

## Official Administrator and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer, Capital Management  
**Location** Calgary  
 Expenses submitted during the month of October 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)
Oct-15	P-Card					130	130			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 130	\$ 130	\$ -	\$ -	\$ -

**Total for the Month**    \$        130

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> Cardholder's Name	<u>CHIEF PROGRAM OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/10/2015</u>
<u>CAPITAL MANAGEMENT</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$130.20</u>
<u>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <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) 17/09/2015	403567345	CALGARY UNITED CABS, LIMOUSINES AND TAXICABS	49.80	CAD	✓ 49.80	2.37	.00	Taxi - FMC to Calgary Airport - Calgary Cancer Project & FMC Parking mtgs
(2) 24/09/2015	404023227	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	67.90	CAD	✓ 67.90	3.23	.00	Taxi - Calgary Airport to Southport - Calgary Cancer Project & FMC Parking mtgs
(3) 28/09/2015	404330996	U OF A PARKING-EDUCATI, AUTOMOBILE PARKING LOTS AND GARAGES	12.50	CAD	✓ 12.50	.60	.00	Parking at U of A - AHS Master Planning Mtg



<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>Oct. 22/15</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>Oct. 23/15</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>Oct. 26/15</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>Oct. 27/15</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) And where applicable:               <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> </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:

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

CALGARY UNITED CABS  
5660 10TH STREET NE  
SUITE 8  
CALGARY AB T2E 8N7  
(403) 777-1111

SALE

MID: 5569122  
TID: BC569122 REF#: [REDACTED]  
Batch #: [REDACTED] SEQ: [REDACTED]  
09/17/15 16:22:47  
APPR CODE: [REDACTED]  
MASTERCARD [REDACTED]

AMOUNT \$44.80  
TIP \$6.00 ✓  
TOTAL \$49.80

00 - APPROVED - 001

MasterCard  
AD: A0300000041010  
TVR: 00 00 00 80 00  
TSt: E8 00

CUSTOMER COPY

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

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

DATE: 2015/09/17  
PICK-UP TIME: 07:45  
DROP-OFF TIME: 08:16  
TRIP ID: 0  
LOCATION: 073000-45024103707  
CAR NUMBER: 0000  
DRIVER: 745900  
CARD TYPE: HC  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$): 60.00  
EXTRA (\$): 0.00  
SUBTTL (\$): 68.90

TIP (\$) 7.00

TOTAL (\$) 67.90 ✓

SIGNATURE: 

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

CUSTOMER'S COPY

(3) Parking at U of A - AHS Master Planning Mtg - Sept 28/15

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Parking Services, Rm 1-51 Lister Centre  
University of Alberta  
87 Avenue 116 Street

Register [REDACTED]  
Operator [REDACTED]  
Today is 09/28/2015 at 15:11:54  
Order [REDACTED]

1	\$12.50	11.90x
=====		
	SUB TOTAL-->	\$ 11.90
	GST TAX -->	\$ 0.60
	TOTAL-->	\$ 12.50



keycode : Credit Card [REDACTED]  
Card Type : MasterCard  
Approval : [REDACTED]  
Reference # : [REDACTED]  
Tran ID # : [REDACTED]

SIGNATURE \_\_\_\_\_

Edmonton, AB T6G 2H6

GST # R108102831

TVR: [REDACTED]  
TST: [REDACTED] EDMONTON, AB T6G2H6  
7804927275

Merchant ID: 5722770  
Term ID: 002

Ref [REDACTED]

### Extern Tran

[REDACTED]

MASTERCARD Entry Method: Chip

09/28/15 15:11:54

App Code: [REDACTED]  
Batch#: [REDACTED]

Total: \$ [REDACTED]

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit voucher).

Retain this copy for statement verification.

Application Label: MasterCard  
AID: A0000000041010  
TVR: 00 00 00 60 00  
TSI: E0 00

Customer Copy