

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title Associate Chief Medical Leadership, Workforce & Medical Affairs
Location Calgary
 Expenses submitted during the month of June 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)
Jun-14	P-Card	Meetings				299	299			
Total			\$ -	\$ -	\$ -	\$ 299	\$ 299	\$ -	\$ -	\$ -

Total for the Month \$ 299

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

STIEBEN CHRISTINE Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period	20/06/2014
[REDACTED] Cardholder's Dept	[REDACTED] Cardholder's Staff Location	Total Statement Amount	\$3,393.20 299
CHRISTINE.STIEBEN@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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/05/2014	352844526	PRESTIGE TRANSPORTATION LIMOUSINES AND TAXICABS	80.50	CAD	80.50	3.8%		00 Nichol-Airport to Robbins Pavilion (Apr 23/14)
22/05/2014	352844527	PRESTIGE TRANSPORTATION LIMOUSINES AND TAXICABS	80.50	CAD	80.50	3.8%		00 Nichol-Robbins Pavilion to Airport (April 23/14)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/05/2014	352844529	PRESTIGE TRANSPORTATION LIMOUSINES AND TAXICABS	69.00	CAD	69.00	3.2%		00 Nichol-Airport to UofA (Apr 30/14)
22/05/2014	352844530	PRESTIGE TRANSPORTATION LIMOUSINES AND TAXICABS	69.00	CAD	69.00	3.2%		00 Nichol&Hondas-UofA to Airport (April 30/14)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Signatures
Cardholder Designate (if Applicable)

By signing this statement:

- I hereby certify that I have reviewed and recognized 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.

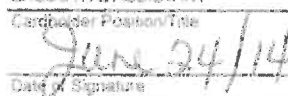
STIEBEN, CHRISTINE

EXECUTIVE ASSISTANT

Name of Cardholder

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

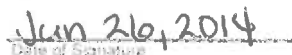
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- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.


 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 applicable) why travel was necessary and detailed explanation of reason.

Address:

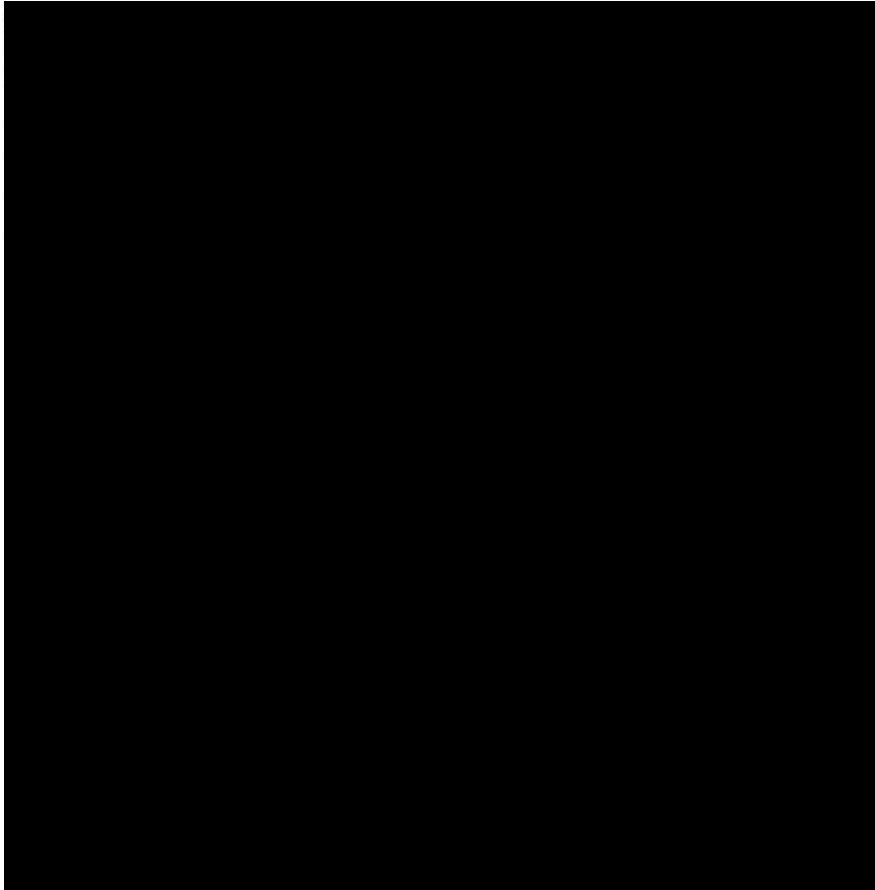
 Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____

Reviewed by _____

Date _____



DR. NICHOL
APRIL 23/ 2014.
EIA > ROBBINS PAVILION

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: [REDACTED]
Item #: [REDACTED]
M/C PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$80.50
CHRISTINE STIEBEN

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/05/22 Time: 23:05:47
Response: AUTH [REDACTED]

CUSTOMER COPY

5.

DR. NICHOL
APRIL 23/ 2014.
ROBBINS PAVILION > EIA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: [REDACTED]
Item #: [REDACTED]
M/C PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED] 7

APPROVED

AMOUNT CAD\$80.50
CHRISTINE STIEBEN

Ref. #: [REDACTED]
Auth. #: [REDACTED]

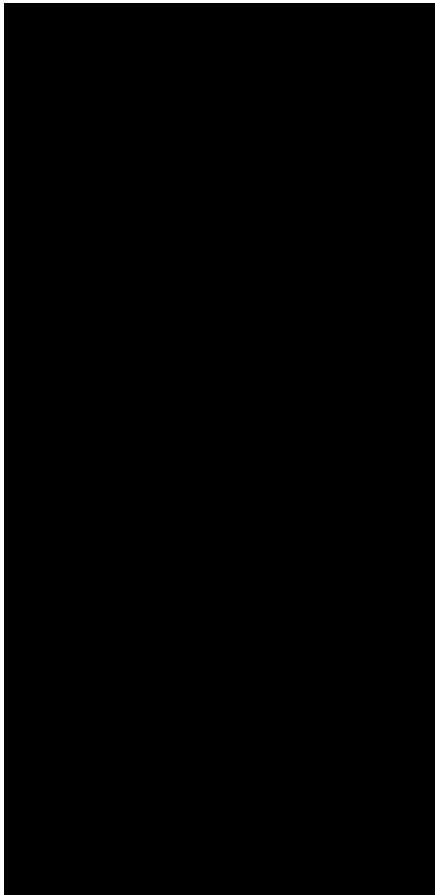
Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/05/22 Time: 23:08:03
Response: AUTH [REDACTED]

CUSTOMER COPY

6.



DR. NICHOL
APRIL 30/2014.
EIA > UofA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509440

Item #: [REDACTED]

M/C PURCHASE

Op Id: [REDACTED]

Card #: [REDACTED]

APPROVED

AMOUNT CAD\$69.00

CHRISTINE SIEBEN

Ref. #: [REDACTED]

Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/05/22 Time: 23:13:10

Response: AUTH [REDACTED]

CUSTOMER COPY

8.

DR. NICHOL + MR. HONDAS
APRIL 30/2014.
UofA > EIA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: [REDACTED]

Item #: [REDACTED]

M/C PURCHASE

Op Id: [REDACTED]

Card #: [REDACTED]

APPROVED

AMOUNT CAD\$69.00

CHRISTINE SIEBEN

Ref. #: [REDACTED]

Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/05/22 Time: 23:15:13

Response: AUTH [REDACTED]

CUSTOMER COPY

9.