

Official Administrator and Executive Expense Report

Name Deb Rhodes
Title Acting Vice President, Corporate Services & CFO
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-14	Expense Claim	Meetings		73	173	367	613			
Jul-14	Direct Billing	Meetings	507				507			
Total			\$ 507	\$ 73	\$ 173	\$ 367	\$ 1,120	\$ -	\$ -	\$ -

Total for the Month \$ 1,120

Maximum meal expense claimed in the month \$ 31 3 people
 Maximum daily hotel rate claimed in the month \$ 154
 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: 14-Jul-14 **To:** 29-Jul-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Deborah Rhodes **Position (Title):** Acting VP Corporate Services & CFO
Location: SSP, Finance **Dept:** Finance **DOFA Level:** _____ (if applicable) **Union:** _____ **Business Phone #:** _____ **Ext:** _____
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		
2A	101	0005	7110500003	\$612.01						Total Section B	\$612.01
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$612.01
				\$612.01	**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

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

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: Deborah Rhodes **Date:** July 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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): VICKIE KAMINSKI **DOFA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____
Signature: Vickie Kaminski **Title:** President + CEO **Date:** July 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): _____ **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 forward 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 _____

Emp # (E-People) _____

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 = Interl)
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						
17-Jul-14	Flew to Grande Prairie for Parkade Assessment - Parking at Airport. Lunch for Brian Stevenson, Mike Linn & Deb Rhodes						D	\$31.07				\$25.00		
28-Jul-14	Drove to Calgary for Site Tour of Foothills, & Dinner				D-\$20.75	\$20.75							650.00	
29-Jul-14	One night accommodation, Parking, Breakfast & lunch				BL-\$20.80	\$20.80				\$172.89		\$13.25		
SUBTOTALS						\$41.55		\$31.07		\$172.89		\$38.25	Total Kms 650.00	

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 \$ \$328.25

Travel \$ Subtotal \$283.76

Auto fills on page 1 - TOTAL TRAVEL \$ \$612.01

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)

GET# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 17/07/14 18:47
Receipt [REDACTED]

Short-term parking tkt
DL - No. 019071
17/07/14 05:44 -
18/07/14 05:43 -
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
VISA \$25.00

March: 32005340013
Auth: [REDACTED]
Type: Swiped

Sub Total \$23.81
Tax 5% 1.19

00014EB0 - 1/1

Grand Prairie

Grand Prairie Deb R
Brian S
Mike L

SALE RECEIPT
Store #14335 tko 07/17/14 11:54:14
Subway Subs & Sandwiches
102 10660 108 St.
Grande Prairie AB T8V 7X4
(780) 532-9133
Trans# [REDACTED] Clerk [REDACTED] dhawa
Dwr1 TRDT 071714 Reg-ID MAIN

ITEM	QTY	PRICE	MEMO	PLU
HAM&CHEESEfr	1	\$6.75		10225
TURKEY/HAMfr	1	\$8.25		10224
TUNA fr	1	\$7.95		10217
DRK-21oz	1	\$1.90		10002
BTL WATER	1	\$2.25		10049
Milk	1	\$2.25		36535
Rounding	1	\$0.00		55005

Subtotal \$ 29.35
 GST \$ 1.47
 Bot Dep \$ 0.20
 ENV FEE \$ 0.05
 TAKE-OUT **TOTAL \$ 31.07
 Debit AMT TEND \$ 31.07
 TAX & DEP 1.72
 CHANGE DUE \$ 0.00
 GST#12345 7649

How did we do? Get a free cookie
Take 1min survey at www.tellsbway.com

FMC Tour

Alberta Health Services
FND 2014

RECEIPT

IN 29.07.14 08:10
OUT 29.07.14 11:33
DUE 0:03:23

PAID 13.25

KIND OF PAYMENT
CASH



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Mrs Deborah D Rhodes

[Redacted]
Canada

Room: [Redacted]
Folio: [Redacted]
Cashier: [Redacted]
Arrival: 07-28-14
Departure: 07-29-14

Date	Description	Additional Information	Charges	Credits
07-28-14	Room Charge		154.00	
07-28-14	DMF		4.62	
07-28-14	Room GST		7.93	
07-28-14	Tourism Levy		6.34	
07-29-14	Visa	[Redacted]		172.89

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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: Deborah Rhodes	Reporting Period for the Month of: <i>July, 2014</i>
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-07-17	Direct Billing	Transportation	Flights-Edmonton Grande Prairie (return) - Parkade Assessment	Marlin Travel	\$506.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$506.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: July 15, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	442.00
	Tax:	64.96
	Ticket Total:	506.96

Total:

Grand Total:	506.96
Less Credit Card Payments:	506.96
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.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:

Date:

July 15, 2014

Page:

1/2

Our Reference:

Your Reference:

INVOICE

For

MS DEBORAH RHODES

Thursday, July 17, 2014

Air

AIR CANADA

From: EDMONTON INTL AB

To: GRANDE PRAIRIE

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

TICKET NUMBER

TICKET NUMBER

SEAT 6C 6D 6F

Flight: 8359

V CLASS

06:30 AM Equipment: D8 (300 SERIES)

07:40 AM

Mile(s) Flown: 250

Air

AIR CANADA

From: GRANDE PRAIRIE

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

TICKET NUMBER

TICKET NUMBER

SEAT 10D 10F 10A

Flight: 8366

H CLASS

03:15 PM Equipment: D8 (300 SERIES)

04:23 PM

Mile(s) Flown: 250