

Official Administrator and Executive Expense Report

Name Dr. John Cowell
Title Official Administrator
Location Calgary
 Expenses submitted during the month of April 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)
Mar-2014	Expense Claim	Meetings		53		163	216			
Mar-2014	P-Card	Meetings		73		168	241		100	27
Total			\$ -	\$ 126	\$ -	\$ 331	\$ 457	\$ -	\$ 100	\$ 27

Total for the Month \$ 584

Maximum daily single meal expense claimed in the month \$ 40
 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:	
T4A/NR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

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

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$53.15
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$163.12
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$216.27

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

[REDACTED]

SECTION 3: AUTHORIZATION			
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	[Signature]	April 17/14	[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#
Deb Rhodes	Acting VP, Corporate Services and CFO	Apr-25/14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
[Signature]	[REDACTED]	[REDACTED]	

1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to 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 Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Carry forward from Section 1

Name:	John W. Cowell Consulting Ltd. (John Cowell)	Vendor# (if known)	[REDACTED]	Expense Period Month:	41699
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Completion of the "cost effective method used" Column is required. 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)	Payroll Only OA Committee Meeting Fee (F)
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
4-Mar-14	Travel from Residence to SPTT for meetings and Return- March 4 and 5 (50 km per day)	Yes							100		
6-Mar-14	Meals while attending meetings in Edmonton	Yes	BLD-\$41.55	\$41.55							
7-Mar-14	Lunch while attending meetings in Edmonton	Yes	L-\$11.60	\$11.60							
10-Mar-14	Travel from Residence to University for speaking engagement at the Faculty of Nursing and Return	Yes							23		
12-Mar-14	Travel from Residence to SPTT for meetings and Return- March 12, 13, 15 and 20 (50 km per day)	Yes							200		
Total: (amount auto fills to page 1)			\$53.15		\$0.00	\$0.00	\$0.00	\$0.00	323.00	\$0.00	

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ 163.12
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

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

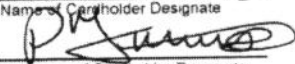
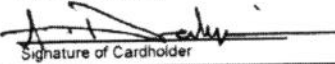
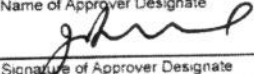

DERBYSHIRE, AVRIL Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period	20/03/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount	\$368.02
AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		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
04/03/2014	344696063	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	49.45	CAD	49.45	2.35		Dinner on March 2 at Matrix while attending meetings in Edmonton. Charge of \$9.45 in error and will be reimbursed back to AHS ✓
04/03/2014	344870860	OLLY FRESCO S. EATING PLACES RESTAURANTS	100.00	CAD	100.00	4.76		Catering-purchase of credit vouchers for OA office for refreshments during meetings ✓
07/03/2014	345267402	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	21.00	CAD	21.00	1.00		Dinner at Matrix Hotel on March 5 while attending meetings in Edmonton (charged twice) ✓
07/03/2014	345267403	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	24.00	CAD	24.00	1.14		Dinner on March 5 and tip for Breakfast on March 7, 2014 at Matrix Hotel while attending meetings in Edmonton ✓
07/03/2014	345267404	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	-21.00	CAD	-21.00	-1.00		Dinner charge on March 6 credited back to credit card. Charged twice for same item. ✓
11/03/2014	345469766	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	26.57	CAD	26.57	1.27		Subscription fee for Calgary Sun for the OA Office ✓
16/03/2014	346067487	RED ARROW EXPRESS LTD. BUS LINES	148.00	CAD	148.00	7.05		Red Arrow travel to Calgary /Edmonton/Calgary to attend meetings with Dr. Cowell, Minister of Health and CEO ✓
17/03/2014	346176085	RED ARROW EXPRESS LTD. BUS LINES	20.00	CAD	20.00	95		Parking costs at Red Arrow while traveling to Edmonton for Meetings with Dr. Cowell, Minister of Health, CEO ✓

- ①
- ②
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- ⑧

kk
do
del

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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 		
<p><u>Paula Finson</u> Name of Cardholder Designate</p> <p> Signature of Cardholder Designate</p>	<p><u>Executive Administrative Co-ordinator</u> Cardholder Designate Position/Title</p> <p><u>Mar 24/14</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>DERBYSHIRE, AVRIL</u> Name of Cardholder</p> <p> Signature of Cardholder</p>	<p><u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p> Signature of Approver Designate</p>	<p><u>Acting CFO</u> Approver Designate Position/Title</p> <p><u>March 31, 2014</u> Date of Signature</p>	
<p>Approver By signing this statement:</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Dr. John Carroll</u> Name of Approver</p> <p> Signature of Approver</p>	<p><u>Official Administrator</u> Approver Position/Title</p> <p><u>April 17, 2014</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> • 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) <p>And where applicable:</p> <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date: _____

Avril Derbyshire



Room Number: [Redacted]
 Arrival Date: 03-02-14
 Departure Date: 03-03-14
 Page No: 1 of 1
 Confirmation No: [Redacted]

INVOICE



03-03-14

Date	Description	Charges	Credits
03-02-14	Room Service [Redacted]	40.00	
03-02-14	Refreshment Centre - 1	9.45	
03-03-14	Mastercard [Redacted]		49.45 (1)
Total		49.45	49.45
Balance		0.00	

paid by personal cheque to AHS

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

Matrix Hotel
10540-100 Avenue
GST # 866344302

12 CORY

Guests: 1

03/02/2014 05:12PM

1	N.Y. STEAK	29.25
1	HERBAL TEA	2.14
	Subtotal	31.39
	G.S.T.	1.57
	Total Due	\$32.96

GRATUITY 7.04

TOTAL 40.00

Signature A. Ash

Guest Name AVAIL DERBYSHIRE

Room # [REDACTED]

DA office
meal vouchers

OLLY FRESCO'S
#120 10301 SOUTHPO T2W1S7
CALGARY AB
21687590

|||| PURCHASE ||||

03-04-2014 10:48:29

Acct #

Exp Date

Name:

Trace #

Inv.

