

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of May 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)
May-15	Expense Claim	Meetings				75	75			
Total			\$ -	\$ -	\$ -	\$ 75	\$ 75	\$ -	\$ -	\$ -

Total for the Month \$ 75

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	
T4A/NR Applicable? - if yes indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION						
Name:	DON SIEBEN		Vendor# (if known)	Expense Period Month:	MAY/15	
Address:	[REDACTED]		City:	EDMONTON	Province:	AB
Postal Code:	[REDACTED]		Country:	CA	Phone #:	[REDACTED]
Reason for Expense &/or Business Case						

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	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	\$75.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$0 75.00 ✓

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]	6/1/15	[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	June 4/15	[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 Information Privacy: 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 Act (FIPPA). If you have any questions or concerns about the collection, use or disclosure of your health personal information, please contact the Privacy Officer at 1-800-352-9434.

Signature: Deborah Rhodes Date: June 3/15 Phone Number: [REDACTED]
 Deborah Rhodes, Vice President
 Corporate Services & Chief Financial Officer
 Position Number: [REDACTED] DOFA Level: [REDACTED]

Carry forward from Section 1

Name: DONSIEBEN Vendor# (if known) Expense Period Month: MAY/15

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 (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
① 05/11/15	Meeting re Big Proj update						25.00	✓		
② 5/21/15	FC						25.00	✓		
③ 5/28	QSAC						} 25.00	✓		
5/28	ARC									
Total: (amount auto fills to page 1)			\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00	0.00	

OA COMMITTEE MEMBER Mileage Rate 0.505 Total Mileage \$ -

For payment please submit to the Official Administrator office:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
MAY 11, 2015

Purchase Date/Time: 06:52am May 11, 2015 ✓
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00
Total Paid: \$25.00
Rate: \$25 - Early Bird
Payment Type: Card
Ticket: [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES



Expiration Date/Time

06:00 PM
MAY 27, 2015

Purchase Date/Time: 06:56am May 27, 2015 ✓
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00
Total Paid: \$25.00
Rate: \$25 - Early Bird
Payment Type: Card
Ticket: [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Card [Redacted] Visa [Redacted]
GST #887315638RT0001 [Redacted]

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
MAY 28, 2015

Purchase Date/Time: 07:50am May 28, 2015 ✓
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00
Total Paid: \$25.00
Rate: \$25 - Early Bird
Payment Type: Card
Ticket: [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Card [Redacted] Visa [Redacted] Au [Redacted]
GST #887315638RT0001 [Redacted]

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