

## Official Administrator and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer, Capital Management  
**Location** Calgary  
 Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings				173	173	263		
Sep-15	Expense Claim	Meetings		62		7	69			
Sep-15	Direct Billing	Meetings	349				349			
<b>Total</b>			\$ 349	\$ 62	\$ -	\$ 180	\$ 591	\$ 263	\$ -	\$ -

**Total for the Month**     \$        854

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

<b>STEVENSON, BRIAN</b> Cardholder's Name	<b>CHIEF PROGRAM OFFICER</b> Cardholder's Position/Title	<b>Billing Reporting Period:</b> <u>20/09/2015</u>
<b>CAPITAL MANAGEMENT</b> Cardholder's Dept	<b>SEVENTH STREET PLAZA</b> Cardholder's Site/Location	<b>Total Statement Amount:</b> <u>\$435.20</u>
<b>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address	<b>Last 6 digits of the P-Card #</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 31/08/2015	401479371	PAYPAL *CANADIANHEA, ORGANIZATIONS, CHARITABLE AND*	282.50	CAD	✓ 282.50	12.50		2015 CHES National Conf - one-day registration
(2) 17/09/2015	403260852	YELLOW CAB, LIMOUSINES AND TAXICABS	93.50	CAD	✓ 93.50	4.45		Taxi - Edmonton Airport to home - Calgary Cancer Project & FMC Parking mtgs
(3) 17/09/2015	403260853	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	79.20	CAD	✓ 79.20	3.77	.00	Taxi - Home to Edmonton Airport - Calgary Cancer Project & FMC Parking mtgs



<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b>		
By signing this statement		
<ul style="list-style-type: none"> <li>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.</li> </ul>		
<u>IGGULDEN, KATHY</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Sept 23/15</u> Date of Signature	
<b>Cardholder</b>		
By signing this statement		
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>STEVENSON, BRIAN</u> Name of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
 Signature of Cardholder	<u>SEPT. 22/15</u> Date of Signature	
<b>Approver Designate (if Applicable)</b>		
By signing this statement		
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Sept. 23/15</u> Date of Signature	
<b>Approver</b>		
By signing this statement		
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>RHODES, DEBORAH</u> Name of Approver	<u>VP &amp; CHIEF FINANCIAL OFFICER</u> Approver Position/Title	
 Signature of Approver	<u>Sept. 29/15</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) Itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – Include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

**Kathy Iggulden**

**From:** ches@eventsmgt.com  
**Sent:** Monday, August 31, 2015 2:02 PM  
**To:** Brian Stevenson  
**Subject:** Your CHES National Conference Registration has been recorded.

### DELEGATE INFORMATION

Name Stevenson, Brian Mr  
Work Title/Position Chief Program Officer, Capital Management  
Institution Alberta Health Services  
Street Address [REDACTED]  
City [REDACTED]  
Province [REDACTED]  
Postal Code [REDACTED]  
Country Canada  
Email [brian.stevenson@albertahealthservices.ca](mailto:brian.stevenson@albertahealthservices.ca)  
Phone [REDACTED]  
Fax [REDACTED]

### REGISTRATION SUMMARY

Delegate Registration Type One Day Delegate  
Dietary Restrictions No  
Companion Programs Purchased 0  
Great CHES Golf Game Tickets Purchased 0  
Additional Banquet Tickets Purchased 0  
Delegate List Approved No

### FEE SUMMARY

Delegate Registration Fees 250.00  
Companion Program Fees 0.00  
Extra Banquet Fees 0.00  
CHES Golf Fees 0.00  
Sub Total 250.00  
GST 12.50  
Total 262.50 ✓

### PAYMENT OPTIONS

**Online Payment:** If you remitted your payment online, via credit card, please accept our thanks. A copy of your registration and payment will be sent to you by email.

**Cheque Payment:** Cheques should be made payable to "CHES National Conference" A copy of your registration will be sent to you by email.

**Please mail your payment, along with a copy of your registration form to:**

CHES National Conference  
4 Cataragui Street, Suite 310  
Kingston ON K7K 1Z7

### CANCELLATION POLICY

Cancellation of registration must be received in writing at the Conference Office by August 31, 2015 for registration fees to be refunded. A processing fee of \$50 will be charged on all refunds. No refunds after August 31, 2015.

Event Registration Software Development



## Kathy Iggulden

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**From:** service@intl.paypal.com  
**Sent:** Monday, August 31, 2015 2:00 PM  
**To:** Brian Stevenson  
**Subject:** Your payment to Canadian Healthcare Engineering Society



**You sent a payment of \$262.50 CAD to Canadian Healthcare Engineering Society.**

Aug 31, 2015 15:59:26 GMT-04:00  
Receipt No. [REDACTED]

Hello Brian Stevenson,

This charge will appear on your credit card statement as payment to PAYPAL \*CANADIANHEA.

### Save time with a PayPal account

Create a PayPal account and save your payment information. You won't need to enter your payment information every time you shop online.

[Sign Up Now](#)

### Shop with confidence

We keep your financial information secure.

### Transactions monitored 24/7

Our fraud specialists help protect your account.

### You're protected

Zero fraud liability for eligible unauthorized purchases. [See eligibility](#)

### Merchant information:

Canadian Healthcare Engineering Society  
[ches@eventsmgt.com](mailto:ches@eventsmgt.com)  
<http://www.ches.org>  
613-531-2661

### Instructions to merchant:

None provided

### Shipping Information

### Shipping method

Not specified

Description	Unit price	Qty	Amount
CHES National Conference	\$250.00 CAD	1	\$250.00 CAD

Tax: \$12.50 CAD

**Total: \$262.50 CAD** ✓

**Receipt No:** [REDACTED]

Please keep this receipt number for future reference. You'll need it if you contact customer service at Canadian Healthcare Engineering Society or PayPal.

[Help](#) | [Security Centre](#)

This email was sent to [brian.stevenson@albertahealthservices.ca](mailto:brian.stevenson@albertahealthservices.ca) for the ongoing support and maintenance of your

(2) Taxi - Edmonton Airport to home -  
Calgary Cancer Project & FMC Parking  
meetings - Sept 17/15

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6N-1C2  
780-462-3456

Term Id:45024124782256  
Item #:0147  
MasterCard  
PURCHASE  
Dr Id:013161  
Card #:

AID:A0000000041010

APPROVED

AMOUNT	CAD\$85.00
TIP	CAD\$8.50
TOTAL	===== CAD\$93.50

Ref. #  
Auth. #  
Resp. Code: 00  
TUR: 4000000000  
TSI: E800

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

GST 100403070

Date: 2015/09/17 Time: 19:30:29  
Response: AUTH

\*\*\*CUSTOMER COPY\*\*\*

(3) Taxi - Home to Edmonton Airport -  
Calgary Cancer Project & FMC Parking  
meetings - Sept 17/15

ST. ALBERT TAXI  
3A RAYBORN CRESCENT  
ST. ALBERT AB T8N 5C5

TERM #  
RECORD #  
HOST INVOICE #  
HOST SEQ #

CARD  
CREDIT/MASTERCARD D  
2015/09/17 05:10:01

Purchase	
AMOUNT	\$72.00
TIP	\$7.20
TOTAL	\$79.20

AUTH: B:0001  
HTS: 20150917051028

TRANSACTION

APPROVED - 000

THANK YOU

VERIFIED BY PIN

MasterCard  
AID: A0000000041010  
TC: D2E2C5D2E0CBB600  
TUR: 0000008000  
TSI: E800

MERCHANT COPY

POWERED BY MONEK

WWW.MONEKGROUP.COM

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
STEVENSON, BRIAN	Chief Program Officer, Capital Management	Calgary	69.30

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/17/2015	Trip to Calgary - CCP and FMC Parking meetings		Meals Per Diem	20.80			Trip to Calgary - CCP and FMC Parking meetings	1			
9/21/2015	LRT from SSP to Shaw Conference Centre - CHES National Conference	AB - Local	Miscellaneous	2.40			LRT from SSP to Shaw Conference Centre - CHES National Conference	1			
8/27/2015	Calgary Cancer Project Executive Steering Committee Meeting		Mileage	1.52	SSP	AI Offices - one way	Calgary Cancer Project Executive Steering Committee Meeting	1			3
7/7/2015	AI/AH/AHS Joint Capital Steering Committee Meeting		Mileage	3.03	SSP	AI Offices - round trip	AI/AH/AHS Joint Capital Steering Committee Meeting	1			6

7/20/2015	Trip to Calgary - Tours of PLC and Strathmore & mtg with RGH Security team		Meals Per Diem	41.55			Trip to Calgary - Tours of PLC and Strathmore & mtg with RGH Security team	1			
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Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	28-Sep-15



INSERT THIS END INTO  
VALIDATOR

1745

#

0056

ETS

2015 EXPIRY

ADULT

ETS



TICKET MUST BE VALIDATED  
FOR USE ON LRT  
• NON-REFUNDABLE •

## 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

<b>Name :</b> Brian Stevenson	<b>Reporting Period for the Month of :</b> Sep-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-Sep-15	Direct Billing	Airline Ticket	Sept 17/15 - Edmonton to Calgary round trip - Face to face mtgs re: Calgary Cancer Project & FMC Parking Project	Marlin Travel	349.30
	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	-
<b>Total Paid in the Month</b>					<b>\$ 349.30</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:

Date:

Page:

Our Reference:

September 15, 2015

1/2

## INVOICE

### For

MR BRIAN L STEVENSON

Thursday, September 17, 2015

### Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 17Sep15

Flight: 395 M CLASS  
06:45 AM Equipment: 736  
07:34 AM

Mile(s) Flown: 163

### Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 17Sep15

AIR CANADA E

Flight: 8172 S CLASS  
05:30 PM Equipment: D8 (300 SERIES)  
06:22 PM

Mile(s) Flown: 163

### Cost:

TKT-		E-TKT	)	118.34
			Tax:	49.48
			<b>Ticket Total:</b>	<b>167.82</b>
TKT-		E-TKT	)	144.00
			Tax:	37.48
			<b>Ticket Total:</b>	<b>181.48</b>

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

Invoice Number: [REDACTED]  
Date: September 15, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	349.30
<b>Less Credit Card Payments:</b>	349.30
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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.