



### **Official Administrator and Executive Expense Report**

Name Salimah Walji-Shivji

**Title** General Counsel Legal & Privacy

**Location** Edmonton

Expenses submitted during the month of May 2015

					Trav	/el (1)					
Date	Source Document	Purpose	Airfare	Meals	Accom	modation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-15	P-Card	Meetings		2	5	666	518	1,210	84		
Total			\$ -	\$ 2	5 \$	666	\$ 518	\$ 1,210	\$ 84	\$ -	\$ -

### Total for

the

**Month** \$ 1,294

Maximum daily single meal expense claimed in the month \$ 25 Maximum daily base hotel rate claimed in the month \$ 172 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: 06/22/2015

Instruction	ed ALL origi	inal detailed receipts and supporting doc	uments in the sar	me order a	as it appears on t	his stat	ement
WALJI-SHI	VJI, SALIMA	AH GENERAL COUNSE	EL				
Cardholder's Name Cardholder's Position				- Billin	ng Reporting Per	iod:	20/05/2015
LEGAL & P		SOUTHPORT TOW	ER			<u> </u>	
Cardholder*	s Dept	Cardholder's Site/Lo	cation	Tota	I Statement Amo	ount:	\$1331.17 \$ 1293.67
SALIMAH.V	VAL.II@ALE	ERTAHEALTHSERVICES.CA				,	
Cardholder'	s e-mai add	l'ess		Last	t 6 digits of the P	-Card #	r.
Statement	of Transact	lons					
Transaction Date	Trans ID	Merchant Name & Description	Traus Original		Trans Amount	GST	Freigh Description
23/94/2015	387945300	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72 00	0 CAD	72.00	3,43	SSP to Airport Apr 7 (EL1)
24/04/2015	387945301	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72 00	0 CAD	72 00	3.43	Airport to SSP Apr 16 (HRAC mtg)
24/04/2015	187945302	NFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	d CAD	72.00	3,43	SSP to Hotel Apr 16 (HRAC mtg)
30/04/2015	388721535	THE WESTIN EDMONTON, WESTIN HOTELS	498.31	1 CAD	458.31	91.38	.003 night stay for Court, ELT and Exec Mign
1.505/2015	189954472	CDN HAR ASSOCIATION AL. ORGANIZATIONS, MEMBERSHIP	\$4.00	CAD	84.00	4.00	.00Gection membership that was supposed to be paid in Aug 2014
13/05/2015	390092047	THE WESTIN EDMONTON, WESTIN HOTELS	193.11	1 GAD	193.11	36.12	(iii) Hotel stay for ELT May 12
17:05/2015	390511459	INFINITY TRANSPORTATIO, LINGUISINES	72.00	CAD	72,50	3.43	Airport to hotel on April 26 (Court and ELT)
17:05:2015	990511460	NEINITY TRANSPORTATIO, LIMOUSINES	72.00	CAD	72 0d	3.43	SSP to Argort Apr 29
17/05/2015	390511461	NEINITY TRANSPORTATIO, LIMOUSINES AND TAXICARS	72 00	CAD	72.00	3 43	Airport to SSP May 11 (ELT)
17/05/2015	390511462	NEINITY TRANSPORTATIO, LIMOUSINES AND TAXICARS	72 00	CAD	72 nd	3 43	SSP to Arport May 12 (ELT)
Transaction	s without F	Receipts or supporting documentation	1	32:383			
Transaction Date	Trans ID	Merchant Name & Description	Amount	Currency	Trans Amount	GS1	Freigl Description
13/85/2015	390298416	AHS FMC PARKING LZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68	Parking at U of A for ALP Presentations
Other/ Persili have identification of the control o	fied the tollo		ed, personal pure is not to be used	hases. I h again for p	ave altached a p personal transact	ersonal	chaque for the total amount owed which
Transaction Date		Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription
06/05/2015	389543062	ASSOCIATED CABIALLIED, LIMOUSINES	37 50	CAD	57.60	1.79	.00Will be repaid - unclear what this was used



