

Official Administrator and Executive Expense Report

NameBarbara BurtonTitleHuman Resources Advisory CommitteeLocationEdmontonExpenses submitted during the month of April 2015

				Travel (1)														
Month-Date	Source Document	Purpose	Air	fare	Meal	S	Accomme	odation		Other Travel		otal avel		ofessional velopment (2)		Working Sessions Hosting and Hospitality (3)		Other (4)
Apr-15	Expense Claim	n Meetings								24		24						
Total			\$	-	\$	-	\$	-	\$	24	\$	24	\$		-	\$ -	\$	
Total for the Month	\$ 24	4																
Maximum daily		xpense claimed in the month e claimed in the month e 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



. .

.4

AHS - AP Processing - Internal Use Only	ing and the set of the second second
Voucher #	
Naming Convention	
74A/NR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

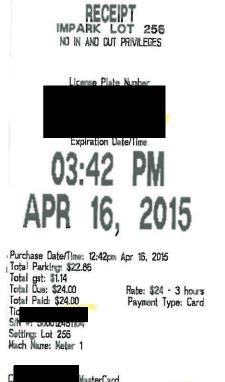
Name: Barbara Burton			Vendor#		Expen	se Period	A CONTRACT OF A		
			(if known)		Month		01-Apr-15		
ddress:			City:		Provin	ce:	AB		
Postal Code:			Country:	Canada	Phone	#:			
eason for Expense /or Business Case	Attend Human	Resources Advisory Commi	itee meeting						
ECTION 2: FINA	NCE CODIN	G & TOTAL CLAIM	*	1990) 1 - Alice			* ****		
Description	<u>Corp/BU/Or</u> g	Location (If applicable)		nctional re/Primery	Expense/ Secondary Acct	<u>Totaí</u> (Note: This column will auto fi			
eals (A)	101	0005	7111	0300000	45000000		P0.00		
avel Exp (B+C+E)	101	0005	The second s	0300000	62212000	+	\$0.00		
her (D)	101	0005	The second	0300000	41090000	<u> </u>	\$24.00 \$0.00		
			······		TOTAL PAYMENT		\$24.00 /		
Rationale is	Required for	r expenses that are n	ot Cost Effectiv			1	\$44,00 ¥		
ist that I have read and ur st the expenses enclosed	derstand all applicabl	e policies of Alberta Health Service	CTION 3: AUTH s that pertain to these ex	penses, and confirm expen	uses being claimed are in cou	npliance with su	uch policies.		
r Organization. est that expenses submitte	d in this claim are for vi	e policies of Alberta Health Service alid business purposes for Alberta H een incurred by using a cost effecti	s that pertain to these ex lealth Services and that the ve method, otherwise rat	penses, and confirm expen his claim has not been prev clonale and supporting anal	viously claimed by me or on	my behalf from	Alberta Health Services or any		
or Organization. est that expenses submitte	d in this claim are for vi d in this claim have b	e policies of Alberta Health Service alid business purposes for Alberta H	s that pertain to these ex lealth Services and that the ve method, otherwise rat	penses, and confirm expen his claim has not been prev clonale and supporting anal	viously claimed by me or on ysis is provided above. Date	my behalf from	ich policies. Alberta Health Services or any Phone#		
est that i have read and unit	d in this claim are for va d in this claim have b But for But for derstand all applicable	e policies of Alberta Health Service alid business purposes for Alberta H een incurred by using a cost effecti (nature, 1, ity signing this form all business of Alberta Health Services	s that pertain to these ex leaith Services and that ti ve method, otherwise rat est that I am compliant to a s that pertain to these exp	penses, and confirm expen his claim has not been prev ionale and supporting anal li the above scattements benses, and confirm expens	iously claimed by me or on ysis is provided above. Date May	my behalf from	Alberte Health Services or eny		
est that expenses enclosed er Organization. est that expenses submitte (mant (Print Name)))))))))))))))))))	d in this claim have b Bu(fun) Berstand all applicable n this claim are for va	e policies of Alberta Health Service alid business purposes for Alberta H een incurred by using a cost effecti (nature, 1, ity signing this form alto policies of Alberta Health Services lid business purposes for Alberta H	s that pertain to these ex leaith Services and that ti ve method, otherwise rat est that I am compliant to a s that pertain to these exp eaith Services and that th	penses, and confirm expen his claim has not been prev ionale and supporting anal li the above scatements benses, and confirm expens his claim has not been previ	viously claimed by me or on ysis is provided above. Date May eas being claimed are in con lously claimed by the claime	my behalf from	Alberte Health Services or eny		
est that expenses enclosed in Organization, est that expenses submitte imant (Print Name) in that (Print Name) is that I have read and un st that I have read and un st the expenses enclosed in ces or any other Organizat st that expenses submitted	d in this claim have b Burthon Berstand all applicable n this claim are for va	e policies of Alberta Health Service alid business purposes for Alberta H een incurred by using a cost effecti (nature, 1, ity signing this form all business of Alberta Health Services	s that pertain to these ex lealth Services and that th ve method, otherwise rat est that I am compliant to a that pertain to these exp ealth Services and that th re method, otherwise ratio	penses, and confirm expen his claim has not been prev ionale and supporting anal li the above scatements benses, and confirm expens his claim has not been previ	viously claimed by me or on ysis is provided above. Date May eas being claimed are in con lously claimed by the claime	my behalf from	Alberte Health Services or eny		
est that expenses submitte imant (Print Name) A ara est that i have reed and universities that i have reed and universes enclosed in cess or any other Organizati est that expenses submittee that expenses submittee roved by (Print Name	d in this claim have b But for a But for a derstand all applicable in this claim are for va d in his claim have be	e policies of Alberta Health Service alld business purposes for Alberta H een Incurred by using a cost effecti mature. L by signing this form sub policies of Alberta Health Services lid business purposes for Alberta H een Incurred by using a cost effective sitter. Thus Program Group	s that pertain to these ex leaith Services and that ti ve method, otherwise rat est that I am compliant to a s that pertain to these exp eaith Services and that th re method, otherwise rati	penses, and confirm expen his claim has not been prev ionale and supporting anal li the above scatements benses, and confirm expens his claim has not been previ	viously claimed by me or on ysis is provided above. Date May ses being claimed are in con iously claimed by the claime rsis is provided above.	my behalf from	Alberte Health Services or eny		
est that expenses submitte imant (Print Name) at that (Print Name) at that (have read and units at that (have read and units at the expenses enclosed in cos or any other Organizat st that expenses submitted roved by (Print Name	d in this claim have b But for a But for a derstand all applicable in this claim are for va d in his claim have be	e policies of Alberta Health Service alid business purposes for Alberta H een incurred by using a cost effecti inature 1, by signing this form ski business purposes for Alberta H en incurred by using a cost effectiv then incurred by using a cost effectiv	s that pertain to these ex leaith Services and that ti ve method, otherwise rat est that I am compliant to a that pertain to these exp eaith Services and that th re method, otherwise ration	penses, and confirm expen his claim has not been prev ionale and supporting anal li the above scatements benses, and confirm expens his claim has not been previ	viously claimed by me or on ysis is provided above. Date May ses being claimed are in con iously claimed by the claime rsis is provided above.	my behalf from	Alberte Health Services or eny		
est that expenses submitte imant (Print Name) A ara est that i have reed and universities that i have reed and universes enclosed in cess or any other Organizati est that expenses submittee that expenses submittee roved by (Print Name	d in this claim have b But for But for derstand all applicable in this claim are for va in this claim have be	e policies of Alberta Health Service alld business purposes for Alberta H een Incurred by using a cost effecti mature. L by signing this form sub policies of Alberta Health Services lid business purposes for Alberta H een Incurred by using a cost effective sitter. Thus Program Group	s that pertain to these ex leaith Services and that ti ve method, otherwise rat est that I am compliant to a that pertain to these exp eaith Services and that th re method, otherwise ration	penses, and confirm expen his claim has not been prev donale and supporting anal li the above scatements benses, and confirm expens his claim has not been previous onale and supporting analy DFA Level	visually claimed by me or on ysis is provided above. Date May ses being claimed are in con- lously claimed by the claimed visis is provided above. Date May 20165	my behalf from	Alberta Health Services or any Phones chalf from Alberta Health		
set that expenses submitte mant (Print Name) Mant (Print Name) Marca st that / have read and units the expenses enclosed in the expenses enclosed in the expenses submitted roved by (Print Aama ture is, by gining this to the expenses submitted roved by (Print Aama ture is, by gining this to	d in this claim have b But this claim have b But this claim have b Bestand all applicable in this claim are for va	e policies of Alberta Health Service alld business purposes for Alberta H een incurred by using a cost effecti mature 1, by signing this form site apolicies of Alberta Health Services lid business purposes for Alberta H een incurred by using a cost effective then incurred by using a co	s that pertain to these ex lealth Services and that the ve method, otherwise rat est that I am compliant to a s that pertain to these exp ealth Services and that the re method, otherwise ration	penses, and confirm expen his claim has not been prev donale and supporting anal li the above scatements benses, and confirm expens his claim has not been previon onale and supporting analy	visually claimed by me or on ysis is provided above. Date May ses being claimed are in con- lously claimed by the claimed visis is provided above. Date May 20165	my behalf from	Alberte Health Services or eny		
