

Official Administrator and Executive Expense Report

Name Other Official Administrator

Title Office Administrator

Location Calgary

Expenses submitted during the month of March 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)
Mar-14	P-Card	Meetings			305		305		232	118
Total			\$ -	\$ -	\$ 305	\$ -	\$ 305	\$ -	\$ 232	\$ 118

Total for the Month \$ 655

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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

DECOSTE, LOU	EXECUTIVE SECRETARY	Billing Reporting Period	20/03/2014
Cardholder's Name	Cardholder's Position/Title		
BOARD OFFICE	SOUTHLAND PARK III	Total Statement Amount	\$967.52
Cardholder's Dept	Cardholder's Site/Location		
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/02/2014	343570153	OLLY FRESCO'S EATING PLACES RESTAURANTS	191.90	CAD	191.90	9.14		Catering - Luncheon OA's Audit & Finance Advisory Committee Meeting on February 19, 2014
26/02/2014	344270275	BWAY0380 EATING PLACES RESTAURANTS	79.22	CAD	79.22	3.73		Employee Informal Appreciation Luncheon for 3 people
[REDACTED]								
04/03/2014	344895535	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	7.02		Accommodations for Avril Derbyshire while attending meetings in Edmonton with Dr John Cowell
05/03/2014	345082079	OLLY FRESCO'S EATING PLACES RESTAURANTS	15.00	CAD	15.00	7.1		Catering - Refreshments for meetings in the Official Administrator's office
[REDACTED]								
07/03/2014	345267234	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	156.00	CAD	156.00	7.43		Accommodations for Avril Derbyshire while attending meetings in Edmonton with Dr John Cowell
10/03/2014	345356745	OLLY FRESCO'S EATING PLACES RESTAURANTS	25.50	CAD	25.50	1.21		Catering - Refreshments for OA's Human Resources Advisory Committee meeting on February 5, 2014
19/03/2014	346294628	APL*APPLE ITUNES STORE, RECORD SHOPS	10.43	CAD	10.43	.00		00 Annotate app for Don Sieben's (committee member) iPad
19/03/2014	346294629	APL*APPLE ITUNES STORE, RECORD SHOPS	17.84	CAD	17.84	.00		00 Documents To Go Premium app for Don Sieben's (committee member) iPad
19/03/2014	346294630	APL*APPLE ITUNES STORE, RECORD SHOPS	10.43	CAD	10.43	.00		00 Documents To Go Standard app for Don Sieben's (committee member) iPad

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 - 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.		
DECOSTE, LOU Name of Cardholder _____	EXECUTIVE SECRETARY Cardholder Position/Title _____	
<u>L. Decoste</u> Signature of Cardholder	<u>March 21, 2014</u> 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.		
<u>Paula Finsson</u> Name of Approver Designate	<u>Executive Administrative Co-ordinator</u> Approver Designate Position/Title	
<u>PJ Finsson</u> Signature of Approver Designate	<u>Mar 21/14</u> 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.		
<u>Kristin Long</u> Name of Approver	<u>Corporate Secretary</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>March 24/14</u> 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: _____

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

Invoice No: [REDACTED]
Date: 19 Feb, 14
Page: 1

AHS -

Ship to:

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
DS	Each	6	Mix sandwich		5.75	34.50
DS	Each	1	deli sandwich (white bread/ lettuce tomatoes cheddar ONLY)		5.75	5.75
SFP	Each	1	small fruit platter		35.00	35.00
SCP	Each	1	small cheese platter		50.00	50.00
M	Each	7	Cookies		1.95	13.65
W	Each	10	water		1.75	17.50
SD	Each	5	soft drinks		1.95	9.75
J	Each	5	juice		2.15	10.75
C	Each	10	coffee		1.50	15.00
T	Each		HOT WATER			
			Subtotal:			191.90

#120 10301 SOUTHPO T2W1S7
 CALGARY AB
 21687590

|||| PURCHASE ||||

02-20-2014 11:10:50

Name: [REDACTED]

Trace # [REDACTED]

Inv. # [REDACTED] CVD Resp
 Auth # [REDACTED] RRN 001510037

Total \$191.90

Retain this copy for your records

Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash	Total Amount	191.90
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② Employee Informal Appreciation Luncheon

Buffalo Wild Wings
Grill and Bar #0380
9697 Macleod Trail
587-353-3494

Server: [REDACTED] 02/26/2014
Table [REDACTED] 12:54 PM
Guests: 6 [REDACTED]

