

Official Administrator and Executive Expense Report

Name Noela Inions
Title Ethics & Compliance Officer
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	803	32	202	65	1,102			
Total			\$ 803	\$ 32	\$ 202	\$ 65	\$ 1,102	\$ -	\$ -	\$ -

Total for the Month \$ 1,102

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 169
 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

Out-Travel
Att

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: 4-Nov-14 To 6-Nov-14
 Travel Period from: 4-Nov-14 To 6-Nov-14 (if applicable)
 Out-of-Province Travel Yes

Name: Noela Inions

Location: [Redacted]

Dept: Ethics

DOFA Level: [Redacted]

Position (Title):

Chief Ethics and Compliance Officer

Employee # (E-People): [Redacted]

Union: [Redacted]

Business Phone: [Redacted]

Ext: [Redacted]

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0006	7110550008	1,102.14
2B				
2C				
2D				
				1,102.14

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense

TOTAL REIMBURSEMENT

Total Section B	1,102.14
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	1,102.14

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

**User to enter Coding & \$ Amounts

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

SECTION F: AUTHORIZATION

I attest 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 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: [Signature]

Date: 25-Nov-14

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

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 above.

Approved By (PRINT ONLY): Robert Armstrong

Signature: [Signature]

DOFA Level: [Redacted]

Position #: [Redacted]

Title: VP, HR (Acting)

Phone #: [Redacted]

Date: [Redacted]

Approved By (PRINT ONLY):

Signature: [Redacted]

DOFA Level: [Redacted]

Position #: [Redacted]

Title: [Redacted]

Phone #: [Redacted]

Ext: [Redacted]

Date: [Redacted]

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 0006 71110550008	Emp # (E-People) [REDACTED]	Page 2A
<i>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.</i>		

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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	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						
4-Nov-14	Travel to Toronto to attend the Conference Board of Canada Corporate Ethics Management Council meeting (Nov. 4-5)	ON	Conf	Yes	L-\$11.60	\$11.60			\$802.36	\$202.43	\$65.00			
5-Nov-14	Attendance at the Conference Board of Canada Corporate Ethics Management Council meeting (Nov. 4-5)	ON	Conf	Yes	D-\$20.75	\$20.75								
SUBTOTALS							\$32.35		\$802.36	\$202.43	\$65.00			Total Kms

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column</p> <p align="center">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></p>	<p align="center">Enter \$0.505 km, \$0.47 km <u>OR</u> rate per Union Agreement <i>(see Mileage details to the left)</i></p>						
<p align="center">Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Mileage \$</td> <td style="width:20%;"></td> </tr> <tr> <td>Travel \$ Subtotal</td> <td align="right">\$1,102.14</td> </tr> <tr> <td>Auto fills on page 1 - TOTAL TRAVEL \$</td> <td align="right">\$1,102.14</td> </tr> </table>		Mileage \$		Travel \$ Subtotal	\$1,102.14	Auto fills on page 1 - TOTAL TRAVEL \$	\$1,102.14
Mileage \$							
Travel \$ Subtotal	\$1,102.14						
Auto fills on page 1 - TOTAL TRAVEL \$	\$1,102.14						

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)



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Print eTicket

eTicket Receipt

Prepared For
 INIONS/NOELA [REDACTED]

[TICKET EXCHANGED]

WESTJET RESERVATION CODE
 ISSUE DATE
 TICKET NUMBER
 ISSUING AIRLINE
 ISSUING AGENT
 FREQUENT FLYER NUMBER

[REDACTED]
 27Oct2014
 [REDACTED]
 WESTJET
 WestJet/MJG
 [REDACTED]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
04Nov	WESTJET WS 428	EDMONTON INTL AB. CANADA Time 7:00am	TORONTO ON. CANADA Time 12:46pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance NIL Booking Status EXCHANGED Fare Basis MC05T Not Valid Before 04 NOV Not Valid After 04 NOV
08Nov	WESTJET WS 443 Operated by: WESTJET	TORONTO ON. CANADA Time 7:00pm	EDMONTON INTL AB. CANADA Time 9:13pm	Class ECONOMY Seat Number 07A - (WAIVED) Baggage Allowance NIL Booking Status USED TO FLY Fare Basis MC10T Not Valid Before 08 NOV Not Valid After 08 NOV

Payment/Fare Details

Form of Payment	CREDIT CARD - VISA [REDACTED]
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YEA WS YTO346.00WS YEA301.00CAD647.00END
Fare	CAD 647.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE) CAD 36.86 XG (GOODS AND SERVICES TAX (GST)) CAD 3.25 RC1 (HARMONIZED SALES TAX (HST)) CAD 55.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))

