

## Official Administrator and Executive Expense Report

**Name** Dr. Tom Noseworthy  
**Title** Associate Chief Medical Officer, Strategic Clinical Networks  
**Location** Edmonton  
 Expenses submitted during the month of July 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-14	Direct Billing	Meetings	327			79	406			
Jul-14	Expense Claim	Meetings				216	216			
<b>Total</b>			\$ 327	\$ -	\$ -	\$ 295	\$ 622	\$ -	\$ -	\$ -

**Total for the Month** \$ 622

Maximum daily single meal expense claimed in the month \$ -  
 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 # (AHS) 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: 15-Jul-14 To: 18-Jul-14  
 Travel Period from: \_\_\_\_\_ to \_\_\_\_\_ (Optional)  
 (Out-of-Province Travel)

Name: Dr Tom Nosworthy Position: [Redacted] Associate Chief Medical Officer - SCNs  
 Location: [Redacted] Unit: [Redacted] Business #: [Redacted] Ext: [Redacted]

Employee # (E-People): [Redacted]

SECTION B: 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					TOTAL REIMBURSEMENT		
Pg	Est Unit	Location	Functional Centre (FC)	Total Expense	Est Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense			
2A	191	0000	71110000012	\$215.00						Total Section B	\$215.00	
2B										Total Section C&D		
2C										Less Cash Advances		
2D										<b>TOTAL CLAIM</b>	<b>\$215.00</b>	
				\$215.00								

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, the undersigned, certify that I am authorized to make these statements.

Employee Signature: *[Signature]* / Dr. Tom Nosworthy Date: 24-Jul-14

Approved By (PRINT ONLY): Dr Verma Yip DOFA Level: [Redacted] Position #: [Redacted] Ext: [Redacted]

Signature: *[Signature]* Title: VP, Quality & Chief Medical Officer Date: July 25/14

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Province information on this form is collected by AHS under the authority of section 20(1) of the Health Information Act (HIA) and sections 13(1) and 34(1) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Programs and Services.

Please send completed claim form (with receipts and other required receipts) to: Alberta Health Services 10220-107 St, North Tower, 10th Floor, Acoustic Pavilion, Edmonton, AB T5J 3S5

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0000 71110000012 Emp # (E-People) n/a Page **2A**

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'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 (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						
15-Jul-14	Transportation: Taxi from Condo/Home to Edmonton airport to fly to Calgary to attend various meetings on Wednesday & Thursday	AB - Provinc	Meeting	Yes							\$72.00	✓		
18-Jul-14	Transportation: Taxi from Edmonton airport to SSP to attend mtg w/CEO	AB - Provinc	Meeting	Yes							\$72.00	✓		
18-Jul-14	Transportation: Taxi from SSP to Edmonton airport to fly to Calgary to catch flight Home to BC	AB - Provinc	Meeting	Yes							\$72.00	✓		
<b>SUBTOTALS</b>											\$216.00			Total Kms

①  
②  
③

**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)

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

Mileage \$	
Travel \$ Subtotal	\$216.00
Auto fills on page 1 - TOTAL TRAVEL \$	\$216.00

**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)

Dr. Tom Noseworthy.  
(1 of 1)

①

DR. NOSEWORTHY.

July 15/2014.  
ESP > EIA

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5000

Term Id:4502412509440  
Item #:0557  
VISA PURCHASE  
Op Id:114995

Attend  
Various  
meetings in  
Calgary incl.  
ALP, Clinical

APPROVED  
AMOUNT

CAD\$72.00

Ref. #:  
Auth. #:

Care Pathways,  
etc.

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
BST 862184769

Date: 2014/07/21 Time: 05:20:13  
Response: AUTH

\*\*\*CUSTOMER COPY\*\*\*

②

DR. NOSEWORTHY.

EIA > SSP.

