

### Official Administrator and Executive Expense Report

Name

David OBrien

Title SVP Commu

SVP Community, Seniors Health, Addictions & Mental Health

Location

Calgary, Southport Tower.

Expenses submitted during the month of February 2014

				Tra	avel (1)					
Source Date Document Purpose	Ai	rfare	Meals	Accor	nmodation	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 Non economy air travel in the month	\$ \$ \$	- 144 -								

#### 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



<ul> <li>Cardholder AND Approver's signa</li> </ul>	atures required where indicated below		
O BRIEN, DAVID	SENIOR VICE PRESIDENT		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/02/2014
PRIMARY & COMMUNITY CARE	SOUTHPORT		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$534.73
DAVID.OBRIEN@ALBERTAHEALTHS	ERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	,	Trans Amount	GST	FreighDescription
21/01/2014	340517713	MPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95	.00Addiction & Mental Health Exec Steering Mtg EDM
22/01/2014	340640832	MPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	.00Con'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 Fue Card
31/01/2014	341750255	COAST EDMONTON PLAZA H, LODGING HOTELS, MOTELS, RESORTS	161.67	CAD	161.67	.00	.00Service 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

## P-Card details Online ® Cardholder Statement Report

Signatures	the first was a second of the first	
Cardholder Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconcils Program User Guide and Training. I have allocate	ed this statement in BMO Online to the best of my ability in	accordance to AHS Corporate Policies.
Marlene Hicks	Admin Suppo	A
Name of Cardholder Designate	Cardholder Designate Position/Tyle	016
Signature of Cardholder Designate	Date of Signature	7
Cardholder  By signing this statement  I attest that I have read and understand the "Travexenses being claimed are in compliance with sexpenses."	e), Hospitality and Working Session Expense Policy (1122) uch policy.	of Alberta Health Services and confirm
<ul> <li>I attest the expenses enclosed in this claim are for claimed by me or on my behalf from Alberta Heaf charged is attached.</li> </ul>	or valid business purposes for Alberta Health Services and th Services or any other Organization. A personal cheque t	that this claim has not been previously or any personal expenses inadvertently
<ul> <li>I attest that expenses submitted in this claim have provided.</li> </ul>	e been incurred by using a cost effective method, otherwise	e rationale and supporting analysis is
O BRIEN, DAVID	SENIOR VICE PRESIDENT  Cardholder Position/Title,	
Dusm	Date of Signature	
Signature of Cardholder	Date of Signature / /	
Approver Designate (If Applicable) By signing this statement  I attest that I have read and understand the "Trav expenses being claimed are in compliance with s	el, Hospitality and Working Session Expense Policy (1122) uch policy.	)" of Alberta Health Services and confirm
claimed by the claimant or on their behalf from Al	or valid business purposes for Alberta Health Services and berta Health Services or any other Organization. A person e been incurred by using a cost effective method, otherwise	al cheque for personal expenses inadvenently
O provided.	Bon Admin Ass	4
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Feb. 26, 2014.	
Approver By signing this statement		
	rel, Hospitality and Working Session Expense Policy.(1122 such policy.	)" of Alberta Health Services and confirm
daimed by the claimant or on their behalf from A	or valid business purposes for Alberta Health Services and berta Health Services or any other Organization. A person	that this claim has not been previously al cheque for personal expenses inadvertently
<ul> <li>charged has been obtained.</li> <li>l attest that expenses submitted in this claim have provided.</li> </ul>	e been incurred by using a cost effective method, otherwis	
RICK TRIMP	Interim Presider	at + CEO
Name of Approver	Approved Vosition/ Itile	4
Signature of Approver	Date of Signature	/
Submit approved statement with attachments to Acc	ounts Payable;	
Attach:  * Original (or scanned) itemized receipts with docum where required	ented business reasons including names of participants	Address: Alberta Health Services
Signed Cardholder Statement Report (or copies of And where applicable:     Copies of ore-approvals for travel		Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<ul> <li>Personal cheque payable to "Alberta Health Servic</li> <li>Return, refund and/or credit receipts</li> </ul>	e2 .	
<ul> <li>Disputes letter</li> <li>Business reasons for travel require detailed descripmeal), why travel was necessary and detailed expl</li> </ul>	otions – include where travelled to, who attended (if	
Accounts Payable only:		]   (* A
Reference #:	Reviewed by:	Date:

Reference #:

# Appiction | mental Health Exec Steering Committee (#1) EDMONTON

#2

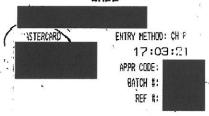
Continuing Care Collaborative mtg Edmonton

IMPARKOOOZO101A 100Z5 JASPER AVENUE EDMONTON, AB T5J1S6 7804201976

MERCHANT ID: 97169880093

TERM ID: 101 ...

#### SALE



HIJOUNT

\$20.00

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

CARDHOLDER COPY

#### APPROVED

APPLICATION LABEL: MasterCard AID: A0000000041010

TUR: 00 00 00 80 00 TS1; E8 00 10025 JASPER AVENUE EDMONTON, AB T5J1S6 7804201976

MERCHANT ID: 97169880093 TERM ID: 101

IMPARK00020101A

#### SALE



AMOUNT

\$30.00

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

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard

AID: A0000000041010 TVR: 00 00 00 80 00

TS1: E8 00

# Council Member Interviews - PAC Mental Health & Hodiction Edmonton mtg - 28-01-19 MATRIX (#3)



N/A David O'Brien



Room Number: Arrival Date: Departure Date:

01-22-14

Page No:

Confimation No

1 of 1

#### INFORMATION INVOICE



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

SuperStore Gas Bar 10506 Southport Rd SN Calgary, AB

Your attendant is

Pump 3 16.469L @ 1.099 \$/Litre SEGULAR 18,10

Balance Due

18.10

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

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

STORE 01774 TERM 20177491C SLIP # REG 91

RETAIN THIS COPY FOR YOUR RECORDS

Purchase ARD #

EXP

CaterCard F#

AUTH #

RESP 001.

44001001071 : LD: A0000000041010

ISD CO

:JI E800

TVR 0000001000

DATE

TIME 18:05:22 AMOUNT .

**APPROVED** 

\$ 18.10

an Signature Required

Credit Card \*\*\* \*\*

Change Due

0.00

Taxes included in fuel: 5% GST #122235922

0.86

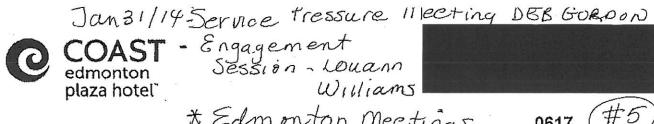
**\*\*\***\*\*\*\*\*\*\*\* TELL US HOW WE DID TODAY MONTHLY CHANCES TO WIN \$2000 VISIT WWW.STOREOPINION.CA OR CALL 1-877-234-2322 FULL CONTEST RULES AT WWW.STOREOPINION.CA

特特特特特特特拉拉拉拉拉

Superstore does not accept Fleet Vehicle - Jim Pattison credit card. - Used 745 Assigned

- Travel to Edmonton

Engagement Sessim Mtg. Service Ressure Mtg



\* Edmonton Meetings

Mr David O'BRIEN

CANADA

# **Preview**

Invoice date Our reference **GST Number** 



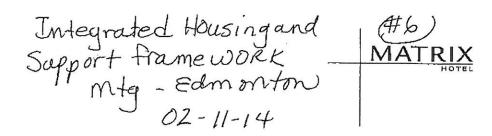
Guest	Mr David O'BRIEN	Arrival	1/30/2014	Departure	1/31/2014	Room
Date	Description	Quai	ntity U	Init Price		Total ()
1/30/2014	Room Charge	1		144.00		144.00
1/30/2014	GST Taxes	1		7.42		7.42
1/30/2014	Tourism Levy	1		5.93		5.93
1/30/2014	Destination Market Fee	1		4.32		4.32
	***************************************			Total in	voice	161.67
				Total Pa	id	0.00
				Total Du	е	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



N/A David O'Brien

Room Number:

Arrival Date: Departure Date: 02-10-14 02-11-14

Page No:

Confimation No



#### INFORMATION INVOICE

Folio No:

Date	Description	NA.	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