

## Official Administrator and Executive Expense Report

**Name** Dr. John Cowell  
**Title** Official Administrator  
**Location** Calgary  
 Expenses submitted during the month of March 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)
Feb-2014	Expense Claim	Meetings		74		395	469			340
Feb-2014	P-Card	Meetings	312				312			153
<b>Total</b>			<b>\$ 312</b>	<b>\$ 74</b>	<b>\$ -</b>	<b>\$ 395</b>	<b>\$ 781</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 493</b>

**Total for the Month** \$ 1,274

Maximum daily single meal expense claimed in the month \$ 74 2 persons  
 Maximum daily base hotel rate claimed in the month \$ 139  
 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.

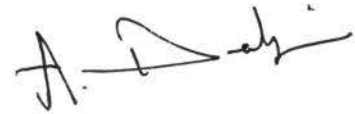
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

**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	EXECUTIVE ASSOCIATE		20/02/2014
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	
OFFICE OF THE OFFICIAL	SOUTHPORT TOWER		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$152.57
AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/02/2014	342556592	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	26.57	CAD	26.57	1.27		Subscription fee for Calgary Sun for the OA Office
11/02/2014	342654122	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	126.00	CAD	126.00	6.00		Subscription fee for Calgary Herald for the OA Office



**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- 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.

Paula Finnson  
Name of Cardholder Designate

  
Signature of Cardholder Designate

Executive Administrative Co-ordinator  
Cardholder Designate Position/Title


Feb 25/14  
Date of Signature

**Cardholder**

By signing this statement

- 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.

DERBYSHIRE, AVRIL  
Name of Cardholder

  
Signature of Cardholder

EXECUTIVE ASSOCIATE  
Cardholder Position/Title

Feb 25/14  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- 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.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**

By signing this statement

- 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.

Dr. Jani Cavell  
Name of Approver

  
Signature of Approver

Official Administrator  
Approver Position/Title

March 11, 2014  
Date of Signature

**Submit approved statement with attachments to Accounts Payable**

**Attach:**

- 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: \_\_\_\_\_



**SUBSCRIPTION RECEIPT**

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: **7 Days**

DATE: February 24, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services  
Attn: John Cowell

ADDRESS: [REDACTED]

CITY: Calgary, Alberta

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$26.57

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: February 10, 2014

EXPIRY DATE: March 11, 2014

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

**7 Days**

13 Weeks	\$76.71
26 Weeks	\$153.43
52 Weeks	\$306.85

**Auto Debit Only (10% off)**

Every 5 weeks	\$26.57
Every 13 weeks	\$69.07
Every 26 weeks	\$138.14
Every 52 weeks	\$276.28



*phoned in.*

*Pd  
2/10/14  
on  
Avril's  
Credit  
Card  
W*

Your current subscription expires	21-Feb-14
Your payment of	<b>\$126.00</b>
Received by	20-Feb-14
Ensures delivery for	4 MONTHS
Delivery Days	Mon - Sat

## SUBSCRIPTION RENEWAL NOTICE

DR JOHN COWELL ALBERTA HEALTH SVCS



### ABOUT YOUR SUBSCRIPTION FOR

Name DR JOHN COWELL ALBERTA HEALTH SVCS  
 Account # [REDACTED]  
 Delivery to DR JOHN COWELL ALBERTA HEALTH SVCS



### HOW TO CONTACT US

Phone [REDACTED]  
 Email [REDACTED]

Take advantage of one of our environmentally friendly payment options: Pre-Authorized Payments or E-Billing.

## Payment Options: There are two bill payment options: Pre-Authorized, and One-Time Term.

### PRE-AUTHORIZED

#### What are the benefits of Pre-Authorized payments?

With pre-authorized payments, you never have to worry about renewing your subscription — we take care of that for you.

We can draw pre-authorized payments from either a credit card, or a bank account — your preference!

#### What will it cost?

If you choose pre-authorized payments, the sum of \$29.40 will be drawn from your credit card or bank account each month.

You may also, if you like, include a gratuity for your delivery person.

