



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 August 2014

							Travel (1)						
I	Date	Source Document	Purpose	Airfare		Meals	Accommodation	on	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	Aug-14	Expense Claim Me	etings						145	145			
Total				\$	- \$	_	\$	-	\$ 145	\$ 145	\$ -	\$ -	\$ -

Total for

the Month \$ 145

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) New E-People New E-People Expense Date From: 1-Aug-14 To 31-Aug-14								31-Aug-14				
•	 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) Out-of-Province Travel 												
	Name: Dr. Gerry Predy Position (Title): Senior Medical Officer of Health												
Loc	ation: C	pronation Pla	ıza	Dept:		DOFA Level							
	(if applicable) Union: Business Phone #: Ext:												
FUI	Employee # (E.Poople):												
SE	SECTION E: FINANCE CODING & TOTAL CLAIM												
	20741 1			Project Nu	mber								
L/	PHALE	'KOJECT C	ODING ONLY ->	Expenditure		on .			ject Task Number Expenditure Type				
		Total - So	ction B: Travel -		1								
-		10001-00			┨┠╌╌╌	IOMI - S	ection C&D: Other & Fore	ign Expense	es - Pg 3	TOTAL REIMBURSEMENT			
Pg	Ba! Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondar	, i i i i i i i i i i i i i i i i i i i	,			
2A	101	0306						Expense	Expense	Total Section B	\$144.51		
! —	101	0300	71552000133	\$144.51	 			<u> </u>		Total Section C&D			
2B										Less Cash Advance			
2C					 								
2D										TOTAL CLAIM	\$144.51		
ļ				\$144.51		**Us	er to enter Coding & \$ Amount			<u> </u>			
	OTE: T	is section au	ato fills from page 2Å	, 2B, 2C & 2D	11		These fields do not automatical		n C & D				
SEC	TION F	AUTHOR	ZATION										
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					. 7	<u>√1</u>		•		directly to Accounts Payable to	r processing.		
Approved By (PRINT ONLY): Dr. Verna Yiu						4_	DOFA Level	Position #		hone a	Ext		
Liby algoring this same, wheat that I are complaint to at the above obstances. Signature: Title: VP Quality & CMO Darts: Sept. 51								11.1					
f speed (Signature: Title V* Crossity's CVIO Data Sept 5/14 shall their seed and endershand all explosible policies of Alberta Health Services that person to those separates, and gentlem expenses being claimed and in compliance with section policies.												
i steet i I teets i	I about the departures emphased in this claim are for well business purposes for Alberta Newton Services and that this claim has not been previously claimed by the claimest or do thair hashell from Alberta Health Services or any other Organization. I steel that expenses withrelted in this claim name been facuumed by using a court offective method, otherway reticrate and supporting energy is in provided above.												
	Approved By (PRINT ONLY)												
Phone F Est								Ext					
Lity digrifup this from attent that i are compliant to all the above statements Signature: Title							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 (HA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Polyacy (FORP) Act, respectively, for the purpose of sombistering AHS Procure to Pay program.

Please forward completed cisim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB 75.1.254
- 1 of 3-

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0306 71552000133														
// expenses	If expenses incurred are for multiple FC's please use pages 28,2C,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 stip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system. ECTION B: TRAVEL EXPENSES NOTE: If expenses do end fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C													
	pobwn (column Prov.) where expenses were incurred (Out of N.Ar.			avegones such	as Pospsainy, V	onding Session	, Reloca	dion, Continuing	Education, Busi	nes Instance g	to SECTION C			·
	raure 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,													
	Business Reason for Travel - Detailed Description	or .	What is	ļ								on on this page	<u>;е</u>	
Date dd-mmm-yy	Required (include distinction, who attended-(if med),	Out of N.Amer	travel related	Cost Effective	Meal (Allowance OR			ecelpt) with Receipt	If amount being claimed is above the policy limit stated in Appendix "A"			Rental Carf		
	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for ctartification		to?	Method Used? Y/N	Meel Type with	Allowence	Meai	with receipt	rationale is required Airtere Hotel Taxi			Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (Jun)
6-Aug-14	Trained from Connection Plaza to ATE for meeting with OCMOH and return	AB -	Meeting	Yes	vehie		Турш							16.00 🗸
7-Aug-14	Travel from Coronation Plaza to ATB for Mental Health Strategy Mosting and return	AB -	Meeting	Yes								\$5.00 ✓		16.00 L
12-Aug-14	Travel from Coronalian Plaza to SSP for ELT weeting and return	AB - Local	Meeting	Yes								\$14.00 V		15.00
12-Aug-14	Travel from Coronation Plaza to SSP for resetting with Dr. Verna Yiu	AB - Local	Meeting	Yes								\$14.00 V		7.00 ب
19-Aug-14	Travel from Cosonation Plaza to Commerce Place for Immunization IT meeting and reten.	AB - Locai	Meding	Yes								\$12.50	-	16.00 L
21-Aug-14	Travel loss Connection Plaza to Constructe Place for Mental Health Strategy Meeting and return	AB - Locat	Meeting	Yes								\$20.00 V		16.00 L
27-Aug-14	Towal from Compation Plaza to SSP to COEC and return	AB - Local	Mouting	Yes								\$28.00 V		15.00 L
									_					
	SUBTOTALS											\$93,50		Total Kens 101.00
	MilEAGE - Business Kilom details of travel location to & from must					mn			En	ter \$0.505 km,		rate per Union Mileace detail		
	Rates applicable \$8.505 per km for <u>under 5,000 km</u>												Mileage \$	\$51.01
				n 4 stat								Treve	l \$ Subtotal	\$93.50
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 Auto fills on page 1 - TOTAL TRAVEL\$ \$144.51														
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)														
<u> </u>														
					- 2A of 3									

CITY OF EDWONTON LINEARY PARKADE EST. # 119526970 RT0001



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Resultar Rain	8	11.90		
Total Tax	\$	0.60		
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CASH SAID	0	12,50-		
Gash Tander		20,00		
Changa Bale	Ş	9,50		

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Total Tax S Total Fae	(<u>20.</u> %)
Cash Tender	\$ 20,00 - } 20,00
Change for	6.00

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CITY OF EMBINAN
LIBORY PARGOE

LIBORY PARGOE

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.ACE FACE UP ON DASH MPARK LOT 256 NO IN AND OUT PRIVILEGES

Expiration Date/Time

NUG 12, 2014

ise Date/Time: 03:41pm Aug 12, 2014

Parking: \$13.33 gat: \$0.67 Due: \$14.00

Paid: \$14.00

Rate: \$14 - 2 Hours Payment Type: Card

500012451104 3 Lot 256 Name: Meter 1

rican Express

Auth

GST #867315638RT0001

RECEIPT

INPARK LOT 200 NO IN AND OUT PRIVILEGES tion Data/Time: 05:41pm Aug 12, 2014 se Date/Time: 03:41pm Aug 12, 2014 Parking: \$13.33 set: \$0.67

lue: \$14.00 ---

Rate: \$14 - 2 Hours of Types Card

lume: Heter 1

PLACE FACE UP ON DASH NO IN AND OUT PRIVILEGES

Expiration Date/Time

11:02 AM AUG 12, 2014

Purchase Date/Time: 09:02se Aug 12, 2014

Total Parking: \$13.33 Total gat: \$0.67 Total Due: \$14.00

Total Paid: \$14.00

Rate: \$14 - 2 Hours Payment Type: Card

Auch

Ticket #: S/N #: 50001248110

Setting: Lot 255 Nach Name: Heter 1

erican Express

RECEIPT

GST #867316636RT0001

MPARK LOT 286 NO IN AND OUT PRIVILEGES

Expiration Date/Time: 11:02am Aug 12, 2014 Purchase Date/Time: 08:02am Aug 12, 2014

Total Parking: \$13.33 rotal gat: \$0.57

Total Paid: \$14.00 Total Paid: \$14.00

stan 🏰 - 8 Harara Payment Type: Card

Ticket Setting: Lot 200 Hach Name: Meter 1

PLACE FACE UP ON DASH NO IN AND OUT PRIVILEGES

Expiration Date/line

01:07 AUG 27, 2014

Purchase Date/Time: 09:07em Aug 27, 2014

Total Parking: \$26,67 Total get: \$1.33 Total Que: \$28,00

Total Paid: \$28.00 Ticlost #:

S/N #: 500012451104 Setting: Lot 256 Nuch Hame: Natur 1

American Express

Auth #: GST #8873166367T0001

Rate: \$28- 4 hours

Payment Type: Card

RECEIPT

NPARK LOT 256 NO IN AND OUT PRIVILEGES

Expiration Date/Time: 01:07pm Aug 27, 2014 Purchase Date/Time: 09:07em Aug 27, 2014

Total Parking: \$26.57 Total gat: \$1.33 Total Due: \$26.00

Total Paid: \$28.00 Ticket #

Setting: Lot 256 Mach Mees: Heter 1

Rate: \$25- 4 hours Payment Type: Card