

## Official Administrator and Executive Expense Report

**Name** Other Official Administrator  
**Title** Office Administrator  
**Location** Calgary  
 Expenses submitted during the month of August 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)
Aug-14	P-Card	Meetings					-		250	29
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250	\$ 29

**Total for the Month** \$ 279

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

<u>DECOSTE, LOU</u>	<u>EXECUTIVE ASSISTANT</u>	Billing Reporting Period: <u>20/08/2014</u>
Cardholder's Name	Cardholder's Position/Title	
<u>OFFICE OF THE OFFICIAL</u>	<u>SOUTHLAND PARK III</u>	Total Statement Amount: <u>\$278.49</u>
Cardholder's Dept	Cardholder's Site/Location	
<u>LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>
Cardholder's e-mail address		

**Statement of Transactions**

- ①
- ②
- ③
- ④

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/07/2014	359151374	OLLY FRESCO S, EATING PLACES, RESTAURANTS	45.00	CAD	45.00	2.14		Catering-Refreshments for EMS Working Group meeting on July 24, 2014
11/08/2014	360746818	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	29.14	CAD	29.14	1.39		Subscription fee for Calgary Sun for the OA Office
18/08/2014	361512012	OLLY FRESCO S, EATING PLACES, RESTAURANTS	53.50	CAD	53.50	2.55		Catering-Refreshments for EMS Working Group meeting on August 13, 2014
18/08/2014	361512013	OLLY FRESCO S, EATING PLACES, RESTAURANTS	150.85	CAD	150.85	7.18		Catering-Lunch for OA's Audit & Finance Advisory Committee Meeting on August 15, 2014

Signatures		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <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>		
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <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>		
<p>DECOSTE, LOU Name of Cardholder</p>	<p>EXECUTIVE ASSISTANT Cardholder Position/Title</p>	
<p><u>L. Decoste</u> Signature of Cardholder</p>	<p><u>Aug. 25/14</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <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>		
<p>Sonia Garcia Name of Approver Designate</p>	<p>Advisor Approver Designate Position/Title</p>	
<p><u>Sonia Garcia</u> Signature of Approver Designate</p>	<p><u>Sept-8/14</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <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>		
<p>Catherine MacNeill Name of Approver</p>	<p>Corporate Secretary Approver Position/Title</p>	
<p><u>C. MacNeill</u> Signature of Approver</p>	<p><u>Sept. 5/14</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <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> <p>And where applicable:</p> <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>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

**OLLY FRESCO'S INC**  
 UNIT 120 - 10301 SOUTHPORT LANE SW  
 CALGARY, Alberta T2W 1S7  
 CANADA

**INVOICE**

Invoice No.: [REDACTED]  
 Date: 24/07/2014  
 Page: 1

Sold to:

AHS [REDACTED]

Ship to:

AHS [REDACTED]

Time: 3:00Pm

*DR. COWELL - EMS WORKING GROUP*

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
W	Each	10	water		1.75	17.50
T	Each	10	Hot water		1.25	12.50
SD	Each	2	diet coke		1.75	3.50
J	Each	2	Cranberry juice		2.00	4.00
J	Each	2	Orange juice		2.00	4.00
J	Each	2	Apple juice		2.00	4.00
Subtotal:						45.50
						00

OLLY FRESCO'S  
 #120 - 10301 SOUTHPORT LANE SW  
 CALGARY, AB  
 21687590

|||| PURCHASE ||||

07-24-2014

Acct # [REDACTED]  
 Exp Date [REDACTED]  
 Name: [REDACTED]

Trace # [REDACTED]  
 FS2163759002

Inv [REDACTED] CVD Resp  
 Auth [REDACTED] RRN 001616002

**Total \$45.00**

Retain this copy for your records

Comment:	<b>Total Amount</b>	45.50
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Main Line 403.410.1010

**SUBSCRIPTION RECEIPT**

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days  
DATE: August 26, 2014  
ACCOUNT #  
NAME: AB Health Services (John Cowell)  
ADDRESS: 10301 Southport Lane SW #3228  
CITY: Calgary, AB  
POSTAL CODE: [REDACTED]  
PHONE NUMBER: [REDACTED]  
AMOUNT PAID: \$29.14 (2)  
PAYMENT METHOD: [REDACTED]  
Approval Code: [REDACTED]  
PAYMENT DATE: August 11, 2014  
EXPIRY DATE:

**SUBSCRIPTION RATES [per Paper]** (as of June 2014)

<u>7 Days</u>		
13 Weeks		\$83.40
26 Weeks		\$166.80
52 Weeks		\$333.61



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**OLLY-FRESCO'S INC**

UNIT 120 - 10301 SOUTHPORT LANE SW  
 CALGARY, Alberta T2W 1S7  
 CANADA

**INVOICE**


Invoice No.: [REDACTED]  
 Date: 13/08/2014  
 Page: 1

Sold to:  
 [REDACTED]

Ship to:  
 AHS [REDACTED]  
 Time: 9:30 am  
 ppl:8  
 RM: 3106 tower bldg

*Dr. Cowell - EMS Working Group*

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount	
C	Each	10	coffee		1.50	15.00	
T	Each	10	Hot water		1.25	12.50	
W	Each	8	water		1.75	14.00	
CO	Each	8	COOKIES		1.50	12.00	
			Subtotal:			53.50	
 <p>OLLY-FRESCO'S                  #120 10301 SOUTHPORT LANE SW                  CALGARY AB                  21687590                  PURCHASE                  08-18-2014 07:35:37                  Acct # [REDACTED]                  Exp Date [REDACTED]                  Name: [REDACTED]                  Trace [REDACTED]                  Inv. # [REDACTED] CVD Resp                  Auth # [REDACTED] RRN 001631002                  Total \$53.50                  Retain this copy for your records                  Customer Copy</p>							
Comment:						<b>Total Amount</b>	53.50

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# OLLY FRESCO'S INC

UNIT 120 - 10301 SOUTHPORT LANE SW  
 CALGARY, Alberta T2W 1S7  
 CANADA

# INVOICE

Invoice No.: [REDACTED]  
 Date: 15/08/2014  
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]  
 ppl:5

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount	
C	Each	10	@7:30AM coffee		1.50	15.00	
T	Each	5	Hot water		0.25	1.25	
W	Each	5	water		1.75	8.75	
YC	Each	5	Small Yogurt cups		1.50	7.50	
M	Each	3	muffin		1.95	5.85	
SFP	Each	1	small fruit platter		35.00	35.00	
			@11:30				
W	Each	5	water		1.75	8.75	
DS	Each	5	Deli Sandwiches (ONE white bread, lettuce, tomato, cheddar, no spreads, wrapped seperately)		5.75	28.75	
SCP	Each	1	Small cheese/ veggie platter *** Check Coffee and hot water ***		40.00	40.00	
			Subtotal:			150.85	
<p>OLLY FRESCO'S                  #120 10301 SOUTHPORT LANE SW                  CALGARY AB                  21687590</p> <p>++++ PURCHASE +++++</p> <p>08-18-2014 07:21:10</p> <p>Acct # [REDACTED]                  Exp Dat [REDACTED]                  Name: [REDACTED]</p> <p>Trace # [REDACTED]                  PS2168759002</p> <p>Inv. # [REDACTED] CVD Resp                  Auth # [REDACTED] RRN 001631001</p> <p><b>Total \$150.85</b></p> <p>Retain this copy for your records                  records                  customer copy</p>							
Comment:						<b>Total Amount</b>	150.85

(4)