

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer, Capital Management
Location Calgary
 Expenses submitted during the month of April 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)
Apr-15	P-Card	Meetings				247	247			
Apr-15	Expense Claim	Meetings				178	178			
Total			\$ -	\$ -	\$ -	\$ 425	\$ 425	\$ -	\$ -	\$ -

Total for the Month \$ 425

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

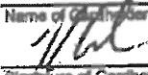
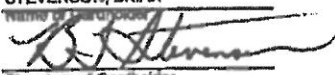
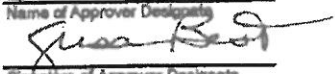
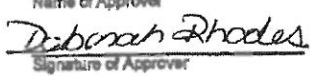
Instruction:

- 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

<u>STEVENSON, BRIAN</u>	<u>CHIEF PROGRAM OFFICER</u>	<u>Billing Reporting Period:</u>	<u>20/04/2015</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>CAPITAL MANAGEMENT</u>	<u>SEVENTH STREET PLAZA</u>	<u>Total Statement Amount:</u>	<u>\$246.80</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</u>		<u>Last 6 digits of the P-Card #</u>	<u>██████████</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
23/03/2015	384514352	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81	.00	Taxi - Home to Edmonton airport - March 23/15 Tour of Holy Cross & SHC sites, Calgary
23/03/2015	384778879	YELLOW CAB, LIMOUSINES AND TAXICABS	94.00	CAD	94.00	4.48	.00	Taxi - Edmonton airport to home - March 23/15 Tour of Holy Cross & SHC sites, Calgary
25/03/2015	384971904	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	64.30	CAD	64.30	3.06	.00	Taxi - Calgary airport to Southport - March 23/15 Tour of Holy Cross & SHC sites, Calgary
27/03/2015	384971903	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	8.50	.40	.00	Parking at RDRHC - CapM Business Review mtg - March 27/15

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>April 24/15</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>Apr. 24/15</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>Susan Best</u> Name of Approver Designate  Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title <u>Apr. 27/15</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>CHIEF FINANCIAL OFFICER</u> Approver Position/Title <u>April 28/15</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 - Home to Edmonton airport -Tour of Holy Cross & SHC sites In Calgary - March 23/15

(2) Taxi - Edmonton airport to home -Tour of Holy Cross & SHC sites In Calgary - March 23/15

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

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # 1006034

CARD [REDACTED]
CREDIT/MASTERCARD D
2015/03/23 06:27:03

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

AUTH # [REDACTED]
HTS # [REDACTED]

APPROVED - 000
THANK YOU

MasterCard
CID: A0000000041010
TC: A7C0901A8ZDD1B06
TUR: 0000000000
TSI: EB00

CUSTOMER COPY

POWERED BY MONEX

WWW.MONEXGROUP.COM

YELLOW CAB
80125 ST AVENUE NW
EDMONTON AB T6Y 1C2
780-462-3436

Term Id: 1502412470247
Lic: 01027
MasterCard
Purchase
Dr: 141501220
Card #: [REDACTED]

00000000041010

APPROVED

AMOUNT CAD\$85.6
TIP CAD\$9.6
=====

TOTAL CAD\$94.00 ✓

Ref: [REDACTED]
Auth: [REDACTED]
Resp. Code: 00
TUR: 0000000000
TSI: EB00

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

001 100403070

Date: 2015/03/23 Time: 10:50:23
Response: AUTH [REDACTED]

CUSTOMER COPY

(3) Taxi - Calgary airport to Southport -Tour of Holy Cross & SHC sites in Calgary - March 23/15

(4) Parking at RDRHC - Capital Management Business Review Mtg In Red Deer - March 27/15

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (463) 298-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/03/23
PICK-UP TIME: 07:39
DROP-OFF TIME: 08:07
TRIP ID: 8
LOCATION: 073800-45024103787
CAR NUMBER: 0029
DRIVER: 260553
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY:
AUTH:

FARE (\$) : 58.38
EXTRA (\$) : 0.88
SUBTTL (\$) : 58.31

TIP (\$) 6.00

TOTAL (\$) : 64.30 ✓

SIGNATURE: 

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

DETACH RECEIPT FROM TICKET

LEAVE ON DASH - THIS SIDE UP

DATE ISSUED TIME ISSUED AMOUNT PAID

EXPIRATION DATE

20/03/15 08:14 AM 27/03/15 08:14 AM \$ 8.50 ✓

CREDIT CARD NUMBER

CC

AMOUNT PAID \$ 8.50 73240000 08:14 PM

Alberta Health Services
CHANGES ARE FOR USE OF PARKING SPACE ONLY
HEALTH SERVICES ARE NOT RESPONSIBLE
FOR THE PROVISIONS BUT WILL BE RESPONSIBLE
FOR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

Alberta Health Services

RECEIPT

Alberta Health Services

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense
Brian Stevenson	Chief Program Officer Capital Management	Calgary	177.76

Claimant Name	Expense Date	Business reason	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
STEVENSON, BRIAN	3/27/2015	CapM monthly Business Review Mtg - RDRHC	Mileage	171.70	Edmonton	Red Deer - RDRHC	To attend the CapM monthly Business	1			340
STEVENSON, BRIAN	4/7/2015	Joint Capital Steering Committee mtg	Mileage	3.03	SSP	AI offices (round trip)	To attend the Joint Capital Steering Committee mtg with government	1			6
STEVENSON, BRIAN	4/20/2015	RAH/GRH Master Plan - Capital Options Presentation	Mileage	3.03	SSP	RAH (round trip)	To attend the RAH/GRH Master Plan - Capital Options Presentation #5	1			6
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		06-May-15							