

## Official Administrator and Executive Expense Report

Name Don Lowry

Title Location

Official Administrator Office

Expenses submitted during the month of April 2015

					Travel (1)					
Month-Year	Source Document	Purpose	Airfare	e Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec 2014 - Mar 2015	Expense Claim	Honorarium					-			\$3,750
Total			\$	- \$	- \$ -	\$	- \$ -	\$ -	\$ -	\$ 3,750
Total for the Month	\$ 3,750									
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



AHS - AP Processing - Internal Use Only						
Voucher#						
Maming Convention:						
T4A/NR Applicable? - If yes, indicate line & amt						

# OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

ame:	Don Lowry			Vendor# (if known)		1 7	Expense Period Month:		Dac 2014-		
ddress:				City:		Pro	Province:		AB		
ostal Code:			Country:	Canada	- Pho	Phone #:					
Reason for Expense		Advisor to the Official Administrator related to AHS Governance.									
ECTION	N 2: FINA	NCE CODING	& TOTAL CLAIM					*			
Description		Corp/BU/Or Location g (If applicable)		5	Functional ntre/Primary	Expense Secondary /		Total (Note: This column			
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2) Mon-compliant and incommete improperly authorized payment requisitions will be returned without processing.

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 30(c) and 24(2) of the Freedom of Information, and Protected and Personal information, placetime of sections and actions are of sections and actions are of sections and action and action and actions are of decisions of your health personal information, placetime accounts Psychia. Checker Accounts Psychia. Checker Accounts Psychia. Checker Accounts Psychia.

Created: November 01, 2013 Rev 4 eff March 06, 2015

Carry forward from Section 1												
Name:	Don Lowry	Vendor# (if known)				Expens Month:	Dec 2014-March 2015					
Com	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 above											
SECTIO	N 4A: OFFICIAL ADMIN	ISTRATO	R & CC	MMITT	EE ME	MBER -	TRAVEL	EXPENSE CLA	IM			
<u>Date</u>	Description: (Include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)							Payroll Only		
			Allov	vance	With	Receipt	Accom- modation (B)	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) (D)	Mileage <u>km</u> (E)	OA	
			Meal Type	Allow- ance	Meal Type	With Receipt					Committee Meeting Fee (F)	
5-Dec-14	AHS Governance Meeting	Yes									\$750.00	
15-Dec-14	AHS Governance Meeting	Yes									\$750.00	
17-Feb-15	AHS Governance Meeting	Yes									\$750.00	
5-Mar-15	AHS Governance Meeting	Yes									\$750.00	
6-Mar-15	AHS Governance Meeting	Yes									\$750.00	
									:			
	Total: (amount auto fills to page 1) \$0.00 \$0.00								\$0.00	0.00	\$3,750 00	
	OA COMMITTEE MEMBER Mileage Rate							0.505	Total M	ileage	<b>s</b> -	

For payment please submit to the Official Administrator office:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting



Our File:

April 23, 2015

Mr. Don Lowry

Dear Mr. Lowry:

Thank you for your service over the past four months during which you have provided advice and deliberations related to Alberta Health Services (AHS) Governance to me in my role as Official Administrator.

You participated in meetings related to AHS Governance in Edmonton on December 5 and 15, 2014, and February 17, 2015, and in Toronto on March 5 and 6, 2015. You also provided two summary reports for my consideration. In a similar capacity to other advisors to the Official Administrator, you are eligible for an honorarium in the amount of \$750 per meeting, for a total of \$3,750.

Consistent with the Government of Alberta's requirements for appointments to government agencies, boards and committees, which includes the committees of the Official Administrator of AHS, information about you, including your name, title, background and remuneration, will be made available to the public.

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Carl G. Amrhein, PhD, RPP, MCIP, FRCGS

Official Administrator