

Official Administrator and Executive Expense Report

Name Robert Hawes
Title Chief Program Officer(Acting)
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	590				590			
Oct-14	Expense Claim	Meetings		562	1,466	83	2,111			
Total			\$ 590	\$ 562	\$ 1,466	\$ 83	\$ 2,701	\$ -	\$ -	\$ -

Total for the Month \$ 2,701

Maximum daily single meal expense claimed in the month \$ 360 9 people
 Maximum daily base hotel rate claimed in the month \$ 252
 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:

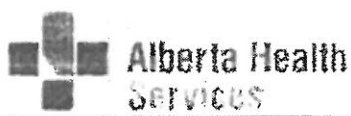
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

PAULINO, LORI	EXECUTIVE ADMIN	Billing Reporting Period:	20/05/2014
Cardholder's Name	Cardholder's Position/Title		
FINANCE	SOUTHLAND PARK III	Total Statement Amount:	\$590.13
Cardholder's Dept	Cardholder's Site/Location		
LORI.PAULINO@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
13/05/2014	951969850	AIR CAN 0142134419673, AIR CANADA	590.13	CAD	590.13	.00	.00	R. Hawes air travel to Oracle conf San Francisco

Received May 28/14



P-Card
details Online ®
Cardholder Statement Report

<p>Signature</p> <p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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. <p>_____ Name of Cardholder Designate</p> <p>_____ Cardholder Designate Position/Title</p> <p>_____ Signature of Cardholder Designate</p> <p>_____ Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> 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. <p>PAULINO, LORI Name of Cardholder</p> <p>_____ Signature of Cardholder</p> <p>EXECUTIVE ADMIN Cardholder Position/Title</p> <p>May 23/14 _____ Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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. <p>Deborah Rhodes Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p> <p>Acting CFO Approver Designate Position/Title</p> <p>May 27/14 _____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> 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. <p>Robert Hewes Name of Approver</p> <p>_____ Signature of Approver</p> <p>CFO Finance Approver Position/Title</p> <p>May 26/14 _____ Date of Signature</p> <p><i>Doh should also sign re my expenses</i></p>	
<p>Submit approved statement with attachments to Accounts Payable</p> <p>Attach:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p> <p>Reference #: _____ Reviewed by: _____ Date: _____</p>	

Paid on card

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

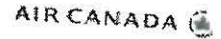
Booking Reference: [REDACTED]

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

Main Contact:
Mr Robert Hawes
robert.hawes@alberta.ca
[REDACTED]

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533



Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC4022 ¹	Calgary (YYC) Sat 27-Sep 2014 15:25	San Francisco, San Francisco Int'l (SFO) Sat 27-Sep 2014 17:24 - Terminal 3	0	2hr59	CR7	Flex, W	
AC4023 ¹	San Francisco, San Francisco Int'l (SFO) Thu 02-Oct 2014 18:45 - Terminal 3	Calgary (YYC) Thu 02-Oct 2014 22:25	0	2hr40	CR7	Flex, W	

Operated by:
¹ United Express/Skywest

Passenger Information

1: Mr Robert Hawes : Adult (16+), Ticket Number: [REDACTED]

Frequent Flyer Program: [REDACTED]
Payment Card: [REDACTED]
Seat Selection: None
Meal Preference: None
Special Needs: None

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	
Return Flight - Flex	221.00
Surcharges	221.00
Taxes, Fees and Charges	15.00
Canada Airport Improvement Fee	
U.S.A Transportation Tax	30.00
U.S Agriculture Fee	38.86
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	5.55
U.S Passenger Facility Charge	24.96
U.S.A Immigration User Fee	5.00
Air Travellers Security Charge (ATSC)	7.77
September 11 Security Fee	12.10
U.S. Federal Customs Fee	2.78
Total airfare and taxes before options (per passenger)	6.11
Number of passengers	590.13
Travel Insurance (declined)	1
Grand Total - Canadian dollars	0.00
	\$590.13

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$590.13

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

- Air Canada: \$590.13 (Airfare - per ticket)

Ticket number [REDACTED]

Fare Rules

Departing Flight Calgary (YYC) To San Francisco (SFO) - Flex

• **Changes:**

- Prior to day of departure - **Change fee** per transaction, per passenger, is \$200 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- Same-day standby** is available only to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports. Flights can only be used in sequence from the place of departure specified on the itinerary.

• **Cancellations:**

- Tickets are **non-refundable and non-transferable**.
- Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per transaction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a **new ticket**, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Flight AC4022: This flight is a **codeshare** flight with United Express/Skywest Airlines. A fee for **checked bags** is charged by United Airlines for codeshare flights it operates between Canada and the U.S. If your itinerary includes a connecting flight, the fee applies only if your first flight is operated by United/United Express. For important information on United Express policies, please visit www.united.com.
- Read complete fare rules applicable to this fare.

Return Flight San Francisco (SFO) To Calgary (YYC) - Flex

• **Changes:**

- Prior to day of departure - **Change fee** per transaction, per passenger, is \$200 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- Same-day standby** is available only to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports. Flights can only be used in sequence from the place of departure specified on the itinerary.

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- Flights operated by Air Canada earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Flight AC4023: This flight is a **codeshare** flight with United Express/Skywest Airlines. A fee for **checked bags** is charged by United Airlines for codeshare flights it operates between Canada and the U.S. If your itinerary includes a connecting flight, the fee applies only if your first flight is

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: 26-Sep-14 To 2-Oct-14
 Travel Period from: 27-Sep-14 To 2-Oct-14 (if applicable)
 Out-of-Province Travel Yes

Name: Robert Hawes Position (Title): Finance
 Location: Dept: Finance DOFA Level: Union: Mgmt Business
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Expenditure Type Project Task Number

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0005	71115000000	\$80.00	101	0005	71115000000	62314000	\$2,103.60	\$80.00	\$ 20,300.00
2B											
2C											
2D											
				\$80.00					\$2,103.60	TOTAL CLAIM \$ 2110.63	

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

Employee Signature: *Robert Hawes* Date: *Oct 22/14*

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: Position #: Ph: *Oct 27/14*
 Signature: *Deborah Rhodes* Title: Vice President Corporate Service & CFO

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext: Date:

Health and Safety Information on this form is collected by AHS under the authority of section 8(1) of the Health Information Act (HIA) and sections 33(1) and 31(2) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively for the purpose of administering the Procedure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0005 7111500000**

Emp # (E-People) XXXXXXXXXX

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? Y/N	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						
26-Sep-14	CAL - CFO Portfolio Mtg at RGH	AB	Mtg											
28-Sep-14	San Francisco - Oracle User Conference	US	Mtg		B-\$9.20	\$9.20								
29-Sep-14	San Francisco - Oracle User Conference. Dinner with other AHS attendees (D. Henderson, V. Afacan, M. Siebenga and me)	US	Mtg		B-\$9.20	\$9.20								
30-Sep-14	San Francisco - Oracle User Conference	US	Mtg		B-\$9.20	\$9.20								
1-Oct-14	San Francisco - Oracle User Conference	US	Mtg		B-\$9.20	\$9.20								
2-Oct-14	San Francisco - Oracle User Conference	US	Mtg	Yes	BD-\$29.95	\$29.95								
SUBTOTALS						\$66.75					\$13.25	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
(see Mileage details to the left)

Mileage \$

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal **\$80.00**

Auto fills on page 1 - TOTAL TRAVEL \$ **\$80.00**

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)

EXPENSE CLAIM DETAILS

*If **NOT** claiming any expenses in **Sections C or D**, this page does **NOT** have to be submitted.*

SECTION C: OTHER EXPENSES	Emp # (E-People) [REDACTED]	Page 3
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- **Expenses to be claimed in this section include but are not limited to:** Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
- *If expenses are for travel, gas, etc., go to **Section B** on pg 2.*
- *ALL "OTHER" expenses listed below **MUST** have a secondary/expense code indicated!*

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount is this column	TOTAL OTHER \$

SECTION D: FOREIGN CURRENCY **ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$** (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense: [Bank of Canada Currency Converter](#) → **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 - enter this amount in exchange rate column**

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	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
27-Sep-14	San Francisco - Oracle User Conference (airfare and conference registration previously claimed) baggage fee & transportation from Airport to hotel via BART public transportation - missing receipt \$8.65 . Lunch and dinner	101	0005	71115000000		Yes	\$71.78	US	1.1145	\$80.00
29-Sep-14	San Francisco - Oracle User Conference. Dinner for 4 AHS attendees, names noted on receipt.	101	0005	71115000000		Yes	\$81.29	US	1.1145	\$90.60
30-Sep-14	San Francisco - Oracle User Conference. Dinner for 10 AHS attendees, 19% tip added by restaurant - names noted on receipt	101	0005	71115000000		Yes		US		

Rationale is Required for expenses that are not Cost Effective \$360.00
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

EXPENSE CLAIM DETAILS

*If **NOT** claiming any expenses in **Sections C or D**, this page does **NOT** have to be submitted.*

SECTION C: OTHER EXPENSES				Emp # (E-People)	Page 3					
<ul style="list-style-type: none"> Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.</u> → If expenses are for <u>travel, gas, etc.</u>, go to Section B on pg 2. ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! 										
Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E										
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount is this column	TOTAL OTHER \$

SECTION D: FOREIGN CURRENCY										
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			Bank of Canada Currency Converter →		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 - enter this amount in exchange rate column					
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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
2-Oct-14	San Francisco - Oracle User Conference hotel bill, baggage fee & transportation to Airport via BART public transportation - missing receipt for \$8.65	101	0005	71115000000		Yes	\$1,345.20	US	1.1151	\$1,500.03

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)

\$2030.65

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
 - 3 of 3-

CFO Portfolio Retreat

Alberta Health Services A

RGH Lot 1

RECEIPT

***** [REDACTED]

ENTRY DATE/TIME:

25/09/14 07:34

PAY DATE/TIME:

25/09/14 17:12

PARK-DUR.: HRS:MIN

0:09:38

ALLOWED EXIT TO:

26.09.14 07:49

PAID: \$ 13.25

VISA

[REDACTED]

* Parking Rates *

* Are GST Exempt *

* Please Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* HealthServices *

* Have Questions *

* Or Concerns? *

* Call Us *

* 403-943-3725 *

B

Annabelle's Bar & Bistro
68 Fourth Street
San Francisco CA 94103
415.777.1200

Serv [Redacted] 09/27/2014
Tab [Redacted] 7:49 PM
Guests [Redacted] 20030
Order Type: Order

Rigatoni Pasta 23.00
Add Sausage
1 Items
Sub Total 23.00
SF Mandates 0.92
Tax 2.49
Total 26.41
Gratuity 20.00% 4.60
Total 31.01

Balance Due 31.01

Join us for Happy Hour!
Seven Days a Week
in the bar from 4pm to 6pm
www.annabelles.net

Names → 4 Guest

Annabelle's Bar & Bistro
68 Fourth Street
San Francisco CA 94103
415.777.1200

[Redacted] DOB: 09/27/2014
[Redacted] 09/27/2014
[Redacted] 2/20030

Visa [Redacted]
Card [Redacted]
Magne [Redacted]
Appro [Redacted]
Amount: 26.41
+ Included Gratuity: 4.60
+ Additional Tip _____
= Total: _____

X _____
Approval [Redacted]

Annabelles Copy

B

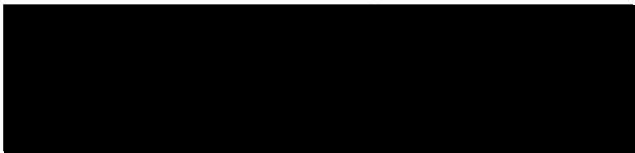
SALE RECEIPT
Store [Redacted] tkc 09/28/14 13:05:43
Subway [Redacted] s & Salads
195-197 SIXTH STREET
SAN FRANCISCO CA 94103
(415)8821556

[Redacted] 1 TRDT 092814
[Redacted] ID REG-MAIN
[Redacted] CE MEMO PLU
Pastrami 6r 1 T \$ 5.50 10328
Toasted Toast
DRK-21oz 1 TD\$ 1.85\$2.40H010002
*CHIPS 1 TD\$ 0.55\$2.40H010026
Sub BotBev 1 T \$ 0.40 10025

SUBTOTAL \$ 8.30
Sales Tx \$ 0.73
TAKE-OUT **TOTAL \$ 9.03
Cash AMT TEND \$ 9.05
CHANGE DUE \$ 0.02

Please rate us '10' in a Minute and get

John's Grill
63 Ellis Street
San Francisco, CA 94102
415-986-0069



2 Prawn Dijonnaise 55.90
1 Sea Cannelloni 25.95
1 Red Snapper 27.95
1 Halibut 34.95
1 Cioppino 33.95
1 Cioppino 33.95
2 Petrale Sole 53.90
1 NY Steak \$ Add Peppercorn 31.95

