

## Official Administrator and Executive Expense Report

**Name** Carolyn Hoffman  
**Title** Senior Program Officer, Quality & Healthcare Improvement  
**Location** Edmonton  
 Expenses submitted during the month of July 2014

		Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel		
June-14	Expense	Meetings		9	156	297	462		
<b>Total</b>			\$ -	\$ 9	\$ 156	\$ 297	\$ 462	\$ -	\$ -

**Total for the Month** \$ 462

Maximum daily single meal expense claimed in the month \$ 9  
 Maximum daily base hotel rate claimed in the month \$ 139  
 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

COPY

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: 1-Jun-14 To 30-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: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Expenditure Organization \_\_\_\_\_ Project Task Number \_\_\_\_\_ 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	\$481.82						\$481.82		
2B												
2C												
2D												
				\$461.82							TOTAL CLAIM	\$461.82

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 (1122)" 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.

Employee Signature: \_\_\_\_\_ Date: June 27, 2014  
 Approved By (PRINT ONLY): Verna Yiu DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: VP Quality and CMO Date: Jun 27, 2014

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 T6J 3E4

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0000 71110100100 Emp # (E-People) XXXXXXXXXX

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?	Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> in the "Rationale is Required" section on this page											
				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								
2-Jun-14	Travelled to Calgary for QHI Operations Planning with Senior Leaders and Leaders	AB	Meeting	Yes	B-\$9.20	\$9.20									588.00
<b>SUBTOTALS</b>						\$9.20									Total Kms 588.00

**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 \$	\$296.94
Travel \$ Subtotal	\$164.88
Auto fills on page 1 - TOTAL TRAVEL \$	\$461.82

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

**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)**  
 Flew to Calgary on January 8, 2014 and February 5, 2014 due to weather conditions.

Four Points By Sheraton Calgary West  
8220 Bowridge Crescent NW  
Calgary, AB T3B 2V1  
403-288-4441  
<http://www.starwood.com/>



Hoffman, Carolyn      Page Number      1      Invoice Nbr      [REDACTED]  
                                 Guest Number           Arrive Date      06-02-2014 23:48  
                                 Folio ID      A      Depart Date      06-03-2014 11:16  
                                 No. Of Guest      1  
                                 Room Number

Duplicate Invoice

Tax Identification      885935767RT0001

Date	Reference	Description	Charges/Credits
06-02-2014	[REDACTED]	Destination Fee	
06-02-2014	[REDACTED]	Tourism Levy	\$4.17
06-02-2014	[REDACTED]	Goods And Services Tax	\$5.56
06-02-2014	[REDACTED]	Room Revenue	\$6.95
06-03-2014	[REDACTED]	Visa	\$139.00
		** Total	\$-155.68
		** Balance	\$0.00
			\$0.00

\*\*\*\*\*For Authorization Purpose Only\*\*\*\*\*

[REDACTED]

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

June 2, 2014

Carolyn drove to Calgary to attend the President's Speaker Series Event to meet with Dr. Bridget Duffy, Chief Medical Officer, Vocera Communications and for the QHI Leadership Operational Planning Session.

Four Points By Sheraton Calgary West  
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Hoffman, Carolyn

Page Number 2  
Guest Number  
Folio ID A  
No. Of Guest 1  
Room Number

Invoice Nbr  
Arrive Date 06-02-2014 23:48  
Depart Date 06-03-2014 11:16

Duplicate Invoice

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GST on Room Revenue	6.95
GST Food and Beverage	0.00
GST on Telephone	0.00
GST on Incidental Charges	0.00
	6.95

