

## Official Administrator and Executive Expense Report

**Name** Rick Trimp  
**Title** VP, Province-Wide Clinical Supports, Programs & Services  
**Location** Calgary  
 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	P-Card	Meetings	1,204		898	81	2,183	998		
Jul-14	Expense Claim	Meetings		173			173			
<b>Total</b>			<b>\$ 1,204</b>	<b>\$ 173</b>	<b>\$ 898</b>	<b>\$ 81</b>	<b>\$ 2,356</b>	<b>\$ 998</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 3,354

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 174  
 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

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

TRIMP, RICK	VICE PRESIDENT	Billing Reporting Period	20/07/2014
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount	\$3,180.61
PROVINCE-WIDE CLINICAL	CALGARY SOUTHPORT TOWER		
Cardholder's Dept	Cardholder's Site/Location		
RICK.TRIMP@ALBERTAHEALTHSERVICES.CA		Last 5 digits of the P-Card #	██████████
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 24/06/2014	356200361	ADV PARKING00600007A, AUTOMOBILE PARKING LOTS AND GARAGES	6.50	CAD	6.50	00		00 Parking - Delta/Edm City Centre Parkade - Lab Vendor Pres Jun 24-27 Lab RFP Mtgs
② 25/06/2014	356317952	ADV PARKING00600007A, AUTOMOBILE PARKING LOTS AND GARAGES	6.50	CAD	6.50	00		00 Parking - Delta/Edm City Centre Parkade - Lab Vendor Pres Jun 24-27 Lab Core Team Meeting
③ 25/06/2014	356687666	DELTA EDMONTON CENTRE, DELTA HOTELS	781.40	CAD	781.40	00		Hotel - Lab Vendor Pres Jun 24-27, Lab RFP mtgs
④ 28/06/2014	356485289	AIR CAN 0142136083920, AIR CANADA	226.93	CAD	226.93	00		00 Return Flight Edm to Cal Jun 27-Lab Vendor Pres Jun 24-27 Lab Project Mtgs
⑤ 27/06/2014	356687667	DELTA EDMONTON CENTRE, DELTA HOTELS	-195.35	CAD	-195.35	00		Hotel - 1 night charge reversed Stay was for 3 nights only
⑥ 03/07/2014	357148873	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	58.90	CAD	58.90	2.80		00 Taxi - Calgary Airport to home Lab mtgs in Edm
⑦ 04/07/2014	357386505	AIR CAN 0142136370064, AIR CANADA	454.91	CAD	454.91	00		00 Flight - Calg to Edm/return July 9-10 -Mtg with DM re Lab Project
⑧ 08/07/2014	357625852	AIR CAN 0142136493206, AIR CANADA	14.70	CAD	14.70	00		00 Additional Fare-return flight change fr Jul 10 to Jul 11 to attend Ministers Mtg RE Calgary Cancer Project
⑨ 08/07/2014	357625853	AIR CAN 0142136493206, AIR CANADA	52.50	CAD	52.50	00		00 Change Fee - Return flight changed fr Jul 10 to Jul 11 due to mtg with Ministers
⑩ 11/07/2014	357825010	ADV PARKING00600007A, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	00		00 Parking receipt (for fleet vehicle) - Edm City Centre Parking -Ministers Mtg -Calgary Cancer Project
⑪ 11/07/2014	358073266	DELTA EDMONTON CENTRE, DELTA HOTELS	312.12	CAD	312.12	00		Hotel -2 nights -Jul 9-11 -Mtgs with Ministers and Deputy Minister Lab & Cancer Projects
⑫ 14/07/2014	358173217	AIR CAN 0142136684054, AIR CANADA	232.18	CAD	232.18	00		00 Flight -Cal to Edm July 21 -Lab Townhall Session Exec Team Mtg
⑬ 15/07/2014	358295394	AIR CAN 0142136725653, AIR CANADA	222.73	CAD	222.73	00		00 Flight Jul 22 Edm to Cal -Lab RFP Townhall Mtg, Exec Team mtg
⑭ 16/07/2014	358295393	OCAPT BUSINESS BOOKS, BOOKS, PERIODICALS AND NEWSPAPERS	997.59	CAD	997.59	47.50		00 Staff Development - Books for distribution to staff

<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre</li> </ul>		
<p><u>Patricia Novomy</u> Name of Cardholder/Designate</p> <p><u>Patricia Novomy</u> Signature of Cardholder Designate</p>	<p><u>Exec. Admin. Assst</u> Cardholder Designate Position/Title</p> <p><u>July 21 2014</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• 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. A personal cheque for any personal expenses inadvertently charged is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>TRIMP RICK</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT</u> Cardholder Position/Title</p> <p><u>July 23 2014</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• 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. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• 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. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>Deborah Rhodes</u> Signature of Approver</p>	<p><u>Acting CFO</u> Approver Position/Title</p> <p><u>July 28 /14</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

1

Parking - June 24  
Edmonton City Centre Parking  
Lab Vendor Presentations June 24-27

ADV PARKING00600007A  
10231 - 103 STREET  
EDMONTON, AB T5J4C9  
7809095466

MERCHANT ID: [REDACTED] TERM ID: 102

**SALE**

[REDACTED]

MASTERCARD ENTRY METHOD: CHIP  
06/24/14 06:34:51  
INV #: [REDACTED] APPR CODE: [REDACTED]  
BATCH #: [REDACTED]  
REF #: [REDACTED]

AMOUNT **\$6.50**

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TUR: 00 00 00 80 00  
TSI: E8 00

Parking - July 25  
Delta/Edmonton City Centre Parking  
Lab Vendor Presentations June 24-27  
Lab Core Team Meeting

Edmonton City Centre West  
Managed by Advanced Parking

Rcpt# [REDACTED]  
05/25/14 06:24 LH 2 AN 2 Txn# [REDACTED]  
06/24/14 19:17 In 06/25/14 06:24 Out  
Regular Rate \$ 6.19  
Total Tax \$ 0.31  
Total Fee \$ 6.50  
MASTERCARD \$ 6.50-  
[REDACTED]  
Change Due \$ 0.00  
GST 122014491RT0003

ADV PARKING00600007A  
10231 - 103 STREET  
EDMONTON, AB T5J4C9  
7809095466

MERCHANT ID: [REDACTED]

SALE

[REDACTED]  
MASTERCARD ENTRY METHOD: CHIP  
06/25/14 06:25:55  
INV #: [REDACTED] APPR CODE: [REDACTED]  
BATCH #: [REDACTED]  
REF #: [REDACTED]

AMOUNT \$6.50

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A000000041010  
TUR: 00 00 00 80 00  
TSI: EB 00

(3) (5)

  
**DELTA**  
 EDMONTON CENTRE  
 SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5  
 Tel: 780-429-3900 Fax: 780-426-0562

AB HEALTH SERVICES  
 Mr Rick Trimp

[Redacted Address]

Canada

Room: [Redacted]  
 Folio: [Redacted]  
 Cashier: [Redacted]  
 Arrival: 06-23-14  
 Departure: 06-25-14

Date	Description	Additional Information	Charges	Credits
06-23-14	Room charge		174.00	
06-23-14	Room - GST		8.96	
06-23-14	Room - Tourism Levy		7.17	
06-23-14	Room - Destination Mkt. Fee		5.22	
06-24-14	Room charge		174.00	
06-24-14	Room - GST		8.96	
06-24-14	Room - Tourism Levy		7.17	
06-24-14	Room - Destination Mkt. Fee		5.22	
06-25-14	Room charge		174.00	
06-25-14	Room - GST		8.96	
06-25-14	Room - Tourism Levy		7.17	
06-25-14	Room - Destination Mkt. Fee		5.22	
06-25-14	Mastercard	[Redacted]		781.40 (3)
06-25-14	Mastercard	[Redacted]		-195.35 (5)
<b>Total</b>			<b>586.05</b>	<b>586.05</b>
<b>Balance Due</b>			<b>0.00</b>	<b>CDN</b>

