

Official Administrator and Executive Expense Report

Name Other Official Administrator
Title Office Administrator
Location Calgary
 Expenses submitted during the month of July 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)
Jul-14	P-Card	Meetings					-		312	59
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 312	\$ 59

Total for the Month \$ 371

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

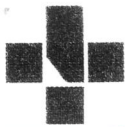
3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



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

DECOSTE, LOU Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period:	20/07/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount:	\$270.84
LOU.DECOSTE@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
24/06/2014	356200159	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	29.40	CAD	29.40	1.40		Subscription fee for Calgary Herald for the OA Office
30/06/2014	356838026	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	29.14	CAD	29.14	1.39		Subscription fee for Calgary Sun for the OA Office
11/07/2014	357967591	OLLY FRESCO S, EATING PLACES, RESTAURANTS	22.00	CAD	22.00	1.05		Catering-Refreshments for OA's Audit and Finance Advisory Committee Meeting on July 10, 2014
17/07/2014	358493814	OLLY FRESCO S, EATING PLACES, RESTAURANTS	190.30	CAD	190.30	9.06		Catering-Lunch for OA's Quality and Safety Advisory Committee Meeting on July 17, 2014

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

Name of Cardholder Designate _____

Cardholder Designate Position/Title _____

Signature of Cardholder Designate _____

Date of Signature _____

Cardholder

By signing this statement


- 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.

DECOSTE, LOU

EXECUTIVE ASSISTANT

Name of Cardholder _____

Cardholder Position/Title _____



Signature of Cardholder



Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.
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Name of Approver Designate

Advisor

Approver Designate Position/Title



Signature of Approver Designate

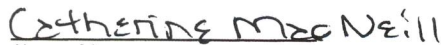


Date of Signature

Approver

By signing this statement

- 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.
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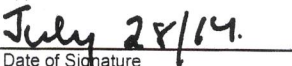
Name of Approver

Corporate Secretary

Approver Position/Title



Signature of Approver



Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- 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) And where applicable:
 - 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.

Address:

 Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

charged \$29.40 instead

Your current subscription expires	23-Jul-14
Your payment of	\$31.50
Received by	22-Jul-14
Ensures delivery for	1 MONTH
Delivery Days	Mon - Sat

SUBSCRIPTION RENEWAL NOTICE

DR JOHN COWELL ALBERTA HEALTH SVCS

**Alberta Health Services
Office of Official Administrator**

ABOUT YOUR SUBSCRIPTION FOR

Name DR JOHN COWELL ALBERTA HEALTH SVCS
Account #
Delivery to DR JOHN COWELL ALBERTA HEALTH SVCS
3228-10301 SOUTHPORT LANE SW
CALGARY, AB

HOW TO CONTACT US

Phone 403-235-READ (7323) or 1-800-372-9219
Email calgaryherald@reachcanada.com

Rec'd JUL 22 2014

Take advantage of one of our environmentally friendly payment options: Pre-Authorized Payments or E-Billing.

Copy to: _____

Payment Options: There are two bill payment options: Pre-Authorized, and One-Time Term.

What are the benefits of Pre-Authorized payments?

With pre-authorized payments, you never have to worry about renewing your subscription — we take care of that for you.

We can draw pre-authorized payments from either a credit card, or a bank account — your preference!

What will it cost?

If you choose pre-authorized payments, the sum of \$31.50 will be drawn from your credit card or bank account each month.

You may also, if you like, include a gratuity for your delivery person.

You can indicate this on the back of the form.

If the subscription rate changes, the amount we charge will change accordingly.

How do I sign-up for Pre-Authorized payments?

- ▶ Register online by visiting www.calgaryherald.com/renew
- ▶ Register by calling 403-235-READ (7323) or 1-800-372-9219
- ▶ Register by completing the information on the reverse of this stub and sending it in.
 - You can have us charge your credit card
 - You can have a withdrawal from your bank account

One-Time Term payment

We look forward to delivering the news, weather and sports that you rely on each day.

Choose from a variety of packages to suit your needs. For other renewal options, please call 403-235-READ (7323) or 1-800-372-9219

or visit www.calgaryherald.com/renew.

What will it cost?

Your subscription costs \$31.50 and ensures delivery for 1 MONTH.

- ▶ 1 MONTH delivery costs \$31.50
- ▶ 4 MONTHS delivery costs \$134.40
- ▶ 6 MONTHS delivery costs \$195.30

In addition, you have the option of including a gratuity, which we pay to your delivery person.

How do I pay?

- ▶ Pay online by visiting www.calgaryherald.com/renew
- ▶ Pay by calling 403-235-READ (7323) or 1-800-372-9219
- ▶ Pay by completing the information on the reverse of this stub and sending it in.
 - You can pay by cheque
 - You can pay by credit card



SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: July 10, 2014

ACCOUNT # [REDACTED]

NAME: AB Health Services (John Cowell)

ADDRESS: [REDACTED]

CITY: [REDACTED]

POSTAL CODE: [REDACTED]

PHONE NUMBER: [REDACTED]

AMOUNT PAID: \$29.14

PAYMENT METHOD: [REDACTED]

Approval Code: [REDACTED]

PAYMENT DATE: June 30, 2014

EXPIRY DATE: July 29, 2014

SUBSCRIPTION RATES [per Paper] (as of June 2014)

<u>7 Days</u>		
13 Weeks		\$83.40
26 Weeks		\$166.80
52 Weeks		\$333.61



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

OLLY FRESCO'S INC
 UNIT 120 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: [REDACTED]
 Date: 10/07/2014
 Page: 1

Sold to:
 AHS - [REDACTED]

Ship to:
 AHS [REDACTED]
 @ 2:45
 ppl;6
 room: [REDACTED]

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
W	Each	6	water			
J	Each	2	orange Juice		1.75	10.50
J	Each	2	cranberry Juice		2.00	4.00
SD	Each	2	diet coke		2.00	4.00
					1.75	3.50
			Subtotal:			22.00
#: CALGARY AB 21687590 PURCHASE 07-11-2014 11:11:19 Acct # [REDACTED] M Exp Date [REDACTED] Card Type MC Name: Trace # [REDACTED] FS2168759001 Inv. # [REDACTED] CVD Resp Auth # [REDACTED] RRN 001615194 Total \$22.00 Retain this copy for your						
Comment:					Total Amount	22.00

OLLY FRESCO'S INC
 UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: [REDACTED]
 Date: 17/07/2014
 Page: 1

Sold to:
 AHS - [REDACTED]

Ship to:
 AHS - [REDACTED]
 ppl:14
 room: [REDACTED]

*QSAO Mtg.
 (July 17/14)*

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	20	@ 9:50			
T	Each	10	coffee		1.50	30.00
W	Each	16	hot water			
			water		1.75	28.00
W	Each	14	@ 11:45			
BS	Each	13	water		1.75	24.50
BS	Each	1	bread sandwich		5.75	74.75
			white bread/ cheddar		5.75	5.75
M	Each	14	cheese/letuce/tomatoes			
			cookies (choc ship/dbl choc)		1.95	27.30
			Subtotal:			190.30

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

**** PURCHASE ****

07-17-2014 11:17:30

Acct # [REDACTED] M

Exp Date [REDACTED] Card Type MC

Name:

Trace # [REDACTED]
 FS2168759002

Inv. # [REDACTED] CVD Resp
 Auth # [REDACTED] RRN 001611001

Total \$190.30

Retain this copy for your
 records
 Customer copy

Comment:

Total Amount 190.30

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:	20/07/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:	\$100.00
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
15/07/2014	358295452	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

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Sonia Garcia
Name of Cardholder Designate
[Signature]
Signature of Cardholder Designate

Advisor
Cardholder Designate Position/Title
July 28/2014
Date of Signature

Cardholder

By signing this statement

- 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 charged 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.
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DERBYSHIRE, AVRIL
Name of Cardholder
[Signature]
Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title
July 27/14
Date of Signature

Approver Designate (if Applicable)

By signing this statement

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Deborah Rhodes
Name of Approver Designate
Deborah Rhodes
Signature of Approver Designate

Acting CFO
Approver Designate Position/Title
08-11-14
Date of Signature

Approver

By signing this statement

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Dr. John Cowell
Name of Approver
[Signature]
Signature of Approver

Official Administrator
Approver Position/Title
July 29, 2014
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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) And where applicable:
- 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.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____ Reviewed by _____ Date: _____

Mtg Refreshments
A. DeLuca

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

|||| PURCHASE ||||

07-15-2014 10:53:54

Acct # [REDACTED] C

Exp Date [REDACTED] Card Type MC

Name: AVRIL DERBYSHIRE
MasterCard

Trace # [REDACTED]
FS2168759001

Inv. # [REDACTED]
Auth # [REDACTED] RRN 001617124

Total \$100.00

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy