COM	TOTAL
25.10.91	COLLOQUE ANNUEL	148	.50			74.00

paid Nov. 18/91

TPS-GST (R103043808)

2010-3 - 520-20

5.18
79.18

N^o

30022

TERMES: NET 30 JOURS, 2% D'INTÉRÊT PAR MOIS, 24% PAR ANNÉE, SUR COMPTES PASSÉS DUS
TERMS: NET 30 DAYS, 2% INTEREST PER MONTH, (24% PER ANNUM), ON OVERDUE ACCOUNTS

MOM'S deli

Anne Mageau - ~~Kristina Savage~~ - Pam Barrett
Arlene Lockyer

10128 - 100 Street
Edmonton T5J 0N8
428-0320

GST#: 124497041

Catering Invoiced

Nov. 10, 1991

Re: CRIAW Conference
Weston Hotel

3 Lg trays @ \$30.00 ea.

* for Volunteers' room

2- mixed Meat & Cheese
Vegetarian Sandwiches

1 - mixed Vegetables and creamy
dill dip

\$90.00

paid Nov. 21/91
96.30

G.S.T. 6.30

\$96.30

Thanks
Anne

Call us for your catering needs.



**Athabasca
University**

Financial Services

Box 10,000
Athabasca, Alberta
T0G 2R0
Telephone: (403) 675-6111

INVOICE NO. 4940

Date of Invoice 30 September 1991

Your purchase order _____

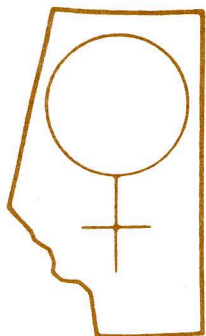
A.U. GST Req #: R 106735830

Women's Resource Centre
C/O Barb Spronk

Reference: 0200 0000 AR90 JE6864

Department: Media

Quantity	Description	Amount
	For Proterra Text Vellum paper used for printing of the Global Vision Brochure	571.61
	<i>paid Nov. 18/91 611.62</i>	
	GST: 7%	40.01
	PLEASE QUOTE OUR INVOICE NUMBER ON YOUR REMITTANCE	
TERMS: NET 30 DAYS CANADIAN DOLLARS PAYABLE TO ATHABASCA UNIVERSITY		Total 611.62



ALBERTA STATUS OF
WOMEN ACTION
COMMITTEE

P.O. BOX 1573
EDMONTON, ALBERTA
T5J 2N7

TELEPHONE (403) 421-0306

DATE: November 19/91

INVOICE TO: (ADDRESS AND PHONE #)

CRIAW/ICREF
11043-90 Ave.
EDMONTON, Alberta
T6G 1A6 ph. 492-8950

ITEM

COST

27 T-Shirts	12.00 @	324.00
-------------	---------	--------

paid
Nov. 19/91
\$ 324.00

TOTAL

324.00

No GST charged.

INVOICE # 0025

MAKE CHEQUE PAYABLE TO: ASWAC, BOX 1573, EDMONTON, T5J 2N7

Rivard Management and Consulting Ltd.

7311 - 105A Street
Edmonton, Alberta T6H 4T9

Phone (403) 433-9584
Fax (403) 432-0877

Facture #IN050

Date: le 10 novembre 1991

A: CRIAW / ICREF Committee
11043- 90 ave.
Edmonton, Alberta

SERVICE D'INTERPRETATION POUR CRIAW/ICREF CONFERENCE

TOTAL 2 600\$
PAYE 1 300\$

Montant dû : 1 300 \$

paid \$1300
Nov. 13/91

CRIAW/ICREF
Misener/Margetts Women's Research Centre
11043 - 90 Avenue
Edmonton, Alberta
T6G 1G5

The following resume is an account of the hours completed by **Sheila Dunphy**, temporary substitute for Noreen Bell, Associate Coordinator of the CRIAW conference.

The hours worked from October 24, 1991 to November 8, 1991 are as follows:

24/10/91	0.50 hours
25/10/91	4.75 hours
28/10/91	3.00 hours
29/10/91	1.50 hours
30/10/91	4.50 hours
01/11/91	6.00 hours
07/11/91	8.50 hours
08/11/91	2.00 hours

Total hours worked 30.75 hours $\times \$15/h = \461.25

The expected payment date is the week of November 11, 1991. The amount may be sent to the Edmonton CRIAW office with attention to Sheila Dunphy.

paid
Nov. 14/91

Sincerely,

Sheila Dunphy
Sheila Dunphy

CITY OF EDMONTON
LIBRARY PARKADE
GST# R119326270

OUT 11/08 08:27PM

IN 11/08 03:15PM

FEE 1	\$5.14
-------	--------

TAX	\$0.36
-----	--------

TOTAL->	\$5.50
---------	--------

CASH	\$5.50
------	--------

CHANGE	\$0.00
--------	--------

CASH PAID	\$5.50
-----------	--------

THANK YOU!