Auth

CVD Resp
RRN 001526001

Total

\$100.00

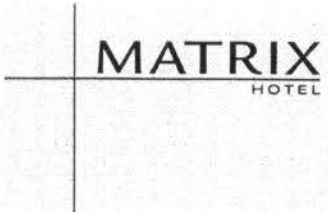
X

Signature

I agree to pay the above total
amount according to the
card issuer agreement.

Retain this copy for your
records
Merchant copy

(2)



Avril Derbyshire
[Redacted]

Room Number: [Redacted]
Arrival Date: 03-06-14
Departure Date: 03-07-14
Page No: 1 of 1
Confirmation No [Redacted]

INVOICE

Folio No [Redacted]

03-07-14

Date	Description		Charges	Credits
03-06-14	Room Service	[Redacted]	21.00	
03-07-14	Room Service	[Redacted]	3.00	
03-07-14	Mastercard	[Redacted]		24.00
Total			24.00	24.00
Balance			0.00	

Breakfast (3)

tip

(4)

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

Matrix Hotel
10640-100 Avenue
GST # 866344302

8 BREAKFAST

██████████ Guests: 0
03/07/2014 08:19AM

1	BRKFST BUFFET	15.00
	Brkfst Buffet	-15.00
	Discount	-15.00
	G.S.T.	0.00
Total Due		\$0.00

GRATUITY _____ 3

TOTAL _____ 18

Signature A. Derbyshire

Guest Name A. Derbyshire

Room # ██████████

Matrix Hotel
10640-100 Avenue
GST # 866344302

8 BREAKFAST

Check ██████████ Guests: 0
03/07/2014 08:19AM

1	BRKFST BUFFET	15.00
	Brkfst Buffet	-15.00
	Room Charge	3.00
	0304	
	0304/DERBYSHIRE	

③

Discount -15.00
G.S.T. 0.00

Change Due \$3.00

----- Check Closed -----
03/07/2014 09:13:19AM

Matrix Hotel
10640-100 Avenue
GST # 866344302

15 ART

Check Table ██████████ ██████████
03/06/2014 06:21PM

1	MATRIX BURGER	15.95
	Room Charge	21.00
	0304	
	0304/DERBYSHIRE	

③

Subtotal 15.95
G.S.T. 0.80
Payment 16.75

Change Due \$4.25

----- Check Closed -----
03/06/2014 07:17:46PM

Matrix Hotel
10640-100 Avenue
GST # 866344302

15 ART

██████████ ██████████
03/06/2014 06:21PM

1	MATRIX BURGER	15.95
	Subtotal	15.95
	G.S.T.	0.80
Total Due		\$16.75

GRATUITY _____ 4-25

TOTAL _____ 21.00

Signature A. Derbyshire

Guest Name A. Derbyshire

Room # ██████████

Item charged twice
Credit card credited.



SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: March 17, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services
Attn: John Cowell

ADDRESS: [REDACTED]

CITY: [REDACTED]

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$26.57 

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: March 11, 2014

EXPIRY DATE: April 15, 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



Calgary Sun Fax Lines: Advertising: (403) 250-4258 Circulation: (403) 250-4358 Editorial: (403) 250-4180 Marketing: (403) 250-4373 Credit: (403) 250-4257



Invoice

Date : 2014-03-17

Billing To:

AVRIL DERBYSHIRE

You can reach us at:
Lethbridge,

Order #	Ordered	Customer #	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2014-03-16	[REDACTED]	2014-03-17	2014-03-20	-	[REDACTED]

Travellers: DERBYSHIRE/AVRIL

Product	Details	Duration	Price Basis	Qty	Each	Billed
Parking Per Day	2014-03-17 Confirmation#: A:25857	4 days	Per Day Parking	1	19.04	20.00 (8)
CALEDM 10:30 YYC Assigned to: 09C	Departs Calgary (CGYNORTH / CALGARY NORTH) 2014-03-17 at 10:45 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2014-03-17 at 14:35	3 hrs 50 mins	Adult	1	70.48	74.00 (7)
EDMCAL 10:30 YYC Assigned to: 09A	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2014-03-20 at 10:30 Arrives Calgary (CGYNORTH / CALGARY NORTH) 2014-03-20 at 14:20	3 hrs 50 mins	Adult	1	70.48	74.00 (7)

Payments:

Date	Received From	Reference	Amount
2014-03-16	customer: AVRIL DERBYSHIRE	[REDACTED]	148.00 CAD
2014-03-17	customer: AVRIL DERBYSHIRE	[REDACTED]	0 CAD

Base Price:	160.00
Discounts:	0.00
Service Charges:	0.00
GST	8.00
Invoice Total:	168.00
Commission:	0.00
Received:	168.00
Balance Due:	0.00

TERMS: DUE UPON RECEIPT

Red Arrow reserves the right to conduct baggage checks at any time.
When travelling with Red Arrow you may be asked for ID at any time. *****
GST# BN139981476

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. PLEASE REMIT PAYMENT TO THE ADDRESS LISTED ON YOUR STATEMENT. THANK YOU.

IF YOU WISH TO MAKE ANY CHANGES IIS RESERVATION - time change, date change, or cancel for a full refund - we require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures.
Wheelchair reservations & cancelation to travel bookings during our Christmas Blackout period (December 13, 2013 to January 6, 2014) require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or failure to arrive on time for departure will result in forfeiture of funds paid and the ability to get a refund. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958 Thank you for choosing Red Arrow.

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty |