

Official Administrator and Executive Expense Report

Name Dr. John Cowell
Title Official Administrator
Location Calgary

Expenses submitted during the month of January 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)
Dec-2013	Expense Claim	Meetings		141		177	318			
Dec-2013	P-Card	Meetings	563	18	315		896		100	16
Total			\$ 563	\$ 159	\$ 315	\$ 177	\$ 1,214	\$ -	\$ 100	\$ 16

Total for the Month \$ 1,330

Maximum meal expense claimed in the month \$ 116 2 persons
 Maximum daily hotel rate claimed in the month \$ 144
 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

DERBYSHIRE, AVRIL Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period: 20/12/2013
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHPORT Cardholder's Site/Location	Total Statement Amount: \$1,011.72
AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: [REDACTED]	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/11/2013	335841906	OLLY FRESCO S. EATING PLACES, RESTAURANTS	100.00	CAD	100.00	4.76		Catering AHS purchase of credit vouchers for Office of OA - lunches & beverages
29/11/2013	336104307	AIR CAN [REDACTED] AIR CANADA	100.00	CAD	100.00	.00	.00	00AC Flight Calgary/Edmonton for Dr. John Cowell to attend AHS Meetings -Dec 2-4 (base fee)
29/11/2013	336104308	AIR CAN [REDACTED] AIR CANADA	434.00	CAD	434.00	.00	.00	00AC Flight Edmonton/Calgary for Dr. John Cowell to attend AHS Meetings Dec 2-4 (return)
02/12/2013	336104309	SVC FEE UNIGLOBE BEACO, TRAVEL AGENCIES AND TOUR OPERATORS	29.00	CAD	29.00	1.38		Uniglobe Processing Fee Invoice# 303852 - AC Flight Calgary/Edmonton return for J. Cowell
03/12/2013	336254619	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	15.70	CAD	15.70	.75		Subscription Fee for Calgary Sun for the OA Office
04/12/2013	336593245	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	169.36	CAD	169.36	8.06		Accommodation and Meals for A. Derbyshire Dec 3-4 meetings with AHS and AH
04/12/2013	336593246	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	1.05	CAD	1.05	.05		Water purchase - J. Cowell re AHS Meetings with Government
04/12/2013	336593247	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	144.61	CAD	144.61	6.85		Accommodation for Dr. J. Cowell to attend AHS/AH meetings Dec 2-4
10/12/2013	337142589	OLLY FRESCO S. EATING PLACES, RESTAURANTS	18.00	CAD	18.00	.85		Meeting with Office of Official Administrator re Provincial Palliative End of Life Care (coffee/water)

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨

A. D. [Signature]

Signatures		
<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>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</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>DERBYSHIRE, AVRIL Name of Cardholder</p> <p>_____ Signature of Cardholder</p>	<p>EXECUTIVE ASSISTANT Cardholder Position/Title</p> <p>_____ Date of Signature</p> <p style="text-align: center;"><i>January 6, 2014</i></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>_____ Approver Designate Position/Title</p>	
<p>_____ Signature of Approver Designate</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>Dr. John Cowell Name of Approver</p> <p>_____ Signature of Approver</p>	<p>Official Administrator Approver Position/Title</p> <p>_____ Date of Signature</p> <p style="text-align: center;"><i>January 6, 2014</i></p>	
Submit approved statement with attachments 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: _____

Purchase of
credit \$5 vouchers
for office
refreshments

①

OLLY FRESCO'S
#120 10301 SOUTHPO T2W1S7
CALGARY AB
T16B7590

|||| PURCHASE ||||

11-27-2013 12:27:40
Auth # [REDACTED] H
Exp Date [REDACTED] Card Type MC
Code

Trace # [REDACTED]
Inv # [REDACTED] CVD Resp
Auth # [REDACTED] RRN 001467033

Total \$100.00

Retain this copy for your
records
Customer copy



UNIGLOBE

Beacon Travel
 UNIGLOBE Beacon Travel
 Suite 200, 1400 Kensington Road NW
 Calgary, Alberta T2N 3P9
 Phone: (403) 536-6860
 Fax: (403) 228-3817
 Toll Free: 1-877-596-6860

****URGENT- Please review your itinerary for accuracy immediately****
 There may be costs associated with making changes; these costs will be your responsibility.
 Most airline tickets or vacation packages are not refundable. Call your travel agent for details.

