

Official Administrator and Executive Expense Report

Name Salimah Walji-Shivji
Title General Counsel Legal & Privacy
Location Edmonton

Expenses submitted during the month of October 2015

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-15	P-Card	Meetings				216	216			
Total			\$ -	\$ -	\$ -	\$ 216	\$ 216	\$ -	\$ -	\$ -

Total for the Month \$ 216

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



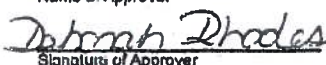
Instruction:

- 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

<u>WALJI-SHIVJI, SALIMAH</u>	<u>GENERAL COUNSEL</u>	Billing Reporting Period:	<u>20/10/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>LEGAL & PRIVACY</u>	<u>SOUTHPORT TOWER</u>	Total Statement Amount:	<u>\$216.00</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SALIMAH.WALJI@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/09/2015	403687890	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG on Sep 10 (ELT, OA and Committee Mtgs)
22/09/2015	403687891	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from YEG to SSP on Sep 14 for ELT (Sep 15)
22/09/2015	403687892	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation from SSP to YEG on Sep 15 (ELT)

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. 		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	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. 		
WALI SHWJI SALIMAH Name of Cardholder _____  Signature of Cardholder _____	GENERAL COUNSEL Cardholder Position/Title _____ 7/1/16 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. 		
Susan Best Name of Approver Designate _____  Signature of Approver Designate _____	Exec. Assistant Approver Designate Position/Title _____ Dec. 22/15 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. 		
Deborah Rhodes Name of Approver _____  Signature of Approver _____	VP Corp Services & CFO Approver Position/Title _____ Dec. 29/15 Date of Signature _____	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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 met), why travel was necessary and detailed explanation of reason. 	Address: 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: _____

ELT, OA, Committee

Tena Dubeau

From: Lou Decoste
Sent: September 22, 2015 1:22 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:tobias.goldendoose@gmail.com]
Sent: September 22, 2015 11:10 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji ✓
Sept.10/2015
SSP>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 22 2015 11:06AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
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

ET

Tena Dubeau

From: Lou Decoste
Sent: September 22, 2015 1:22 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:tobias.goldenose@gmail.com]
Sent: September 22, 2015 11:11 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji
Sept.14/2015
Ap>SSP

✓

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Salimah Walji Shivji	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Sep 22 2015 11:07AM	
REF NUM	[REDACTED]	
AUTH CODE	[REDACTED]	
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

EUT

Tena Dubeau

From: Lou Decoste
Sent: September 22, 2015 1:22 PM
To: Tena Dubeau
Subject: FW: Transaction Receipt - Do Not Reply

From: tobias tobias [mailto:tobias.goldengoose@gmail.com]
Sent: September 22, 2015 11:11 AM
To: Lou Decoste
Subject: Fwd: Transaction Receipt - Do Not Reply

Salimah Walji ✓
Sept.15/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Salimah Walji Shivji
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 22 2015 11:08AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
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