

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 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	P-card	Meetings			177	24	201			
Nov-14	Expense Claim	Meetings		62		349	411			
Total			\$ -	\$ 62	\$ 177	\$ 373	\$ 612	\$ -	\$ -	\$ -

Total for the Month \$ 612

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

TRIMP, RICK Cardholder's Name	VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period:	20/11/2014
PROVINCE-WIDE CLINICAL Cardholder's Dept	CALGARY SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:	\$201.39
RICK.TRIMP@ALBERTAHEALTHSERVICES.CA 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
23/10/2014	368614463	COAST EDMONTON PLAZA H, LODGING HOTELS, MOTELS, RESORTS	-145.95	CAD	-145.95	.00		Refund of hotel charge from Sept statement
28/10/2014	369031820	MPARK00020032U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14	.00	ELT meeting
30/10/2014	369376026	COAST EDMONTON PLAZA H, LODGING HOTELS, MOTELS, RESORTS	323.34	CAD	323.34	.00	.00	ELT meeting, Senior Leadership meeting and DynaLife meeting

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.

Name of Cardholder Designate _____

Cardholder Designate Position/Title _____

Signature of Cardholder Designate _____

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 _____

VICE PRESIDENT

Cardholder Position/Title _____

Signature of Cardholder _____

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.

Name of Approver Designate _____

Approver Designate Position/Title _____

Signature of Approver Designate _____

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.

 Deborah Rhodes
 Name of Approver _____

CFO

Approver Position/Title _____

 Deborah Rhodes
 Signature of Approver _____

Nov 26 14

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 _____

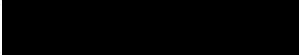
Date: _____



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



Mr Rick TRIMP



CANADA

Receipt

Invoice date 2/6/2015
 Our reference [Redacted]
 GST Number [Redacted]

Guest Mr Rick TRIMP Arrival 10/28/2014 Departure 10/30/2014 Room [Redacted]

Date	Description	Quantity	Unit Price	Total ()
10/28/2014	Room Charge	1	144.00	144.00
10/28/2014	GST Taxes	1	7.42	7.42
10/28/2014	Tourism Levy	1	5.93	5.93
10/28/2014	Destination Market Fee	1	4.32	4.32
10/29/2014	Room Charge	1	144.00	144.00
10/29/2014	GST Taxes	1	7.42	7.42
10/29/2014	Tourism Levy	1	5.93	5.93
10/29/2014	Destination Market Fee	1	4.32	4.32

			Total invoice	323.34
10/30/2014	[Redacted]			-323.34
			Total Paid	-323.34
			Total Due	0.00

Total GST 14.84

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 an overdue balance.

Signature X _____

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

Parking - Oct 28
Executive Leadership Team Meeting

PLACE FACE UP ON DASH*

Impark Lot 32
Expiration Date/Time

06:00 PM
OCT 28, 2014

Purchase Date/Time: 09:17am Oct 28, 2014
Total Parking: \$22.86
Total gst: \$1.14
Total Due: \$24.00
Total Paid: \$24.00
Ticket # [REDACTED]
SN #: 5000m70000
Setting: Lot 32
Mach Name: Meter 2

Rate: \$24.00 - All D.
Payment Type: Ca

GST #887315638RT0001-
NO IN AND OUT PRIVILEGES

RECEIPT
Impark Lot 32

Expiration Date/Time: 06:00pm Oct 28, 2014
Purchase Date/Time: 09:17am Oct 28, 2014
Total Parking: \$22.86
Total gst: \$1.14
Total Due: \$24.00
Total Paid: \$24.00
Ticket # [REDACTED]
Setting: Lot 32
Mach Name: Meter 2

Rate: \$24.00 - All D.
Payment Type: Ca

EIPT PARKING RECEIPT PARKING RECEIPT PARKING REC PARKING RECEIPT PARKING RECEIPT

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-Oct-14 To 31-Oct-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel No _____

Name: Rick Trimp Position (Title): Vice President
 Location: _____ De: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____
 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					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	\$410.80					
2B									
2C									
2D									
				\$410.80					

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	\$410.80
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$410.80

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 - Docu

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: _____ Date: Nov 19, 2014

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: _____
 Signature: _____ Title: _____ Date: Nov-21/14

I, by signing this form, attest that I am compliant to all the above statements

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: _____
 Signature: _____ Title: _____ Phone #: _____ Ext: _____
 Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act and the Access to Information Act, and the Privacy 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 <u>101</u> <u>0005</u> <u>71110101000</u>	Emp # (E-People) [REDACTED]	Page 2A
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*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 [REDACTED] 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'l) 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						
28-Oct-14	Edmonton - Executive Leadership Team Mtg, Mtg with Christine Couture & Cheryl Bourassa. Travel from Southport Tower to Coast Edmonton Plaza Hotel	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80 ✓								310.00 ✓
29-Oct-14	Edmonton - Senior Leadership Team Meeting - Travel from Coast Edm Plaza Hotel to Nisku Inn & Conference Centre/return trip	AB - Provinc	Meeting	Yes	D-\$20.75	\$20.75 ✓								60.00 ✓
30-Oct-14	Edmonton - Dynalife RFP Debrief. Travel from Seventh Street Plaza to home.	AB - Provinc	Meeting	Yes	BL-\$20.80	\$20.80 ✓								320.00 ✓
SUBTOTALS						\$62.35								Total Kms 690.00

R-11

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
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)	

Mileage \$	\$348.45
Travel \$ Subtotal	\$62.35
Auto fills on page 1 - TOTAL TRAVEL \$	\$410.80