

AHS Board and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-16	P-Card	Meetings					-	893		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	893	\$ -	\$ -

Total for the Month \$ 893

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	CHIEF PROGRAM OFFICER	Billing Reporting Period.	20/09/2016
Cardholder's Name	Cardholder's Position/Title		
CAPITAL MANAGEMENT	SEVENTH STREET PLAZA	Total Statement Amount.	\$892.50
Cardholder's Dept	Cardholder's Site/Location		
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	██████████
Cardholder's e-mail address			

Other/ Personal Purchases

I have identified the following transactions as non-business related, personal purchases. I have attached a personal cheque for the total amount owed which represents payment in full to AHS. I understand that the P-Card is not to be used again for personal transactions.

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 23/08/2016	██████████	UOFA CIVIL & ENVIRONME. COLLEGES. UNIVERSITIES. PROFESSIONAL	892.50	CAD	892.50	42.50		Registration Fee for 2016 Modular and Offsite Construction [MOC] Summit

✓
P/B

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>Sept. 27/16</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>SEPT. 28/16.</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>Sept. 30/16</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>Oct. 2/16</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach:	Address:	
<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. 	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: _____

Kathy Iggulden

From: UofA Civil & Environmenta <esp_receipt@moneris.com>
Sent: Tuesday, August 23, 2016 1:51 PM
To: Brian Stevenson
Subject: Transaction Receipt - Do Not Reply

UOFA CIVIL & ENVIRONMENTA

Department of Civil and Enviro ENG
Edmonton AB
T6G 1H9
2016 MOC Summit and ICCREM

TRANSACTION APPROVED - THANK YOU

PAYMENT DETAILS

TYPE PURCHASE
DATE 2016-08-23 13:50:30
ORDER ID [REDACTED]
AMOUNT(CAD) \$892.50
CARDHOLDER Brian Stevenson
CARD NUM [REDACTED]
ACCOUNT MC
REF NUM [REDACTED]
AUTH CODE [REDACTED]

ITEM DETAILS

DESCRIPTION	PRODUCT CODE	QUANTITY	ITEM AMOUNT
2016 MOC Summit (Standard Delegate). Attendee: Brian Stevenson	1530	1	\$892.50
		TOTAL(CAD)	\$892.50

CUSTOMER DETAILS

CUST ID [REDACTED]
EMAIL [REDACTED]
NOTE
BILLING DETAILS
FIRST NAME Brian
LAST NAME Stevenson
COMPANY
ADDRESS Suite 1100 North Tower,
10030-107 Street
CITY Edmonton
PROV Alberta
COUNTRY
POST CODE T5J 3E4
PHONE
FAX