

## 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 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         | Meetings | 301     |       |               | 286          | 587          |                              |  |           |
| <b>Total</b> |                 |          | \$ 301  | \$ -  | \$ -          | \$ 286       | \$ 587       | \$ -                         | \$ -   | \$ -      |

**Total for the Month**    \$        587

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

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

### SECTION 1: PAYEE INFORMATION

|                                       |             |                    |          |                       |            |
|---------------------------------------|-------------|--------------------|----------|-----------------------|------------|
| Name:                                 | Doug Tupper | Vendor# (if known) |          | Expense Period Month: | Aug-15     |
| 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          | Corn/BU/O<br>IS | Location<br>(If applicable) | Functional<br>Centre/Primary | Expense/<br>Secondary Acct | Total<br>(Note: This column will auto fill) |
|----------------------|-----------------|-----------------------------|------------------------------|----------------------------|---|
| Meals (A)            | 101             | 0005                        | 7111030000                   | 45000000                   | \$0.00                                      |
| Travel Exp (B+C+E)   | 101             | 0005                        | 7111030000                   | 62212000                   | \$586.88                                    |
| Other (D)            | 101             | 0005                        | 7111030000                   | 41090000                   | \$0.00                                      |
| <b>TOTAL PAYMENT</b> |                 |                             |                              |                            | <b>\$586.88</b>                             |

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):<br>Doug Tupper | Signature: I, by signing this form, attest that I am compliant to all the above statements<br><i>Doug Tupper</i> | Date:<br>12-09-15 | Phone#:<br>[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):<br>David Carpenter   | Position Title/Program Group:<br>Official Administrator | Date:      | Phone#:<br>[REDACTED] |
| Signature: I, by signing this form, attest that I am compliant to all the above statements<br><i>David Carpenter</i> | DOFA Level:   | Position#: | [REDACTED]            |

- 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(e) 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 Pelka, Director Accounts Payable at 780-735-0508 or email: Mark.Pelka@albertahealthservices.ca

*Deborah Rhodes*

Deborah Rhodes, Vice President  
Corporate Services & Chief Financial Officer

Date:  
Sept 15/15

Phone Number:  
[REDACTED]

Position Number:  
[REDACTED]

DOFA Level:  
[REDACTED]



Doug Tupper

**From:** Air Canada <confirmation@aircanada.ca>  
**Sent:** July-15-15 9:35 AM  
**To:** [REDACTED]  
**Subject:** Air Canada - 10-Aug: Saskatoon - Edmonton (booking ref [REDACTED])

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*



## Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

[Scan this barcode to check in at any Air Canada check in kiosk.](#)



Access your personalized Air Canada travel information

[View your planner >](#)

## Booking Information

**Booking Reference:** [REDACTED]

**Customer Care  
Air Canada**

1-888-247-2262

**Flight Arrivals and  
Departures**

1-888-422-7533

**Electronic Ticketing confirmed. This is your official  
itinerary/receipt.**

**Main Contact:**

Mr Douglas Tupper

Mobile: [REDACTED]

Home: [REDACTED]

### Online Services

**Manage** my booking online (view/change my booking; select seats\*).

**Select Seats**

**Maple Leaf Lounge | Meal Vouchers | On My Way**

**Alert me** of flight status changes directly to my mobile phone or email.

**Flight Arrivals & Departures** - check online if my flight is on time.

**Check-in online** and print my boarding pass.

\* [Can my booking be changed online?](#)

## Flight Itinerary

| Flight | From | To | Stops | Duration | Aircraft | Fare Type | Meal |
|--------|------|----|-------|----------|----------|-----------|------|
|--------|------|----|-------|----------|----------|-----------|------|

|                     |   |   |   |       |     |          |
|---------------------|---|---|---|-------|-----|----------|
| AC8483 <sup>1</sup> | <b>Saskatoon (YXE)</b><br>Mon 10-Aug 2015<br>09:25                | <b>Edmonton, Edmonton Int'l (YEG)</b><br>Mon 10-Aug 2015<br>10:48 | 0 | 1hr23 | DH3 | Tango, A |
| AC8486 <sup>1</sup> | <b>Edmonton, Edmonton Int'l (YEG)</b><br>Fri 14-Aug 2015<br>13:05 | <b>Saskatoon (YXE)</b><br>Fri 14-Aug 2015<br>14:22                | 0 | 1hr17 | DH3 | Tango, A |