GST Summary	
Registration No:	899111215
Room	26.88
F&B	0.00
Other	0.00
<b>Total</b>	<b>26.88</b>

Hotel - 3 nights  
 Lab Vendor Presentations June 24-27  
 Lab RFP Meetings

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



4

Booking Information

Booking Reference: [Redacted]

Customer Care

Air Canada  
1-888-247-2262

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Flight Arrivals and Departures  
1-888-422-7533

Main Contact:  
Mr Rick A Trimp  
rick.trimp@albertahealthservices.ca  
Mobile [Redacted]  
Home [Redacted]  
Work [Redacted]

Return Flight - June 27  
Lab Vendor Presentations June 24-27  
Lab RFP Meetings

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8153 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Fri 27-Jun 2014 18:00	Calgary (YYC) Fri 27-Jun 2014 18:49	0	0hr49	DH4	Flex, V	

Operated by:  
1 Air Canada Express - Jazz

Passenger Information

1: Mr Rick A Trimp : Adult (16+), Ticket Number: [Redacted]

Air Canada - Aeroplan : [Redacted] Meal Preference: None  
Payment Card: [Redacted] Special Needs: None  
Seat Selection: AC8153 11F

Purchase Summary

Fare Summary	Adult
Passenger Type	
<b>Air Transportation Charges</b>	
Departing Flight - Flex	172.00
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.81
Air Travellers Security Charge (ATSC)	7.12
<b>Total airfare and taxes before options (per passenger)</b>	<b>226.93</b>
Number of passengers	1
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$226.93</b>

Payment Information

Credit/Debit Card: [Redacted] Amount paid: \$226.93  
The following charges (tax inclusive) will appear on your credit or debit card statement:  
• Air Canada: \$226.93 (Airfare - per ticket)

Ticket number(s): [Redacted]

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Flex

- Changes:
  - Prior to day of departure - Change fee per direction, per passenger, is \$50 CAD plus

6

Taxi - June 27 -Airport to home  
Edmonton Lab meetings - June 24-27

ASSOCIATED CAB AIRTELTD  
307 - 41 AVE NE (43) 290 111  
INSIST ON THE PROFESSIONALS

DATE: 2014/06/27  
PICK-UP TIME: 19:18  
DROP-OFF TIME: 19:35  
TRIP ID: 0  
LOCATION: 073000 15024193707  
CAR NUMBER: [REDACTED]  
DRIVER: [REDACTED]  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$) : 51.90  
EXTRA (\$) : 0.00  
SUBTTL (\$) : 51.90

TIP (\$) : 7.00

TOTAL (\$) : 58.90

SIGNATURE: \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY





**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



## Booking Information

Booking Reference: [REDACTED]

### Customer Care

**Air Canada**  
1-888-247-2262

**Flight Arrivals and Departures**  
1-888-422-7533

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

#### Main Contact:

Mr Rick A Trimp  
rick.trimp@albertahealthservices.ca  
Mobile: [REDACTED]  
Home: [REDACTED]  
Work: [REDACTED]

Flight - July 9-10  
Calgary to Edmonton/Return  
Meeting with Deputy Minister  
RE: Lab Project

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8156 <sup>1</sup>	<b>Calgary (YYC)</b> Wed 09-Jul 2014 18:00	<b>Edmonton, Edmonton Int'l (YEG)</b> Wed 09-Jul 2014 18:48	0	0hr48	CRJ	Flex, V	
AC8155 <sup>1</sup>	<b>Edmonton, Edmonton Int'l (YEG)</b> Thu 10-Jul 2014 19:30	<b>Calgary (YYC)</b> Thu 10-Jul 2014 20:22	0	0hr52	DH3	Flex, W	

Operated by:  
1 Air Canada Express - Jazz

## Passenger Information

**1: Mr Rick A Trimp : Adult (16+), Ticket Number:** [REDACTED]

Air Canada - Aeroplan : [REDACTED] Meal Preference: **None**  
Payment Card: [REDACTED] Special Needs: **None**  
Seat Selection: AC8156 2A , AC8155 6F

