

## Official Administrator and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer Capital Management(Acting)  
**Location** Calgary  
 Expenses submitted during the month of October 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)
Jul-14	Direct Billing	Meeting	523				523			
Oct-14	P-Card	Meeting		2	173	318	493			
Oct-14	Expense Claim	Meeting				346	346			
Oct-14	Direct Billing	Meeting	986				986			
<b>Total</b>			\$ 1,509	\$ 2	\$ 173	\$ 664	\$ 2,348	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,348

Maximum daily single meal expense claim \$ 2  
 Maximum daily base hotel rate claimed in \$ 154  
 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

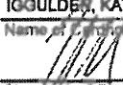

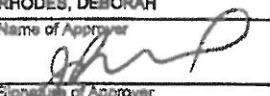
**Instruction:**

- 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

<b>STEVENSON, BRIAN</b> Cardholder's Name	<b>CHIEF PROGRAM OFFICER</b> Cardholder's Position/Title	Billing Reporting Period:	<b>20/10/2014</b>
<b>CAPITAL MANAGEMENT</b> Cardholder's Dept	<b>SEVENTH STREET PLAZA</b> Cardholder's Site/Location	Total Statement Amount:	<b>\$493.44</b>
<b>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/08/2014	366183485	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	8.50	CAD	8.50	.40		Parking - CapM Business Review Mtg in Red Deer (1)
23/08/2014	366325658	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	54.70	CAD	54.70	2.60		Hotel (Sept 17/14) Hotel - Southport to Calgary airport - CCP Executive Oversight Committee mtg (2)
24/08/2014	366518027	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	61.30	CAD	61.30	2.92		Hotel (Sept 17/14) Hotel - Calgary airport to Southport - CCP Executive Oversight Committee mtg (3)
25/08/2014	366767177	DELTA CALGARY SOUTH, DELTA HOTELS	172.80	CAD	172.80	.00		Hotel in Calgary - Corporate Services & CFO Leadership Retreat (4a)
25/08/2014	366767178	DELTA CALGARY SOUTH, DELTA HOTELS	2.00	CAD	2.00	.00		Drink (diet coke) at Hotel call - Corporate Services & CFO Leadership Retreat (4b)
01/10/2014	366118135	TAXI, LIMOUSINES AND TAXICABS	94.00	CAD	94.00	4.48		Taxi - Edmonton airport to home - CapM Calgary Zone Staff Engagement Session (5)
01/10/2014	366318648	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	36.90	CAD	36.90	1.90		Hotel - FMC in Calgary airport - CapM Calgary Zone Staff Engagement Session (6)
01/10/2014	366318646	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	45.90	CAD	45.90	2.18		Hotel - Calgary airport to FMC - CapM Calgary Zone Staff Engagement Session (7)
14/10/2014	367827882	UHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68		Parking at UAH - CapM Edmonton Zone Staff Engagement Session (8)

✓ SH  
 ✓ SH  
 ✓ SH  
 ✓ SH  
 ✓ SH  
 ✓ SH  
 ✓ SH  
 ✓ SH  
 ✓ SH

<b>Signatures</b>		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
<u>IOGULDER, KATHY</u> Name of Cardholder Designate   Signature of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title  <u>Oct. 31/14</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>STEVENSON, BRIAN</u> Name of Cardholder   Signature of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title  <u>Oct. 31/14</u> Date of Signature	
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Name of Approver Designate</u>  <u>Signature of Approver Designate</u>	<u>Approver Designate Position/Title</u>  <u>Date of Signature</u>	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>RHODES, DEBORAH</u> Name of Approver   Signature of Approver	<u>CHIEF FINANCIAL OFFICER</u> Approver Position/Title  <u>NOV 13 2014</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

(1) Parking - RDRHC - CapM Business Review meeting in Red Deer - Sept 23/14

LEAVE ON DASH - THIS SIDE UP  
 EXPIRATION DATE: 24/09/14 08:06 PM  
 DETACH RECEIPT FROM TICKET  
 DATE ISSUED: 23/09/14 08:06 PM  
 TIME ISSUED: 08:06 PM  
 AMOUNT PAID: \$ 8.50  
 CREDIT CARD NUMBER: CC  
 AMOUNT PAID: \$ 8.50  
 CC  
 RECEIPT

Alberta Health Services  
 CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA HEALTH SERVICES EMPLOYEES TO PROTECT THE PRIVACY OF ITS PATIENTS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
 NON TRANSFERABLE

(2) Taxi - Southport to Calgary airport - CCP Executive Oversight Committee meeting - Sept 17/14

ASSOCIATED CAB ALTA LTD  
 387 - 41 AVE NE (403) 299-1111  
 INSIST ON THE PROFESSIONALS

DATE: 2014/09/17  
 PICK-UP TIME: 19:03  
 DROP-OFF TIME: 19:28  
 TRIP ID: 516301  
 LOCATION: 873800-45024103787  
 CAR NUMBER: 8866  
 CARD TYPE: MC  
 CARD: [REDACTED]  
 EXPIRY: [REDACTED]

FARE (\$) 49.30  
 EXTRA (\$) 8.70  
 TIPPAGE (\$) 5.00 ✓  
 TOTAL (\$) 63.00 ✓

TOTAL (\$) 54.70

SIGNATURE: *[Signature]*

FOR ONLINE TAXI BOOKINGS VISIT  
 OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

(3) Taxi - Calgary airport to Southport - CCP Executive Oversight Committee meeting - Sept 17/14

ASSOCIATED CAB ALTA LTD  
 387 - 41 AVE NE (403) 299-1111  
 INSIST ON THE PROFESSIONALS

DATE: 2014/09/17  
 PICK-UP TIME: 14:56  
 DROP-OFF TIME: 15:23  
 TRIP ID: 0  
 LOCATION: 873800-45024103787  
 CAR NUMBER: 8317  
 CARD TYPE: [REDACTED]  
 CARD: [REDACTED]  
 EXPIRY: [REDACTED]  
 AUTH: [REDACTED]

FARE (\$) 55.30  
 EXTRA (\$) 8.88  
 SUBTTL (\$) 55.30  
 TIPPAGE (\$) 6.00 ✓

TOTAL (\$) 61.30

SIGNATURE: *[Signature]*

FOR ONLINE TAXI BOOKINGS VISIT  
 OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

(4a) Hotel - Corporate Services & CFO  
 Leadership Retreat in Calgary -  
 Sept 24 & 25/14

(4b) Drink (diet coke) at Hotel cafe -  
 Corporate Services & CFO  
 Leadership Retreat in Calgary -  
 Sept 24/14



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
 Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES  
 Mr Brian Stevenson

Room: [Redacted]  
 Folio: [Redacted]  
 Cashier: [Redacted]  
 Arrival: 09-24-14  
 Departure: 09-25-14

Group: ALBERTA HEALTH SERVICES

Date	Description	Additional Information	Charges	Credits
09-24-14	Package Charge		154.00	
09-24-14	DMF		4.62	
09-24-14	Room GST		7.93	
09-24-14	Tourism Levy		6.34	
09-25-14	Mastercard	[Redacted]		172.89
09-25-14	Atrium Cafe Charges		2.00	
09-25-14	Mastercard			2.00

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

Total	174.89	174.89
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

(5) Taxi - Edmonton airport to home - CapM Calgary  
Zone Staff Engagement Session - Oct 1/14

24-7 TAXI  
280-10105-108 AVE  
EDMONTON, AB, T5H1A7  
7804424444  
MID: 97112250014  
GST#: 000000000000000

TID: 029

SALE

A0000000041010 MasterCard  
TVR 0000000000 TSI E000

Amount: \$85.00  
Tip: \$9.00  
Total: \$94.00

Auth Code: 194644  
APPROVED

(6) Taxi - FMC to Calgary airport - CapM Calgary Zone  
Staff Engagement Session - Oct 1/14

CHECKER-YELLOW CAB  
316 MERIDIAN ROAD SE  
CALGARY, AB T2H 1X2

ENDING ID: 319 651 991  
VEHICLE ID: 1110  
ORDER ID: 8184  
TRIP NUMBER: 1-000  
START DATE: 10-01-2014

START TIME: 12:03  
END TIME: 12:03  
START RATE: 200.00  
END RATE: 200.00

TAXI FARE: \$ 200.00

TIP: \$ 39.90

TOTAL: \$ 239.90

CARD SALE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
CHECKER-YELLOW CAB  
780 442 4444  
WWW.THECHECKERGROUP.COM



(7) Taxi - Calgary airport to FMC - CapM Calgary Zone  
Staff Engagement Session - Oct 1/14

ASSAL (ATM) CAB  
316 MERIDIAN ROAD SE  
CALGARY, AB  
22143100

FILE PURCHASE

10-01-2014 08:51

Acct # [REDACTED]

Exp. Da [REDACTED]

Name BRIAN STEVENSON

0000000000000000 MasterCard

Trace [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Purchase \$40.90

Tip \$5.00

Total \$45.90

[REDACTED]

[REDACTED]

(00) APPROVED-THANK YOU

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Customer copy

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(8) Parking - UAH - CapM Edmonton Zone Staff  
Engagement Session - Oct 14/14

UNIVERSITY OF ALBERTA  
HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #1

Rcp# [REDACTED]  
10/14/14 12:19 LH 1 AH 2 [REDACTED]  
10/14/14 09:19 In 10/14/14 12:19 Out  
Tkth# [REDACTED]  
UAH 83 AVE \$ 14.25  
Total Fee \$ 14.25  
MASTER CARD \$ 14.25-Charge Due  
\$ 0.00

Parking Rates are GST Exempt

Comments? - Email us:  
parkinedmonton@  
albertahealthservices.ca

AHS UAH PARKADE EAST I  
8440-112 STREET T6G2B7  
EDMONTON AB  
20733436

|||| PURCHASE ||||

10-14-2014 12:21:00

[REDACTED]

Date / Card type #

[REDACTED]

[REDACTED]

Total \$14.25

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

## 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: July 2014
-----------------------	--

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-07-15	Direct Billing	Transportation	Airfare to Grande Prairie - Tour of	Marlin Travel	\$522.96
	Choose One	Choose One	new GP hospital construction site		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$522.96</b>



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 Grande Prairie - toured the new Grande Prairie Hospital construction site with Deborah Rhodes and Mike Linn*

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: July 15, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**

MR BRIAN STEVENSON

Thursday, July 17, 2014

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** GRANDE PRAIRIE  
**Stops:** 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
TICKET NUMBER [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 6C 6D 6F

**Flight:** 8359      V CLASS  
06:30 AM      **Equipment:** D8 (300 SERIES)  
07:40 AM

**Mile(s) Flown:** 250

 **Air**

AIR CANADA  
**From:** GRANDE PRAIRIE  
**To:** EDMONTON INTL AB  
**Stops:** 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
TICKET NUMBER [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 10D 10F 10A

**Flight:** 8366      H CLASS  
03:15 PM      **Equipment:** D8 (300 SERIES)  
04:23 PM

**Mile(s) Flown:** 250

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: July 15, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

<b>Cost:</b>			
AIR CANADA WE [REDACTED]	[REDACTED]		442.00
		Tax:	64.96
		<b>Ticket Total:</b>	<b>506.96</b>
AIR CANADA WE [REDACTED]	[REDACTED]		16.00
<b>Total:</b>			
		<b>Grand Total:</b>	522.96
		<b>Less Credit Card Payments:</b>	522.96
		<b>Credit / Balance Due To This Invoice:</b>	0.00
		<b>Total Balance Due:</b>	0.00

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.

## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

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**Expenses Paid Directly to Third Party Vendors**

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### 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: October 2014
-----------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-26	Direct Billing	Transportation	Airfare Edmonton to Calgary - Capital Management Calgary Zone Staff Engagement session October 1/14	Marlin Travel	\$362.96

2014-10-16	Direct Billing	Transportation	Airfare Edmonton to Lethbridge - Capital Management South Zone Staff Engagement session October 21/14	Marlin Travel	\$623.24
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$986.20</b>

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 - to  
attend Capital Management Calgary Zone Staff  
Engagement session, October 1/14

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 26, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
MR BRIAN STEVENSON

Wednesday, October 1, 2014

**Air**

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
Seat(s): 8D  
OPERATED BY AIR CANADA EXPRESS - JAZZ  
TICKET NUMBER [REDACTED]

Flight: 8131 W CLASS  
05:30 AM Equipment: DH4  
06:20 AM  
Reference: [REDACTED] Mile(s) Flown: 153

**Air**

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
Seat(s): 10D  
OPERATED BY AIR CANADA EXPRESS - JAZZ  
TICKET [REDACTED]

Flight: 8150 W CLASS  
03:30 PM Equipment: DH4  
04:19 PM  
Reference: [REDACTED] Mile(s) Flown: 153

**Cost:**

AIR CANADA WE [REDACTED]	[REDACTED]	288.00
	Tax:	74.96
	<b>Ticket Total:</b>	<b>362.96</b>

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 26, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	362.96
<b>Less Credit Card Payments:</b>	362.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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.

