

## Official Administrator and Executive Expense Report

**Name** Sue Conroy  
**Title** Senior Provincial Director Provincial Clinical programs  
**Location** Edmonton  
 Expenses submitted during the month of June 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)
Jun-14	Expense Claim	Meetings		125		730	855		103	
<b>Total</b>			\$ -	\$ 125	\$ -	\$ 730	\$ 855	\$ -	\$ 103	\$ -

**Total for the Month**     \$        958

Maximum daily single meal expense claimed in the month     \$        21  
 Maximum daily base hotel rate claimed in the month             \$        -  
 Non economy air travel in the month                                     \$        -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

**TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM**

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

**Expense Date From:** 1-Jun-14 **To:** 27-Jun-14  
**Travel Period from:** \_\_\_\_\_ **To:** \_\_\_\_\_ (if applicable)  
**Out-of-Province Travel**

**Name:** Sue Conroy **Position (Title):** Senior Provincial Director, PCPSS  
**Location:** HSBC Building **Dept:** PCPSS **DOFA Level:** [REDACTED] (if applicable) **Union:** [REDACTED] **Business Phone #:** [REDACTED] **Ext:** [REDACTED]  
**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					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	0000	71110100102	\$643.45	101	0000	71110100102	69600001	\$103.41	\$854.87	\$103.41	
2B	101	0000	71110100102	\$211.42						Less Cash Advance		
2C										<b>TOTAL CLAIM</b>	<b>\$958.28</b>	
2D												
				<b>\$854.87</b>					<b>**User to enter Coding &amp; \$ Amounts</b>	<b>\$103.41</b>		

**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:** *[Signature]* **Date:** \_\_\_\_\_

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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):** *[Signature]* **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone #:** [REDACTED]

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

**Signature:** *[Signature]* **Title:** VP, Prov-wide Clinical Supportz **Date:** 7/23/14

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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 purpose 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:** \_\_\_\_\_

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

**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 0000 71110100102</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	<b>Page 2A</b>
<p><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, <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.</i></p>		

**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.

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?	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										
				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							
5-Jun-14	Mileage HSBC to Southport, meals & parking for Meeting with Telehealth Vendor and Healthlink Operations in Calgary	AB	Meeting	Yes	BL-\$20.80	\$20.80						\$10.00		308.00
6-Jun-14	Mileage, meals and parking for Executive Administrative Coordinator Interviews at Southport Tower	AB	Recruit	Yes	BL-\$20.80	\$20.80						\$10.00		31.40
9-Jun-14	Mileage from Bridgeland to FMC and parking for RAAPID/PADIS Operations Meeting in Calgary	AB	Meeting	Yes								\$10.00		8.70
9-Jun-14	Mileage from FMC to Southport, parking and meals for the Respiratory Benefits Program meeting with AHS Vice President, Province Wide Services	AB	Meeting	Yes	BL-\$20.80	\$20.80						\$10.00		14.90
9-Jun-14	Mileage Southport to HSBC Building Edmonton	AB	Meeting	Yes										308.00
13-Jun-14	Parking for meeting with Alberta Health regarding Respiratory Benefits Program	AB	Meeting	Yes								\$10.00		
20-Jun-14	Mileage HSBC Building Edmonton to Southport for Employee Long Service Celebration at Healthlink Calgary	AB	Meeting	Yes	L-\$11.60	\$11.60								308.00
23-Jun-14	Mileage Bridgeland to Southport return and meal for Provincial Clinical Programs and Support Services Leadership Meeting in Calgary	AB	Meeting	Yes	B-\$9.20	\$9.20								31.40
<b>SUBTOTALS</b>						\$83.20						\$50.00		Total Kms 1010.40

<p><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b>                  → details of travel location to &amp; 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</p>	<p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p style="text-align: right;">\$0.505</p>	
<b>Mileage \$</b>		\$510.25
<b>Travel \$ Subtotal</b>		\$133.20
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>		\$643.45

**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.*

<b>SECTION C: OTHER EXPENSES</b>	Emp # (E-People) <span style="background-color: black; color: black;">[REDACTED]</span>	Page <b>3</b>
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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? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON this slip/receipt, enter total amount in this column WITH GST	GST is NOT on this slip/receipt, enter total amount in this column	TOTAL OTHER \$
23-Jun-14	Lunch for Provincial Clinical Programs and Support Services Leadership meeting (9 people)	101	0000	71110100102	69600001	Yes			\$103.41	\$103.41

**SECTION D: FOREIGN CURRENCY** ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO GDN \$ (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? Yes/No	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

**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)

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 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110100102 Emp # (E-People) XXXXXXXXXX Page **2B**

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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
24-Jun-14	Mileage from Bridgeland to Southport and meals for Collaboration Meeting with Norffen Foundation and Healthwise in Calgary	AB	Meeting	Yes	A-\$41.55	\$41.55						15.70		
24-Jun-14	Mileage from Southport to HSBC Edmonton	AB	Meeting	Yes								308.00		
27-Jun-14	Transit fare return for meeting with Donna Daniec at UAH regarding RAAPID	AB	Meeting	Yes						\$6.40				
<b>SUBTOTALS</b>						\$41.55				\$6.40		Total Kms 323.70		

<p><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to &amp; 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</p>	<p>Enter \$0.505 km, \$0.47 km <b>OR</b> rate per Union Agreement <i>(see Mileage details to the left)</i> \$0.505</p>
	Mileage \$ \$163.47
	Travel \$ Subtotal \$47.95
	Auto fills on page 1 - TOTAL TRAVEL \$ \$211.42

**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)**

MORGUARD INVESTMENTS  
- PA  
10201 SOUTHPORT RD SW  
CALGARY AB T2N4X8  
4032198708

**SALE**

MID: 87236070017  
TD: 002  
Batch #: 293  
06/05/14  
APPR CODE: [REDACTED]  
[REDACTED] 08:08:26  
AMOUNT **\$10.00**  
APPROVED ✓

AID: A0000000031010  
TVR: 00 00 00 00 00

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

MORGUARD INVESTMENTS  
- PA  
10201 SOUTHPORT RD SW  
CALGARY AB T2N4X8  
4032198708

**SALE**

MID: 87236070017  
TD: 002  
Batch #: 294  
06/05/14  
APPR CODE: [REDACTED]  
[REDACTED] 07:25:48  
AMOUNT **\$10.00**  
APPROVED ✓

AID: A0000000031010  
TVR: 00 00 00 00 00

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

Alberta Health  
Services  
FHC Loc 1

**RECEIPT**

IN: 09.06.14 07:32  
OUT: 09.06.14 10:07  
REF: [REDACTED]  
PAID: 10.00 ✓

AMOUNT OF PAYMENT:

MORGUARD INVESTMENTS  
- PA  
10201 SOUTHPORT RD SW  
CALGARY AB T2N4X8  
4032198708

**SALE**

MID: 87236070017  
TD: 002  
Batch #: 295  
06/08/14  
APPR CODE: [REDACTED]  
[REDACTED] 10:30:15  
AMOUNT **\$10.00**  
APPROVED ✓

AID: A0000000031010  
TVR: 00 00 00 00 00

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

ATB PLACE  
GST: 887315638RT001  
RECEIPT C1

IN: 13.06.14 12:19  
PAY: 13.06.14 13:33  
AMOUNT: CAD 10.00 ✓

----- TRANSACTION  
RECORD -----  
Card #: [REDACTED]  
Card EMV: CHIP  
Account:  
Trans: PURCHASE Amount: \$10.00  
Auth: [REDACTED]  
Sequence #: 000018  
Term ID: 002  
Data: 14/06/13  
Time: 13:32:47