Operated by:  
<sup>1</sup> Air Canada Express - Jazz

### Passenger Information

|  |                               |
|--|-------------------------------|
| <b>1: Mr Douglas Tupper : Adult (16+), Ticket Number:</b> [REDACTED] |                               |
| Air Canada - Aeroplan :  | Meal Preference : <b>None</b> |
| Payment Card:  | Special Needs: <b>None</b>    |
| Seat Selection: <b>None</b>  |                               |

### Purchase Summary

Promotion Code: **BOOK2WIN - SPECIAL PROMO**

#### Fare Summary

| Passenger Type   | Adult           |
|--|-----------------|
| <b>Air Transportation Charges</b>                          |                 |
| Departing Flight - <u>Tango</u> - discount applied         | <b>99.00</b>    |
| Return Flight - <u>Tango</u> - discount applied            | <b>99.00</b>    |
| <b>Surcharges</b>  | <b>24.00</b>    |
| <b>Taxes, Fees and Charges</b>                             |                 |
| Canada Airport Improvement Fee                             | 50.00           |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 14.31           |
| Air Travellers Security Charge (ATSC)                      | 14.25           |
| <b>Total before options (per passenger)</b>                | <b>300.56</b>   |
| Number of passengers                                       | x 1             |
| <b>Total with options</b>                                  | <b>300.56</b>   |
| <b>Grand Total - Canadian dollars</b>                      | <b>\$300.56</b> |

#### Payment Information

**Credit/Debit Card** [REDACTED] amount paid: **\$300.56**  
The following amount (tax inclusive) will appear on your credit card or debit card statement:

Air Canada: \$300.56 (Air Transp. Charges - per ticket)

Ticket number(s) [REDACTED]

### enRoute City Guide

## Edmonton

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6N-1C2  
780-462-3456

*Taxi from  
YEG to Residence.*

Term Id: 45024124782167  
Item # [REDACTED]  
VISA CREDIT  
PURCHASE  
Op Id: 285498  
Card # [REDACTED]

AID: A0000000031010

APPROVED

AMOUNT CAD\$66.00

Ref. # [REDACTED] ✓  
Auth. # [REDACTED]  
Resp. Code: 00  
TVR: 4080008000  
TSI: F000

BOOK ON LINE AT EDMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2015/08/10 Time: 11:31:15  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

Co-op Taxi Line  
(780) 425-2525  
www.co-optaxi.com

Terminal 856/66234972  
Driver 4789  
15/08/14 11:37:33

VISA [REDACTED]  
Card # [REDACTED]  
VISA CREDIT  
CHIP CARD  
AID : A0000000031010  
TVR : 0080008000  
Ref # [REDACTED]  
Auth # [REDACTED]

④  
PURCHASE  
FARE : \$ 60.00  
-----  
TOTAL : \$ 60.00 ✓

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain a  
copy for your records

Customer Copy

# RECEIPT

NO IN AND OUT PRIVILEGES  
LOT 32

License Plate Number  
[REDACTED]

Expiration Date/Time

06:00 PM  
AUG 12, 2015

Purchase Date/Time: 06:45am Aug 12, 2015  
Total Parking: \$18.10  
Total gst: \$0.90  
Total Due: \$19.00  
Total Paid: \$19.00  
Ticket # [REDACTED]  
S/N #: 50012210401  
Setting: Lot 32  
Mach Name: Meter 2

Rate: \$19 - Early bird  
Payment Type: Card ✓

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

*Parking to chair  
@ SAC Meeting*

*Taxi - residence to YEG*

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MTG with O/A

# RECEIPT

NO IN AND OUT PRIVILEGES  
LOT 32



Expiration Date/Time

(5)

**03:19 PM**  
**AUG 31, 2015**

Purchase Date/Time: 01:49pm Aug 31, 2015

Total Parking: \$7.62

Total gst: \$0.38

Total Due: \$8.00

Total Paid: \$8.00

Tick: [Redacted]

S/N #: 50J012210401

Setting: Lot 32

Mach Name: Meter 2

Rate: \$8 - 1.5 hours  
Payment Type: Card ✓

[Redacted] Visa



GST #887315638RT0001

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