

Official Administrator and Executive Expense Report

Name Cheryl Bourassa
Title Chief Program Officer/Population, Public & Aboriginal Health(Acting)
Location Edmonton
 Expenses submitted during the month of October 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)
Oct-14	P-Card	Meetings			759	138	897	223		
Oct-14	Expense Claim	Meetings		102		636	738			
Total			\$ -	\$ 102	\$ 759	\$ 774	\$ 1,635	\$ 223	\$ -	\$ -

Total for the Month \$ 1,858

Maximum daily single meal expense claimed in the month \$ 21
 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

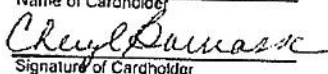
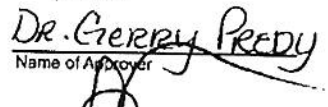
Instruction:

- 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>BOURASSA, CHERYL</u> Cardholder's Name	<u>CHIEF PROGRAM OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/10/2014</u>
<u>POPULATION, PUBLIC &</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,120.29</u>
<u>CHERYL.BOURASSA@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/10/2014	366319651	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	469.39	CAD	469.39	22.35		Edmonton - Matrix Hotel - Clinical Support Services Full Day Discussion Forum, PPAH QM Framework and other meetings
08/10/2014	367156090	RED ARROW EXPRESS LTD, BUS LINES	138.00	CAD	138.00	6.57		Red Arrow bus - Calgary/Edmonton/Calgary - to attend meetings in Edmonton
14/10/2014	367499831	ACT*Global Enterprise, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	223.24	CAD	223.24	.00	.00	Workplace Violence/Active Shooter Awareness - Calgary Morning Session, Jan 14, 2015, UofC
16/10/2014	367827905	COURTYARD BY MARRIOTT, COURTYARD INNS	289.66	CAD	289.66	.00	.00	Edmonton - Courtyard Marriott Hotel - attend Exploring Partners Steering Committing full day meeting

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
BOURASSA, CHERYL Name of Cardholder  Signature of Cardholder	CHIEF PROGRAM OFFICER Cardholder Position/Title Oct 27/14 Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
Dr. Cherry Preedy Name of Approver  Signature of Approver	Senior Mgt. Approver Position/Title Oct. 27/14 Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: _____

MATRIX
HOTEL

Ms Cheryl Bourassa

Room Number: [REDACTED]
Arrival Date: 09-28-14
Departure Date: 10-01-14
Page No: 1 of 1
Confirmation No: [REDACTED]

INFORMATION INVOICE

Folio No:

Date	Description	Charges	Credits
09-28-14	Room Revenue	139.00	
09-28-14	Destination Marketing Fee - 3%	4.17	
09-28-14	Tourism Levy - 4%	5.73	
09-29-14	Room Revenue	139.00	
09-29-14	Destination Marketing Fee - 3%	4.17	
09-29-14	Tourism Levy - 4%	5.73	
09-30-14	Room Service [REDACTED]	22.69	
09-30-14	Room Revenue	139.00	
09-30-14	Destination Marketing Fee - 3%	4.17	
09-30-14	Tourism Levy - 4%	5.73	
Total		469.39	0.00
Balance		469.39	

Room service Sept 30, 2014 for 22.69
was for dinner with no alcohol.
I paid for the dinner in cash and
have lost the receipt.
I claim the above to be true.
Cheryl Bourassa.



Invoice

Date : 2014-10-08

Billing To:

Cheryl Bourassa
 [Redacted Address]

You can reach us at:
 304 - 35 Avenue NE
 Calgary, AB

Phone:1-800-232-1958

Order #	Ordered	Customer #	Departing	Returning	Sales Rep	Sales Agent
[Redacted]	2014-10-08	[Redacted]	14-10-08	2014-10-09	-	[Redacted]

Travellers: Bourassa/Cheryl

Product	Details	Duration	Price Basis	Qty	Each	Billed
Parking Per Day	2014-10-08 [Redacted]	2 days	Per Day Parking	1	9.52	10.00
CEEXP 16:30 Assigned to: 10B	Departs Calgary (CGYNORTH / CALGARY NORTH) 2014-10-08 at 16:45 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2014-10-08 at 19:50	3 hrs 5 mins	Senior	1	65.71	69.00
EDMCAL 17:00 O/L Assigned to: 03A	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2014-10-09 at 17:00 Arrives Calgary (CGYNORTH / CALGARY NORTH) 2014-10-09 at 20:45	3 hrs 45 mins	Senior	1	65.71	69.00

Payments:

Date	Received From	Reference	Amount
2014-10-08	customer: Cheryl Bourassa [Redacted]	[Redacted]	138.00 CAD
2014-10-08	customer: Cheryl Bourassa [Redacted]	Cash	10.00 CAD

Base Price:	140.94
Discounts:	0.00
Service Charges:	0.00
GST	7.06
Invoice Total:	148.00
Commission:	0.00
Received:	148.00
Balance Due:	0.00

