

Official Administrator and Executive Expense Report

Name Other Official Administrator

Title Office Administrator

Location Calgary

Expenses submitted during the month of June 2014

| Date | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Jun-14 | P-Card | Meetings | | | | | - | | 708 | 27 |
| Total | | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 708 | \$ 27 |

Total for the Month \$ 734

| | |
|---|------|
| Maximum meal expense claimed in the month | \$ - |
| 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

| | | | |
|---|-----------------------------|--------------------------------|------------|
| Instruction: | | | |
| <ul style="list-style-type: none"> • 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 | | | |
| DECOSTE, LOU | EXECUTIVE ASSISTANT | Billing Reporting Period: | 20/06/2014 |
| Cardholder's Name | Cardholder's Position/Title | | |
| OFFICE OF THE OFFICIAL | SOUTHLAND PARK III | Total Statement Amount: | \$634.12 |
| Cardholder's Dept | Cardholder's Site/Location | | |
| LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA | | Last 6 digits of the P-Card #: | ██████████ |
| Cardholder's e-mail address | | | |

| Statement of Transactions | | | | | | | | |
|---------------------------|------------|---|-----------------------|----------|--------------|------|---------|---|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 20/05/2014 | ██████████ | CALGARY SUN, NEWS DEALERS AND NEWSSTANDS | 26.57 | CAD | 26.57 | 1.27 | | Subscription fee for Calgary Sun for the OA Office |
| 21/05/2014 | ██████████ | OLLY FRESCO S, EATING PLACES, RESTAURANTS | 131.00 | CAD | 131.00 | 6.24 | | Catering-Lunch for OA's Audit and Finance Advisory Committee Meeting on May 21, 2014 |
| 23/05/2014 | ██████████ | OLLY FRESCO S, EATING PLACES, RESTAURANTS | 23.00 | CAD | 23.00 | 1.10 | | Catering-Additional lunch items for OA's Audit and Finance Advisory Committee Meeting on May 21, 2014 |
| 05/06/2014 | ██████████ | OLLY FRESCO S, EATING PLACES, RESTAURANTS | 158.40 | CAD | 158.40 | 7.54 | | Catering-Lunch for OA's Quality and Safety Advisory Committee on June 4, 2014 |
| 06/06/2014 | ██████████ | OLLY FRESCO S, EATING PLACES, RESTAURANTS | 156.65 | CAD | 156.65 | 7.46 | | Catering-Lunch for OA's Audit and Finance Advisory Committee Meeting on June 5, 2014 |
| 19/06/2014 | ██████████ | OLLY FRESCO S, EATING PLACES, RESTAURANTS | 138.50 | CAD | 138.50 | 6.60 | | Catering-Lunch for OA's Human Resources Advisory Committee meeting on June 18, 2014 |

①
②
③
④
⑤
⑥

| Signatures | | |
|---|--|--------------------|
| <p>Cardholder Designate (if Applicable) By signing this statement</p> <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. | | |
| <p>_____ Name of Cardholder Designate</p> | <p>_____ Cardholder Designate Position/Title</p> | |
| <p>_____ Signature of Cardholder Designate</p> | <p>_____ Date of Signature</p> | |
| <p>Cardholder By signing this statement</p> <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. | | |
| <p>DECOSTE, LOU Name of Cardholder</p> | <p>EXECUTIVE ASSISTANT Cardholder Position/Title</p> | |
| <p><u>L. Decoste</u> Signature of Cardholder</p> | <p><u>JUNE 23, 2014</u> Date of Signature</p> | |
| <p>Approver Designate (if Applicable) By signing this statement</p> <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. | | |
| <p>Sonia Garcia Name of Approver Designate</p> | <p>Advisor Approver Designate Position/Title</p> | |
| <p><u>Sonia Garcia</u> Signature of Approver Designate</p> | <p><u>JUNE 24, 2014</u> Date of Signature</p> | |
| <p>Approver By signing this statement</p> <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. | | |
| <p>Catherine MacNeill Name of Approver</p> | <p>Corporate Secretary Approver Position/Title</p> | |
| <p><u>C. MacNeill</u> Signature of Approver</p> | <p><u>JUNE 24, 2014</u> Date of Signature</p> | |
| <p>Attach:</p> <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 meal), why travel was necessary and detailed explanation of reason. | <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> | |
| <p>Reference #: _____</p> | <p>Reviewed by: _____</p> | <p>Date: _____</p> |



SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: June 24, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services (John Cowell)

ADDRESS: 10301 Southport Lane SW #3228

CITY: Calgary, AB

POSTAL CODE: T2W 3N2

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$26.57

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: May 20, 2014

EXPIRY DATE: June 24, 2014

①

SUBSCRIPTION RATES [per Paper] (as of June 2014)

| | | |
|----------------------|----------|----------|
| <u>7 Days</u> | | |
| | 13 Weeks | \$83.40 |
| | 26 Weeks | \$166.80 |
| | 52 Weeks | \$333.61 |