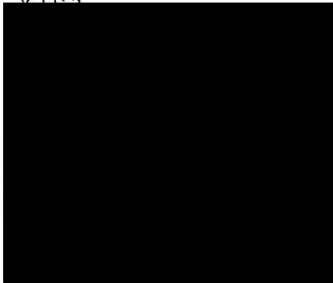
Subtotal 298.50
Tax 31.08
Svc Charge 56.72
08:08PM Total 386.30

Thank you for dining with us.

* Service charge included *

/ Attendees for Sept 30/ 14 Dinner
Robert Hawes, Dave Brewin, Karen Vranas,
Charandip Matharu, Iqbal S. Mahal,
Dave Henderson, Toby Lermer,
Vicky Afacan, Margo Siebenga

John's Grill
63 Ellis Street
San Francisco, CA 94102
415-986-0069

Date: Sep30'14 08:11PM
Card Type: Visa
Acct #: 
Card Entry:
Trans Type:
Trans Key:
Auth Code:
Check:
Table:
Server:

Subtotal: 386.30

* Service charge included *

ADDITIONAL GRATUITY: *0*

TOTAL: *386.30*

SIGNATURE *[Signature]*

*** Merchant Copy ***

only claimed \$ 360.



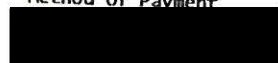
Baggage Receipt

Issue Date: 27 SEP 2014 YYC ATO



Description	Qty	Fees
First Bag Fee	1	\$22.00
Tax	--	\$1.10

Method of Payment



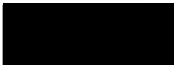
Cardholder Name
ROBERT HAWES

BAGGAGE FEES

Total Fees

USD \$23.10

Confirmation:



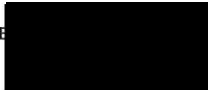
Carrier
JA

Routing
YYC - SFO

Excess Baggage Terms and Conditions:

- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

AGENT REFERENCE



C

Names → 4?

Rose Pistola
532 Columbus Ave.
San Francisco, CA. 94133
415-399-0499

Server: [redacted] DOR: 09/29/2014
08:22 PM 09/29/2014
Table 20/1 2/20038

SALE

Visa [redacted]
Card [redacted]
Magnetic card present: HAWES
ROBERT
Card Entry Method: S

Approval: [redacted]
Amount: \$ 77.86
+ Gratuity: 10⁴³
= Total: 88²⁹

I agree to pay the above 81²⁹
total amount according to the
card issuer agreement.

X R.

Gratuity/service not included.
Suggested gratuity:
(15%)=10.43
(18%)=12.51
(20%)=13.90

C

Oracle Open World
Dave H., Vicky A., Margo S,
Robert H. only 3 ate.

Rose Pistola
532 Columbus Ave.
San Francisco, CA. 94133
415-399-0499

[redacted] 09/29/2014
8:19 PM
20038

[redacted] 6.00?
Enudi 20.00
Cappellacci 21.00
Tortelloni 19.00
Mint Tea 3.50
Subtotal 69.50
Tax 6.27
3% SF Mandates Svc Chg 2.09
Total 77.86
Balance Due 77.86

Gratuity/service not included.
Suggested gratuity:
(15%)=10.43
(18%)=12.51
(20%)=13.90

Do not expose to excessive heat or direct sunlight.

↑ INSERT

STAPLE
HERE

PRINTED IN U.S.A. BY METAL DALLAS, TX REV. 3/12 CSU644 Run 744



Baggage Receipt

Issue Date: 02 OCT 2014 SFO ATO

A STAR ALLIANCE MEMBER

Baggage Document	Description	Qty	Fees
[REDACTED]	First Bag Fee	1	\$22.00

Method of Payment
[REDACTED]

Cardholder Name
ROBERT HAUES

BAGGAGE FEES Total Fees **USD \$22.00**

Confirmation: [REDACTED]

- Excess Baggage Terms and Conditions:
- All excess baggage is subject to space availability.
 - Receipt for payment must be presented at bag check.
 - For refunds or adjustments, see a United representative.

