

AHS Board and Executive Expense Report

Name: Dr Jaco Hoffman
Title: Interim Central Zone Medical Director
Location: Red Deer
 Expenses posted during the month of March 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Mar-24	Expense Claim	Meetings				700	700			
	Direct Bill	Meetings					-			
Total by category			\$ -	\$ -	\$ -	\$ 700	\$ 700	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 700

Maximum daily single meal expense posted in the month \$ -
 Maximum daily base hotel rate posted 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 membership dues, small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

Practitioner Name: Dr Jaco Hoffman **AHS Medical Staff:** Yes No **Primary Zone:** Central

Prof Corp: Yes [Redacted] **Email Address:** [Redacted]

Committee, Project or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments
Rocky Mountain House Site tour with Minister of Health	06-Feb-24	In Person	2 Hr or Less		YES Proceed to pg2	Executive Medical Leader attendance
Stettler Site tour with Minister of Health	07-Feb-24	In Person	2 Hr or Less		YES Proceed to pg2	Executive Medical Leader attendance
Central Zone Medical Director - leadership orientation to new role	31-Jan-24	In Person	4+ Hrs		YES Proceed to pg2	Travel from Olds to Red Deer
Central Zone Medical Director - leadership orientation to new role	01-Feb-24	In Person	4+ Hrs		YES Proceed to pg2	Travel from Olds to Red Deer return
Working from CZ Corp Office - Michener Bend - In person meeting with Chief Zone Officer	05-Feb-24	In Person	2 Hr or Less		YES Proceed to pg2	Travel from Olds to Red Deer return
Working from CZ Corp Office - Michener Bend - In person meeting with Deputy Zone Medical Director	08-Feb-24	In Person	2 Hr or Less		YES Proceed to pg2	Travel from Olds to Red Deer return
Multiple In person Meetings including Chief Medical Officer/CZ Department of Obstetrics	12-Feb-24	In Person	4+ Hrs		YES Proceed to pg2	Travel from Olds to Red Deer return
				Stipend Total	\$ 0.00	

Required Participation Review/Confirmation: Cannot be signed by claimant

[Redacted Signature]
 Name Title Signature Date

Please send the completed invoice and receipts (if applicable) to:

Approval kept on file

[Redacted Address]

[Redacted Contact Info]

Expense Claim Details - Medical Staff Reimbursement for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		Meals - Per Diem (Refer Below)			Transportation & Accommodation						Mileage**		Details
Committee/ Project/ Event Name	Expense Date (MM/DD/YY)	B	L	D	Hotel	Airfare	Taxi	Parking	Rental	Other* (Note details)	KM	Rate	*Other - include description of expense **Mileage - Required to include to/from destination
Rocky Mountain House Site tour with Minister of Health	2/6/24										234	0.505	Olds to Rocky Mountain House - return
Stettler Site tour with Minister of Health	2/7/24										284	0.505	Olds to Stettler - return
Central Zone Medical Director Leadership orientation	1/31/24										124	0.505	Olds to Red Deer - return
Central Zone Medical Director Leadership orientation	2/1/24										124	0.505	Olds to Red Deer - return
Working from CZ Corp Office - Red Deer	2/5/24										124	0.505	Olds to Red Deer - return
Working from CZ Corp Office - Red Deer - In person meeting with Deputy Zone Medical Director	2/8/24										124	0.505	Olds to Red Deer - return
Chief Medical Officer/Department of Obstetrics	2/12/24										124	0.505	Olds to Red Deer - return
Working from CZ Corp Office - Red Deer	2/22/24										124	0.505	Olds to Red Deer - return
Sub Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1,262.0	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: <https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>
 For applicable "Other" expenses, please identify or explain in the "Details" column.

Required for Travel Expenses: Must be signed by the physician

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses 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.

I, by signing this form, attest that I am

Physician Signature:

Date: 29-Feb-2024

Totals:	
Total Stipend	\$ 0.00
Total KM Rate	\$ 637.31
Total Expense	\$ 0.00
Total Payment	\$ 637.31

Required for Travel Expenses: Must be signed by the Approver

I attest 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 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.

Approved By (PRINT ONLY):
DOA Level:
Position #:
Phone #:


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



Signature


Approval kept on file



MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

Practitioner Name: Dr Jaco Hoffman **AHS Medical Staff:** Yes No **Primary Zone:** Central

Prof Corp: Yes  **Email Address:** 


Committee, Project or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments
In person meetings - Corp Office, Michener Bend, Red Deer	28-Feb-24	In Person	2 Hr or Less		YES Proceed to pg2	
				Stipend Total	\$ 0.00	

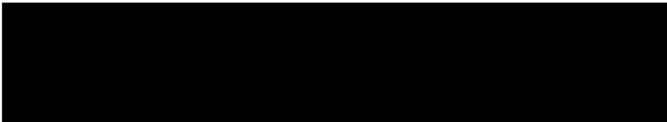
Required Participation Review/Confirmation: Cannot be signed by claimant


Name _____ Title _____ Signature _____ Date _____

Please send the completed invoice and receipts (if applicable) to:

Approval kept on file





Expense Claim Details - Medical Staff Reimbursement for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		Meals - Per Diem (Refer Below)			Transportation & Accommodation						Mileage**		Details
Committee/ Project/ Event Name	Expense Date (MM/DD/YY)	B	L	D	Hotel	Airfare	Taxi	Parking	Rental	Other* (Note details)	KM	Rate	*Other - include description of expense **Mileage - Required to include to/from destination
- Dr Jennifer Bestard, Associate Medical Director; Janice Stewart, Chief Zone Officer, Central Zone	2/28/24										124	0.505	Olds-Red Deer-Olds
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Sub Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	124.00	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: <https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>
For applicable "Other" expenses, please identify or explain in the "Details" column.

Required for Travel Expenses: Must be signed by the physician

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses 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.
I, by signing this form, attest that I am compliant to all the above statements.

Physician Signature:

[Redacted Signature]

Date: 29-Feb-2024

Totals:	
Total Stipend	\$ 0.00
Total KM Rate	\$ 62.62
Total Expense	\$ 0.00
Total Payment	\$ 62.62

Required for Travel Expenses: Must be signed by the Approver

I attest 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 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.

Approved By (PRINT ONLY):

DOA Level:

Position #:

Phone #:

[Redacted Approver Information]

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

Signature:

Title:

Date:

[Redacted Approver Signature and Title]

Approval kept on file

Expense Limits – Note this is summary information only. For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: <https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

Travel and accommodation are to be booked with the AHS travel provider to ensure AHS/government rates. Expenses to be paid by the individual claimant and then submitted via this expense claim for consideration for reimbursement

Travel – Section 3.1, 3.2, 3.3, 5, 9.1, 9.2, 9.3, 9.4, and Appendix A

- Travel expenses can be minimized by utilizing technology (teleconference, video conference, Telehealth) where it meets business objectives.
- Individuals are expected to consider the cost effectiveness of their travel expenses. Cost effectiveness does not necessarily mean the most inexpensive method of travel; consideration of time, impact to service delivery and safety should be considered when assessing cost effectiveness.
- Where use of technology is not an effective means of achieving the desired business objectives, the following is a list to consider when selecting a mode of transportation: a) AHS fleet vehicle, b) rental vehicle or bus, c) personal vehicle, d) airfare.
- Regular commuting between residence and designated home site(s) will not be reimbursed. AHS will reimburse mileage for approved business travel from residence to an alternate work site or bus/car rental agency/airport only for the portion of mileage that is above their normal commute (or the shorter of the two distances).
- Mileage incurred while traveling between sites is eligible for reimbursement.
- Mileage reimbursement are at the general rate of \$0.505/km for 5,000 km/calendar year and below, \$0.47/km for over 5,000 km/calendar year.
- Vehicle owners responsible for any losses that may occur.
- Airfare within Alberta should not exceed \$600 for a roundtrip or \$1,000 roundtrip within Canada (inclusive of all fees and taxes). Travel outside Canada requires pre-approval by an AHS VP and cannot exceed \$2,000. Seat selection will not be reimbursed. Must be Economy class.
- Taxi fare limit of \$100 within city limits and including gratuity of up to 20%

Meal Allowance – Section 8.1, Appendix A

- Individuals traveling on AHS approved business may only claim meals through a meal allowance and cannot claim using the receipt method for reimbursement.

Expense Type: Within Canada Outside of Canada

Breakfast	\$10.50	\$13.70
Lunch	\$13.00	\$17.00
Dinner	\$24.00	\$31.00

Accommodations – Section 8.2 and Appendix A

- Reimbursed at the actual cost of the room including applicable taxes and surcharges (with receipt provided).
- Hotel base room rate shall not exceed \$200 (South, Calgary, Central and Edmonton Zone) and \$250 (North Zone)