

Official Administrator and Executive Expense Report

Name Barbara Burton
Title Human Resources Advisory Committee
Location Edmonton
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	Expense Claim	Meetings				24	24			
Total			\$ -	\$ -	\$ -	\$ 24	\$ 24	\$ -	\$ -	\$ -

Total for the Month \$ 24

Maximum daily single meal expense claimed in the month \$ -
 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
14/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:	01-Apr-15
Address:	[REDACTED]	City:		Province:	AB
Postal Code:	[REDACTED]	Country:	Canada	Phone #:	[REDACTED]
Reason for Expense &/or Business Case	Attend Human Resources Advisory Committee meeting				

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	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$24.00
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL PAYMENT					\$24.00

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

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	Date	Phone#
Barbara Burton	[Signature]	May 12, 2015	[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#
Dr. Col Archibald	Official Administrator	May 27/15	[REDACTED]
Signature	DOFA Level	Position#	
[Signature]			

Date: May 25/15 Phone Number: [REDACTED]
 Deborah Rhodes, Vice President
 Corporate Services & Chief Financial Officer
 Position Number: [REDACTED] DOFA Level: [REDACTED]

Carry forward from Section 1

Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	[REDACTED]
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					

<u>Date</u>	<u>starting point, details of expenditure</u>	<u>method used?</u>	<u>Meal Type</u>	<u>Allow-ance</u>	<u>Meal Type</u>	<u>With Receipt</u>	<u>Mileage (B)</u>	<u>Fuel, Parking, Taxi (C)</u>	<u>Itemize (D)</u>	<u>KM (E)</u>	<u>Meeting Fee (F)</u>
16-Apr-15	Parking	yes						\$24.00			
Total: (amount auto fills to page 1)				\$0 00		\$0 00	\$0 00	\$24 00	\$0 00	0 00	\$0 00

OA & COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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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

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

03:42 PM
APR 16, 2015

✓
*Parking to attend
HR Advisory Committee
meeting.*

Purchase Date/Time: 12:42pm Apr 16, 2015
Total Parking: \$22.86
Total gst: \$1.14
Total Due: \$24.00 Rate: \$24 - 3 hours
Total Paid: \$24.00 Payment Type: Card
Ticket # [Redacted]
S/N #: 0001245104
Setting: Lot 256
Mach Name: Meter 1

C [Redacted] MasterCard Auth # [Redacted]
GST #887315630RT0001