## Purchase Summary

### Fare Summary

Passenger Type	Adult
<b>Air Transportation Charges</b>	
Departing Flight - Flex	<b>172.00</b>
Return Flight - Flex	<b>163.00</b>
Surcharges	24.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	21.66
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	<b>454.91</b>
Number of passengers	1
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$454.91</b>

### Payment Information

**Credit/Debit Card** [REDACTED] Amount paid: **\$454.91**  
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$454.91 (Airfare - per ticket)

Ticket number(s): [REDACTED]

## Fare Rules

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



8, 9

Booking Information

Booking Reference: [Redacted]

Customer Care

Air Canada  
1-888-247-2262

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Flight Arrivals and Departures  
1-888-422-7533

Main Contact:  
Mr Rick Trimp  
rick.trimp@albertahealthservices.ca  
Mobile: [Redacted]  
Home: [Redacted]  
Work: [Redacted]

Additional Fare & Change Fee  
Return flight changed  
from July 10 to July 11 to attend  
Ministers meeting  
RE: Calgary Cancer Centre

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8156 <sup>1</sup>	Calgary (YYC) Wed 09-Jul 2014 18:00	Edmonton, Edmonton Int'l (YEG) Wed 09-Jul 2014 18:48	0	0hr48	CRJ	Flex, V	
AC8139 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Fri 11-Jul 2014 10:00	Calgary (YYC) Fri 11-Jul 2014 10:49	0	0hr49	DH4	Flex, V	

Operated by:  
1 Air Canada Express - Jazz

Passenger Information

1: Mr Rick Trimp : Adult (16+), Ticket Number: [Redacted]

Air Canada - Aeroplan : [Redacted] Meal Preference: Regular  
Payment Card: [Redacted] Special Needs: None  
Seat Selection: AC8156 2A , AC8139 9F

Additional charges and/or refund summary

Passenger Type	Additional charges
Adult	
<b>Air Transportation Charges</b>	
Airfare (includes Surcharges)	14.00
<b>Taxes, Fees and Charges</b>	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.70
Total Additional Fare	14.70
<b>Extra Charges (Change Fee)</b>	
Change Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	2.50
Total Extra Charge (Change Fee)	52.50
Number of passengers	1
<b>Grand Total - Canadian dollars</b>	<b>\$67.20</b>

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Payment Information

Credit/Debit Card [Redacted] Amount paid: \$67.20  
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$14.70 (Airfare)
- Air Canada: \$52.50 (Change Fee per ticket)

Ticket number(s): [Redacted]

10

Parking for fleet vehicle - July 11  
Edmonton City Centre Parking  
Meeting with Minister  
re: Calgary Cancer Project

ADV PARKING00600007A  
10231 - 103 STREET  
EDMONTON, AB T5J4C9  
7809095466

MERCHANT ID: [REDACTED] TERM ID: [REDACTED]

**SALE**

[REDACTED]

MASTERCARD ENTRY METHOD: CHIP  
07/11/14 06:57:10  
INV #: [REDACTED] APPR CODE: [REDACTED]  
BATCH #: [REDACTED]  
REF #: [REDACTED]

AMOUNT **\$9.00**

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TUR: 00 00 00 00 00  
TEL: 88 00



**DELTA**  
EDMONTON CENTRE  
SUITE HOTEL

11

10222 - 102 Street, Edmonton, Alberta T5J 4C5  
Tel: 780-429-3900 Fax: 780-426-0562

GOVT SK  
Mr Rick Trimp

[Redacted]

Canada

Room: [Redacted]  
Folio: [Redacted]  
Cashier: [Redacted]  
Arrival: 07-09-14  
Departure: 07-11-14

Date	Description	Additional Information	Charges	Credits
07-09-14	Room Charge		139.00	
07-09-14	Room - GST		7.16	
07-09-14	Room - Tourism Levy		5.73	
07-09-14	Room - Destination Mkt. Fee		4.17	
07-10-14	Room Charge		139.00	
07-10-14	Room - GST		7.16	
07-10-14	Room - Tourism Levy		5.73	
07-10-14	Room - Destination Mkt. Fee		4.17	
07-11-14	Mastercard	[Redacted]		312.12

