



Official Administrator and Executive Expense Report

Name Title Other Official Administrator

Location

Office Administrator

Location Calgary

Expenses submitted during the month of February 2014

					Trave	1 (1)				<u> </u>				
Source Date Document Purpose	Air	fare	Me	eals	Accomm	odation	Othe Trave		otal avel	Professiona Developme (2)		Se Host	orking ssions ting and pitality (3)	ther (4)
Feb-14 P-Card Meetings		281							281				-	183
Total	\$	281	\$	-	\$		\$	-	\$ 281	\$	-	\$		\$ 183
Total for the Month \$ 464														
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



 Cardholder AND Approve 	alled receipts and supporting documents in the it's significines required where indicated below	pharton Millions	
DECOSTE, LOU	EXECUTIVE SECRETARY		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Ferrod	20/02/2014
BOARD OFFICE	SOUTHLAND PARK III		and the second s
Cardholder's Dept	· and solen a sole cosmon	Total Statement Amount	\$463.96
OU DECOSTE@ALBERTAH	EALTHSERVICES CA		
Cardholder's e-man address	• • • • • • • • • • • • • • • • • • • •	Last 5 digits of the P-Card to	

Cardholder	s e-max add	(4.5)	***		6 digita of feet Pa		- Particular Control of the Control
Statement	of Transact	QNS					TTT TOTA
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GS1	Freigh Description
23/01/2014	340831767	OLLY FRESCO S EATING PLACES. RESTAURANTS	41.50	CAD	41.50	1.08	Catenny for OA Audit & Finance Advisory Committee Meeting on January 22: 2014
27/01/2014	341358965	AIR CAN 0142130355198 AIR CANADA	251 95	CAD	251 96	50	OF light on March 5, 2014 from YYC to YEG for Kristin Long to attend the CA Quikty and Safety Advisory Crimit Meeting
28/01/2014	341231827	UNIGLOBE ONE TRAVEL TRAVEL AGENCIES AND TOUR OPERATORS	29 00	CAD	29 00	1,38	Uniglobe processing fee for flight from YYC 5 YEG on March 3, 2014 for Krissin Long to atlant GA Quality and Safety Advisory Cromit
29/01/2014	341539531	OLLY FRESCO & EATING PLACES. RESTAURANTS	76.53	CAD	76 50	3.64	Cataring for OA Human Resources Advisory Crimit. Meeting on January 29: 2014
29/01/2014	S41539532	OLLY FRESCO'S EATING PLACES. RESTAURANTS	32 50	CAD	32 50	1.55	Additional catering for CA Harrian Resources Advisory Crimit Meeting on January 29, 2014
05/02/2014	042267464	OLLY PRESCO'S EATING PLACES, RESTAURANTS	32.50	CAD	32 50	1 55	Calering for OA Human Resources Advisory Crimit, Meeting on February 5, 2014



P-Card details Online ® Cardholder Statement Report

Signatures		·
Cardholder Designate (if Applicable)		
By signing this statement * I hereby certify that I have reviewed and recond	illed this statement in BMO Online to the best of my ability	
Program User Guide and Training. I have allocated	ited the transaction(s) to the proper cost centre	n accordance to AHS Corporate Policies
Name of Cardholder Designate	***************************************	- 0
Name of Cardnoide: Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	21
Cardholder		
By signing this statement I attest that I have read and understand the "Tratexpenses being claimed are in compliance with	avel, Hospitality and Working Session Expense Policy (112: such policy.	2)" of Alberta Health Services and confirm
 I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta Her charged is attached. 	for valid business purposes for Alberta Health Services and alth Services or any other Organization. A personal cheque	f that this claim has not been previously for any personal expenses inadvertently
 I attest that expenses submitted in this claim ha provided 	value incurred by using a cost effective method, otherwise	se rationale and supporting analysis is
DECOSTE, LOU	EXECUTIVE SECRETARY	
Name of Cardholder	Cardholder Position/Title	•
Signature of Cardholder	March 24 Zoil	-t
	Date of Signature	
Approver Designate (if Applicable) By signing this statement		
	ive!, Hospitality and Working Session Expense Policy (112:	cf Alberta Health Services and confirm
I attest the expenses enclosed in this claim are	for valid business purposes for Alberta Health Services and	I that this claim has not been previously
claimed by the claimant or on their behalf from A changed has been obtained.	Alberta Health Services or any other Organization. A person	nal cheque for personal expenses inadvertently
 I attest that expenses submitted in this claim has provided 	ve been incurred by using a cost effective method, otherwise	se rationale and supporting analysis is
Paula Emoson	Type In re Ad	ministrative Co-ordi
Name of Approver Designate	Approver Designate Position/Title	minorial ide con one
Pot Matter	Mar 24/14	
Signature of Approver Designate	Date or Signature	
Approver By signing this statement		
	ivel, Hospitality and Working Session Expense Policy (1122 such policy.	2)" of Alberta Health Services and confirm
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 A charged has been obtained.	Alberta Health Services or any other Organization. A person	al cheque for personal expenses inadvertently
	we been incurred by using a cost effective method, otherwise	se rationale and supporting analysis is
	DCG C D C	` -1
Dr. John Cowell Name of Approver	Approver Position Title	nistrativ
	m . t ~ 1 - 3 -	SVI C
Signature of Approver	Date of Signature	714
Submit approved statement with attachments to Ac	counts Payable:	
Attach:		Address:
 Original (or scanned) itemized receipts with documents. 	nented business reasons including names of participants	
where required		Alberta Health Services Accounts Payable
 Signed Cardholder Statement Report (or copies of And where applicable) 	electronic signatures if signatures are not on report)	7th Street Plaza
 Copies of pre-approvals for travel 	me ^s	10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
 Personal cheque payable to "Alberta Health Service" Fleturn, refund and/or credit receipts 	es e	EGNORION, AD 153 3E4
Disputes letter		
 Business reasons for travel require detailed descrimeal), why travel was necessary and detailed exp 		
occounts Payable only:		
Reference #:	Reviewed by	Date

INVOICE

Invoice No.:

Date:

23 Jan, 13

Page:

1

Sold to:

AHS

Ship to:

AHS -

Business No.:

82864 3890 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
N L	Each Each Each	10	coffee tea water Subtotal:		1.50 1.25 1.75	15.00 12.50 14.00 41.50
			#120 19301 SUUTHFU 12	1		
			Total \$41.50			
			Retain this copy for your			
			×			
	A THE STATE OF THE					
		- to	I		Total Amount	41.5



Phone. Fax Toll Free:

paul@unidiobeone.com Direct Line

"URGENT- Please review your itinerary for accuracy immediately."

There may be costs associated with making changes, these costs will be your responsibility. Most airline tickets or vacation packages are not refundable. Call your travel agent for details.

Passenger(s):

Long/Kristin E

Invoice No.: Issue Date:

Monday, January 27, 2014

Billing:

ALBERTA HEALTH SERVICES

Booking Ref.:

Agent: Customer:

Deliver:

ALBERTA HEALTH SERVICES

 Your Travel Arranger is pleased to deliver your complete itinerary through TripCase Click here to access your reservation on the web or a mobile device

- * To forward itinerary to Tripit, Worldmate. Tripcase or Blackberry Travel. Click Here.
- Add your itinerary to your calendar (ICS): Click Here (for use with PG and MAC and accessible via website and mobile device)
- MAdd your itinerary to your catendar (with Infuzer): Click Here
- Use Mileblaster to consolidate all your frequent flyer and foyalty programs: Click Here

Click here to reserve your parking and take advantage of exclusive rates and offers with Park2Go and UNIGLOBE Travel - use coupon #10163 to receive a 20% discount

 The Total Carbon Emissions for your flight/s are 56.24kgs and it would cost \$2.53 to offset them. Please visit our website for more details. Click here

R AIR - Monday March 3 2014

Air Canada Flight AC8170 Economy Class Operated By Air Canada Express - Jazz Check in With AIR CANADA EXPRESS - JAZZ Check In Confirmation: 24 Hours Priori

Depart:

06:00, Monday, March 3

Calgary Intl. Airport Calgary, Alberta, Canada Arrive:

06:59, Monday, March 3 Edmonton Intl. Airport

Edmonton, Alberta, Canada

Status:

Confirmed

Booking Code:

Equipment:

De Havilland DHC-8-300 Dash 8 7 8Q

Stons: Non-stop

Duration: Meal:

0 hours 59 minutes

Seat: ETicket No.: Assigned at Check In

Remarks:

None

Turbo propeller plane used on this flight

Flight Status ("up to 3 days prior) Dining Reservations Weather

AIR - Monday March 3 2014

Air Canada Flight AC8159 Economy Class Operated By Air Canada Express - Jazz Check in With AIR CANADA EXPRESS - JAZZ.

Arrive:

19.23, Monday, March 3 Calgary Intl. Airport

Check in Confirmation:

*24 Hours Prior)

Depart:

18.30, Monday, March 3 Edmonton Intl. Airport

Edmonton, Alberta, Canada

Calgary, Alberta, Canada

Status:

Confirmed

De Havilland DHC-8-300 Dash 8 / 80

Booking Code:

Equipment: Duration:

0 hours 53 minutes

Stops: Seat: Non-stop Assigned at Check In

Meal: Remarks:

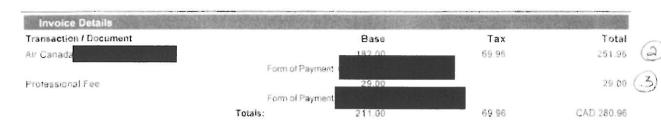
Weather

None

Turba propeller plane used on this flight
Flight Status ("up to 3 days prior) | Dining Reservations

ETicket No.:

TOTAL STREET



Total Charged to Credit Card:

CAD 280.96

Balance Due:

CAD 0.00

Fare Rules

• Air Canada ticket is non-refundable. Changes are permitted for 75.00 cad per direction plus any fare difference up to 2 hours prior to departure. Same day sirport changes prior to departure for 150.00 cad plus taxes. Aeroplan members earn 25 percent status miles, Advance seat selection is available for a fee. e-Upgrade certificates are not permitted. Missing your flight without cancellation may result in the forfeiture of the value of your airline ticket. Name changes are not permitted.