APPROVED



3.20  
3.20  
-----  
6.40 ✓



6

**OLLY FRESCO'S INC**  
UNIT 120 - 10301 SOUTHPORT LANE SW  
CALGARY, Alberta T2W 1S7  
CANADA

**INVOICE**

Invoice No.: [REDACTED]  
Date: [REDACTED] 14  
Page: 1

Sold to: [REDACTED]

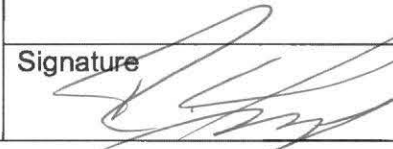
Ship to:  
AHS- [REDACTED]  
Time: [REDACTED]  
Pkt: 0  
Rm: 115 10201 southport RD

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
DS	Each	9	Deli Sandwiches( Blackforest ham, Turkey, Egg, Tuna, Veggie)		5.75	51.75
SLD	Each	9	Salads		3.99	35.91
SD	Each	9	soft drink( 6 Diet, 3 reg coloz)		1.75	15.75
Subtotal:						103.41
<p>OLLY FRESCO'S #120 10301 SOUTHPORT LANE SW CALGARY AB 24887598</p> <p>TIME PURCHASE TIME</p> <p>06-23-2014 12:08:40 Acct # [REDACTED] H Exp Date [REDACTED] Card Type VI Name: [REDACTED]</p> <p>Trace [REDACTED] F52168751802</p> <p>Inv. [REDACTED] CVD Resp H Auth [REDACTED] RRN 001595636</p> <p>Total \$103.41</p> <p>Signature I agree to pay above total amount according to the card issuer agreement.</p> <p>Retain this copy for your records Merchant copy</p> <p>Prov. Clinical Programs + Support Services Leadership meeting.</p> <p>Susan Conroy</p> <p>[REDACTED]</p> <p>Lunch ordered in for meeting.</p> <ul style="list-style-type: none"> <li>• Conroy</li> <li>• Reeb</li> <li>• Osterriecher</li> <li>• Cumming</li> <li>• Manpetit</li> <li>• VanSkver</li> <li>• Thornton</li> </ul> <p>most senior person paid as per policy.</p>						
Comment:					Total Amount	103.41

**Working Session Pre-Approval Request**

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request			
Describe the purpose of the working session. <b>The Provincial Clinical Programs and Support Services Leadership Team (Senior Provincial Director and 4 Directors) and corporate service representatives meet every two months to align and coordinate planning and implementation of initiatives common to all these provincial clinical services.</b>			
Name of Event <b>Provincial Clinical Programs and Support Services Leadership Team Meeting</b>			
Date of Request (yyyy-Mon-dd) <b>2014-July-16</b>	First Name of Event Lead <b>Sue</b>	Last Name of Event Lead <b>Conroy</b>	
Title <b>Senior Provincial Director, PCPSS</b>		Department <b>Provincial Clinical Programs and Support Services Leadership</b>	
Location of Venue <b>Alternates between Edmonton and Calgary</b>		Event Date(s) (yyyy-Mon-dd) <b>..... as below</b>	Number of Attendees <b>Approx. 10</b>
Event Dates			
<b>June 23, 2014</b>			
<b>September 23, 2014</b>			
<b>November 5, 2014</b>			
<b>January TBD, 2015</b>			
<b>March TBD, 2015</b>			
<b>\$100.00 per session x 5 = \$500.00 approx.</b>	Meals approx <b>\$500.00</b>		
	Non- Alcoholic Beverages included in meal cost		
	GST (if applicable) included in above		
	<b>Total Planned Event Budget \$ 500.00</b>		
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name <b>Rick Trimp</b>	Position Title <b>Vice President, Province-Wide Clinical Supports, Programs &amp; Services</b>	DOFA Level
	Signature 		Date (yyyy-Mon-dd) <b>2014/07/23</b>