

AHS Board and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management
Location Edmonton

Expenses submitted during the month of April 2016

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)
Apr-16	P-Card	Meetings	357		172	157	686			
Total			\$ 357	\$ -	\$ 172	\$ 157	\$ 686	\$ -	\$ -	\$ -

Total for the Month \$ 686

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 154
 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: 20/04/2016
CAPITAL MANAGEMENT Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$686.16
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) 24/03/2016	423622266	WESTJET [REDACTED] Westjet Airlines	357.14	CAD	✓ 357.14	.00	.00	Flight - Edmonton to Calgary round trip - Interviews for Senior Project Manager CCP position - March 28-29/16
(2) 28/03/2016	423930057	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	63.30	CAD	✓ 63.30	3.01		Taxi - Calgary airport to SPTT - Interviews for Senior Project Manager CCP position - March 28/16
(3) 29/03/2016	424044528	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	60.20	CAD	✓ 60.20	2.87		Taxi - SPTT to Calgary airport - Interviews for Senior Project Manager CCP position - March 28/16
(4) 29/03/2016	424044529	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	34.00	CAD	✓ 34.00	1.62	.00	Parking - Edmonton International Airport - Interviews for Senior Project Manager CCP position - March 28-29/16
(5) 29/03/2016	424253995	DELTA CALGARY SOUTH, DELTA HOTELS	171.52	CAD	✓ 171.52	.00	.00	Hotel - Delta Calgary South - Interviews for Senior Project Manager CCP position - March 28-29/16



✓ AS

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	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Apr 25/16</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	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Apr. 25/16</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>BEST, SUSAN</u> Name of Approver Designate	<u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>May 4/16</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	<u>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title	
 Signature of Approver	<u>May 5, 2016</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: • 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, 1003D-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

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

**(1) Flight - Edmonton to Calgary round trip - Interviews for Senior
Project Manager CCP position - March 28-29/16**

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

Invoice Number: 
Date: March 24, 2016
Page: 1/2
Our Reference: 

INVOICE

For

MR BRIAN L STEVENSON

Monday, March 28, 2016

 **Air**

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 28Mar16

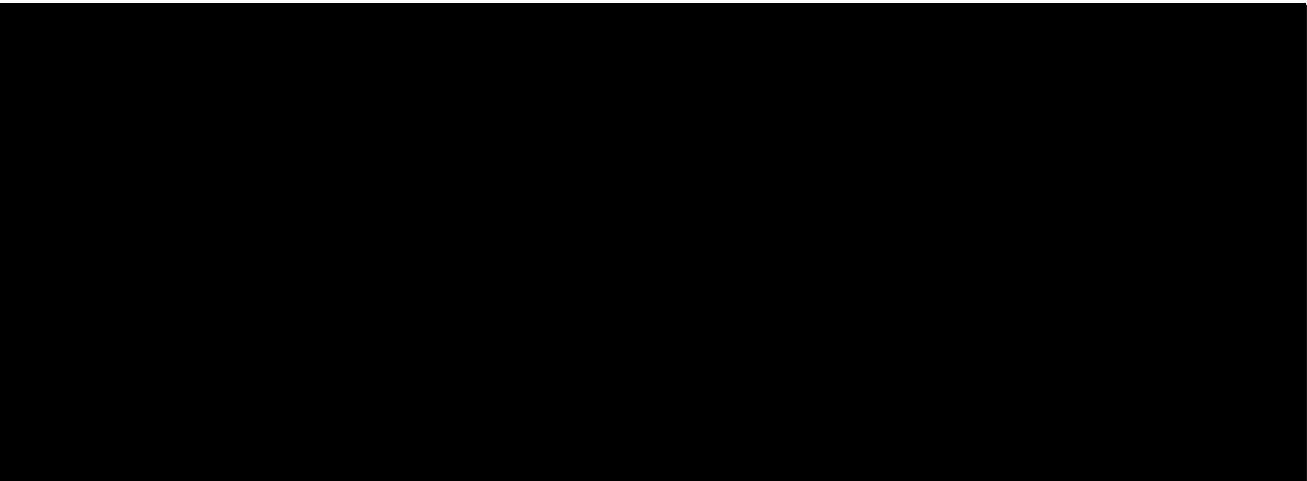
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 348 Q CLASS

06:25 PM Equipment: 736

07:14 PM

Mile(s) Flown: 163



Tuesday, March 29, 2016

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, March 29, 2016

 Air

WESTJET AIRLINES
From: CALGARY AB Flight: 255 M CLASS
To: EDMONTON INTL AB 04:28 PM Equipment: 73W
Stops: 0 Arrival: 29Mar16 05:19 PM Mile(s) Flown: 163
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TK [REDACTED] E-TKT [REDACTED]	258.18
	Tax: 98.96
	Ticket Total: 357.14

Total:

Grand Total:	357.14
Less Credit Card Payments:	357.14
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	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.

(2) Taxi - Calgary airport to SPTT - Interviews for Senior Project Manager CCP position - March 29/16

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID: 4189233
TID: LG189233 REF: [REDACTED]
Batch # [REDACTED] SEQ: [REDACTED]
28/16 19
PR CODE: 214603
MASTERCARD
[REDACTED]

AMOUNT \$57.00
TIP \$6.00
TOTAL \$63.00

00 - APPROVED - 001 **\$63.30**

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

THANK YOU

(3) Taxi - SPTT to Calgary airport - Interviews for Senior Project Manager CCP position - March 29/16

IN: [REDACTED]
CALGARY [REDACTED]

PERSONAL ID: 574 674 834
MERCHANT ID: 10003561
VEHICLE ID: 1054
DRIVER ID: 9238
GST ACCOUNT #: 219802261
TRIP NUMBER: 0075136
PASSENGERS: 1

28/03/16
19 14 20
TABLE: 20 20
END: RATE

AMOUNT \$
TIP \$
TOTAL \$

TOTAL: \$ **\$60.20**

MASTERCARD SALE: [REDACTED]
APPROVAL NUMBER: [REDACTED]

PASSENGER COPY

Phone: 403 299 1111
403 299 1111
WWW.THECHECKERGROUP.COM



(4) Parking - Edmonton International Airport - Interviews for Senior Project Manager CCP position - March 28-29/16

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 29/03/16 17:29
Receipt [REDACTED]

Short-term parking tkt
DL - No. [REDACTED]
28/03/16 16:32
29/03/16 17:31
Period 1d1h0'
(Tax) \$34.00

Total \$34.00

Payment Received
MC [REDACTED] \$34.00

Type: Swiped

Sub Total \$32.38
Tax 5% \$1.62

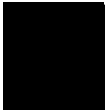

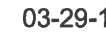
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DELTA
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
Brian Stevenson
Canada

Room: 
Folio: 
Cashier: 
Arrival: 03-28-16
Departure: 03-29-16

Date	Description	Additional Information	Charges	Credits
03-28-16	Room Charge		154.00	
03-28-16	DMF		4.05	
03-28-16	Tourism Levy		5.56	
03-28-16	Rooms - GST		6.96	
03-28-16	Other - GST		0.95	
03-29-16	Master Card			171.52

GST Summary	
Registration No: 895126332	
Room	6.96
F&B	0.00
Other	10.56
Total	17.52

Total	171.52	171.52
Balance Due	0.00	CDN

**(5) Hotel - Delta Calgary South - Interviews for Senior
Project Manager CCP position - March 28-29/16**

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.