

## Official Administrator and Executive Expense Report

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

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
Feb-15	Expense Claim	Meetings				63	63			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 63	\$ 63	\$ -	\$ -	\$ -

**Total for the Month** \$ 63

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



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AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
T4/ANR 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:	FEB/15
Address:	[REDACTED]		City:	Province:	AB
Postal Code:	[REDACTED]		Country:	Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$63.00
Other (D)	101	0005	7111030000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$0.00</b>

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

**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]	2/10/15	[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#
Dr. Carl Amrhein	Official Administrator		[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
[Signature]			

- 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 Palka, Director Accounts Payable at 780-735-0508 or email: Mark.Palka@albertahealthservices.ca

For payment: Deborah Rhodes  
Deborah Rhodes  
VP Corporate Services & Chief Financial Officer

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position Number: \_\_\_\_\_ DOFA Level: \_\_\_\_\_

Carry forward from Section 1

Name:		Vendor# (if known)	Expense Period Month:
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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 4B: 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 (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
2/5/15	Meeting & call, video + handouts						15.00	✓		
2/10/15	ADAC Meeting						28.00	✓		
2/26/15	HRAC meeting						20.00	✓		
2/16/15	OSAC meeting									
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	0.00	

OA & COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste



PLACE ON DASH THIS SIDE UP  
Impark LOT383-2  
Lot 383-2/ 10034 - 106 Street  
GST 88731-5638-RT0006



KEEP THIS PORTION

VALID ONLY IF PROPERLY DISPLAYED  
ON STREETSIDE DASHBOARD  
THIS SIDE UP

Expires  
**06 Feb 15**  
**07:00 AM** Paid \$ [REDACTED]

6/15/14

Expires  
06 Feb 15  
07:00 AM  
Paid  
\$ 30.00C

Entry time 05 Feb 15 11:55 AM

RECEIPT

PLACE ON DASH THIS SIDE UP

PROOF OF PURCHASE

RECEIPT  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 AM**  
**FEB 20, 2015**

Purchase Date/Time: 08:42am Feb 19, 2015  
Total Parking: \$26.67  
Total gst: \$1.33  
Total Due: \$28.00  
Total Paid: \$28.00  
Ticket #: [REDACTED]  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1

Rate: \$28 - EB + Evg  
Payment Type: Card

Visa

GST #867316836RT0001

PLACE ON DASH THIS SIDE UP

Impark LOT383-2  
Lot 383-2/ 10034 - 106 Street  
GST 88731-5638-RT0006



KEEP THIS PORTION

VALID ONLY IF PROPERLY DISPLAYED  
ON STREETSIDE DASHBOARD  
THIS SIDE UP

Expires  
**26 Feb 15**  
**06:00 PM** Paid \$ 20.00C

Entry time 26 Feb 15 09:45 AM

Expires  
26 Feb 15  
06:00 PM  
Paid  
\$ 20.00C

RECEIPT

PLACE ON DASH THIS SIDE UP

PROOF OF PURCHASE