/1452 22

VI 425 55

THANK YOU

parking
3 wenge
McJ mmo
coord.
registration
\$20.50

CITY OF EDMONTON
LIBRARY PARKADE
GST# R119356276

OUT 11/89 03:28PM
IN 11/89 07:30AM

FEE 1	\$7.01
TAX	\$0.49
TOTAL ->	\$7.50
CASH	\$7.50
CHANGE	\$0.00
CASH PAID	\$7.50

THANK YOU!

13739 11

CITY OF EDMONTON
LIBRARY PARKADE
GST# R119326270

OUT	11/10	04:15PM
IN	11/10	08:25AM
FEE	1	\$7.01
TAX		\$0.49
TOTAL→		\$7.50
CASH		\$7.50
CHANGE		\$0.00
CASH PAID		\$7.50

THANK YOU!

14624 11

PROGRAM: CPQX0950
NOVEMBER 12, 1991

FACUL JF EXTENSION
DETAILED BUDGET SUMMARY

PAGE: 1
SB/PR

COURSE: 6391 C.R.I.A.W. CONFERENCE

START DATE: 91/11/08

END DATE: 91/11/10

STATUS: A

MINOR ACCOUNT CODE	DATE	DESCRIPTION	ESTIMATE	ACTUAL
1960	910919	FORBERG, J/JUL		203.79
1960	910919	LUECK, M/JULY		119.80
1960		TOTALS	0.00	323.59
4010	910718	POSTAGE/JUN-JUL		22.79
4010	910917	POSTAGE/JUL-SEP		1,904.13
4010	911109	POSTAGE SEP-NOV		247.91
4010		TOTALS	0.00	2,174.83
4282	910916	PRINTING/30355Q		94.31
4282		TOTALS	0.00	94.31
4294	910710	CENT.STRS/21071		108.31
4294		TOTALS	0.00	108.31
		TOTAL REVENUE	0.00	0.00
		TOTAL EXPENSE	0.00	2,701.04
		NET	0.00	2,701.04-

+ telephone calls & Fax (May through Sept) \$305
wed don't have. Oct. & Nov. yet.

+ photocopying.

PRINTING SERVICES
108 PRINTING SERVICES
PRINTING SERVICES BLDG
EDMONTON AB 940 86

STATEMENT OF ACCOUNT

STATEMENT DATE	ACCOUNT NO.
05/31/91	6401131

492-8950

MISENER/MARKETTS WOMEN'S
64 01131
11043 - 90 AVENUE
EDMOTNON, ALBER ALTA T6

1

DATE PAID _____ CHEQUE NO. _____ AMOUNT _____

TRANSACTION DATE	INVOICE NO.	DESCRIPTION	AMOUNT	BALANCE
051391	16171	"CRIA W CONF."BRC	1563.40	1563.40
THIS STATEMENT IS FOR YOUR RECORDS ONLY. CHARGES WILL APPEAR ON YOUR GENERAL LEDGER. ?? CALL BARB OR SUE @ 4246.				
				TOTAL
				1563.40

University of Alberta Printing Services
Room 108, Printing Services Building
89 Avenue & 116 Street
Edmonton, Alberta
T6G 2N1
(403)492-4246

MISENER/MARKETTS WOMEN'S RESEARCH CENTRE

Contact: LESLIE STEWART

64 01131
11043 - 90 AVENUE
EDMONTON, ALBERTA, ALTA
T6

Phone: (403) 492-8950
P.O.#: 23405Q

Job # 16171 -- "CRIAW CONF."BRC

7500 "CRIAW CONFERENCE" BROCHURES
3.5 X 8.5 - 8PP. PTD TO C/R COPY. 3 COLORS 2 SIDES.
PROTERRA VELLEM TEXT 23 X 35 - 136M (SPECIAL) NATURAL

Date Ordered: 04/16/91

Date Due: 04/26/91

Quantity Ordered: 7500.0

Quantity Shipped: 0.0

Cost: 1563.40

*Women's Resource
Centre
- \$3000.00. part of.
will be paid later*



University of Alberta Printing Services
Room 108, Printing Services Building Phone 4246
Edmonton, Alberta

20463

S

Attention: LESLIE STEWART

Department: WOMEN'S RESEARCH CTR

Room: _____ Bldg.: 11043 - 90 AVE Date 4-24-91

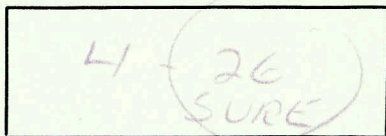
Order No.	Job No.	Quantity	Description
<u>234059</u>	<u>16171</u>	<u>7530</u>	<u>CRIAW CONFERENCE BROCHURES</u>

