

## Board and Executive Expense Report

**Name** Board  
**Title** AHS Board  
**Location**

Expenses submitted during the month of April 2013

| Travel (1)   |                 |                                       |         |       |               |              |              |                              |  |           |
|--------------|-----------------|---------------------------------------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Date         | Source Document | Purpose                               | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| April 2013   | P-Card          | Meeting AHS Board Orientation Session |         |       |               |              | -            |                              | 44   |           |
| <b>Total</b> |                 |                                       | \$ -    | \$ -  | \$ -          | \$ -         | \$ -         | \$ -                         | \$ 44  | \$ -      |

**Total for the Month** \$ 44

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:**

- 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

|  |   |   |
|--|---|---|
| <u>DECOSTE, LOU</u><br>Cardholder's Name                                   | <u>EXECUTIVE SECRETARY</u><br>Cardholder's Position/Title | Billing Reporting Period: <u>20/04/2013</u>   |
| <u>BOARD OFFICE</u><br>Cardholder's Dept                                   | <u>SOUTHLAND PARK III</u><br>Cardholder's Site/Location   | Total Statement Amount: <u>\$44.00</u>  |
| <u>LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA</u><br>Cardholder's e-mail address |   | Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span> |

**Statement of Transactions**

| Transaction Date | Trans ID  | Merchant Name & Description               | Trans Original Amount | Currency | Trans Amount | GST  | Freight | Business Reason (Detailed Description Required)           |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|---|
| 02/04/2013       | 313112803 | OLLY FRESCO S. EATING PLACES, RESTAURANTS | 44.00                 | CAD      | 44.00        | 2.10 |         | Catering AHS Board Orientation Working Session (3-1/2 hr) |

| Signatures  |  |   |  |             |
|---|--|---|--|-------------|
| <p><b>Cardholder Designate (if Applicable)</b><br/>By signing this statement</p> <p><input checked="" type="checkbox"/> I hereby certify that I have reviewed and reconciled this statement in BMO details 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> <p><u>Lynne Nicholas</u><br/>Name of Cardholder Designate</p> <p><u>Lynne Nicholas</u><br/>Signature of Cardholder Designate</p> <p><u>Executive Assistant, Board Office</u><br/>Cardholder Designate Position/Title</p> <p><u>22-Apr-13</u><br/>Date of Signature</p>  |  |   |  |             |
| <p><b>Cardholder</b><br/>By signing this statement</p> <p><input checked="" type="checkbox"/> I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives.</p> <p><input checked="" type="checkbox"/> I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for any personal expenses inadvertently charged is attached.</p> <p><input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo.</p> <p><input checked="" type="checkbox"/> I confirm that the expenses included in this claim have not been previously claimed by me or on my behalf from Alberta Health Services or any other organization.</p> <p><u>DECOSTE, LOU</u><br/>Name of Cardholder</p> <p><u>L. Decoste</u><br/>Signature of Cardholder</p> <p><u>EXECUTIVE SECRETARY</u><br/>Cardholder Position/Title</p> <p><u>April 22, 2013</u><br/>Date of Signature</p> |  |   |  |             |
| <p><b>Approver Designate (if Applicable)</b><br/>By signing this statement</p> <p><input checked="" type="checkbox"/> I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives.</p> <p><input checked="" type="checkbox"/> I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for personal expenses inadvertently charged has been obtained.</p> <p><input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo.</p> <p><u>Paula Finson</u><br/>Name of Approver Designate</p> <p><u>Paula Finson</u><br/>Signature of Approver Designate</p> <p><u>Executive Assistant</u><br/>Approver Designate Position/Title</p> <p><u>Apr 22/13</u><br/>Date of Signature</p>   |  |   |  |             |
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| <p><b>Submit approved statement with attachments to Accounts Payable:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top;"> <p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </td> <td style="width: 40%; border: none; vertical-align: top;"> <p><b>Address:</b></p> <p>Alberta Health Services<br/>Accounts Payable<br/>7th Street Plaza<br/>10th Floor, North Tower, 10030-107 Street<br/>Edmonton, AB T5J 3E4</p> </td> </tr> </table>  |  | <p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> | <p><b>Address:</b></p> <p>Alberta Health Services<br/>Accounts Payable<br/>7th Street Plaza<br/>10th Floor, North Tower, 10030-107 Street<br/>Edmonton, AB T5J 3E4</p> |             |
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| <p><b>Accounts Payable only:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Reference #: _____</td> <td style="width: 33%; border: none;">Reviewed by: _____</td> <td style="width: 33%; border: none;">Date: _____</td> </tr> </table>   |  | Reference #: _____  | Reviewed by: _____   | Date: _____ |
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# 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.: 616  
 Date: 02 Apr, 13  
 Page: 1

Sold to:

AHS - Lou Decoste

Ship to:

AHS - Lou Decoste  
 @ 8:30  
 ppl:6  
 room: 3106

Business No.: 82864 3890 RT0001

| Item No. | Unit | Quantity | Description | Tax | Unit Price | Amount |
|----------|------|----------|-------------|-----|------------|--------|
| C        | Each | 20       | coffee      |     | 1.50       | 30.00  |
| W        | Each | 8        | water       |     | 1.75       | 14.00  |
|          |      |          | Subtotal:   |     |            | 44.00  |

AHS Board Orientation meeting  
 Working Session (10)  
 April 2, 2013 - 0900-1200 hours  
 Catering Services (coffee/water)

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

|||| PURCHASE ||||  
 04-02-2013 13:18:42  
 M  
 Exp Date 01/14 Card Type MC  
 Name:  
 Trace FS2168759001  
 Inv. # 14793 CVD Resp  
 Auth RRN 001289035

Total \$44.00

X  
 Signature  
 I agree to pay above total  
 amount according to the  
 card issuer agreement.  
 Retain this copy for your  
 records  
 Merch. copy

|   |                     |       |
|---|---------------------|-------|
| Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash | <b>Total Amount</b> | 44.00 |
|---|---------------------|-------|