

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 November 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)
Nov-14	Expense Claim	Meetings		12		320	332	1,960		
Total			\$ -	\$ 12	\$ -	\$ 320	\$ 332	\$ 1,960	\$ -	\$ -

Total for the Month \$ 2,292

Maximum daily single meal expense claimed in the month \$ 12
 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-Nov-14 To 30-Nov-14
 Travel Period from: _____ To _____
 Out-of-Province Travel

Name: Dr. Gerry Prady Position (Title): Senior Medical Officer of Health
 Location: _____ DOFA Level: _____ (if applicable) Union: _____ Business Pt: _____
 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	0308	71552000133	\$260.12	101	0308	71552000133	06010000	\$1,960.00	\$037.35	\$1,960.00	
2B	101	0308	71552000133	\$71.23								
2C												
2D												
				\$991.35	**User to enter Coding & \$ Amounts				\$1,960.00			

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.

Travel, Hospitality and Working Session Expenses Policy - Document 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: _____ Date: Nov. 26, 2014

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: Dec 2014

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 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 T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0306 71662000133

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 (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-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/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						
4-Nov-14	Travel to Edmonton Airport for Meeting in Calgary	AB - Local	Meeting	Yes										28.00 ✓
① 4-Nov-14	Travel from Calgary Airport to Southport	AB - Local	Meeting	Yes						① \$70.00 ✓				
4-Nov-14	Meal	AB - Local	Meeting	Yes	L-\$11.60	\$11.60 ✓								
② 4-Nov-14	Travel from Southport to Calgary Airport	AB - Local	Meeting	Yes						② \$61.00 ✓				
③ 4-Nov-14	Parking at Edmonton International Airport and travel from Edmonton Airport to residence	AB - Local	Meeting	Yes						③ \$25.00 ✓			28.00 ✓	
④ 12-Nov-14	Travel to S&P for COEC meeting and return to Convention Plaza	AB - Local	Meeting	Yes						④ \$23.00 ✓			15.00 ✓	
⑤ 12-Nov-14	Parking at Winipeg for Exec Education Meeting and return to Convention Plaza	AB - Local	Meeting	Yes						⑤ \$10.00 ✓			16.00 ✓	
⑥ 13-Nov-14	Travel from Convention Plaza to Alberta Health for meeting with OCMOH and return	AB - Local	Meeting	Yes						⑥ \$7.50 ✓			16.00 ✓	
SUBTOTALS						\$11.60				\$131.00	\$65.50			Total Kms 103.00

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 \$0.508 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.508 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) 30.506 ✓

Mileage \$ 52.02

Travel \$ Subtotal \$208.10

Auto RRs on page 1 - TOTAL TRAVEL \$ 260.12

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)

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0306 71552008133**

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 (column Prov) where expenses were incurred (Out of N.America = Int'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 meet), 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/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							
12-Nov-14	Travel from Coronation Plaza to Concordia University and return	AB - Local	Meeting	Yes										15.00	✓
20-Nov-14	Travel from Coronation Plaza to SSP for interviews and return	AB - Local	Meeting	Yes							23.00			15.00	✓
28-Nov-14	Travel from Coronation Plaza to SSP for COEC meeting and return	AB - Local	Meeting	Yes							25.00			15.00	✓
SUBTOTALS												48.00		Total Km 46.00	

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 \$ 23.25

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ 23.25

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)

71.23
71.23

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
 → If expenses are for travel, gas, etc., go to Section B on pg 2.
 • ALL "OTHER" expenses listed below MUST have a secondary expense code indicated!

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Link	Location	Functional Centre	Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is on all receipts, enter total amount in this column WITH GST	GST is NOT on all receipts, enter total amount in this column	TOTAL OTHER \$
13-Nov-14	CPBA 2018 Practice Permit	101	0306	71552000153	66010000	Yes			\$1,960.00	\$1,960.00 ✓

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SECTION D: FOREIGN CURRENCY **ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$** (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense: [Bank of Canada Currency Converter](#) → Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

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	Finance Coding			Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Link	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value	

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)

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

Welcome Dr. Gerald N. Preddy ▼

Receipt for Credit Card Payment

Your Payment has been recorded.

