

## 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 November 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)
Nov-15	Expense Claim	Meetings				70	70			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 70	\$ 70	\$ -	\$ -	\$ -

**Total for the Month**    \$        70

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 EXPENSE CLAIM FORM

### SECTION 1: PAYEE INFORMATION

Name:	Doug Tupper	Vendor# (if known)		Expense Period Month:	Nov-15
Address:		City:	Edmonton	Province:	AB
Postal Code:		Country:	Canada	Phone #:	
Reason for Expense &/or Business Case	Attendance at Finance Committee, Human Resources Advisory Committee and Audit & Risk 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	\$69.76
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$69.76</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)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Doug Tupper	<i>See below for signature</i>	Dec. 15 2015	

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#
Linda Hughes	Board Chair	Dec 15 2015	
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
<i>Doug Tupper</i>			

- 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 780-735-0508 or email: Mark.Palka@albertahealthservices.ca

*Linda Hughes*

*Dec. 17/15*

Created: November 01, 2013  
Rev 6 eff Oct 02, 2015

*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO  
Position # [redacted] DOFA Level: [redacted]

**Carry forward from Section 1**

Name:	Doug Tupper	Vendor# (if known)	Expense Period Month:	42309
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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-Nov-15	Attendance at Finance Committee Meeting, mileage and parking.	Yes					\$25.00	✓	17	
25-Nov-15	Attendance at Human Advisory Committee Meeting and mileage.	Yes							17	
26-Nov-15	Attendance at Audit & Risk Committee Meeting, mileage and parking.	Yes					\$19.00	✓	17	
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$44.00 ✓	\$0.00	51.00	

<b>OA COMMITTEE MEMBER Mileage Rate</b>	<b>0.505</b>	<b>Total Mileage</b>	\$ 25.76 ✓
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For payment please submit to the Official Administrator office:

14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

*Audit & Recs*  
*Comm. Fees*  
**RECEIPT**

NO IN AND OUT PRIVILEGES  
LOT 32

License Plate Number  
[Redacted]

Expiration Date/Time

**06:00 PM**  
**NOV 26, 2015**

Purchase Date/Time: 08:49am Nov 26, 2015  
Total Parking: \$18.10  
Total gst: \$0.90  
Total Due: \$19.00  
Total Paid: \$19.00  
Rate: \$19 - Early bird  
Payment Type: Card  
Ticket #: [Redacted]  
S/N #: 50J02210401  
Setting: Lot 32  
Mach Name: Meter 2

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

PARKING RECEIPT

*Finance + HR*  
*Comm. Fees*  
**RECEIPT**

NO IN AND OUT PRIVILEGES  
LOT 32

License Plate Number  
[Redacted]

Expiration Date/Time

**06:00 PM**  
**NOV 25, 2015**

Purchase Date/Time: 09:04am Nov 25, 2015  
Total Parking: \$23.81  
Total gst: \$1.19  
Total Due: \$25.00  
Total Paid: \$25.00  
Rate: \$25 - all day  
Payment Type: Card  
Ticket #: [Redacted]  
S/N #: 50J02210401  
Setting: Lot 32  
Mach Name: Meter 2

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

RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
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PARKING RECEIPT  
PA  
GREG