

AHS Board and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management
Location Edmonton
 Expenses submitted during the month of November 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)
Nov-16	P-Card	Meetings	100			392	492			
Nov-16	Direct Billing	Meetings	363				363			
Total			\$ 463	\$ -	\$ -	\$ 392	\$ 855	\$ -	\$ -	\$ -

Total for the Month \$ 855

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	CHIEF PROGRAM OFFICER	Billing Reporting Period:	20/11/2016
Cardholder's Name	Cardholder's Position/Title		
CAPITAL MANAGEMENT	SEVENTH STREET PLAZA	Total Statement Amount:	\$491.54
Cardholder's Dept	Cardholder's Site/Location		
BRIAN STEVENSON@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	██████████
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 27/10/2016	██████████	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	44.90	CAD	44.90	2.14		Taxi - Calgary airport to CCP PMO - CCP Executive Steering Comm
(2) 27/10/2016	██████████	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	43.00	CAD	43.00	2.05		Taxi - CCP PMO to Calgary airport - CCP Executive Steering Comm
(3) 27/10/2016	██████████	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19		Parking - Edmonton Airport - CCP Executive Steering Comm
(4) 27/10/2016	██████████	AIR CAN 0149566122815, AIR CANADA	100.00	CAD	100.00	0.00		Flight change fee - CCP Executive Steering Comm
(5) 07/11/2016	██████████	GREATER EDMONTON TAXI, LIMOUSINES AND TAXICABS	92.00	CAD	92.00	4.38		Taxi - Edmonton airport to home - Calgary Zone CapM Staff Engagement Session
(6) 07/11/2016	██████████	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81		Taxi - Home to Edmonton airport - Calgary Zone CapM Staff Engagement Session
(7) 07/11/2016	██████████	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	26.90	CAD	26.90	1.28		Taxi - Calgary airport to FMC - Calgary Zone CapM Staff Engagement Session
(8) 07/11/2016	██████████	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	54.74	CAD	54.74	2.61		Taxi - Southport to Calgary airport - Calgary Zone CapM Staff Engagement Session
(9) 15/11/2016	██████████	INSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	25.00	CAD	25.00	1.19		Registration Fee - Alberta Innovates Health Policy Speaker Series

✓
PB

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	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Nov 27/16</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	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Nov. 22/16</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	<u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Nov. 25/16</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	<u>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title	
 Signature of Approver	<u>Nov. 28/16</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: <ul style="list-style-type: none"> • 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 - Calgary airport to CCP PMO - Calgary
Cancer Project Executive Steering Committee
Mtg - Oct 27/16**

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#378

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
10/27/16
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$39.90
TIP \$5.00
TOTAL \$44.90 ✓

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MasterCard
[REDACTED]

THANK YOU
CUSTOMER COPY

**(2) Taxi - CCP PMO to Calgary airport - Calgary
Cancer Project Executive Steering Committee
Mtg - Oct 27/16**

ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#301

SALE

MID: [REDACTED] REF#: [REDACTED]
TID: [REDACTED]
Patch # [REDACTED]
10/27/16
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$38.00
TIP \$5.00
TOTAL \$43.00 ✓

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MasterCard
[REDACTED]


Thank You
CUSTOMER COPY

**(3) Parking - Edmonton Airport - Calgary Cancer Project
Executive Steering Committee Mtg - Oct 27/16**

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax Code CA5%
Exit Lane 27/10/16 17:37
Receipt [REDACTED]
Short-term parking tkt
DL - No. [REDACTED]
27/10/16 06:24
27/10/16 17:37
Period 1d0h0'
(Tax) \$25.00
Total \$25.00
Payment Received \$25.00 ✓
[REDACTED]
Sub Total \$23.81
Tax 5% \$1.19
04010673 - 1/1

**(4) Flight change fee - Edmonton to Calgary for Calgary Cancer Project
Executive Steering Committee Mtg - Oct 27/16**

Air Canada overbooked the flight and Brian was unable to access the on-line check-in system. He was told on arrival at the airport that he was bumped from the flight as he did not check-in in time and therefore had to pay to re-book on the next flight.

<p>AIR CANADA AIRPORT FEE RECEIPT TICKET NO: [REDACTED]</p> <p> NAME: STEVENSON/BRIANLMR DATE OF ISSUE: 27OCT2016</p>	<p>PNR RECLOC: ISSUED BY :</p>	<p>COUPON 1 OF 1 AH2RBV YEGOM</p>																								
<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">AMOUNT</th> <th style="width: 10%;">GST</th> <th style="width: 10%;">HST</th> <th style="width: 10%;">QST</th> <th style="width: 10%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>SAME DAY CHANGE FEE</td> <td>100.00</td> <td>00.00</td> <td>00.00</td> <td>00.00</td> <td>100.00</td> </tr> <tr> <td colspan="6">AC8137 27OCT YEGYYC - SAME DAY CHANGE</td> </tr> <tr> <td>GRAND TOTAL</td> <td>100.00</td> <td>00.00</td> <td>00.00</td> <td>00.00</td> <td>100.00 ✓</td> </tr> </tbody> </table> <p>FORM OF PAYMENT: IN CANADIAN DOLLARS [REDACTED] ✓ GST/TPS HST/TVH NO. 100092287 RT000 QST/TVQ NO. 1000-043-172 RT000 FEES ARE NON-REFUNDABLE</p>		AMOUNT	GST	HST	QST	TOTAL	SAME DAY CHANGE FEE	100.00	00.00	00.00	00.00	100.00	AC8137 27OCT YEGYYC - SAME DAY CHANGE						GRAND TOTAL	100.00	00.00	00.00	00.00	100.00 ✓		
	AMOUNT	GST	HST	QST	TOTAL																					
SAME DAY CHANGE FEE	100.00	00.00	00.00	00.00	100.00																					
AC8137 27OCT YEGYYC - SAME DAY CHANGE																										
GRAND TOTAL	100.00	00.00	00.00	00.00	100.00 ✓																					

