

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of August 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)
Aug-15	Expense Claim	Meetings				50	50			
Total			\$ -	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -

Total for the Month \$ 50

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
T4/ANR 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:	
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	\$50.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$50.00

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	Date	Phone#
DON SIEBEN	[Signature]	8/19/15	[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	Aug 24/15	[REDACTED]
Signature	DOFA Level	Position#	
[Signature]			

- All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 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 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

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

Carry forward from Section 1

Name: JOHN SIEBEN Vendor# (if known) Expense Period Month: August

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				
8/12/15	QSC	Y					25			
8/12/15	ARL + FC	Y					25			
							50			
Total: (amount auto fills to page 1)			\$0 00		\$0 00	\$0 00	\$0 00	\$0 00	0 00	

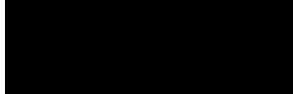
OA COMMITTEE MEMBER Mileage Rate 0.505 Total Mileage

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

Created: November 01, 2013
Rev 3 eff February 09, 2015

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
AUG 12, 2015

Purchase Date/Time: 06:54am Aug 12, 2015

Total Parking: \$23.61

Total gst: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket #:

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$25 - Early Bird

Payment Type: Card

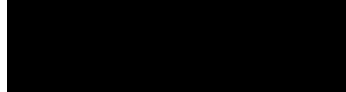
Card # [redacted], Visa

Auth # [redacted]

GST #887315638RT0001

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
AUG 19, 2015

Purchase Date/Time: 07:17am Aug 19, 2015

Total Parking: \$23.61

Total gst: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket #:

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$25 - Early Bird

Payment Type: Card

Card # [redacted], Visa

Auth # [redacted]

GST #887315638RT0001