

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of June 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)
Jun-15	Expense Claim	Meetings				41	41			
Total			\$ -	\$ -	\$ -	\$ 41	\$ 41	\$ -	\$ -	\$ -

Total for the Month \$ 41

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:	<u>DON SIEBEN</u>	Vendor# (if known)		Expense Period Month:	<u>June 15</u>
Address:	[REDACTED]	City:	<u>EDMONTON</u>	Province:	[REDACTED]
Postal Code:	[REDACTED]	Country:	<u>CA</u>	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	\$41.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$41.00 ✓

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 with all the above statements	Date	Phone#
<u>DON SIEBEN</u>	<u>[Signature]</u>	<u>6/5/15</u>	[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#
<u>Dr. Carl Amundson</u>	<u>Official Administrator</u>		[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	[REDACTED]
<u>[Signature]</u>			

- 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.

Deborah Rhodes
 Deborah Rhodes, Vice President
 Corporate Services & Chief Financial Officer

Date: June 11, 2015 Phone Number: [REDACTED]
 Position Number: [REDACTED] DOFA Level: [REDACTED]

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

05:53 PM
JUN 01, 2015

Purchase Date/Time: 03:53pm Jun 01, 2015
Total Parking: \$15.24
Total gst: \$0.76
Total Due: \$16.00
Total Paid: \$16.00
Ticket #: [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$15 - 2 Hours
Payment Type: Card



Card [Redacted] Visa

Auth: # [Redacted]

GST #887315638RT0001

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RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
JUN 04, 2015

Purchase Date/Time: 08:52am Jun 04, 2015
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00
Total Paid: \$25.00
Ticket #: [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$25 - Early Bird
Payment Type: Card



Card [Redacted] Visa

Auth: # [Redacted]

GST #887315638RT0001

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