

## Executive Expense Report

**Name** David Diamond  
**Title** SVP, Human Resources  
**Location** Edmonton  
 Expenses submitted during the month of September 2013

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-13	P-Card	Meetings	452				452			
<b>Total</b>			\$ 452	\$ -	\$ -	\$ -	\$ 452	\$ -	\$ -	\$ -

**Total for the Month**      \$      452

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:**

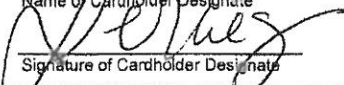
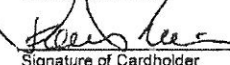
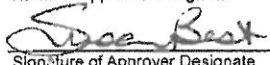
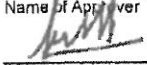
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

DIAMOND, DAVID Cardholder's Name	SENIOR VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period:	20/09/2013
HUMAN RESOURCES Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$451.96
DAVID.DIAMOND@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/09/2013	327370039	AIR CAN 0142125152553, AIR CANADA	441.96	CAD	✓ 441.96	✓ .00	✓ .00	Travel to Calgary for meetings with direct reports - this trip was cancelled/credit <i>Credit on file</i>
05/09/2013	327523778	TASF 60005226330, TRAVEL AGENCIES AND TOUR OPERATORS	10.00	CAD	✓ 10.00	✓ .43	✓	Travel agent administrative fee



<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p><u>LORI DRKUSZ</u> Name of Cardholder Designate</p> <p> Signature of Cardholder Designate</p>	<p><u>PROJECT COORDINATOR</u> Cardholder Designate Position/Title</p> <p><u>Sept 27, 2013</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>DAVID, DAVID</u> Name of Cardholder</p> <p> Signature of Cardholder</p>	<p><u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title</p> <p><u>Sept 27 113</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Susan Best</u> Name of Approver Designate</p> <p> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>Oct. 1/13</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Duncan Campbell</u> Name of Approver</p> <p> Signature of Approver</p>	<p><u>VP Admin + CFO</u> Approver Position/Title</p> <p><u>Oct. 1/13</u> Date of Signature</p>	
<p><b>Submit approved statement with attachments to Accounts Payable:</b></p>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p>And where applicable:</p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p><b>Accounts Payable only:</b></p>		
Reference #: _____	Reviewed by: _____	Date: _____

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST,  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]

Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 5, 2013  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
MR DAVID DIAMOND  
AC [REDACTED]

Friday, September 13, 2013

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
AIR CANADA E  
BOOKING REFERENCE [REDACTED]  
TICKET NUMBER 0142125152553  
SEAT SELECTION 3D

Flight: 8137 W CLASS  
09:00 AM Equipment: DH4  
09:47 AM

Mile(s) Flown: 153

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
AIR CANADA E  
BOOKING REFERENCE [REDACTED]  
TICKET NUMBER 0142125152553  
SEAT SELECTION 1D

Flight: 8172 W CLASS  
05:30 PM Equipment: D8 (300 SERIES)  
06:22 PM

Mile(s) Flown: 153

Wednesday, March 12, 2014

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 5, 2013  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Wednesday, March 12, 2014

## Tour

BSP TASF

From: EDMONTON INTL AB

12:00 AM PACKAGE TOUR

To: EDMONTON INTL AB

12:00 AM

AIR CANADA CONFIRMATION [REDACTED]

### Cost:

AIR CANADA WEB [REDACTED]

(CA [REDACTED])

372.00

Tax:

69.96

Ticket Total:

441.96 ✓

AIR CANADA WEB [REDACTED]

(CA [REDACTED])

TKT-9540005226330

(CA [REDACTED])

10.00 ✓

### Total:

Grand Total:

451.96

Less Credit Card Payments:

451.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT..VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.