# APPOINTMENT SLIP

TA #: 2223-09-11077

Part 1 - Participant Inform	ation	Part 2 - HP/HF Information			
Last Name, First Name:	Edwards, Kaleb Harlan Thunder	HP/HF Name:	St. Joseph's Hospital		
Address:	529 REDWOOD AVE Thunder Bay, ON P7C 5A4	HP/HF Address:	268 Grosvenor Street London, ON N6A 4V2		
Client ID:	1420447601	Telephone:			
DOB:	2007-12-13	Fax:			
Part 3 - Appointment Deta	ils				
Appointment Date:	2022-09-16	Admission Date:			
Appointment Time:	15:15	Admission Time:			
Appointment Status: Comments:	Approved				
Part 4 - Confirmation of at	tendance				
I declare that medical services were pr	ovided to the person named herein:				
Medical Health Official Signature/Stam	p	Date	_		
Note: NIHB will not make modifications be faxed to the Regional NIHB Office.	to travel unless medically necessary. A	note from the attending physician or health	provider is required. Document should		
Part 5 - Departmental Use	e Only				
FNIHB Authorizing Officer:	7592				
FNIHB Authorizing Officer Signature:		Date Created / La	st Modified: 2022-09-09		
Part 6 - Confirmation of So	ervice(s) received				
	ned by the participant and submit to the less Locator 6604E				
	Patient/Guardian Sigr	ature Date			

This voucher is intended for the use of the individual or entity to which it is addressed and contains confidential client information. The information is to be used solely for the provision of services for the client. Any other use and/or disclosure is prohibited unless authorized by the client and/or the NIHB Program.

### **TRANSPORTATION**

# VOUCHER #:2223-09-11077/12437839

Part 1 - Participant Information				Part 2 - Trip Details					
Last Name, First Name: Edwards, Kaleb Harlan Thunder		Departure:	Departure: Return:		2022-09-17 00:00:00				
Address:			529 REDWOOD AVE Thunder Bay, ON P7C 5A4		Origin: Pick up: Destination:		London, ON Best Western Lamplighter London, ON		
Traveller(s): Kaleb Harlan Thunder Daniel George Edward			•	<b>Drop off:</b> Confirmation	Number:	London Airp	port		
Part 3 - Provider Information			Special Cons	iderations:					
Provider Name: U Need A Cab London			ondon	Comments:					
Address:		502 Egerton St		Billing Address:					
		London, ON N5W 3Z6		1	Drive, 4th Floor, Add	ress Locator 6604	=		
Telephone:		(519) 438-2121		Ottawa, ON K1A Telephone: 1-80					
Fax:		(519) 438-9544		Fax: 1-800 806-6					
Vendor No:		1021414		Email: onnihbinv	oices-facturesssna@	@sac-isc.gc.ca			
	re estimates only a	nd subject to change as detailed below ha Rate \$0.01		Sub Total Tax Type Tax Total  \$0.01 HST \$0.00 \$0.01  Sub Total \$0.00  Taxes \$0.00  Total \$0.00					
Official Signature				Date					
Part 5 - Depa	artmental Use	Only							
FNIHB Authorizing	Officer:	7592							
FNIHB Authorizing	Officer Signature:				Date Created	/ Last Modified: 2	022-09-12		
		_	ived  It and submit to the E		ndicated in «Part 2»	of this document.			

### **TRANSPORTATION**

# VOUCHER #:2223-09-11077/12437835

Part 1 - Participant Information				Part 2 - Tri	Part 2 - Trip Details				
Last Name, First Name: Edwards, Kaleb Harlan Thunder		Departure: Return:			2022-09-16 00:00:00				
Address: 529 REDWOOD AVE Thunder Bay, ON P7C 5A4			Origin: Pick up:		Best Weste	London, ON Best Western Lamplighter			
Traveller(s):  Kaleb Harlan Thunder Edwards, Daniel George Edwards				Destination: Drop off: Confirmation		London, Of 268 Grosve			
Part 3 - Provider Information			Special Cons	iderations:					
Provider Name: U Need A Cab London			Comments:						
Address:		502 Egerton St London, ON N5W 3Z6		Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E					
Telephone:		(519) 438-2121		Ottawa, ON K1A					
Fax:		(519) 438-9544		Telephone: 1-80 Fax: 1-800 806-6					
Vendor No:		1021414			oices-facturesssna	@sac-isc.gc.ca			
Part 4 - Payment Details  * Amounts shown are estimates only and subject to change.  I declare that the travel arrangements as detailed below have been provided to  Type Description Rate Qty			the person named	herein and the char	rges to Indigenous	Services Canada will be:			
Taxi	<u> </u>	\$0.01	1	\$0.01	HST	\$0.00	\$0.01		
						l Sub Total	\$0.01		
						Taxes	\$0.00		
						Total	\$0.01		
Official Signature				Date		_			
Part 5 - Dep	artmental Use	e Only							
FNIHB Authorizing	g Officer:	7592							
FNIHB Authorizing Officer Signature: Date Created / Last Modified: 2022-09-12									
Part 6 - Con	firmation of S	ervice(s) rece	eived						
Please have the o	riginal document sig	ned by the participa	nt and submit to the	Billing Address as i	ndicated in «Part 2»	of this document.			
		<u>.</u>	Patient/Guardian Sign	nature	Date				

