

Other

(4)

\$

Official Administrator and Executive Expense Report

NameMauro ChiesTitleChief Program Officer Clinical Support ServicesLocationEdmontonExpenses submitted during the month of December 2014

Travel (1) Working Sessions Hosting and Professional Other Total Development Hospitality Source (3) Date Document Purpose Airfare Meals Accommodation Travel Travel (2) 29 29 Dec-14 Expense Claim Meeting 706 Dec-14 Direct Billing Meeting 706 Total 29 735 706 \$ _ \$ \$ \$ \$ \$

Total for

the Month \$ 735

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

SEC	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 Expense Date From: 1-Dec-14 To 31-Dec-14										
										(if applicable)	
			loyee and your payro	oli is ⊨-People you v	vili only nav	/e an ⊑mpioye		Acting \/D D	Out-of-Province Tr		
	e: Maur						Position (Title):		rov-Wide Clinical Support		
Loc	ation: 8t	h Floor, SSP		Dept:		DOFA Leve	el:(if applicab	e) Union:	Busine	ss Phone #:	Ext:
Emp	loyee # ((E-People):								19	CC *
SECTION E: FINANCE CODING & TOTAL CLAIM											
CA		PROJECT		Project Nu				Pr	roject Task Number		
				Expenditure	Organizat	ion	·		Expenditure Type_		
		Total - Se	ction B: Travel -	Pg 2		<u>Total - S</u>	ection C&D: Other &	Foreign Expen	ses - Pg 3	TOTAL REIMB	IDCEMENT
	Bal	1	Functional	Total	Bal	1	En time long to the	Seconda	ary/ Total		
Pg	Unit	Location	Centre (FC)	Expense	Unit	Location	Functional Centre (-C) Expens		Total Section B	\$29.00
2A	101	0006	71415100027	\$29.00	1					Total Section C&D	
2B					1					Less Cash Advance	
2C					1						
2D					1					TOTAL CLAIM	\$29.00
	\$29.00 **User to enter Coding & \$ Amounts										
11 1	IOTE: Th	nis section au	ito fills from page 2	A, 2B, 2C & 2D	11	NOTE:	These fields do not auton	atically fill for Sec	tion C & D		
SEC		: AUTHOR	IZATION								
l attest t	hat I have read	i and understand the '	Travel, Hospitality and Working S				enses being claimed are in compliance with				
			are for valid business purposes for a have been incurred by using a co				ed by me or on my behalf from Alberta Heat d above. <u>Trave</u>		ation. <u>Session Expenses</u> Policy - Documen	t# 1122	
l, by a	Igning this for	m, attest that I am co	mpliant to all the above statement	5							
		Employee Si	<u> </u>		12	~)ec. 29/14		
							enses being claimed are in compliance with ad by the claimant or on their behalf from Al		er Organization Approved	claim form with receipts should be sent	by the
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services on any other Organization. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.											
ADDI	oved By	PRINT ONL	<u>r)</u> : Dr. Verna Yiu		a he	•	DOFA Level	Position #		Phone #	
								_	· · · · · · · · · · · · · · · · · · ·		1 100
1, DY 8	I, by signing this form, attest that I am compliant to all the above statements Signature: Date Jon 7/15										
attest that I have read and understand the "Travel, Hospitality and Working Session Expanse Policy (1122)" of the test and confirm expanses being claimed are in compliance with such 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 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.											
Арри	oved By	(PRINT ONL)	<u>ں</u> :				DOFA Level	Position #		Phone #	Ext
l, by s	I, by signing this form, attest that I am compliant to ell 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 Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71415100027 Emp # (E-People) Page 2A														
Enter Finance Coding 101 0006 71415100027 Emp # (E-People) 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). Secondart/Expense codes are not required in this section as they are pre-determined by the system. Page 2A														
SECTION B: TRAVEL EXPENSES NOT: 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.														
1	Publican Research Travel Detailed Description	Prov, US, or Out of N.Amer	What is travel related to?	If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal),			Cost Effective		Meal (Allowance OR Receipt) Meal Allowance Meal with Receipt			If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/	Per Diem	Mileage
	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where expenses incurred?		Method Used? Y/N	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi		Allowance	(km)
14-Jul-14	Parking - Lunch meeting at Edmonton Chinese Community Center	AB	Meeting	Yes								\$4.00 🗸	1	
3-Dec-14	Attend Alberta Clinical Pathways Steering Committee Meeting in Calgary - Parking at EIA	AB	Meeting	Yes								\$25.00 🗸	/	
SUBTOTALS \$29.00								Total Kms						
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) → details of travel location to & from must be included above under the purpose of travel column (see Mileage details to the left)														
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>														
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									\$29.00 \$29.00					
	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 Expiration Date/Time PARKING RECEIPT 2014 14, Edmonton Airports Can-T5J 2T2 Edmonton Tax Code CA5%) Exit Lane 03/12/14 17:21 Receipt 067293 PARKING RECEIP Purchase Date/Time: 12:00pm Jul 14, 2014 Total Parking: \$3.61 Total gst: \$0.19 Short-term parking tkt HL ~ No. 021810 03/12/14 06:52 04/12/14 06:51 Period 1d0h0' Total Due. \$4.00 Rate: \$4 - 2 Hours Total Paid: \$4.00 Payment Type: Card Ticket #: S/N #: 3 \$25.00 Setting: Lot 123 Mach Name: Meter 1 \$25.00 \$25.00 Visa Auth #: 012239 GST #887315638RT0001 NO IN AND OUT PRIVILEGES \$23.81 \$1.19 forking : ABClinical Pathways mtg in Calg RECEIPT Impark Lot 123 Expiration Date/Time: 02:00pm Jul 14, 2014 ING RECEIPT Purchase Date/Time: 12:00pm Jul 14, 2014 Total Parking: \$3.81 Total gst: \$0.19 Total Due: \$4.00 Rate: \$4 - 2 Hours Total Paid: \$4.00 Payment Type: Card Ticket #: Parking : Lunch mtg c Setting: Lot 123 Mach Name: Meter 1 RKING EdmontonChinese 152 Community Auth #: 012239 Card J ЙE С

GST# R128599776

(Tax)

Tota]

Merch:

Auth:0 Type: Swiped

Sub Total Tax 5%

17

9

Payment Received

5%

ARKING RECEIP



albartahealthservices.co

Total Albertan Satisfaction

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes 🔀 No 🗌

Name:	Reporting Period for the Month of:

DatePayment Method2014-12-03Direct Billing		Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid	
		Transportation	Airfare - Return trip to Calgary to attend Alberta Clinical Pathways Steering Ctte Planning Mtg.	Marlin Travel	\$362.96	~
2014-12-09	Direct Billing	Transportation	Airfare - Return trip to Calgary to attend DIPET Meeting	Marlin Travel - (Flight was cancelled - credit on file)	\$342.96	~
	Choose One	Choose One				
	Choose One	Choose One		TOTAL PAID IN MONTH	\$705.92	6

MARLIN TRAVEL		BRANCH: N61	107	
MAIN FLOOR, 9		GST REG# 885.	101915	
EDMONTON, AB	15K 1G8	PHONE: 780	-425-8611	
	HEALTH SERVICES	YOUR REF		
SUITE 80	0, NORTH TOWER	LOCATOR		
10030-10 FDMONTON		OUR REF		
EDMONION	AB, T5J 3E4	AGENT	5	
		INVOIC	E	
	•	*** D U P L I C .	A T E ***	INV NO: DATE: 26NOV14 PAGE: 1
FOR: MR MAURO	CHIES			
4				
	I	TINERARY		
*** AIR/RAIL/	BUS ***			
FROM				C ARRIVE MEALS BAGS
EDMONTON INTL		LR CANADA 8137 W 8 (300 SERIE	GK 03DEC 8:0 02	A 8:56A
	AIR CANADA E		_	
	AIR CANADA CONFI			
CALGARY			GK 03DEC 3:301	P 4:25P
	AIR CANADA E			
	AIR CANADA CONFI TICKET NUMBER (IRMATION		
		C O S T		
AIR CANADA	TKT NO ACO		(INCL 74.96 TAX	362.96
	AL EXCLUDING GST		3	362.96
	HARGES THIS INVO		1.1	362.96
PAYMENT	DUE THIS INVOICE	TKT		<u>362.96</u> 0.00
	DUE TO DATE	2		0.00
	AVE BEEN OFFERED			
	'EPTED: 'UMENTATION REQUIN			

DOCUMENTATION REQUIRED: VALID PASSPORT....VISA...TOURIST CARD... PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID.... OTHER...... PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

CONTINUED ON NEXT PAGE

Return flight to Calgary Attend Alberta Clinical Pathways Steering Cttle. Mtg.

MARLIN TRAVEL	BRANCH:	N61107
O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8		885101915
	PHONE:	780-425-8611

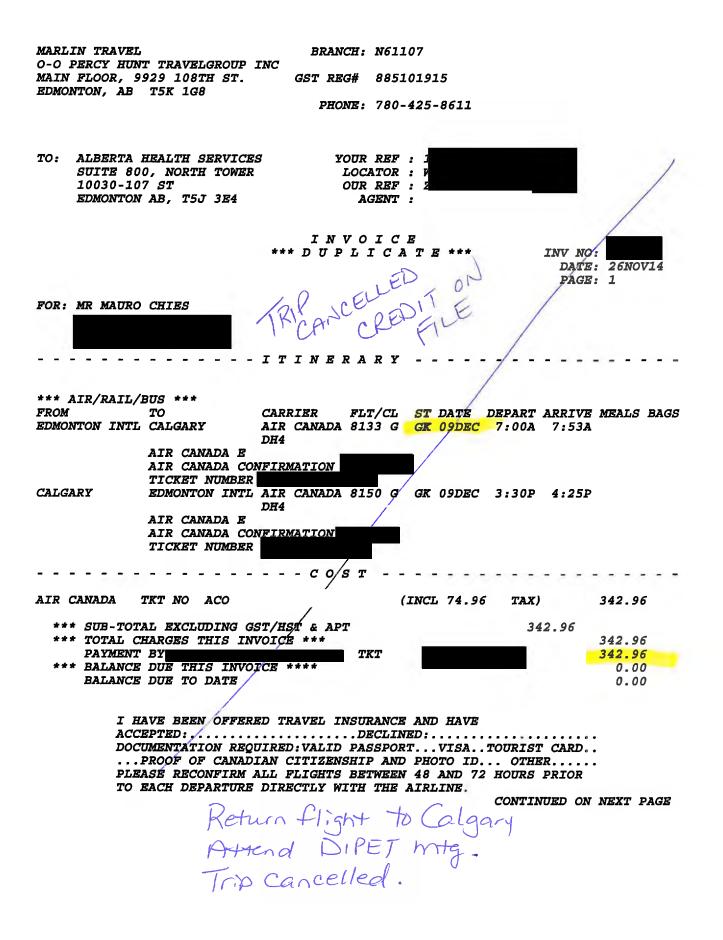
TO: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4





INV NO: DATE: 26NOV14 PAGE: 2

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT 1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0 OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 BRANCH: N61107

GST REG# 885101915

PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB, T5J 3E4

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INVOICE *** DUPLICATE ***

INV NO: DATE: 26NOV14 PAGE: 2

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT 1 303 801 2147. PLEASE QUOTE ACCESS CODE 2ECO OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.