

Official Administrator and Executive Expense Report

Name Dr. John Cowell Title Official Administrator

Location Calgary

Expenses submitted during the month of March 2014

			Travel (1)				· 		
Source Date Document Purpose	Airfare	Meals	Accommodatio	on	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-2014 Expense Claim Meetings Feb-2014 P-Card Meetings	312	7.	4		395	469 312			340 153
Total	\$ 312	\$ 74	\$	- \$	395	\$ 781	\$ -	\$ -	\$ 493

Total for the

Month \$ 1,274

Maximum daily single meal expense claimed in the month \$ 74 2 persons Maximum daily base hotel rate claimed in the month \$ 139

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



	gnatures required where indicated below	same order as it appears on this stat	
DERBYSHIRE, AVRIL	EXECUTIVE ASSOCIATE		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/02/2014
OFFICE OF THE OFFICIAL	SOUTHPORT TOWER		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$152.57
AVRIL.DERBYSHIRE@ALBERTAH	EALTHSERVICES.CA		
Cardholder's e-mail address	3100 8V 031274 (A 1434 (A 245 A 246 A	Last 6 digits of the P-Card #	t :

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
10/02/2014	342556592	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	26.57	CAD	26.57	1.27	Subscription fee for Calgary Sun for the OA Office
11/02/2014	342654122	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	126.00	CAD	126.00	6.00	Subscription fee for Calgary Herald for the OA Office



RUN DATE: 02/25/2014



P-Card details Online ® Cardholder Statement Report

Signatures		
Cardholder Designate (if Applicable) By signing this statement		
	N - 1 PA - 1	•
Paula Finnson Name of Cardholder Designate	Executive Administ Cardholder Designate Position/Title	retive Co-ordinator
Phrance	Feb 20-114	
Signature of Cardholder Designate	Date of Signature	
expenses being claimed are in compliance with I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta Heat	ivel, Hospitality and Working Session Expense Policy (1122) such policy. for valid business purposes for Alberta Health Services and alth Services or any other Organization. A personal cheque f	that this claim has not been previously
	we been incurred by using a cost effective method, otherwise	e rationale and supporting analysis is
provided. DERBYSHIRE, AVRIL Name of Cardholder	EXECUTIVE ASSOCIATE Cardholder Position/Title	a .
Signature of Cardholder	Feb a5/14 Date of Signature	
	Date of Digitature	
Approver Designate (if Applicable) By signing this statement I attest that I have read and understand the "Traexpenses being claimed are in compliance with	avel, Hospitality and Working Session Expense Policy (1122) such policy.	" of Alberta Health Services and confirm
claimed by the claimant or on their behalf from A charged has been obtained.	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A personative been incurred by using a cost effective method, otherwise	al cheque for personal expenses inadvertently
provided.	to been incurred by using a cost official to meaned, earliering	o rationals and supporting analysis is
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	
Approver By signing this statement		
	avel, Hospitality and Working Session Expense Policy (1122 such policy.)" of Alberta Health Services and confirm
I attest the expenses enclosed in this claim are claimed by the claimant or on their behalf from a	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A person	that this claim has not been previously al cheque for personal expenses inadvertently
charged has been obtained.	we been incurred by using a cost effective method, otherwise	
Name of Approver	Approver Position/Title	strator
Signature of Approver	Date of Signature	
Submit approved statement with attachments to Ac	coopis Payatife: 12 paints	
Attach:		Address:
	mented business reasons including names of participants	Alberta Health Services Accounts Payable
 Signed Cardholder Statement Report (or copies o And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Servi 	f electronic signatures if signatures are not on report)	7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
 Return, refund and/or credit receipts 		
 Disputes letter Business reasons for travel require detailed descr meal), why travel was necessary and detailed exp 	iptions – include where travelled to, who attended (if planation of reason.	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:



SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE:

7 Days

DATE:

February 24, 2014

ACCOUNT #

NAME:

AB Health Services

Attn: John Cowell

ADDRESS:

CITY:

Calgary, Alberta

POSTAL CODE:

