



Official Administrator and Executive Expense Report

Name David O'Brien

Title Senior Program Officer, Community, Seniors Health, Addictions & Mental Health

Location Calgary, Southport Tower.

Expenses submitted during the month of July 2014

_					Travel (1)					
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	4 P-Card 4 Expense	Meetings Meetings				27 89	27 89			
Total			\$	- \$	- \$ -	\$ 116	\$ 116	\$ -	\$ -	\$ -

Total for

the Month \$ 116

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



RUN DATE: 07/22/2014

P-Card details Online ® Cardholder Statement Report

AttachedCardhold	d ALL origina der AND App	I detailed receipts prover's signatures	and supporting doc required where ind	icated below	e oluci as	t appears on the					
O BRIEN, DAVID			SENIOR PROGRAM OFFICER			D			12014		
Cardholder's Name COMMUNITY, SENIORS, Cardholder's Dept			Cardholder's Position/Title			Billing Reporting Period:			20/07/2014		
		N Company	SOUTHPORT Cardholder's Site/Location			Total Statement Amount:			\$26.40		
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P-Card details Online ® Cardholder Statement Report

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Signatures	A STATE OF THE STA	
Cardholder Designate (If Applicable)		Luci Cta Delleies
By signing this statement	ent in BMO Online to the best of my ability in accor-	dance to AHS Corporate Policies
 I hereby certify that I have reviewed and reconciled this statem Program User Guide and Training. I have allocated the uninsact 	ction(s) to the proper cost centra.	_
on 1 - 1/1- K	Cardholder Designate Position/Title 07-22-20/9 Date of Signature	it
Marlene AICA	Cardholder Designate Position/Title	
Name of Cardholder Designate	17-72-2014	
Marline Hick	Date of Signature	
Signature of Cardholder Designate	Date or Signature	
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Thank You

Travel to Edmonton.

Fuel for AHS Fleet
Vehicle.

Vendor did not accept
ARI fuel card.

Paid by P-Card



THE REPORT OF THE PARTY OF THE

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

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ECTION /	A: EMPLOY	EE DETAILS (fo	or AHS Staff ON	LY)	T. O in a small mintorn	Ex	pense Date From:	20-Jun-14 To	31-Jul-14 Jul-14 (it eoplis
• Enter en	nployee # (old)	and Employee # (E-	People) if your payl	oll has migrated to the New E	lew E-People pøyroll system E-People payroll system e # (E-People)	Tr. Oi	avel Period from: ut-of-Province Tra	20-Jun-14 To 315	101-14
· If you ar	e a new emplo	oyee and your payroll	is E-People you wi	il only have an Employee	Position (Title):	Senior Program Offi		and the second s	
ame: David			D CEANA	DOFA Le	(if applicable)	Union:	OOS Busines	s Phone	
cation: S	authport Towe	r 6th Floor	Dept: CSAMH						
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Total - Section B: Travel - Pg 2			og 2 Total	Dal	Functional Centre (FC)	Secondary/	Total	Total Section B	\$89.09
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Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Profession of Privacy (FOIP) Act, respectively, for the purpose of administration AHS Privacy in the Day opposed. administering AHS Procure to Pay program - 1 of 3-

EXPENSE CLAIM DETAILS

				EXP	ENSE CLAII	MULIAIL							Pag	e 2A
	oter Finance Coding 101 0005	71110100	024		Emp # (E-Pe	eople)			 ,		CC use the	se additiona		//
	nter Finance Coding 101 0005 incurred are for multiple FC's please use pages 2B,	2C,2D (at	ter pg3) as	there sho	uld be one F	per page	OR if	more lines	are required to armined by the	or the same a system.	FC use mes	se additiona	Pogo	
f expenses \$ amount o	incurred are for multiple FC's please use pages 2B, n slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	ondary/Ex	pense code	es are not	required in th	is section a	striey	are pre-dett	ing Education, Bu	siness Insurance	go to SECTION	ON C		
ECTION	n slip, <u>DO NOT</u> separate any taxes (eg. GST). Seconds: B: TRAVEL EXPENSES NOTE: If expense	s do not fal	into these cat	tegories suct	as Hospitality, \	tonang car								
	pdown (column Prov) where expenses were incurred (Out of N.Am e lines are used for claim items that differ in Province, US and Out o	erica = Inter f North Ame	rica.	*				15	Effective Met	n this collilli	Live .		222	
					Fu	ırther Expl	anatio	n is REQUIF	RED in the "R	ationale is Re	equired" sec	Mon on this	page	
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	or Out of	What is travel	Cost				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/	Per Diem	Mileage	
		N.Amer where expenses	related to?	Effective Method Used? Y/N	Meal All	Allowance	Meal Meal Type	with Receipt	Airfare	Hotel	Taxi	Parking /	Allowance	(km)
		incurred?	Masting	Yes	Value							\$44.22		
14-Jul-14	P150 Meeting with Bethany Care Home Representatives, purchased fuel for AH S Fleet Vehicle, Lost ARI Fuel card, waiting for replacement	AB	Meeting				-					\$44.87		
14-Jul-14	P150 Meeting with Bethany Care Home Representatives, purchased -fuel.for.AH.S Fleet Vehicle, Lost ARI Fuel card, waiting for replacement	AB	Meeting	Yes										
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	MILEAGE - Business Kilon → details of travel location to & from mus					olumn							Mileage	
	→ details of travel location to & from mus Rates applicable \$0.505 per km for <u>under 5,000kr</u>	<u>n/yr</u> or \$0. 4	7 per km for	over 5,000	km/yr or per U	nion Agreem	ent		┥╞══			Tr	avel \$ Subtot	al \$89.09
	Note: Total will auto fill into pg 1, Section E, if form co	npleted e	lectronically	y - Additio	nal pg 2's car	be found	after P	age 3			Auto filis on	page 1 - TO	TAL TRAVEL	\$ \$89.09
Rationa (Any an	ale is Required for expenses that are not Cost alysis supporting the method to assess cost	Effective effective	eness sho	uld be at	tached to t	ne claim f	orm)							
<u> </u>					- 2A o	f3-								

5020 56TH. STREET WETASKIWIN Alberta T9A 1V9

GST: 844078717 (780) 352-5074 2014-07-14 PC0361902:3666501 16:05 TERMINAL: 023666501 OPER: A PAYPOINT: 023666501

(L) (\$/L) FUEL Pump 3 (\$) 37.422 1.199 REGULAR 44.87* Total Owed 44.87

TOTAL PAID CREDIT CARD \$ 44.87

*TAXES INCL. #TAXES EXCL. GST TOTAL \$ 2.14

C 0010010010 00 027

00 APPROVED - THANK YOU

-- IMPORTANT --Retain This Copy For Your Records CUSTOMER COPY

Survey! Earn Points & chance to Win Gas 1-866-826-7779 or petro-canada.ca/hero

V BLITTLISTE

SOUTH TRAIL ESSO 9835 MACLEOD TR. SW CALGARY, AB T2J 0P6 00302600

VRN:R121461107

REGLR CA PUMP# 6 27.699 L @ \$ 1.199/L G\$T Incl In Fuel \$1.58

\$33.21 101

FULL WASH

\$12.49 101 \$-2.00

WITH FUEL 1

Subtotal =

\$43.70

GST = \$0.52

Total =

\$44.22

Change Due = \$0.00

Credit

\$44.22

TYPE: PURCHASE

ACCOUNTS .

\$44 22

NOOOOOOOOO 1010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your redords

Customer Copy

Thank You

YOUR CAR WASH CODE IS: 99652