



SUMMARY OF EXPENSES

Name : Linda Revell

Title: Vice President & Chief Operating Officer

Period: April-14

Details of Expense	Category	Amount
Parking for AHS/Edmonton Zone 2030 Planning Meeting	Parking-Local	\$14.00
Parking for AHS/Clinical Operations Executive Committee Meeting	Parking-Local	\$13.50
Total		\$27.50



WRITTEN ATTESTATION FORM

This form is to be used if a detailed receipt is not available per our Travel Hospitality and Working Session Expenses Policy - Document IV-5. The maximum amount of eligible expenses that is reimbursed through a written attestation is \$200.

DATE OF EXPENSE (MMM/DD/YR)	EXPENSE DESCRIPTION (E.g. Parking at Impark)	AMOUNT
Mar/27/14	Parking- AHS - Edmonton Zone 2030 Planning meeting	\$ 14.00
Total		\$ 14.00

REASON(S) FOR MISSING RECEIPT(S)

Lost Receipt

AUTHORIZATION

I 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 organization.

Linda Revell
EMPLOYEE NAME (PRINT NAME)

Linda Revell
EMPLOYEE SIGNATURE

Nov 24/14
DATE (MMM/DD/YY)

Patrick Demetie
APPROVED BY (PRINT NAME)

DATE (MMM/DD/YY)

DOFA LEVEL

[Signature]
APPROVAL SIGNATURE

Nov 25/14
DATE (MMM/DD/YY)

