

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee

Location Edmonton

Expenses submitted during the month of November 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)
Nov-14	Expense Claim	Meetings				54	54			
Total			\$ -	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ -	\$ -

Total for the Month \$ 54

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



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
TAMR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Don Sieben Professional Corporation (Don Sieben)	Vendor# (if known)		Expense Period Month:	November 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/OE	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$54.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$54.00

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

[REDACTED]

SECTION 3: AUTHORIZATION			
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 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.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Don Sieben	[Signature]	11/15/14	[REDACTED]
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 Name)	Position Title/Program Group	Date	Phone#
Dr Carl Amrhein	Official Administrator	November 14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements		DOFA Level	Position#
[Signature]			[REDACTED]

1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
 2) Non-compliant and incomplete/improperly authorized payment requests will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Polko, Director Accounts Payable at 780-728-0808 or email: Mark.Polko@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Deborah Rhodes
 Deborah Rhodes, CFO

Created: November 01, 2013
 Rev 2 eff April 17, 2014

Carry forward from Section 1

Name:	Don Sieben Professional Corporation (Don Sieben)	Vendor# (if known)	Expense Period Month:	November 2014
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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 above

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Rimiser) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
6-Nov-14	Audit and Finance Advisory Committee Meeting (parking)	Yes					\$24.00 ✓			
13-Nov-14	Audit and Finance Advisory Committee Meeting (parking)	Yes					\$30.00 ✓			
13-Nov-14	Quality and Safety Advisory Committee Meeting	Yes								
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$54.00	\$0.00	0.00	
OA COMMITTEE MEMBER Mileage Rate							0.505	-Total Mileage		

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PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
NOV 13, 2014

Purchase Date/Time: 11:50am Nov 13, 2014
Total Parking: \$25.67
Total gst: \$1.43
Total Due: \$30.00
Total Paid: \$30.00
Ticket #: [REDACTED]
SN #: 30001870000
Setting: Lot 256
Mach Name: Meter 1

Rate: \$30 - All Day
Payment Type: Card



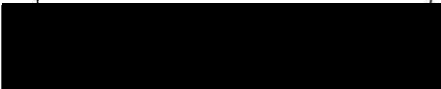
RECEIPT

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NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Nov 13, 2014
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Total Parking: \$25.67
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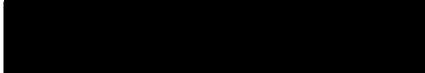


PLACE FACE UP ON DASH
Impark Lot 32
Expiration Date/Time

06:00 PM
NOV 06, 2014

Purchase Date/Time: 09:52am Nov 06, 2014
Total Parking: \$22.06
Total gst: \$1.14
Total Due: \$24.00
Total Paid: \$24.00
Ticket #: [REDACTED]
SN #: 30001870000
Setting: Lot 32
Mach Name: Meter 2

Rate: \$24.00 - All Day
Payment Type: Card



GST #G47315530813001-
NO IN AND OUT PRIVILEGES

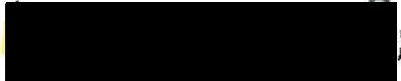
RECEIPT

Impark Lot 32

Expiration Date/Time: 06:00pm Nov 06, 2014
Purchase Date/Time: 09:52am Nov 06, 2014

Total Parking: \$22.06
Total gst: \$1.14
Total Due: \$24.00
Total Paid: \$24.00
Ticket #: [REDACTED]
Setting: Lot 32
Mach Name: Meter 2

Rate: \$24.00 - All Day
Payment Type: Card



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PARKING RECEIPT 11 PARKING RECEIPT 11