

## AHS Board and Executive Expense Report

**Name:** Dr John Cowell  
**Title:** Official Administrator  
**Location:** Calgary

Expenses approved during the month of February 2023

			Travel (1)							
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Feb-23	Expense Claim	Meetings		30			30			
	Direct Bill	Meetings					-			
<b>Total</b>			\$ -	\$ 30	\$ -	\$ -	\$ 30	\$ -	\$ -	\$ -

**Total for  
the Month** \$ 30

Maximum daily single meal expense claimed in the month \$ 21  
 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

<b>AHS - AP Processing - Internal Use Only</b>	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

## OFFICIAL ADMINISTRATOR OFFICE EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	John Cowell			Expense Period Month:	Nov-22
Address:	[REDACTED]		City:	[REDACTED]	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at the Fourth Session for the Thirteenth Legislature and in person meeting with Jason Copping on November 29, 2022 in Edmonton				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	62212000	\$29.95
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$0.00
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$29.95</b>

SECTION 3: AUTHORIZATION			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Official Administrator Office and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. John Cowell	[REDACTED]	16-Dec-2022	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Official Administrator Office and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
Minister Jason Copping	Minister of Health
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
[REDACTED]	12-Jan-2023

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 administering AHS Procure to Pay program.

**For payment please submit to:**  
**14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra**

**Carry forward from Section 1**

Name: **John Cowell** Expense Period Month: **Nov-22**

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 below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

**SECTION 4A: OFFICIAL ADMINISTRATOR OFFICE - TRAVEL EXPENSE CLAIM**

The Official Administrator Office follows the [Government of Alberta \(GOA\) Travel, Meal and Hospitality Expenses Policy](#)

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ([Appendix C for USA](#), [Appendix D for International](#)).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
29-Nov-2022	Per Diems	Yes	BD-\$29.95	\$29.95						
<b>Total: (amount auto fills to page 1)</b>				\$29.95		\$0.00	\$0.00	\$0.00	\$0.00	0.00

**OFFICIAL ADMINISTRATOR OFFICE Mileage Rate** 0.505 **Total Mileage** \$ -