Order Information

Payment Type: American Express
Order ID: [Redacted]
Invoice Number: [Redacted]
Amount Charged: 1960.00

Credit Card

Cardholder Name: gerald preddy
Card Number: [Redacted]
Authorization Result: [Redacted]
Reference Number: [Redacted]
Authorization Code: [Redacted]

Description

Description	Subtotal
2015 General Register Annual Practice Permit	\$1,960.00
Total: \$1,960.00	

Renewal Completed

YOU'RE DONE!

A copy of your Registration Information Form is provided below. Please note that you cannot re-submit the form. If you need to change an answer, email [Redacted]

Your practice permit will be available for you to PRINT from your [online practice profile](#) in three business days after your payment is received, or on 16-Dec-2014 if you are enrolled in the Pre-Authorized Payment plan. Remember that you are required to present your practice permit to anyone who asks to see it. (Please note: A practice permit will not be issued if you are retiring or withdrawing from the CPSA register on or before 31-Dec-2014.)

RENEW YOUR PROFESSIONAL CORPORATION PERMIT If you have a professional corporation (PC), you must also renew your PC permit by 31-Dec-2014.

Give us your feedback. Please [click here](#) to complete a three-question survey.

Gerry Predy

From: COLLEGE OF PHYSICIANS [REDACTED]
Sent: Thursday, November 13, 2014 12:39 PM
To: Gerry Predy
Subject: Transaction Receipt - Do Not Reply

[REDACTED]
[REDACTED]
<http://www.cpsa.ab.ca>

TRANSACTION APPROVED - THANK YOU

PAYMENT DETAILS

TYPE	PURCHASE
DATE	2014-11-13 12:38:43
ORDER ID	[REDACTED]
AMOUNT(CAD)	\$1960.00
CARDHOLDER	gerald predy
CARD NUM	[REDACTED]
ACCOUNT	AMEX
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
REFUND POLICY	Contact the CPSA for further information.

CUSTOMER DETAILS

CUST ID	[REDACTED]
EMAIL	gerry.predy@albertahealthservices.ca
NOTE	

Please keep this email as your transaction receipt.
This receipt has been sent from an unmonitored email account.
Do not reply to this email.

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③
GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 2nd
Receipt

Short-term parking tkt

DL - No. [REDACTED]
04/11/14 04:22
05/11/14 04:21
Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received
AMEX \$25.00

[REDACTED]

Type: Swiped

Sub Total \$23.80
Tax 5% \$1.10

④
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Receipt

11/13/14
11/13/14 07:30 In 11/13/14 08:43 Out

[REDACTED]
Regular Rate \$ 7.14
Total Tax \$ 0.35
Total Fee \$ 7.50
CASH PAID \$ 7.50
Cash Tender \$ 20.00
Change Due \$ 12.50

THANK YOU
COME AGAIN

⑤
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Receipt

11/12/14
11/12/14 14:43 In 11/12/14 14:43 Out

[REDACTED]
Regular Rate \$ 9.52
Total Tax \$ 0.45
Total Fee \$ 10.00
CASH PAID \$ 10.00
Cash Tender \$ 20.00
Change Due \$ 10.00

THANK YOU
COME AGAIN

①
Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrival door



Driver # [REDACTED]

Date 11/04/14

Car # [REDACTED]

Amount \$76

GST Included #

②
Driver # [REDACTED]

To: AIRPORT

From: DELTA 50

Date: 11/04/14 Amount: 61.00

GST# 863683-81

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

Expiration Date/Time

06:00 PM
NOV 12, 2014

Purchase Date/Time: 07:44am Nov 12, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Rate: \$23 - Early Bird
Payment Type: Card
Ticket # [REDACTED]
SN #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

GST #687315638R10001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Nov 12, 2014
Purchase Date/Time: 07:44am Nov 12, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Rate: \$23 - Early Bird
Payment Type: Card
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

Card #****-**** American Express

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number

[REDACTED]

Expiration Date/Time

06:00 PM
NOV 20, 2014

Purchase Date/Time: 07:43am Nov 20, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Rate: \$23 - Early Bird
Payment Type: Card
Ticket # [REDACTED]
SN #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

GST #687315638R10001

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number

[REDACTED]

Expiration Date/Time

06:00 PM
NOV 26, 2014

Purchase Date/Time: 07:12am Nov 26, 2014
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00
Total Paid: \$25.00
Rate: \$25 - Early Bird
Payment Type: Card
SN #: 500012451104
Setting: Lot 256
Mach Name: Meter 1