

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

							Trave	l (1)					
Date	Source Document	Purpose	Aii	rfare	Meals	i.	Accomm	odation	Other ravel	otal ravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-14 Oct-14	Direct Billing P-Card Expense Claim Direct Billing	Meeting Meeting Meeting Meeting		523 986		2		173	318 346	523 493 346 986			
Total			\$	1,509	\$	2	\$	173	\$ 664	\$ 2,348	\$ -	\$ -	\$ -

Total for

the Month \$ 2,348

Maximum daily single meal expense clair \$ 2 Maximum daily base hotel rate claimed i \$ 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



P-Card details Online ® Cardholder Statement Report

	ignatures required where indicated below	me order as it appears on this stat	
STEVENSON, BRIAN	CHIEF PROGRAM OFFICER		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/10/2014
CAPITAL MANAGEMENT	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$493.44
BRIAN.STEVENSON@ALBERTAL	HEALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card a	t.

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST		Paralphon
23/09/2014	066192485	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTE AND GARAGES	8.50	CAD	8.50	, All	(1)	Parking - CapM Business Revew Mig in Red Deer
23/08/2014	896323668	ND T XICABS	54.70	CAD	54.70	2.60	.0((2)	Sept 17/14) and - Southport to Colony inport - CCP Executive Oversight Committee
	565519027	AND TACICABS	61.30	CAD	81.30	2.02	121	(8 st 17/14) Tind - Calgary alread to Sout port - CCP Executive Oversight Commission in a
25/06/2014	386707177	DELTA CALCURY SOUTH, DELTA HOTELS	172.80	CAD	172.60	.00	.00 (4a)	total in Colors y - Corporate Services & C/ C
2500/2014	986707176	DELIA CALGARY SOUTH, DELYA HOTELS	2.00	CAD	2.00	.00	.0. (46)	orini (c. cc.) Ho t - Corpor
01/10/2014	18133	17 TAXI, LIMOUSINES AND TAXICAES	94.00	CAD	94.60	4.40	.0x (5)	od - Emonion aport to home - Capill Calony Zone Emili Engagement Seeded
01/10/2014	966319646	CHECKER CARS LTD., LINOUSINES AND TAXICABS	39,90	CAD	50,00	1.90	(6)	Tind - FMC to Colony import - Copin Colon Zone Start Engagement Session
01/10/2014	566319646	ASSOCIATED CAB, LIMOUSINES AND TAXICASIS	45,90	CAD	45.90	219	(7)	ried - Calony all port to File C - CapM Calon Zone Seri Engagement Serion
14/10/2014	367827892	ARS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.28	CAD	14.28	,68	(8)	P king WAH - Cup 1 Earn mon Zo Engage 1 S sion

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Cardholder Designate (if Applicable) By signing this statement		
 I hereby certify that I have reviewed and recon 	cited this statement in BMO Online to the best of my ability is used the transaction(s) to the proper cost centre.	in accordance to AHS Corporate Policies.
IGGULDES, KATHY	EXECUTIVE ASSISTANT	
Name of Carolinder Designate	Cardholder Designate Position/Title	
[<i>II]V</i>	Ort. 31/14	
Signature of Cardholder Designate	Date of Signature	-
Cardholder		
By signing this statement		
exchauses seed cremed sus in combisuos will		
 I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta He charged is attached. 	ofor valid business purposes for Alberta Health Services and maith Services or any other Organization, A personal chaque	if that this claim has not been previously for any personal expenses inadvertently
 I attest that expenses submitted in this claim in 	ave been incurred by using a cost effective method, otherwi	se retionale and supporting analysis is
provided. STEVENSON, BRIAN	CHIEF PROGRAM OFFICER	₹ 5000 ₹ 5000
Name of Cardinology	Cardholder Position/Title	•
D. Xlenn	Act. 31/14	
Signature of Cardholder	Date of Signature	•
Approver Designete (If Applicable)		
By algning this statement		
expenses being claimed are in compliance with		
I attest the expenses enclosed in this claim are claimed by the claiment or on their help of them.	for valid business purposes for Alberta Health Services and	I that this claim has not been previously
Charged has been obtained.	Alberta Health Services or any other Organization, A person	
 I attest that expenses submitted in this claim he provided. 	ive been incurred by using a cost effective method, otherwis	se retionale and supporting analysis is
protection.		
Name of Approver Designate	Approver Designate Position/Title	•
Signature of Approver Designate	Case of Stylendie	•
Approver By signing this statement	Management of the Control of the Con	
	avel, Hospitality and Working Session Expense Policy (1122	77 of Atherta Health Services and confirm
expenses being claimed are in compliance with	such policy.	y or received the transmit own transmit own to the control of the
 I attest the expenses enclosed in this claim are 	for valid business purposes for Alberta Health Services and	I that this claim has not been previously
charged has been obtained.	Alberta Health Services or any other Organization. A person	al cheque for personal expenses inadvertantly
 I attest that expenses submitted in this claim he 	we been incurred by using a cost effective method, otherwis	se retionale and supporting analysis is
provided.		
RHODES, DEBORAH	CHIEF FINANCIAL OFFICER	
Name of Approper	Approver Position 700 1 3 2014	
ant	1101 t 3 ZUI4	
Signature of Approver	Date of Signature	•
Butmit approved elatement with attachments to Ac	counts Payable:	and the second of the second
Attach:		Address:
 Original (or scanned) itemized receipts with documents required 	nented business reasons including names of participants	
		Alberts Health Services
 Signed Cardholder Statement Report (or copies of And where applicable): 	f electronic signatures if signatures are not on report)	Accounts Psysbie 7th Street Plaza
 Copies of pre-approvals for travel 		10th Floor, North Tower, 10030-107 Street
 Personal chaque payable to "Alberta Health Servine Personal Chapter Personal C	DOM'	Edmonton, AB T5J 3E4
 Return, refund and/or credit receipts Disputes letter 		
Business reasons for travel require detailed descr	inflore — isolute taken besetled in substantial (#	
meal), why travel was necessary and detailed exp	lanation of reason.	
Accounts Payable only:	No. 1, 40 miles of the second	
Reference #:	Reviseed by:	Date:

Alliand

RUN DATE: 10/29/2014

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 2

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



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

ASSOCIATED CAB ALIA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

DATE: 2814/89/17 PICK-UP TIME: 19:83 DROP-OFF TIME: 19:28 TRIP ID: 516301 I OCATION: 073000-45024103707 CAR NUMBER: CARD TYPE. CARD ANIBA: 4 11 TAFE (\$): 49. 1 x 1 74 (\$) : 8, 11, HETTL (\$) 49.70

5 00

TOTAL (\$): 54.70
SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSIFEDWHW ASSOCIATEDCAB CA

CUSTOMER'S COPY

(\$):

ASSOCIATED CAU ALTA LTD 387 - 41 AVE NE (483) 299-1111 INSIST ON THE PROFESSIONALS

DATE: 2814/89/17
PICK-UP TIME: 14:56
DROP-OFF TIME: 15:23
TRIP ID: 873888-4582418:787
CAR NUMBER: 8317

CAND TYPE: CAHD: LWPIRY: AUTH:

EXTIA (\$) 9. BB SUBTIC (\$: 55. B

6.00

TOTAL (5): 6/.30

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FOR ONLINE TAXI BOOKINGS VISIT OUR MEBSITERHNW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Page: 1 of 1

(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: Folio: Cashier:

Arrival: Departure: 09-24-14 09-25-14

Group: ALBERTA HEALTH SERVICES

Date	Description	Additional Information	Charges	Credits
)9-24-14	Package Charge		154.00	
9-24-14	DMF		4.62	
09-24-14	Room GST		7.93	
9-24-14	Tourism Levy		6.34	
9-25-14	Mastercard			172.89
9-25-14	Atrium Cafe Charges		2.00	
9-25-14	Mastercard			2.00
GST Sun	nmary	Total	174.89	174.89
Registrati	on No: 895126332	Balance Due	0.00 CD	N
Room F&B	7.93 0.00	province and a second s		
Other	0.00			
Total	7.93			

(5) Taxi - Edmonton airport to home - CapM Calgary Zone Staff Engagement Session - Oct 1/14 (6) Taxi - FMC to Calgary airport - CapM Calgary Zone Staff Engagement Session - Oct 1/14 (7) Taxi - Calgary airport to FMC - CapM Calgary Zone Staff Engagement Session - Oct 1/14