Order Type: DINE IN

Seat 1

20_OZ DRINK 2.79 T
FISH TACOS 10.49 T
Subtotal 13.28
Tax 0.66
Total 13.94

Seat 2

CHICKEN SALAD 10.99 T
NO SAUCE T
Subtotal 10.99
Tax 0.55
Total 11.54

Seat 3

20_OZ DRINK 2.79 T
LM-TRADWNG 9.49 T
SALT & PEPPER T
SALT & PEPPER T
Subtotal 12.28
Tax 0.61
Total 12.89

Seat 4

LM-BUFFALITO AND SALAD 7.99 T
JERK T
Subtotal 7.99
Tax 0.40
Total 8.39

Seat 5

LM-TRADWNG 9.49 T
SALT & PEPPER T
HONEY GARLIC T
Subtotal 9.49
Tax 0.47
Total 9.96

Seat 6

LM-TRADWNG 9.49 T
SALT & PEPPER T
OnSd TERIYAKI T
SPF PLTR 1.49 T
\$STHWSTRN RANCH 0.60 T
Subtotal 11.58
Tax 0.59
Total 12.17

Subtotal 65.61
Tax 3.28
Total 68.89

Balance Due \$ 68.89

Ask your server about
Need a great gift idea?
Give a B-Dubs gift card.
Thank you for dining with us!
www.buffalowildwings.com

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Need a great gift idea?
Give a B-Dubs gift card.
Thank you for dining with us!
www.buffalowildwings.com
Buffalo Wild Wings Copy

I agree to pay the above
total amount according to the
card issuer agreement.

Amount: \$ 68.89
+ Tip: 10.33
= Total: 79.22

Magnetic card present: DEBITE LOW
Card Entry Method: S

M/C

SALE

Server: John
12:57 PM
Table [REDACTED]

Date: 02/26/2014
02/26/2014
4/4000

Buffalo Wild Wings
Grill and Bar #0380
9697 Macleod Trail
587-353-3494

Avril Derbyshire

Room Number: [REDACTED]
 Arrival Date: 03-02-14
 Departure Date: 03-03-14
 Page No: 1 of 1
 Confirmation No: [REDACTED]

INVOICE

03-03-14

Date	Description	Charges	Credits
03-02-14	Room Revenue	139.00	
03-02-14	Destination Marketing Fee - 3%	4.17	
03-02-14	Tourism Levy - 4%	5.73	
03-03-14	Mastercard [REDACTED]		148.90
Total		148.90	148.90
Balance		0.00	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

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

Invoice N [REDACTED]
Date: 04 Feb, 14
Page: 1

Ship to:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
			Subtotal:			15.00
CALGARY AB 21687530 PURCHASE 03-05-2014 12:46:25 Name: [REDACTED] Trace # [REDACTED] Inv. # [REDACTED] CVD Resp Auth # [REDACTED] RRN 001527065 Total \$15.00 Retain this copy for your						
Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash					Total Amount	15.00

Avril Derbyshire

Canada

Room Number:

Arrival Date: 03-06-14

Departure Date: 03-07-14

Page No: 1 of 1

Confirmation No:

INVOICE

Folio No:

03-07-14

Date	Description	Charges	Credits
03-06-14	Room Revenue	139.00	
03-06-14	Destination Marketing Fee - 3%	4.17	
03-06-14	Tourism Levy - 4%	5.73	
03-06-14	Room GST - 5%	7.16	
03-07-14	Mastercard		156.06
Total		156.06	156.06
Balance		0.00	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

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

Invoice No.: [REDACTED]
Date: 05 Feb, 14
Page: 1

AHS -
ppt, 4
Room

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
T	Each	1	Hot water			
W	Each	6	water		1.75	10.50
			Subtotal:			25.50

21607590

PURCHASE

03-10-2014 14:52:17

Acct # [REDACTED]

Exp Date [REDACTED]

Name: [REDACTED]

Trace [REDACTED]

Inv. [REDACTED] CVD Resp

Auth [REDACTED] RRN 001529010

Total \$25.50

Retain this copy for your records

Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash	Total Amount	25.50
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Lou Decoste

From: Don Sieben
Sent: March 19, 2014 2:02 PM
To: Lou Decoste
Subject: Fwd: [REDACTED]

Sent from my iPad

Begin forwarded message:

From: iTunes Store <do_not_reply@itunes.com>
Date: March 18, 2014 at 11:51:42 PM MDT
To: Don Sieben <don.sieben@albertahealthservices.ca>
Subject: Your receipt No [REDACTED]



Receipt

Billed To:

don.sieben@albertahealthservices.ca
Lou Decoste
[REDACTED]

Order ID: [REDACTED]
Receipt Date: 03/18/14
Order Total: \$10.49
Billed To: [REDACTED]

Item	Seller	Type	Unit Price
iAnnotate PDF, v3.0.3 (4+) Write a Review Report a Problem	Branchfire, Inc.	iOS App	\$9.99
			Subtotal: \$9.99
			G.S.T./H.S.T.: \$0.50
			Order Total: \$10.49

Those who bought your selections also bought:



Things for iPad
Cultured Code GmbH & Co. KG



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[Sales Policies](#)

Tax Registration #R100236199

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Reçu

Facturé à :

don.sieben@albertahealthservices.ca

Lou Decoste

N° de commande :

Date de réception : 18/03/14

Total de la commande : \$10.49

Facturé à :

Article	Éditeur	Type	Prix unitaire
iAnnotate PDF, v3.0.3 (4+) Donner votre avis Signaler	Branchfire, Inc.	App pour iOS	\$9.99
Sous-total :			\$9.99
TPS./TVH :			\$0.50
Total de la commande :			\$10.49

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Things for iPad

Cultured Code GmbH & Co. KG



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Numéro de taxe R100236199

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<http://www.apple.com/ca/fr/support/itunes/>

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Lou Decoste

From: Don Sieben
Sent: March 19, 2014 2:03 PM
To: Lou Decoste
Subject: Fwd. [REDACTED]

Sent from my iPad

Begin forwarded message:

From: iTunes Store <do_not_reply@itunes.com>
Date: March 18, 2014 at 11:51:57 PM MDT
To: Don Sieben <don.sieben@albertahealthservices.ca>
Subject: Your receipt [REDACTED]



Receipt

Billed To:

don.sieben@albertahealthservices.ca
Lou Decoste
[REDACTED]

Order ID: [REDACTED]
Receipt Date: 03/18/14
Order Total: \$17.84
Billed To: [REDACTED]

Item	Seller	Type	Unit Price
Documents To Go® Premium - Office Suite, v5.0.7 (4+)	DataViz, Inc	iOS App	\$16.99
Write a Review Report a Problem			
		Subtotal:	\$16.99
		G.S.T./H.S.T.:	\$0.85
		Order Total:	\$17.84

10

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Autodesk Inc.

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Reçu

Facturé à :

don.sieben@albertahealthservices.ca
Lou Decoste

N° de commande : [REDACTED]

Date de réception : 18/03/14

Total de la commande : \$17.84

Facturé à : [REDACTED]

Article	Éditeur	Type	Prix unitaire
Documents To Go® Premium - Office Suite, v5.0.7 (4+)	DataViz, Inc	App pour iOS	\$16.99
Donner votre avis Signaler			
Sous-total :			\$16.99
TPS./TVH :			\$0.85
Total de la commande :			\$17.84

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Lou Decoste

From: Don Sieben
Sent: March 19, 2014 2:03 PM
To: Lou Decoste
Subject: Fwd: [REDACTED]

Sent from my iPad

Begin forwarded message:

From: iTunes Store <do_not_reply@itunes.com>
Date: March 18, 2014 at 11:52:05 PM MDT
To: Don Sieben <don.sieben@albertahealthservices.ca>
Subject: [REDACTED]



Receipt

Billed To:

don.sieben@albertahealthservices.ca
Lou Decoste
[REDACTED]

Order ID: [REDACTED]

Receipt Date: 03/18/14

Order Total: \$10.49

Billed To: [REDACTED]

Item	Seller	Type	Unit Price
Documents To Go® Standard - Office Suite, v5.0.7 (4+) Write a Review Report a Problem	DataViz, Inc	iOS App	\$9.99
			Subtotal: \$9.99
			G.S.T./H.S.T.: \$0.50
			Order Total: \$10.49

⑪

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Reçu

Facturé à :

don.sieben@albertahealthservices.ca

Lou Decoste

N° de commande :

Date de réception : 18/03/14

Total de la commande : \$10.49

Facturé à :

Article	Éditeur	Type	Prix unitaire
Documents To Go® Standard - Office Suite, v5.0.7 (4+)	DataViz, Inc	App pour iOS	\$9.99
Donner votre avis Signaler			
		Sous-total :	\$9.99
		TPS./TVH :	\$0.50
		Total de la commande :	\$10.49

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Numéro de taxe R100236199



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