

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 October 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)
Oct-14	P-Card	Meetings	464		1,244	192	1,900			
Oct-14	Expense Claim	Meetings		206			206			
Total			\$ 464	\$ 206	\$ 1,244	\$ 192	\$ 2,106	\$ -	\$ -	\$ -

Total for the Month \$ 2,106

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 144
 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

<u>TRIMP, RICK</u> Cardholder's Name	<u>VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/10/2014</u>
<u>PROVINCE-WIDE CLINICAL</u> Cardholder's Dept	<u>CALGARY SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount	<u>\$1,900.14</u>
<u>RICK.TRIMP@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 23/09/2014	365192564	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	161.67	CAD	161.67	00	00	Hotel 1 night - Oct 23 Executive Leadership Team Mtg
② 02/10/2014	366319823	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	644.14	CAD	644.14	00	00	Hotel 4 nights - Prov Wide Svcs, ELT, Lab RFP, Primary Care Meetings
③ 03/10/2014	366319822	1104316 ALBERTA LTD, LIMOUSINES AND TAXICABS	90.00	CAD	90.00	4.29		Taxi for Aug 14 transportation -YYC Airport to Southport
④ 03/10/2014	366700451	AIR CAN 0142139749288, AIR CANADA	464.36	CAD	464.36	00	00	Flight YYC to YEG/return. First Nations Mtg, Exec Team Mtg, Mtg with MLA Fraser
⑤ 06/10/2014	366700450	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	145.95	CAD	145.95	00	00	1 night hotel charge due to error. Full amount refunded and will be reflected on next statement
⑥ 08/10/2014	366944103	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	312.12	CAD	312.12	00	00	Hotel 2 nights -First Nations Meeting, Exec Leadership Team Mtg, Meeting with MLA Fraser

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
⑦ 08/10/2014	367156281	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	81.90	CAD	81.90	3.90	00	YYC airport parking for YEG travel Receipt misplaced

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

Patricia Norotny
Name of Cardholder Designate
Pat Norotny
Signature of Cardholder Designate

Executive Administrative Assistant
Cardholder Designate Position/Title
October 23, 2014
Date of Signature

Cardholder

By signing this statement

- 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.
- 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

TRIMP, RICK
Name of Cardholder
[Signature]
Signature of Cardholder

VICE PRESIDENT
Cardholder Position/Title
10/24/14
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.
- 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
Name of Approver Designate
Deborah Rhodes
Signature of Approver Designate

CFU
Approver Designate Position/Title
Oct-27-14
Date of Signature

Approver

By signing this statement

- 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.
- 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver _____

Approver Position/Title _____

Signature of Approver _____

Date of Signature _____

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____

Reviewed by _____

Date: _____



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

①



Mr Rick TRIMP



Invoice

Invoice date 9/23/2014
Invoice number [Redacted]
Our reference [Redacted]
Client Number [Redacted]
GST Number [Redacted]

Guest Mr Rick TRIMP Arrival 9/22/2014 Departure 9/23/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
9/22/2014	Room Charge	1	144.00	144.00
9/22/2014	GST Taxes	1	7.42	7.42
9/22/2014	Tourism Levy	1	5.93	5.93
9/22/2014	Destination Market Fee	1	4.32	4.32

9/23/2014	[Redacted]			Total invoice	161.67
					-161.67
				Total Paid	-161.67
				Total Due	0.00

Total GST 7.42

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

2



Mr Rick TRIMP



Receipt

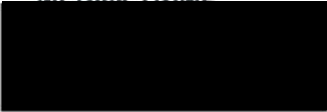
Invoice date 10/2/2014
Our reference [Redacted]
GST Number [Redacted]

Guest	Mr Rick Trimp	Arrival	9/28/2014	Departure	10/2/2014	Room	[Redacted]
Date	Description	Quantity	Unit Price			Total ()	
9/28/2014	Room Charge	1	139.00			139.00	
9/28/2014	GST Taxes	1	7.16			7.16	
9/28/2014	Tourism Levy	1	5.73			5.73	
9/28/2014	Destination Market Fee	1	4.17			4.17	
9/28/2014	Parking Daily	1	18.95			18.95	
9/28/2014	Federal Tax GST Parking	1	0.95			0.95	
9/29/2014	Room Charge	1	139.00			139.00	
9/29/2014	GST Taxes	1	7.16			7.16	
9/29/2014	Tourism Levy	1	5.73			5.73	
9/29/2014	Destination Market Fee	1	4.17			4.17	
9/30/2014	Room Charge	1	139.00			139.00	
9/30/2014	GST Taxes	1	7.16			7.16	
9/30/2014	Tourism Levy	1	5.73			5.73	
9/30/2014	Destination Market Fee	1	4.17			4.17	
10/1/2014	Room Charge	1	139.00			139.00	
10/1/2014	GST Taxes	1	7.16			7.16	
10/1/2014	Tourism Levy	1	5.73			5.73	
10/1/2014	Destination Market Fee	1	4.17			4.17	
						Total invoice	644.14
10/2/2014	[Redacted]						-644.14