RUN DATE: 06/22/2015

# P-Card details Online ® Cardholder Statement Report

Signatures		
Cardholder Designate (if Applicable)		an added to the first the second of the seco
By signing this statement		
<ul> <li>I hereby certify that I have reviewed</li> </ul>	and reconciled this statement in BMO Online to the be	st of my ability in accordance to AHS Corporate Policies.
Frogram User Guide and Training.	have ellocated the transaction(s) to the proper cost ce	ntre.
Warne of Cardholder Designate	Cardholder Designate	Position/Title
Signature of Cardholder Designate	Date of Signature	
	Date of Signature	
Cardholder		
By signing this statement	mand after CT and a fact a fact and a fact a	CO. I. CALCOCK, C. V. L. C. V. C. C.
expenses being claimed are in comp	and the Travel, hospitality and vyorking Session Expe- diagne with such unliky	rise Policy (1122)" of Alberta Health Services and confirm
		Ith Services and that this dains has not been previously
claimed by me or on my behalf from	Alberta Health Services or any other Organization, Ap	erconal chaque for any personal expenses inadvartently
charged is attached		
<ul> <li>Latest that expenses submitted in the provided.</li> </ul>	his claim have been incurred by using a cost effective r	nethod, otherwise rationale and supporting analysis is
WALJESHIVJI, SALIMAH	GENERAL COUNSEL	
Name of Cardioidar	Cardholder Position/T	ille
V V RIM A	40.2	1,2015
Signature of Cardholder	Date of Signature	1600
	of or digitality	
Approver Designate (if Applicable)		
By signing this statement	and the "Transel Time Wild, as Jife Can Survive Com-	nse Policy (1922)" of Alberta Health Services and confirm
expenses being claimed are in com-	and the maker, nespitanty and working Session Experisional experisions with such policy.	ise Policy (1122) of Alberta Health Services and confirm
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<ul> <li>I attest that expenses submitted in treprovided.</li> </ul>	itis claim have been incurred by using a cost effective r	nethod, otherwise rationale and supporting analysis is
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Signature of Approver Designate	•	osition/Title
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Signature of Approver Designate  Approver By signing this statement  i attest that I have read and undersh expenses being claimed are in composed in the claimed by the claimant or on their becharged has been obtained. I attest that expenses submitted in the provided.  Vickie Kamnski Name of Approver  Submit approved statement with attachment approved statement with attachment where required  Signad Cardholder Statement Report (And where applicable: Copies of pre-approvals for travet Personal cheque payable to "Alberta Here"	and the "Travel, Hospitality and Working Session Experipliance with such policy is claim are for valid business purposes for Alberta Health Services or any other Organi his claim have been incurred by using a cost effective in Approver Position/Trition Date of Signature seems to Accounts Payable.	iss Policy (1122)" of Alberta Health Services and confirm  Ith Services and that this claim has not been previously zation. A personal cheque for personal expenses inadvertently nethod, otherwise rationale and supporting analysis is  CEO  Address:  Alberta Health Services  Accounts Payable 7th Street Plaza
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Signature of Approver Designate  Approver By signing this statement  i attest that I have read and understaxpenses being claimed are in composite to the claimed of the charged has been obtained.  I attest that expenses submitted in the provided.  Vickie Kamaski Name of Approver  Submit approved statement with attachment of Approver  Submit approved statement with attachment or continued.  Attach:  Original (or scanned) Itemized receipts where required  Signad Cardholder Statement Report (And where applicable:  Copies of pre-approvals for travel  Personal cheque payable to "Alberta Facture, refund and/or credit receipts  Disputes letter  Business reasons for travel require det	and the "Travel, Hospitality and Working Session Experipliance with such policy.  Is claim are for valid business purposes for Alberta Health Services or any other Organishis claim have been incurred by using a cost effective suppover Position/Title  Approver Position/Title  Date of Signature  with documented business reasons including names of complex of electronic signatures if signatures are not dealth Services."	iss Policy (1122)" of Alberta Health Services and confirm  Ith Services and that this claim has not been previously zation. A personal cheque for personal expanses insovertently rethod, otherwise rationals and supporting analysis is  CEO  Address:  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
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From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto Sent: May 17, 2015 2:50 PM

