

## VISA SUMMARY FORM

 Card Holder Name: Jon Popowich

 Visa Statement Date(MMM/DD/YYYY) Jun/27/2016

Date of Expense as per statement (mmm/dd/yy)	Expense Type	Purpose of Expense	Number of guests	Names of guests	Details	Bal Unit	Site	Functional Centre	Secondary Code	Amount (\$)	Detailed Receipt attached (Y/N) *	Other Agency / Personal expense (Y/N)**	Amount (\$)	Repayment provided (Y/N)
Dec/05/16	Select from drop down list	Covenant Health Leaders Retreat		J. Doe; J. Doe;	Eg. Vendor Name, LOS at Hotel, Parking (No Valet) etc.	901	0020	71111111111	automatic	\$250	Y	N		
Jun/13/16	Parking-Local	Canadian Patient Society Institute meeting			Advanced Parking	901	0020-Corporate	71110101048-VP Quality	62310000-Travel Staff Local, Parking	\$14.00	Y	N		
												Y		
<b>TOTAL</b>										\$197.75				

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If no detailed receipt is attached, an attestation must be completed and accompany the VISA summary form.

\* If an expense was incurred that is to be paid by another agency or was a personal expense, repayment must accompany the VISA summary form or details provided on the agency that is to be billed. Please provide information in the table below.

Agency Name	Address	Attention to	Amount to be billed

Acronym legend - <i>example</i>	
AHS	Alberta Health Services

### AUTHORIZATION:

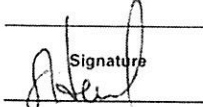
*hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Covenant Health and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid purposes for Covenant Health. I confirm that the expenses submitted in this claim have not been previously claimed by me or on my behalf from Covenant Health or any other*

 Cardholder Signature  


 Date (mmm/dd/yy)  

Jun 30, 2016

 Reviewed By (Print Name)  
Zwen Heisler

 Signature  


 Date (mmm/dd/yy)  
Jun 30, 2016

Approved By (Print Name)

Signature

Date (mmm/dd/yy)

Parking - Canadian  
Jon Pt. Safety  
Popovich Institute  
Meeting

Welcome to Edmonton  
City Centre East Parkade

Managed by ADVANCED PARKING  
STATION:POF Pedway 2

Paid On:2016/06/09 14:14

Entered:2016/06/09 09:41  
Ticket#:47413317  
Dur.:4:32:30

Paid:\$ 14.00  
Original Fee:\$ 14.00  
Dur.:4:32:30  
Fee:1  
Change:\$ 0.00

Credit Card:VISA [REDACTED]  
SC:\$ 0.00

Thank-You..Come Again

GST#12201 4491 RT0003  
\*\*\*\*\* [REDACTED] Swiped  
VISA  
Purchase 16/06/09 14:13:47  
Seq# 0010042230 66153525  
Auth# [REDACTED]  
01/027 APPROVED - THANK YOU