TRUCK ☒ DISPATCH SERVICE ☐ PICK-UP ☐

ORIGINALS ENCLOSED YES ☐ NO ☒

BOXES 41

PKGS. _____



Received by _____



UNIVERSITY OF ALBERTA
MATERIALS MANAGEMENT DEPARTMENT
CENTRAL STORES DIVISION

STORES REQUISITION

CS 43801

DEPARTMENT: Women's Research Centre

DATE 6 May 19 91

DELIVER TO:
(ROOM & BLDG.) _____

CHARGE TO:

ACCOUNT NUMBER

64	011	31	
----	-----	----	--

MAJOR INTERMEDIATE MINOR MEMO

☒ WILL PICK UP _____

JOB

WORK ORDER

FOR INFORMATION
CALL: _____

PHONE

8950

QTY. ORDERED	UNIT	ITEM NO.	DESCRIPTION
500	HE	5987	Plain ivory envelopes - with logo
7000	HE	598	Ivory envelopes - with logo

AUTHORIZATION
SIGNATURE: _____

M. J. Aschew-Smith

REQUISITIONER'S COPY



UNIVERSITY OF ALBERTA
MATERIALS MANAGEMENT DEPARTMENT
CENTRAL STORES DIVISION

INVOICE

DELIVER TO:

DEPARTMENT

EDUCATIONAL FOUNDATIONS
PICK UP

DATE

06 MAY 1991
14928

ADDRESS

64 01131 4201

INVOICE NO.

ACCOUNT NO.

MARCELLINE

8950

GST # R108102831

CONTACT

43801

PHONE:

DEPT. REQUISITION NO.

JOB NUMBER

WORK ORDER NO.

ORDERED	UNIT	ITEM NO.	DESCRIPTION	SHIPPED	BACK ORDERED	PRICE	EXTENSION
500	EA	HE597	ENVELOPE IVORY #9 (PLAIN) 24LB. 4" X 9" 500/BOX	500		.0217	10.85
7,000	EA	HE598	ENVELOPE IVORY BOND 20LB. 4 1/8" X 9 1/2" PRINTED U OF A 500/BOX	7,000		.0325	227.45
							238.28
							TOTAL
							GST
							TOTAL INVOICE

RECEIVED BY

M. Forstner

FILLED BY
NUMBER

GREG MASH

DELIVERED BY
NUMBER

REQUISITIONER'S OFFICE COPY



UNIVERSITY OF ALBERTA
MATERIALS MANAGEMENT DEPARTMENT
CENTRAL STORES DIVISION

INVOICE

DELIVER TO:

DEPARTMENT

EDUCATIONAL FOUNDATIONS
PICK UP

DATE

06 MAY 1991
14928

ADDRESS

64 01131 4201

INVOICE NO.

ACCOUNT NO.

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8950

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7,000 EA		HE598	ENVELOPE IVORY BOND 24LB. 4 1/8" X 9 1/2", PRINTED U OF A 500/BOX	7,000		.0325	227.45
							238.28
							TOTAL
							GST
							TOTAL INVOICE

RECEIVED BY

M. Karstner

FILLED BY
NUMBER

GREG NASH

DELIVERED BY
NUMBER

REQUISITIONER'S PACKING SLIP



JOURNAL VOUCHER

CONTROL
NUMBER

THIS SPACE FOR USE BY JV CLERK ONLY

VOUCHER
J

PERIOD

(Apr='01')

TYPE
T

TRANS. DATE		
91	10	30
YY	MM	DD

BATCH ENTITY

PLEASE PRINT CLEARLY

DEBITS

ACCOUNT NAME (DO NOT KEY)
Conference Fund - CRIAW
"
"

ACCOUNT NUMBER							
MAJ.	INTER.	MINOR	PROJECT				
67	30	670	4201				
67	30	670	4282				
67	30	670	4030				

TOTAL DEBITS
(CONTROL TOTAL)

AMOUNT	
238	28
1,563	40
216	01
2,117	69

REF. No.	LEDGER DESCRIPTION (40 CHAR MAX)
	Envelopes
	Printing
	L.D. Telephone

CREDITS

Women's Research Centre
Women's Research Centre
Women's Research Centre

MAJ.	INTER.	MINOR	PROJECT				
64	01	131	4200				
64	01	131	4282				
64	01	131	4030				

TOTAL CREDITS
(DO NOT KEY)

238	28-
1,563	40-
216	01-
	-
	-
	-
2,117	69-

	Envelopes
	Printing
	L.D. telephone

REASON

SUBMITTING DEPARTMENT

PREPARED BY *M. Rasmussen* (Ph: 3556) DATE *Oct 30* 19*91*
CHECKED BY *Pat Rasmussen* (Ph: 3093) DATE *Oct 30* 19*91*
Supervisor

OFFICE OF THE COMPTROLLER ONLY

CHECKED BY DATE 19.....
APPROVED BY DATE 19.....
Accountant/Supervisor

MONTHLY EXPENDITURE AND COMMITMENT REPORT
FOR THE MONTH ENDED SEPTEMBER 30, 1991

PRINTED ON OCTOBER 09, 1991

64-01131 ASSHETON-SMITH M TRUST ACCOUNT: 64-01131 COORD CTTEE WOMEN STUDI-ASSHETON-SMITH M
18500 EDUCATIONAL FOUNDATIONS

MINOR CODE	DESCRIPTION	-VOUCHER NUMBER-	SEPTEMBER 1 CUMULATIVE TOTALS	----- CURRENT MONTH ----- INCOME EXPENDITURES	SEPTEMBER 30 CUMULATIVE TOTALS
	OPENING BALANCE		80.47 C		80.47 C
0469	ASSOC FDN VARIOUS		500.00 C		500.00 C
4030	LDTEL AND FAX PP L.D. & RENT PHPB	SEP 91 T 06 IB9804	161.63 D	54.38	216.01 D
4110	TELEPHONE RENTALS PP L.D. & RENT PHPB TO 30-18500-4110	SEP 91 T 06 IB9804 06 JG18	212.29 D	60.72 90.85	363.86 D
4201	MISC SUPPLIES & SUNDRIES PP JOB-WORKORDER PHPB	SEP 91 J 06 IB9616	252.64 D	29.18	281.82 D
4282	PRINT,DUPL & PHOTOCOPY CHARGES		1,563.40 D		1,563.40 D
4520	COMPUTING -- UCS		29.30 D		29.30 D
ACCOUNT	64-01131 BALANCE		1,638.79 D	0.00 235.13 D	1,873.92 D

THIS ACCOUNT IS O V E R E X P E N D E D .

YOUR I M M E D I A T E A C T I O N TO RESOLVE THIS PROBLEM IS ANTICIPATED.

THANK YOU FOR YOUR COOPERATION.

SPECIAL FUNDS & RESEARCH ACCOUNTING PREPARES ALL UNIVERSITY INVOICES TO
AGENCIES AND OTHER EXTERNAL PARTIES ON RESEARCH GRANTS AND CONTRACTS.
SF&RA ALSO MONITORS FOR THE COLLECTION OF THESE INVOICES; THEREFORE,
ANY CHEQUES RECEIVED IN THE DEPARTMENTS FOR DEPOSIT TO RESEARCH ACCOUNTS
SHOULD BE FORWARDED TO SF&RA FOR PROCESSING.

MONTHLY EXPENDITURE AND COMMITMENT REPORT
FOR THE MONTH ENDED AUGUST 31, 1991

PRINTED ON SEPTEMBER 09, 1991

64-01131 ASSHETON-SMITH M TRUST ACCOUNT: 64-01131 COORD CTTEE WOMEN STUDI-ASSHETON-SMITH M
18500 EDUCATIONAL FOUNDATIONS

MINOR CODE	DESCRIPTION	-VOUCHER NUMBER-	AUGUST 1 CUMULATIVE TOTALS	----- CURRENT MONTH ----- INCOME EXPENDITURES	AUGUST 31 CUMULATIVE TOTALS
	OPENING BALANCE		80.47 C		80.47 C
O469	ASSOC FDN VARIOUS 5805 INST AUG 9	05 CR9300	0.00 D	500.00	500.00 C
4030	LDTEL AND FAX PP L.D. & RENT PHPB	AUG 91 T 05 IB9803	126.66 D	34.97	161.63 D
4110	TELEPHONE RENTALS PP L.D. & RENT PHPB	AUG 91 T 05 IB9803	151.57 D	60.72	212.29 D
4201	MISC SUPPLIES & SUNDRIES		252.64 D		252.64 D
4282	PRINT, DUPL & PHOTOCOPY CHARGES PRT MAY1-31 B.25	05 IB705	0.00 D	1,563.40	1,563.40 D
4520	COMPUTING -- UCS 50 01131C10001MTS HARD	05 IB9041	22.03 D	7.27	29.30 D
ACCOUNT	64-01131 BALANCE		472.43 D	500.00 C 1,666.36 D	1,638.79 D

THIS ACCOUNT IS O V E R E X P E N D E D .

YOUR I M M E D I A T E A C T I O N TO RESOLVE THIS PROBLEM IS ANTICIPATED.

THANK YOU FOR YOUR COOPERATION.

SPECIAL FUNDS & RESEARCH ACCOUNTING PREPARES ALL UNIVERSITY INVOICES TO
AGENCIES AND OTHER EXTERNAL PARTIES ON RESEARCH GRANTS AND CONTRACTS.
SF&RA ALSO MONITORS FOR THE COLLECTION OF THESE INVOICES; THEREFORE,
ANY CHEQUES RECEIVED IN THE DEPARTMENTS FOR DEPOSIT TO RESEARCH ACCOUNTS
SHOULD BE FORWARDED TO SF&RA FOR PROCESSING.

MONTHLY EXPENDITURE AND COMMITMENT REPORT
FOR THE MONTH ENDED JULY 31, 1991

PRINTED ON AUGUST 10, 1991

64-01131 ASSHETON-SMITH M TRUST ACCOUNT: 64-01131 COORD CTTEE WOMEN STUDI-ASSHETON-SMITH M
18500 EDUCATIONAL FOUNDATIONS

MINOR CODE	DESCRIPTION	-VOUCHER NUMBER-	JULY 1 CUMULATIVE TOTALS	----- CURRENT MONTH ----- INCOME EXPENDITURES	JULY 31 CUMULATIVE TOTALS
	OPENING BALANCE		80.47 C		80.47 C
4030	LDTEL AND FAX PP L.D. & RENT PHPB	JUL 91 T 04 IB9802	21.47 D	105.19	126.66 D
4110	TELEPHONE RENTALS PP L.D. & RENT PHPB	JUL 91 T 04 IB9802	90.85 D	60.72	151.57 D
4201	MISC SUPPLIES & SUNDRIES		252.64 D		252.64 D
4520	COMPUTING -- UCS 42 01131C10001MTS HARD	04 IB9033	18.80 D	3.23	22.03 D
ACCOUNT	64-01131 BALANCE		303.29 D	0.00 169.14 D	472.43 D

THIS ACCOUNT IS O V E R E X P E N D E D .

YOUR I M M E D I A T E A C T I O N TO RESOLVE THIS PROBLEM IS ANTICIPATED.

THANK YOU FOR YOUR COOPERATION.

EFFECTIVE APRIL 1, 1991 OUR MONTHLY PRINTOUTS ARE BEING PRINTED ON
8 1/2" X 11" WHITE BOND PAPER.
THE LEDGER FORMAT HAS NOT CHANGED.
IF YOU HAVE ANY QUESTIONS/CONCERNS, PLEASE CONTACT YOUR DEPARTMENTAL
REPRESENTATIVE.



CHILD CARE NET WORK:

3704-112a st.

436-6254 T6J 1K3

CHILDCARE SERVICES PROVIDED TO C.R.I.A.W.

DATE:NOV.9 & 10 '91

1 Liaison staff @ \$12.00 per.hr. x 18hrs.....	\$ 360.00
2 staff 2 \$10.00 per.hr.x36 hrs.....	\$ 216.00
food.....	\$ 50.00
Management and consulting.....	\$ 20.00
Administration.....	\$ 20.00
Materials.....	\$ 25.00
TOTAL.....	\$ 671.00

THANK YOU FOR CHOOSING QUALITY CHILD CARE!

Pat Dawson

*paid
Dec 2/91*



SIMULTANEOUS INTERPRETATION
INTERPRÉTATION SIMULTANÉE

INVOICE
FACTURE

11/20/91
38217

VICTORIA
720 Douglas Street
Victoria, B.C.
V8W 2B4
Fax (604) 361-9312
Tel. (604) 361-9310

VANCOUVER
125 West 3rd Avenue
Vancouver, B.C.
V5Y 1E6
Fax (604) 879-4141
Tel. (604) 879-1999

CALGARY
3432 Boulton Road N.W.
Calgary, Alberta
T2L 1M5
Tel. (403) 282-2201

TORONTO
124 The East Mall
Toronto, Ontario
M8Z 5V5
Fax (416) 234-1974
Tel. (416) 234-5444

OTTAWA
1675 Russell Rd. Unit 1
Ottawa, Ontario
K1G 0N1
Fax (613) 526-2407
Tel. (613) 526-3121

MONTREAL
90 Montée de Liesse
Montreal, Québec
H4T 1N4
Fax (514) 340-1639
Tel. (514) 340-1986

QUEBEC
352 av. St-Sacrement
Suite 110
Québec, Québec
G1N 3Y2
Fax (418) 683-5843
Tel. (418) 687-9055

FREDERICTON
250 Hilton Road
Unit 20
Fredericton, N.B.
E3B 6B3
Fax (506) 452-0805
Tel. (506) 459-1117

SAINT JOHN
1 Market Square
Saint John, N.B.
E2L 4Z6
Fax (506) 658-6050
Tel. (506) 634-7511

HALIFAX
100 Ilsley Avenue
Unit M
Dartmouth, N.S.
B3B 1L3
Fax (902) 469-9787
Tel. (902) 469-0485

BILLING ADDRESS / ADRESSE DE FACTURATION:

CDN RESEARCH INST FOR THE ADVANCE OF WOMEN
POST OFFICE BOX 9, SITE 3
RURAL ROUTE 1
ST-ALBERT, ALTA.
T8N 1M8

SHIPPING ADDRESS / ADRESSE D'EXÉCUTION:

WESTIN HOTEL
PLENARY ROOM
EDMONTON
ALBERTA

ORDER DATE DATE DE COMMANDE	W/O O.E.	CONTACT	P.O. NUMBER N° DE BON DE COMMANDE	SET-UP TIME & DATE INSTALLATION: HEURE & DATE	STARTING TIME & DATE DEBUT DE LA REUNION: HEURE & DATE	
03/28/91	17388	MS BARBARA SPRONK		11/08/91	11/09/91 AM	
FILE NUMBER NUMERO DE DOSSIER	SALESPERSON VENDEUR	TELEPHONE NUMBER NUMERO DE TELEPHONE	P.S.T. T.V.P.	RENTAL PERIOD PERIODE DE LOCATION	ENDING TIME & DATE FIN DE LA REUNION: HEURE & DATE	
1401.1	JC	(403) 458-2843		2 DAYS	11/10/91 PM	
QUANTITY QUANTITE	DESCRIPTION			TERM PERIOD	PRICE PRIX	TOTAL

PLEASE NOTE OUR NEW OTTAWA ADDRESS
2295, BLVD ST-LAURENT
OTTAWA, ONTARIO K1G 4H6
FAX (613) 526-0850 PHONE (613) 526-3121

1	TECHNICIAN	2 DAYS	225.00	450.00
1	TECHNICIAN OVERTIME - NOV 9	01.5 HRS	42.00	63.00
1	SET UP & DISMANTLING		200.00	200.00
	TRAVELLING TIME		180.00	180.00
300	IR WIRELESS RECEIVER-3 CH-MIN 100	2 DAYS	3.00	1800.00
4	MICROPHONES (TABLE)	2 DAYS	10.00	80.00
1	MICROPHONES (PODIUM)	2 DAYS	10.00	20.00
2	MICROPHONES (FLOOR)	2 DAYS	10.00	40.00
1	AUDIO MIXER/MICROPHONE-MIN 10	2 DAYS	25.00	50.00
2	CASSETTE RECORDERS	2 DAYS	15.00	60.00
8	CASSETTES (C-60'S)	EACH	8.00	64.00
	TRANSPORT OF EQUIPMENT		550.00	550.00
	MEALS		60.00	180.00

*paid
Dec. 2/91*

GST # 102514361

SUB TOTAL \$3737.00
GST \$261.59

* TAXABLE ITEMS / ARTICLES TAXABLES

It has been a pleasure providing our services to your organization. We trust that they were to the entire satisfaction of all parties concerned and we look forward to being of service again in the near future.

We remain, with best regards.

Il nous a fait grand plaisir de travailler avec votre organisation. Nous espérons que les services rendus furent à la satisfaction de tous et que nous aurons le plaisir de travailler encore avec votre organisation dans un avenir rapproché.

Veuillez agréer l'expression de nos sentiments les meilleurs.

SUB TOTAL SOUS TOTAL	\$3998.59
* P.S.T. T.V.P.	\$.00
TOTAL	\$3998.59

I.S.T.S. INC.

I.S.T.S. INC.

