

Official Administrator and Executive Expense Report

Name Other Official Administrator
Title Office Administrator
Location Calgary
 Expenses submitted during the month of November 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)
Nov-14	P-Card	Meetings					-			184
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	184

Total for the Month \$ 184

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

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: 20/11/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHLAND PARK III Cardholder's Site/Location	Total Statement Amount: \$183.64
LOU.DECOSTE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/10/2014	368775401	CALGARY HERALD SUB, DIRECT MARKETING - OTHER DIRECT	31.50	CAD	31.50	1.50		Subscription fee for Calgary Herald for the OA office
06/11/2014	370246096	OLLY FRESCO S, EATING PLACES, RESTAURANTS	115.00	CAD	115.00	5.48		Catering-Lunch for OA's Audit & Finance Advisory Committee Meeting on November 6, 2014
07/11/2014	370631035	OLLY FRESCO S, EATING PLACES, RESTAURANTS	-14.00	CAD	-14.00	-67		Refund for return of refreshments from Audit and Finance meeting on November 6, 2014
13/11/2014	370972549	OLLY FRESCO S, EATING PLACES, RESTAURANTS	22.00	CAD	22.00	1.05		Catering-Refreshments for OA's Quality & Safety Advisory Committee Meeting on November 13, 2014
17/11/2014	371288800	CALGARY SUN, NEWS DEALERS AND NEWSSTANDS	29.14	CAD	29.14	1.39		Subscription fee for Calgary Sun for the OA Office

Cardholder		
<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 transactions to the proper cost centre. 		
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	
Cardholder		
<p>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 personal expenses inadvertently charged is allowed. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
NAME: LOU	EXECUTIVE ASSISTANT	
Name of Cardholder	Cardholder Position/Title	
<u>Lou</u>	<u>Nov 24/14</u>	
Signature of Cardholder	Date of Signature	
Approver Designate (if Applicable)		
<p>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. 		
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	DATE SIGNATURE	
Approver		
<p>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. 		
<u>Catherine MacDell</u>	<u>Acting Corporate Secretary</u>	
Name of Approver	Approver Position/Title	
<u>C. MacDell</u>	<u>Jan 9/15</u>	
Signature of Approver	Date of Signature	
Attach app's w/ statement with attachments to Approver Pay File		
<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 version if available are not available) And where applicable: Copies of pre-approvals for travel Personal Cheque paystubs to "Alberta Health Services" Return, refund and/or credit receipts Dispute letter Business reasons for travel require detailed descriptions - include where travelled to, who attended if travel, why travel was necessary and detailed explanation of costs. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 2E4</p>	
Approval & Finalizing		
Reference #	Reviewed by	Date



Main Line 403.410.1010

SUBSCRIPTION RECEIPT

Price Includes GST., GST: 89292145-RT00001

SERVICE TYPE: 7 Days

DATE: November 26, 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: November 17, 2014

EXPIRY DATE: December 16, 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

Your current subscription expires	23-Jun-14
Your payment of	\$126.00
Received by	22-Jun-14
Ensures delivery for	4 MONTHS
Delivery Days	Mon - Sat

SUBSCRIPTION RENEWAL NOTICE

ALBERTA HEALTH SVCS

$\$126.00$
 $\div 4 \text{ mths}$
 $\$31.50/\text{per mth.}$

ABOUT YOUR SUBSCRIPTION FOR

Name [REDACTED] ALBERTA HEALTH SVCS
 Account # [REDACTED]
 Delivery to [REDACTED] ALBERTA HEALTH SVCS

HOW TO CONTACT US

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

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

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

PRE-AUTHORIZED

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 \$29.40 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

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 \$126.00 and ensures delivery for 4 MONTHS.

- ▶ 4 MONTHS delivery costs \$126.00
- ▶ 6 MONTHS delivery costs \$183.75
- ▶ 1 YEAR delivery costs \$352.80

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

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

INVOICE

Invoice No.: [REDACTED]
 Date: 06/11/2014
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	@9:30am			
HW	Each	10	coffee		1.50	15.00
W	Each	10	Hot Water		0.75	7.50
	Each	5	water		1.75	8.75
			@11:45am			
DS	Each	5	Deli Sandwiches		5.75	28.75
SVP	Each	1	small veggie platter		30.00	30.00
YP	Each	5	Yogurt Parfait		1.50	7.50
W	Each	5	water		1.75	8.75
SD	Each	5	soft drink(diet coke)		1.75	8.75
			Subtotal:			115.00
			return 8 water			
21687590 1111 PURCHASE 1111 11-06-2014 11:24:59 Acct # [REDACTED] Exp Date [REDACTED] Name: Trace # [REDACTED] Inv. [REDACTED] CVD Resp Auth [REDACTED] RRN 001687001 Total \$115.00 Retain this copy for your						
Comment:					Total Amount	115.00

OLLY FRESCO'S INC

UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: 57
 Date: 06/11/2014
 Page: 1

Sold to:



Ship to:



Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
C	Each	10	@9:30am coffee		1.50	15.00
HW	Each	10	Hot Water		0.75	7.50
W	Each	2	water		1.75	3.50
			@11:45am			
DS	Each	5	Deli Sandwiches		5.75	28.75
SVP	Each	1	small veggie platter		30.00	30.00
YP	Each	5	Yogurt Parfait		1.50	7.50
SD	Each	5	soft drink(diet coke)		1.75	8.75
			Subtotal:			101.00

CALGARY AB
 21637590
 |||| REFUND ||||
 11-07-2014 11-10-14
 Acct # [REDACTED]
 Exp Date [REDACTED]
 Name: [REDACTED]
 Trace # [REDACTED]
 Inv. [REDACTED]
 Auth [REDACTED] RRN 001698016
 Refund \$14.00
 Total \$14.00
 REFUND
 Retain this copy for your

Comment:	Total Amount	101.00
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OLLY FRESCO'S INC
 UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No. [REDACTED]
 Date: 6/10/2014
 Page: 1

Sold to: [REDACTED]

Ship to: [REDACTED]

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
SD	Each	2	soft drink(diet coke)		1.75	3.50
J	Each	4	Juice(2 cranberry, orange)		2.00	8.00
W	Each	6	water		1.75	10.50
			Subtotal:			22.00
Comment:					Total Amount	22.00