

Official Administrator and Executive Expense Report

Name Cheryl Bourassa
Title Chief Program Officer Population, Public & Aboriginal Health (Acting)
Location Edmonton
 Expenses submitted during the month of November 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) |
| Nov-14 | P-Card | Meetings | 464 | | | | 464 | | | |
| Total | | | \$ 464 | \$ - | \$ - | \$ - | \$ 464 | \$ - | \$ - | \$ - |

Total for the Month \$ 464

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

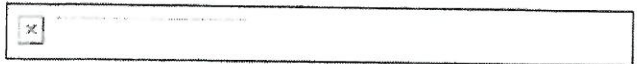
| | | | |
|---|---|--|-------------------|
| Instruction: | | | |
| <ul style="list-style-type: none"> Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement Cardholder AND Approver's signatures required where indicated below | | | |
| <u>BOURASSA, CHERYL</u> Cardholder's Name | <u>CHIEF PROGRAM OFFICER</u> Cardholder's Position/Title | Billing Reporting Period: | <u>20/11/2014</u> |
| <u>POPULATION, PUBLIC &</u> Cardholder's Dept | <u>SOUTHPORT TOWER</u> Cardholder's Site/Location | Total Statement Amount: | <u>\$464.36</u> |
| <u>CHERYL.BOURASSA@ALBERTAHEALTHSERVICES.CA</u> 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 |
| 24/10/2014 | 968775991 | WESTJET 8382102435120 Westjet Airlines | 464.36 | CAD | 464.36 | 00 | | 00 West Jet - return flight to Edmonton, Oct 29/14 attend Seniors Leaders Meeting in lieu of Dr. Preddy |

| | | |
|--|--|-------------|
| Signature | | |
| <p>Cardholder Designate (if Applicable) By signing this statement</p> <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. <p>_____ Name of Cardholder Designate</p> <p>_____ Signature of Cardholder Designate</p> <p>_____ Cardholder Designate Position/Title</p> <p>_____ Date of Signature</p> | | |
| <p>Cardholder By signing this statement</p> <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. <p>BOURASSA, CHERYL Name of Cardholder</p> <p><i>Cheryl Bourassa</i> Signature of Cardholder</p> <p>CHIEF PROGRAM OFFICER Cardholder Position/Title</p> <p>2014/11/26 Date of Signature</p> | | |
| <p>Approver Designate (if Applicable) By signing this statement</p> <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. <p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p> <p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p> | | |
| <p>Approver By signing this statement</p> <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. <p><i>Dr. Gerry Preddy</i> Name of Approver</p> <p><i>Senior Mgr</i> Approver Position/Title</p> <p><i>Dec 3, 2014</i> Date of Signature</p> | | |
| Submit approved statement with all receipts to Accounts Payable | | |
| <p>Attach:</p> <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) <p>And where applicable:</p> <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. | <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> | |
| Accounts Payable only: | | |
| Reference #: _____ | Reviewed by: _____ | Date: _____ |

Annette Cadick

From: noreply@itinerary.westjet.com on behalf of WestJet Airlines <noreply@itinerary.westjet.com>
Sent: October 24, 2014 3:50 PM
To: Cheryl Bourassa
Subject: Reservation Confirmation



WestJet
22 Aerial Place N.E.
Calgary, Alberta,
Canada
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary. Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight. This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Booking Confirmation

Your reservation code is [REDACTED] Main contact: Ms Cheryl Bourassa
E-mail: cheryl.bourassa@albertahealthservices.ca
Phone Number [REDACTED]

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#). Please ensure that if your travel plans include a flight on a WestJet Encore turboprop aircraft that you review the [following details](#) as there are some differences in allowances and amenities from flights on our larger WestJet Boeing 737 aircraft. If you are flying to Dublin, there are also some [specific regulations](#) you should be aware of before you leave.

Guest

Mr. Cheryl Bourassa Flight Calgary (YYC)-Edmonton (YEG),Edmonton (YEG)-Calgary (YYC)
Ticket Number [REDACTED]
Seat YYC-YEG: *;YEG-YYC: *
Insurance Cancellation & Interruption - Cancellation & Interruption

Air Itinerary Details

| | | | |
|---|---|---|------------------------------|
| WS3395 Operated by WESTJET ENCORE | Calgary, CA Wed 29 Oct, 2014 05:45 AM | Edmonton, CA Wed 29 Oct, 2014 06:50 AM | Fare type: Econo Non-stop |
| WS348 WestJet | Edmonton, CA Wed 29 Oct, 2014 06:15 PM | Calgary, CA Wed 29 Oct, 2014 07:05 PM | Fare type: Flex Non-stop |

Fare breakdown

| Guest type | Base fare per guest | Air transportation charges per guest | Taxes, fees and charges per guest | Total fare per guest | Number of guests | Total fare |
|------------|---------------------|--------------------------------------|-----------------------------------|----------------------|------------------|---------------------------|
| adult | CAD 344.00 | CAD 24.00 | CAD 96.36 | CAD 464.36 | x 1 | CAD 464.36 |
| | | | | | | Total airfare: CAD 464.36 |

Tax details

| Rate code | Description | Amount |
|-----------|---------------------------------------|------------------------|
| XG | Goods and Services Tax (GST) | CAD 22.11 |
| CA | Air Travellers Security Charge (ATSC) | CAD 14.25 |
| SQ | Airport Improvement Fee (AIF) | CAD 60.00 |
| | | Total taxes: CAD 96.36 |

Fare family benefits

YYC-YEG: Econo Seat Sale Benefits

- First checked bag fee of \$25-29.50 CAD (for flights within Canada or to/from the U.S. for travel after October 28, 2014)

- Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece (for travel after October 28, 2014)
- Second checked bag fee of \$20-23.60 CAD and excess checked baggage fee of \$50-59 CAD per eligible piece (for travel before October 29, 2014)

Fare family benefits

YEG-YYC: Flex Seat Sale Benefits

- No fee for first checked bag
- Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece (for travel after October 28, 2014)
- Second checked bag fee of \$20-23.60 CAD and excess checked baggage fee of \$50-59 CAD per eligible piece (for travel before October 29, 2014)
- Lower change and cancellation fees

Travel Insurance

RBC Insurance®

Cancellation & Interruption

Number of days: 1

We were unable to book your insurance at this time. Please try again by searching and selecting another insurance product for booking.

Insurance Rate Breakdown

| Policy | Policy Description | Code | Number of Days | Trip Value | Total |
|-----------------------------|---|------|----------------|------------|------------------|
| Cancellation & Interruption | Cancellation & Interruption - Cancellation & Interruption | TCI | 1 | 464.36 CAD | 77.00 CAD |
| Total insurance: | | | | | 77.00 CAD |

Total

| | | | | | |
|-----------------------|------------|--|--|--|-------------------|
| Charged to MASTERCARD | XXXXXXXXXX | | | | CAD 464.36 |
| Outstanding Balance : | | | | | CAD 77.00 |
| Total | | | | | CAD 541.36 |

WestJet offers

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

Important Information

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airlines 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. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- 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.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
 - [Fares, taxes and fees](#) (For [change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
 - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
 - [Seat selection](#) (How it works, changing your seat and more)