

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-15	Expense Claim	Meetings				58	58			
Total			\$ -	\$ -	\$ -	\$ 58	\$ 58	\$ -	\$ -	\$ -

Total for the Month \$ 58

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 3 amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

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

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	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$58
Other (D)	101	0005	71110300000	41090000	\$0.00
				TOTAL PAYMENT:	\$58

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]	Sept 24/15	[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#
David Carpenter	Official Administrator	Oct 12 2015	[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 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

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

Submit to the Official Administrator office:
[REDACTED]

Carry forward from Section 1

Name: EDN SIEBEN Vendor# (if known) Expense Period Month: Sept/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 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				
8/31	Meeting @ David Casper	Y					8.00			
9/10	AFC + ARC	Y					25.00			
9/23	HRC	Y								
9/23	QSAC	Y					25.00			
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	55.00	\$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

01:52 PM
AUG 31, 2015

Purchase Date/Time: 12:52pm Aug 31, 2015

Total Parking: \$7.62

Total gst: \$0.38

Total Due: \$8.00

Rate: \$ 8 - 1 hour ✓

Payment Type: Card

Ticket #: [Redacted]

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

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
SEP 10, 2015

Purchase Date/Time: 08:59am Sep 10, 2015

Total Parking: \$23.81

Total gst: \$1.19

Total Due: \$25.00

Rate: \$25 - Early Bird ✓

Total Paid: \$25.00

Payment Type: Card

Ticket #: [Redacted]

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

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
SEP 23, 2015

Purchase Date/Time: 08:57am Sep 23, 2015

Total Parking: \$23.81

Total gst: \$1.19

Total Due: \$25.00

Rate: \$25 - Early Bird ✓

Total Paid: \$25.00

Payment Type: Card

Ticket #: [Redacted]

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1



Auth # [Redacted]

GST #887315638RT0001