

## Official Administrator and Executive Expense Report

**Name** Dr. John Cowell  
**Title** Official Administrator  
**Location** Calgary

Expenses submitted during the month of February 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)
Jan-2014	Expense Claim	Meetings				417	417			147
<b>Total</b>			\$ -	\$ -	\$ -	\$ 417	\$ 417	\$ -	\$ -	\$ 147

**Total for the Month** \$ 564

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



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

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	John Cowell	Vendor# (if known)		Expense Period Month:	Jan-14
Address:	[REDACTED]	City:	Calgary	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/O ID	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$416.76
Other (D)	101	0005	71110300004	41090000	\$146.84
<b>TOTAL PAYMENT</b>					<b>\$563.60</b>

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

[REDACTED]

<b>SECTION 3: AUTHORIZATION</b>			
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 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 to all the above statements	Date	Phone#
Dr. John Cowell	<i>[Signature]</i>	Feb 11 / 14	[REDACTED]

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#
Deborah Rhodes	Acting CFO		[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
<i>[Signature]</i>	[REDACTED]	[REDACTED]	

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be [REDACTED] departments for mailing.
- 2) 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 Protection of Privacy (FOIP) 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 Mark Paika, Director Accounts Payable at 780-735-0506 or email, Mark.Paika@albertahealthservices.ca

For payment please submit to the Official Administrator office: [REDACTED] Attention: Lou DeCoste

*[Signature]*

**Carry forward from Section 1**

<b>Name:</b> John Cowell	<b>Vendor#</b> (if known)	<b>Expense Period</b> Month:	41640
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**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
2-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
3-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
7-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
8-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
9-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
10-Jan-14	Roger's Mobility charges							\$146.84		
10-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
11-Jan-14	Health Advisory Council on Cancer at Sheraton Cavalier								21.8	
14-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
15-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
21-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
22-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$0.00	\$146.84	521.80	

<b>OA COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 263.51
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For payment please submit to the Official Administrator office: [REDACTED] Attention: Lou DeCoste

**Carry forward from Section 1**

<b>Name:</b>	John Cowell	<b>Vendor#</b> (if known)		<b>Expense Period</b> <b>Month:</b>	41640
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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 4B: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
23-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
28-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
28-Jan-14	Taxi from downtown business meeting to SPTT						\$27.00			
29-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
30-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
31-Jan-14	Travel from Residence to SPTT for meetings and Return								50	
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$27.00	\$0.00	250.00	

<b>OA &amp; COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 126.25
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For payment please submit to the Official Administrator office: [Redacted] Attention: Lou DeCoste 

## DR JOHN COWELL

### Account Summary

Account Number:

Invoice Number:

Invoice Date:



**Total:** **\$146.84**  
Charged to your credit card on or after Jan 24, 2014

### Your last bill

Previous balance 150.24  
Payment(s) p.3 -150.24

**⑤ Balance from your last bill** (including taxes): **\$0.00**

Any payments we received and processed after January 11, 2014 will show on your next bill.

### Your current bill

**⑤ Wireless** p.5 146.84

**Total current bill** (including taxes): **\$146.84**

For online and other payment options, see page 2. **Total: \$146.84**

#### Savings

You saved **\$6.00** on your Rogers services.

### Other Rogers services available to you

- Magazines
- Long Distance
- Messaging

#### Still have questions?

Visit [www.rogers.com](http://www.rogers.com) or see **Contact us** on page 3.



##POSTALWT3B 5R7;000000000000;W;WEST;113178529;000

Your account number:

Total amount due:

**\$146.84**

Thank you !

Your Rogers bill is paid by pre-authorized charge to your credit card.

You don't need to make any additional payments.

DR JOHN COWELL



Thank You for choosing *Mtg Downtown Dr Cowell*

# ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the  
Calgary International Airport  
international arrival door



Driver



Date

*Jan 28 17*

Car #

Amount

*27.00*

GST Included #