

## Official Administrator and Executive Expense Report

**Name** Barbara Burton  
**Title** Human Resources Advisory Committee  
**Location** Edmonton  
 Expenses submitted during the month of October 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)
Oct-15	Expense Claim	Meetings				33	33			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 33	\$ 33	\$ -	\$ -	\$ -

**Total for the Month**     \$            33

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

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

### SECTION 1: PAYEE INFORMATION

Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	Sept / Oct 2015
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:	Canada	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	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$32.50
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$32.50</b>

**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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Barbara Burton	[Signature]	17-11-2015	[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#
David Carpenter	Official Administrator	Nov 2, 2015	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	[REDACTED]
[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:  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

### Carry forward from Section 1

Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	
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>
23-09-2015	Parking for both Advisory Committee Meetings	Yes						\$25.00			
28-10-2015	Parking for Human Resources Advisory committee Meeting	Yes						\$7.50			
<b>Total: (amount auto fills to page 1)</b>				\$0.00		\$0.00	\$0.00	\$32.50	\$0.00	0.00	\$0.00

<b>OA &amp; COMMITTEE MEMBER Mileage Rate</b>	<b>0.505</b>	<b>Total Mileage</b>	<b>\$ -</b>
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For payment please submit to the Official Administrator office:  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**RECEIPT**  
**IMPARK LOT 256**  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 PM**  
**SEP 23, 2015**

Purchase Date/Time: 08:17am Sep 23, 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 #: 5000245104  
Setting: Lot 256  
Mach Name: Meter 1

[REDACTED] Visa      Auth #: [REDACTED]  
GST #887315638RT0001

IMPARK00020274A  
10665 JASPER AVENUE  
EDMONTON, AB T5J3S9  
7804201976

**DEBIT SALE**

MID: [REDACTED]  
TID: [REDACTED]      REF#: [REDACTED]  
Batch: [REDACTED]      RRN: [REDACTED]  
10/28/15      11:08:28  
APPR CODE: [REDACTED]  
Trace: [REDACTED]  
DEBIT/DEFAULT

**AMOUNT      \$7.50**

APPROVED

SIGNATURE NOT REQUIRED


Interac  
AID: A0000002771010  
TVR: 80 00 00 80 00

ACCOUNT WILL BE DEBITED WITH THE  
ABOVE AMOUNT  
(OR CREDITED IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION


THANK YOU  
PLEASE COME AGAIN

MERCHANT COPY

**DETACH THIS PORTION FOR VALIDATION**

 **RECEIPT OR VALIDATION**  
IMPERIAL PARKING CANADA CORPORATION  
10239 - 107TH STREET  
EDMONTON, AB T5J3S9

**impark** [REDACTED]

RECYLEABLE 

TAXES INCLUDED (G.S.T. REG. #88731 5638 RT0001)  
VISIT OUR WEBSITE AT [www.impark.com](http://www.impark.com)

LIC. NO.:	[REDACTED]
AMOUNT:	7.50