PLEASE REMIT PAYMENT TO MONTREAL OFFICE / VEUILLEZ FAIRE PARVENIR VOTRE REMISE AU BUREAU DE MONTRÉAL

SUPPLEMENTARY CONDITIONS

WAGES	Wages of personnel are based on a working day of 9 consecutive hours with 1/2 hour for lunch or dinner. Our personnel will be in attendance 1 hour prior to the scheduled starting time of the meeting. There is no premium for personnel on Saturdays and Sundays. The wage rates shown on this estimate are those in effect on the date of the estimate. These rates become final upon signature of the contract.
OVERTIME	Overtime will be charged for all hours worked over and above 9 consecutive hours. Overtime will be charged at 1.5 times the hourly rate. The hourly rate is determined by dividing the daily rate by 8 hours.
SETUP AND DISMANTLING	Setups and dismantlings charged on our estimate are based on the information provided and available at the time. The charge is based on the setup being done the day before, with the installation commencing prior to 9:00 p.m. Should room availability only allow access after 9:00 p.m. or before 8:00 a.m., then the setup and dismantling charge will be increased by 25%. Setup and dismantlings done on statutory holidays will be increased by 100%.
SOUND SYSTEM	Our simultaneous interpretation equipment can only function in a room equipped with a sound system. If your meeting room is not provided with this equipment, it may be rented from our company.
TAPE & CASSETTE RECORDING	In order to ensure continuity in recording, two recorders per room per language are required. Permission from the interpreters must be obtained if the interpretation is to be recorded.
TRANSPORTATION	Transportation costs of the equipment and/or personnel by common carrier will be charged at cost + 5%. The amount shown on our estimate is approximate and will be adjusted at the time of invoicing.
INVOICING	Invoices are payable net within 10 days of receipt and interest on all unpaid sums thereafter shall accrue at 2% per month. If you are exempt from provincial sales tax, please give your tax exemption number or certificate of exemption. Unit prices indicated are the costs per unit per day, and are subject to change without further notice unless your "Estimate and Reservation Agreement" has been approved, returned and confirmed by I.S.T.S.
TERMS	Your signature on this estimate is a binding contract for both parties. Reservations are made on a "first come, first served" basis.
GUARANTEES	I.S.T.S. guarantees performance of equipment and continuity of operation under normal circumstances. We assume no responsibility for circumstances beyond our control such as power failures or malfunctioning of sound systems supplied by others. In all cases, I.S.T.S.'s liability is limited to the amount of the I.S.T.S. contract and in no event is I.S.T.S. responsible for contingent liabilities.
STAND-BY EQUIPMENT	Subject to availability, stand-by equipment is supplied free of charge on all equipment susceptible to technical breakdown in order to ensure continuity of operation.
INTERPRETERS	Interpreters are freelance professionals and I.S.T.S. is not responsible for the quality or performance of their work. However, I.S.T.S. can assist you in making the necessary arrangements for the services of the interpreters should you so desire.
UNION CHARGES	In any facility where union labour must be used in order to provide our services, these costs will be the responsibility of the client and will be billed directly to the client.
PATCHING	Any patching, audio connection or concession charges levied by the facility where the conference is being held, will be the responsibility of the client and will be billed directly to the client.
DISTRIBUTION OF RECEIVERS	I.S.T.S. personnel will be responsible for the distribution of the receivers. Each delegate shall complete an I.S.T.S. provided registration card and leave as a security deposit either a credit card, or driver's license. Compliance with this receiver distribution method eliminates any and all responsibility for your organization for lost or non returned receivers. Should instructions be given to handle the receiver distribution in a manner contrary to this procedure, your organization will be held fully responsible for each unit lost, at a minimum cost of \$200.00 per single channel I.R. unit, \$300.00 per multi channel I.R. unit, \$300.00 per complete stethoclip, \$10.00 per stethoclip, \$125.00 per hard of hearing silhouette and \$75.00 per single channel induction unit.
PROVINCIAL SALES TAX	Provincial sales tax is applicable with province where meeting is held. If exempt, please give number:
INSURANCE	Insurance for the full replacement value of the equipment rented is the responsibility of the customer.
INTERPRETERS BOOTH	For all bilingual meetings one (1) interpreters booth with all necessary equipment for the interpreters is included in the receiver rental.
CANCELLATION	In the event of cancellation of this contract, the client shall pay I.S.T.S. 50% of the total contract price or I.S.T.S.'s out-of-pocket expenses, whichever is the greater.

ADDITIONAL SERVICES AVAILABLE

- *AUDIO VISUAL AND VIDEO EQUIPMENT *VERBATIM REPORTING *TYPEWRITERS *PHOTOCOPIERS
*ON-SITE CASSETTE DUPLICATION *WALKIE-TALKIES *VOTING SYSTEMS

CONDITIONS SUPPLÉMENTAIRES

SALAIRES	Les salaires du personnel sont calculés sur une journée de travail de neuf (9) heures consécutives, avec une demi-heure (1/2) pour le déjeuner (lunch) ou le dîner (souper). Notre personnel sera de service une (1) heure avant l'heure prévue pour le début de la réunion. Aucune prime n'est accordée au personnel pour les samedis et les dimanches. Les taux de salaires apparaissant au devis estimatif sont ceux en vigueur à la date de la soumission de ce devis. Ces taux deviennent définitifs à la signature du contrat.
SURTEMPS	Le surtemps sera facturé pour toutes les heures travaillées en sus des neuf (9) heures consécutives. Le surtemps sera facturé en multipliant le taux horaire par 1.5. Le taux horaire est déterminé en divisant le taux quotidien par huit (8) heures.
MONTAGE ET DEMONTAGE	Les frais de montage et de démontage apparaissant au devis estimatif sont calculés à partir des renseignements fournis et disponibles au moment de la soumission du devis, et en prenant pour acquis que le montage sera fait le jour précédent et que l'installation commencera avant 9:00 heures p.m. Si l'accès à la salle n'est possible qu'après 9:00 heures p.m. ou avant 8:00 heures a.m., les frais de montage et de démontage seront alors augmentés de 25%. Les frais de montage et de démontage sont augmentés de 100% les jours fériés.
Système d'Amplification Sonore	Notre équipement d'interprétation simultanée ne peut fonctionner que dans une salle équipée d'un système d'amplification sonore (haut-parleurs). Si votre salle de réunion n'est pas munie d'un tel système, nous en louer un.
ENREGISTREMENT (RUBAN & CASSETTE)	Afin d'assurer l'enregistrement ininterrompu des débats, l'utilisation de deux magnétophones par salle et par langage est nécessaire. Pour enregistrer la traduction des interprètes, il faut au préalable obtenir l'autorisation de ces derniers.
TRANSPORT	Les frais de transport du personnel et/ou de l'équipement par un transporteur public seront facturés au prix additif plus 5%. Le montant apparaissant à notre devis estimatif est approximatif et sera rajusté au moment de la facturation.
FACTURATION	Les factures sont payables dans un délai de dix (10) jours de leur réception et un intérêt de 2% par mois sera ajouté à toute facture en souffrance. Si vous ne payez pas de taxe de vente provinciale, veuillez indiquer votre numéro d'exemption de taxe ou de certificat d'exemption. Les prix unitaires indiqués représentent le coût par unité pour chaque jour et peuvent être modifiés sans avis préalable à moins que votre "Devis et Bon de Commande" ait été approuvé et retourné et confirmé par I.S.T.S.
CONDITIONS	Votre signature sur ce bon de commande constitue un engagement ferme qui lie les deux parties. Les réservations sont confirmées sur une base de "premiers arrivés, premiers servis".
GARANTIES	I.S.T.S. garantit le bon fonctionnement et l'opération ininterrompue de l'équipement dans des circonstances normales d'utilisation. Nous déclinons toute responsabilité dans des circonstances hors de notre contrôle, telles que pannes d'électricité ou mauvais fonctionnement de systèmes sonores fournis par d'autres. Dans tous les cas, la responsabilité de I.S.T.S. est limitée au montant du contrat I.S.T.S. et, en aucun cas, I.S.T.S. n'assumera de responsabilité indirecte.
ÉQUIPEMENT DE SECOURS	Sous réserve de leur disponibilité, des pièces d'équipement de secours sont fournies gratuitement avec tout équipement susceptible de pannes techniques et ce, en vue d'assurer le déroulement ininterrompu de la réunion.
INTERPRÈTES	Les interprètes sont des professionnels qui travaillent à la pige et I.S.T.S. n'est pas responsable de leur performance ou de la qualité de leur travail. Cependant, I.S.T.S. peut vous aider, si vous le désirez, à faire les démarches nécessaires pour retenir les services d'interprètes.
FRAIS SYNDICAUX	Dans tous les endroits où une main-d'œuvre syndiquée doit être utilisée pour pouvoir fournir nos services, ces frais seront la responsabilité du client et seront facturés directement au client.
RACCORDEMENT	Tous les frais de raccordement, de branchement audio ou de concession peçus par l'hôtel ou l'édifice où se déroule 1-1/2 à 2 heures une réunion seront la responsabilité du client et lui seront facturés directement.
DISTRIBUTION DES RECEPTEURS	Le personnel de I.S.T.S. sera responsable de la distribution des récepteurs. Chaque délégué remplira une carte d'inscription fournie par I.S.T.S. et laissera en garantie soit une carte de crédit ou un permis de conduire. Si votre organisation se conforme à cette méthode de distribution, elle élimine ainsi toute sa responsabilité pour la perte ou le non-retour des récepteurs. Dans le cas où des directives seraient données pour que la distribution des récepteurs se fasse de façon contraire à cette méthode, votre organisation sera tenue entièrement responsable pour chaque unité perdue, au coût de 200\$ pour chaque unité I.R. à canal unique, 300\$ pour chaque unité I.R. à canaux multiples, 30\$ pour chaque unité stéthoscopique complète, 10\$ pour chaque unité stéthoscopique, 125\$ pour chaque unité pour malentendants et 75\$ pour chaque unité à induction à canal unique.
TAXE DE VENTE PROVINCIALE	La taxe de vente provinciale est applicable selon la province où la conférence a lieu. En cas d'exemption s.v.p. indiquer votre numéro d'exemption:
ASSURANCE	L'assurance pour le remplacement de l'équipement à sa valeur totale est la responsabilité du client.
CABINE D'INTERPRÈTES	Pour toute réunion bilingue, une (1) cabine d'interprètes comprenant tout l'équipement nécessaire pour ces interprètes est comprise dans la location des récepteurs.
ANNULATION	En cas d'annulation de ce contrat, le client paiera à I.S.T.S. le plus élevé des montants suivants: 50% du contrat, ou les frais déjà engagés par I.S.T.S.

SERVICES ADDITIONNELS DISPONIBLES

- *ÉQUIPEMENT VIDÉO ET AUDIO-VISUEL *SERVICES DE COMPTE RENDU *MACHINE À ÉCRIRE
*MACHINES À PHOTOCOPIER *REPRODUCTION DE CASSETTES SUR PLACE *WALKIE-TALKIES *SYSTÈMES DE VOTE ÉLECTRONIQUE