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji

April 07/2015 - SSP>Ap

### **INFINITY TRANSPORTATION I**

**TYPE** 

**PURCHASE** 

ORDER ID

CARD NUM

ACCOUNT

**MASTERCARD** 

DATE

REF NUM

**AUTH CODE** 

Apr 23 2015 11:57PM

-----

AMOUNT (CAD)

\$72.00

-------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

### 01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:

Sent: May 17, 2015 2:52 PM

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji

April 16/2015 - Ap>Westin SSP



### **INFINITY TRANSPORTATION I**

**TYPE** 

**PURCHASE** 

ORDER ID CARD NUM

ACCOUNT

MASTERCARD

DATE

**REF NUM** 

**AUTH CODE** 

Apr 24 2015 12:40AM

AMOUNT (CAD)

\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

### 01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto: Sent: May 17, 2015 2:54 PM

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji

April 16/2015- SSP>AP

### INFINITY TRANSPORTATION I

TYPE **PURCHASE** ORDER ID **CARD NUM ACCOUNT** MASTERCARD DATE Apr 24 2015 12:42AM **REF NUM AUTH CODE** \$72.00 AMOUNT (CAD) 

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -Retain this copy for your records The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

Salimah Walji



Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account Invoice Nbr 26-APR-15 19:36 29-APR-15 11:16

Copy Invoice

Tax ID	į.	8154613	30F	RT0	001		
The IAL action	p 3.				4 00	00	

Date	Reference	Description	Charges (CAD)	Credits (CAD)
26-APR-15	04.26.15	-ADJ Guest Incentive Programs	<b>*</b>	-15.00
26-APR-15	MASSACO. DO	In Room Dining	24.94	
26-APR-15		Room Charge	145.00	- CX
26-APR-15		GST	7.47	
26-APR-15		DMF	4.35	
26-APR-15		Tourism Levy	5.97	
27-APR-15		Room Charge	145.00	
27-APR-15		GST	7.47	
27-APR-15		DMF	4.35	
27-APR-15		Tourism Levy	5.97	
28-APR-15		Room Charge	145.00	
28-APR-15		GST	7.47	
28-APR-15		DMF	4.35	
28-APR-15		Tourism Levy	5.97	
29-APR-15		Mastercard	2.500	-498.31
		** Total	513.31	-513.31

Continued on the next page

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

Salimah Walji





 Page Number
 Invoice Nbr

 Guest Number
 :

 Folio ID
 :

 Arrive Date
 : 26-APR-15
 19:36

 Depart Date
 : 29-APR-15
 11:16

 No. Of Guest
 : 1
 1

 Room Number
 :
 1

 Club Account
 :
 0.00

\*\*\* Balance

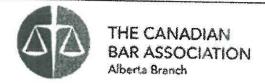
REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store



EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total	Payment
04-26-2015	145.00	7.47	5.97	24.94	. 0.00	-10.65	172.73	0.00
04-27-2015	145.00	7.47	5.97	0.00	0.00	4.35	162.79	0.00
04-28-2015	145.00	7.47	5.97	0.00	0.00	4.35	162.79	0.00
04-29-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-498.31
	110000 00 00 00 00 00 00 00 00	*******	the state that is \$1.50 to			*****	W 2014 CONT CONT. 11 MI	
Total	435.00	22.41	17.91	24.94	0.00	-1.95	498.31	-498.31



## CBA AB Section Enrollment Receipt

This is to confirm that we have received your online registration- thank you.

Please see message below for details.

