

Board and Executive Expense Report

Name David O'Brien
Title SVP, Primary & Community Care
Location Lethbridge
 Expenses submitted during the month of January 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)
January 2013	P-Card	Various meetings	1,086		152	305	1,543			
October 2012 to January 2013	Expense Claim	Various meetings		12		40	52			
Total			\$ 1,086	\$ 12	\$ 152	\$ 345	\$ 1,595	\$ -	\$ -	\$ -

Total for the Month \$ 1,595

Maximum meal expense claimed in the month \$ 12
 Maximum daily hotel rate claimed in the month \$ 135
 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>O BRIEN, DAVID</u>	<u>SENIOR VICE PRESIDENT</u>	Billing Reporting Period:	<u>20/01/2013</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$1,542.98</u>
<u>SENIORS HEALTH</u>	<u>LETHBRIDGE</u>		
Cardholder's Dept	Cardholder's Site/Location		
<u>DAVID.OBRIEN@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/01/2013	305645904	WESTJET 8382186837432, Westjet Airlines	600.86	CAD	600.86	.00	.00	Flight
10/01/2013	305783143	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	58.00	CAD	58.00	2.76		Taxi
11/01/2013	305783141	CO-OP TAXI, LIMOUSINES AND TAXICABS	55.60	CAD	55.60	2.65	.00	Taxi
11/01/2013	305783142	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	50.40	CAD	50.40	2.40	.00	Parking
12/01/2013	305783140	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	151.56	CAD	151.56	7.22		Hotel
14/01/2013	305963396	WESTJET 8382186946200, Westjet Airlines	485.36	CAD	485.36	.00	.00	Flight
16/01/2013	306248232	CO-OP TAXI, LIMOUSINES AND TAXICABS	58.00	CAD	58.00	2.76	.00	Taxi
16/01/2013	306248233	CO-OP TAXI, LIMOUSINES AND TAXICABS	58.00	CAD	58.00	2.76	.00	Taxi
16/01/2013	306248234	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	25.20	CAD	25.20	1.20	.00	Parking

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 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. 		
<u>Patti Vandervelden</u> Name of Cardholder Designate	<u>E.A. to SVP</u> Cardholder Designate Position/Title	
<u>[Signature]</u> Signature of Cardholder Designate	<u>Jan. 22, 2013</u> Date of Signature	
Cardholder By signing this statement <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). 		
<u>O BRIEN, DAVID</u> Name of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>Jan. 22, 2013</u> Date of Signature	
Approver Designate (If Applicable) By signing this statement <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. 		
<u>Kristina Russell</u> Name of Approver Designate	<u>EAC to EUPIC COO</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>Jan 31 2013</u> Date of Signature	
Approver By signing this statement <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). 		
<u>Chris Mazurkewich</u> Name of Approver	<u>EUPIC COO</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>Feb 3 / 13</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original itemized receipts • 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 	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: _____

Dave's Plard

①



eTicket Receipt

Prepared For
O BRIEN/DAVID MR

TO EDMONTON
ASSISTANT DEPUTY MINISTER'S
MEETING ON HOUSING &
HOMELESSNESS (COMMITTEE),
THU JAN 10;
DEPUTY MINISTER'S MEETING:
'INTEGRATION OPPORTUNITIES
FOR VULNERABLE ALBERTANS'
FRI JAN 11.

WESTJET RESERVATION CODE	[REDACTED]
ISSUE DATE	10Jan2013
TICKET NUMBER	8382186837432
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
10Jan	WESTJET WS 425	CALGARY INTL AB, CANADA Time 12:00pm	EDMONTON INTL AB, CANADA Time 12:50pm	Fare Family Regular Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis YAR
10Jan	WESTJET WS 302	EDMONTON INTL AB, CANADA Time 4:45pm	CALGARY INTL AB, CANADA Time 5:34pm	Fare Family Regular Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis YAR

Booking error - should have been Return Jan 11
No change in cost due to change
w/ 24 hr - did not reprint Itinerary for Plard Report

Payment/Fare Details

Crystal Thompson, Admin Asst

Form of Payment	CREDIT CARD - MASTERCARD : [REDACTED]
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YYC WS YEA242.00YAR WS YYC242.00YAR CAD484.00END
Fare	CAD 484.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (CANADA AIR SECURITY CHARGE - SUBJECT TO GST) CAD 28.61 XG (GST FOR CANADA EXCEPT ON/BC/NS/NF/NB/QC)



	CAD 50.00 SQ (AIF - CANADA EXCEPT ON/BC/NS/QC/NB/NF)
	CAD 6.00 YQF (SERVICE FEE - FUEL)
	CAD 18.00 YQI (SERVICE FEE - INSURANCE)
Total Fare	CAD 600.86

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

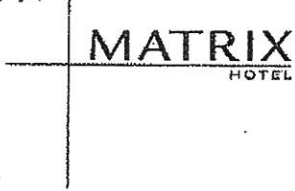
QST # 1202807956TQ0001

GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight.
- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#); it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- [Positive identification](#) is required at check-in; ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Should you miss the first flight on your booking, or fail to show up for another flight on a multi-segment booking, you'll lose your seat on remaining flights and the fare, fees, charges and taxes will not be refunded.
- For more information on your flight with WestJet visit [travel info](#) or go directly to the most common searches:
 - [Fares, taxes and fees](#) ([Change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods , restricted items)
 - [ID requirements](#) (For adults, children and infants on domestic, transborder and international flights)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) (Buy on board, up! magazine and more)
 - [Inflight entertainment](#) (Channel line-up, and pay-per-view movies and TV programs)
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send

TO EDMONTON:
 JAN 10 - ASSISTANT DEPUTY MINISTER'S MTG
 ON HOUSING & HOMELESSNESS (CMT).
 JAN 11 - DEPUTY MINISTER'S MTG:
 "INTEGRATION OPPORTUNITIES
 FOR VULNERABLE ALBERTANS"

2



Mr David O'Brien



Guest Name

Room Number: 0615
 Arrival Date: 01-10-13 ✓
 Departure Date: 01-11-13
 Page No: 1 of 1

INVOICE

Folio No: [Redacted]

01-11-13

Date	Description	Charges	Credits
01-10-13	Room Revenue	135.00	
01-10-13	Destination Marketing Fee - 3%	4.05	
01-10-13	Tourism Levy - 4%	5.56	
01-10-13	Room GST - 5%	6.95	
01-11-13	Mastercard [Redacted]		151.56
Total		151.56	151.56 ✓
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	4.05
Tourism Levy - 4%	5.56
Room GST - 5%	6.95
GST - 5%	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. #866344302 RT 0001

Dave's Paid

6



TO EDMONTON:
 AMH "SUPPORTS FOR ADULTS
 WITH COMPLEX SERVICE NEEDS"
 (FULL DAY) MEETING

eTicket Receipt

Prepared For
 OBRIEN/DAVID MR

WESTJET RESERVATION CODE	[REDACTED]
ISSUE DATE	14Jan2013
TICKET NUMBER	8382186946200
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW
FREQUENT FLYER NUMBER	[REDACTED]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
16Jan	WESTJET WS 165	CALGARY INTL AB, CANADA Time 7:00am	EDMONTON INTL AB, CANADA Time 7:54am	Fare Family Regular Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis QAR Not Valid Before 16 JAN Not Valid After 16 JAN
16Jan	WESTJET WS 348	EDMONTON INTL AB, CANADA Time 6:15pm	CALGARY INTL AB, CANADA Time 7:04pm	Fare Family Regular Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis VAR

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : [REDACTED]
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YYC WS YEA162.00QAR WS YYC212.00VAR CAD374.00END
Fare	CAD 374.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (CANADA AIR SECURITY CHARGE - SUBJECT TO GST)



	CAD 23.11 XG (GST FOR CANADA EXCEPT ON/BC/NS/NF/NB/QC)
	CAD 50.00 SQ (AIF - CANADA EXCEPT ON/BC/NS/QC/NB/NF)
	CAD 6.00 YQF (SERVICE FEE - FUEL)
	CAD 18.00 YQI (SERVICE FEE - INSURANCE)
Total Fare	CAD 485.36

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001

GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight.
- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#); it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- Positive identification is required at check-in; ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Should you miss the first flight on your booking, or fail to show up for another flight on a multi-segment booking, you'll lose your seat on remaining flights and the fare, fees, charges and taxes will not be refunded.
- For more information on your flight with WestJet visit [travel info](#) or go directly to the most common searches:
 - [Fares, taxes and fees](#) ([Change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods , restricted items)
 - [ID requirements](#) (For adults, children and infants on domestic, transborder and international flights)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) ([Buy on board](#), [up! magazine](#) and more)

③ Dm integrator
mts Epm.

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI
10538 - 114 ST
EDMONTON, AB T5H 3J7
(780) 425-2525

ACCT TYPE: CREDIT CARD
CARD NUMBER:

CARD TYPE: MC
DATE/TIME:
13/01/11 15:19:57
AUTH#: 172015

VEH/DRV: 0240 / 3686
GST#:
TXN ID: 1059382

FARE: \$ 50.10
FLAT: \$000.00
EXTRAS: \$000.00
TAX: \$ 2.50

FA+FL+EX+TAX: \$ 52.60
TIP: \$ 3.00
DISCOUNT: \$000.00

TOTAL: \$ 55.60

SIGNATURE:

TAXI - JAN 11 @ EDMONTON
DEPUTY MINISTER'S MTG
"INTEGRATION OPPORTUNITIES
FOR VULNERABLE ALBERTANS"

PARKING:
ADM MTG JAN 10
DM MTG JAN 11
@ EDMONTON

④ RECEIPT
GST NO. R122556194

Apm Housing
& Homeless mts
Edmonton

EXIT No. A2
IN: 01/10/13 10:59
OUT: 01/11/13 17:38
DURATION: 1 26:39
PAID: \$ 50.40
(GST INCLUDED)
MASTERCARD

REF. 40
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

⑤ Apm Housing
& Homeless mts
Edmonton
AIRPORT TAXI SERVICE23
4600-101-ST T6E5G9
EDMONTON AB
22296111

1111 PURCHASE 1111

01-10-2013 11:24:32
Acct # [redacted] C
Exp Date [redacted] Card Type MC
Name: DAVID O'BRIEN
[redacted] MasterCard

Trace # 270006 Operator 506
FV2229611101
Inv. # 171
Auth # 162432 RRR 001027006

Purchase \$55.00
Tip \$3.00
Total \$58.00

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

GST_072030754_RT0001
780-890-7070

TAXI JAN 10 @ EDMONTON
ADM MTG ON HOUSING
& HOMELESSNESS.

⑦
D-Card.

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI
10538 - 114 ST
EDMONTON, AB T5H 3J7
(780) 425-2525

ACCT TYPE: CREDIT CARD
CARD NUMBER:

CARD TYPE: MC

DATE/TIME:
13/01/16 09:06:41

AUTH#: 110701

VEH/DRV: 0186 / 3564
GST#:
TXN ID: 1068957

FARE: \$ 52.38
FLAT: \$000.00
EXTRAS: \$000.00
TAX: \$ 2.62

FA+FL+EX+TAX: \$ 55.00
TIP: \$ 3.00
DISCOUNT: \$000.00

TOTAL: \$ 58.00

SIGNATURE:

TAXI JAN 16 @ EDMONTON
AMH "SUPPORTS FOR
ADULTS WITH COMPLEX
SERVICE NEEDS"
AIRPORT TO MTG.

3

P-Card

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI
10538 - 114 ST
EDMONTON, AB T5H 3J7
(780) 425-2525

ACCT TYPE: CREDIT CARD
CARD NUMBER:



CARD TYPE: MC

DATE/TIME:

13/01/16 16:28:01

AUTH#: 192923

VEH/DRV: 0186 / 3564

GST#:

TXN ID: 1069661

FARE: \$ 52.38
FLAT: \$000.00
EXTRAS: \$000.00
TAX: \$ 2.62

FA+FL+EX+TAX: \$ 55.00
TIP: \$ 3.00
DISCOUNT: \$000.00

TOTAL: \$ 58.00

SIGNATURE:

4

RECEIPT
GST NO. R122556194

EXIT No. A2
IN: 01/16/13 06:06
OUT: 01/16/13 19:43
DURATION: 0 13: 37
PAID: \$ 25.28
(GST INCLUDED)
MASTERCARD

REF. 61

THANK YOU FOR
YOUR VISIT

* Calgary International Airport Parkade

PARKING JAN 16 TO EDM
AMH "SUPPORTS FOR ADULTS
WITH COMPLEX SERVICE NEEDS"

TAXI JAN 16 @ EDMONTON
AMH "SUPPORTS FOR ADULTS
WITH COMPLEX SERVICE NEEDS"
MTG TO AIRPORT.

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM

SECTION A - Employee Details (for AHS Staff ONLY) Travel Period from: 1-Jan-13 to 31-Jan-13

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name: David O'Brien Position (Title): Senior Vice President Employee # (E-People): [Redacted] Employee # (Legacy): [Redacted]
 Location: Southport Tower Calgary Dept: Primary & Community Care Union COS: Business Phone #: [Redacted] Ext: Out-of-Province Travel: No
 What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu → Calgary Health

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number: Expenditure Organization: Project Task Number: Expenditure Type:

Total - Section B - Travel - Pg 2					Total - Section C&D - Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total		
2A	101	0005	71110100032	\$52.37						Total Section B	\$52.37
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$52.37
				\$52.37							

**User to enter Coding & \$ amounts
 NOTE: These fields do not automatically fill for Section C&D

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver

Claim Prepared by (PRINT ONLY): Admin Asst Marlene Hicks Phone #: [Redacted] Ext: [Redacted]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Marlene Hicks Date: 01-27-2013

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03 CF-04)
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing

Approved By (PRINT ONLY): DAVID O'BRIEN DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted]

Signature: [Signature] Title: Senior Vice President Community Care Date: 01-28-2013

Approved By (PRINT ONLY): [Signature] DOFA Level: 2A Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: [Signature] Title: EV P&MO ClinOps Date: Jan 31/13

42

RECEIVED
 DATE
 TIME
 CASH
 10/10/12
 10:00 AM
 10/10/12
 10:00 AM
 10/10/12
 10:00 AM

GE Virtual Care
 Management Mtg
 Edmonton

Oct 10, 2012

CASH
 Adm Homeless Committee
 Edmonton
 SALE RECEIPT
 Store #39867 EKO 01/10/13 18:52:37
 Subway Subs & Sandwiches #39867
 10621-100Ave
 Edmonton AB T5J 0B3
 780 4136627
 Trans# 367 Clerk 5 Rita
 Dwr1 TRDT 011013 Reg-ID MAIN
 Receipt # 0000390279
 --- ITEM --- QTY PRICE MEMO PLU
 ChTeriFt fr 1 T \$ 8.692.49MD 18263
 BTL WATER 1 TD\$ 2.192.49MD 10049
 COOKIES-2 1 TD\$ 0.602.49MD 10018

 SUBTOTAL \$ 11.48
 GST \$ 0.57
 TAKE-OUT **TOTAL \$ 12.05
 Cash AMT TEND \$ 15.00

 CHANGE DUE \$ 2.95
 How'd we do? Get a free cookie.
 Take 1 min. survey at www.tellsubway.com

Jan 10, 2013