Subtotal 644.14

For reservations: www.coasthotels.com or 1-800-663-1144

Mr Rick TRIMP



Receipt

Invoice date 10/2/2014
Our reference [Redacted]
GST Number [Redacted]

Date	Description	Quantity	Unit Price	Total ()
			Total Paid	-644.14
			Total Due	0.00
Total GST	29.59			

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

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1104316 ALBERTA LTD.

37 Royal Oak Cove NW - Calgary - Alberta - T3G4X7

PHONE: 403-512-8751 FAX: 1-866-465-8319

GST No: 86481 0676 RT0001

Date: 31-Aug-14

In Account With:
MR. R. TRIMP

Receipt

DATE	TIME	DESCRIPTION	Amount Charged
14-Aug-14	5.52 pm	Mr.Trimp - Airport to Southport Tower	\$90.00

Sub Total	\$90.00
15% Gratuity	\$0.00
5% GST	\$0.00
TOTAL	\$90.00

Thank you for your patronage

Please advise us of any discrepancies within 30 days of receiving your receipt

Patricia Novotny

From: Rick Trimp
Sent: October 03, 2014 1:01 PM
To: Kristina Russell; Patricia Novotny
Subject: FW: Air Canada - 06-Oct: Calgary - Edmonton (booking ref: [redacted])

Follow Up Flag: Follow up
Flag Status: Flagged

From: Air Canada [mailto:confirmation@aircanada.ca]
Sent: October 03, 2014 13:01
To: Rick Trimp
Subject: Air Canada - 06-Oct: Calgary - Edmonton (booking re [redacted])

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****



Itinerary/Receipt

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.

[Scan this barcode to check in at any Air Canada check in kiosk.](#)



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 Mobi [redacted] Home [redacted] Work [redacted]	
Online Services Manage my booking online (view/change my booking; select seats*). Select Seats Maple Leaf Lounge Meal Vouchers On My Way	

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* [Can my booking be changed online?](#)

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8142 ¹	Calgary (YYC) Mon 06-Oct 2014 12:30	Edmonton, Edmonton Int'l (YEG) Mon 06-Oct 2014 13:19	0	0hr49	DH4	Flex, U	
AC8147 ¹	Edmonton, Edmonton Int'l (YEG) Wed 08-Oct 2014 14:00	Calgary (YYC) Wed 08-Oct 2014 14:50	0	0hr50	DH4	Tango, S	

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:	None		

Purchase Summary

Fare Summary

Passenger Type	<u>Adult</u>
Air Transportation Charges	
Departing Flight - Flex	222.00
Return Flight - Tango	122.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	22.11
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	464.36
Number of passengers	x 1
Total airfare, taxes and options	464.36
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$464.36

Payment Information

Credit/Debit Card [REDACTED] Amount paid: **\$464.36**

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$464.36 (Airfare - per ticket)

Ticket number(s): [REDACTED]



10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

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Mr Rick TRIMP
[Redacted]

Receipt

Invoice date 10/23/2014
Our reference [Redacted]
GST Number [Redacted]

Guest	Mr Rick TRIMP	Arrival	10/5/2014	Departure	10/8/2014	Room
Date	Description	Quantity	Unit Price			Total ()
10/6/2014	Guaranteed No Show	1	139.00			139.00
10/6/2014	Federal Tax GST	1	6.95			6.95
Total invoice						145.95
10/6/2014	[Redacted]					-145.95
Total Paid						-145.95
Total Due						0.00

Total GST 6.95

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on a overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144



10155 105th Street.
 Edmonton, AB T5J 1E2
 Tel: (780) 423 4811 Fax: (780) 423 3204

Mr Rick TRIMP



Receipt

Invoice date 10/23/2014
 Our reference [Redacted]
 GST Number [Redacted]

Guest	Mr Rick TRIMP	Arrival	10/5/2014	Departure	10/8/2014	Room
Date	Description	Quantity	Unit Price	Total ()		
10/23/2014	Guaranteed No Show	1	-139.00	-139.00		
10/23/2014	Federal Tax GST	1	-6.95	-6.95		
				Total invoice	-145.95	
10/23/2014	[Redacted]				145.95	
				Total Paid	145.95	
				Total Due	0.00	

