

Official Administrator and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management(Acting)
Location Calgary
 Expenses submitted during the month of Aug 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)
Aug-14	P-Card	Meetings				236	236			
Aug-14	Expense Claim	Meetings		51		40	91			
Aug-14	Direct Billing	Meetings	401				401			
Total			\$ 401	\$ 51	\$ -	\$ 276	\$ 728	\$ -	\$ -	\$ -

Total for the Month \$ 728

Maximum daily single meal expense claimed in the month \$ 21
 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

Instruction:


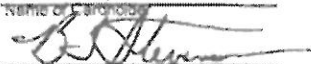
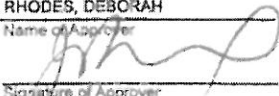
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

STEVENSON, BRIAN Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period	20/08/2014
CAPITAL MANAGEMENT Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount	\$238.00
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
17/07/2014	350677985	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	92.00	CAD	92.00	4.3%	(1)	Taxi - Edmonton airport to home - Tour of capital construction site in Grande Prairie
18/06/2014	361512100	SAINT CITY TAXI, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	.00	(2)	Taxi - Home to Edmonton airport - Tour of FMC site in Calgary
18/06/2014	361512101	SAINT CITY TAXI, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	.00	(3)	Taxi - Edmonton airport to home - Tour of FMC site in Calgary

✓
✓
✓
R.H.S.

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. 		
IGGULDEN, KATHY Name of Cardholder Designate  Signature of Cardholder Designate	EXECUTIVE ASSISTANT Cardholder Designate Position/Title Aug. 26/14 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. 		
STEVENSON, BRIAN Name of Cardholder  Signature of Cardholder	CHIEF PROGRAM OFFICER Cardholder Position/Title Aug. 27/14 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. 		
Name of Approver Designate Signature of Approver Designate	Approver Designate Position/Title 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. 		
RHODES, DEBORAH Name of Approver  Signature of Approver	ACTING CHIEF FINANCIAL OFFICER Approver Position/Title AUG 29 2014 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:

(1) Taxi - Edmonton airport to home - Tour of capital construction site in Grande Prairie - July 17/14

AIRPORT TAXI SERVICE
4606 101 ST. (780)997070
EDMC TON. AB
TBE-5ud

Term ID: 05181628

Purchase

[REDACTED]
[REDACTED] Entry Method: C

Invoice #: [REDACTED]

Amount: \$ 83.00

Tip: \$ 9.00

Total: \$ 92.00

2014/07/17 19:35:42

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

A0000000041010
E4 1D 18 D8 04 FC 70 40
00 00 00 00 00 00
E8 00
86 C1 59 8E BE 94 80 01

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

05T83560959

(2) Taxi - Home to Edmonton airport - Tour of FMC site in Calgary - August 19/14

SAINT CITY TAXI
ST ALBERT, AB
T8N2G2
7802988294

SALE

MID: 97127240018
TID: 007 REF#: [REDACTED]
Batch #: [REDACTED]
08/19/14 05:54:49
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$65.00
TIP \$7.00
TOTAL \$72.00

APPROVED

[REDACTED]
AID: A0000000041010
TVR: 00 00 00 80 00
TSE: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

(3) Taxi - Edmonton airport to home - Tour of FMC site in Calgary - August 19/14

SAINT CITY TAXI
ST ALBERT, AB
7802988294

SALE

MID: 97127240018
TID: 501 REF#: [REDACTED]
Batch #: [REDACTED]
08/19/14 18:23:43
APPR CODE: [REDACTED]
[REDACTED] Chip
[REDACTED]

AMOUNT \$65.00
TIP \$7.00
TOTAL \$72.00

APPROVED

[REDACTED]
AID: A0000000041010
TVR: 00 00 00 80 00
TSE: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• 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)

Expense Date From: 21-Jun-14 To 20-Aug-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Brian Stevenson Position (Title): Acting Chief Program Officer, Capital Management
 Location: Edmonton, SSP Dept: Capital Management DOFA Level: _____ (if applicable) Union: _____ Business Phone: _____ Ext: _____
 Employee # (E-People): _____

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 Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71110500053	\$90.65						\$90.65		
2B												
2C												
2D												
				\$90.65							TOTAL CLAIM	\$90.65

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I affirm that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the policies and mandatory requirements of this policy.
 I affirm 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.
 I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, affirm that I am compliant to all the above statements.
 Employee Signature: [Signature] Date: Aug. 27/14

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I affirm 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.
 I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position: _____ Phone: _____ Ext: _____
 Signature: [Signature] Title: Acting Chief Financial Officer Date: Sept. 5/14

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I affirm 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.
 I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110500053

Emp # (E-People)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Completion of the "Cost Effective Method Used" Column is REQUIRED.
If you select "No" in this column,
Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
23-Jun-14	SSP to MAHI - round trip (Capit Edmonson Zone Staff Engagement Session)	AB - Local	Meeting	Yes								7.00 ✓		
3-Jul-14	SSP to AI Offices - round trip (CCP Executive Steering Committee Meeting)	AB - Local	Meeting	Yes								12.00 ✓		
17-Jul-14	Travel to Grande Prairie - Tour new Grande Prairie Hospital construction site with Deborah Rhodes & Lisa Lin	AB - Province	Meeting	Yes	B-\$9.20	\$9.20								
6-Aug-14	SSP to Renaissance Edmonton Airport Hotel - round trip (Edmonton Clinical Lab Project Blue Ribbon Group Meeting)	AB - Local	Meeting	Yes								60.00 ✓		
19-Aug-14	Travel to Calgary - Tour FMC site & CCP PMO offices	AB - Province	Meeting	Yes	A-\$41.55	\$41.55								
SUBTOTALS												Total Km 79.00		

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 --> details of travel location to & from must be included above under the purpose of travel column
 Rates applicable \$0.506 per km for under 5,000km/yr; or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km **OR** rate per Union Agreement
 (See Mileage details to the left)

\$0.505

Mileage \$ 39.90

Travel \$ Subtotal \$50.75

Auto fills on page 1 - TOTAL TRAVEL \$ 90.65

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- **Indicate whether you have expenses to report in this section for this reporting period:** Yes No

Name: Brian Stevenson	Reporting Period for the Month of: August 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-08-14	Direct Billing	Transportation	Airfare to Calgary	Marlin Travel	\$400.96
	Choose One	Choose One	tour FMC site & CCP PMO offices		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$400.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

*Return flight from Edmonton
to Calgary - toured the FMC
site and the CCP PMO
offices with Allan Roles*

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: August 14, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MR BRIAN STEVENSON

Tuesday, August 19, 2014

 **Air**

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0

Flight: 395 M CLASS
06:45 AM Equipment: 73W
07:32 AM

Mile(s) Flown: 153

 **Air**

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0

Flight: 255 M CLASS
04:35 PM Equipment: 73W
05:23 PM

Mile(s) Flown: 153

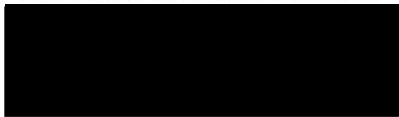
Cost:

[REDACTED]	[REDACTED]	302.00
	Tax:	98.96
	Ticket Total:	400.96

Total:

	Grand Total:	400.96
	Less Credit Card Payments:	400.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

To: ALBERTA HEALTH SERVICES



Invoice Number:



Date:

August 14, 2014

Page:

2/2

Our Reference:



Your Reference:

INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.