

## Official Administrator and Executive Expense Report

**Name** Cheryl Bourassa  
**Title** Chief Program Officer Population, Public & Aboriginal Health (Acting)  
**Location** Edmonton  
 Expenses submitted during the month of January 2015

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings				16	16			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 16	\$ 16	\$ -	\$ -	\$ -

**Total for the Month** \$ 16

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.

Car allowance 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

BOURASSA, CHERYL	CHIEF PROGRAM OFFICER	Billing Reporting Period	20/01/2015
Cardholder's Name	Cardholder's Position/Title		
POPULATION, PUBLIC &	SOUTHPORT TOWER	Total Statement Amount:	\$16.00
Cardholder's Dept	Cardholder's Site/Location		
CHERYL.BOURASSA@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	[REDACTED]
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/12/2014	075141777	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	16.00	CAD	16.00	76		Compark parking - Edmonton Aboriginal meeting

<b>Signatures</b>		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
<u>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>	
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>BOURASSA, CHERYL</u> Name of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
<u>Cheyl Bourassa</u> Signature of Cardholder	<u>Jan 30, 2015</u> Date of Signature	
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>	
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Dr. Gerry Riedy</u> Name of Approver	<u>Sgt. Hill</u> Approver Position/Title	
<u>Signature of Approver</u>	<u>Feb 2, 2015</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only</b>		
Reference #: _____	Reviewed by: _____	Date: _____

**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate No. [REDACTED]

Expiration Date/Time

**11:51 AM**  
**DEC 22, 2014**

Purchase Date/Time: 09:51am Dec 22, 2014  
Total Parking: \$15.24  
Total gst: \$0.76  
Total Due: \$16.00  
Total Paid: \$16.00

Rate: \$16 - 2 Hours  
Payment Type: Card

Setting: Lot 256  
Mach Name: Meter 1