

Official Administrator and Executive Expense Report

Name David Diamond
Title Chief External Relations Officer
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	Expense Claim	Meetings				332	332			
Total			\$ -	\$ -	\$ -	\$ 332	\$ 332	\$ -	\$ -	\$ -

Total for the Month \$ 332

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.

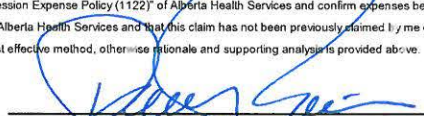

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

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>Expense Date From:</td> <td style="text-align: center;">3-Oct-14</td> <td>To</td> <td style="text-align: center;">3-Oct-14</td> </tr> <tr> <td>Travel Period from:</td> <td></td> <td>To</td> <td style="text-align: right;">(if applicable)</td> </tr> <tr> <td colspan="4">Out-of-Province Travel</td> </tr> </table>	Expense Date From:	3-Oct-14	To	3-Oct-14	Travel Period from:		To	(if applicable)	Out-of-Province Travel			
Expense Date From:	3-Oct-14	To	3-Oct-14										
Travel Period from:		To	(if applicable)										
Out-of-Province Travel													
Name: <u>David Diamond</u>	Position (Title): <u>Chief External Relations Officer</u>												
Location: <u>Edmonton</u>	Dept: [REDACTED] DOFA Level: _____ (if applicable) Union: _____ Business Phone #: [REDACTED] Ext: _____												
Employee # (E-People): [REDACTED]													

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	0302	7181000009	\$331.55						\$331.55	
2B											
2C											
2D											
				\$331.55	**User to enter Coding & \$ Amounts						
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D						TOTAL CLAIM \$331.55

SECTION F: AUTHORIZATION	
<p>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.</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> <p>I, by signing this form, attest that I am compliant to all the above statements.</p> <p style="text-align: center;">Employee Signature: <u></u> Date <u>17-Oct-14</u></p>	
<p>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.</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. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</p> <p>Approved By (PRINT ONLY): <u>Deborah Rhodes</u> DOFA Level [REDACTED]</p> <p>I, by signing this form, attest that I am compliant to all the above statements.</p> <p style="text-align: center;">Signature: <u></u> Title <u>VP Corporate Services & CFO</u> Date <u>Oct-2014</u></p>	
<p>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.</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> <p>Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____</p> <p>I, by signing this form, attest that I am compliant to all the above statements.</p> <p style="text-align: center;">Signature: _____ Title _____ Date _____</p>	

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101</u> <u>0302</u> <u>7181000009</u>	Emp # (E-People) XXXXXXXXXX	Page 2A
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*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? Y/N	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							
3-Oct-14	Meeting in Calgary with lawyers of the MERCAN law suites	AB	Meeting	yes											590.00
3-Oct-14	Parking in Calgary for meeting with lawyers of MERCAN law suites	AB	Meeting	yes								\$33.60			
SUBTOTALS												\$33.60			Total Kms 590.00

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 <i>(see Mileage details to the left)</i>	\$0.505
Mileage \$	\$297.95
Travel \$ Subtotal	\$33.60
Auto fills on page 1 - TOTAL TRAVEL \$	\$331.55

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)

RECEIPT

Stall # 275

Expiration Date/Time

06:00 PM

OCT 03, 2014

Purchase Date/Time: 10:36am Oct 03, 2014

Total Parking: \$32.00

Total FEDERAL: \$1.60

Total Due: \$33.60

Rate: DAILY MAX

Total Paid: \$33.60

Payment Type: Card

Ticket #

S/N #: 520014230474

Setting: Lot 232

Mach Name: Lot 232-6

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PA

[Redacted]

MasterCard

Auth

[Redacted]