TERMS: DUE UPON RECEIPT

GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

****Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices****

****Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time****

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF

Workplace Violence/Active Shooter Awareness - Calgary Morning Session

Wednesday, January 14, 2015 8:00 AM - 12:00 PM (Mountain Time)

Hotel Alma - Varsity Room
 169 University Gate
 University of Calgary
 Calgary, Alberta
 Canada

Event Details
 Phone: 780 999 6568 [Email Us](#)

Personal Info




Registration ID: [REDACTED]
Registrant: Cheryl Bourassa
 Executive Director, Emergency/Disaster Management
 Alberta Health Services
Registration Date: 10/14/2014 9:01 AM
Status: Confirmed
Work Phone: [REDACTED]
Cell Phone: [REDACTED]
Email: cheryl.bourassa@albertahealthservices.ca
Contact Name: Annette Cadick
Contact Phone: [REDACTED]
Contact Email: annette.cadick@albertahealthservices.ca

Fees

Fee	Quantity	Unit Price	Amount
Standard Event Fee (GoA)	1	CDN\$199.00	CDN\$199.00
Subtotal:			CDN\$199.00
GST:			CDN\$9.95
Service Fee:			CDN\$14.29
Total:			CDN\$223.24

Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	10/14/2014	CDN\$208.95	CDN\$208.95

Transaction Type	Date	Amount	Balance
Service Fee	10/14/2014	CDN\$14.29	CDN\$223.24
Online Credit Card Payment  Details	10/14/2014	-CDN\$223.24	CDN\$0.00
Current Balance:			CDN\$0.00

Payment Method

Payment Method: Credit Card (MasterCard)

The online credit card payment for this event will be listed on your credit card statement with the name Global Enterprise Securit.

Refund Information

Cancellations and refunds are available up to the date of the event.



Courtyard by Marriott

10011 184th St
Edmonton, AB T5S 0C7
T 780.638.6070

C. Bourassa

Room: [REDACTED]

Room Type: [REDACTED]

Number of Guests: 1

Rate: \$129.00

Clerk:

Arrive: 14Oct14	Time: 04:34PM	Depart: 16Oct14	Time:	Folio Number: [REDACTED]
Date	Description	Charges	Credits	
14Oct14	Room Charge	129.00		
14Oct14	Marketing Fee	3.87		
14Oct14	Gst 813149820	6.64		
14Oct14	Tourism Levy	5.32		
15Oct14	Room Charge	129.00		
15Oct14	Marketing Fee	3.87		
15Oct14	Gst 813149820	6.64		
15Oct14	Tourism Levy	5.32		
16Oct14	Master Card			289.66
	Card # [REDACTED]			
	Amount: 289.66 Auth: [REDACTED] Signature on File			
	This card was electronically swiped on 14Oct14			
	Balance:	0.00		

Rewards Account [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

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: 15-Sep-14 To 15-Oct-14
 Travel Period from: 15-Sep-14 To 15-Oct-14 (if applicable)
 Out-of-Province Travel

Name: Cheryl Bourassa Position (Title): Executive Director, E/DM
 Location: Dept: Emergency Disaster Mng DOFA Level: (if applicable) Union: Business Phone # Ext:
 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0005	7113400003	\$737.75					
2B									
2C									
2D									
				\$737.75					

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: **User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT	
Total Section B	\$737.75
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$737.75

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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

Employee Signature: Cheryl Bourassa Date: Oct 30/14

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): Dr. Gerry Prady DOFA Level: Position #: Phone #: Ext:
 Signature: [Signature] Title: Senior MOH Date: Oct 31/14

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

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 7113400003

Emp # (E-People) _____

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'l)
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						
28-Sep-14	Milage to Edmonton meetings - Provincial forum and other meetings	AB - Provincial	Meeting	Yes										630.00
28-Sep-14	Edmonton meetings - Provincial forum and other meetings	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
29-Sep-14	Edmonton meetings - Provincial forum and other meetings	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80								
8-Oct-14	Edmonton meetings - RBB gov't focus meeting	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
9-Oct-14	Edmonton meeting - RBB Gov't focus meeting	AB - Provincial	Meeting	Yes	B-\$9.20	\$9.20								
14-Oct-14	Edmonton meeting - APPHC safe environment and other meeting	AB - Provincial	Meeting	Yes										630.00
14-Oct-14	Edmonton meeting-APPHA safe environment and other meeting	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
15-Oct-14	Edmonton meeting - Exploring partners steering committee	AB - Provincial	Meeting	Yes	B-\$9.20	\$9.20								
SUBTOTALS						\$101.45								Total Kms 1260.00

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 \$ **\$636.30**

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

Travel \$ Subtotal **\$101.45**

Auto fills on page 1 - TOTAL TRAVEL \$ **\$737.75**

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)