

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management (Acting)
Location Calgary

Expenses submitted during the month of July 2014

Travel (1)

| Date | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Jul-14 | P-Card | Meetings | | | | 104 | 104 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 104 | \$ 104 | \$ - | \$ - | \$ - |

Total for the Month \$ 104

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: | | | |
| <ul style="list-style-type: none"> • 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 | | | |
| <u>STEVENSON, BRIAN</u> | <u>CHIEF PROGRAM OFFICER</u> | Billing Reporting Period: | <u>20/07/2014</u> |
| <u>Cardholder's Name</u> | <u>Cardholder's Position/Title</u> | Total Statement Amount: | <u>\$104.00</u> |
| <u>CAPITAL MANAGEMENT</u> | <u>SEVENTH STREET PLAZA</u> | <u>Last 6 digits of the P-Card #: [REDACTED]</u> | |
| <u>Cardholder's Dept</u> | <u>Cardholder's Site/Location</u> | | |
| <u>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</u> | | | |
| <u>Cardholder's e-mail address</u> | | | |

| Statement of Transactions | | | | | | | | |
|---------------------------|-----------|--|-----------------------|----------|--------------|-----|---------|---|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 23/06/2014 | 356200288 | AHS PARKING, HOSPITALS | ✓ 4.00 | CAD | 4.00 | .19 | (1) | Parking at UAH - CapM Edmonton Zone Staff Engagement Session |
| 24/06/2014 | 356200287 | IMPARK00020154U, AUTOMOBILE PARKING LOTS AND GARAGES | ✓ 10.00 | CAD | 10.00 | .48 | (2) | Parking at Edmonton Coast Plaza - Lap RFP Vendor Presentations |
| 25/06/2014 | 356317855 | IMPARK00020296U, AUTOMOBILE PARKING LOTS AND GARAGES | ✓ 18.00 | CAD | 18.00 | .86 | (3) | Parking at Edmonton Coast Plaza - Lap RFP Vendor Presentations |
| 17/07/2014 | 358493991 | SAINT CITY TAXI, LIMOUSINES AND TAXICABS | ✓ 72.00 | CAD | 72.00 | .00 | (4) | Taxi - Home to Edmonton airport - Tour of capital construction site in Grande Prairie |

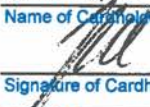
Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

IGGULDEN, KATHY

Name of Cardholder Designate


 Signature of Cardholder Designate

EXECUTIVE ASSISTANT

Cardholder Designate Position/Title

Aug 5/14
 Date of Signature

Cardholder

By signing this statement

- 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.

STEVENSON, BRIAN

Name of Cardholder


 Signature of Cardholder

CHIEF PROGRAM OFFICER

Cardholder Position/Title

Aug. 5/14
 Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- 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.
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- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

RHODES, DEBORAH

Name of Approver


 Signature of Approver

ACTING CHIEF FINANCIAL OFFICER

Approver Position/Title

Aug. 11/14
 Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- 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) Parking at UAH - CapM Edmonton Zone Staff
Engagement Session – June 24/14**

UNIVERSITY OF ALBERTA HOSPITAL
83 AVE, EAST PARKADE

Machine ID #1010
Rcpt# [REDACTED]
06/23/14 09:04 L# 3 A# 1 Txn# [REDACTED]
06/23/14 08:15 In 06/23/14 09:04 Out
[REDACTED]
UAH 83 Ave \$ 4.00
Total Fee \$ 4.00
MASTERCARD \$ 4.00-

Approval No. [REDACTED]
Reference No. [REDACTED]
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - email us :
parkingedmonton@
albertahealthservices.ca

**(2) Parking at Edmonton Coast Plaza - Lap RFP Vendor
Presentations – June 23/14**

PLACE FACE UP ON DASH*
Impark Lot 154
Expiration Date/Time
EXP 04:15PM
JUN 24, 2014

Purchase Date/Time: 02:15pm Jun 24, 2014
Total Parking: \$9.52
Total gst: \$0.48
Total Due: \$10.00
Total Paid: \$10.00
Rate: \$10 - 2 Hours
Payment Type: Card
MasterCard
Ticket #: [REDACTED] Auth #: [REDACTED]
S/N #: 100008440035
Setting: Lot 154
Mach Name: Meter 1
GST #887316638RT0001
NO IN AND OUT PRIVILEGES

***RECEIPT**
Impark Lot 154

Expiration Date/Time: 04:15pm Jun 24, 2014
Purchase Date/Time: 02:15pm Jun 24, 2014
Total Parking: \$9.52
Total gst: \$0.48
Total Due: \$10.00
Total Paid: \$10.00
Rate: \$10 - 2 Hours
Payment Type: Card
MasterCard
Ticket #: [REDACTED] Auth #: [REDACTED]
Setting: Lot 154
Mach Name: Meter 1

PARKING RECEIPT
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PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

(3) Parking at Edmonton Coast Plaza - Lap RFP Vendor Presentations - June 25/14

(4) Taxi - Home to Edmonton airport - Tour of capital construction site in Grande Prairie - July 17/14

PLACE FACE UP ON DASH*
Impark Lot 296
Expiration Date/Time

06:00 AM
JUN 26, 2014

Purchase Date/Time: 09:28am Jun 25, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
S/N #: 300010390836
Setting: Lot 296
Mach Name: Meter 1

[REDACTED] MasterCard
Auth # [REDACTED]

GST #867315638RT0001
NO IN AND OUT PRIVILEGES

*RECEIPT
Impark Lot 296

Expiration Date/Time: 06:00am Jun 26, 2014
Purchase Date/Time: 09:28am Jun 25, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
Setting: Lot 296
Mach Name: Meter 1

Card [REDACTED] MasterCard
Auth # [REDACTED]

PARKING RECEIPT
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SAINT CITY TAXI

SALE

MID: 97127240018
TID: 006 REF#: [REDACTED]
Batch [REDACTED]
07/17/14 05:26:04
A.P.P.R CODE: [REDACTED]
MASTERCARD [REDACTED] Chip [REDACTED]

AMOUNT \$65.00
TIP \$7.00
TOTAL \$72.00

APPROVED

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY