

Official Administrator and Executive Expense Report

Name Other Official Administrator
Title Office Administrator
Location Calgary

Expenses submitted during the month of September 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)
Sep-14	P-Card	Meetings			165		165			327
Total			\$ -	\$ -	\$ 165	\$ -	\$ 165	\$ -	\$ -	\$ 327

Total for the Month \$ 492

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 154
 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 ASSISTANT Cardholder's Position/Title	Billing Reporting Period: 20/09/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount: \$492.35
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
21/08/2014	361823566	OLLY FRESCO S. EATING PLACES, RESTAURANTS	32.50	CAD	32.50	1.55		Catering-Refreshments for OA's Audit & Finance Advisory Committee Meeting on August 21, 2014
22/08/2014	361823565	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	31.50	CAD	31.50	1.50		Subscription fee for Calgary Herald for the OA Office for the month of July/August
24/08/2014	361986135	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	31.50	CAD	31.50	1.50		Subscription fee for Calgary Herald for the OA Office for August/September
25/08/2014	362201248	OLLY FRESCO S. EATING PLACES, RESTAURANTS	27.50	CAD	27.50	1.34		Catering-Refreshments for OA's Human Resource Advisory Committee Meeting on August 25, 2014
26/08/2014	362351922	OLLY FRESCO S. EATING PLACES, RESTAURANTS	8.75	CAD	8.75	.42		Catering-Refreshments for OA's meeting with Minister of Health on August 26, 2014
26/08/2014	362351923	OLLY FRESCO S. EATING PLACES, RESTAURANTS	86.50	CAD	86.50	4.12		Catering-Lunch for OA's meeting with the Minister of Health and CEO
02/09/2014	362905573	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	29.14	CAD	29.14	1.39		Catering-Subscription fee for Calgary Sun for the OA Office
04/09/2014	363393782	DELTA CALGARY SOUTH, DELTA HOTELS	164.96	CAD	164.96	.00	.00	Accommodations for Doug Tupper to attend the OA's Quality & Safety Advisory Committee Mtg on Sept 4, 2014 in Calgary
16/09/2014	364765176	OLLY FRESCO S. EATING PLACES, RESTAURANTS	80.00	CAD	80.00	3.81		Catering-Refreshments for OA's Quality & Safety Advisory Committee Meeting on September 4, 2014.

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨

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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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.

DECOSTE, LOU

EXECUTIVE ASSISTANT

Name of Cardholder

Cardholder Position/Title



Signature of Cardholder

 Sept. 23, 2014

Date of Signature

Approver Designate (if Applicable)

By signing this statement

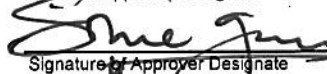
- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health 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.

Sonia Garcia

Board Advisor

Name of Approver Designate

Approver Designate Position/Title



Signature of Approver Designate

 Oct. 14, 2014

Date of Signature

Approver

By signing this statement

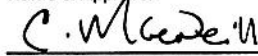
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- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Catherine MacNeill

Corporate Secretary

Name of Approver

Approver Position/Title



Signature of Approver

 Sept. 23/14

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: _____

OLLY FRESCO'S INC

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

INVOICE

Invoice No.: [REDACTED]
 Date: 28/08/2014
 Page: 1


Sold to:



Ship to:



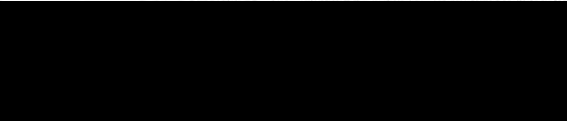
Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
W	Each	7	water		1.75	12.25
C	Each	10	coffee		1.50	15.00
T	Each	7	tea		0.75	5.25
			Subtotal:			32.50
 <p>OLLY FRESCO'S INC UNIT 120 - 10301 SOUTHPORT LANE SW CALGARY AB 21687590 PURCHASE 08-21-2014 09:43:41 Acct # [REDACTED] Exp Date [REDACTED] Name: [REDACTED] Trace # [REDACTED] FS2168759002 Inv. # [REDACTED] CVD Resp Auth # [REDACTED] RRN 001634001 Total \$32.50 Retain this copy for your</p>						
Comment:					Total Amount	32.50

(2)
(3)

SUBSCRIPTION RENEWAL NOTICE

DR JOHN COWELL ALBERTA HEALTH SVCS



\$126.00
÷ 4 mths
\$ 31.50/per mth.

