

## Official Administrator and Executive Expense Report

**Name** Don Sieben  
**Title** Chair, Audit & Finance Advisory Committee  
**Location** Edmonton  
 Expenses submitted during the month of January 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	Expense Claim	Meetings				25	25			45
<b>Total</b>			\$ -	\$ -	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ 45

**Total for the Month** \$ 70

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



<b>AHS - AP Processing - Internal Use Only</b>
Voucher #
Naming Convention:
T4ANR Applicable? - If yes, indicate line & amt

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Don Sieben	Vendor# (if known)		Expense Period Month:	Jan-15
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case	Audit and Finance Advisory Committee				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corn/BU/O ID	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	\$25.00
Other (D)	101	0005	71110300004	41090000	\$45.10
<b>TOTAL PAYMENT</b>					<b>\$70.10</b>

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

<b>SECTION 3: AUTHORIZATION</b>			
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	Date	Phone#
Don Sieben	<i>[Signature]</i>	19-Feb-15	[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#
Carl Munchev	Official Administrator AHS	02/24/2015	[REDACTED]
Signature	DOFA Level	Position#	
<i>[Signature]</i>			

- 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 requisitions 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 Pelka, Director Accounts Payable at 780-735-0506 or email: Mark.Pelka@albertahealthservices.ca

<p style="text-align: center;"><u>Deborah Rhodes</u> Deborah Rhodes VP Corporate Services &amp; Chief Financial Officer</p>	<p>Date: <u>March 21/15</u> Phone Number: <u>[REDACTED]</u></p> <p>Position Number: <u>[REDACTED]</u> Level: <u>[REDACTED]</u></p>
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**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

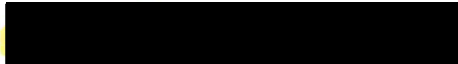
License Plate Number



Expiration Date/Time

**06:00 PM**  
**JAN 15, 2015**

Purchase Date/Time: 08:58am Jan 15, 2015  
Total Parking: \$23.61  
Total amt: \$1.19  
Total Due: \$25.00  
Total Paid: \$25.00 ✓ Rate: \$25 - Early Bird  
Payment Type: Card  
Ticket #:   
S/N #: 501312451104  
Setting: Lot 256  
Mach Name: Meter 1



ISSI #887315630R10001

IN ACCOUNT WITH

PETERSON WALKER LLP

CHARTERED ACCOUNTANTS

November 28, 2014

Alberta Health Services Board Office

ATTENTION: Lou DeCoste

EDMONTON  
ATHABASCA  
SLAVE LAKE  
ST. ALBERT

FAX

E-MAIL

ACCOUNTS DUE WHEN RENDERED, 1 1/2 % MONTHLY  
(18% P.A.) CHARGED ON ACCOUNTS OVER 30 DAYS

INVOICE

BN: 11932 0984 RT

FOR SERVICES RENDERED IN CONNECTION WITH:

Postage fees accumulated, including xpresspost packages  
for the period February 3, 2014 to November 17, 2014

\$ 42.95

G.S.T.

2.15

\$ 45.10 ✓

Note: Please remit payment to Peterson Walker LLP.