

Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of January 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)
Jan-2014	Expense Claim	Meetings		69		49	118			
Total			\$ -	\$ 69	\$ -	\$ 49	\$ 118	\$ -	\$ -	\$ -

Total for the Month \$ 118

Maximum meal expense claimed in the month \$ 69 2 persons
 Maximum daily 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

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	(Don Sieben) <u>Don Sieben Professional Corporation</u>	Vendor# (if known)		Expense Period Month:	Jan/Feb 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/O rg	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$69.31
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$49.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$118.31

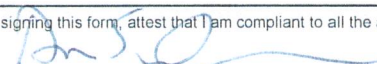
Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

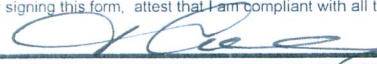
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Don Sieben		2/24/14	[REDACTED]

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Dr. John Cowell	Official Administrator	Feb 27/14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements		DOFA Level	Position#
			

1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be cashed and returned to departments for mailing.

2) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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 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@albertahealthservices.ca

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

Carry forward from Section 1

Name:	Don Sieben	Vendor# (if known)	Expense Period Month:	Jan/Feb 2014
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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

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

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		With Receipt					
			Meal Type	Allow-ance	Meal Type	With Receipt				
27-Nov-14	AHS Teleconference with Dr Cowell - parking							\$15.00		
15-Jan-14	Lunch with Phyllis Clark re. Audit & Finance Advisory Committee					\$69.31				
22-Jan-14	Audit and Finance Advisory Committee - taxi							\$8.00		
19-Feb-14	Audit and Finance Advisory Committee - parking							\$26.00		
Total: (amount auto fills to page 1)			\$0.00		\$69.31	\$0.00	\$49.00	\$0.00	0.00	
OA COMMITTEE MEMBER Mileage Rate							0.505	Total Mileage		\$

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



RBC Visa Infinite Avion

Introducing RBC® Wallet

The RBC Wallet powered by RBC Secure Cloud™ is an easy, fast and secure way to make Visa card purchases with your smartphone. Learn more about the RBC Wallet and how you can get started at rbc.com/securecloud.

IMPORTANT INFORMATION

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
RBC Rewards Travel Redemption 1-877-636-2870
Merchandise Redemption 1-800-769-2512
Web site www.rbc rewards.com

JAN 15 JAN 16 ALLEGRO ITALIAN KITCHEN EDMONTON AB

\$29.92
\$69.31

Time to Pay

If you make only the Minimum Payment each month, we estimate it will take 3 year(s) and 11 month(s) to fully repay the outstanding balance. Our estimate is based on the New Balance shown on this statement and your current credit card account terms.

INTEREST RATE CHART

Rate (%)	Expiry Date
19.99	

** The "Determination of Interest" section on the back of your statement explains how interest is charged and how you may avoid interest charges on purchases and fees and the "Applying your payments" section explains how payments are applied to the Remaining Balances shown above.

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees

NEW BALANCE



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PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
FEB 19, 2014

Purchase Date/Time: 11:45am Feb 19, 2014
Total Parking: \$24.76
Total gst: \$1.24
Total Due: \$26.00
Total Paid: \$26.00
Ticket # [REDACTED]
S/N # 5000000000000000
Setting Lot 256
Mach Name: Meter 1

Rate: \$26.00-All Day
Payment Type: Card

AFA
Mortgage

Card [REDACTED] Visa

Auth # [REDACTED]

GST #867315636RT0001

RECEIPT

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Rate: \$26.00-All Day
Payment Type: Card

Card [REDACTED] Visa

Auth # [REDACTED]

From [REDACTED] To [REDACTED]
Driver [REDACTED] Car # [REDACTED]
Date: 11/27/13 Amount: \$26.00



(780) 484-8888

10115 - 81 Avenue
Edmonton Alberta T6N 1C2
(514) 1000070

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

01:54 PM
NOV 27, 2013

Purchase Date/Time: 11:24am Nov 27, 2013
Total Parking: \$14.29
Total gst: \$0.71
Total Due: \$15.00
Total Paid: \$15.00
Ticket # [REDACTED]
S/N # 5000000000000000
Setting Lot 256
Mach name Meter 1

Rate: \$15.00 - 2.5 hrs
Payment Type: Card

AHS
Telecentre
Dr. Cavall

Card [REDACTED] Visa

Auth # [REDACTED]

GST #867315636RT0001

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 01:54pm Nov 27, 2013
Purchase Date/Time: 11:24am Nov 27, 2013
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Setting Lot 256
Mach Name: Meter 1

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