

Official Administrator and Executive Expense Report

Name Don Lowry
Title
Location Official Administrator Office
 Expenses submitted during the month of April 2015

Travel (1)

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec 2014 - Mar 2015	Expense Claim	Honorarium					-			\$3,750
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,750

Total for the Month \$ 3,750

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



AHS - AP Processing - Internal Use Only
Voucher #
Naming Convention:
T4/ANR Applicable? - If yes, indicate line & amt

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Don Lowry	Vendor# (if known)		Expense Period Month:	Dec 2014 - March 2015
Address:		City:		Province:	AB
Postal Code:		Country:	Canada	Phone #:	
Reason for Expense &/or Business Case	Advisor to the Official Administrator related to AHS Governance.				

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column is blank)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$0.00
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL PAYMENT					\$0.00

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 3: AUTHORIZATION

I attest that I have read and understood all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant with all the above statements	Date	Phone#
Don Lowry	<i>Don Lowry</i>	April 25/2015	

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Dr. Carl Amrhein	Official Administrator	April 27/15	
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	

- All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Access to Information Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact the Privacy Officer at 781-735-0336 or email: Mark.Palmer@albertahealthservices.ca

Carry forward from Section 1

Name:	Don Lowry	Vendor# (if known)		Expense Period Month:	Dec 2014-March 2015
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section above

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

<u>Date</u>	<u>Description: (Include purpose of trip, mode of travel, starting point, details of expenditure)</u>	<u>Cost Effective method used?</u>	<u>Meal (Allowance OR Receipt)(A)</u>				<u>Accommodation</u> (B)	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi) (C)	<u>Other</u> (Itemize) (D)	<u>Mileage</u> <u>km</u> (E)	<u>Payroll Only</u> OA Committee Meeting Fee (F)
			<u>Allowance</u>		<u>With Receipt</u>						
			<u>Meal Type</u>	<u>Allowance</u>	<u>Meal Type</u>	<u>With Receipt</u>					
5-Dec-14	AHS Governance Meeting	Yes								\$750.00	
15-Dec-14	AHS Governance Meeting	Yes								\$750.00	
17-Feb-15	AHS Governance Meeting	Yes								\$750.00	
5-Mar-15	AHS Governance Meeting	Yes								\$750.00	
6-Mar-15	AHS Governance Meeting	Yes								\$750.00	
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$3,750.00	

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to the Official Administrator office:

14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

Our File:

April 23, 2015

Mr. Don Lowry

Dear Mr. Lowry:

Thank you for your service over the past four months during which you have provided advice and deliberations related to Alberta Health Services (AHS) Governance to me in my role as Official Administrator.

You participated in meetings related to AHS Governance in Edmonton on December 5 and 15, 2014, and February 17, 2015, and in Toronto on March 5 and 6, 2015. You also provided two summary reports for my consideration. In a similar capacity to other advisors to the Official Administrator, you are eligible for an honorarium in the amount of \$750 per meeting, for a total of \$3,750.

Consistent with the Government of Alberta's requirements for appointments to government agencies, boards and committees, which includes the committees of the Official Administrator of AHS, information about you, including your name, title, background and remuneration, will be made available to the public.

Sincerely,



Carl G. Amrhein, PhD, RPP, MCIP, FRCGS
Official Administrator