Your current subscription expires **23-Jun-14**
Your payment of **\$126.00**
Received by **22-Jun-14**
Ensures delivery for **4 MONTHS**
Delivery Days **Mon - Sat**

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 403-235-READ (7323) or 1-800-372-9219
Email calgaryherald@reachcanada.com

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.

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
- ▶ 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 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.

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
- ▶ 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

OLLY FRESCO'S INC

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

INVOICE

Invoice No.: [REDACTED]
 Date: 25/08/2014
 Page: 1

Sold to:



Ship to:



Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
HW	Each	5	Hot Water		0.75	3.75
W	Each	5	water		1.75	8.75
Subtotal:						27.50



Comment:

Total Amount

27.50

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

INVOICE

Invoice No.: [REDACTED]
 Date: 26/08/2014
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]

*Meeting with Minister
 of Health*

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount	
W	Each	5	water		1.75	8.75	
			Subtotal:			8.75	
<div data-bbox="893 1155 1380 1785" data-label="Text"> <p>21687590 PURCHASE 08-26-2014 12:21:50 Acct # [REDACTED] Exp Date [REDACTED] Name: [REDACTED] Trace: [REDACTED] FS2168759002 Inv. [REDACTED] CVD Resp Auth [REDACTED] RRN 001637020 Total \$8.75 Retain this copy for your</p> </div>							
Comment:						Total Amount	8.75

OLLY FRESCO'S INC

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

INVOICE

Invoice No.: [REDACTED]
Date: 26/08/2014
Page: 1

Sold to:

[REDACTED]

Ship to:

AHS [REDACTED]
Time: 12:30pm
[REDACTED]

*Meeting with minister of Health
& CEO*

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
HW	Each	5	Hot Water		0.75	3.75
SCP	Each	1	Small cheese platter		20.00	20.00
SFP	Each	1	small fruit/veggie platter		35.00	35.00
W	Each	3	water		1.75	5.25
CO	Each	5	Cookies		1.50	7.50
			Subtotal:			86.50

CALGARY AB
21687590
++++ PURCHASE +++++
08-26-2014 11:01:34
Acct # [REDACTED]
Exp Date [REDACTED]
Name: [REDACTED]
Trace # [REDACTED]
FS2168759002
Inv. # [REDACTED] CVD Resp
Auth # [REDACTED] RRN 001637001
Total \$86.50

6

Comment:

Total Amount

86.50



7

Main Line 403.410.1010

SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: September 23, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services (John Cowell)

ADDRESS: [REDACTED]

CITY: Calgary, AB

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$29.14

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: September 2, 2014

EXPIRY DATE: October 7, 2014

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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2615 12 Street NE, Calgary, Alberta T2E 7W9

www.calgarysun.com



DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

8

AB HEALTH SERVICES
Mr Doug Tupper
Canada

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 09-03-14
Departure: 09-04-14

Date	Description	Additional Information	Charges	Credits
09-03-14	Room Charge		154.00	
09-03-14	DMF		4.62	
09-03-14	Tourism Levy		6.34	
09-04-14	Mastercard	[REDACTED]		164.96

GST Summary	
Registration No: 895126332	
Room	0.00
F&B	0.00
Other	0.00
Total	0.00

Total	164.96	164.96
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

OLLY FRESCO'S INC
 UNIT 121 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: [REDACTED]
 Date: 04/09/2014
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
CO	Each	10	COOKIES		1.50	15.00
J	Each	10	Juice		2.00	20.00
T	Each	10	tea		1.25	12.50
W	Each	10	water		1.75	17.50
Subtotal:						80.00
<p>OLLY FRESCO'S #120 10301 SOUTHPO T2W1S7 CALGARY AB 21687590</p> <p> PURCHASE </p> <p>09-16-2014 16:07:40 Acct # [REDACTED] M</p> <p>Name: [REDACTED]</p> <p>Trace [REDACTED] FS2168759001</p> <p>Inv. # [REDACTED] CVD Resp Auth # [REDACTED] RRN 001661013</p> <p>Total \$80.00</p> <p>X _____ Signature</p> <p>I agree to pay the above total amount according to the card issuer agreement.</p> <p>Retain this copy for your records Merchant copy</p>						
Comment:					Total Amount	80.00