

## Official Administrator and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer Capital Management  
**Location** Calgary  
 Expenses submitted during the month of March 2015

### Travel (1)

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-15	Expense Claim	Meetings		21		15	36			
Mar-15	Direct Billing	Meetings	284				284			
<b>Total</b>			\$ 284	\$ 21	\$ -	\$ 15	\$ 320	\$ -	\$ -	\$ -

**Total for the Month**     \$        320

Maximum daily single meal expense claimed in the month     \$        21  
 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

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
STEVENSON, BRIAN	Chief Program Officer Capital Management	Calgary	<b>35.96</b>

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/6/2015	Joint Capital Steering Committee mtg		Mileage	3.03	SSP	AI offices	1			6
1/27/2015	AHS Senior Leaders mtg		Mileage	3.03	SSP	RAH	1			6
2/3/2015	Joint Capital Steering Committee mtg		Mileage	3.03	SSP	AI offices	1			6
3/3/2015	Joint Capital Steering Committee mtg		Mileage	1.52	SSP	AI offices (one way)	1			3
3/5/2015	CCP Executive Steering Committee mtg		Mileage	3.03	SSP	AI offices	1			6
3/12/2015	Edmonton Zone 2030 Plan Presentation		Mileage	1.52	SSP	RAH (one way)	1			3
3/23/2015	Site Tours (SCH & HCC) and mtgs with staff		Meals Per Diem	20.8			1			
Approver(s) for the claim		Approval Status		Approval Date						
RHODES, DEBORAH		Approve		27-Mar-15						

## 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

Name: Brian Stevenson

Reporting Period for the Month of: March 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-13	Direct Billing	Transportation	Airfare Edmonton to Calgary, March 23/15 - Site tours (SCH & HCC) and meetings	Marlin Travel	\$283.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

	<b>Choose One</b>	<b>Choose One</b>			
<b>Total Paid in the Month</b>					<b>\$283.96</b>

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: 23017  
Date: March 13, 2015  
Page: 1/2  
Our Reference:

## INVOICE

### For

BRIAN L STEVENSON

Monday, March 23, 2015

### Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 23Mar15  
WESTJET CONFIRMATION

Flight: 238 D CLASS  
06:30 AM Equipment: 73W  
07:28 AM

Mile(s) Flown: 163

### Air

WESTJET AIRLINES  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 23Mar15  
WESTJET CONFIRMATION

Flight: 255 M CLASS  
04:35 PM Equipment: 73W  
05:26 PM

Mile(s) Flown: 163

### Cost:

TKT-	E-TKT	185.00
	Tax:	98.96
	<b>Ticket Total:</b>	<b>283.96</b>

### Total:

<b>Grand Total:</b>	283.96
<b>Less Credit Card Payments:</b>	283.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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

Invoice Number: [REDACTED]  
Date: March 13, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.