PHONE NUMBER:

AMOUNT PAID:

\$26.57

PAYMENT METHOD:

Approval Code:

PAYMENT DATE:

February 10, 2014

EXPIRY DATE:

March 11, 2014

SUBSCRIPTION RATES [per Paper] (as of Jan 2012)

7 Days

13 Weeks \$76.71 26 Weeks \$153.43 52 Weeks \$306.85

Auto Debit Only (10% off)

 Every 5 weeks
 \$26.57

 Every 13 weeks
 \$69.07

 Every 26 weeks
 \$138.14

 Every 52 weeks
 \$276.28



a division of Postmedia Network Inc.

SUBSCRIPTION RENEWAL NOTIC

CALGARY HERALD - PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1

Your current subscription expires

21-Feb-14

Your payment of

\$126.00

Received by

20-Feb-14

Ensures delivery for

4 MONTHS

Delivery Days

Mon - Sat

ABOUT YOUR SUBSCRIPTION FOR

Name DR JOHN COWELL ALBERTA HEALTH SVCS

Account #

Delivery to DR JOHN COWELL ALBERTA HEALTH SVCS

HOW TO CONTACT US

Phone Email

Take advantage of one of our environmentally friendly payment options: Pre-Authorized Payments or E-Billing.

Payment Options: There are two bill payment options: Pre-Authorized, and One-Time Term.

What are the benefits of Pre-Authorized payments?

DR JOHN COWELL ALBERTA HEALTH SVCS

With pre-authorized payments, you never have to worry about renewing your subscription — we take care of that for you.

We can draw pre-authorized payments from either a credit card, or a bank account – your preference!

What will it cost?

If you choose pre-authorized payments, the sum of \$29.40 will be drawn from your credit card or bank account each month.

You may also, if you like, include a gratuity for your delivery person.

You can indicate this on the back of the form.

If the subscription rate changes, the amount we charge will change accordingly.

How do I sign-up for Pre-Authorized payments?

- Register online by visiting www.calgaryherald.com/renew
- Register by calling 403-235-READ (7323) or 1-800-372-9219
- Register by completing the information on the reverse of this stub and sending it in.
 - You can have us charge your credit card
 - You can have a withdrawal from your bank account

One-Time Term payment

We look forward to delivering the news, weather and sports that you rely on each day.

Choose from a variety of packages to suit your needs. For other renewal options, please call 403-235-READ (7323) or 1-800-372-9219 or visit

www.calgaryherald.com/renew.

What will it cost?

Your subscription costs \$126.00 and ensures delivery for 4 MONTHS.

- ▶ 4 MONTHS delivery costs \$126.00
- ▶ 6 MONTHS delivery costs \$183.75
- ▶ 1 YEAR delivery costs \$352.80

In addition, you have the option of including a gratuity, which we pay to your delivery person.

How do I pay?

- Pay online by visiting www.calgaryherald.com/renew
- Pay by calling 403-235-READ (7323) or 1-800-372-9219
- Pay by completing the information on the reverse of this stub and sending it in.
 - · You can pay by cheque
 - · You can pay by credit card

PRE-AUTHORIZED

E-TIME TERM

Thank you for subscribing to the Calgary Herald

More to See, More to Read

Your All Access Subscription includes:

- ✓ Print Home Delivery
- ✓ Unlimited access to Calgary Herald
- ✓ Calgary Herald tablet apps
- ✓ Calgary Herald smartphone apps
- ✓ Calgary Herald ePaper
- ✓ Calgary Herald ePaper tablet apps
- ✓ Calgary Herald ePaper smartphone apps

Visit <u>calgaryherald.com/activate</u> to activate your Digital & ePaper Access.

Please be advised in accordance with our subscription agreement, the customer is acknowledging and agreeing to have the Herald delivered on a continuous basis and to receive applicable subscription notices until otherwise notified. You may alter or discontinue your service at any time

Renew Your Subscription Online!

Now you can renew your Calgary Herald subscription online. It's convenient and easy! Visit www.calgaryherald.com/renew today to renew your subscription or switch to our Pre-Authorized Payment Plan.

