

Official Administrator and Executive Expense Report

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

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-15	Expense Claim	Meetings				25	25			
Total			\$ -	\$ -	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -

Total for the Month \$ 25

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:	
T4A/NR 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-Jun-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	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$25.00
Other (D)	101	0005	7111030000	41090000	\$0.00
TOTAL PAYMENT					\$25.00

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]	Aug 11/15	[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#
[Signature]	Official Administrator	Aug 19 2015	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	[REDACTED]

- 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:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting**

Carry forward from Section 1					
Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	42156
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					

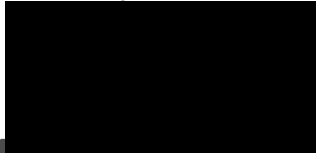
<u>Date</u>	<u>starting point, details of expenditure</u>	<u>method used?</u>	<u>Meal Type</u>	<u>Allow-ance</u>	<u>Meal Type</u>	<u>With Receipt</u>	<u>modaoun (B)</u>	<u>Fuel, Parking, Taxi) (C)</u>	<u>(itemize) (D)</u>	<u>KM (E)</u>	<u>Meeting Fee (F)</u>
June 25 2015	Parking	yes						\$25.00			
Total: (amount auto fills to page 1)				\$0.00		\$0.00	\$0.00	\$25.00	\$0.00	0.00	\$0.00

OA & COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



06:00 PM
JUN 25, 2015

Purchase Date/Time: 08:52am Jun 25, 2015
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00 Rate: \$25 - Early Bird
Total Paid: \$25.00 Payment Type: Card
Ticket: [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Card: [REDACTED] Visa

Auth #: [REDACTED]

GST #887315638RT0001