Passenger(s): Cowell/John Walter
Invoice No.: [REDACTED]
Date: Friday, November 29, 2013
Billing: ALBERTA HEALTH SERVICES
 3961 106 AVE SE
 CALGARY, AB T2C 5B6

Booking Ref.: [REDACTED]
Agent: [REDACTED]
Customer: [REDACTED]
Deliver: ALBERTA HEALTH SERVICES
 [REDACTED]

- Your Travel Arranger is pleased to deliver your complete itinerary through TripCase. [Click here](#) to access your reservation on the web or a mobile device.
- To forward itinerary to Triplt, Worldmate, Tripcase or Blackberry Travel: [Click Here](#)
- Add your itinerary to your calendar (ICS): [Click Here](#) (for use with PC and MAC and accessible via website and mobile device)
- Add your itinerary to your calendar (with Infuzer): [Click Here](#)
- Use Mileblaster to consolidate all your frequent flyer and loyalty programs: [Click Here](#)
- [Click here](#) to reserve your parking and take advantage of exclusive rates and offers with Park2Go and UNIGLOBE Beacon Travel - use coupon #10163 to receive a 20% discount
- The Total Carbon Emissions for your flight/s are 56.24kgs and it would cost \$2.53 to offset them. Please visit our website for more details. [Click here](#)

AIR - Monday December 2 2013

Air Canada Flight AC8150 Economy Class
Operated By Air Canada Express - Jazz
Check In With AIR CANADA EXPRESS - JAZZ **Check In Confirmation:**
[REDACTED] *24 Hours Prior)

Depart:	15:30, Monday, December 2 Calgary Intl. Airport Calgary, Alberta, Canada	Arrive:	16:23, Monday, December 2 Edmonton Intl. Airport Edmonton, Alberta, Canada
Status:	Confirmed	Booking Code:	[REDACTED]
Equipment:	De Havilland DHC-8-300 Dash 8 / 8Q	Stops:	Non-stop
Duration:	0 hours 53 minutes	Seat:	04D Confirmed
Meal:	None		
Remarks:	Turbo propeller plane used on this flight		

[Weather](#) [Flight Status \(up to 3 days prior\)](#) [Dining Reservations](#)

AIR - Wednesday December 4 2013

Air Canada Flight AC8149 Economy Class
Operated By Air Canada Express - Jazz
Check In With AIR CANADA EXPRESS - JAZZ **Check In Confirmation:**
[REDACTED] *24 Hours Prior)

Depart:	15:00, Wednesday, December 4 Edmonton Intl. Airport Edmonton, Alberta, Canada	Arrive:	15:53, Wednesday, December 4 Calgary Intl. Airport Calgary, Alberta, Canada
----------------	---	----------------	---

Status: Confirmed
Equipment: De Havilland DHC-8-300 Dash 8 / 8Q
Duration: 0 hours 53 minutes
Meal: None
Remarks: Turbo propeller plane used on this flight

Booking Code: Y
Stops: Non-stop
Seat: Selection Done At Time Of Check In

[Weather](#) | [Flight Status \(up to 7 days prior\)](#) | [Dining Reservations](#)

Invoice Details

Transaction / Document	Base	Tax	Total
Air Canada Exchanged Ticket / [REDACTED]	100.00		100.00 (2)
	Form of Payment: [REDACTED]		
Air Canada D [REDACTED] Exchanged Ticket / [REDACTED]	434.00		434.00 (3)
	Form of Payment: [REDACTED]		
Professional Fee	29.00		29.00 (4)
	Form of Payment: [REDACTED]		
Totals:	563.00	0.00	CAD 563.00

Total Charged to Credit Card: CAD 563.00
Balance Due: CAD 0.00

Baggage Fees & Allowances

Baggage charges may apply. Baggage allowance, specific size and weight restrictions vary between airlines. Please visit the airline's website or contact the airline directly for details.