E-Billing Option IT'S EASY BEING GREEN!

Eliminate unwanted paperwork by switching to our new electronic billing option. Sign up today to receive your renewal notice instantly via e-mail. It's easy: visit www.calgaryherald.com/ebilling to make the switch or call us at 1-800-372-9219.

CALGARY HERALD

Name

DR JOHN COWELL ALBERTA HEALTH SVCS

Account #



Due Date 20-Feb-14

CALGARY HERALD - PAYMENT CENTRE PO BOX 1377 STATION MAIN WINNIPEG MB R3C 2Z1

Billing Date: 31-Jan-14 Notice Type: NEW OFFER GST registration # 81468 9469 RT0001

CALGARY HERALD

Name

DR JOHN COWELL ALBERTA HEALTH SVCS

Account #

Due Date 20-Feb-14

CALGARY HERALD - PAYMENT CENTRE PO BOX 1377 STATION MAIN WINNIPEG MB R3C 2Z1

Billing Date: 31-Jan-14 Notice Type: NEW OFFER GST registration # 81468 9469 RT0001

I authorize you to bill my credit card every month VISA MASTERCARD AMERICAN EXPRESS Card #	
Yes, register me for my digital edition. Send my login information to the following email address:	155

PRE-AUTHORIZED MONTHLY AMOUNT

Your pre-authorized monthly subscription amount Optional monthly gratuity

Optional monthly gratuity

Total Pre-Authorized Monthly

Amount (includes GST of \$1.40)
Not valid as a one time payment

I WANT TO MAKE A ONE-TIME TERM Portage I would like to pay by credit card.

Expiry Date _____ / ____ Name

☐ MASTERCARD

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☐ Send future invoices by email to: _ PAYMENT AMOUNT (Choose One)

I would like to pay by cheque.

- □ 4 MONTHS delivery costs \$126.00 (includes GST of \$6.00)
- ☐ 6 MONTHS delivery costs \$183.75 (includes GST of \$8.75)
- ☐ 1 YEAR delivery costs \$352.80 (includes GST of \$16.80)
 Optional gratuity

Total Amount

U VISA

\$	
\$	

\$29,40



HS - AP Processing - Internal Use Only	
Voucher#	
Naming Convention:	
4A/NR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