Total	312.12	312.12
Balance Due	0.00	CDN

GST Summary	
Registration No:	899111215
Room	14.32
F&B	0.00
Other	0.00
<b>Total</b>	<b>14.32</b>

Hotel - 2 nights  
Meeting with Ministers & Deputy Minister  
RE: Cancer & Lab Projects

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



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## Booking Information

Booking Reference: [REDACTED]

### Customer Care

**Air Canada**  
1-888-247-2262

**Flight Arrivals and Departures**  
1-888-422-7533

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Mr Rick A Trimp  
rick.trimp@albertahealthservices.ca  
Mobile: [REDACTED]  
Home: [REDACTED]  
Work: [REDACTED]

Flight July 21 - Calgary to Edmonton  
Lab Townhall Meeting  
Executive Leadership Team Meeting

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8134 <sup>1</sup>	<b>Calgary (YYC)</b> Mon 21-Jul 2014 08:30	<b>Edmonton, Edmonton Int'l (YEG)</b> Mon 21-Jul 2014 09:20	0	0hr50	DH4	Flex, V	

Operated by:  
1 Air Canada Express - Jazz

## Passenger Information

**1: Mr Rick A Trimp : Adult (16+), Ticket Number:** [REDACTED]

Air Canada - Aeroplan : [REDACTED] Meal Preference: **None**  
Payment Card: [REDACTED] Special Needs: **None**  
Seat Selection: AC8134 **8A**

## Purchase Summary

Fare Summary		Adult
Passenger Type		
<b>Air Transportation Charges</b>		
Departing Flight - Flex		<b>172.00</b>
Surcharges		12.00
<b>Taxes, Fees and Charges</b>		
Canada Airport Improvement Fee		30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)		11.06
Air Travellers Security Charge (ATSC)		7.12
Total airfare and taxes before options (per passenger)		<b>232.18</b>
Number of passengers		1
Travel Insurance (declined)		0.00
<b>Grand Total - Canadian dollars</b>		<b>\$232.18</b>

## Payment Information

**Credit/Debit Card** [REDACTED] Amount paid: **\$232.18**  
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$232.18 (Airfare - per ticket)

Ticket number(s): [REDACTED]

## Fare Rules

**Departing Flight** Calgary (YYC) To Edmonton (YEG) - **Flex**

- Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus

13

**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



## Booking Information

Booking Reference: [REDACTED]

### Customer Care

**Air Canada**  
1-888-247-2262

**Flight Arrivals and Departures**  
1-888-422-7537

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Mr Rick A Trimp  
rick.trimp@albertahealthservices.ca  
Mobile: [REDACTED]  
Home: [REDACTED]  
Work: [REDACTED]

Return Flight July 22 - Edmonton to Calgary  
Lab Townhall Meeting  
Executive Leadership Team Meeting

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8153 <sup>1</sup>	<b>Edmonton, Edmonton Int'l (YEG)</b> Tue 22-Jul 2014 18:00	<b>Calgary (YYC)</b> Tue 22-Jul 2014 18:49	0	0hr49	DH4	Flex, W	

Operated by:  
1 Air Canada Express - Jazz

## Passenger Information

1: **Mr Rick A Trimp : Adult (16+), Ticket Number:** [REDACTED]

Air Canada - Aeroplan : [REDACTED] Meal Preference: **None**  
Payment Card: [REDACTED] Special Needs: **None**  
Seat Selection: **AC8153 9F**

## Purchase Summary

Fare Summary	Adult
Passenger Type	
<b>Air Transportation Charges</b>	
Departing Flight - Flex	<b>163.00</b>
Surcharges	12.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.61
Air Travellers Security Charge (ATSC)	7.12
<b>Total airfare and taxes before options (per passenger)</b>	<b>222.73</b>
Number of passengers	1
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$222.73</b>

## Payment Information

**Credit/Debit Card** [REDACTED] Amount paid: **\$222.73**  
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$222.73 (Airfare - per ticket)

Ticket number(s): [REDACTED]

## Fare Rules

**Departing Flight** Edmonton (YEG) To Calgary (YYC) - **Flex**

- Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus

# OCAPT Business Books

539 Turner Drive  
Burlington, Ontario L7L 2W8  
Canada

# INVOICE

Invoice No.: [REDACTED]

Date: 07/09/2014

Ship Date: 07/16/2014

Page: 1

Re: Order No. [REDACTED]

Sold to:

Alberta Health Services RV



Ship to:

Alberta Health Services RV



Staff Development  
Books purchased for distribution to staff

Business No.: 893134908RT0002

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
9781934109205	Each	17	Managing to Learn	G	59.95	1,019.15
		1	less 10% volume discount	G	-101.91	-101.91
			Freight	G		32.85
			G - GST 5%			
			GST			47.50

OCAPT BUSINESS BOOKS  
539 TURNER DR  
BURLINGTON, ON L7L2W8  
905-882-2367

Term ID: 001

Ref #: 001

Sale



TERMINAL: [REDACTED] Entry Method: Manual

07/16/14 22:19:21

Inv #: [REDACTED] Appr Code: [REDACTED]

Apprvd: [REDACTED] Batch#: [REDACTED]

CVC2 Code: MATCH M

Total: \$ 997.59

Customer Copy

Shipped By: Tracking Number:

Comment: PD BY MC - Thank you for choosing OCAPT!

Sold By:

Total Amount

997.59

**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:** No

**Name:** Rick Trimp **Position (Title):** Vice President  
**Location:** Calgary Southport Tower **Dept:** Prov-Wide Services **DOFA Level:** [REDACTED] (if applicable) **Union:** Exempt **Business Phone #:** [REDACTED] **Ext:** \_\_\_\_\_  
**Employee # (E-People):** [REDACTED]

**SECTION E: FINANCE 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	0005	71110101000	\$172.85					
2B									
2C									
2D									
				\$172.85					

**NOTE:** This section auto fills from page 2A, 2B, 2C & 2D  
**NOTE:** These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT	
Total Section B	\$172.85
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$172.85</b>

**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.

**Employee Signature:** \_\_\_\_\_ **Date:** 7/23/14

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):** Deborah Rhodes **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone #:** [REDACTED]  
**Signature:** \_\_\_\_\_ **Title:** Acting VP Corp Services **Date:** July 28/14

**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**

<b>Enter Finance Coding</b> <u>101 0005 71110101000</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Page <b>2A</b>
<i>If expenses incurred are for <b>multiple FC's</b> please use pages 2B,2C,2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT separate any taxes</b> (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!)  
 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						
23-Jun-14	Travel to Edm late afternoon - Lab vendor presentations Jun 24-27	AB	Meeting	Yes	D-\$20.75	\$20.75								
24-Jun-14	Edmonton - Lab Vendor presentation	AB	Meeting	Yes	D-\$20.75	\$20.75								
25-Jun-14	Edmonton - Lab Vendor presentation, Lab Core Team Meeting	AB	Meeting	Yes	D-\$20.75	\$20.75								
26-Jun-14	Edmonton - Lab Vendor presentation	AB	Meeting	Yes	D-\$20.75	\$20.75								
27-Jun-14	Edmonton - Lab Vendor presentation, Lab Project meetings	AB	Meeting	Yes	BD-\$29.95	\$29.95								
9-Jul-14	Edmonton - Meeting with Deputy Minister/Lab on July 10	AB	Meeting	Yes	D-\$20.75	\$20.75								
10-Jul-14	President's Speaker Series, Executive Team meetings at Foothills Medical Centre - Travel to Southport	AB	Meeting	Yes	BD-\$29.95	\$29.95								
11-Jul-14	Edmonton - Ministers Meeting - Calgary Cancer Centre	AB	Meeting	Yes	B-\$9.20	\$9.20								
<b>SUBTOTALS</b>						\$172.85								Total Kms

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

**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 <i>(see Mileage details to the left)</i>	\$0.505
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<b>Mileage \$</b>	
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**Note:** Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

<b>Travel \$ Subtotal</b>	\$172.85
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<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	\$172.85
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**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)**