- [Air Canada](#) or call 1-888-247-2262

Important Information

- Your reservation number with Air Canada is nm8z3r. Air Canada contact phone number is 1-888-247-2262
- Please check in 90 minutes prior to departure. Late checkin may result in the loss of seat/reservation check in cut off time is 45 minutes prior to departure.
- Government-issued picture ID is required or two pieces of government-issued ID which show name/ date of birth/gender. This now includes passengers who appear to be between 12 and 17 years of age. www.passengerprotect.gc.ca/identity.html
- Name changes not permitted for Air Canada ticket. Advance seat selection is available for no fee. Aeroplan members earn 125 percent status miles.
- Air Canada will notify you of last minute flight changes if you register your flights up to 30 days prior to departure. For more information visit www.aircanada.com/en/travelinfo/traveller/mobile/notification.html
- Baggage charges may apply. For more info..Please visit the airlines website to see the exact charges. Baggage allowance-Specific size/weight restrictions vary between airlines. Excess charges may apply if exceeded.
- Passengers may carry travel sized toiletries or liquids 3 oz or less through security check points. They must fit in one quart sized, clear plastic zip-top bag. Visit www.c-tsa-csta.gc.ca.
- This is an electronic ticket valid only on issuing airline.
- Photo ID and Etkit itinerary required for check in. Boarding cards required prior to entering security.
- View your itinerary at www.virtuallythere.com use your last name and trip locator UGOIXB
- -24 hour emergency service in Canada and usa -Call toll-Free 1-855-817-8277 or collect 647-724-8277. -Please note some cell phone providers do not allow for -1-800 calls in some areas. We recommend using -Landline in these situations or call collect. -Your UNIGLOBE rescue line access code is 62XC. -Or you can email at callme@tass247.com -Please mention your rescue line access code is 62XC

Invoice No: [REDACTED]





Main Line 403.410.1010

SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: January 24, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services
Att: John Cowell

ADDRESS: [REDACTED]

CITY: Calgary, Alberta

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$15.70, \$15.70 (5)

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: Dec. 3, 2013, Jan. 6, 2014

EXPIRY DATE: February 4, 2014

SUBSCRIPTION RATES [per Paper] (as of Jan 2012)

<u>7 Days</u>		
	13 Weeks	\$76.71
	26 Weeks	\$153.43
	52 Weeks	\$306.85



Calgary Sun Fax Lines: Advertising: (403) 250-4258 Circulation: (403) 250-4358 Editorial: (403) 250-4180 Marketing: (403) 250-4373 Credit: (403) 250-4257

2615 12 Street NE, Calgary, Alberta T2E 7V9

www.calgarysun.com

MATRIX HOTEL

N/A Avril Derbyshire

Canada

Room Number: [REDACTED]
 Arrival Date: 12-03-13
 Departure Date: 12-04-13
 Page No: 1 of 1
 Confirmation No: [REDACTED]

INVOICE

Folio No: [REDACTED]

12-04-13

Date	Description		Charges	Credits
12-03-13	Room Service	Room# 1214 ; CHECK# [REDACTED]	Dinner 21.75	
12-03-13	Room Revenue		135.00	
12-03-13	Destination Marketing Fee - 3%		4.05	
12-03-13	Tourism Levy - 4%		5.56	
12-04-13	Room Service	Room# 1214 ; CHECK# [REDACTED]	Breakfast 3.00	
12-04-13	Mastercard	[REDACTED]		169.36 (6)
Total			169.36	169.36
Balance			0.00	

Pre Meeting @ 4.30pm for Standing Committee on Public Accounts
 @ AHS headquarters Edmonton

Standing Committee on Public Accounts @ Legislative Annex

Signature: _____
 I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

Edmonton, December 4, 2013.

MATRIX HOTEL

N/A John Cowell
 AB t2w 3n2
 Canada

Room Number: [REDACTED]
 Arrival Date: 12-03-13
 Departure Date: 12-04-13
 Page No: 1 of 1
 Confirmation No [REDACTED]

INFORMATION INVOICE

Folio No: [REDACTED]

01-06-14

Date	Description	Charges	Credits
12-03-13	Room Revenue	135.00	
12-03-13	Destination Marketing Fee - 3%	4.05	
12-03-13	Tourism Levy - 4%	5.56	
12-04-13	Mastercard [REDACTED]		144.61 (7)
12-04-13	Refreshment Centre - Water 0	1.05	
12-04-13	Mastercard [REDACTED]		1.05 (8)
Total		145.66	145.66
Balance		0.00	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

Call for invoice pick-up.

Olly Fresco's Inc.

unit 120 - 10301 Southport Lane sw
Open Monday - Friday 6:45-4:00
Calgary, Alberta T2W 1S7
Canada

INVOICE

Invoice No.:

Date:

Page:



Sold to:

AHS



Ship to:

AHS -



Provincial Palliative
End of life Care Meeting.

Business No.: 82864 3890 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
W	Each	1	water		3.00	3.00
Subtotal:						18.00
<p>OLLY FRESCO'S #120 10301 SOUTHPO T2W1S7 CALGARY AB 21687590</p> <p> PURCHASE </p> <p>12-10-2013 10:42:53 Acct # [REDACTED] M Exp Date [REDACTED] Card type [REDACTED] Name: [REDACTED]</p> <p>Trace # 720001 FS2168759002</p> <p>Inv. # [REDACTED] CVD Resp Auth # [REDACTED] RRN 001468001</p> <p>Total \$18.00</p> <p>Retain this copy for your records Customer copy</p> <p style="text-align: center;">(9)</p>						
Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash					Total Amount	18.00

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: 8 Nov-13 To Dec 18 2013
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Dr. John Cowell Position (Title): Official Administrator
 Location: _____ Dept: OA Office DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): N/A

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	0005	71110300004	\$267.78						\$318.28		
2B	101	0005	71110300004	\$50.50								
2C												
2D												
				\$318.28	**User to enter Coding & \$ Amounts						\$318.28	

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

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

Employee Signature: _____ Date: Jan 14, 2013
 Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone #: _____
 Signature: _____ Title: Acting CFO Date: Feb 10/14

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

This form is a confidential document and is subject to the Access to Information Act and the Privacy Act. It is also subject to the Freedom of Information and Protection of Privacy (FOIP) Act, respectively. For more information, please contact the Information Management and Privacy Unit.

EXPENSE CLAIM DETAILS

Enter Finance Coding _____	Emp # (E-People) _____	N/A _____	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'l)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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											
				Cost Effective Method Used? Y/N	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	Airfare	Hotel	Taxi						
				Meal Type with value	Allowance	Meal Type	with receipt								
8-Nov-13	Edm - Meeting with Minister Horne and Janet Davidson	AB	Meeting	Yes			L	\$11.25							
3-Dec-13	Edm - Meeting with Dr. Chris Eagle	AB	Meeting	Yes			D	\$116.33							
4-Dec-13	Edm - Public Accounts Meeting	AB	Meeting	Yes			L	\$13.95							
5-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
9-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
10-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
12-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
16-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
SUBTOTALS								\$141.53							Total Kms 250.00

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) \$0.505</p>
<p align="right">Mileage \$ \$126.25</p>	
<p align="right">Travel \$ Subtotal \$141.53</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$267.78</p>	

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)

EXPENSE CLAIM DETAILS

Enter Finance Coding _____	Emp # (E-People) _____	N/A _____	Page 2B
-----------------------------------	-------------------------------	------------------	----------------

*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 <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	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		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
17-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
18-Dec-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
SUBTOTALS															Total Kms 100.00

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 **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <small>(see Mileage details to the left)</small>	\$0.505
Mileage \$	\$50.50
Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$	\$50.50

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)

Dinner v. His cousin
Dr. Chris Eagle

WILDFLOWER RESTAURANT
10009 107th Street
Edmonton, AB
T5J 1J1
780-990-1938

** TRANSACTION RECORD **

Tran. #: [REDACTED]
Check #: [REDACTED]
Employee: [REDACTED]
Employee Name: [REDACTED]
Workstation #: 1

MasterCard
Pre-Auth Purchase
[REDACTED]

Amount \$101.33

Tip \$ 15.00

TOTAL \$ 116.33

APPROVED [REDACTED]
00-001 [REDACTED]
S0001T0001/WILDFC01
9260C1001014
2013/12/03 20:38:57

Customer Copy

Second Cup
Café #9435
2004-50th Avenue
Red Deer, AB, T4R 3A2
Phone - 403-342-9557
GST# R116493357

Check: [REDACTED] Guests: 1
11/08/2013 11:52AM
*** REPRINT ***

1 Md. Cappuccino 4.10
1 Lg. Chai Tea Latte 4.75
1 Bagel 1.85
\$ Butter
Subtotal 10.70
GST 0.54
Cash 20.00
Payment 11.25
Change Due \$0.00

--- Check Closed ---
11/08/2013 11:54:01AM

Unused product in the original condition
and packaging may be returned within 30
days of purchase at the café where
purchased. Full return policy details
available at secondcup.com.

Thank you!

Order Number: [REDACTED]

John Cowell
April Debushita
Edmonton Public Accounts
Starbucks Coffee Canada #15934 11/4
37400 Hwy 2
Red Deer, AB T4E 1B9

CHK [REDACTED]
12/04/2013 01:58 PM
Drawer: 2 Reg: 1

Gr Cappuccino 4.15
1/2 Decaf
Asiago Chdr Pretzel 2.25
Vt Chai Tea Latte 4.95
Nonfat
Nanaimo Bar 1.95
Cash 20.00

Subtotal \$13.30
GST 5% \$0.67
Rounding -\$0.02
Total \$13.95
Change Due \$6.05

--- Check Closed ---
12/04/2013 01:58 PM