Alberta Health Services

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

Name Other Official Administrator
Title Office Administrator
Location Calgary
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-14	P-Card	Meetings					-		390	201
Total			$ -	$ -	$ -	$ -	$ -	$ -	$ 390	$ 201

Total for the Month $ 591

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

Alberta Health Services

P-Card details Online ® Cardholder Statement 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

DERBYSHIRE, AVRIL
Cardholder's Name

EXECUTIVE ASSOCIATE
Cardholder's Position/Title

OFFICE OF THE OFFICIAL
Cardholder's Dept

SOUTHPORT TOWER
Cardholder's Site/Location

AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA
Cardholder's e-mail address

Billing Statement Period: 20/01/2014

Total Statement Amount: $115.70

Last 6 digits of the P-Card: [redacted]

Statement of Transactions

	Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Billing Amount	GST	Flag	Description
(1)	0?/01/2014	03628221	CALGARY SUN NEWS DEALERS AND NEWSSTANDS	15.70	CAD	15.70	.75		Subscription for Calgary Sun [illegible] Office
(2)	14/01/2014	03??46733	CHEF FRESCO'S EATING PLACES RESTAURANTS	100.00	CAD	100.00	4.76		Catering - purchase of credit [illegible] for Office of [illegible] for lunches & beverages

[redacted]

Alberta Health Services

P-Card details Online ® Cardholder Statement Report

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 transactions to the proper cost centre.

Paula Finnson — Name of Cardholder Designate

Executive Assistant — Cardholder Designate Position/Title

[signature] — Signature of Cardholder Designate

Jan 24/14 — 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] — Signature of Cardholder

[illegible] — 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.
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Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

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[signature] — Name of Approver

Official Administrator — Approver Position/Title

Dr. John Cowell — Signature of Approver

Jan. 28, 2014 — Date of Signature

Submit approved statement with 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 only:

Reference # ____________ Reviewed by ____________ Date ____________

Main Line 403.410.1010

SUBSCRIPTION RECEIPT

SERVICE TYPE	7 Days
DATE	January 24, 2014
ACCOUNT #	[redacted]
NAME	AE Health Services Attention Cowell
ADDRESS	[redacted]
CITY	Calgary, Alberta
POSTAL CODE	[redacted]
PHONE NUMBER	
AMOUNT PAID	$15.70, $15.70
PAYMENT METHOD	[redacted]
Approval Code	[redacted]
PAYMENT DATE	Dec. 3, 2013, Jan. 6, 2014
EXPIRY DATE	February 4, 2014

SUBSCRIPTION RATES [per Paper]

7 Days	
1 Week	$7.85
2 Weeks	$15.70
52 Weeks	$396.85

OA office
lunch vouchers

(3)

SELF FRESCO'S
#120 10701 SOUTHPO TRAIL
CALGARY AB
21687530

[illegible] PURCHASE [illegible]

01-14-2014 11:50:45
Acct # [redacted] M
Exp Date [illegible] Card Type MC
Name:

Trace # [redacted]
FS21687549003
Inv. # [redacted] CVD Resp
Auth # [redacted] ARN CO1492026

Total $100.00

Retain this copy for your records
Customer copy

Alberta Health Services

P-Card
details Online ®
Cardholder Statement Report

Instruction:

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- Cardholder AND Approver's signatures required where indicated below

DECOSTE, LOU Cardholder's Name	EXECUTIVE SECRETARY Cardholder's Position/Title	Billing Reporting Period: 20/01/2014
BOARD OFFICE Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount: $476.10
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [redacted]

Statement of Transactions

	Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1)	08/01/2014	039442096	OLLY FRESCO'S EATING PLACES RESTAURANTS	32.50	CAD	32.50	1.55		Catering for OA meeting on January 8, 2014
(2)	09/01/2014	039442095	DCH CANADIAN LIMITED BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	185.85	CAD	185.85	6.85		Book purchase for Corporate Secretary's Office
(3)	10/01/2014	039830623	OLLY FRESCO'S EATING PLACES RESTAURANTS	257.75	CAD	257.75	12.2[illegible]		Catering for OA meeting on January 10, 2014 re: emergency dept measures

Alberta Health Services

P-Card details Online ®
Cardholder Statement Report

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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder

By signing this statement

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- 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.

