

Official Administrator and Executive Expense Report

Name Barbara Burton
Title Official Administrator Committee Member
Location Edmonton
 Expenses submitted during the month of August 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)
Aug-14	Expense Claim	Meetings	443	12		141	596			
Total			\$ 443	\$ 12	\$ -	\$ 141	\$ 596	\$ -	\$ -	\$ -

Total for the Month \$ 596

Maximum daily single meal expense claimed in the month \$ 12
 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:	
T4/ANR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	August 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Or g	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$11.60
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$584.13
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$595.73

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#
Barbara Burton	[Signature]			Sept 5, 2014	[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#		
Janet Davidson	Official Administrator	18/09/14	[REDACTED]		
Signature:	I, by signing this form, attest that I am compliant with all the above statements.		DOFA Level	Position#	
[Signature]					

- 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 Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@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:	Barbara Burton	Vendor# (if known)		Expense Period Month:	August 2014
Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section above					

From: Air Canada confirmation@aircanada.ca
Subject: Air Canada - 25-Aug: Edmonton - Calgary (booking ref: [REDACTED]) - seat selected
Date: August 14, 2014 at 10:53 PM
To: [REDACTED]

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

[Scan this barcode to check in at any Air Canada check in kiosk.](#)



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Ms Barbara Joanne Burton
[REDACTED]
Mobile: [REDACTED]
Home: [REDACTED]

Online Services

- **Manage** my booking online (view/change my booking; select seats*).
- **Select Seats**
- **Maple Leaf Lounge | Meal Vouchers | On My Way**
- **Alert me** of flight status changes directly to my mobile phone or email.
- **Flight Arrivals & Departures** - check online if my flight is on time.
- **Check-in online** and print my boarding pass.

* [Can my booking be changed online?](#)

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8139 ¹	Edmonton, Edmonton Int'l (YEG) Mon 25-Aug 2014 10:00	Calgary (YYC) Mon 25-Aug 2014 10:49	0	0hr49	<u>DH4</u>	<u>Flex, G</u>	
AC8172 ¹	Calgary (YYC) Mon 25-Aug 2014 17:30	Edmonton, Edmonton Int'l (YEG) Mon 25-Aug 2014 18:21	0	0hr51	<u>DH3</u>	<u>Flex, G</u>	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Ms Barbara Joanne Burton : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED]

Meal Preference : **None**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: AC8139 **7F** , AC8172 **5F**

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - <u>Flex</u>	162.00
Return Flight - <u>Flex</u>	162.00
<u>Surcharges</u>	24.00
Taxes, Fees and Charges	
<u>Canada Airport Improvement Fee</u>	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	21.11
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	443.36
Number of passengers	x 1
Total airfare, taxes and options	443.36
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$443.36

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$443.36**

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$443.36 (Airfare - per ticket)

Ticket number(s): [REDACTED]

enRoute City Guide

Calgary

Calgary grew up fast through successive energy booms, so it still feels a lot like a small prairie town - albeit a small prairie town with more than a million people that's now Western Canada's engine of commerce...

[▶ Read the complete guide](#)

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - **Flex**

Return Flight Calgary (YYC) To Edmonton (YEG) - **Flex**

• Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of

ASSOCIATED CABS
387-41 AVENUE N.E.
CALGARY, AB T2E 2N4
483-299-1111

Merch Id: (null)
Item #: 8626
DBT PURCHASE
Acct: [REDACTED]

00 APPROVED 001

Chequing	
AMOUNT	\$53.78
TIP	\$5.37
	=====
TOTAL	\$59.07

Ref. #: [REDACTED] 0010017080 S
Auth. #: [REDACTED]

THANK YOU
TAXI#351

Date: 2014/08/25 Time: 11:21A
Response: AUTH [REDACTED]

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: MasterCard
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: 00001472388F
Transaction Reference
Number: [REDACTED]
DATE: 2014/08/25 16:33:03
AUTH: [REDACTED]
IFID: 11664403
DRV: 7072
VEH: 268
GST: 843447814
Meter Start Time:
16:00:55
Meter Stop Time:
16:32:09
Distance: 29.5 Km

FARE 1:	\$ 51.70
FLAT :	\$ 0.00
TAX :	\$ 0.00
TOTAL FARE:	\$ 51.70
PAYMENT AMOUNT:	\$ 51.70
TIP:	\$ 5.00

TOTAL PAYMENT: \$ 56.70
Purchase Auth Complete

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st E1 25/08/14 18:40
Receipt [REDACTED]

Short-term parking tkt
HL - No. 045961
25/08/14 08:52 -
26/08/14 08:51 -
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC [REDACTED] \$25.00

Type: Swiped

Sub Total	\$23.81
Tax 5%	1.19

022700CZ - 1/1