

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer, Capital Management
Location Calgary
 Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings				330	330			
Jun-15	Expense Claim	Meetings		42		10	52			
Jun-15	Direct Bill	Meetings	383				383			
Total			\$ 383	\$ 42	\$ -	\$ 340	\$ 765	\$ -	\$ -	\$ -

Total for the Month \$ 765

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

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> 20/06/2015
<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> \$329.80
<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> [REDACTED]
<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
(1)	21/05/2015	390957699	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	50.90	CAD	50.90	2.42	.00	Taxi - Calgary airport to FMC - Calgary Zone Staff Engagement session & other mtgs - May 12/15
(2)	08/06/2015	392806116	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81	.00	Taxi - Home to Edmonton Airport - Calgary Cancer Project meeting & site tour - June 8/15
(3)	08/06/2015	392894483	CALGARY UNITED CABS, LIMOUSINES AND TAXICABS	43.00	CAD	43.00	2.05	.00	Taxi - FMC to Calgary airport - Calgary Cancer Project meeting & site tour - June 8/15
(4)	08/06/2015	393082474	YELLOW CAB, LIMOUSINES AND TAXICABS	92.00	CAD	92.00	4.38	.00	Taxi - Edmonton Airport to home - Calgary Cancer Project meeting & site tour - June 8/15
(5)	09/06/2015	393082473	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	63.90	CAD	63.90	3.04	.00	Taxi - Calgary airport to FMC - Calgary Cancer Project meeting & site tour - June 8/15

✓ 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  Signature of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title <u>June 25/15</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>June 29/15</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>June 30/15</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>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title <u>June 30/15</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 - Calgary airport to FMC - Calgary
Zone Staff Engagement session &
other mtgs - May 12/15

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2815/05/12 ✓
PICK-UP TIME: 07:32
DROP-OFF TIME: 08:05
TRIP ID:
LOCATION:
CAR NUMBER:
DRIVER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$) : 45.00
EXTRA (\$) : 0.00
SUBTIL (\$) : 45.00

Tax (\$) : 5.00

TOTAL (\$) : 50.90 ✓

SIGNATURE: 

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

CUSTOMER'S COPY

(2) Taxi - Home to Edmonton Airport -
Calgary Cancer Project meeting &
site tour - June 8/15

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

TERM #
RECORD #
HOST INVOICE #
HOST SEQ #

CARD
CREDIT/MASTERCARD D
2015/06/08 ✓ 07:11:09

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

AUTH# B:0001
HTS: 20150608071150

TRANSACTION
APPROVED - 000
THANK YOU

MasterCard
AID: A0000000041010
TC: 85CA71F9352ED26D
TVR: 000000B000
TSI: E800

CUSTOMER COPY

POWERED BY MONEX

WWW.MONEXGROUP.COM

(3) Taxi - FMC to Calgary airport - Calgary
Cancer Project meeting & site tour -
June 8/15

CALGARY UNITED CABS
5660 10TH STREET NE
SUITE 8
CALGARY AB T2E 0W7
(403) 777-1111

SALE

MID: ST: 829476373RT0001
TID:
Batch:
06/08/15 ✓ 15:02:53
APPR CODE:
MASTERCARD

AMOUNT \$39.00
TIP \$4.00
TOTAL \$43.00 ✓

00 - APPROVED - 001

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

CUSTOMER COPY

(4) Taxi - Edmonton Airport to home -
Calgary Cancer Project meeting &
site tour - June 8/15

YELLOW CAB
18135 31 AVENUE NW
EDMONTON AB T6H 1E7
788-462-3456

Term Id:45824124782198
Item #:0388
MasterCard
PURCHASE
Op Id:
Card N

APPROVED

AMOUNT CAD\$83.00
TIP CAD\$9.00
=====

TOTAL CAD\$92.00 ✓

Ref.
Auth
Resp
YUR:
TST:

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

GST 186403078

Date: 2015/06/08 Time: 19:36:06 ✓
Response: AUTH

CUSTOMER COPY

(5) Taxi - Calgary airport to FMC - Calgary
Cancer Project meeting & site tour -
June 8/15

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 298-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/08 ✓
PICK-UP TIME: 09:38
DROP-OFF TIME: 18:09
TRIP ID:
LOCATION:
CAR NUMBER:
DRIVER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$): 57.98
EXTRA (\$): 8.00
SUBTTL (\$): 57.98

TIP (\$): 6.00

TOTAL (\$): 63.98 ✓

SIGNATURE: 

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

CUSTOMER'S COPY

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
STEVENSON, BRIAN	Chief Program Officer, Capital Management	Calgary	52.16

[illegible]

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 :	Jun-15
---------------	-----------------	--	--------

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
04-Jun-15	Direct Billing	Airline Ticket	Edmonton to Calgary on June 8/15 - to attend Calgary Cancer Project meeting and site tour	Marlin Travel	382.96
	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 382.96

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:

Date:

Page:

Our Reference:

June 4, 2015

1/2

INVOICE

For

BRIAN L STEVENSON

Monday, June 8, 2015

 Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 08Jun15

Flight: 104 Q CLASS

08:15 AM Equipment: 73W

09:03 AM

Mile(s) Flown: 163

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

 Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 08Jun15

Flight: 255 Q CLASS

04:45 PM Equipment: 73W

05:34 PM

Mile(s) Flown: 163

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT-		E-TKT		284.00
			Tax:	98.96
			Ticket Total:	382.96

Total:

Grand Total:	382.96
Less Credit Card Payments:	382.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00