

Official Administrator and Executive Expense Report

Name Other Official Administrator
Title Office Administrator
Location Calgary
 Expenses submitted during the month of May 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)
May-14	P-Card	Meetings					-		109	27
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 109	\$ 27

Total for the Month \$ 135

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	EXECUTIVE SECRETARY	Billing Reporting Period:	20/05/2014
Cardholder's Name	Cardholder's Position/Title		
██████████	██████████		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$135.27
LOU.DECOSTE@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
22/04/2014	██████████	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	26.57	CAD	26.57	1.27		Subscription fee for Calgary Sun for the OA Office
23/04/2014	██████████	OLLY FRESCO S, EATING PLACES, RESTAURANTS	108.70	CAD	108.70	5.18		Catering-Lunch for OA's Audit and Finance Advisory Committee Meeting on April 23, 2014

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 SECRETARY
Cardholder Position/Title


Signature of Cardholder

 May 26, 2014
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.

 Paula Finnson
Name of Approver Designate

 EXEC. Admin Co-ordinator
Approver Designate Position/Title


Signature of Approver Designate

 May 26/14
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.
- 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.

 Catherine MacNeill
Name of Approver

 Corporate Secretary
Approver Position/Title


Signature of Approver

 May 28, 2014
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 RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: May 15, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services
Attn: John Cowell

ADDRESS: [REDACTED]

CITY: Calgary, Alberta

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$26.57

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: April 22, 2014

EXPIRY DATE: May 20, 2014

SUBSCRIPTION RATES [per Paper] (as of Jan 2012)

7 Days

13 Weeks	\$76.71
26 Weeks	\$153.43
52 Weeks	\$306.85

Auto Debit Only (10% off)

Every 5 weeks	\$26.57
Every 13 weeks	\$69.07
Every 26 weeks	\$138.14
Every 52 weeks	\$276.28



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2615 12 Street NE, Calgary, Alberta T2E 7W9

www.calgarysun.com

Invoice No.: [REDACTED]
 Date: 23 Apr, 14
 Page: 1

Sold to: AHS - Lou Decoste [REDACTED]

Ship to: AHS - Lou Decoste [REDACTED]
 @11:30
 [REDACTED]

Business No.: 82864 3890 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	coffee		1.50	15.00
T	Each	10	hot water			
DS	Each	5	deli sandwich		5.75	28.75
SVP	Each	1	small veggie platter		30.00	30.00
W	Each	10	water		1.75	17.50
M	Each	6	cookies		1.95	11.70
DS	Each	1	deli sandwich * see details		5.75	5.75
Subtotal:						108.70

CALGARY AB
 [REDACTED]
 **** PURCHASE ****
 04-23-2014 11:18:20
 Acct # [REDACTED]
 Exp Date [REDACTED] Card Type [REDACTED]
 Name:
 Trace # [REDACTED]
 Inv. # [REDACTED] CVD Resp
 Auth # [REDACTED] RRN [REDACTED]
 Total \$108.70

Comment: Accepted Payment Methods: Visa, Master Card, Debit or Cash	Total Amount	108.70
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