Return flight from Edmonton to Lethbridge -  
to attend Capital Management South Zone  
Staff Engagement session, October 21/14

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

GST REG# 885101915

PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

YOUR REF :  
LOCATOR :  
OUR REF :  
AGENT :

I N V O I C E

INV NO  
DATE: 16OCT14  
PAGE: 1

FOR: MR BRIAN STEVENSON

----- I T I N E R A R Y -----

\*\*\* AIR/RAIL/BUS \*\*\*

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	LETHBRIDGE	HARBOUR AI	819	16OCT	8:20A	9:35A		
INTEGRA AIRLINES CONFIRMATION								
LETHBRIDGE	EDMONTON INTL	HARBOUR AI	928	17OCT	4:30P	5:45P		
INTEGRA AIRLINES CONFIRMATION								

----- C O S T -----

INTEGRA AIR	TKT NO	(INCL 59.24 TAX)	623.24
INTEGRA AIR	TKT NO		0.00
***	SUB-TOTAL EXCLUDING GST/HST & APT		623.24
***	TOTAL CHARGES THIS INVOICE ***		623.24
PAYMENT BY	TKT		623.24
PAYMENT BY	TKT		0.00
***	BALANCE DUE THIS INVOICE		0.00
	BALANCE DUE TO DATE		0.00

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.

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: 22-Sep-14 To 21-Oct-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

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

**SECTION E: FINANCE CODING & TOTAL CLAIM**

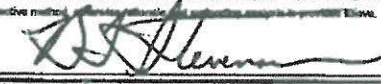
CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

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	0008	71110500053	\$346.17						\$346.17	
2B											
2C											
2D											
				\$346.17 SH	**User to enter Coding & \$ Amounts						
					NOTE: These fields do not automatically fill for Section C & D						
										TOTAL CLAIM	\$346.17 SH

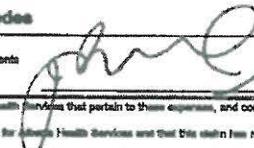
NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**SECTION F: AUTHORIZATION**

I attest 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 principles and mandatory requirements of this 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements  
 Employee Signature:  Date: Nov. 5/14

I attest 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 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. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.  
 I attest 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:  Title: VP Corporate Services & CFO Date: NOV 13 2014

I attest 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 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.  
 I attest 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 Procedure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-167 St, North Tower, 19th Floor, Accounts Payable, Edmonton, AB T5J 3E4



EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0008 7111060063 Emp # (E-People) [REDACTED] 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)  
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 expense 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		Airlines	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
22-Sep-14	GSP to AI Offices - round trip (Master Agreement mtg)	AB - Local	Meeting	Yes										12.00	✓
23-Sep-14	Edmonton to Red Deer - round trip (CapM Business Review meeting at Red Deer Regional Hospital)	AB - Provinc	Meeting	Yes										340.00	✓
1-Oct-14	Taxi - Home to Edmonton airport (flight to Lethbridge for CapM South Zone Staff Engagement Session)	AB - Provinc	Meeting	Yes							\$77.00				✓
3-Oct-14	Edmonton to Wetaskiwin - round trip (CapM Central Zone Staff Engagement Session at Wetaskiwin Hospital and Care Centre)	AB - Provinc	Meeting	Yes										175.00	✓
14-Oct-14	GSP to UAH - round trip (CapM Edmonton Zone Staff Engagement Session)	AB - Local	Meeting	Yes										6.00	✓
<b>SUBTOTALS</b>											\$77.00			Total Km 533.00	✓

**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 \$0.806 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.806 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	\$0.506
Mileage \$	\$289.17
Travel \$ Subtotal	\$77.00
Auto fills on page 1 - TOTAL TRAVEL \$	\$366.17

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)

(1) Taxi - Home to Edmonton airport - flew to  
Lethbridge for Capital Management South  
Zone Staff Engagement Session - October 1/14

ST. ALBERT TAXI  
3A RAYBORN CRESCENT  
ST. ALBERT AB T8N 4A9

TERM #  
RECORD #  
HOST INVOICE #  
HOST SEQ #

CARD  
DEBIT/CHK D  
2014/10/01 04:36:55

Purchase  
AMOUNT \$70.00  
TIP \$7.00  
TOTAL \$77.00

B:0001  
HTS: 20141001043744

TRANSACTION

00 - APPROVED - 000

THANK YOU

Interac  
AID: A0000002771010  
TC: 1BDB42BC46D18068  
TUR: 8000008000  
TSI: 7800

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