### **TRANSPORTATION**

# VOUCHER #:2223-09-11077/12437828

Part 1 - Participant Information				Part 2 - Trip Details				
Last Name, First Name: Edwards, Kaleb R		leb Harlan Thunder    Departure: Return:			2022-09-16 00:00:00			
Thur P7C		Thunder Bay, ( P7C 5A4	529 REDWOOD AVE Thunder Bay, ON P7C 5A4 Kaleb Harlan Thunder Edwards,		Origin: Pick up: Destination: Drop off:		London, ON 268 Grosvenor Street London, ON Best Western Lamplighter	
Daniel George			Edwards	Confirmation				
Part 3 - Provider Information				Special Cons Comments:	siderations:			
Provider Nam	ne:	U Need A Cab	London					
Address:		502 Egerton S London, ON N5W 3Z6	t	Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Loca			ocator 6604E	
Telephone:		(519) 438-212	1	Ottawa, ON K1A Telephone: 1-80				
Fax:		(519) 438-954	4	Fax: 1-800 806-6				
Vendor No:		1021414		Email: onnihbinv	oices-facturesssna@	@sac-isc.gc.ca		
* Amounts show I declare that the Type Taxi	Description	•	•	Sub Total Tax Type Tax Total  \$0.01 HST \$0.00 \$0.01  Sub Total Taxes \$0.00  Total \$0.01				
Official Signature	)			Date				
Part 5 - Departmental Use Only  FNIHB Authorizing Officer: 7592  FNIHB Authorizing Officer Signature: Date Created / Last Modified: 2022-09-12								
	nfirmation of S original document sig	ned by the participa	eived ant and submit to the I		ndicated in «Part 2»	of this document.		

### **TRANSPORTATION**

# VOUCHER #:2223-09-11077/12437810

Part 1 - Participant Information				Part 2 - Trip Details					
Last Name, First Name: Edwards, Kale		Edwards, Kaleb	Harlan Thunder	Departure: Return:		2022-09-15	2022-09-15 00:00:00		
Thunder		529 REDWOOD Thunder Bay, O P7C 5A4			Origin: Pick up:		London, ON London Airport		
			under Edwards, Edwards	Destination: Drop off: Confirmation			London, ON Best Western Lamplighter		
Part 3 - Provider Information				Special Cons	siderations:				
Provider Name: U Need A Cab I			ondon.	Comments:					
Address:		502 Egerton St London, ON N5W 3Z6		Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E					
Telephone:		(519) 438-2121		Ottawa, ON K1A					
Fax:		(519) 438-9544		Telephone: 1-80 Fax: 1-800 806-6					
Vendor No:		1021414		Email: onnihbinv	oices-facturesssna	@sac-isc.gc.ca			
* Amounts shown	rment Details are estimates only a travel arrangements Description	, ,		Sub Total Tax Type Tax Total  \$0.01 HST \$0.00 \$0.01  Sub Total \$0.00  Taxes \$0.00  Total \$0.00					
Official Signature				Date					
Part 5 - Dep	partmental Use	e Only							
FNIHB Authorizin	g Officer:	7592							
FNIHB Authorizing Officer Signature: Date Created / Last Modified: 2022-09-12									
	nfirmation of S original document sig	ned by the participar	nt and submit to the			of this document.			
		Р	atient/Guardian Sigr	iature	Date				

# **ACCOMMODATION**

# VOUCHER #:2223-09-11077/12431368

ACCOIVIIVIOL	AHON					V	OUCHER #	1.2223-09-1	10/1/1243130	
Part 1 - Participant Information				Part 2 - Trip Details						
Last Name, F	rst Name:	Edwards,	Kaleb Harlan Ti	nunder	Check Check			2022-09-15 00: 2022-09-17 00:		
Address:		529 RED\ Thunder E P7C 5A4	WOOD AVE Bay, ON		Origin: Thunder Bay, ON Destination: London, ON Confirmation Number: 57668447					
Traveller(s): Kaleb Harlan Thunder Edwards, Daniel George Edwards					1	al Considerat		07000117		
Part 3 - Provider Information						Address:				
Provider Nam	Provider Name: Best Western Lamplighter				Attn: Pa					
Address:		591 Wellin London, C N6C 4R3	ngton Road Sou DN	th	2720 Riverside Drive, 4th Floor, Address Locator 6604E Ottawa, ON K1A 0K9 Telephone: 1-800 881-3921					
Telephone:		(519) 681	-7151			00 806-6662				
Fax:		(519) 681			Email: o	nnihbinvoices-fa	acturesssna@sad	≻isc.gc.ca		
Vendor No:		1380587								
	are estimates or	Is and subject to as detailed below Rate Type	-	led to the pe	erson nam	ed herein and t	he charges to Ind	ligenous Services	canada will be:	
Commercial Establishment / Double Occupant			\$144.56	2		\$289.12	HST	\$37.59	\$326.71	
Full Day Meal		Adult	\$53.10	2		\$106.20	HST	\$13.81	\$120.00	
Full Day Meal		Escort	\$53.10	2		\$106.20	HST	\$13.81	\$120.00	
		•	•	•			•	Sub Total	\$501.52	
								Taxes	\$65.21	
								Total	\$566.71	
Official Signature Note: The Author	ization Number de	oes not cover tele	phone calls, alc	ohol, tips or	Date gratuities	, laundry, Pay-P	er-View movies,	or any other supr	olementary charges.	
Part 5 - Dep	partmental U	Jse Only								
FNIHB Authorizin	g Officer:	7592	2							
FNIHB Authorizin	g Officer Signatu	re:					Date Created / La	st Modified: 202	2-09-12	
Part 6 - Cor		f Service(s) signed by the par		omit to the B	Billing Addı	ess as indicate	d in «Part 2» of th	nis document.		
			Patient/Gua	ardian Signa	ature		Date		<del></del>	