

AHS Board and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management
Location Edmonton
 Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Cards	Meetings				441	441			
Dec-15	Direct Billing	Meetings	626				626			
Total			\$ 626	\$ -	\$ -	\$ 441	\$ 1,067	\$ -	\$ -	\$ -

Total for the Month \$ 1,067

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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:

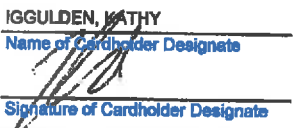
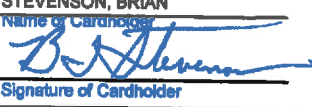


- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

STEVENSON, BRIAN Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period: 20/12/2015
CAPITAL MANAGEMENT Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$440.60
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: [REDACTED]	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 23/11/2015	410590801	CRYSTAL S CAB & COURIE, LIMOUSINES AND TAXICABS	79.20	CAD	79.20 ✓	3.77		Taxi - Home to Edmonton Airport - CapM Calgary Zone staff engagement session & CLS tour
(2) 23/11/2015	410711116	MAYFAIR TAXI LTD, LIMOUSINES AND TAXICABS	47.60	CAD	47.60 ✓	2.27		Taxi - FMC to Calgary airport - CapM Calgary Zone staff engagement session & CLS tour
(3) 23/11/2015	410833713	YELLOW CAB, LIMOUSINES AND TAXICABS	93.50	CAD	93.50 ✓	4.45		Taxi - Edmonton Airport to home - CapM Calgary Zone staff engagement session & CLS tour
(4) 02/12/2015	411820861	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	49.10	CAD	49.10 ✓	2.34	.00	Taxi - Calgary airport to FMC - CapM Calgary Zone staff engagement session & CLS tour - Nov 23/15
(5) 08/12/2015	412288588	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	78.20	CAD	78.20 ✓	3.77	.00	Taxi - Home to Edmonton Airport - CapM South Zone staff engagement session & CHR tour
(6) 08/12/2015	412428422	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	82.00	CAD	82.00 ✓	4.38		Taxi - Edmonton Airport to home - CapM South Zone staff engagement session & CHR tour

✓
AB

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>IGGULDEN, KATHY</u> Name of Cardholder Designate</p> <p> Signature of Cardholder Designate</p>	<p><u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title</p> <p><u>Dec. 21/15</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>STEVENSON, BRIAN</u> Name of Cardholder</p> <p> Signature of Cardholder</p>	<p><u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title</p> <p><u>Dec. 21/15</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>BEST, SUSAN</u> Name of Approver Designate</p> <p> Signature of Approver Designate</p>	<p><u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title</p> <p><u>Dec. 23/15</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>RHODES, DEBORAH</u> Name of Approver</p> <p> Signature of Approver</p>	<p><u>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title</p> <p><u>Dec. 29/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

**(1) Taxi - Home to Edmonton Airport -
CapM Calgary Zone staff engagement session
& CLS tour - Nov 23/15**

CRYSTAL'S CAB & COURIER
ST ALBERT, AB
ST ALBERT AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/11/23
TIME 4187 05:27:47
RECEIPT NUMBER
[REDACTED]

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

MasterCard
A00000000041010
156AF6800DA79253
0000008000-E800
670D37BF8AC94B05

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

**(2) Taxi - FMC to Calgary airport -
CapM Calgary Zone staff engagement session
& CLS tour - Nov 23/15**

MAYFAIR TAXI LTD
7003 FARRELL RD SE, CALGARY, AB T2H 0T3
403 255 6555

TERMINAL ID: 314-674-080
MERCHANT ID: 440940AR
VEHICLE ID: 418
DRIVER ID: 6589
GST ACCOUNT #: 838993327
TRIP NUMBER: 243308
PASSENGERS: 1

11/23/2015
START: 13:42
DISTANCE: 213.00
END: 14:09
RATE: 1

FARE AMOUNT: \$ 40.57

TAX AMOUNT: \$ 2.03
TIP AMOUNT: \$ 5.00

TOTAL : \$ 47.60

MASTER CARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

30E30E30E PASSENGER COPY 30E30E30E



(3) Taxi - Edmonton Airport to home -
CapM Calgary Zone staff engagement session
& CLS tour - Nov 23/15

(4) Taxi - Calgary airport to FMC -
CapM Calgary Zone staff engagement session
& CLS tour - Nov 23/15

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

Term Id: 45024124782559
Item #: 0060
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: A0066900041010

ARRIVED

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

Ref. [REDACTED]
Auth. [REDACTED]
Resp. Code: 00
CUR: 4000008000
SI: E800

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

GST 100403070

Date: 2015/11/23 Time: 18:48:37
Response: AUTH [REDACTED]

CUSTOMER COPY

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/11/23
PICK-UP TIME: 09:31
DROP-OFF TIME: 09:58
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 0176
DRIVER: 712152
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 45.10
EXTRA (\$): 0.00
SUBTTL (\$): 45.10

TIP (\$) 5.00

TOTAL (\$) 49.10

SIGNATURE: 

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

CUSTOMER'S COPY

**(5) Taxi - Home to Edmonton Airport -
CapM South Zone staff engagement session &
CHR tour - Dec 8/15**

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

TERM # 40472609
RECORD # 000742
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

CARD [REDACTED]
CREDIT/MASTERCARD D
2015/12/08 07:05:50

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

AUTH# [REDACTED] B:0001
HTS: 20151208070657

TRANSACTION
APPROVED - 000
THANK YOU

MasterCard
AID: A0000000041010
TC: EBA52B77185D598B
TUR: 0000008000
TS1: E800

CUSTOMER COPY

POWERED BY MONEX

WWW.MONEXGROUP.COM

**(6) Taxi - Edmonton Airport to home -
CapM South Zone staff engagement session &
CHR tour - Dec 8/15**

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/12/08
TIME 0607 18:33:35
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$83.00
TIP \$9.00
TOTAL
\$92.00

MasterCard
A0000000041010
0F833C63B0C86CD72
0000008000-E800
2DD249D438628E24

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 84319 5835 RT0001

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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 : Dec-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Nov-2015	Direct Billing	Airline Ticket	Dec8/15 -Edmonton to Lethbridge round trip - present at CapM south zone staff engagement session & tour the new addition to the Chinook Regional Hospital	Marlin Travel	626.24
	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					\$ 626.24

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: November 26, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MR BRIAN L STEVENSON

Tuesday, December 8, 2015

 **Air**

OTHER TRAVEL **Flight:** 819 ECONOMY CLASS
From: EDMONTON INTL AB 08:20 AM
To: LETHBRIDGE 09:35 AM
Stops: 0 **Arrival:** 08Dec15
INTEGRA AIR CONFIRMATION [REDACTED]

 **Air**

OTHER TRAVEL **Flight:** 928 ECONOMY CLASS
From: LETHBRIDGE 04:30 PM
To: EDMONTON INTL AB 05:45 PM
Stops: 0 **Arrival:** 08Dec15

Cost:
INTEGRA AIR [REDACTED] [REDACTED] 567.00
Tax: 59.24
Ticket Total: 626.24

Total:
Grand Total: 626.24
Less Credit Card Payments: 626.24
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00