

Official Administrator and Executive Expense Report

Name David OBrien
Title SVP Community, Seniors Health, Addictions & Mental Health

Location Calgary, Southport Tower.

Expenses submitted during the month of February 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)
Feb-14	P-Card	Meetings			466	68	534			
Total			\$ -	\$ -	\$ 466	\$ 68	\$ 534	\$ -	\$ -	\$ -

Total for the Month \$ 534

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 144
 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

O BRIEN, DAVID	SENIOR VICE PRESIDENT	Billing Reporting Period:	20/02/2014
Cardholder's Name	Cardholder's Position/Title		
PRIMARY & COMMUNITY CARE	SOUTHPORT	Total Statement Amount:	\$534.73
Cardholder's Dept	Cardholder's Site/Location		
DAVID.OBRIEN@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/01/2014	340517713	MPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95	.00	Addiction & Mental Health Exec Steering Mtg. EDM
22/01/2014	340640832	MPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	.00	Con't Care Collaborative Mtg EDM
23/01/2014	340831813	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	156.06	CAD	156.06	7.43		Addiction & Mental Health Exec Steering Mtg. EDM
31/01/2014	341539559	GAS BAR #1774, GAS / SERVICE STATIONS	18.10	CAD	18.10	.86		Fleet Vehicle Fuel - Engagement Session Mtg. EDM Merchant did not accept Fleet Fuel Card
31/01/2014	341750255	COAST EDMONTON PLAZA H, LODGING HOTELS, MOTELS, RESORTS	161.67	CAD	161.67	.00	.00	Service Pressure & Engagement Session Mtgs. EDM
11/02/2014	342768717	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	7.09		Integrated Housing & Support Mtg. EDM

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Marlene Hicks</u> Name of Cardholder Designate <u>Marlene Hicks</u> Signature of Cardholder Designate	<u>Admin Support</u> Cardholder Designate Position/Title <u>FEB 26 - 2014</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 		
<u>O BRIEN, DAVID</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title <u>Feb 25/14</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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>Patricia Novotny</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>Exec. Admin. Asst.</u> Approver Designate Position/Title <u>Feb. 26, 2014.</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> 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>Rick Trimpe</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>Interim President + CEO</u> Approver Position/Title <u>FEB 27 2014</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> 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: <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 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:

ADDICTION / Mental Health Exec
Steering Committee
Edmonton (#1)

#2

Continuing Care
Collaborative mtg
Edmonton

IMPARK00020101A
10025 JASPER AVENUE
EDMONTON, AB T5J1S6
7804201976

MERCHANT ID: 97169880093 TERM ID: 101

SALE

MASTERCARD

ENTRY METHOD: CHIP

17:03:21

APPR CODE:

BATCH #:

REF #:

AMOUNT

\$20.00

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

IMPARK00020101A
10025 JASPER AVENUE
EDMONTON, AB T5J1S6
7804201976

MERCHANT ID: 97169880093 TERM ID: 101

SALE

ENTRY METHOD: CHIP

14:59:39

APPR CODE:

BATCH #:

REF #:

AMOUNT

\$30.00

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

Council Member Interviews - PAC Mental Health & Addiction
Edmonton mtg - 28-01-14

MATRIX
HOTEL

(#3)

N/A David O'Brien

Room Number:

Arrival Date: 01-21-14

Departure Date: 01-22-14

Page No: 1 of 1

Confirmation No

INFORMATION INVOICE

Folio No:

01-28-14

Date	Description	Charges	Credits
01-21-14	Room Revenue	139.00	
01-21-14	Destination Marketing Fee - 3%	4.17	
01-21-14	Tourism Levy - 4%	5.73	
01-21-14	Room GST - 5%	7.16	
01-22-14	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

(#4)

Superstore does
not accept Fleet
Vehicle - Jim Pattison
credit card.

- Used FHS Assigned
Pcard.

- Travel to Edmonton
01-31-14

① Engagement Session
mtg.

② Service Pressure mtg.

Fleet Car GAS
P-Card purchase

SuperStore Gas Bar
10506 Southport Rd SW
Calgary, AB

Your attendant is [REDACTED]

Pump 3 16.469L @ 1.099 \$/Litre
REGULAR 18.10
Balance Due 18.10

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 04747595704
Superstore GasBar#1774
10506 Southport Road SW
Calgary AB

STORE 01774 TERM Z0177491C

SLIP # [REDACTED] REG 91

RETAIN THIS COPY FOR YOUR RECORDS

Purchase Chip

CARD # [REDACTED]

EXP [REDACTED]

MasterCard

REF # AUTH # RESP 001

4001001071 [REDACTED] ISO 00

ID: A0000000041010

DI E800 TVR 0000001000

DATE TIME AMOUNT
01/31/2014 18:05:22 \$ 18.10
APPROVED

Signature Required

Credit Card 18.10

Change Due 0.00

Taxes included in fuel:
5% GST #122235922 0.86

TELL US HOW WE DID TODAY
MONTHLY CHANCES TO WIN \$2000
VISIT WWW.STOREOPINION.CA
OR CALL 1-877-234-2322
FULL CONTEST RULES AT
WWW.STOREOPINION.CA



COAST
edmonton
plaza hotel

Jan 31/14 Service Pressure Meeting DEB GORDON
Engagement
Session - Louann Williams

* Edmonton Meetings
31-01-14

0617

#5

Mr David O'BRIEN

CANADA

Preview

Invoice date
Our reference
GST Number

Guest Mr David O'BRIEN Arrival 1/30/2014 Departure 1/31/2014 Room

Date	Description	Quantity	Unit Price	Total ()
1/30/2014	Room Charge	1	144.00	144.00
1/30/2014	GST Taxes	1	7.42	7.42
1/30/2014	Tourism Levy	1	5.93	5.93
1/30/2014	Destination Market Fee	1	4.32	4.32

Total Invoice 161.67

Total Paid 0.00

Total Due 161.67

Total GST 7.42

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144

Integrated Housing and
Support framework
mtg - Edmonton
02-11-14

(#6)
MATRIX
HOTEL

N/A David O'Brien

Room Number: [REDACTED]
Arrival Date: 02-10-14
Departure Date: 02-11-14
Page No: [REDACTED]
Confirmation No: [REDACTED]

INFORMATION INVOICE

Folio No: [REDACTED]

02-14-14

Date	Description	Charges	Credits
02-10-14	Room Revenue	139.00	
02-10-14	Destination Marketing Fee - 3%	4.17	
02-10-14	Tourism Levy - 4%	5.73	
02-11-14	Mastercard		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