		ATION					
Name: John W.	Cowell Consultir	ng Ltd. (John Cowell)	Vendor# (if known)			Expense Period Month:	Feb-14
Address:		=	City:	Calgary		Province:	AB
Postal Code:			Country:			Phone #:	
Reason for Expense &/or Business Case							
SECTION 2: FIN	ANCE CODIN	G & TOTAL CLAIR	И				
Description	Corp/BU/O	Location (If applicable)		nctional re/Primary	Expe Seconda		<u>Total</u> This column will auto fil
Meais (A)	101	0005	7111	10300004	45000	0000 **	\$73.43
Travel Exp (B+C+E)	101	0005	7111	10300004	62212	the second secon	\$394.91
Other (D)	101	0005	7111	10300004	41090		\$340.42
			7		TOTAL PAY	MENT	\$808.76
			SECTION 3: AU				
attest the expenses enclos services or any other Organ	sed in this claim are for nization.	able policies of Alberta Health r valid business purposes for A					
attest that expenses subm	litted in this claim have	e been incurred by using a cos	t effective method, other	wise rationale and supp			liance with such policies. y behalf from Alberta Health
		e been incurred by using a cos			porting analysis is pr		
Claimant (Print Name)		nature: I, by signing this form			porting analysis is pr ents	ovided above	phone#
Claimant (Print Name) ohn Cowell attest that I have read and attest the expenses enclos- lealth Services or any other	d understand all applica sed in this claim are for or Organization.	nature: I, by signing this form	n, atlest that I am complian Services that pertain to t	t to all the above statements these expenses, and conditions that this claim has no	porting analysis is properties and some series and some series being the been previously distributed by the series of the series and series are series and series and series and series and series are series and series and series are series and series and series are series and series and	ovided above. Date March 11, Zo g claimed are in compained by the claiman	Phone#
chaimant (Print Name) ohn Cowell attest that I have read and attest the expenses enclose ealth Services or any other attest that expenses submit	d understand all applica sed in this claim are for or Organization.	nature: I, by signing this form able policies of Alberta Health valid business purposes for A	n, atlest that I am complian Services that pertain to the structure of the services and the services and the services and the services are services.	t to all the above statements these expenses, and conditions that this claim has no	porting analysis is properties and some series and some series being the been previously distributed by the series of the series and series are series and series and series and series and series are series and series and series are series and series and series are series and series and	ovided above. Date March 11, Zo g claimed are in compained by the claiman	Phone# liance with such policies t or on their behalf from Alberta
Claimant (Print Name) John Cowell attest that I have read and lattest the expenses enclos lealth Services or any other attest that expenses submi	d understand all applicated in this claim are for or Organization.	able policies of Alberta Health valid business purposes for A	Services that pertain to the structure of the services and the services and the services are the services and the services are services.	t to all the above statements these expenses, and conditions that this claim has no	porting analysis is pr ants after expenses being it been previously di	Date March 11, Zo g claimed are in compainmed by the claiman ovided above. Phones	Phone# Illiance with such policies t or on their behalf from Alberta
Claimant (Print Name) John Cowell attest that I have read and attest the expenses encloshealth Services or any other attest that expenses submit Approved by (Print Name) Deb Rhodes	d understand all applicated in this claim are for or Organization.	able policies of Alberta Health realid business purposes for A e been incurred by using a cos sition Title/Program Gr	Services that pertain to the services and teffective method, other roup ces and CFO	t to all the above statements these expenses, and conditions that this claim has no	porting analysis is presents thirm expenses being it been previously cloporting analysis is pre-	Date March 11, Zo g claimed are in comp aimed by the claiman ovided above. Phones	Phone# I liance with such policies t or on their behalf from Alberta

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 Protection of Privacy (FOIP) Act, respectively, for the purpose of administening AHS Procure to Pay program. For more information, questions or concern about the collection, use or disclosure of your health personal information please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email. Mark Palka@albertaheathservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section above

Created: November 01, 2013 Rev 1 eff February 03, 2014

AP 3.006-F

Date Description: (include purpose of tit), mode of travel, starting point, details of expenditure) Dinner meeting with Dr. Chris Eagle 31-Jan-14 Dinner meeting with Dr. Chris Eagle Travel to Delta Calgary Airport for meeting with Minister of Health and Deputy Minister of Health and Deputy Minister of Health and Cole Name Personal Return-February 4.5, 5, 11, 21, 31, 81, 91, 91, 91, 91, 91, 91, 91, 91, 91, 9				Meal (/	Allowance	OR Rec	eipt)(A)				
travel, starting point, details of expenditure) Type Type Allowance Type Allowance Type Allowance Type Allowance Type Typ			Effective Al	Allov	Allowance With Receipt Accom-		Transportation (Flight, Car Rental,		Mileage		
Travel to Delta Calgary Airport for meeting with Minister of Health and Deputy Minister of Health 4-Feb-14 Rogers mobility charges \$340.42 Travel from Residence to SPTT for meeting with Minister of Health 66 Travel to YYC Airport for meeting with Minister of Health 66 Travel from Residence to SPTT for meetings and Return-February 24,25,26 and 27 (50 km 50	Date	travel, starting point,			TO PRINT CLIEBO PLACE	TO STREET PROPERTY.			Fuel, Parking, Taxi)		<u>km</u> (E)
meeting with Minister of Health and Deputy Minister of Health Travel from Residence to SPTT for meetings and Return- February 4,5,6,11,12,13,18,19 and 20 (50 km per day) 16-Feb-14 Rogers mobility charges \$340.42 22-Feb-14 Travel to YYC Airport for meeting with Minister of Health Travel from Residence to SPTT for meetings and Return- February 24,25,26 and 27 (50 km) 200	31-Jan-14						\$73.43	2			
4-Feb-14 for meetings and Return-February 4,5,6,11,12,13,18,19 and 20 (50 km per day) 16-Feb-14 Rogers mobility charges \$340.42 22-Feb-14 Travel to YYC Airport for meeting with Minister of Health Travel from Residence to SPTT for meetings and Return-February 24,25,26 and 27 (50 km per day) 200	3-Feb-14	meeting with Minister of Health						0.22			66
Travel to YYC Airport for meeting with Minister of Health Travel from Residence to SPTT for meetings and Return-February 24,25,26 and 27 (50 km 200	4-Feb-14	for meetings and Return- February 4,5,6,11,12,13,18,19									450
22-Feb-14 with Minister of Health Travel from Residence to SPTT for meetings and Return-February 24,25,26 and 27 (50 km 200	16-Feb-14	Rogers mobility charges								\$340.42	
24–Feb-14 for meetings and Return- February 24,25,26 and 27 (50 km	22-Feb-14										66
	24-Feb-14	for meetings and Return- February 24,25,26 and 27 (50 km						ř.			200
								o o			
								1			
Total: (amount auto fills to page 1) \$0.00 \$73.43 \$0.00 \$0.00 \$340.42 782.0		Total: (amount auto fills t	to page 1)		\$0.00		\$73.43	\$0.00	\$0.00	\$340.42	782,00

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

DR. Bagy

Big Fish

Date: 01/31/14

Times Gaillian

Terminal: 2

You have been served by -->

STATE OF THE STATE OF	TO THE OLD REAL PROPERTY AND ADDRESS OF THE PARTY OF THE	Telleri Se Mills
- Geat	71	

1 AMERICAND	\$3.50		
1 LEMON CAKE	\$9.00		
1 HALIBUT	#32.00		
1 SALMON SALAD	\$14.00		
Subtotal:	\$76.75		
58.50 Suntental:	\$3.84		
ra.93 Shti w/Taxa	\$80.59		

61.43

Amt Due:

\$80.59

77.113

05T # 86623080817001 Thank You!!

92.50

Invoice Number	•	Messages	O Download Bill (PDF)
Account Holder: DR	JOHN COWELL		Terms & Conditions
Bill Summary	Your last bill		
Wireless	Previous balance	\$146.84	
\$370.34	Payment(s) \$ -146.84		
DR JOHN COWELL \$340.42	Balance from your last bill (Including tax Any payments we received and processed after February 11, 20	es): \$0.00 D14 will show on your next bill.	
JOHN COWELL	Your current bill		
\$29.92	Wireless	\$370.34	
Shared	DR JOHN COWELL	\$340.42	Includes \$223.50 Additional Wireless Usage
	 JOHN COWEL 	\$29.92	
	Total current bill(including taxes):	\$370.34	
		Total: \$370.34	Charged to your credit card on or after Feb 24, 2014

Savings: You saved \$6.00 on your Rogers services.



RUN DATE: 03/21/2014

DECOSTE, LOU EXECUTIVE SECRETARY		200 SEC. 13 1 CO. 00				20/03/2014	
Cardholder's Name Cardhold		Cardholder's Posit	ardholder's Position/Title		Billing Reporting Period:		
BOARD OFFICE SOUTHLAND PARK							
Cardholder's Dept Cardholder's Site/Location		Location	ion Total Statement Amount:		 ,		
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA		i					
Cardholder's	e-mail addr	ess		Last 6 digits of the P-Card #:			
		exwita in the second se				_	
Statement o	of Transaction	ons					
Transaction	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription
Date			Falloune				
04/03/2014	344695834	MATRIX HOTEL, LODGING HOTELS,	156.0	CAD	156.08	7,43	
		MOTELS, RESORTS					attending meetings in Edmonton
			4				
07/03/2014	345267233	MATRIX HOTEL, LODGING HOTELS,	156.0	CAD	156.06	7.43	Accommodations for Dr. John Cowel whi attending meetings in Edmonton
		MOTELS, RESORTS					attending meetings in Edition of



