

Executive Expense Report

Name Official Administrator
Title AHS Official Administrator
Location Calgary
 Expenses submitted during the month of November 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-2013	P-Card	Meetings					-		611	
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 611	\$ -

Total for the Month \$ 611

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 SECRETARY Cardholder's Position/Title	Billing Reporting Period:	20/11/2013
BOARD OFFICE Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount:	\$611.35
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
① 22/10/2013	332151597	OLLY FRESCO S. EATING PLACES, RESTAURANTS	5.36	CAD	5.36	26		Catering AHS Executive Team with Official Administrator Oct 22
② 22/10/2013	332151598	OLLY FRESCO S. EATING PLACES, RESTAURANTS	530.64	CAD	530.64	25.27		Catering AHS Executive Team with Official Administrator Oct 22
③ 13/11/2013	334477065	OLLY FRESCO S. EATING PLACES, RESTAURANTS	75.35	CAD	75.35	3.59		Catering AHS Audit and Finance Advisory Committee Meeting Nov 12

AHS - Edmonton
Accounts Payable
DEC 02 2013
RECEIVED

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 SECRETARY Cardholder Position/Title	
<u>L. Decoste</u> Signature of Cardholder	<u>Nov 25, 2013</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
Lynne Nicholas Name of Approver Designate	Executive Assistant Approver Designate Position/Title	
<u>Lynne Nicholas</u> Signature of Approver Designate	<u>Nov 25, 2013</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
Kristin Long Name of Approver	Corporate Secretary Approver Position/Title	
_____ Signature of Approver	<u>Nov 25, 2013</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> 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
#120 10301 SOUTHPO T2W1S7
CALGARY AB
21687590

|||| PURCHASE ||||

10-22-2013 11:29:40
Acct # [REDACTED] M
Exp Date [REDACTED] Card Type MC
Name:

Trace # [REDACTED]
Inv. # [REDACTED] CVD Resp
Auth # [REDACTED] RRN 001434003

Total \$530.64

Retain this copy for your
records
Customer copy

OLLY FRESCO'S
#120 10301 SOUTHPO T2W1S7
CALGARY AB
21687590

|||| PURCHASE ||||

10-22-2013 11:28:13
Acct # [REDACTED] M
Exp Date [REDACTED] Card Type MC
Name:

Trace # [REDACTED]
Inv. # [REDACTED] CVD Resp
Auth # [REDACTED] RRN 001434002

Total \$5.36

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records
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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: 21 Oct, 13
 Page: 1

Sold to:

AHS - Lou Decoste [REDACTED]

Ship to:

AHS - Lou Decoste [REDACTED]
 ppl:20
 Rm: 1004 1005 SPT

Business No.: [REDACTED]

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			@9:30am RM: 1004			
C	Each	30	coffee		1.50	45.00
W	Each	20	water		1.75	35.00
M	Each	20	muffins		1.95	39.00
T	Each	10	tea		1.25	12.50
MFP	Each	1	medium fruit platter		55.00	55.00
			@11:30am RM: 1005			
DS	Each	19	deli sandwich(slice sandwiches into 4's)		5.75	109.25
DS	Each	1	Plain white bread w/ lettuce, tomatos cheddar cheese, ham(Wrap sepeartely)		5.75	5.75
MCP	Each	1	medium cheese platter		65.00	65.00
MVP	Each	1	medium vegetable platter		40.00	40.00
MDP	Each	1	medium dessert platter		50.00	50.00
C	Each	20	coffee		1.50	30.00
T	Each	10	tea		1.25	12.50
SD	Each	10	soft drinks		1.95	19.50
W	Each	10	water		1.75	17.50
			Subtotal:			536.00

**AHS Executive Team Meeting with Official Administrator
 October 22, 2013 at 1000 – 1630 hours for 20 people**

CATERING

In attendance

Dr. John Cowell, Official Administrator	Brenda Huband, Leader Health Operations, Central & South
Duncan Campbell, Acting CEO and President	Dr. Francois Belanger, Medical Leader, South
Deborah Rhodes, CFO	Dr. Tom Noseworthy, Leader Health Operations - North
Dr. Verna Yiu, Leader, Quality & CMO	Dr. David Mador, Medical Leader- North
Colleen Turner, Leader, Engagement, Public Relations and Communications	Dr. Kathryn Todd, Leader, Research, Innovation & Analytics
Mauro Chies, Leader Clinical Supports	David Diamond, Chief External Relations Officer
Rick Trimp, Leader Province Wide Services	Kristin Long, Corporate Secretary
Deb Gordon, Leader Collaborative Practice, Nursing & Health Professions	Isaac Van Dyne, CEO Office Associate

Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash	Total Amount	536.00
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Olly Fresco's Inc.
 unit 120 - 10301 Southport Lane sw
 Open Monday - Friday 8:45-4:00
 Calgary, Alberta T2W 1S7
 Canada

INVOICE

Invoice No.: [REDACTED]
 Date: 12 Nov, 13
 Page: 1

Sold to:
 AHS - Lou Decoste [REDACTED]

Ship to:
 AHS - Lou Decoste [REDACTED]
 Room: 3234
 @ 3:30 pm
 ppt: 4

Business No.: 828043800 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
J	Each	4	juice			
W	Each	4	water		1.95	7.80
M	Each	4	cookies		1.75	7.00
T	Each	10	lea		1.95	7.80
DS	Each	6	deli sandwich		1.25	12.50
DS	Each	1	***Allergic alert*** White bread/Ham/cheddar /lettuce/tomatoes NO DRESSING		5.75	34.50
					5.75	5.75
			Subtotal			75.35

3

OLLY FRESCO'S
 #120 10301 SOUTHPO T2W1S7
 CALGARY AB
 21687590
 PURCHASE
 11-13-2013 09:21:54 M
 Acct # [REDACTED] Card Type MC
 Exp Date [REDACTED]
 Name: [REDACTED]
 Trace # [REDACTED]
 Inv. # FS2168753001
 Auth # [REDACTED]
 CVD Resp RRM 081452892
 Total 75.35
 Retain this copy for your records
 Customer copy

In Attendance:

- Dr. John Cowell, Official Administrator
- Brian Olson, External Member
- Duncan Campbell, A/President & CEO (ex officio)
- Deborah Rhodes, A/Leader, Corporate Services & CFO
- Robert Hawes, Head Finance
- Kristin Long, Corporate Secretary
- Michael Lam, Treasury

Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash	Total Amount	75.35
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