Total GST -6.95

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on a overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

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10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204



Mr Rick TRIMP
[Redacted]

Receipt

Invoice date 10/22/2014
Our reference [Redacted]
GST Number [Redacted]

Guest Mr Rick TRIMP Arrival 10/6/2014 Departure 10/8/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
10/6/2014	Room Charge	1	139.00	139.00
10/6/2014	GST Taxes	1	7.16	7.16
10/6/2014	Tourism Levy	1	5.73	5.73
10/6/2014	Destination Market Fee	1	4.17	4.17
10/7/2014	Room Charge	1	139.00	139.00
10/7/2014	GST Taxes	1	7.16	7.16
10/7/2014	Tourism Levy	1	5.73	5.73
10/7/2014	Destination Market Fee	1	4.17	4.17

			Total invoice	312.12
10/8/2014	[Redacted]			-312.12
			Total Paid	-312.12
			Total Due	0.00

Total GST 14.32

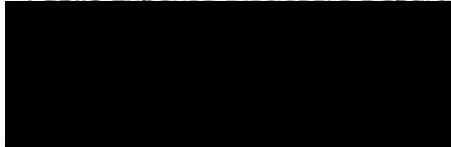
I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on a overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

October 22, 2014

Public Expense Disclosure Department



Attention: Public Disclosure

Re: Missing Calgary Airport Parking Receipt – October 7, 2014

I hereby attest that this expense was related to AHS business which occurred on October 7th, 2014. The \$81.90 parking receipt was for parking at the Calgary International Airport related to meetings requiring travel to Edmonton. This receipt was not submitted previously for reimbursement and has been misplaced.

I declare that the above statement is true and accurate and I trust this information will suffice.

Sincerely,



Rick Trimp
Vice President
Province-Wide Clinical Supports, Program & Services
Alberta Health Services

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-Sep-14 To 20-Oct-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel No

Name: Rick Trimp Position (Title): Vice President
 Location: _____ Dept: Prov-Wide Services DOFA Level: _____ (if applicable) Union: Exempt Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

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	0005	71110101000	\$194.10
2B	101	0005	71110101000	\$11.60
2C				
2D				
				\$205.70

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
**User to enter Coding & \$ Amounts				

TOTAL REIMBURSEMENT	
Total Section B	\$205.70
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$205.70

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

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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122
 I, by signing this form, attest that I am compliant to all the above statements.
Employee Signature: _____ **Date:** 10/24/14

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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing
Approved By (PRINT ONLY): Deborah Rhodes **DOFA Level:** _____ **Position #:** _____ **Phone #:** _____
Signature: *Deborah Rhodes* **Title:** Acting CFO **Date:** Oct. 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

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101 0005 71110101000</u>	Emp # (E-People) XXXXXXXXXX	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?) 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 <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						
22-Sep-14	Travel in PM to Edmonton for Executive Leadership Team Meeting on Sep 23	AB	Meeting	Yes	D-\$20.75	\$20.75 ✓								
23-Sep-14	Edmonton - Executive Leadership Team Meeting	AB	Meeting	Yes	LD-\$32.35	\$32.35 ✓								
29-Sep-14	Edmonton - Province-Wide Services/Clinical Support Services Full Day Discussion Forum	AB	Meeting	Yes	D-\$20.75	\$20.75 ✓								
30-Sep-14	Edmonton - Executive Leadership Team Meeting	AB	Meeting	Yes	LD-\$32.35	\$32.35 ✓								
1-Oct-14	Edmonton - Lab RFP Core Team Meeting, Primary Care Meeting	AB	Meeting	Yes	LD-\$32.35	\$32.35 ✓								
2-Oct-14	Edmonton - Lab RFP Working Session (lab core team)	AB	Meeting	Yes	L-\$11.60	\$11.60 ✓								
6-Oct-14	Edmonton - Lab Meetings (negotiations & operations), First Nations meeting with Jocelyn Andrews	AB	Meeting	Yes	LD-\$32.35	\$32.35 ✓								
7-Oct-14	Edmonton - Executive Leadership Team Meeting, Meeting with MLA Fraser	AB	Meeting	Yes	L-\$11.60	\$11.60 ✓								
SUBTOTALS						\$194.10								Total Kms

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>
Mileage \$	
Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$	
\$0.505	
\$194.10	
\$194.10	

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)

