

## Official Administrator and Executive Expense Report

**Name** Other Official Administrator  
**Title** Office Administrator  
**Location** Calgary  
 Expenses submitted during the month of April 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-14	P-Card	Meetings					-		91	-
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 91	\$ -

**Total for the Month** \$ 91

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:**

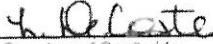
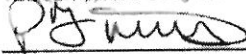

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

DECOSTE, LOU Cardholder's Name	EXECUTIVE SECRETARY Cardholder's Position/Title	Billing Reporting Period	20/04/2014
BOARD OFFICE Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount	<del>99.25</del> \$91.25
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/03/2014	346482715	BILLY FRESCO'S EATING PLACES, RESTAURANTS	91.25	CAD	91.25	4.30		Catering Lunch for OA's Audit & Finance Advisory Committee Meeting on March 19, 2014

①  
②  
③

LD

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	April 22, 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 Finson Name of Approver Designate	Exec. Admin Co-ordinator Approver Designate Position/Title	
 Signature of Approver Designate	Apr 22/14 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 Long Name of Approver	Corporate Secretary Approver Position/Title	
 Signature of Approver	April 22, 2014 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) 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> </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: _____

**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: [REDACTED]  
 Date: 19 Mar, 14  
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]  
 @ 11.50  
 ppl,5  
 [REDACTED]

Business No.: 82664 3890 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount	
DS	Each	5	deli sandwich		5.75	28.75	
SVP	Each	1	small veggie platter		30.00	30.00	
W	Each	10	water		1.75	17.50	
C	Each	10	coffee		1.50	15.00	
T	Each	1	hot water craft				
Subtotal:						91.25	
<p>CALGARY AB                  21627590                  PURCHASE                  03-19-2014 11:33:11                  Acct # [REDACTED] M                  Exp Date [REDACTED] Card Type MC                  Name: [REDACTED] (3)                  Trace # [REDACTED]                  Inv. # [REDACTED] CVD Resp                  Auth # [REDACTED] RRN 001529003                  Total \$91.25</p> <p>Retain this copy for your record</p>							
Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash						Total Amount	91.25