

## Official Administrator and Executive Expense Report

**Name** Dr. John Cowell  
**Title** Official Administrator  
**Location** Calgary  
 Expenses submitted during the month of December 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-13	Expense Claim	Meetings & Supplies	110			825	935			56
Nov-13	P-Card	Meetings & Subscriptions	497				497			121
<b>Total</b>			\$ 607	\$ -	\$ -	\$ 825	\$ 1,432	\$ -	\$ -	\$ 177

**Total for the Month** \$ 1,609

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

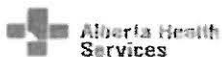
### 3) Hosting and Hospitality expenses

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



## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>		Expense Date From: <u>Sept. 16, 2013</u> To <u>Dec. 5, 2013</u>	
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>		Travel Period from: _____ To _____ Out-of-Province Travel	
Name: <u>Dr. John Cowell</u>		Position (Title): <u>Official Administrator</u>	
Location: _____	Dept: _____	DOFA Level: _____ (if applicable)	Union: _____ Business Phone #: _____ Ext: _____
Employee # (E-People): <u>N/A</u>			

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>					
CAPITAL PROJECT CODING ONLY →		Project Number _____		Project Task Number _____	
		Expenditure Organization _____		Expenditure Type _____	
<b>Total - Section B: Travel - Pg 2</b>			<b>Total - Section C&amp;D: Other &amp; Foreign Expenses - Pg 3</b>		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	
2A				\$202.00	
2B				\$202.00	
2C				\$328.53	
2D				\$202.00	
				\$934.53	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					
	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
	101	0005	71110300004	69500000	\$56.48
				**User to enter Coding & \$ Amounts	\$56.48
				NOTE: These fields do not automatically fill for Section C & D	
<b>TOTAL REIMBURSEMENT</b>					
Total Section B					\$934.53
Total Section C&D					\$56.48
Less Cash Advance					
<b>TOTAL CLAIM</b>					<b>\$991.01</b>

<b>SECTION F: AUTHORIZATION</b>					
<p>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.</p> <p>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.</p> <p>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.</p> <p style="text-align: right;">Travel, Hospitality and Working Session Expense Policy - Document# 1122</p>					
Employee Signature: _____		Date: <u>Dec. 10/13</u>			
<p>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.</p> <p>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.</p> <p>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.</p> <p style="text-align: right;">Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</p>					
Approved By (PRINT ONLY): <u>Deborah Rhodes</u>		DOFA Level: _____	Position #: _____	Phone #: _____	Ext: _____
Signature: _____		Title: <u>Acting CFO</u>	Date: <u>Jan. 21/14</u>		
<p>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.</p> <p>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.</p> <p>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.</p>					
Approved By (PRINT ONLY): _____		DOFA Level: _____	Position #: _____	Phone #: _____	Ext: _____
Signature: _____		Title: _____	Date: _____		

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 Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

\_\_\_\_\_ *412*

**EXPENSE CLAIM DETAILS**

Enter Finance Coding \_\_\_\_\_ Emp # (E-People) N/A Page **2A**

*If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES** NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter?)  
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	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	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
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-Sep-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
19-Sep-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										50.00
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

<b>SUBTOTALS</b>														Total Kms
														400.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle - details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement	Enter \$0.605 km, \$0.47 km OR rate per Union Agreement (see page details in the left)	\$0.505
		Mileage \$
		\$202.00

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Travel \$ Subtotal	
	Auto fills on page 1 - TOTAL TRAVEL \$	\$202.00

**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)

**EXPENSE CLAIM DETAILS**

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

<b>SECTION C: OTHER EXPENSES</b>					Emp # (E-People)	N/A	Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Housing, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.                  → If expenses are for travel, gas, etc., go to Section B on pg 2.                  • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p align="center"><b>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</b></p>										
Date dd-mmm-yy	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 "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON bill slip/receipt, enter total amount in this column WITH GST	GST is NOT on bill slip/receipt, enter total amount in this column	TOTAL OTHER \$
30-Oct-13	Cell phone cover for iPhone	101	0005	71110300004	69500000	Yes		\$39.54		\$39.54
30-Oct-13	Cell phone stylar	101	0005	71110300004	69500000	Yes		\$16.94		\$16.94

<b>SECTION D: FOREIGN CURRENCY</b>										
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.										
Please click on the following link for the Bank of Canada exchange rate using the date of expense <a href="#">Bank of Canada Currency Converter</a>			→ Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column							
Date dd-mmm-yy	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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A" Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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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

**EXPENSE CLAIM DETAILS**

Enter Finance Coding _____		Emp # (E-People) _____		N/A _____		Page <b>2B</b>									
If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.															
<b>SECTION B: TRAVEL EXPENSES</b>				NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C.											
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!) Ensure separate lines are used for claim items that differ in Province, US and Out of North America				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 on this page											
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
1-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
2-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
7-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
8-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
9-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
15-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
16-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
17-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes											50.00
<b>SUBTOTALS</b>														Total Kms	400.00
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.606 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement										Enter \$0.606 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)			Mileage \$	\$202.00	
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Travel \$ Subtotal					
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)										Auto fills on page 1 - TOTAL TRAVEL \$			\$202.00		

**EXPENSE CLAIM DETAILS**

Enter Finance Coding \_\_\_\_\_ Emp # (E-People) N/A Page **2C**

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 Ensure separate lines are used for claim items that differ in Province, US and Out of North America

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					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
18-Oct-13	Travel from 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-Oct-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
23-Oct-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 Medicine	AB	Meeting	Yes							\$13.50 ✓			56.00
6-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
6-Nov-13	Wester Change fee - Personal flight arrangements changed due to business requirements	AB	Meeting	Yes					\$110.00 ✓					50.00 ✓
<b>SUBTOTALS</b>									\$110.00		\$13.50			Total Kms 406.00

<p><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b>                  -- details of travel location to &amp; from must be included above under the purpose of travel column                  Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  <i>(see Mileage details to the left)</i></p> <p><b>Mileage \$</b> \$205.03</p>
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	<p><b>Travel \$ Subtotal</b> \$123.50</p> <p><b>Auto fills on page 1 - TOTAL TRAVEL \$</b> \$328.53</p>

**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)

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b>	Emp # (E-People) <u>N/A</u>	Page 2D
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*If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES** NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America - Inter?)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
7-Nov-13	Travel from Residence to SPTT and Return	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 Return	AB	Meeting	Yes										50.00
14-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
25-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	Yes										50.00
26-Nov-13	Travel from Residence to SPTT and Return	AB	Meeting	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	Meeting	Yes										50.00

<b>SUBTOTALS</b>															Total Kms 400.00
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<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b>  <small>details of travel location to &amp; from must be included above under the purpose of travel column                  Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</small></p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$ <b>\$202.00</b></p>
<p align="center"><small>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</small></p>	
<p align="right">Travel \$ Subtotal</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ <b>\$202.00</b></p>	

**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)

November 6<sup>th</sup> 2013-11-07

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

Dr. John W. Cowell

Official Administrator

Alberta Health Services



<b>Taxes/Fees/Carrier-Imposed Charges</b>	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 YQ (OTHER AIR TRANSPORTATION CHARGES)
	CAD 43.17 XD (AIRPORT DEPARTURE TAX)
	CAD 23.88 UK (TOURISM TAX)
<b>Total Fare</b>	CAD 110.00
<b>Total Additional Collection</b>	CAD 110.00

Positive identification required for airport check in

Notice:

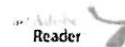
Thank you for choosing WestJet

QST # 1202807956TQ0001      GST # 866112535

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- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#). It is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page
- **Positive identification** 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
- For more information on your flight with WestJet visit [travel info](#) or go directly to the most common searches:
  - [Fares, taxes and fees \(Change/cancel guidelines, baggage fees, service fees and other taxes and fees\)](#)
  - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
  - [ID requirements](#) (For adults, children and infants on domestic, transborder and international flights)
  - [Seat selection](#) (How it works, changing your seat and more)
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- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) 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 receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>DERBYSHIRE, AVRIL</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/11/2013</u>
<u>OFFICE OF THE OFFICIAL</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$617.62</u>
<u>AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>██████████</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	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 CAN ██████████ AIR CANADA	467.96	CAD	467.96	.00	.00	AC 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

<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>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ 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>DERBYSHIRE AVRIL _____ Signature of Cardholder</p>	<p>EXECUTIVE ASSISTANT _____ Cardholder Position Title</p>	
<p>_____ Date of Signature</p>	<p>_____ 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>_____ Name of Approver Designate</p>	<p>_____ Approver Designate Position Title</p>	
<p>_____ Signature of Approver Designate</p>	<p>_____ 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>John Cowell _____ Name of Approver</p>	<p>Official Administrator _____ Approver Position Title</p>	
<p>_____ Signature of Approver</p>	<p>_____ 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) And where applicable</li> <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>		
<p>Reference # _____</p>	<p>Reviewed by _____</p>	<p>Date _____</p>

# CALGARY HERALD

Payment Centre  
P.O. Box 1377 Station Main  
Winnipeg, MB, R3C 2Z1  
Phone: 1-800-372-9219 Fax: 1-866-870-3386

Dr. John Cowell - Alberta Health Services

Subscription # [REDACTED]

## 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	:	\$104.96 (1)

GST# S1468 9469 RT0001



Main Line 403.410.1010

**SUBSCRIPTION RECEIPT**

Price Includes GST - GST #R9292145-RT00001

SERVICE TYPE: 7 Days

DATE: November 28, 2013

ACCOUNT # [REDACTED]

NAME: AB Health Services, John Cowell

ADDRESS: [REDACTED]

CITY: [REDACTED]

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$15.70 (2)

PAYMENT METHOD: [REDACTED]

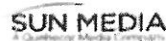
Approval Code: [REDACTED]

PAYMENT DATE: October 21, 2013

EXPIRY DATE: November 26, 2013

**SUBSCRIPTION RATES [per Paper] Jan. 01, 2012**

<u>7 Days</u>		
	13 Weeks	\$76.71
	26 Weeks	\$153.43
	52 Weeks	\$306.85



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[paul@uniglobebeacon.com](mailto:paul@uniglobebeacon.com)  
Direct Line 403-536-6871

**\*\*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.

<b>Passenger(s):</b>	Cowell/John Walter	<b>Booking Ref.:</b>	[REDACTED]
<b>Invoice No.:</b>	[REDACTED]	<b>Agent:</b>	[REDACTED]
<b>Date:</b>	Wednesday, November 6, 2013	<b>Customer:</b>	[REDACTED]
<b>Billing:</b>	ALBERTA HEALTH SERVICES	<b>Deliver:</b>	ALBERTA HEALTH SERVICES

- 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 Triplt, Worldmate, Tripcase or Blackberry Travel [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 itinerary 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 Travel - 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

<b>Depart:</b>	11:30, Friday, November 8 Calgary Intl. Airport Calgary, Alberta, Canada	<b>Arrive:</b>	12:22, Friday, November 8 Edmonton Intl. Airport Edmonton, Alberta, Canada
----------------	--	----------------	--

<b>Status:</b>	Confirmed	<b>Booking Code:</b>	Q
<b>Equipment:</b>	De Havilland DHC-8-300 Dash 8 / 8Q	<b>Stops:</b>	Non-stop
<b>Duration:</b>	0 hours 52 minutes	<b>Seat:</b>	7C Confirmed
<b>Meal:</b>	None	<b>ETicket No.:</b>	[REDACTED]
<b>Remarks:</b>	Turbo propeller plane used on this flight Aisle seat has been assigned		

[Weather](#) [Flight Status \(up to 3 days prior\)](#) [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

<b>Depart:</b>	19:30, Friday, November 8 Edmonton Intl. Airport	<b>Arrive:</b>	20:17, Friday, November 8 Calgary Intl. Airport
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Edmonton, Alberta, Canada

Calgary, Alberta, Canada

**Status:** Confirmed  
**Equipment:** De Havilland DHC-8-400 Dash 8Q  
**Duration:** 0 hours 47 minutes  
**Meal:** None  
**Remarks:** Turbo propeller plane used on this flight  
 Aisle seat has been assigned

**Booking Code:** [REDACTED]  
**Stops:** Non-stop  
**Seat:** 9D Confirmed  
**ETicket No.:** [REDACTED]

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

**Invoice Details**

Transaction / Document	Base	Tax	Total
Air Canada / [REDACTED]	398.00	69.96	467.96
Form of Payment: CA [REDACTED]			
Professional Fee	29.00		29.00
Form of Payment: CA [REDACTED]			
<b>Totals:</b>	<b>427.00</b>	<b>69.96</b>	<b>CAD 496.96</b>
		<b>Total Charged to Credit Card:</b>	<b>CAD 496.96</b>
		<b>Balance Due:</b>	<b>CAD 0.00</b>

3

4

**Fare Rules**

• Air Canada ticket is non-refundable. Changes are permitted for 50.00 cad per direction plus any fare difference up to 2 hours prior to departure. Same day airport changes prior to departure for 75.00 cad plus taxes. Aeroplan 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.

**Baggage Fees & Allowances**

Baggage charges may apply. Baggage allowance, specific size and weight restrictions vary between airlines. Please visit the airline's website or contact the airline directly for details.

• Air Canada or call 1-888-247-2262

**Important Information**

- Your reservation number with Air Canada is nm8z3r. Air Canada contact phone number is 1-888-247-2262
- Please check in 90 minutes prior to departure. Late checkin may result in the loss of seat/reservation check in cut off time is 45 minutes prior to departure.
- Government-issued picture ID is required or two pieces of government-issued ID which show name/ date of birth/gender. This now includes passengers who appear to be between 12 and 17 years of age [www.passengerprotect.gc.ca/identity.html](http://www.passengerprotect.gc.ca/identity.html)
- 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/travelinfo/traveller/mobile/notification.html](http://www.aircanada.com/en/travelinfo/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 toiletries 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](http://www.catsa-acsta.gc.ca).
- This is an electronic ticket valid only on issuing airline.
- Photo ID and Etkit itinerary required for check in. Boarding cards required prior to entering security.
- View your itinerary at [www.virtuallythere.com](http://www.virtuallythere.com) use your last name and trip locator OJVTMK
- -24 hour emergency service in Canada and use -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 [caltime@tase247.com](mailto:caltime@tase247.com) -Please mention your rescue line access code is 62XC

Invoice No: 286396

access more

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- Please note that when paying by credit card all charges may not appear on the same credit statement. All charges will add up to the total as stated above.
- GST Registration Number - 822361896