

Official Administrator and Executive Expense Report

Name Doug Tupper
Title Chair, Quality Assurance & Patient Safety Advisory Committee
Location Calgary
 Expenses submitted during the month of July 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-14	Expense	Meetings	439	66	173	279	957			7
Total			\$ 439	\$ 66	\$ 173	\$ 279	\$ 957	\$ -	\$ -	\$ 7

Total for the Month \$ 964

Maximum daily single meal expense claimed in the month \$ 34
 Maximum daily base hotel rate claimed in the month \$ 154
 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:	Doug Tupper	Vendor# (if known)		Expense Period Month:	June-July 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Comp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$66.39
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$890.26
Other (D)	101	0005	71110300004	41090000	\$7.35
TOTAL PAYMENT					\$964.00

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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Doug Tupper	<i>Doug Tupper</i>	17-08-2014	[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. John Cowell	Official Administrator	Sept. 4/14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
	[REDACTED]	[REDACTED]	

1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pushed 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(a) 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 Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Carry forward from Section 1

[Signature]
 Deborah Rhodes, Acting CFO
 AP Quality & Compliance

Created: November 01, 2013
 Rev 2 eff April 17, 2014

AUG 29 2014
 Date

Name:	Doug Tupper	Vendor# (if known)		Expense Period Month:	June-July 2014
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				
25-Jun-14	Meeting with Verna Yiu at SSP (parking)	Yes					\$14.00		17	
16-Jul-14	Mileage to Saskatoon Airport; Air travel to Calgary; Taxi from airport to hotel; Hotel for Quality and Safety Meeting	Yes			D	\$33.81	\$172.89	\$502.16	225	
17-Jul-14	Quality & Safety Advisory Committee Meeting in Calgary (taxi to airport and per diem)	Yes					\$56.00	\$7.35		
17-Jul-14	Quality & Safety Advisory Committee Meeting in Calgary (parking at Saskatoon Airport)	Yes			D	\$32.58		\$23.00		
10-Jul-14	Audit and Finance Committee Meeting by Teleconference	Yes								
Total: (amount auto fills to page 1)			\$0.00			\$66.39	\$172.89	\$595.16	\$7.35	242.00

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ 122.21
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

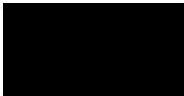
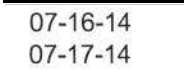
Carry forward from Section 1					
Name:	Doug Tupper	Vendor# (if known)		Expense Period Month:	June-July 2014




DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Mr Doug Tupper
Canada

Room: 
Folio: 
Cashier:
Arrival: 07-16-14
Departure: 07-17-14

Date	Description	Additional Information	Charges	Credits
07-16-14	Room Charge		154.00	
07-16-14	DMF		4.62	
07-16-14	Room GST		7.93	
07-16-14	Tourism Levy		6.34	
07-17-14	Visa			172.89

GST Summary	
Registration No:	895126332
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Enter Username/email

[Close](#)

Enter Password

[Forgot Password?](#)

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English

12 hrs display

[Log In](#) [Sign up Now](#)

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[My Profile](#)

[MyTrips](#)

[Print eTicket](#)

eTicket Receipt

Prepared For

TUPPER/DOUGLAS MR

WestJet Reservation Code

[REDACTED]

Issue Date

04Jul2014

Ticket Number

[REDACTED]

Issuing Airline

WESTJET

Issuing Agent

WestJet/GT5

Frequent Flyer Number

[REDACTED]

Itinerary Details

Travel Date	Airline	Departure	Arrival	Other notes
16Jul	WESTJET WS 149 Operated by: WESTJET	SASKATOON SK, CANADA Time 3:35pm	CALGARY INTL AB, CANADA Time 4:44pm	Class <i>Economy</i> Seat Number <i>Check-in</i> <i>Required</i> Baggage Allowance <i>IPL</i> Booking Status <i>Used</i> <i>to fly</i> Fare Basis <i>MBROI</i>

Travel Date	Airline	Departure	Arrival	Other notes
17Jul	WESTJET WS 182 Operated by: WESTJET	CALGARY INTL AB, CANADA Time 7:55pm	SASKATOON SK, CANADA Time 8:59pm	Not Valid Before <i>16 Jul</i> Not Valid After <i>16 Jul</i> Class <i>Economy</i> Seat Number <i>Check-in Required</i> Baggage Allowance <i>1PL</i> Booking Status <i>Used to fly</i> Fare Basis <i>MBRO1</i> Not Valid Before <i>17 Jul</i> Not Valid After <i>17 Jul</i>

Payment/Fare Details

Form of Payment	Credit Card - Visa : [REDACTED]
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YXE WS YYC159.00WS YXE159.00CAD318.00END
Fare	CAD 318.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (Air Travellers Security Charge) CAD 20.91 XG (Goods and Services Tax (GST)) CAD 50.00 SQ (Airport Improvement Fee (AIF)) CAD 6.00 YQF (Other Air Transportation Charges) CAD 30.00 YQI (Other Air Transportation Charges)
Total Fare	CAD 439.16

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

We look forward to welcoming you on board your upcoming WestJet flight. Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#); it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To

MTG with Dr Yiu
PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
11:51 AM
JUN 25, 2014

Purchase Date/Time: 09:51am Jun 25, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Rate: \$14 - 2 Hours
Payment Type: Card
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

[REDACTED] Visa Auth [REDACTED]
GST #887315638RT0001

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 11:51am Jun 25, 2014
Purchase Date/Time: 09:51am Jun 25, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Rate: \$14 - 2 Hours
Payment Type: Card
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

[REDACTED] Visa Auth # [REDACTED]

**ATRIUM CAFE & SKY
LIGHT LOUNGE**

[REDACTED] #Party 1
18:11 07/16/14
ATRIUM CAFE

1 STARTER ARTISAN GREENS 6.00
1 BONELESS BEEF RIBS 22.00
1 FIRE ENTREE: 0.00
Sub Total: 28.00
GST : 1.40
Guest 1 TOTAL: 29.40

Sub Total: 28.00
GST : 1.40
07/16 18:51 TOTAL: 29.40

TIP: _____
TOTAL: _____
ROOM #: _____
PRINT NAME: _____
SIGNATURE: _____

PLEASE PAY SERVER

GST#: 895126332 RT
Celebrating a special event?
Book now
Brunch, lunch or dinner
Private Rooms available for Brunch
Contact 403-278-5050 extension 7494
for more information
ATRIUM CAFE - DELTA CALGARY SOUTH

DELTA CALGARY SOUTH
ATRIUM CAFE
135 SOUTHLAND DRIVE SE
CALGARY AB T2J 5X5
(403) 278-5050

SALE

[REDACTED]
MID: 4298983
TID: C4298983 REF# [REDACTED]
Batch # [REDACTED] SEQ: 339001001014
07/16/14 18:57:05
CVC: Y
APPR CODE: [REDACTED]
[REDACTED] ***

AMOUNT \$29.40
TIP \$4.41
TOTAL \$33.81

00 - APPROVED - 001

VISA CREDIT
AID: A0000000031010
TVR: 00 80 00 80 00
TS: F8 00

CUSTOMER COPY

HMSHOST
MONTANA'S COOKHOUSE
CALGARY INT'L AIRPORT

GST 1

JUL17'14 4:42PM

DINE IN

**** SEAT 1 ****

1 WTR GLASS 0.00
1 BACK RIBS R 25.29
HONEY GARLIC
COLESLAW
BAKED POTATO
1 SD SLD HOUSE 5.74
BALSMC VINGRT
2 DRESS ON SIDE
3 AS APP
AX 1.55 AMOUNT D 32.58

SUBTOTAL 31.03
TAX 1.55
AMOUNT DUE \$32.58

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

JOHN VAN BESOUW
403-221-1779
JOHN.VANBESOUW@HMSSHOT.COM

GST # 137512901

SPT → Airport

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: Visa

DATA: SWIPED
TerminalID: 0000155747C7
DATE: 2014/07/17 16:12:45
AUTH: [REDACTED]
IFID: [REDACTED]
DRV: [REDACTED]
VEH: [REDACTED]
GST: 839304276
FLAT: \$ 53.33
TAX: \$ 2.67
TOTAL FARE: \$ 56.00
PAYMENT AMOUNT: \$ 56.00
TIP: \$ 0.00

TOTAL PAYMENT: \$ 56.00
Purchase Auth Complete
Cardholder Copy

Calgary Airport → Hotel

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299 1111
INSIST ON THE PROFESSIONALS

DATE: 2014/07/16
PICK-UP TIME: 17:05
DROP-OFF TIME: 17:42
TRIP ID: [REDACTED]
LOCATION: [REDACTED]
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 63.00
EXTRA (\$): 0.00
SUBTTL (\$): 63.00

TIP (\$):

TOTAL (\$):

SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCABS.CA

CUSTOMER'S COPY

Parking @ Saskatoon
Airport

SASKATOON AIRPORT AUTHORITY

Pay Station Number: 4
Entered: 07/16/2014 13:59
Exited: 07/17/2014 21:56

Rate: A
Parking Fee: \$23.00
Total Tax: \$0.00

Total Fee: \$23.00
Fee Paid: \$23.00
Visa

Thank you for your visit
Above amount includes 5% G.S.T.
G.S.T. #R891589830

WESTJET

17JUL14

FLT:
VOL:

WS 182

GATE:
PORTE:

D34

TUPPER/DOUGLAS
17JUL14

TUPPER/DOUGLAS

DEP: CALGARY, AB

7:55PM

PNR
KS YYCSS055

ARR: SASKATOON, SK

8:59PM

FLT: 182
VOL:

SEQ

DEP: YYC

ARR: YXE

BOARDING TIME
HEURE D'EMBARQUEMENT

7:15PM

SEAT/PLACE

17C

SEAT/PLACE

17C



BOARDING PASS

CARTE D'EMBARQUEMENT

ENREGISTRER/ELECTRONIQUE

US