

## Official Administrator and Executive Expense Report

**Name** David Mador  
**Title** Medical Director Northern Alberta  
**Location** Edmonton

Expenses submitted during the month of August 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)
Aug-14	Expense	Meetings				37	37			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 37	\$ 37	\$ -	\$ -	\$ -

**Total for the Month** \$ 37

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

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>							
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Expense Date From:</b> 1-Jul-14</td> <td><b>To:</b> 31-Aug-14</td> </tr> <tr> <td><b>Travel Period from:</b> _____</td> <td><b>To:</b> _____ (if applicable)</td> </tr> <tr> <td colspan="2"><b>Out-of-Province Travel</b></td> </tr> </table>	<b>Expense Date From:</b> 1-Jul-14	<b>To:</b> 31-Aug-14	<b>Travel Period from:</b> _____	<b>To:</b> _____ (if applicable)	<b>Out-of-Province Travel</b>	
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<b>Out-of-Province Travel</b>							
<b>Name:</b> David Mador	<b>Position (Title):</b> VP and Medical Director Northern Alberta / EZMD						
<b>Location:</b> _____	<b>Dept:</b> Medical Affairs <b>DOFA Level:</b> _____ (if applicable) <b>Union:</b> _____ <b>Business Phone #:</b> _____ Ext: _____						
<b>Employee # (E-People):</b> _____							

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>																																																																																		
<b>CAPITAL PROJECT CODING ONLY →</b>	<b>Project Number</b> _____ <b>Expenditure Organization</b> _____	<b>Project Task Number</b> _____ <b>Expenditure Type</b> _____																																																																																
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<b>NOTE:</b> This section auto fills from page 2A, 2B, 2C & 2D		<b>NOTE:</b> These fields do not automatically fill for Section C & D																																																																																

<b>SECTION F: AUTHORIZATION</b>	
<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. <span style="float: right;">Travel, Hospitality and Working Session Expenses Policy - Document# 1122</span></p>	
I, by signing this form, attest that I am compliant to all the above statements. <b>Employee Signature:</b> _____ 	<b>Date:</b> 12-August-2014
<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. <span style="float: right;">Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</span></p>	
<b>Approved By (PRINT ONLY):</b> Deborah Rhodes <b>Signature:</b> _____ 	<b>DOFA Level:</b> _____ <b>Position #:</b> _____ <b>Phone #:</b> _____ <b>Ext:</b> _____ <b>Title:</b> Acting VP Corp Services and CFO <b>Date:</b> _____
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<b>Approved By (PRINT ONLY):</b> JITENDRA PRASAD <b>Signature:</b> _____ 	<b>DOFA Level:</b> _____ <b>Position #:</b> _____ <b>Phone #:</b> _____ <b>Ext:</b> _____ <b>Title:</b> Chief Program Officer Contracting, Procurement & Supply Management <b>Date:</b> AUG 22 2014

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 54 of the Health Services Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

OK

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0006 71110106003 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?	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										
				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							
6-Aug-14	parking at Renaissance Airport Hotel to attend a Edmonton Clinical Lab Project Blue Ribbon Group Meeting	AB	Meeting	Yes								\$36.67		
<b>SUBTOTALS</b>												\$36.67		Total Kms

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b>                  → details of travel location to &amp; 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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement                  (see Mileage details to the left) <span style="float: right;">\$0.505</span></p>
<p align="center">Mileage \$ _____</p>	
<p align="center">Travel \$ Subtotal <span style="float: right;">\$36.67</span></p>	
<p align="center">Auto fills on page 1 - TOTAL TRAVEL \$ <span style="float: right;">\$36.67</span></p>	

**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)

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

Hotel Pay 06/08/14 14:55  
Receipt [REDACTED]

Short-term parking tkt

HR - No. [REDACTED]

06/08/14 09:30 -

06/08/14 14:59 -

Period 0d5h30'

(Tax) \$38.50

Total \$38.50

Payment Received \$38.50

Merch: 82005340013

Auth [REDACTED]

Type: Swiped

Sub Total \$36.67

Tax 5% 1.83

03706787 - 1/1

expense claim  
August 6/14

Parking @ Airport Hotel-Renaissance  
to attend an AHS LabRFP meeting