DECOSTE, LOU
Name of Cardholder

EXECUTIVE SECRETARY
Cardholder Position/Title

L. DeCoste
Signature of Cardholder

Jan. 22, 2014
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.
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Paula Fiander
Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

Signature of Approver Designate

Jan 24/14
Date of Signature

Approver

By signing this statement

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Kristi Isberg
Name of Approver

Corporate Secretary
Approver Position/Title

Signature of Approver

Jan 23, 2014
Date of Signature

Submit approved statement with 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 only:

Reference # _____ Reviewed by _____ Date _____

Olly Fresco's Inc.

unit 120 - 10301 Southport Lane sw
Open Mon.day - Friday 6:45-4:00
Calgary, Alberta T2W 1S7
Canada

INVOICE

Invoice No. [redacted]
Date 08 Jan, 14
Page: 1

Sold to:

AHS - Lou Decoste [redacted]

Ship to:

AHS - Lou Decoste [redacted]
@ 9:40
ppl:10
room:3214

Business No.: [redacted]

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
W	Each	10	water		1.75	17.50
			Subtotal:			32.50

OLLY FRESCO'S
#120 10301 SOUTHPO T2W1S7
CALGARY AB
21607590

PURCHASE

01-08-2014 09:41:29
Acct # [redacted] M
Exp Date [redacted] Card Type MC
Name:

Trace # [redacted]
FS2160759003
Inv. # [redacted] CVD Resp
Auth # [redacted] RRN 001488001

Total $32.50

Retain this copy for your records
Customer copy

1

Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash

Total Amount 32.50

Transaction Complete. Thank you for your order!

Your Account: [redacted]

Your Order Confirmation # [redacted]

Terms and Conditions

Please allow 5-7 business days for delivery. To check the status of your order please go to My Account. All prices quoted are in Canadian dollars (CADS).

If you have questions about this order, please get in touch with our customer service representative at 1-800-268-4522 or email at cservice@cch.ca

Please print this page for your records.

Return Home

Here's your receipt:

Date: 01.09.14

Cardholder Name: Lou Decoste AB Health Services

MasterCard [redacted]

Nathan's Company Meetings For Share Capital and Non-Share Capital Corporations 10th Edition

1 Book $159.00

Subtotal:	$159.00
GST/HST:	$8.85
PST:	$0.00
Shipping & Handling:	$18.00
TOTAL:	$185.85

Book purchase for Corporate Secretary in OA Office

Olly Fresco's Inc.

unit 120 - 10301 Southport Lane sw
Open Monday - Friday 6:45-4:00
Calgary, Alberta T2W 1S7
Canada

INVOICE

Invoice No.. [redacted]
Date: 10 Jan, 14
Page 1

Sold to:

AHS - Lou Decoste[redacted]

Ship to:

AHS - Lou Decoste [redacted]
ppl:13
Room:3106

Business No.: [redacted]

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			@ 10:30			
C	Each	20	coffee		1.50	30.00
T	Each	5	tea		1.25	6.25
W	Each	15	water		1.75	26.25
			@11:30			
DS	Each	12	deli sandwich		5.75	69.00
DS	Each	1	sandwich(white bread,cheddar cheese,lettuce &tomato) NO SPREAD		5.75	5.75
SCP	Each	1	small cheese platter		50.00	50.00
SFP	Each	1	small fruit platter		35.00	35.00
C	Each	10	coffee		1.50	15.00
J	Each	5	juice		2.15	10.75
SD	Each	5	soft drinks		1.95	9.75
			Subtotal:			257.75

OLLY FRESCO'S
#120 10301 SOUTHPD T2W1S7
CALGARY AB
21687590

!!!! PURCHASE !!!!

01-10-2014 15:16:20
Acct # [redacted] M
Exp Date [redacted] Card Type MC
Name:

(3)

Trace # [redacted]
FS2160759001
Inv. # [redacted] CVD Resp
Auth # [redacted] RRN 001469008

Total $257.75

Retain this copy for your records
Customer copy

Comment:	Accepted Payment Methods: Visa, Master Card, Debit or Cash	Total Amount	257.75