

Official Administrator and Executive Expense Report

Name Dr. Paul Grundy
Title SMD & Chief Program Officer Cancer Control Alberta
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-14	Expense Claim	Meetings & Conference				211	211			-
Jul-14	Direct Billing	Meetings	1,326				1,326			
Total			\$ 1,326	\$ -	\$ -	\$ 211	\$ 1,537	\$ -	\$ -	\$ -

Total for the Month \$ 1,537

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: 21-Jun-14 To 20-Jul-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Dr. Paul Grundy Position (Title): CPO & SrMD CancerControl Alberta
 Location: Sun life Place Dept: CancerControl DOFA Level: _____
 Employee # (E-People): _____

SECTION E: FINANCIAL 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0000	71110000012	\$211.45					
2B									
2C									
2D									
				\$211.45					

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

TOTAL REIMBURSEMENT	
Total Section B	\$211.45
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$211.45

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: *Paul Grundy* Date: 24-Jul-14

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): Rick Trimp DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: *Rick Trimp* Title: VP, Province Wide clinical Supports, Date: 7/28/14

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): _____ 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 0000 7111000012

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-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?	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							
24-Jun-14	Dr. Grundy attended the Kids with Cancer Society Annual General Meeting and parked at the University of Alberta	AB - Local	Meeting	Yes								\$7.50 <i>(1)</i>			
4-Jul-14	Dr. Grundy traveled to Medicine Hat to attend meetings with Dr Foley and Dr Villanueva at the Magery E. Yuill Cancer Centre. Dr. Grundy took a taxi from the airport to the Cancer Centre.	AB - Provinc	Meeting	Yes								\$9.20 <i>(2)</i>			
4-Jul-14	Dr. Grundy parked his car at the Edmonton International Airport for the day while he was in Medicine Hat	AB - Provinc	Meeting	Yes								\$25.00 <i>(3)</i>			
15-Jul-14	Dr. Grundy traveled to Red Deer by car to attend Updates and Connections with CancerControl meeting and parked at the Red Deer Regional Hospital.	AB - Provinc	Meeting	Yes								\$4.00 <i>(4)</i>		300.00	
16-Jul-14	Dr. Grundy attended the Pharma Matrix (Cathon/AHS) meeting at the Cross Cancer Institute	AB - Local	Meeting	Yes								\$14.25 <i>(5)</i>			
SUBTOTALS												\$9.20	\$50.75		Total Kms 300.00

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 \$ \$151.50

Travel \$ Subtotal \$59.95

Auto fills on page 1 - TOTAL TRAVEL \$ \$211.45

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)

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: **Dr. Paul Grundy**

Reporting Period for the Month of: **July 2014**

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-06-26	Direct Billing	Transportation	Dr. Grundy attended the following meetings in Calgary on July 10-11, 2014, Search & Selection Cte meeting - JACC MO, Call Linda Watson CPAC, Call Stephen	Marlin Travel	\$411.96

			Lawrence, CPAC and Provincial Cancer Agency/Program Council, Sr Med Leader Comp Meeting, Pediatric Cancer Council, Alberta Radio Pharmaceutical Centre Governance Model Discussion		
2014-07-07	Direct Billing	Transportation	Dr. Grundy trip to Calgary on July 10-11, 2014, was canceled and the airline ticket was changed (Marlin Travel only charged the change fee) to Dr. Grundy going to Calgary on July 31, 2014 for Speaking to 4th year nursing students and a meeting with Dr. Barry Bultz	Marlin Travel	\$100.00
2014-07-08	Direct Billing	Transportation	Dr. Grundy is flying to Ottawa ON on August 19 to a meeting of the Tribunal Council for the Canadian Nuclear Safety Commission plus his hotel room in Ottawa	Marlin Travel	\$813.96
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$1325.92

Airport → Hospital ✓

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET
RECEIPT GST # R108102831

CARE CABS #81
403-529-2211 T1A3A4
MEDICINE HAT AB
21280701

EXPIRATION DATE 24/06/14
EXPIRATION TIME 05:56 PM

DATE ISSUED 24/06/14
TIME ISSUED 04:26 PM
AMOUNT PAID \$ 7.50

07-04-2014 PURCHASE 10:12:32

AMOUNT PAID \$ 7.50
84930000 04:26 PM

CREDIT CARD NUMBER
LOT 84

Name: DR GRUNDY
A0000000031010 VISA

1823241



1823241



FV2128070103

RRR 001759004

Purchase \$8.00
Tip \$1.20
Total \$9.20

Sub Total \$23.81
Tax 5% 1.19
Total \$25.00
Payment Received \$25.00

GST # R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCAS%
Exit Lane 04/07/14 18:52
Receipt 011635
Short-term parking tkt
HL - No. 080566
04/07/14 06:19 -
05/07/14 06:18 -
Period 1d0h0'

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

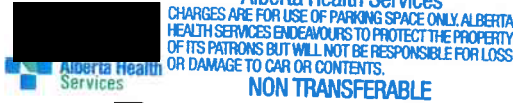
DATE ISSUED TIME ISSUED AMOUNT PAID

15/07/14 03:42 PM

15/07/14 01:42 PM \$ 4.00

AMOUNT PAID \$ 4.00
73310000 01:42 PM

CREDIT CARD NUMBER
CC



LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

DATE ISSUED TIME ISSUED AMOUNT PAID

17/07/14 08:42 AM

16/07/14 08:42 AM \$14.25

AMOUNT PAID \$14.25
76480000 08:42 AM

CREDIT CARD NUMBER
CC



MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

[REDACTED]

June 26, 2014

1/2

[REDACTED]

INVOICE

For

DR PAUL GRUNDY

AC

[REDACTED]

Thursday, July 10, 2014

Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8155 G CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:22 PM

Mile(s) Flown: 153

[REDACTED]

Hotel

Check In: 10Jul2014 12:00 AM

Check Out: 11Jul2014 12:00 AM

CALGARY AB

DELTA HOTELS

DELTA CALGARY AIRPO

2001 AIRPORT RD NORTHEAST

CALGARY

CA

ABT2E 6Z8

Tel:

Fax:

Confirmation:

[REDACTED]

Rooms 1

1 Nights(s)

NQS

Rate: 149.00 CAD

per Night

Guaranteed for late arrival

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

Invoice Number: 10706
Date: June 26, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Friday, July 11, 2014

 Air

AIR CANADA
From: CALGARY AB Flight: 8156 G CLASS
To: EDMONTON INTL AB 06:00 PM Equipment: CRJ JET
Stops: 0 06:48 PM Mile(s) Flown: 153
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	337.00
	Tax:	74.96
	Ticket Total:	411.96

Total:

Grand Total:	411.96
Less Credit Card Payments:	411.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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.
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
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: July 7, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Thursday, July 31, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8155 G CLASS
07:30 PM **Equipment:** D8 (300 SERIES)
08:22 PM **Mile(s) Flown:** 153

Friday, August 1, 2014


 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8154 G CLASS
05:00 PM **Equipment:** D8 (300 SERIES)
05:51 PM **Mile(s) Flown:** 153

Cost:
AIR CANADA W [REDACTED] [REDACTED] 100.00

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

Invoice Number: 11024
Date: July 7, 2014
Page: 2/2
Our Reference: 
Your Reference:

INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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
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MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: July 8, 2014
Page: 1/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY
AC [REDACTED]

Monday, August 18, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: TORONTO PEARSON
Stops: 0

Flight: 154 G CLASS
05:45 PM Equipment: A320
11:19 PM

Mile(s) Flown: 1676

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 12C

Tuesday, August 19, 2014

 Air

AIR CANADA
From: TORONTO PEARSON
To: OTTAWA ON
Stops: 0

Flight: 472 G CLASS
12:30 AM Equipment: E90
01:33 AM

Mile(s) Flown: 226

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 12C

 Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0

Flight: 143 G CLASS
06:15 PM Equipment: E90
08:39 PM

Mile(s) Flown: 1776

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

Invoice Number: 11067
Date: July 8, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Tuesday, August 19, 2014

AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 12C



Hotel

Check In: 19Aug2014 12:00 AM
Check Out: 20Aug2014 12:00 AM
OTTAWA ON
DELTA HOTELS
DELTA OTTAWA CITY C
101 LYON ST N
OTTAWA
CA
ONK1R 5T9
Tel: [REDACTED]
Fax: [REDACTED]
Confirmation: [REDACTED]

Rooms 1
1 Nights(s)

DELUXE ONE KING BED
Rate: 157.00 CAD per Night
Guaranteed for late arrival

Cost:

AIR CANADA	[REDACTED]	[REDACTED]	742.00
		Tax:	71.96
		Ticket Total:	813.96

Total:

Grand Total:	813.96
Less Credit Card Payments:	813.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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.

To: ALBERTA HEALTH SERVICES
), NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:

July 8, 2014

Date:

Page:

3/3

Our Reference:

Your Reference:

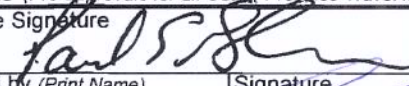
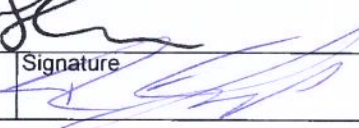
INVOICE

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
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24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

[Travel Policy](#)

Employee Information					
First Name Paul	Last Name Grundy	Employee Number [REDACTED]			
Phone Number [REDACTED]		Reports To Rick Trimp			
Department CancerControl Alberta (CCA)		Office Location [REDACTED]			
Travel Details					
Purpose of Trip Dr. Grundy to present to the tribunal of the Canadian Nuclear Safety Commission (the Commission) in Ottawa on August 19th and 20th. To give an update to the Commission on the misplaced source incident of April 2, 2014 at Cross Cancer Institute					
Destination Ottawa ON		From Monday, August 18, 2014	To Wednesday, August 20, 2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0000	Functional Centre / Primary 71110000012			
Project Coding					
Project	Task	Expense Type	Expense Org		
Estimate of Expenses					
Category	Description	Amount			
Accommodation Charge	Two night stay in Delta Ottawa City Centre, Ottawa	\$428.32			
Meals	All meal per diems for two days; Mon 18 - Tues 19 (\$41.55 x2)	\$83.10			
Registration		\$0.00			
Airfare	See attached print out for estimate as of June 27/2014	\$850.09			
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Parking at the Edmonton Airport	\$50.00			
Other Expenses (please specify)					
		Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER		\$1,411.51	
Total Estimated Travel Costs		* Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$1,411.51
*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) authorization table					
Employee Signature 		Date (dd-Mon-yyyy) 27-06-2014	Phone Number [REDACTED]		
Approved by (Print Name) Rick Trimp	Signature 	Date (dd-Mon-yyyy) 02/07/2014	Phone Number [REDACTED]		
Title Vice President, Province Wide Clinical Support Programs and Services	Signature	Position Number [REDACTED]	DOFA Level [REDACTED]		
Approved by (Print Name)	Signature	Date (dd-Mon-yyyy)	Phone Number		
Title	Signature	Position Number	DOFA Level		

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.