

## 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 October 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)
Oct-14	Expense Claim	Meetings	131			84	215			
<b>Total</b>			\$ 131	\$ -	\$ -	\$ 84	\$ 215	\$ -	\$ -	\$ -

**Total for the Month**    \$        215

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-Oct-14 To 31-Oct-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Dr. Gerry Predy Position (Title): Senior Medical Officer of Health  
 Location: \_\_\_\_\_ Dept: PPAH 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	\$214.62						\$214.62		
2B												
2C												
2D												
				\$214.62							Less Cash Advance	
											<b>TOTAL CLAIM</b>	\$214.62

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**

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 mandatory 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.

I, by signing this form, attest that I am compliant to all the above statements.  
 Employee Signature: \_\_\_\_\_ Date: 31-Oct-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): Dr. Verna Yiu DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: VP Quality & CMO Date: NOV 8, 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 T6J 3E4

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0306 71552000133

Emp # (E-People)

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'l)  
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.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						
10-Oct-14	Travel from Coronation Plaza to SSP for Influenza Immunization Online Meeting and return	AB - Local	Meeting	Yes								\$23.00		15.00
22-10-14	Travel from Coronation Plaza to SSP for COEC meeting and return	AB - Local	Meeting	Yes								\$23.00		15.00
28-10-14	Change fee Air Canada for Travel from Edmonton to Calgary for November 4th CPO Meeting	AB - Provinc	Meeting	Yes					\$131.25					
29-10-14	Travel to Nisku for Senior Leadership Meeting	AB - Local	Meeting	Yes										44.00
<b>SUBTOTALS</b>									\$131.25			\$46.00		Total Kms 74.00

**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 \$0.505 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 (see Mileage details to the left) \$0.505

Mileage \$ \$37.37

Travel \$ Subtotal \$177.25

Auto fills on page 1 - TOTAL TRAVEL \$ \$214.62

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

**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)**



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

(1)

Expiration Date/Time

06:00 PM  
OCT 10, 2014

Purchase Date/Time: 07:02am Oct 10, 2014  
Total Parking: \$21.90  
Total gnt: \$1.10  
Total Due: \$23.00  
Total Paid: \$23.00  
Ticket #: [REDACTED]  
SN #: 5000246704  
Setting: Lot 256  
Mach Name: Meter 1

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

[REDACTED] American Express  
[REDACTED]  
GST #667316636RT001

RECEIPT

IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Oct 10, 2014  
Purchase Date/Time: 07:02am Oct 10, 2014  
Total Parking: \$21.90  
Total gnt: \$1.10  
Total Due: \$23.00  
Total Paid: \$23.00  
Ticket #: [REDACTED]  
Setting: Lot 256  
Mach Name: Meter 1

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

[REDACTED]

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

(2)

Expiration Date/Time

06:00 PM  
OCT 22, 2014

Purchase Date/Time: 07:15am Oct 22, 2014  
Total Parking: \$21.90  
Total gnt: \$1.10  
Total Due: \$23.00  
Total Paid: \$23.00  
Rate: \$23 - Early Bird  
Payment Type: Card

SN #: 6000245704  
Setting: Lot 256  
Mach Name: Meter 1

[REDACTED]  
GST #667316636RT001

RECEIPT

IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Oct 22, 2014  
Purchase Date/Time: 07:15am Oct 22, 2014  
Total Parking: \$21.90  
Total gnt: \$1.10  
Total Due: \$23.00  
Total Paid: \$23.00  
Rate: \$23 - Early Bird  
Payment Type: Card

Setting: Lot 256  
Mach Name: Meter 1

[REDACTED]

CNE3 11 23

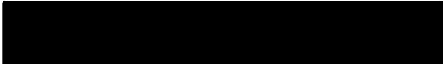
(3)

## Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.  
Please bring your itinerary-receipt to the airport.

### Main Contact Information

Booking reference: 

Name: Mr Gerald Predy  
E-mail: GERRY.PREDY@ALBERTAHEALTHSERVICES.CA  
Form of payment: 



**Customer Care**  
Air Canada Reservations  
1-888-247-2262  
Air Canada Flight Information  
1-888-422-7533

International Reservations  
Alert me of flight changes  
Flight notification

### Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8131	Edmonton International (YEG)	Calgary (YYC)	DH3	S	Confirmed
<i>Operated by:</i>	Tue 04-Nov 2014	Tue 04-Nov 2014			
<i>Air Canada Express-Jazz</i>	05:30	06:22			
AC8150	Calgary (YYC)	Edmonton International (YEG)	DH4	S	Confirmed
<i>Operated by:</i>	Tue 04-Nov 2014	Tue 04-Nov 2014			
<i>Air Canada Express-Jazz</i>	15:30	16:19			

### Passenger Information

Name: Mr Gerald Predy  
Frequent Flyer Pgm: Air Canada Aeroplan  
Passenger 1  
Ticket number:   
Program number: 

### Purchase Summary

Passenger: 1 Ticket number XXXXXXXXXX

<b>Date of Issue</b>	28-Oct 2014
<b>Fare Amount in Canadian dollars:</b>	268.00
<i>(including <u>aviational &amp; other charges</u>)</i>	
<b>Taxes, Fees &amp; Charges</b>	
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.05
Combined Taxes *see fare calculation below (XT)	PD
<b>Total Fare in Canadian dollars:</b>	1.05A
<b>Options</b>	
Change fee in Canadian dollars	125.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	6.25

Ticket particularities:  
AC ONLY/NON-REF/CHGE FEE

\*Fare calculation:  
04NOV14YEA AC YYC Q12.00R122.00AC YEA Q12.00R122.00CAD268.00  
END ROE1.00 PD14.25CA17.06XG60.00SQ  
Canadian tax registration numbers:  
XG Canada Goods and Service Tax (GST) #10009-2287  
RC Canada Harmonized Sales Tax (HST) #10009-2287  
XQ Quebec Sales Tax (QST) #1000-043-172

## Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's general conditions of carriage.

## Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

### Before You Go: A 'To-Do' List

All passengers are advised to view the Travel documentation and US Secure Flight Program US Secure Flight Program for important information on documents and identification required for travel.

### Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance from RBC Travel Insurance Company via [www.aircanada.com/insurance](http://www.aircanada.com/insurance) or by calling 1-866-530-6021. To make sure you get the best possible protection, purchase insurance prior to your departure.

U.S. Residents - CSA Travel Protection offers American travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation