

Official Administrator and Executive Expense Report

Name Carmel Turpin
Title Vice President Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of December 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)
	P-Card	Meetings			173	89	262			
	Expense Claim	Meetings		32			32			
Total			\$ -	\$ 32	\$ 173	\$ 89	\$ 294	\$ -	\$ -	\$ -

Total for the Month \$ 294

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 154
 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

Instruction:			
<ul style="list-style-type: none"> • Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement • Cardholder AND Approver's signatures required where indicated below 			
<u>TURPIN, CARMEL</u>	<u>VP COMM. ENGAGE & COMMS</u>	Billing Reporting Period:	<u>20/12/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>COPORATE</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$261.71</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>CARMEL.TURPIN@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #: _____	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 21/11/2014	371958976	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	14.72	CAD	✓ 14.72	.70		Taxi from Acclaim Hotel to Calgary Airport (attended Council of Chairs Meeting).
② 21/11/2014	371958977	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	9.00	CAD	✓ 9.00	.43		Taxi from Delta Calgary South to Southport (met with ACHF CEO and Board Chair).
③ 21/11/2014	371958878	DELTA CALGARY SOUTH, DELTA HOTELS	172.89	CAD	✓ 172.89	.00	.00	1 night accommodation (met with portfolio staff in Calgary).
④ 26/11/2014	372516280	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	65.10	CAD	✓ 65.10	3.10	.00	Taxi from Calgary Airport to Southport (met with portfolio staff in Calgary).

Signatures
Cardholder Designate (If Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Jennifer Hamstra
Name of Cardholder Designate
Jennifer Hamstra
Signature of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title
Dec 22, 2014
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

TURPIN, CARMEL
Name of Cardholder

Carmel Turpin
Signature of Cardholder

VP COMM. ENGAGE & COMMS

Cardholder Position/Title

Dec 29/14
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best
Name of Approver Designate

Susan Best
Signature of Approver Designate

Exec. Assistant
Approver Designate Position/Title

Dec. 30, 2014
Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
Name of Approver

Deborah Rhodes
Signature of Approver

VP Corp Services + CFO
Approver Position/Title

Dec. 30/14
Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

CHECKER YELLOW CAB
 480 BERTHOUD ROAD SW
 CALGARY, AB T2A 1X2

VEHICLE ID: 014 622
 TRIP ID:
 DRIVER ID:
 F. ACCOUNT #:
 TRIP NUMBER:
 LICENSE #:

11-21-2014
 RATE: 14.00
 START: 14.00
 END: 1.72
 RATE: 1.72

TOTAL: \$ 14.72

FASTER CARD SALE:

TRAVEL NUMBER:

PASSENGER COPY

THANK YOU
 CHECKER YELLOW CAB
 (403) 250-3333
 WWW.THECHECKERGROUP.COM



TRIP ID: 014 622
 TRIP DATE: 11-21-2014
 CHECKER YELLOW CAB

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Record

AC: 480 BERTHOUD RD SW, T2A 1X2
 30: 41 Ave NW (403) 299 1111
 INSIST ON THE PROFESSIONAL

DATE: 11-21-2014
 TIME: 14:00
 DURATION: 1.72
 TRIP ID: 014 622
 LOCATION: 014 622
 TRIP NUMBER: 873888-4582
 CARD TYPE: 014 622
 DRIVER: 014 622
 RATE: 14.00
 START: 14.00
 END: 1.72
 RATE: 1.72
 TOTAL: 14.72
 TAX: 0.00
 TOTAL: 14.72

TOTAL (\$): 14.72

TOTAL (\$): 65.10

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
 OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA
 Airport to Southport
 PASSENGER COPY

November 21, 2014 (\$9.00)
 • Taxi from Delta Calgary South to Southport (met with ACIF CEO and Board Chair).

November 21, 2014 (\$14.72)
 • Taxi from Acclaim Hotel to Calgary Airport (attended Council of Chair Meeting).

November 21, 2014 (\$65.10)
 • Taxi from Calgary Airport to Southport (met with portfolio staff in Calgary).



DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Carmel Ms Turpin

Room:
Folio:
Cashier:
Arrival: 11-20-14
Departure: 11-21-14

Date	Description	Additional Information	Charges	Credits
11-20-14	Room Charge		154.00	
11-20-14	DMF		4.62	
11-20-14	Room GST		7.93	
11-20-14	Tourism Levy		6.34	

GST Summary	
Registration No:	895126332
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	0.00
Balance Due	172.89 CDN	✓

November 20, 2014 (\$172.89)

- 1 night accommodation (met with portfolio staff in Calgary and attended the Council of Chairs Meeting on November 21, 2014.)

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)							
<ul style="list-style-type: none"> Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system If you are a new employee and your payroll is E-People you will only have an Employee # (E-People) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Expense Date From:</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: right;">Travel Period from: <u>20-Nov-14</u></td> <td style="text-align: center;">To <u>20-Nov-14</u> (if applicable)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Out-of-Province Travel</td> </tr> </table>	Expense Date From:	To	Travel Period from: <u>20-Nov-14</u>	To <u>20-Nov-14</u> (if applicable)	Out-of-Province Travel	
Expense Date From:	To						
Travel Period from: <u>20-Nov-14</u>	To <u>20-Nov-14</u> (if applicable)						
Out-of-Province Travel							
Name: <u>Carmel Turpin</u> Position (Title): <u>VP, Community Engagement & Communications</u>							
Location: _____ Dept: <u>Corporate</u> DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____							
Employee # (E-People): _____							

SECTION E: FINANCE CODING & TOTAL CLAIM		
CAPITAL PROJECT CODING ONLY →	Project Number _____	Project Task Number _____
	Expenditure Organization _____	Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A				\$32.35						\$32.35	
2B											
2C											
2D											
				\$32.35	**User to enter Coding & \$ Amounts						
					NOTE: These fields do not automatically fill for Section C & D						
										TOTAL CLAIM	\$32.35

SECTION F: AUTHORIZATION	
<p>I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.</p> <p>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.</p> <p>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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122</p>	
I, by signing this form, attest that I am compliant to all the above statements Employee Signature: <u>Carmel Turpin</u>	Date <u>Dec 29/14</u>
<p>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.</p> <p>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.</p> <p>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.</p>	
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.	
Approved By (PRINT ONLY): <u>Deb Rhodes</u>	DOFA Level _____ Position # _____ Phone # _____ Ext _____
I, by signing this form, attest that I am compliant to all the above statements Signature: <u>Deborah Rhodes</u>	Title <u>VP Corporate Services & CFO</u> Date <u>Dec. 30/14</u>
<p>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.</p> <p>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.</p> <p>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.</p>	
Approved By (PRINT ONLY): _____	DOFA Level _____ Position # _____ Phone # _____ Ext _____
I, by signing this form, attest that I am compliant to all the above statements Signature: _____	Title _____ Date _____

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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding _____

Emp # (E-People) _____

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
20-Nov-14	Meals - met with Communication Leadership Team in Calgary,	AB - Provinc	Meeting	Yes	LD-\$32.35	\$32.35	✓							
SUBTOTALS						\$32.35								Total Kms

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Mileage \$	
Travel \$ Subtotal	\$32.35
Auto fills on page 1 - TOTAL TRAVEL \$	\$32.35

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)