(5) Taxi - Edmonton airport to home - Calgary
Zone Capital Management Staff Engagement
Session - Nov 7/16

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/11/07
TIME 9396 20:41:15
INVOICE # [REDACTED]
RECEIPT NUMBER
[REDACTED]

PURCHASE
AMOUNT \$83.00
TIP \$9.00
TOTAL **\$92.00** ✓

MasterCard



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100409070

(6) Taxi - Home to Edmonton airport - Calgary
Zone Capital Management Staff Engagement
Session - Nov 7/16

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

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

CARD [REDACTED]
CREDIT/MASTERCARD [REDACTED]
2016/11/07 04:28:42

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

AUTH# [REDACTED]
HTS: [REDACTED]

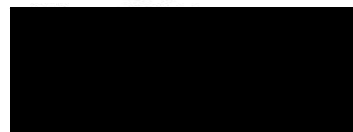
TRANSACTION

APPROVED - 000

THANK YOU

VERIFIED BY PIN

MasterCard



MERCHANT COPY

THANK YOU
POWERED BY MONEY
WWW.MONEXGROUP.COM

**(7) Taxi - Calgary airport to FMC - Calgary Zone
Capital Management Staff Engagement
Session – Nov 7/16**

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID [REDACTED]
TID [REDACTED] REF# [REDACTED]
Batch #. [REDACTED] SEQ. [REDACTED]
11/07/16
APPR CODE: [REDACTED]
M. TERCARD [REDACTED]

AMOUNT \$23.90
TIP \$3.00
TOTAL \$26.90

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MasterCard

THANK YOU
CUSTOMER COPY



**(8) Taxi - Southport to Calgary airport - Calgary
Zone Capital Management Staff Engagement
Session – Nov 7/16**

ASSOCIATED CAB
ALLIED LIMOUSIN

Tempo 111
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111



11/07/2016
Price: 16.99
Customer: 299-00

Rate: 16.99

11/07/2016
16.99

16.99

54.74

TOTAL 16.99

16.99

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PASSENGER COPY

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111



Attendee Information

Reference Number [REDACTED]
 Email Address [REDACTED]
 First Name Brian
 Last Name Stevenson
 Job Title Chief Program Officer
 Company Alberta Health Services
 Address Line 1 1100 North Tower, Seventh Street Plaxa
 Address Line 2 10030-107 Street NW
 City Edmonton
 State/County/Province (Non-US) Alberta
 Zip (Postal Code) T5J 3E4
 Country Canada
 Work Phone [REDACTED]
 cc email [REDACTED]

Selection	Tax rate	Net	Sales Tax	Gross
Attendee Category Regular	0%	\$CAD25.00	\$CAD0.00	\$CAD25.00
		\$CAD25.00	\$CAD0.00	\$CAD25.00

Date	Transaction Type	Amount
11/15/2016	Transaction Amount	\$CAD25.00
11/15/2016	Online Credit Card Payment [REDACTED]	\$CAD-25.00
	Balance	\$CAD0.00

(9) Registration Fee - Alberta Innovates Health Policy Speaker Series - Public & Private Partnerships in Health - Dec 1/16

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 : Nov-16
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
01-Nov-16	Direct Billing	Airline Ticket	Nov 7/16 - Edmonton to Calgary round trip - to attend Calgary Zone Capital Management Staff Engagement Session	Marlin Travel	362.80
	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					\$ 362.80



Trip Statement

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 01 Nov 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: MEA MOORE File Locator: [REDACTED]
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INSURANCE

PASSENGERS: MR BRIAN L STEVENSON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	263.84	0.00	\$0.00	98.96	0.00	362.80 CAD
Total:	263.84	0.00	0.00	98.96	0.00	362.80 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/01/2016		[REDACTED]	362.80 CAD
Total Payment:					362.80 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBORAH.RHODES
CORPORATE UNIT 101
REASON FOR TRAVEL PRESENT AT CAPM CALGARY ZONE STAFF MTG

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****
 ***** PLEASE NOTE CHECKIN TIMES *****
 ***** DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 01 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRIAN L STEVENSON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRIAN L STEVENSON	Booking Date: 01 Nov 16
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	00238	EDMONTON INTL 07 Nov 16 6:15AM		CALGARY INTL 07 Nov 16 7:15AM	M		
WESTJET	00902	CALGARY INTL 07 Nov 16 7:00PM		EDMONTON INTL 07 Nov 16 7:52PM	M		