

Official Administrator and Executive Expense Report

Name Carolyn Hoffman
Title Senior Program Officer, Quality & Healthcare Improvement
Location Edmonton
 Expenses submitted during the month of June 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)
June-14	Expense	Meetings		30	197	100	327			
June-14	Direct Billing	Meetings	449				449			
Total			\$ -	\$ 30	\$ 197	\$ 100	\$ 776	\$ -	\$ -	\$ -

Total for the Month \$ 776

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 169
 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



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

* 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)

Expense Date From: 22/1/2014 To 23-Jun-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Carolyn Hoffman Position (TITLE): Senior Program Officer
 Location: Seventh Street Plaza Dept: QHI DOFA Level: _____
 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	101	0000	71110100100	\$326.94						\$326.94		
2B												
2C												
2D												
				\$326.94							TOTAL CLAIM	\$326.94

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 **User to enter Coding & \$ Amounts
 NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1322)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.
 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.

I, by signing this form, attest that I am employee I to all the above statements.
 Employee Signature: Date: July 29, 2014
 Title: _____

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 ONLY): Verna Yiu DOFA Level: _____ Title: VP Quality and CMO Date: July 30/14
 Signature:

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 ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 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 **101 0000 71110100100** Emp # (E-People) XXXXXXXXXX Page **2A**

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.

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						
22-Jun-14	Travelled to Toronto to attend the Collaborative for Excellence in Healthcare Quality Performance Measures Framework meeting	ON	Meeting	Yes	D-\$20.75	\$20.75					\$65.00			24.00
23-Jun-14	Travelled to Toronto to attend the Collaborative for Excellence in Healthcare Quality Performance Measures Framework meeting	ON	Meeting	Yes	B-\$9.20	\$9.20				\$196.87	\$23.00			
SUBTOTALS						\$29.95				\$196.87	\$88.00			Total Kms 24.00

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) **\$0.505**

Mileage \$ **\$12.12**

Travel \$ Subtotal **\$314.82**

Auto fills on page 1 - **TOTAL TRAVEL \$ \$326.94**

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)



PANTAGES

HOTEL TORONTO CENTRE

★★★★

URBAN CHIC

MS Carolyn Hoffman

Room Number : [REDACTED]
 Arrival Date : 22-06-14
 Departure Date : 23-06-14
 Page : 1 of 1
 Confirmation : [REDACTED]
 CRS No. : [REDACTED]
 Folio No. : [REDACTED]

Company Name

23-06-14

Date	Description	Charges	Credits
22-06-14	Consortia	169.15	
22-06-14	HAF Rooms	5.07	
22-06-14	HST Rooms	21.99	
22-06-14	HST Rooms	0.66	
23-06-14	[REDACTED]		196.87
Total		196.87	196.87
Balance		0.00	CAD

HST Registration # 863388880-RT0002

HST Room	HST F&B	HAF	Total
\$22.65	\$0.00	\$0.00	\$ 22.65

June 22, 2014

Carolyn flew to Toronto, ON to attend the Collaborative for Excellence in Healthcare Quality (CEHQ) performance measures framework meeting.

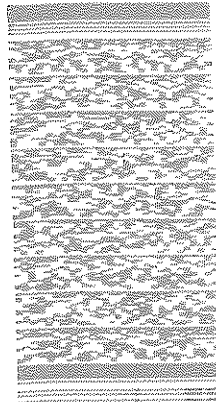
I agree to remain personally liable for the payment of this account if the corporation or other third party fails to pay part or all of these charges.

Guest Signature: _____

HOFFMAN CAROLYN

FLEX ECONOMY/ECONOMIQUE FLEX

Frequent Flyer / Voyageur assidu



Flight / Vol
AC 172 22JUN

From / De
EDMONTON-YEG 

Destination
TORONTO-T1


Boarding time / Heure d'embarquement 12:40 Gate / Porte 52 Seat / Place 23D
AISLE/COULOIR

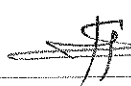
Departure Time / Heure de départ 13:15 Remarks / Observations

Airline use / À usage interne 0050 WC100622


Boarding Pass | Carte d'accès à bord

AIR CANADA 

A STAR ALLIANCE MEMBER
MEMBRE DU RÉSEAU STAR ALLIANCE 

Car No. 12 Date June 22, 14
From AIRPORT
To
GST No. Tip
Total 65
Received with Thanks
Signature 

RECEIPT FOR CAB FARE

Amount \$ 23.00 Date 23/06/14
From
To
Cab Number 682 Driver 

aircanada.com/security

Thank You for your Business

SAVE
25%


PARK'N FLY
AIRPORT PARKING

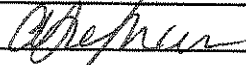
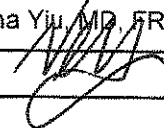
Present this coupon at checkout and SAVE 25%!
6380 Miller Road, Richmond T: (604) 270-9476

PARKING CONDITIONS: Not valid with any other discount or promotion.
Discount only applicable on parking charges. Parking rates subject to
surcharges and applicable taxes. Expires: June 30/2014

COUPON CODE 685264

parknfly.ca

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	
Name: Carolyn Hoffman		Destination: Toronto, Ontario	
Employee #: [REDACTED]		Report To: Dr. Verna Yiu	
Department: QHI		Office Location: [REDACTED]	
Business Phone #: [REDACTED]			
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0000	71110100100	61540000
Dates: From (day/month) 22/June (year) 2014 to (day/month) 24/June (year) 2014			
Purpose of Trip: To attend the CHEQ Collaborative meeting in Toronto			
Employee Signature: 			Date: Apr 21, 2014
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) Verna Yiu, MD, FRCPC		Title: VP, Quality & Chief Medical Director	
Signature: 			Date: April 21, 2014
Approved By: (please print)		Title:	
Signature:			Phone #
Signature:			Date:

B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 2 Nights at \$200.00	\$400.00
2. Meals		30.00
3. Registration		
4. Airfare or Other Travel Costs	Flight to Toronto	800.00
5. Other Expenses (please specify)	Taxi Fare	130.00
Total Estimated Travel Costs		\$1,360.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- **Indicate whether you have expenses to report in this section for this reporting period:** Yes No

Name: Carolyn Hoffman

Reporting Period for the Month of: June 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-06-22	Direct Billing	Transportation	Collaborative for Excellence in Healthcare Quality (CEHQ)	Marlin Travel	\$449.48
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
Total Paid in the Month					

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

GST Reg#: [REDACTED]
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES

Invoice Number: [REDACTED]
Date: June 23, 2014
Page: 1/2
Your Reference: [REDACTED]

INVOICE

For

MS CAROLYN HOFFMAN
AC [REDACTED]

Sunday, June 22, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0

Flight: 172 W CLASS
01:15 PM Equipment: A320
06:55 PM

Mile(s) Flown: 1676

Hotel

Check In: 22Jun2014 12:00 AM
Check Out: 23Jun2014 12:00 AM
METRO TORONTO OT

Rooms 1
1 Night(s)

[REDACTED]

T1Q
Rate: 169.15 CAD per Night
Guaranteed for late arrival

[REDACTED]
Corporate Id: ABC

Cost:

AIR CANADA [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST

Invoice Number: [REDACTED]
Date: June 23, 2014
Page: 2/2
Your Reference: [REDACTED]

INVOICE

Cost:

AIR CANADA [REDACTED]	[REDACTED]	417.00
	Tax:	32.48
	Ticket Total:	449.48

Total:

	Grand Total:	449.48
	Less Credit Card Payments:	449.48
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.