

Official Administrator and Executive Expense Report

Name Dr. John Cowell
Title Official Administrator
Location Calgary
 Expenses submitted during the month of May 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)
Apr-2014	P-Card	Meetings			468		468			
May-2014	Expense Claim	Meetings				126	126			288
							-			
Total			\$ -	\$ -	\$ -	\$ 126	\$ 594	\$ -	\$ -	\$ 288

Total for the Month \$ 882

Maximum daily single meal expense claimed in the month \$ -
 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



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

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

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$126.25
Other (D)	101	0005	71110300004	41090000	\$287.90
TOTAL PAYMENT					\$414.15

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.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. John Cowell	[Signature]	May 26 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.			
Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Deb Rhodes	Acting VP, Corporate Services and CFO	June 17 11	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOB	Position#	
[Signature]	[REDACTED]	[REDACTED]	

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing
- 2) 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 Pay 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

Carry forward from Section 1

Name: John W. Cowell Consulting Ltd. (John Cowell) Vendor# (if known) [REDACTED] Expense Period Month: 41730

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 4A: 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)	Payroll Only OA Committee Meeting Fee (F)
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
21-Apr-14	Travel from Residence to SPTT for meetings and Return- April 21, 22, 23, 24 and 28 (50 km per day)	Yes							250		
24-Apr-14	Roger's mobility charges	Yes						\$287.90			
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$0.00	\$287.90	250.00	\$0.00	

OA COMMITTEE MEMBER Mileage Rate 0.505 Total Mileage \$ 126.25

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

Instruction:

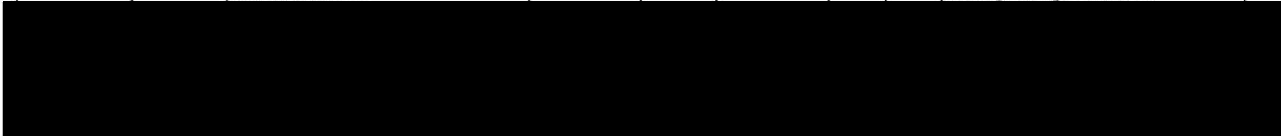
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>DECOSTE, LOU</u> Cardholder's Name	<u>EXECUTIVE SECRETARY</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/04/2014</u>
<u>BOARD OFFICE</u> Cardholder's Dept	<u>SOUTHLAND PARK III</u> Cardholder's Site/Location	Total Statement Amount	<u>██████ \$468.18</u>
<u>LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<u>██████████</u>


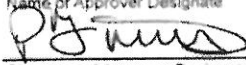
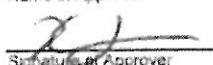
Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/03/2014	648482713	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	468.18	CAD	468.18	22.29		Accommodations for Dr. John Cowell while attending meetings in Edmonton

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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. 		
DECOSTE, LOU Name of Cardholder	EXECUTIVE SECRETARY Cardholder Position/Title	
 Signature of Cardholder	APR 22, 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. 		
Paula Finson Name of Approver Designate	Exec. Admin Co-ordinator Approver Designate Position/Title	
 Signature of Approver Designate	APR 22/14 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 		
Kristin Long Name of Approver	Corporate Secretary Approver Position/Title	
 Signature of Approver	APRIL 22, 2014 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: <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 	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: _____

Dr. John Cowell
[REDACTED]

Room Number: [REDACTED]
 Arrival Date: 03-16-14
 Departure Date: 03-19-14
 Page No: 1 of 2
 Confirmation No: [REDACTED]

INVOICE

Folio No: [REDACTED]

03-19-14

Date	Description	Charges	Credits
03-16-14	Room Revenue	139.00	
03-16-14	Destination Marketing Fee - 3%	4.17	
03-16-14	Tourism Levy - 4%	5.73	
03-16-14	Room GST - 5%	7.16	
03-17-14	Room Revenue	139.00	
03-17-14	Destination Marketing Fee - 3%	4.17	
03-17-14	Tourism Levy - 4%	5.73	
03-17-14	Room GST - 5%	7.16	
03-18-14	Room Revenue	139.00	
03-18-14	Destination Marketing Fee - 3%	4.17	
03-18-14	Tourism Levy - 4%	5.73	
03-18-14	Room GST - 5%	7.16	
03-19-14	Mastercard [REDACTED]		468.18

468.18 (1)



Dr. John Cowell
[Redacted]

Room Number: [Redacted]
Arrival Date: 03-16-14
Departure Date: 03-19-14
Page No: 2 of 2
Confirmation No: [Redacted]

INVOICE
Folio No [Redacted]

03-19-14

Date	Description	Charges	Credits
	Total	468.18	468.18
	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