Baggage Fees & Allowances

Baggage charges may apply. Baggage allowance, specific size and weight restrictions vary between airlines. Please visit the airline's website or contact the airline directly for details.

Air Canada or call 1-888-247-2262

Important Information

· Your reservation number with Air Canada is

Air Canada contact phone number is 1-888-247-2262

- Please check in 90 minutes prior to departure. Late checkin may result in the loss of seat/reservation check in cut off time is 45 minutes prior to departure.
- Government-Issued picture ID is required or two pieces of government-Issued ID which show name/ date of birth/gender. This now includes passengers who appear to be between 12 and 17 years of age. www.passengerprotect.gc.ca/identity.html
- Air Canada will notify you of last minute flight changes if you register your flights up to 30 days prior to departure. For more information visit www.aircanada.Com/ en/travellinfo/travellier/mobile/notification.html
- Baggage charges may apply. For more info..Please visit the airlines website to see the exact charges. Baggage allowance-Specific size/weight restrictions vary between airlines. Excess charges may apply if exceeded.
- Passengers may carry travel sized tolletries or liquids 3 oz or less through security check points. They must fit in one quart sized, clear plastic zip-top bag. Visit www.catse-acsta.gc.ca.
- This is an electronic ticket valid only on issuing airline.
- · Photo ID and Etkt itinerary required for check in. Boarding cards required prior to entering security.
- View your itinerary at www.virtuallythere.Com use your last name and trip locator
- •-24 hour emergency service in Canada and usa -Call toll-Free 1-855-817-8277 or collect 647-724-8277. -Please note some cell phone providers do not allow for -1-800 calls in some areas. We recommend using -Landline in these situations or call collect. -Your UNIGLOBE rescue line access code is 62XC. -Or you can email at callme@tass247.com -Please mention your rescue line access code is 62XC pieces of government-Issued ID which show name/ date of birth/gender. This now includes passengers who appear to be between 12 and 17 years of age, www.passengerprotect.gc.ca/identity.Html pieces of government-Issued ID which show name/ date of birth/gender. This

now includes passengers who appear to be between 12 and 17 years of age, www.passengerprotect.gc,ca/identity.html

Invoice No:



- Please note that when paying by credit card all charges may not appear on the same credit statement. All charges will add up to the total as stated above.
- GST Registration Number 822361896

Airline Conditions of Contract & Other Important Notices Click Here

INVOICE

Invoice No.:

Date:

29 Jan, 13

Page:

1

Sold to: AHS

Ship to: AHS -

Business No.:

82864 3890 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
) DP	Each Each Each Each	10	coffee tea water small dessert platter Subtotal		1.50 1.25 1.75 35.00	15.0 12.5 14.0 35.0
			CALGART AB 21687590			76.5
			O1-29-2014	4		
			Inv. # CVD Resp Auth # RRN 001503010			
			Total \$76.50			
		Retain this copy for your records				
mment: Acce	pled Payment Meth	iods: Visa, Master	Card, Debit or Cash		Total Amount	76.50

INVOICE

Invoice No.: Date Page:

Sold to:	
AHS -	

Ship to:

Business No.:	82864 3890 R	T0001				
Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
W C	Each Each	10 10	water coffee		1.75 1.50	17.50 15.00
			Subtotal:	***************************************		32 50
	**************************************				***	
			20 10.11 1031820 12W197 CALGARY 48 21887530	Annual Prince of the Prince of		
			LAUCUASE	" (6)		
			01-29-2014 15:49: Acct # Card Type	H)	Was in control of the	
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			Inv. # CVD Res Auth # RRN 001502	317		
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The second of th					A COLUMN A A A A A A A A A A A A A A A A A A A	
				;	Total Amount	America
Comment: Acc	cepted Payment Me	thods: Visa, Mast	et Card, Debit or Cash	Year	total Amount	32 50

INVOICE

Invoice No.:	
Date:	05 Feb, 14
Page:	1

Ship to:	
AHS -	

Sold to: AHS

Business No.:

82884 3800 PT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
N C	Each Each	10	water coffee Subtotal		1.75 1.50	17.50 15.00 32.50
			CAI	PURCHASE	12N157 AB HIII 13 45:15 6 M	
			Trace # Inv. # Auth #	RR	CYD Resp N 001500037	
		Total		\$32.50		
			Retain t	his copy f records	or your	
omment: Acc	epted Payment Me	thody Vice Man			Total Amount	32.50