You can indicate this on the back of the form.

If the subscription rate changes, the amount we charge will change accordingly.

#### How do I sign-up for Pre-Authorized payments?

- ▶ Register online by visiting [www.calgaryherald.com/renew](http://www.calgaryherald.com/renew)
- ▶ Register by calling 403-235-READ (7323) or 1-800-372-9219
- ▶ Register by completing the information on the reverse of this stub and sending it in.
  - You can have us charge your credit card
  - You can have a withdrawal from your bank account

### ONE-TIME TERM

#### One-Time Term payment

We look forward to delivering the news, weather and sports that you rely on each day.

Choose from a variety of packages to suit your needs. For other renewal options, please call 403-235-READ (7323) or 1-800-372-9219 or visit [www.calgaryherald.com/renew](http://www.calgaryherald.com/renew).

#### What will it cost?

Your subscription costs \$126.00 and ensures delivery for 4 MONTHS.

- ▶ 4 MONTHS delivery costs \$126.00
- ▶ 6 MONTHS delivery costs \$183.75
- ▶ 1 YEAR delivery costs \$352.80

In addition, you have the option of including a gratuity, which we pay to your delivery person.

#### How do I pay?

- ▶ Pay online by visiting [www.calgaryherald.com/renew](http://www.calgaryherald.com/renew)
- ▶ Pay by calling 403-235-READ (7323) or 1-800-372-9219
- ▶ Pay by completing the information on the reverse of this stub and sending it in.
  - You can pay by cheque
  - You can pay by credit card





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

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	John W. Cowell Consulting Ltd. (John Cowell)	Vendor# (if known)	[REDACTED]	Expense Period Month:	Feb-14
Address:	[REDACTED]	City:	Calgary	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000 **	\$73.43
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$394.91
Other (D)	101	0005	71110300004	41090000	\$340.42
<b>TOTAL PAYMENT</b>					<b>\$808.76</b>

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

[REDACTED]

### SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

<b>Claimant (Print Name)</b>	<b>Signature:</b> I, by signing this form, attest that I am compliant to all the above statements	<b>Date</b>	<b>Phone#</b>
John Cowell		March 11, 2014	[REDACTED]

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

<b>Approved by (Print Name)</b>	<b>Position Title/Program Group</b>	<b>Date</b>	<b>Phone#</b>
Deb Rhodes	Acting VP, Corporate Services and CFO	Mar 11/14	[REDACTED]
<b>Signature:</b> I, by signing this form, attest that I am compliant with all the above statements	<b>DOFA Level</b>	<b>Position#</b>	
	[REDACTED]	[REDACTED]	

- All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- Non-compliant and incomplete/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 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Play program. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Paika, Director Accounts Payable at 780-735-0506 or email: Mark.Paika@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB, T2W 3N2, Attention: Lou DeCoste

**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**

**SECTION 4: OFFICIAL ADMINISTRATOR COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
31-Jan-14	Dinner meeting with Dr. Chris Eagle					\$73.43				
3-Feb-14	Travel to Delta Calgary Airport for meeting with Minister of Health and Deputy Minister of Health								66	
4-Feb-14	Travel from Residence to SPTT for meetings and Return-February 4,5,6,11,12,13,18,19 and 20 (50 km per day)								450	
16-Feb-14	Rogers mobility charges							\$340.42		
22-Feb-14	Travel to YYC Airport for meeting with Minister of Health								66	
24-Feb-14	Travel from Residence to SPTT for meetings and Return-February 24,25,26 and 27 (50 km per day)								200	
<b>Total: (amount auto fills to page 1)</b>			\$0.00			\$73.43	\$0.00	\$0.00	\$340.42	782.00

<b>OA COMMITTEE MEMBER Mileage Rate</b>	<b>0.505</b>	<b>Total Mileage</b>	<b>\$ 394.91</b>
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste



Dr. Eagle

Big Fish

Guests: 2  
Date: 01/31/14 Time: 04:37pm  
Terminal: 2  
You have been served by -->

[Seat 2]

1 AMERICAN \$3.50  
1 LEMON CAKE \$9.00  
1 HALIBUT \$32.00  
1 SALMON SALAD \$14.00

Subtotal: \$76.75  
Gst: \$3.84  
Sbtl w/Tax: \$80.59  
Amt Due: \$80.59  
GST # 866230808/T001  
Thank You!!