CBA Alberta 710, 777 - 8 Avenue SW Calgary,AB T2P 3R5

2014-2015 South Sections Registration

Tel: (403) 263-3707 Fax: (403) 265-8581

E-Mail: sections@cba-alberta.org

Monday September 01, 2014 - Tuesday June 30, 2015

Member Id:

Ms. Salimah Walji-Shiyi Alberta Health Services - Legal Services

salimah.walji@albertahealthservices.ca

Invoice number Order Number:

HST Registration Number: R100760487

Section(s)

Description	Qty	Unit Price	Total
CCCA - Materials Only	1	\$0.00	\$0.00
Health Law - Full Membership	1	\$80.00	\$80.00

Payment information: Payment by credit card (MasterCard)

Summary

 Sub-Total:
 \$80.00

 GST:
 \$4.00

 Credits Used:
 \$0.00

 Grand Total:
 \$84.00

All prices in CDN dollars

Print

ELT Hay PZ

The Westin Edmonton 10135 100 St Edmonton, AB TSJ 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

Salimah Walji



Page Number
Guest Number
Folio ID
Arrive Date
Depart Date
No. Of Guest
Room Number
Club Account
Invoice Nbr
Invoic

#### Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 04-JUN-15 11:25

Date	Description	Charges (CAD)	Credits (CAD)
11-MAY-15	Room Charge	172.00	dina (an ib)
11-MAY-15	GST	8.86	
11-MAY-15	Destination Marketing Fee	5.16	
11-MAY-15	Tourism Levy	7.09	
12-MAY-15	Mastercard		-193,11
	** Total	193.11	-193.11
	*** Balance	0.00	

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Sup erchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell



Continued on the next page

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel. 780-426-3636 Fax: 780-428-1454





Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account Invoice Nbr

11-MAY-15 15:45

12-MAY-15 07:51

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GSY	Tour Levy	Food\Bev	Phone	Other	Total	Payment
05-11-2015	172.00	8.86	7.09	0.00	0.00	5.16	193.11	0.00
05-12-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-193.11
		**************************************	the and the department of the property.	~~ ~~~ ~~				embrane of growth the plant care.
Total	172.00	8.86	7.09	0.00	0.00	5.16	193.11	-193.11



From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

I am forwarding all of the invoices from Tobias to you to reconcile with expenses. I am sending separately as they have come to me.

Lou

From: tobias tobias [mailto

Sent: May 17, 2015 6:44 Pm

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji

May 12/2015 - SSP>Ap

### **INFINITY TRANSPORTATION I**

TYPE PURCHASE

ORDER ID
CARD NUM
ACCOUNT MASTERCARD

DATE May 17 2015 06:11PM

REF NUM
AUTH CODE

AMOUNT (CAD) \$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto Sent: May 17, 2015 2:48 P

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji

April 26/2015 - Ap>Westin

### INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID
CARD NUM
ACCOUNT MASTERCARD

DATE
REF NUM
AUTH CODE

AMOUNT (CAD)

PURCHASE

PURCHASE

PURCHASE

May 17 2015 02:44PM

\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

### 01 APPROVED - THANK YOU 027

- IMPORTANT - Retain this copy for your records



From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto Sent: May 17, 2015 2:49 PM

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji

April 29/2015 - SSP>AP

### INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID
CARD NUM
ACCOUNT MASTERCARD

DATE May 17 2015 02:45PM

REF NUM
AUTH CODE

AMOUNT (CAD) \$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

### 01 APPROVED - THANK YOU 027

- IMPORTANT - Retain this copy for your records

From:

Lou Decoste

Sent:

May 19, 2015 3:24 PM

To:

Tena Dubeau

Subject:

FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto Sent: May 17, 2015 6:43 Pr

To: Lou Decoste

Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji May 11/2015- Ap>SSP

### INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID
CARD NUM
ACCOUNT MASTERCARD

DATE May 17 2015 06:11PM

REF NUM
AUTH CODE

AMOUNT (CAD) \$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

### 01 APPROVED - THANK YOU 027

- IMPORTANT - Retain this copy for your records

### Written Attestation for Lost Receipts

June 2, 2015

AHS FMC Parking, May 13 2015 - \$14.25
Associated Cab, May 6 2015 - \$37.50 (Chaque included)
Westin, April 26 2015 - \$24.94 (No alcohol purchased)

- The above itemized original receipts has been misplaced
- The expenses were incurred and related to AHS business
- The expenses has not been previously claimed

- The expenses has not been previously clair	med
Salimah Walji-Shivji	Tena Dubeau
Employee Authorization	Witness
Date Signed: June II, 2005	Date Signed: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\