24-7 TAXI 200-10105-108 AVE EDMONTON,AB,T5H1A7 7804424444 MID: 97112250014 GST#. 0000000000000000



TVR 00000000000 TSI E800
Amount: \$85.00
Tip: \$3.00
T0121: \$94.00

Auth Code: 194644 APPROVED

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

UNIVERSITY OF ALBERTA HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #1

10/14/14 12:19 L# 1 A# 2

10/14/14 08:19 In 10/14/14 12:19 Out

UAH 85 AVE

\$ 14.25 Total Fee

\$ 14.25 \$ 14,25-Change Due MASTER CARD

\$ 0.00

Parking Rates are GST Exempt

Comments? - Email us: parkingedmenton@ albertahealthservices.ca

AHS UAH PARKADE EASTI 8440-112 STREET T6G287 EDMONTON ÁB 20733436

1111

PURCHASE

1444

10-14-2014

12:21.0

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			
Total Paid in the Mor	nth				\$522.96

MARLIN TRAVEL

O-O PERCY HUNT TRAVELGROUP INC

MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8

GST Reg#: 885101915 Branch:

Agent:

To: ALBERTA HEALTH SERVICES **SUITE 800, NORTH TOWER**

10030-107 ST

EDMONTON AB, T5J 3E4

Return flight from Edmonton to Grande Prairie - toured the new Grande Prairie Hospital construction site with Deborah Rhodes and Mike Linn

Invoice Number:

Date:

July 15, 2014

Page:

Our Reference: Your Reference:

INVOICE

For

MR BRIAN STEVENSON

Thursday, July 17, 2014

K Air

AIR CANADA

From: EDMONTON INTL AB

GRANDE PRAIRIE To:

Stops:

0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER TICKET NUMBER

TICKET NUMBER

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

TICKET NUMBER

TICKET NUMBER

TICKET NUMBER

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:

Date:

July 15, 2014

Page:

Our Reference:

Your Reference:



Cost:			
AIR CANADA WE		442,00	
	Tax:	64.96	
	Ticket Total:	506.96	
AIR CANADA WEI		16.00	
Total:	KE SUMBER OUR CERTIFICATION		
	Grand Total:	522.96	
	Less Credit Card Payments:	522.96	
	Credit / Balance Due To This Invoice:	0.00	
	Total Balance Due:	0.00	



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- 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 🗌

eporting Period for the Month of: October 2014
e

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

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			9	- Fin a 1772ay 1	4	
	2014-10-16	Direct Billing	Transportation	Airfare Edmonton to Lethbridge - Capital Management South Zone Staff Engagement session October 21/14	Marlin Travel	\$623.24
T		Choose One	Choose One			
		Choose One	Choose One			
Ī		Choose One	Choose One			
T	Total Paid in the Month					\$986.20

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

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES **SUITE 800, NORTH TOWER**

10030-107 ST

EDMONTON AB, T5J 3E4

Return flight from Edmonton to Calgary - to attend Capital Management Calgary Zone Staff Engagement session, October 1/14

Invoice Number:

September 26, 2014

Date: Page:

1/2

Our Reference: Your Reference

INVOICE

For

MR BRIAN STEVENSON

Wednesday, October 1, 2014

🛹 Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY

AB

Stops:

Seat(s): 8D

OPERATED BY AIR CANADA EXPRESS - JAZZ

TICKET NUMBER

🐃 Air

AIR CANADA

From: CALGARY

To:

EDMONTON INTL AB

Stops:

Seat(s): 10D

OPERATED BY AIR CANADA EXPRESS - JAZZ

TICKET

Cost:

AIR CANADA WE

Flight: 8131

W CLASS

05:30 AM Equipment: DH4

06:20 AM

Reference:

Mile(s) Flown: 153

W CLASS

03:30 PM Equipment: DH4

Flight: 8150

04:19 PM

Reference:

ile(s) Flown: 153

288.00 Tax: 74.96

Ticket Total:

362.96

To: ALBERTA HEALTH SERVICES **SUITE 800, NORTH TOWER** 10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

September 26, 2014

Page:

2/2

Our Reference:

Your Reference:

INVOICE

Total:

Grand Total: 362.96

Less Credit Card Payments: 362.96

Credit / Balance Due To This Invoice: 0.00

> **Total Balance Due:** 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

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0

MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. GST REG# 885101915 EDMONTON, AB T5K 1G8 PHONE: 780-425-8611 ALBERTA HEALTH SERVICES YOUR REF TO: SUITE 800, NORTH TOWER 10030-107 ST LOCATOR OUR REF EDMONTON AB, T5J 3E4 **AGENT** INVOICE INV NO DATE: 160CT14 PAGE: 1 FOR: MR BRIAN STEVENSON ----ITINERARY -----*** AIR/RAIL/BUS *** FLT/CL ST DATE DEPART ARRIVE MEALS BAGS FROM TO CARRIER EDMONTON INTL LETHBRIDGE HARBOUR AI 819 PCT 8:20A 9:35A INTEGRA AIRLINES CONFIRMATION GK 210CT 4:30P 5:45P LETHBRIDGE EDMONTON INTL HARBOUR AI 928 INTEGRA AIRLINES CONFIRMATION INTEGRA AIR TKT NO (INCL 59.24 623.24 TAX) 0.00 INTEGRA AIR TKT NO 623.24 *** SUB-TOTAL EXCLUDING GST/HST & APT *** TOTAL CHARGES THIS INVOICE *** 623.24 PAYMENT BY TKT 623.24 0.00 PAYMENT BY TKT 0.00 *** BALANCE DUE 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 2ECO OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

* Enter complayers (E) For any Express (E	SECTION	A: EMPLO	YEE DETAILS (for AHS Staff ON	ILY)		MV - 3-40 / 10	New Assessment	Orrest Constant Const	and the second s	The state of the s						
** Project Trees Project Temployee of (proposed) Project Temployee Project T	. º Enter a	mployee # (ok	d) and Employee # (I	-People) if your pey	roll has mi	grated to the f	Vew E-People p	ayroll system			Market and the second s						
Representation Pound Pou	* Indicate	i N/A in the Ei re a new emp	nployee # (E-People loyee and your payn) if your payroll has : all is E-People vou w	not migrate ill onfv hav	id to the New E e an Emolovei	E-People payro s # (E-People)	ll system				(A abbicator)					
Employee & (E-People): SECTION E: FINANCE CODING & TOTAL CLAIM CAPITAL PROJECT CODING ONLY -> Project Number Expenditure Organization																	
CAPITAL PROJECT CODING ONLY	Location Dept:			Dept: Capital Man	agement	DOFA Leve	t:	(if application)	Union:	Busines	s Phone	Ext:					
CAPITAL PROJECT CODING ONLY -> Project Number Expenditure Organization .	Employee #	(E-People):															
Expenditure Organization	SECTION	E: FINANC	E CODING & TO	TAL CLAIM					The state of the s			The state of the s					
Expenditure Type Total - Section B: Travel - Pg 2 Total - Section C&D: Other & Foreign Expenses - Pg 3 Total Section B S346.17	CARREAL	DDA FOT	ADDIS ON V	Project Nur	nber	ute			Project	Task Number							
Pg Bal Location Functional Centre (FC) Expense Bal Location Functional Centre (FC) Secondary Expense Exp	CAPITAL	PROJECT C	ODING ONLY ->	Expenditure (Organizati	on			· ·								
Pg Unit Location Centre (FC) Expense Expense 2A 101 0.006 71110500053 \$346.17 2B 1 1 0.006 71110500053 \$346.17 2B 1 1 0.006 71110500053 \$346.17 2B 1 1 0.006 71110500053 \$346.17 2D 1 0.0		Total - Se	ction B: Travel -	Pg 2	1 1000	Total - S	ection C&D	Other & Fore	ign Expenses -	Pg 3	TOTAL DEMON						
Unit Unit Contro (FC) Expense Unit State of the State of	II Pal	Location		Total	Bal	Location	Eunetions	Contro (EC)	Secondaryi	Total	TOTAL REIMBU						
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**User to enter Coding & \$ Amounts NOTE: This section auto fills from page 2A, 2B, 2C & 2D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These fields do not automatically fill for Section C & D **User to enter Coding & \$ Amounts NOTE: These field		0006	71110500063	\$346.17	ļ			0300000000			Total Section C&D						
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Health and Personal Information on this form is collected by AHS under the estinoity 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 activitiesing AHS Procure to Pay program.

Please soud completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-167 St, North Tower, 10th Floor, Accounts Psychia, Edmonton, AB TSJ 364

EXPENSE CLAIM DETAILS

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Prov, US, Further Explanation is REQUIRED in the "Rationale is Required" section on this page															

(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/CHQ 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

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