st that expenses submittee mant (Print Name) Mant (Print Name) Marce st that / have read and un st that / have read and un st that / have read and un st the expenses enclosed in the expenses enclosed in the expenses submittee roved by (Print Name) fure (, by giving the fure (, by giving the Deboral Corpora	d in this claim have b But this claim have b But this claim have b derstand all applicable in this claim are for va in his claim have be provided by the second mm, attystichat I am co but the second by the second	e policies of Alberta Health Service alld business purposes for Alberta H een incurred by using a cost effecti mature 1, by signing this form site apolicies of Alberta Health Services lid business purposes for Alberta H een incurred by using a cost effective then incurred by using a co	s that pertain to these ex lealth Services and that the vermethod, otherwise rat east that I am compliant to a s that pertain to these exp ealth Services and that the remethod, otherwise ration DO	penses, and confirm expen his claim has not been prev donale and supporting anal lifthe above scatements benses, and confirm expens his claim has not been previous onale and supporting analy DEA Level	viously claimed by me or on ysis is provided above. Date May easibeing claimed are in com- lously claimed by the claime visis is provided above. Date Nacional Positional	my behalf from	Alberta Health Services or any Phone Phone ehalf from Alberta Health ehalf from Alberta Health		
organization, st that expenses submitte mant (Print Name) and and st that / have read and un st that / have read and un st that / have read and un st that i have read and un st that i have read and un st that expenses enclosed i less or any other Organizat it that expenses submittee roved by (Print Name ature 1, by spring this f Debora	d in this claim have b But this claim have b But this claim have b derstand all applicable in this claim are for va in his claim have be provided by the second mm, attystichat I am co but the second by the second	e policies of Alberta Health Service alld business purposes for Alberta H een incurred by using a cost effecti mature 1, by signing the form all about the services policies of Alberta Health Services lid business purposes for Alberta H een incurred by using a cost effective them incurr	s that pertain to these ex lealth Services and that the vermethod, otherwise rat east that I am compliant to a s that pertain to these exp ealth Services and that the remethod, otherwise ration DO	penses, and confirm expen his claim has not been prev donale and supporting anal lifthe above statements benses, and confirm expens his claim has not been previous conale and supporting analy DFA Level Date:	viously claimed by me or on ysis is provided above. Date May easibeing claimed are in com- lously claimed by the claime visis is provided above. Date Nacional Positional	ny behalf from	Alberta Health Services or any Phone Phone ehalf from Alberta Health ehalf from Alberta Health		
st the expenses submittee mant (Print Name) A that expenses submittee mant (Print Name) A ara at that i have read and unit at that i have read and unit the expenses enclosed as or any other Organizat ti that expenses submittee roved by (Print Jame A ara Deboral Corporat y forward from Barbara Burn	d in this claim have be But his claim have be But his claim have be an this claim are for va in his claim have be proved to the second second second manual second second second second second manual second	e policies of Alberta Health Service alld business purposes for Alberta H een incurred by using a cost effective mature. Livy signing this form atta policies of Alberta Health Services lid business purposes for Alberta H een incurred by using a cost effective them incurred by using a c	s that pertain to these ex lealth Services and that the vermethod, otherwise rates that i am compliant to all that pertain to these exp ealth Services and that the remethod, otherwise ration DO	penses, and confirm expen his claim has not been prev donale and supporting anal lifthe above statements benses, and confirm expens his claim has not been previ conale and supporting analy OFA Level Date: May Solution Num	iously claimed by me or on ysis is provided above. Date May ses being claimed are in com lously claimed by the claime vsis is provided above. Date New 2015 Position#	ny behalf from	Alberta Health Services or any Phone chalf from Alberta Health chalf from Alberta Health		

, nara	starting point, details of expenditure)	method used?	<u>Meal</u> Type	Allow- ance	Meal Type	With Receipt	(B)	(C)	(itemize) (D)	<u>кт</u> (Е)	Meeting Fe (F)
16-Apr-15	Parking	yes						\$24.00			
							99 <u>9999</u>				
R WILL	Total: (amount auto fills to	page 1)		\$0.00		\$0 00	\$0 OG	\$24 00	\$0.00	0 00	\$0.00
	Total: (amount auto fills to	and a second sec	COMMIT		MBER	so oo Mileage	1	\$24 00	şo oo Total M		s

For payment please submit to the Official Administrator office: 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

 (m_{1},m_{2})

x



8

x

1 Parking to attend HP Advisory Committee Meeting.

MasterCard Auth #

GST #887315638RT0001