

## Official Administrator and Executive Expense Report

**Name** Other Official Administrator  
**Title** Office Administrator  
**Location** Calgary  
 Expenses submitted during the month of October 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)
Oct-14	P-Card	Meetings					-			76
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	76

**Total for the Month** \$ 76

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

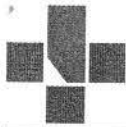
#### 3) Hosting and Hospitality expenses

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

DECOSTE, LOU Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period: 20/10/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount: <u>75.64</u>
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Statement of Transactions**

①  
②  
③

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/09/2014	365517744	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	31.50	CAD	31.50	1.50		Subscription fee for Calgary Herald for the OA Office
26/09/2014	365706626	OLLY FRESCO S, EATING PLACES, RESTAURANTS	15.00	CAD	15.00	.71		Catering - Refreshments for OA's Audit & Finance Advisory Committee Meeting on September 26, 2014
14/10/2014	367499773	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	29.14	CAD	29.14	1.39		Subscription fee for Calgary Sun 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.

 \_\_\_\_\_  
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

 \_\_\_\_\_  
Name of Cardholder

EXECUTIVE ASSISTANT

 \_\_\_\_\_  
Cardholder Position/Title

  
Signature of Cardholder

  
Date of Signature

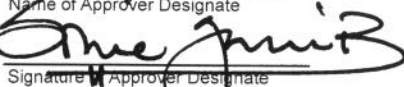
**Approver Designate (if Applicable)**

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

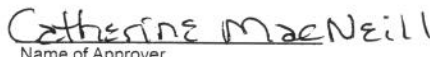
  
Signature of Approver Designate


  
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.
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Name of Approver

  
Approver Position/Title

  
Signature of Approver

  
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 RENEWAL NOTICE

①

ALBERTA HEALTH SVCS  
[Redacted]

\$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 [Redacted] ALBERTA HEALTH SVCS  
Account # [Redacted]  
Delivery to [Redacted] 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.

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

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

**INVOICE**

②

Invoice No.: [REDACTED]  
 Date: 26/09/2014  
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]  
 @ 8:30

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
HW	Each	10	Hot Water			
			Subtotal:			15.00
CALGARY AB 21687590 PURCHASE 09-26-2014 08:45:05 Acct # [REDACTED] Exp Date [REDACTED] Name: [REDACTED] Trace # [REDACTED] FS2168759002 Inv. [REDACTED] CVD Resp Auth [REDACTED] RRN 001659005 <b>Total \$15.00</b> Retain this copy for your records						
Comment:					Total Amount	15.00



**SUBSCRIPTION RECEIPT**

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: October 17, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED]

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$29.14

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: October 14, 2014

EXPIRY DATE: November 11, 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

