

Official Administrator and Executive Expense Report

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

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Dec-13	P-Card	Meetings					-		30	
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30	\$ -

Total for the Month \$ 30

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:			
<ul style="list-style-type: none"> • 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	EXECUTIVE SECRETARY	Billing Reporting Period:	20/12/2013
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$30.00
BOARD OFFICE	SOUTHLAND PARK III		
Cardholder's Dept	Cardholder's Site/Location		
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/12/2013	336592742	OLLY FRESCO S, EATING PLACES, RESTAURANTS	30.00	CAD	30.00	1.43		Catering for meeting on December 5, 2013

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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 <p>_____ Name of Cardholder Designate</p> <p>_____ Cardholder Designate Position/Title</p> <p>_____ Signature of Cardholder Designate</p> <p>_____ Date of Signature</p>		
<p>Cardholder By signing this statement</p> <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. <p>DECOSTE, LOU Name of Cardholder</p> <p>EXECUTIVE SECRETARY Cardholder Position/Title</p> <p><i>L. Decoste</i> Signature of Cardholder</p> <p><i>January 6, 2014</i> Date of Signature</p>		
<p>Approver Designate (if Applicable) By signing this statement</p> <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. <p><i>Lynne Nicholas</i> Name of Approver Designate</p> <p>Executive Assistant Approver Designate Position/Title</p> <p><i>Lynne Nicholas</i> Signature of Approver Designate</p> <p><i>January 6, 2014</i> Date of Signature</p>		
<p>Approver By signing this statement</p> <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. <p><i>Kristin Long</i> Name of Approver</p> <p>Corporate Secretary Approver Position/Title</p> <p><i>KL</i> Signature of Approver</p> <p><i>January 6, 2014</i> Date of Signature</p>		
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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) <p>And where applicable:</p> <ul style="list-style-type: none"> • 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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

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: 05 Dec, 13
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Sold to:
 AHS - Lou Decoste [REDACTED]

Ship to:
 AHS - Lou Decoste [REDACTED]

Business No.: 82864 3890 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount	
C	Each	20	coffee		1.50	30.00	
			Subtotal:			30.00	
<p>OLLY FRESCO'S #120 10301 SOUTHPO T2W1S7 CALGARY AB 21687590</p> <p> PURCHASE </p> <p>12-05-2013 09:20:27 Acct # [REDACTED] M Exp Date [REDACTED] Card Type MC Name:</p> <p>Trace # 690001 FS2168759002</p> <p>Inv. # [REDACTED] CVD Resp Auth # [REDACTED] RRN 001465001</p> <p>Total \$30.00</p> <p>Retain this copy for your records Customer copy</p>							
Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash						Total Amount	30.00