

## Official Administrator and Executive Expense Report

**Name** Dr. Evan Lundall  
**Title** Zone Medical Director, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of Aug 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)
Aug-14	Expense Claim	Meetings		21		167	188			
<b>Total</b>			\$ -	\$ 21	\$ -	\$ 167	\$ 188	\$ -	\$ -	\$ -

**Total for the Month**     \$        188

Maximum daily single meal expense claimed in the month     \$    21  
 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

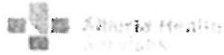
### 3) Hosting and Hospitality expenses

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



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 22-Jul-14 To 21-Aug-14  
 Travel Period from: 22-Jul-14 To 21-Aug-14  
 Out-of-Province Travel

Name: Dr. Evan Lundell Position (Title): Central Zone Medical Director  
 Location: Michener Bend, Red Deer Dept: Medical Affairs DOFA Level: \_\_\_\_\_ Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Expenditure Organization \_\_\_\_\_ Project Task Number \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0015	7111010046	\$187.40						\$187.40		
2B												
2C												
2D												
				\$187.40								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

Employee Signature: [Signature] Date: 25 August 2014

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: [Signature] Title: VP Quality + CMO Date: Aug 27/14

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: [Signature] Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Personal Information on this form is collected by AHS under the authority of section 20(1) of the Health Information Act (HIA) and sections 33(1) and 34(1) of the Freedom of Information and Protection of Privacy Act, respectively, for the purpose of administering AHS' Procurement Pay Program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4

- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding	101 0015 71110106046	Emp # (E-People)	Page 2A
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*If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES**      **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov.) where expenses were incurred (Out of N. America = Inter!) Ensure separate lines are used for claim items that differ in Province, US and Out of North America				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 on this page										
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
29-Jul-14	Travel from Red Deer to Drumheller Hsp - meet with Medical Facility physicians and Operational staff	AB - Provinc	Meeting	Yes	D-\$20.75	\$20.75	D							330.00
<b>SUBTOTALS</b>						\$20.75								Total Kms 330.00

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>
	Mileage \$    \$166.65
	Travel \$ Subtotal    \$20.75
	Auto fills on page 1 - TOTAL TRAVEL \$    \$187.40

**Rationale is Required for expenses that are not Cost Effective**  
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)