

Official Administrator and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health & Senior Medical Director
Location Edmonton
 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 Claim	Meetings				59	59			
Total			\$ -	\$ -	\$ -	\$ 59	\$ 59	\$ -	\$ -	\$ -

Total for the Month \$ 59

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



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: 1-Jul-14 To 31-Jul-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel: _____

Name: Dr. Gerry Prody Position (Title): Senior Medical Officer of Health

Location: Coronation Plaza Edmonton Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ 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	0306	71552000133	\$59.15						\$59.15		
2B												
2C												
2D												
				\$59.15	**User to enter Coding & \$ Amounts							
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D					TOTAL CLAIM \$59.15		

SECTION F: AUTHORIZATION

I attest that I have read and understood the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and regulatory requirements of this policy.
 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.

Travel, Hospitality and Working Session Expenses Policy - Department 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: _____ Date: 17-Jul-14

I attest that I have read and understood 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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: _____ Title: IP Quality + CMO Date: July 18/14

I attest that I have read and understood 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 ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: _____ Title _____ Date _____

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 programs.

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 T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0306 71552009133

Emp # (E-People) [REDACTED]

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 (optional 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-mm-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.America 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/RT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
① 5-Jul-14	Travel to SSP to attend Executive Leadership Team meeting and return to Cornwallis Plaza	AB - Local	Meeting	Yes								\$21.00		15.00	✓
② 9-Jul-14	Travel to SSP to attend COEC meeting and return to Cornwallis Plaza	AB - Local	Meeting	Yes								\$23.00		15.00	✓
SUBTOTALS												\$44.00		Total Km	30.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.506 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left) \$0.506

Mileage \$ \$15.15

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$44.00

Auto fills on page 1 - TOTAL TRAVEL \$ \$88.15

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)

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PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
JUL 09, 2014

Purchase Date/Time: 08:34am Jul 09, 2014

Total Parking: \$21.90

Total gst: \$1.10

Total Due: \$23.00

Total Paid: \$23.00

Ticket #

SN #: 5000246104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$23 - Early Bird
Payment Type: Card

GST #6673553871001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Jul 09, 2014

Purchase Date/Time: 08:34am Jul 09, 2014

Total Parking: \$21.90

Total gst: \$1.10

Total Due: \$23.00

Total Paid: \$23.00

Ticket #: 01780263

Setting: Lot 256

Mach Name: Meter 1

Rate: \$23 - Early Bird
Payment Type: Card

1

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

01:29 PM
JUL 08, 2014

Purchase Date/Time: 10:29am Jul 08, 2014

Total Parking: \$20.00

Total gst: \$1.00

Total Due: \$21.00

Total Paid: \$21.00

Ticket #

SN #: 5000246104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$21 - 3 hours
Payment Type: Card

GST #6673553871001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 01:29pm Jul 08, 2014

Purchase Date/Time: 10:29am Jul 08, 2014

Total Parking: \$20.00

Total gst: \$1.00

Total Due: \$21.00

Total Paid: \$21.00

Ticket #: 17051051

Setting: Lot 256

Mach Name: Meter 1

Rate: \$21 - 3 hours
Payment Type: Card