

Official Administrator and Executive Expense Report

Name Colleen Turner
Title VP, Community Engagement & Communications (Acting)
Location Calgary
 Expenses submitted during the month of July 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	P-Card	Meetings					-			209
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	209

Total for the Month \$ 209

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

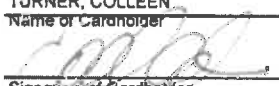


Instruction:

- 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>TURNER, COLLEEN</u>	<u>VICE PRESIDENT (ACTING)</u>	Billing Reporting Period:	<u>20/07/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>COMMUNITY ENGAGEMENT &</u>	<u>SOUTHPORT TOWER</u>	Total Statement Amount:	<u>\$208.96</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/07/2014	257148720	PRESS, BOOKS, PERIODICALS AND NEWSPAPERS	104.48	CAD	✓ 104.48	4.96	.00	Calgary Herald - annual digital access subscription ①
03/07/2014	357148731	PRESS, BOOKS, PERIODICALS AND NEWSPAPERS	104.48	CAD	✓ 104.48	4.96	.00	Edmonton Journal - annual digital access subscription ②

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. 	
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____
Signature of Cardholder Designate _____	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. 	
TURNER, COLLEEN Name of Cardholder _____	VICE PRESIDENT (ACTING) Cardholder Position/Title _____
 Signature of Cardholder _____	July 28, 2014 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. 	
Susan Best Name of Approver Designate _____	Executive Assistant Approver Designate Position/Title _____
 Signature of Approver Designate _____	July 28, 2014 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. 	
Deborah Rhodes Name of Approver _____	VP Corp Services + CFO (Acting) Approver Position/Title _____
 Signature of Approver _____	July 28/14 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: • 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: _____	

Account Information

- Account Summary
- Account Settings
- Update Payment Information
- Update Print Address

My Subscriptions

- Modify Subscriptions

Help

- Contact Customer Care

Account Summary

Name: Colleen Turner
Account number: [REDACTED]
Email Address: colleen.turner@albertahealthservices.ca [Edit]
Password: [REDACTED]
cardholder name: Colleen Turner
card ending in: [REDACTED] [Edit]
Payment Method: [REDACTED]
Expires: [REDACTED]

Active Subscription

Publisher	Subscription	Purchase Date	Status
② The Edmonton Journal	Annual Digital Access Subscription	Jul 8, 2013	ACTIVE
① The Calgary Herald	Annual Digital Access Subscription	Jul 8, 2013	ACTIVE

Transaction History

Date	Amount	Description
Jul 3, 2014	\$104.48	Renewal: Annual Digital Access Subscription
Jul 3, 2014	\$104.48	Renewal: Annual Digital Access Subscription
① Jul 8, 2013	\$104.48 ✓	Subscribe: Annual Digital Access Subscription
② Jul 8, 2013	\$104.48 ✓	Subscribe: Annual Digital Access Subscription