

Official Administrator and Executive Expense Report

Name Martin Harvey

Title Official Administrator Committee Member

Location Edmonton

Expenses submitted during the month of March 2014

							Travel (1)							
	Date	Source Document	Purpose	Airfa	re	Meals	Accommoda	tion	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
	Mar-1	4 Expense Claim Me	etings						4	7	47				
T	otal			\$	-	\$	- \$	-	\$ 4	7	\$ 47	\$ -	\$ -	\$	

Total for

the Month \$ 47

Maximum daily single meal expense claimed in the month \$ - Maximum daily base 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



AHS - AF	Processing - Internal Line Only
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OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Caligary, AB, T2W 3N2, Attention: Lou DeCoste

Deborah Rhodes, Acting CFO Greated November 01, 2013
Rev 2 eff February 06, 2014

P Quality & Compliance

Carry f	orward from Section 1		
Name:	Martin Harvey	Vendor# (if known)	Expense Period Month:
Con	npletion of the "cost effective	method used" Column is required. If you Required in the "Rationale is Required"	i select "No" in this column, Further Explanation is " section above
SECTIO	ON 4A: OFFICIAL ADMINIS	RATOR & COMMITTEE MEMBER - T	RAVEL EXPENSE CLAIM

	Description: (Include	Cost	Meal (Allowance OR Receipt)(A)							
Date	purpose of trip, mode of travel, starting point, details of expenditure)	Effective method used?			With Receipt		Accom-	Transportation (Flight, Car Rental,	Other	Mileage
<u> </u>			Meal Type	Allow- ance	Meal Type	With Receipt	modation (B)	Fuel, Parking, Taxl) (C)	(Itemize) (D)	<u>km</u> (E)
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

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PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES

07 PAID
PAID
\$ 13.00C
ENTRY TIME 06 MAR 14 12:20 PM
13568 PROPRIET HEAD DE BORD
CE COTÉ VISIBLE

EXPIRES

07 MAR 14 12:20 PM PAID \$ 13.00C

RECEIPT

RLETABLEAU DE 13568