

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 December 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)
Dec-14	Expense Claim	Meetings				84	84			
Total			\$ -	\$ -	\$ -	\$ 84	\$ 84	\$ -	\$ -	\$ -

Total for the Month \$ 84

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

Name: Dr. Garry Prady Position (Title): Senior Medical Officer of Health

Location: _____ Dept: _____ DOFA Level: _____ applicable Union: _____ Business Phone: _____

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	0308	71552000133	\$84.28						\$84.28		
2B												
2C												
2D												
				\$84.28								

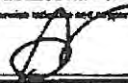
NOTE: This section auto fills from page 2A, 2B, 2C & 2D

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

SECTION F: AUTHORIZATION

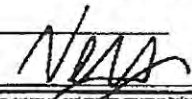
I affirm that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I affirm the expenses included in this claim are for 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 affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise referred to as supporting analysis is provided above.

I, by signing this form, affirm that I am compliant to all the above statements

Employee Signature:  Date: 28-Dec-14

Approved By (PRINT ONLY): Dr. Yorma Yiu DOFA Level: _____

I, by signing this form, affirm that I am compliant to all the above statements

Signature:  Title: VP Quality & CMO Date: Dec 29/14

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I affirm the expenses included 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 affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise referred to as supporting analysis is provided above.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

I, by signing this form, affirm that I am compliant to all the above statements

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 Process 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 T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0306 71662000133 Emp # (E-People) XXXXXXXXXX Page **2A**

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.

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?	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											
				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							
15-Dec-14	Travel from SSP for CPO Interviews to Coronation Plaza	AB - Provinc	Meeting	Yes									\$25.00		8.00
17-Dec-04	Travel from Coronation Plaza to SSP for COEC and return	AB - Provinc	Meeting	Yes									\$24.00		16.00
18-Dec-14	Travel from Coronation Plaza to ATB building form CMOH meeting and return	AB - Local	Meeting	Yes									\$7.50		16.00
19-Dec-04	Travel from Coronation Plaza to UoA for PRPM meeting and return	AB - Local	Meeting	Yes											15.00
SUBTOTALS													\$56.50		Total Kms 55.00

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 <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>		Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
		Mileage \$	\$27.78
		Travel \$ Subtotal	\$56.50
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 \$	\$84.28

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)

①

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
DEC 15, 2014

Purchase Date/Time: 06:13am Dec 15, 2014

Total Parkings: \$23.81

Total amt: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Rate: \$25 - Early Bird
Payment Type: Card

SN #: 60001245104
Setting: Lot 256
Mach Name: Meter 1

②

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

12:35 PM
DEC 17, 2014

Purchase Date/Time: 09:36am Dec 17, 2014

Total Parkings: \$22.85

Total amt: \$1.14

Total Due: \$24.00

Total Paid: \$24.00

Rate: \$24 - 3 hours
Payment Type: Card

SN #: 60001245104
Setting: Lot 256
Mach Name: Meter 1

③

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

NOV 27 2014

12/18/14 08:32

12/18/14 07:05 In 12/18/14 08:32 Out

Regular Rate \$ 7.14

Total Tax \$ 0.36

Total Fee \$ 7.50

CASH PAID \$ 7.50

Cash Tender \$ 20.00

Change Due \$ 12.50

THANK YOU
COME AGAIN

GST #6871653810001