

Board and Executive Expense Report

Name Brenda Huband
Title SVP, Calgary Zone
Location Calgary
 Expenses submitted during the month of January 2013

Date	Source Document	Purpose	Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
			Airfare	Meals	Accommodation	Other Travel	Total Travel			
January 2013	P-Card	Launch of OCN				13	13			
Total			\$ -	\$ -	\$ -	\$ 13	\$ 13	\$ -	\$ -	\$ -

Total for the Month \$ 13

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

HUBAND, BRENDA Cardholder's Name	SENIOR VP Cardholder's Position/Title	Billing Reporting Period:	20/01/2013
METROPOLITAN HOSPITALS Cardholder's Dept	SOUTHPORT Cardholder's Site/Location	Total Statement Amount:	\$12.60
BRENDA.HUBAND@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
08/01/2013	305473388	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	12.60	CAD	12.60	.60	.00	Parking at airport - launch of OCN

Opening remarks at

CALGARY AIRPORT
AUTHORITY

Launch of OCNs

STATION C52
IN: 01/08/13 09:50
OUT: 01/08/13 11:11
PAID: \$ 12.60
(GST INCLUDED)
GST No. 122556194
MASTERCARD

REF. [REDACTED] 64
YOU HAVE 15 Min.
TO EXIT
THANK YOU FOR
YOUR VISIT

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 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><u>Kerry Pace</u> Name of Cardholder Designate</p> <p><u>Kerry Pace</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin</u> Cardholder Designate Position/Title</p> <p><u>Jan 23/13</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 		
<p><u>HUBAND, BRENDA</u> Name of Cardholder</p> <p><u>Brenda Huband</u> Signature of Cardholder</p>	<p><u>SENIOR VP</u> Cardholder Position/Title</p> <p><u>Jan 23/13</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
<p><u>Kristina Russell</u> Name of Approver Designate</p> <p><u>K Russell</u> Signature of Approver Designate</p>	<p><u>EAC to EUP: COO</u> Approver Designate Position/Title</p> <p><u>Jan 31 2013</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 		
<p><u>Chris Mazurkewich</u> Name of Approver</p> <p><u>Chris Mazurkewich</u> Signature of Approver</p>	<p><u>EUP: COO</u> Approver Position/Title</p> <p><u>Feb 3/13</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____