RUN DATE: 03/21/2014

Signatures		
Cardholder Designate (if Applicable)		
By signing this statement		
	enciled this statement in BMO Online to the best of my ability in ocated the transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.
. registin oor oalde and maning. Have and		
Name of Coulbalder Designate	Cardholder Designate Position/Title	
Name of Cardholder Designate	Cardiolder Designate Position/Title	
-		
Signature of Cardholder Designate	Date of Signature	
Cardholder		
By signing this statement • Lattest 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 w		
I attest the expenses enclosed in this claim a	re 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 he charged is attached.	Health Services or any other Organization. A personal cheque f	for any personal expenses inadvertently
 I attest that expenses submitted in this claim 	have been incurred by using a cost effective method, otherwise	e rationale and supporting analysis is
provided. DECOSTE, LOU	EXECUTIVE SECRETARY	
Name of Cardholder	Cardholder Position/Title	
9 10 6-14	- C > 7014	
Signature of Cardholder	Date of Signature	
	water of original of	
Approver Designate (if Applicable)		
 By signing this statement 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 w		
I attest the expenses enclosed in this claim a	ire 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	m Alberta Health Services or any other Organization. A person	al 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, otherwis	e rationale and supporting analysis is
provided.		AND 1000 DE
touta Finnson	Executive Adm	inistrative Co. ordine
Name of Approver Designate	Approver Designate Position/Title	
Portuna	Mar 21/14	
Signature of Approver Designate	Date of Signature	
Approver		
By signing this statement		
	Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm
expenses being claimed are in compliance w		
I attest the expenses enclosed in this claim a claimed by the claiment or on their healf from	are for valid business purposes for Alberta Health Services and om Alberta Health Services or any other Organization. A person	that this claim has not been previously
charged has been obtained		88.5 85
 I attest that expenses submitted in this claim provided. 	have been incurred by using a cost effective method, otherwis	se rationale and supporting analysis is
provided.		
Kristin Long	Corporate Sec	CIETATY
Name of Approver	Approver Position/Title March 24/14	1
7	March 24/14	
Signature of Approver	Date of Signature	
Submit approved statement with attachments to	Accounts Payable:	
		Address
Attach: • Original (or scanned) itemized receipts with do	cumented business reasons including names of participants	Address:
where required		Alberta Health Services
Signed Cardholder Statement Report (or conie	s of electronic signatures if signatures are not on report)	Accounts Payable
And where applicable:		7th Street Plaza 10th Floor, North Tower, 10030-107 Street
 Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Se 	ervices"	Edmonton, AB T5J 3E4
Return, refund and/or credit receipts		
Disputes letter		
Business reasons for travel require detailed de	scriptions - include where travelled to, who attended (if	
meal), why travel was necessary and detailed	explanation of reason.	
Accounts Payable only:		
	De ferred by	Date
Reference #	Reviewed by:	Date:



Dr. John Cowell

Room Number:

Arrival Date: Departure Date:

03-02-14

Page No:

03-03-14 1 of 1

Confimation No

INVOICE

Folio No

03-03-14

Date	Description		
		Charges	Credits
03-02-14	Room Revenue	139.00	
03-02-14	Destination Marketing Fee - 3%	4.17	
03-02-14	Tourism Levy - 4%	5.73	
03-02-14	Room GST - 5%	7.16	
03-03-14	Mastercard	6.10	156.06
			130.00
	70.001		

Total 156.06 156.06 (Balance 0.00

Signature:_

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001



Dr. John Cowell

Room Number:

Arrival Date:

03-06-14

Departure Date:

03-07-14 1 of 1

Page No: Confimation No

INVOICE

Folio No

03-07-14

Date	Description		Charges	Credits
03-06-14	Room Revenue		139.00	
03-06-14	Destination Marketing Fee - 3%		4.17	
03-06-14	Tourism Levy - 4%		5.73	
03-06-14	Room GST - 5%		7.16	
03-07-14	Mastercard		8AV 400465	156.06
		Total	156.06	156.06

Balance 0.00

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001