

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer, Capital Management
Location Calgary
 Expenses submitted during the month of August 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)
Aug-15	P-Card					174	174			
Aug-15	Direct Billing		322				322			
Total			\$ 322	\$ -	\$ -	\$ 174	\$ 496	\$ -	\$ -	\$ -

Total for the Month \$ 496

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

STEVENSON, BRIAN <i>Cardholder's Name</i>	CHIEF PROGRAM OFFICER <i>Cardholder's Position/Title</i>	Billing Reporting Period:	20/08/2015
CAPITAL MANAGEMENT <i>Cardholder's Dept</i>	SEVENTH STREET PLAZA <i>Cardholder's Site/Location</i>	Total Statement Amount:	\$174.00
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA <i>Cardholder's e-mail address</i>	Last 6 digits of the P-Card: XXXXXXXXXX		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 20/07/2015	597138578	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	✓ 80.00	3.81	.00	Taxi - Home to Edmonton Airport - Site tours & Mtg with RGH Protective Services Team
(2) 20/07/2015	597821714	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	94.00	CAD	✓ 94.00	4.48		Taxi - Edmonton Airport to home - Site tours & Mtg with RGH Protective Services Team

✓
PJB

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>Aug 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>Aug. 27/15</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>Aug. 28/15</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>Aug. 31/2015</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 - Site tours & Mtg with RGH Protective Services Team - July 20/15

2) Taxi - Edmonton Airport to home - Site tours & Mtg with RGH Protective Services Team - July 20/15

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

AIRPORT TAXI SERVICE
4608 101 ST. (7808907070)
EDMONTON, AB
T6E-5G9

Term ID: 05378088

TERM # 40472601
RECORD # 000781
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

Purchase

CARD [REDACTED]
CREDIT/MASTERCARD D
2015/07/20 05:38:33

MASTERCARD Entry Method: C

Invoice #: [REDACTED]

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

Amount: \$ 85.00
Tip: \$ 9.00

Total: \$ 94.00

AUTH# [REDACTED] B:0001
HTS: 20150720053920

2015/07/20 20:35:23

Seq #: [REDACTED]
Appr Cod [REDACTED]
Resp Code: 01/02 [REDACTED]

TRANSACTION

APPROVED - 000

THANK YOU

MasterCard
A0000000041010
9D 0C E7 C8 DD FA CD 04
00 00 00 00 00
E8 00
59 E0 31 21 7F AD 24 7F

APPROVED
Thank You

MasterCard
AID: A0000000041010
TC: 73992B2CD3842402
TVR: 0000008000
TSI: EB00

Customer Copy

IMPORTANT -
retain this copy for your records

CUSTOMER COPY

POWERED BY MONEX

CST 009138654 RT0001

WWW.MONEXGROUP.COM

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 : Aug-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-Aug-15	Direct Billing	Airline Ticket	Aug 24/15 - Edmonton to Calgary round trip - originally planned to attend Calgary/Central LRP Executive Committee in person - trip was subsequently cancelled due to calendar changes	Marlin Travel	322.06
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 322.06

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:

INVOICE

For

BRIAN L STEVENSON

Monday, August 24, 2015

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 24Aug15

Flight: 395 M CLASS
06:45 AM Equipment: 736
07:33 AM

Mile(s) Flown: 163

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 24Aug15

Flight: 255 M CLASS
04:45 PM Equipment: 73W
05:34 PM

Mile(s) Flown: 163

Cost:

TKT-		E-TKT		223.10
			Tax:	98.96
			Ticket Total:	322.06

Total:

Grand Total:	322.06
Less Credit Card Payments:	322.06
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00