	CAD 46.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
Total Fare	CAD 802.36
Additional Fees not included in Fare	CAD 0.00 - YYZ YEG - (SEAT FEE)

Positive identification required for airport check in

Notice:

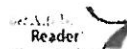
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- [Positive identification](#) is required at check-in, ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
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 - [ID requirements](#) (For adults, children and infants on domestic, transborder and international flights)
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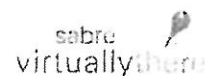
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PANTACORS

Ms Noela Inions
Canada

Room Number : [REDACTED]
Arrival Date : 04-11-14
Departure Date : 06-11-14
Page : 1 of 1
Confirmation : [REDACTED]
CRS No. : [REDACTED]
Folio No. : [REDACTED]

Group Code : [REDACTED]
Company Name : [REDACTED]

06-11-14

Date	Description	Charges	Credits
05-11-14	Retailed Non Qualified	169.00	
05-11-14	HAF Rooms	10.14	
05-11-14	HST Rooms	21.97	
05-11-14	HST Rooms	1.32	
06-11-14	Visa		202.43
Total		202.43	202.43
Balance		0.00	CAD

HST Registration # 863388880-RT0002

HST Room	HST F&B	HAF	Total
\$23.29	\$0.00	\$0.00	\$ 23.29

I agree to remain personally liable for the payment of this account if the corporation or other third party fails to pay part or all of these charges.

Guest Signature:

CITY TAXI
130 WESTMONT DR U219
ETOBICOKE ON
(416) 741-2272

TERMINAL ID: 000250000023650479903
MERCHANT #: 8023650479

UTSA [REDACTED] SRU: 01
CHIP

EMV SALE
BATCH: [REDACTED] INU: [REDACTED]

Nov 04, 2014 17:28

ORIGINAL TRANSACTION TIME: 17:27

UTSA

ATD: A0000000031010

TUR: 00 00 00 00 00

TST: F0 00

TC: CCE497439EE319F5

AUTH: [REDACTED]

RECORD: 11

TOTAL \$65.00

APPROVE [REDACTED]

NOELA INTIONS

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S AGREEMENT WITH
CARDHOLDER

THANK YOU [REDACTED]
VER 4.1
WWW.SECUTRANS.CA

CUSTOMER COPY

*Taxi from airport +
to hotel*



Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy
- Pre-Approval form MUST be attached to the actual expense claim

Employee Information					
First Name Noela		Last Name Inions		Employee Number [REDACTED]	
Phone Number [REDACTED]			Reports To Robert Armstrong		
Department Ethics and Compliance			Office Location SSP		
Travel Details					
Purpose of Trip Attend Meeting of Corporate Ethics Management Counsel (Conference Board of Canada)					
Destination Toronto ON		From 4-Nov-2014		To 5-Nov-2014	
Finance Coding / Accounting Distribution					
Corp/BU/Org 101		Location / Site 0006		Functional Centre / Primary 71110550008	
Project Coding					
Project	Task	Expense Type		Expense Org	
Estimate of Expenses					
Category		Description			Amount
Accommodation Charge		Pantages (Conference Hotel rate) (\$169/night x 1 night)			\$202.43
Meals		1 lunch (Nov. 4) and 1 dinner (Nov. 5) per diem			\$35.00
Registration		Not applicable			\$0.00
Airfare		WestJet (airfare of \$647 plus tax, etc.)			\$802.36
Taxi/Rental Car/Fuel/Parking/Bus/LRT		Return travel from TO airport to hotel (@ \$60.00 each way)			\$120.00
Other Expenses (please specify)		Incidentals			\$100.00
		Currency <input checked="" type="checkbox"/> CDN <input type="checkbox"/> USD <input type="checkbox"/> OTHER			\$1,259.79
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$1,259.79
*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					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)					
Employee Signature 			authorization table		
Approved by (Print Name) Noela Inions		Signature 	Date (dd-Mon-yyyy) 5-Nov-2014	Phone Number [REDACTED]	
Approved by (Print Name) Robert Armstrong		Signature 	Date (dd-Mon-yyyy) 3-Nov-2014	Phone Number [REDACTED]	
Title VP, Human Resources (Acting)			Position Number [REDACTED]	DOFA Level [REDACTED]	
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number	
Title			Position Number	DOFA Level	

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