Calgary Sun Fax Lines: Advertising: (403) 250-4258 Circulation: (403) 250-4358 Editorial: (403) 250-4180 Marketing: (403) 250-4373 Credit: (403) 250-4257

OLLY FRESCO'S INC

UNIT 120 SOUTHPORT LANE SW
CALGARY, ALBERTA T2W 0G2

INVOICE

Invoice No.: ■
Date: 21 May, 2014
Page: 1

Sold to: AHS - Karyn Ericson ■

Ship to: AHS - Karyn Ericson ■

Business No.:

| Item No. | Unit | Quantity | Description | Tax | Unit Price | Amount |
|----------|------|----------|--|-----|------------|--------|
| C | Each | 10 | @9:30 Coffee | | 1.50 | 15.00 |
| T | Each | 10 | Tea | | | |
| WB | Each | 6 | Water Bottle | | 1.75 | 10.50 |
| | | | @ 11:30 | | | |
| WB | Each | 6 | Water Bottle | | 1.75 | 10.50 |
| C | Each | 10 | Coffee | | 1.50 | 15.00 |
| BS | Each | 5 | Bread Sandwich | | 5.75 | 28.75 |
| BS | Each | 1 | WHITE Bread Sandwich(cheddar, tomatoes,lettuce NO SPREAD) | | 5.75 | 5.75 |
| SVP | Each | 1 | Small veggie Platter | | 35.00 | 35.00 |
| M | Each | 6 | COOKES (non-grain) | | 1.75 | 10.50 |

#120 10301 SOUTHPO 12N15/
CALGARY AB
21687590

↑↑↑↑ PURCHASE ↑↑↑↑

05-21-2014 11:16:25

Acct # ■ M

Exp Date ■ Card Type ■

Name:

Trace # ■

Inv. # ■ CVD Resp

Auth # ■ RRN ■

Total \$131.00

Keep this copy for your

②

Comment: Accepted Methods of Payment: Visa, Maste Card, Cash, and Debit.

Total Amount

131.00

OLLY FRESCO'S INC

UNIT 120 SOUTHPORT LANE SW
CALGARY, ALBERTA T2W 0G2

INVOICE

Invoice No.: ■
Date: 21 May, 2014
Page: 1

Sold to: AHS - Karyn Ericson ■

Ship to: AHS - Karyn Ericson ■

Business No.:

| Item No. | Unit | Quantity | Description | Tax | Unit Price | Amount | |
|--|------|----------|----------------|-----|------------|----------------------------|--------------|
| BS | Each | 4 | Bread Sandwich | | 5.75 | 23.00 | |
| <p>CALGARY AB 21687590 ++++ PURCHASE ++++</p> <p>05-23-2014 11:01:21 Acct # ■ M Exp Date 02/18 Card Type ■ Name:</p> <p>Trace # ■</p> <p>Inv. # ■ CVD Resp Auth # ■ RRN ■</p> <p>Total \$23.00</p> <p>X _____ Signature I agree to pay above total amount according to the card issuer agreement. Retain this copy for your</p> | | | | | | | |
| <p>Comment: Accepted Methods of Payment: Visa, Maste Card, Cash, and Debit.</p> | | | | | | <p>Total Amount</p> | <p>23.00</p> |

3

OLLY FRESCO'S INC

UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: ■
 Date: 04/06/2014
 Page: 1

Sold to: AHS - Lou Dacoste ■

Ship to: AHS - Lou Dacoste ■
 ppl;12
 room: ■

Business No.:

| Item No. | Unit | Quantity | Description | Tax | Unit Price | Amount |
|-----------|------|----------|----------------------------|-----|------------|--------|
| C | Each | 20 | @ 8:50 coffee | | 1.50 | 30.00 |
| T | Each | 10 | Hot water | | | |
| W | Each | 6 | water | | 1.75 | 10.50 |
| C | Each | 10 | @ 11:20 coffee | | 1.50 | 15.00 |
| W | Each | 6 | water | | 1.75 | 10.50 |
| BS | Each | 11 | bread sandwich | | 5.75 | 63.25 |
| BS | Each | 1 | bread sandwich ****SPECIAL | | 5.75 | 5.75 |
| M | Each | 12 | NO GRAIN cookies | | 1.95 | 23.40 |
| Subtotal: | | | | | | 158.40 |

CALGARY 7
 21687590
 PURCHASE
 06-05-2014 08:49:01
 Acct # ■ M
 Exp Date ■ Card Type ■
 Name:
 Trace # ■
 Inv. # ■ CVD Resp
 Auth # ■ RRN ■
Total \$158.40

4

Retain this copy for your

| | | |
|----------|---------------------|--------|
| Comment: | Total Amount | 158.40 |
|----------|---------------------|--------|

OLLY FRESCO'S INC

UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: ■
 Date: 05/06/2014
 Page: 1

Sold to: AHS - Karyn Ericson ■

Ship to: AHS - Karyn Ericson ■
 ppl:7
 room: ■

Business No.:

| Item No. | Unit | Quantity | Description | Tax | Unit Price | Amount |
|-----------|------|----------|---|-----|------------|--------|
| C | Each | 10 | @10:30 coffee | | 1.50 | 15.00 |
| T | Each | 10 | HOT WATER | | | |
| BS | Each | 6 | bread sandwich | | 5.75 | 34.50 |
| M | Each | 7 | NON grain cookies | | 1.95 | 13.65 |
| SVP | Each | 1 | small veggie platter | | 30.00 | 30.00 |
| BS | Each | 1 | bread sandwich *** White Bread/ cheddar/ tomatoe/lettuce*** | | 5.75 | 5.75 |
| W | Each | 7 | water | | 1.75 | 12.25 |
| SFP | Each | 1 | @ 1:00 small fruit platter | | 35.00 | 35.00 |
| W | Each | 6 | water | | 1.75 | 10.50 |
| Subtotal: | | | | | | 156.65 |

CALGARY AB
 21687590
 PURCHASE
 06-06-2014 07:39:42
 Acct # ■ M
 Exp Date ■ Card Type ■ (5)
 Name:
 Trace # ■
 Inv. # ■ CVD Resp
 Auth # ■ RRN ■
Total \$156.65

Retain this copy for your

| | | |
|----------|---------------------|--------|
| Comment: | Total Amount | 156.65 |
|----------|---------------------|--------|

OLLY FRESCO'S INC
 UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: [REDACTED]
 Date: 18/06/2014
 Page: 1

Sold to:
 AHS - Lou Dacoste [REDACTED]

Ship to:
 AHS - Lou Dacoste [REDACTED]
 ppl:10
 room: [REDACTED]

Business No.:

| Item No. | Unit | Quantity | Description | Tax | Unit Price | Amount |
|-----------|------|----------|--|-----|------------|--------|
| C | Each | 10 | @8:50 coffee | | 1.50 | 15.00 |
| W | Each | 10 | water | | 1.75 | 17.50 |
| T | Each | 10 | hot water | | | |
| | | | @ 11:15 | | | |
| W | Each | 8 | water | | 1.75 | 14.00 |
| BS | Each | 9 | bread sandwich | | 5.75 | 51.75 |
| BS | Each | 1 | bread sandwich (white bread, cheddar, lettuce, tomatoes) | | 5.75 | 5.75 |
| M | Each | 10 | COOKIES (choc chip/double choc) | | 1.95 | 19.50 |
| C | Each | 10 | coffee | | 1.50 | 15.00 |
| Subtotal: | | | | | | 138.50 |

OLLY FRESCO'S
 UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY AB
 21687590

|||| PURCHASE ||||

06-19-2014 10:53:24
 Acct # [REDACTED] M
 Exp Date [REDACTED] Card Type [REDACTED]
 Name: [REDACTED]

Trace # [REDACTED]

Inv. # [REDACTED] CVD Resp
 Auth # [REDACTED] RRN [REDACTED]

Total \$138.50

6

Retain this copy for your records
 Customer info:

| | | |
|----------|---------------------|--------|
| Comment: | Total Amount | 138.50 |
|----------|---------------------|--------|



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

| | | | |
|--|--|--------------------------------|------------|
| DERBYSHIRE, AVRIL Cardholder's Name | EXECUTIVE ASSOCIATE Cardholder's Position/Title | Billing Reporting Period: | 20/06/2014 |
| OFFICE OF THE OFFICIAL Cardholder's Dept | SOUTHPORT TOWER Cardholder's Site/Location | Total Statement Amount: | \$279.99 |
| AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 6 digits of the P-Card #: | ██████████ |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|---|
| | | | | | | | | |
| 03/06/2014 | B54153177 | OLLY FRESCO S, EATING PLACES, RESTAURANTS | 100.00 | CAD | 100.00 | 4.76 | | Catering-purchase of credit vouchers for OA office for refreshments during meetings |

①

②

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Sonia Garcia
Name of Cardholder Designate

Advisor
Cardholder Designate Position/Title


Signature of Cardholder Designate

June 24, 2014
Date of Signature

Cardholder

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 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.

DERBYSHIRE, AVRIL
Name of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title


Signature of Cardholder

June 25/14
Date of Signature

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 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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

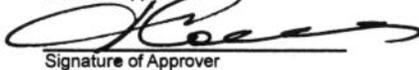
Approver

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 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.

Dr. John Cowell
Name of Approver

Official Administrator
Approver Position/Title


Signature of Approver

June 24, 2014
Date of Signature

Attachments to Accounts Payable

Attach:

- 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:
 - 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 meal), 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

Reference #: _____

Reviewed by: _____

Date: _____

Lunch cards
@ 95 each
OLLY FRESCO'S *Delux*
#120 10301 SOUTHPO T2W1S7
CALGARY AB
21687590

↑↑↑ PURCHASE ↑↑↑

06-03-2014 08:21:10

Acct # [REDACTED]

Exp Date [REDACTED] Card Type [REDACTED]

Name: AVRIL DERBYSHIRE
[REDACTED] [REDACTED]

(2)

Trace # [REDACTED]

Inv. # [REDACTED]

Auth # [REDACTED] RRN 001588072

Total \$100.00

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy