

Official Administrator and Executive Expense Report

Name Title Dr. John Cowell Official Administrator

Location Calgary

Expenses submitted during the month of December 2013

					Travel (1)						
Source Date Document Purpose	Ai	rfare	Me	als	Accommodation	Othe Trave		Total Travel	Professional Development (2)		Other (4)
Dec-13 Expense Claim Meetings & Supplies Nov-13 P-Card Meetings & Subscriptions		110 497				;	825	93! 49:			56 121
Total	\$	607	\$		\$ -	\$ 1	825	\$ 1,432	2 \$	- \$ -	\$ 177
Total for the Month \$ 1,609											
Maximum meal expense claimed 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

Non economy air travel in the month

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Maximum daily hotel rate claimed in the month

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



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SetAice2	a word and occord	THE ENGL OLDING	
SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)			
 Enter employee # (old) and Employee # (E-People) if your payroll has migra 	ited to the New E-People payroll system	Expense Date From	: Sept. 16, 2013 To Dec. 5, 2013
 Indicate NVA in the Employee # (E-People) if your payroll has not migrated to 	o the New E-People payroll system	Travel Period from:	To Dec. 3, 2013
 If you are a new employee and your payroll is E-People you will only have a Name: Dr. John Cowell 		Out-of-Province Tra	vel
	Position (Title):	Official Administrator	
	DOFA Level: (// applicable)	Union: Busines	s Phone #: Ext:
Employee # (E-People): N/A			
SECTION E: FINANCE CODING & TOTAL CLAIM			
Project Number		Project Task Number	
CAPITAL PROJECT CODING ONLY -> Expenditure Organization		Expenditure Type	
Total - Section B: Travel - Pg 2	T-4-1 C-4 C0D, OH - 0 F - 1		
	Total - Section C&D: Other & Forei	7	TOTAL REIMBURSEMENT
Pg Bal Location Functional Total Bal Unit Location Centre (FC) Expense Unit L	ocation Functional Centre (FC)	Secondary/ Total Expense Expense	Total Section B \$934.53
2A \$202.00 101	0005 71110300004	69500000 \$56.48	Total Section C&D \$56.48
28 \$202.00			Less Cash Advance
2C \$328.53			2000 Odon Advance
2D \$202,00			TOTAL CLAIM \$991.01
\$934.53	**User to enter Coding & \$ Amount		
NOTE: This section auto filts from page 2A, 2B, 2C & 2D	NOTE: These fields do not automatically		
SECTION F: AUTHORIZATION	NOTE: These needs do not automatically	y HIT for Section C & D	
Letters that I have used and understand the Travel Hospitality and Working Session Expense Policy (1727) of Worta Hooth Services			
I asset the expenses enclosed in this class are for valid "usinest purposes for Aberta Heatin Services and that this claim has not been I assess this emporacy submitted in this claim have beth including by using a cost of incline method, otherwise is as not and easily and			P.LL.
I by signing this form, attent that I am complaint to will as above interestants		ity and Working Seasion Expenses Policy - Documents	1127
Employee Signature:	**************************************	Dec. 10/13	
I smoot that I have read and understand the Travet. Household part Viorating Illestion I appears Policy (1127) of Attents Health Services. I attest the expenses evolved in this claim see for valid baseness violoning to Attent Health Services and that was claim has not been		Services or any mer Orianization Approved di	im form with receipts should be sent by the
I when that expenses submitted in the claim barra bean is affect by using a cast effect we ment a coherence returned and supporting as			rectly to Accounte Payable for processing
Approved By (PRINT ONLY): Debroak Rhedel	DOFA Level	Position #	Phone # Ext
t by agoing the form attent that I are complaint to all the above convenients. Dodge A.A. Rh	color Title Acting (Ţ.,	Date
I attest that I have need and understand the Travel Hospitaldy and Working Session Exposes Pass y (11227 of Alberta Health Census	and confirm expenses being claimed are in compliance with such policy		
I altest the expenses are used in this claim are the valid betweet perposen for Alberta Houth Bandoos and that this claim has not been. I attest that expenses submitted in their claim now been the mod by score a cost effective method betweet rational and supporting as		Services or any other Organiza	
Approved By (PRINT ONLY):		Position #	Phone # Fxt
i by signing line form inters mail i aim complean so all the easily steaments	Titie		Phone # Ext
Signature:	1110		Leate

Health end 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 Protection of Privacy (FOIP) Act, respectively, for the purpose of administrating AHS Produce to Pay program

1 1

E	nter Finance Coding				Emp # (E-I	Péople)		N/A						2000
If expenses	s incurred are for multiple FC's please use pages 2E in slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	3,2C,2D (£	after pg3) as expense coo	s there sho	ould be one s	C nor con	OR i	d man flan	s are required	for the sam	e FC use th	ese addition	al pages	Page 2A Enter total
	B: TRAVEL EXPENSES NOTE: If expense										nce en la SEC	TION C		
Select from dro Ensure separat	pdown (column Prov) where expenses were incurred (Out of N An e lines are used for claim items that differ in Province, US and Out o	nenca = Inte	rt)						Effective Me	****	******************	***************************************		
	Business Reason for Travel - Detailed Description	Prov. US. ar				urther Exp	lanatk	if you on is REQUI	u select "No" RED in the "R	in this colum ationale is R	m, lequired" se		page	
Date dd-mmm-yy	Required (include destination, who attended-(if meal),	Out of N.Amer	What is travel	Cost Effective		Allowance				ing claimed in ap		Rental Carl		
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16-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes								-		50 00
17-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
18-\$ep-13	Travel from Residence to SPTT and Return	A8	Mening	Yes										50.00
19-Sop-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
23-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
24-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 DC
25-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
30-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
	SUBTOTALS													Total Kms
	MILEAGE - Businese Kilomet	re Rate for	r Personally	Owned Ve	hicle				Enter \$	0.505 km, \$0.4	47 km <u>OR</u> rat	e per Union /	Agreement	400 00
	 details of travel location to & from must b Rates applicable \$0.605 per km for <u>under 5,000km/y</u> 	e included	above under ser km for ov	the purpos er 5,000km	e of travel colu	ma n Apreement						ege deteils	ig the teft)	\$0.505
						2022.988							Mileage \$	5202.00
Not	e: Total will auto fill into pg 1. Section E, if form comp	leied elec	tronically -	Additional	pg 2's can be	e found afte	r Page	3		Ando	Sile on nex		\$ Subtotal	
Rationale (Any analy	Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)													
Total Common Com														

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

N C: OTHER EXPENSES			Emp#	(E-People)	NA					Page 3	
ses are for <u>trayel, gas, etc., no to Section B on pg 2</u> . ER* expenses listed below MUST have a secondervlexpense code i	ndicatedl										
Subtotal "Other Expenses" for each fun	ctional cer	itre se	parately and e	nter each su	btotal into	column "	Section C Total"	n page 1 S	ection E		
		F	inance Coding		Completion of the "Cost Effective In thod Used" Column is REQUIRED. If you select "No" in this or lithe amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED to the "Rayonale is Required" section on this page.						
what expense was and pentaining to and detailed explanation or reason)	1	t Lo	cation Fund	ctional Centre			Continuing Education Select type from dropdown menu (if applicable)	TOTAL			
Cell phone cover for Phone	101	(0005 71	110300004	69500000	Yes		\$39.54		\$39.54	
Cell phone abjer	101		0005 71	110300004	89500000	Yes		\$16.94		\$16 94	
									<u> </u>		
	+										
N D: FOREIGN CURRENCY										1	
on the following link for the Benk of ange rate using the date of expense Bank of Canada Cu	rrency Conv	erter	→ Select I								
(include destination, who attended-(if meal),	1	Finance	Coding	Secondary/ Expense	Cast Effective Method	this column	or the amount being claims	d exceeds the	Policy limit stated ii	"Appendix A" Further	
	7 Bail Unit	Location	Functional Contre	(8 characters)	Used? Y/N	Foreign Co	urrency Currency T		1	Canadian Value	
						The state of the s					
										Name of Adjusting	
		1	<u> </u>					: :			
		ld be at	tached to the	claim form)							
	Ses are for Irayel, Qas. etc., go to Section B on pq 2. EX" expenses listed below MUST have a seconderviexpense code is the Subtotal "Other Expenses" for each fund Business Reason for Expense - Debailed Description Required (include who attended-(if meal/Hospitality), why expense was required what expense was and pertaining to and detailed explanation or reason). A description of just "Intesting" will be returned for clarification. Cell phone cover for iPhone. Cell phone styler Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason). A description of just "Meeting" will be returned for clarification. A description of just "Meeting" will be returned for clarification.	Ses are for travel, gas, etc., no to Section B on pq 2. EX" expenses listed below MUST have a secondary/expense code Indicated! ***Subtotal "Other Expenses" for each functional cer Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Inteeting" will be returned for clarification Cell phone styler 101 Cell phone styler Business Reason for Travel - Detailed Description Required (include desfination, who attended-(if meal), why travel was necessary and dotailed explanation of reason) A description of just "Meeting" will be returned for clarification But Unit of Canada Currency Convertion of Include desfination, who attended-(if meal), why travel was necessary and dotailed explanation of reason) A description of just "Meeting" will be returned for clarification But Unit of Required for expenses that are not Cost Effective	Ses are for travel, gas, etc., go to Section B on pg 2. 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Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3-

II E	nter Finance Coding				Emp # (E-F	eople)		N/A	//					one an
if expenses	s incurred are for multiple FC's please use pages 25	3,2C,2D (8	fler pg3) a	s there sho	ould be one F	 Совговае	OR i	f more line:	s are required	d for the sam	e FC use the	ese addition	al pages. I	Page 2B Enter total
4 amount o	il Sip, 100 NOT Separate any taxes (eg. GST). Sec	condary/L	xpense coo	oes ere no	t required in t	nis section	as the	y are pre-de	termined by t	he system.			, 3-	
	B: TRAVEL EXPENSES NOTE: If expense proving (column Prov.) where expenses were incurred (Out of N.An			alegories suc	ti as Hospitality,	Working Ses	sion, Re	location, Contin	uing Education,	Business Insura	ince go to SEC	DON C		
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	Business Reason for Travel - Detailed Description	Prov. US,			F	urther Exp	lanatio	on is REQUI	u select "No" RED in the "F	ationale is F	nn, lequired" sec	tion on this	page	
Date	Required	Out of	What is	Cont		Allowance			If amount b	eing claimed t stated in Ap	is shove the	Rental Carr		T
dd-mmm-yy	(include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason)	N.Amer where	related to?	Effective	Hoal All	OWBIRCE	Meal	with Receipt		onale is requ		Bus/LRT/	Per Diem	Mileage
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1-0a-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
2-0d-13	Travel from Residence to SPTT and Return	AB	Mesting	Yes										50,00
7-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
8-0a-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes									*	50.00
9-0d-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
15-0a-13	Travel from Residence to SPTT and Return	AB	Meating	Yeş										50 00
16-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
17-0a-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
	SUBTOTALS		and after the straightful property and the seconds.											Total Kms
														400 00
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	The state of the s	<u> </u>	ya <u>y</u> .	- Crousia	eji o pur onic	T que como i	•		<u> </u>		**************************************		Mileage \$	\$202.00
Not	te: Total will auto fill into pg 1, Section E, if form comp	oleted elec	dronically -	Additional	pg 2's can be	e found afte	r Page	e 3	<u></u>		<u> </u>		\$ Subtotal	
									<u> </u>	Aut	o fills on pag	e1- TOTAL	TRAVEL \$	\$202.00
	is Required for expenses that are not Cost Ef		aa abaula	d bo offer		-1-i 6	-3							
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<u> </u>					-28 (3 -							***************************************		

E	nter Finance Coding				Emp # (E-I	People)		N/A	*******************************	***************************************			Þ	age 2C
If expense:	s incurred are for multiple FC's please use pages 2E	3,2C,2D (a	after pg3) a	s there sho	outd be one t	C per page	OR	f more line:	are required	for the same	s FC use th	ese addition) A senen le	Enter total
a amouni c	on sup, DONOT separate any taxes (eg. GST). Sec	condary/L	xpense cod	ies are no	t required in	this section	as the	y are pre-de	termined by t	he system.			ur pages L	THE TOTAL
	B: TRAVEL EXPENSES NOTE: If expens			etegories suc	ch as Hospitality	Working Ses	sion, Re	location, Contin	ung Education,	Business Insura	nce go la SEC	TION C		
	pdown (column Prov.) where expenses were incurred (Out of N.A.n is lines are used for clarmitems that differ in Province, US and Out o					Comp	letion o	of the "Cost	Effective Me	thod Used" (Column is F	REGUIRED		
		Prov. US.			_			if you	select "No"	in this colum	in.			
	Business Reason for Travel - Detailed Description	or				0.25(0.00)			RED in the "R				page	-
Date dd-mmm-yy	Réquired (include de lination, who attended (if meal).	Out of N.Amer	What is travel	Cost Meal (Allowance Of Meal Allowance Of		-	policy limit stated in Aggendix "A			policy limit stated in Appendix "A" Rental Carl				
оо-напин-уу	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification.	where	related to?	Method Used?		Owance		with Receipt	pt rational is required Bus/LRT/ Per Dian				Per Diam Alfowance	Mileage (km)
	A DONALD IN THE INSTITUTE AND A COUNTRY OF THE INCOME.	expenses incurred?		Y/N	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Fuel	CIONAIICE	(201)
18-Oct-13	Travel Irom Residence to SPTT and Return	AB	Meeting	Yes										50,00
21-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
22-0α-13	Travel Iron Residence to SPTT and Return	AB	Meeting	Yes										50 00
23-0a-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
4-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
5-Nov-13	Travel from Residence to SPTT, SPTT to University of Calgary to present to Department of Madicine	AB	Meeting	Yes								\$13 50 🗸	7	56 00
6-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
6-Nov-13	Wester change fee - Personal feets arrangements changed due to business requirements	BA	Meeting	Yes					\$110.00					50 00
	SUBTOTALS				ĺ				\$110.00			\$13.50		Total Krns
<u></u>	OUTOTALO								311000			\$13.90		406.00
	MILEAGE - Business Kilomer details of travel location to & from must be	os included	above under	r the purpos	se of travel coli				Enter \$	0.505 km, \$0.4		te per Union i Vileage details		\$0.505
<u> </u>	Rates applicable \$0,505 per km for under 5,000km/s	ct or \$0.47	per km for ov	rer 5,000km	tyr or per Unic	n Agreemen	ţ						Mileage \$	\$205,03
81	Table 3 and Shiple and Continue 5 46			A 2 4101			-					Travel	\$ Subtotal	\$123.50
NO	te: Total will auto fill into pg 1, Section E, if form comp	mered elec	aronically -	Additional	pg 2 s can b	e round atti	ar Page	3		Auto	fills on pag	a 1 - TOTAL	TRAVEL S	\$328.53
	is Required for expenses that are not Cost Ef vsis supporting the method to assess cost eff		s should	i be attac	hed to the	claim for	n)							

					- 20 0/3-									

E	nter Finance Coding		T		Emp # (E-F	eople)		N/A		****				
If expense	s incurred are for multiple FC's please use pages 25 on stip, DO NOT separate my taxes (eg. GST). Sec	3,2C,2D (8	efter pg3) e	s there sho	ould be one E	Cancana	OR		s are required	d for the sam	e FC use the	noifibbe ase	+ 	age 2D
			APONIOG GOC	DO UIC IIO	r rodninga ar t	ing section	as me	ty are pre-ue	iemmea by t	ne system.			o payes. I	enter total
	B: TRAVEL EXPENSES NOTE: # expens	les do nut fi	into these c	etegories suc	th as Hospitality,	Working See	iion, Re	location, Contin	uing Education,	Business Insura	nce go to SECT	TION C		
Ensure separa	npdown (column Prov.) where expenses were incurred (Out of N An te lines are used for claim — me that differ in Province, US and Out o	nerica = Inte of North Arne	rii) erica.			Compl	etion o	of the "Cost	Effective Me	thad Head"	Calema is B	FOURTE		
		Prov. US.	T		-			If you	u select "No"	in this colum	מו			
	Business Reason for Travel - Detailed	or							RED in the "R			dion on this	page	
D⊪te dd-mmm-yy	Description Required (include destination, who attended-(if meal).	Out of N.Amer	What is travel	Cost Effective	-	Allowance				eing claimed i t stated in Ap		Rental Car		
,,	why travel was necessary and detailed explanation of reason) A description of just "see ting" will be returned for clarification	where expenses	related to?	Method Used?	Heed All	owance	}	with Receipt	rati	onale is requi	red	Bus/LRT/ Parking /	Per Diem Allowance	Mileage
		incurred?		Y/N	Meal Type with value	Allowazice	Meal Type	with receipt	Airfare	Hotel	Taxi	Fuel	Allowance	(km)
7-Nov-13	Travel from Residence to SPTT and Raturn	AB	Meeting	Yes										50 00
12-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
13-Nov-13	Travel from Residence to SPTT and Retern	BA	Moining	Yas										50 00
14-Nov-13	Travel from Residence to SPTT and Rotum	AB	Meeling	Yes										50 00
25-Nov-13	Travel from Residence to SPTT and Return	AB	Meeling	Yes										50 00
26-Nov-13	Travel from Residence to SPTT and Return	AB	Mesling	Yes										50.00
27-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50 00
28-Nov-13	Travel from Residence to SPTT and Return	AB	Moeting	Yes										50 D0
	SUBTOTALS													Total Kms
														400 00
	MLEAGE - Business Kilomet details of travel location to & from must b	a included	above under	the purpos	e of travel colu	mn			Enter \$	0.506 km, \$0.4		s per Union . lileage details		\$0.505
<u> </u>	Rates applicable \$0,505 per km for under 5,000km/y	r or \$0.47 g	er km for oy	er 5.000km	by or per Union	Agreement					***************************************		Mileage \$	\$202.00
No	te: Total will auto fill into pg 1, Section E, if form comp	lated alan	tranicali.	A d d (4) = = = 1	Ol L-							Travel	\$ Subtotai	
	2. Total will acte in side pg 1, Section 2, 1 total comp	ieren eien	noncany - i	Houmonai	pg 2's can be	round arre	r Page	2.3		Auto	fills on page	1 - TOTAL	TRAVEL \$	\$202.00
	is Required for expenses that are not Cost Eff		*											
(Any anaf	vsis supporting the method to assess cost eff	ectivene	ss should	be attac	hed to the c	laim form	u)							
<u> </u>														
		*************			- 20 of 3 -	***************************************								

November 6th 2013-11-07

\$110.00 – Westjet change fee. Ticket changed due to business requirements.

Dr. John W. Cowell

Official Administrator

Alberta Health Services

Taxes/Fees/Carrier-Imposed Charges

CAD 25.91 CA (AIR TRAVELLERS SECURITY CHARGE)

CAD 1.50 XG (GOODS AND SERVICES TAX [GST))

CAD 30.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))

CAD 15.00 YO (OTHER AIR TRANSPORATION CHARGES)

CAD 43.17 XD (AIRPORT DEPARTURE TAX)

CAD 23.88 UK (TOURISM TAX)

Total Fare

CAD 110.00

Total Additional Collection

CAD 110.00

Positive Identification required for airport check in

Notice:

Thank you for choosing WestJet

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GST # 866112535

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 of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our
 code-share baggage into page.
- <u>Positive identification</u> is required at check-in, ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure
 of their flight.
- Should you miss the first flight on your booking, or fail to show up for another flight on a multi-segment booking you'll lose your seat on remaining flights and the fare, fees, charges and taxes will not be refunded.
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 - Seat selection (How it works, changing your seat and more) Inflight services (Buy on board, up) magazine and more)
 - Inflight entertainment (Channel line-up, and pay-per-view movies and TV programs)
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our <u>contact us</u> page and select the give feedback tab. You may also send us a letter at. WestJet Campus. Attention Guest Relations, 22 Aerial Place N.E. Calgary. Alberta Canada T2E 3J1.



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Instruction:			
 Attached ALL original detailed re 	eceipts and supporting documents in the s	same order as it appears on this state	ment
 Cardholder AND Approver's sign 	natures required where indicated below		
DERBYSHIRE, AVRIL	EXECUTIVE ASSOCIATE		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/11/2013
OFFICE OF THE OFFICIAL	SOUTHPORT TOWER		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$617.62
AVRIL.DERBYSHIRE@ALBERTAHE	ALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #:	

Statement of	of Transaction	ons					
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freigh Description
19/10/2013	331803733	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	104.96	CAD	104.96	5.00	Subscription Fee for Calgary Herald for the OA Office
21/10/2013	331916623	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	15.70	CAD	15.70	.75	Subscription Fee for Calgary Sun for the OA Office
06/11/2013	333824534	AIR CANADA	467.96	CAD	467.96	.00	.00AC Flight Edmonton/Calgary for Dr. John Cowell to attend AHS Meetings-Nov 8
07/11/2013	333824535	SVC FEE UNIGLOBE BEACO, TRAVEL AGENCIES AND TOUR OPERATORS	29.00	CAD	29.00	1.38	Uniglobe Processing Fee for AC Flight Edmonton/Calgary for Dr. John Cowell - Nov 8

RUN DATE: 04/13/2015

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

P-Card details Online ® Cardholder Statement Report

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Signatures	24-00	
Cardio ider Designate (if Applicable)		and the second s
By signing this statement		
Lhereby certify that I have reviewed and reconc	ked this statement in BMO Online to the best of my ability is	rr accordance to AHS Corporate Policies
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Annual Control of the		
Sequential of Caudiosipes Designates	Date of Signature	
Cardholder		
By signing this statement		
 I affest that I have read and sinderstand the "Tra 	ivel, Hospitality and Working Session Expense Policy (112	2)" of Alberta Health Services and confirm
expenses being claimed are in compliance with		
I altest the expenses enclosed in this claim are claimed by one or on the ball from Alberta No.	for valid business purposes for Alberta Health Services and	d that this claim has not been previously
charged is attached	alth Services or any other Organization. A personal cheque	for any personal expenses inadvertently
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provided		and the same of th
DERBYSHIRE AVRIL	EXECUTIVE ASSISTANT	
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Approver Designate (d'Applicable) By signing litre-statement		
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f altest that expenses submitted in this claim ha	ve been incurred by using a cost effective method, otherwi	se rationale and supporting analysis is
provided		
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Approver		
By signing this statement		
. Latiest that I have read and understand the "Tru	ivel. Hospitality and Working Session Expense Policy (112	Not not fifth out to Viscolity Commission and construe
expenses being claimed are in compliance with	such policy	2) of Alberta Health Services and Confirm
 I attest the expenses enclosed in this claim are claimed by the claimant or on their behalf from a 	for valid business purposes for Alberta Health Services an Uberta Health Services or any other Organization. A person	d that this claim has not been previously
charged has been obtained		
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provided		
T-L- C- Vall	000 101	. , .
John Cowell	Official Admin	1545702
	Approver Postion/18e	
CV (200	+ Jacember	10 2013
Signature of Approver	Date of Signature	
Submit approved statement with attachments to Ac-	P. C.	water the transfer agreement you make a second of the state white a second
South approving summing with attachments to be	counts Payarile:	
Alfacti	The second secon	Address:
 Original (in scanned) itemized receipts with docum where required 	ented business reasons including names of participants	
where reduced		Alberta Health Services
 Signed Cardholder Stalement Report (or copies of 	electronic signatures if signatures are not on report)	Accounts Payable
And where applicable Copies of pre-approvals for travel		7th Street Plaza 10th Floor, North Tower, 10030-107 Street
Personal chequa payable to "Alberta Health Service	at"	Edmonton, AB T5J 3E4
Return, refund and/or credit receipts	W 20	Estimation to our
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Business reasons for travel require detailed description	olinos – include senere trausitad to use amendo of	- Carlo
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	Reviewed by	Date

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Dr. John Cowell - Alberta Health Services

Subscription #

RECEIPT

Publication :

:

Calgary Herald

Service

4 Months Term Subscription

From

October 21, 2013

To

February 21, 2014

Method

MasterCard

Payment Date

October 18, 2013

Amount Paid

5104.96

(1)

GST# \$1468 9469 RT0001





SUBSCRIPTION RECEIPT

Price Includes GST. GST. 89292145-RT00001

SERVICE TYPE.

7 Days

DATE:

November 28, 2013

ACCOUNT #

NAME:

AB Health Services. John Cowell

ADDRESS

CITY:

POSTAL CODE:

PHONE NUMBER:

AMOUNT PAID:

\$15.70

PAYMENT METHOD:

Approval Code:

PAYMENT DATE:

October 21, 2013

EXPIRY DATE:

November 26, 2013

SUBSCRIPTION RATES [per Paper] 104, 01, 20 124

7 Days

13 Weeks

\$76.71

26 Weeks

\$153.43

52 Weeks

\$306.85



"URGENT- Please review your itinerary for accuracy immediately

There may be costs associated with making changes: these costs will be your responsibility Most airline tickets or vacation packages are not refundable. Call your travel agent for details

UNIGLOBE Beacon Travel Suite 200, 1400 Kensington Road NV/ Calgary, Alberta T2N 3P9 Phone: (403) 536-6860 Fax (403) 228-3817 Toff Free: 1-877-596-6860

Direct Line 403-536-6871

Passenger(s):

Cowell/John Walter

Invoice No.:

Date: Billing: Wednesday, November 6, 2013

ALBERTA HEALTH SERVICES

Booking Ref.:

Agent: Customer:

Deliver:



- Your Travel Arranger is pleased to deliver your complete itinerary through TripCase. Click here to access your reservation on the web or a mobile device.
- To forward itinerary to Tripit, Worldmate, Tripcase or Blackberry Travet: Click Here
- Add your itinerary to your calendar (ICS). Click Here, (for use with PC and MAC and accessible via website and mobile device)
- Add your litinerary to your calendar (with infuzer). Click Here
- Use Mileblaster to consolidate all your frequent flyer and loyalty programs. Click Here
- Click here to reserve your parking and take advantage of exclusive rates and offers with Park2Go and UNIGLOBE Beacon Travet use coupon #10163 to receive a 20% discount
- The Total Carbon Emissions for your flight/s are 56.24kgs and it would cost \$2.53 to offset them. Please visit our website for more details. Click here

AIR - Friday November 8 2013



Air Canada Flight AC8140 Economy Class Operated By Air Canada Express - Jazz Check In With AIR CANADA EXPRESS - JAZZ

Depart:

11:30, Friday, November 8

Calgary Intl. Airport

Calgary, Alberta, Canada

Arrive:

12.22, Friday, November 8 Edmonton Intl. Airport Edmonton, Alberta, Canada

Status:

Confirmed

Booking Code:

Equipment:

De Havilland DHC-8-300 Dash 8 / 8Q

Stops:

Non-stop

Duration:

0 hours 52 minutes

Sent

7C Confirmed

Meal: Remarks: None

ETicket No.:

Turbo propeller plane used on this flight Aisle seat has been assigned

Weather Flight Status Cup to 3 days prior Dining Reservations

AIR - Friday November 8 2013



Air Canada Flight AC8161 Economy Class Operated By Air Canada Express - Jazz Check In With AIR CANADA EXPRESS - JAZZ

Depart:

19:30, Friday, November 8 Edmonton Intl. Airport

Arrive:

20.17. Friday, November 8 Calgary Intl. Airport

Edmonton, Alberta, Canada

Status:

Confirmed

Equipment: De Havilland DHC-8-400 Dash 8G

0 hours 47 minutes

Duration: Meal: Remarks:

None

Turba propeller plane used on this flight

Aisie seat has been assigned

Calgary, Alberta, Canada

Booking Code:

Stops:

Non-stop 9D Confirmed

ETicket No.

et No.:

Weather Flight Status ("up to 3 days prior) Dining Reservations

Transaction / Document		Base	Tax	Tota
Air Canada /		398.00	69.96	467.96
	Form of Pa	lyment CA	100 COA 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Professional Fee		29.00		29.00
	Form of Pa	lyment CA		
	Totals:	427.00	69.96	CAD 496.96

Total Charged to Credit Card:

CAD 496 96

Balance Due:

CAD 6.00

Fare Rules

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 Same day airport changes prior to departure for 75.00 cad plus taxes. Aeropian members earn 100 percent status miles. Advance seat selection is available for no fee, e-Upgrade certificates are permitted. Missing your flight without cancellation may result in the forfeiture of the value of your airline ticket. Name changes are not permitted.

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- Air Canada will notify you of last minute flight changes if you register your flights up to 30 days prior to departure. For more information visit www.aircanada.Com/en/traveller/mobile/notification.html
- * Baggage charges may apply. For more info...Please visit the airlines website to see the exact charges. Baggage allowance-Specific size/weight restrictions vary between airlines. Excess charges may apply if exceeded.
- Passengers may carry travel sized tolletries or liquids 3 oz or less through security check points. They must fit in one quart sized, clear plastic zip-top bag. Visit www.catsa-acsta.gc.ca.
- This is an electronic ticket valid only on issuing airline.
- Photo ID and Etkt itinerary required for check in, Boarding cards required prior to entering security.
- View your finerary at www.virtuallythere.Com use your last name and trip locator OJVTMK
- * -24 hour emergency service in Canada and usa -Call toll-Free 1-855-817-8277 or collect 647-724-8277. -Please note some cell phone providers do not allow for -1-800 calls in some areas. We recommend using -Landline in these situations or call collect. -Your UNIGLOBE rescue line access code is 62XC, -Or you can email at calline@tass247.com -Please mention your rescue line access code is 62XC

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