Carrier: UA Routing: SFO - YYC

[REDACTED]

 **PARC 55 WYNDHAM**
San Francisco - Union Square

Parc 55 Wyndham San Francisco Union Square
55 Cyril Magnin Street
San Francisco, CA 94102
Tel: (415) 392-8000 Fax: (415) 403-6602

INFORMATION INVOICE

Arrival : 09-27-14
Departure : 10-02-14
Company Name : Oracle
Robert Hawes
United States

Folio / Invoice #
Reference #
Room No.
Page No.
Membership No.
Conf. No.
Cashier No.
A/R Number



Date	Description	Reference	Charges	Credits
09-27-14	Room		226.00	
09-27-14	Room Tax		31.64	
09-27-14	Business Dist Assessments		5.09	
09-27-14	CA Tourism Fee		0.18	
09-28-14	Room		226.00	
09-28-14	Room Tax		31.64	
09-28-14	Business Dist Assessments		5.09	
09-28-14	CA Tourism Fee		0.18	
09-29-14	Room		226.00	
09-29-14	Room Tax		31.64	
09-29-14	Business Dist Assessments		5.09	
09-29-14	CA Tourism Fee		0.18	
09-30-14	Room		226.00	
09-30-14	Room Tax		31.64	
09-30-14	Business Dist Assessments		5.09	
09-30-14	CA Tourism Fee		0.18	
10-01-14	Room		226.00	
10-01-14	Room Tax		31.64	
10-01-14	Business Dist Assessments		5.09	
10-01-14	CA Tourism Fee		0.18	
10-02-14	Visa			1,314.55

 **PARC 55 WYNDHAM**

San Francisco - Union Square

Parc 55 Wyndham San Francisco Union Square
55 Cyril Magnin Street
San Francisco, CA 94102
Tel: (415) 392-8000 Fax: (415) 403-6602**INFORMATION INVOICE**Arrival : 09-27-14
Departure : 10-02-14
Company Name : Oracle**Robert Hawes
United States**Folio / Invoice # :
Reference # :
Room No. :
Page No. :
Membership No. :
Conf. No. :
Cashier No. :
A/R Number :

Date	Description	Reference	Charges	Credits
		Total	1,314.55	1,314.55
		Balance		0.00

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

B i E

Attestation for Expense Claim

I, Robert Hawes, attest that 2 expenses of US\$8.65 were incurred on my trip to San Francisco in Sept 2014. These 2 charges relate to public transit tickets purchases where a receipt was not provided.

The attached document confirms the price of roundtrip tickets from S.F airport to hotel is \$US 17.30 (\$8.65 x 2). These charges were incurred as part of AHS business.

Oct 24/14

Date

Robert Hawes

Signature



Out of Province Travel Approval

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

Travel Policy

Employee Information						
First Name Robert		Last Name Hawes		Employee Number [REDACTED]		
Phone Number [REDACTED]			Reports To Deborah Rhodes			
Department Finance			Office Location [REDACTED]			
Travel Details						
Purpose of Trip Oracle Open World Conference						
Destination San Francisco, California		From 28-Sep-2014		To 2-Oct-2014		
Finance Coding / Accounting Distribution						
Corp/BU/Org 101	Location / Site 0005		Functional Centre / Primary 7111500000			
Project Coding						
Project	Task	Expense Type		Expense Org		
Estimate of Expenses						
Category	Description			Amount		
Accommodation Charge	5 nights at Wyndham Parc 55 Hotel (Gov. rate \$226 + Tax/night)			\$1,250.00		
Meals	per Diem x 6 days			\$249.30		
Registration	\$1,500.00 USD			\$1,500.00		
Airfare	Approximately \$800			\$800.00		
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Approximately \$200			\$200.00		
Other Expenses (please specify)						
Currency				<input checked="" type="checkbox"/> CDN	<input type="checkbox"/> USD	<input type="checkbox"/> OTHER
Total Estimated Travel Costs				*Bank of Canada Currency Converter		Exchange Rate
				\$0.00	Cdn\$	\$3,999.30
*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate						
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)						
Employee Signature <i>Robert Hawes</i>						
Approved by (Print Name) Deborah Rhodes		Signature <i>Deborah Rhodes</i>				
Title Acting VP Corporate Services and CFO						
Approved by (Print Name)		Signature				
Title						
			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.