

AHS Board and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management
Location Edmonton

Expenses submitted during the month of February 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-16	P-Card	Meetings				535	535			
Feb-16	Direct Billing	Meetings	303				303			
Total			\$ 303	\$ -	\$ -	\$ 535	\$ 838	\$ -	\$ -	\$ -

Total for the Month \$ 838

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:





- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

STEVENSON, BRIAN Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/02/2016
CAPITAL MANAGEMENT Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$535.20
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 22/01/2016	416512078	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.8%	.00	Taxi - Home to Edmonton Airport - Calgary Cancer Project mtg
(2) 22/01/2016	416706505	YELLOW CAB, LIMOUSINES AND TAXICABS	94.00	CAD	94.00	4.46%		Taxi - Edmonton Airport to home - Calgary Cancer Project mtg
(3) 26/01/2016	417319258	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	67.70	CAD	67.70	3.22%	.00	Taxi - Calgary airport to SPTT - Calgary Cancer Project mtg (Jan 22/16)
(4) 26/01/2016	417319259	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	60.20	CAD	60.20	2.87%	.00	Taxi - SPTT to Calgary airport - Calgary Cancer Project mtg (Jan 22/16)
(5) 09/02/2016	418567588	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	79.20	CAD	79.20	3.77%	.00	Taxi - Home to Edmonton Airport - Calgary mtgs and site tours
(6) 09/02/2016	418718921	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	60.80	CAD	60.80	2.86%		Taxi - SPTT to Calgary airport - Calgary mtgs and site tours
(7) 09/02/2016	418628688	YELLOW CAB, LIMOUSINES AND TAXICABS	93.50	CAD	93.50	4.45%		Taxi - Edmonton Airport to home - Calgary mtgs and site tours



Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>IGGULDEN, KATHY</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title <u>March 29/16</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>STEVENSON, BRIAN</u> Name of Cardholder  Signature of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title <u>Mar. 30/16</u> Date of Signature	
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>BEST, SUSAN</u> Name of Approver Designate  Signature of Approver Designate	<u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title <u>Mar. 30/16</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>RHODES, DEBORAH</u> Name of Approver  Signature of Approver	<u>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title <u>March 30/16</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

(1) Taxi - Home to Edmonton Airport -
Calgary Cancer Project mtg - Jan 22/16

(2) Taxi - Edmonton Airport to home - Calgary
Cancer Project mtg - Jan 22/16

ST. ALBERT TAXI
3A RAYBORN CRESCENT
ST. ALBERT AB T8N 4A9

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

Item # 1015
MasterCard
PURCHASE
Dr Id: 721200
Card # [REDACTED]

CARD [REDACTED]
CREDIT/MASTERCARD D
2016/01/22 05:05:22

AID: A0000000041010

APPROVED

Purchase
AMOUNT \$72.00
TIP \$8.00
TOTAL \$80.00 ✓

AMOUNT CAD: 75.00
TIP CAD: 9.00
TOTAL CAD: 84.00 ✓

AUTH# [REDACTED] B:0001
HTS: 20160122050540

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TUR: 0400000000
TSI: E800

\$94.00

TRANSACTION

APPROVED - 000

THANK YOU

BOOK ON LINE AT EDRTAXI.COM
THANK YOU FOR BEING OUR GUEST

GSI 100403070

Date: 2016/01/22 Time: 18:03:14
Response: AUTH [REDACTED]

MasterCard
AID: A0000000041010
TC: 8F68377EBF074B7A
TUR: 0000008000
TSI: E800

CUS: 0000000000000000

CUSTOMER COPY

THANK YOU
POWERED BY MONEX
www.MONEXGROUP.COM

**(3) Taxi - Calgary airport to SPTT - Calgary Cancer
Project mtg - Jan 22/16**

**(4) Taxi - SPTT to Calgary airport - Calgary Cancer
Project mtg - Jan 22/16**

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2016/01/22
PICK-UP TIME: 07:45
DROP-OFF TIME: 08:13
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0542
DRIVER: 001977
CARD TYPE: MC

DATE: 2016/01/22
PICK-UP TIME: 14:25
DROP-OFF TIME: 14:48
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0542
DRIVER: 001977
CARD TYPE: MC

LA. ST.
AUTH:

CARD:
EXPIRY:
AUTH:

FARE (\$) 60.70
EXTRA (\$) 0.00
SUBTL (\$) 60.70

FARE (\$) 54.20
EXTRA (\$) 0.00
SUBTL (\$) 54.20

TIP (\$) 7.00

TIP (\$) 6.00

TOTAL (\$) 67.70 ✓

TOTAL (\$) 60.20 ✓

SIGNATURE: [Signature]

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

CUSTOMER'S COPY

(5) Taxi - Home to Edmonton Airport - Calgary mtgs and site tours - Feb 9/16

(6) Taxi - SPTT to Calgary airport - Calgary mtgs and site tours - Feb 9/16

ST. ALBERT TAXI
3A RAYBORN CRESCENT
ST. ALBERT AB T8N 4A9

316 MERIDIAN (W4213)
CALGARY, AB T2A 1X2

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

CARD [REDACTED]
CREDIT/MASTERCARD [REDACTED]
2016/02/09 05:10:33

Purchase
AMOUNT \$72.00
TIP \$7.20
TOTAL \$79.20 ✓

AUTH [REDACTED]
HTS: 20160209051106

TRANSACTION
APPROVED - 000
THANK YOU

MasterCard
AID: A0000000041010
TC: 08A72B8F5066FC9C
TVR: 0000008000
TSI: E800

CUSTOMER COPY
POWERED BY MONEK
WWW.MONEKGROUP.COM

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
GST ACCOUNT #:
TRIP NUMBER:
PASSENGERS: [REDACTED]

02/09/2016
START: 14:28
END: 14:46
RATE: 1
TRIP AMOUNT \$ 54.00

TAX AMOUNT \$ 2.00
TIP AMOUNT \$ 6.00
TOTAL : \$ 60.60 ✓

MASTER CARD SHL: [REDACTED]
APPROVAL NUMBER [REDACTED]

PASSENGER COPY

THANK YOU
(403) 299-9295
WWW.THECHECKERGROUP.COM



**(7) Taxi - Edmonton Airport to home - Calgary mtgs
and site tours – Feb 9/16**

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id:4502412478251
Item #:0620
MasterCard
PURCHASE
Op Id:064068
Card #: [REDACTED]

AID:A000000041010

APPROVED

AMOUNT	CAD\$85.61
TIP	CAD\$8.50
	=====
TOTAL	CAD\$93.56



Ref. [REDACTED]
Auth. [REDACTED]
Resp. [REDACTED]
TUR: 000000000
TSI: E000

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2016/02/09 Time: 10:10:55
Response: AUTH [REDACTED]

CUSTOMER COPY

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Brian Stevenson	Reporting Period for the Month of : Feb-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-Jan-16	Direct Billing	Airline Ticket	Feb 9/16 Edm to Cal round trip -attend various CApM meetings and tours of Brookfield site and North Calgary lands	Marlin Travel	302.66
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 302.66

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

January 29, 2016

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INVOICE

For

MR BRIAN L STEVENSON

Tuesday, February 9, 2016

Air

WESTJET AIRLINES **Flight:** 238 M CLASS
From: EDMONTON INTL AB 06:25 AM **Equipment:** 73W
To: CALGARY AB 07:20 AM
Stops: 0 **Arrival:** 09Feb16

Mile(s) Flown: 163

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Air

WESTJET AIRLINES **Flight:** 255 M CLASS
From: CALGARY AB 04:28 PM **Equipment:** 73W
To: EDMONTON INTL AB 05:20 PM
Stops: 0 **Arrival:** 09Feb16

Mile(s) Flown: 163

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT-			203.70
		Tax:	98.96
		Ticket Total:	302.66

Total:

Grand Total:	302.66
Less Credit Card Payments:	302.66
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00