58.50  
+2.93  
61.43  
+12.00  
73.43

TIP 12.00  
92.59

Invoice Number [REDACTED]

Messages

Download Bill (PDF)

Terms & Conditions

Account Holder: DR JOHN COWELL

Bill Summary

Wireless

\$370.34

● DR JOHN COWELL

[REDACTED]

\$340.42

● JOHN COWELL

[REDACTED]

\$29.92

Shared

Your last bill

Previous balance \$146.84

Payment(s) \$ -146.84

Balance from your last bill (including taxes): \$0.00

Any payments we received and processed after February 11, 2014 will show on your next bill.

Your current bill

Wireless \$370.34

● DR JOHN COWELL [REDACTED]

\$340.42

Includes \$223.50 Additional Wireless Usage

● JOHN COWELL [REDACTED]

\$29.92

Total current bill(including taxes): \$370.34

Total: \$370.34 \* Charged to your credit card on or after Feb 24, 2014

Savings: You saved \$6.00 on your Rogers services.

**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


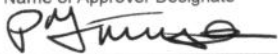
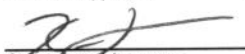
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DECOSTE, LOU Cardholder's Name	EXECUTIVE SECRETARY Cardholder's Position/Title	Billing Reporting Period: 20/03/2014
BOARD OFFICE Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount: [REDACTED]
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA 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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
04/03/2014	344695834	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	156.06	CAD	156.06	7.43		Accommodations for Dr. John Cowel while attending meetings in Edmonton
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07/03/2014	345267233	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	156.06	CAD	156.06	7.43		Accommodations for Dr. John Cowel while attending meetings in Edmonton
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
DECOSTE, LOU _____ Name of Cardholder	EXECUTIVE SECRETARY _____ Cardholder Position/Title	
 _____ Signature of Cardholder	March 21, 2014 _____ Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Paula Finnon _____ Name of Approver Designate	Executive Administrative Co-ordinator _____ Approver Designate Position/Title	
 _____ Signature of Approver Designate	Mar 21/14 _____ Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Kristin Hong _____ Name of Approver	Corporate Secretary _____ Approver Position/Title	
 _____ Signature of Approver	March 24/14 _____ Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> And where applicable: <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

Dr. John Cowell



Room Number: [Redacted]  
 Arrival Date: 03-02-14  
 Departure Date: 03-03-14  
 Page No: 1 of 1  
 Confirmation No: [Redacted]

**INVOICE**

Folio No [Redacted]

03-03-14

Date	Description	Charges	Credits
03-02-14	Room Revenue	139.00	
03-02-14	Destination Marketing Fee - 3%	4.17	
03-02-14	Tourism Levy - 4%	5.73	
03-02-14	Room GST - 5%	7.16	
03-03-14	Mastercard [Redacted]		156.06
<b>Total</b>		<b>156.06</b>	<b>156.06</b>
<b>Balance</b>		<b>0.00</b>	

3

**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

Dr. John Cowell



Room Number: [REDACTED]  
 Arrival Date: 03-06-14  
 Departure Date: 03-07-14  
 Page No: 1 of 1  
 Confirmation No: [REDACTED]

**INVOICE**

Folio No [REDACTED]

03-07-14

Date	Description	Charges	Credits
03-06-14	Room Revenue	139.00	
03-06-14	Destination Marketing Fee - 3%	4.17	
03-06-14	Tourism Levy - 4%	5.73	
03-06-14	Room GST - 5%	7.16	
03-07-14	Mastercard [REDACTED]		156.06
<b>Total</b>		<b>156.06</b>	<b>156.06</b>
<b>Balance</b>		<b>0.00</b>	

**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