July 18/2014

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5000

Term Id:4502412509440  
Item #:0558  
VISA PURCHASE  
Op Id:114995  
Card #:

Attend  
mtg w/  
CEO

APPROVED  
AMOUNT

CAD\$72.00

Ref. #:  
Auth. #:

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
BST 862184769

Date: 2014/07/21 Time: 05:21:54  
Response: AUTH

\*\*\*CUSTOMER COPY\*\*\*

③

DR. NOSEWORTHY

July 18/2014.  
ESP > EIA

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5000

Term Id:4502412509440  
Item #:0559  
VISA PURCHASE  
Op Id:114995  
Card #:

Return to  
Calgary to  
Home  
to BC.

APPROVED  
AMOUNT

CAD\$72.00

Ref. #:  
Auth. #:

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
BST 862184769

Date: 2014/07/21 Time: 05:23:24  
Response: AUTH

\*\*\*CUSTOMER COPY\*\*\*

## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

### Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes  No

Name: Dr Tom Noseworthy

Reporting Period for the Month of: July 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
July 2014	Direct Billing	Transportation	Airfare to attend various meetings	Marlin Travel	\$326.48
July 2014	Direct Billing	Transportation	Taxi for transport in Calgary	Airport Towne Car Service	\$79.24
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$405.72</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: July 14, 2014  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

For  
DR THOMAS NOSEWORTHY  
[REDACTED]

*Fly from Edmonton to Calgary  
to attend various meetings  
on Wed. & Thur. incl. Exec. Ed.  
ALP mtg, Clinical Pathways,  
etc.*

Tuesday, July 15, 2014

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Flight: 8155 V CLASS  
07:30 PM Equipment: D8 (300 SERIES)  
08:22 PM

Mile(s) Flown: 153

## Cost:

AIR CANADA WE [REDACTED]	184.00
Tax:	37.48
Ticket Total:	221.48

## Total:

Grand Total:	221.48
Less Credit Card Payments:	221.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: July 14, 2014  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).

MARLIN TRAVEL  
 O-O PERCY HUNT TRAVELGROUP INC  
 MAIN FLOOR, 9929 108TH ST.  
 EDMONTON, AB T5K 1G8  
 GST Reg#: 885101915  
 Branch: [REDACTED]  
 Agent: [REDACTED]  
 To: ALBERTA HEALTH SERVICES  
 SUITE 800, NORTH TOWER  
 10030-107 ST  
 EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
 Date: 15-Jul-14  
 Page: 1/1  
 Our Reference: [REDACTED]  
 Your Reference: [REDACTED]

**INVOICE**

**For**  
 DR THOMAS NOSEWORTHY  
 [REDACTED]

*Fly from Calgary to Edmonton  
 to attend (1) mtg with CED and  
 (2) Analytics Oversight Council mtg.  
 Return to Calgary at end of day.*

18-Jul-14

**Air**

AIR CANADA  
 From: CALGARY AB  
 To: EDMONTON INTL AB  
 Stops: 0  
 AIR CANADA E  
 AIR CANADA [REDACTED]  
 SEAT 1D - E [REDACTED]

Flight: 8130 V CLASS  
 6:00 Equipment: D8 (300 SERIES)  
 6:51

Mile(s) Flown: 153

**Air**

AIR CANADA  
 From: EDMONTON INTL AB  
 To: CALGARY AB  
 Stops: 0  
 AIR CANADA E  
 AIR CANADA [REDACTED]  
 SEAT 1D - E [REDACTED]

Flight: 8169 H CLASS  
 17:00 Equipment: D8 (300 SERIES)  
 17:52

Mile(s) Flown: 153

**Cost:**

AIR CANADA WE [REDACTED]

NEW TICKET	522.96	→ Cost of tkt.
CREDIT	-517.96	→ offset against credit
CHANGE FEE	100.00	↳ Change fee
	5.00	→ airline tax fee
	100.00	

TOTAL AMOUNT COLLECTED

[REDACTED]

Grand Total:  
 Less Credit Card Payments:

105.00  
 105.00 → billed to AHS.

*offset against \$517.96  
 Credit on file for cancelled  
 Sept. 16-17, 2013 tkt to fly  
 Edmonton - Calgary - Edmonton.  
 (Credit note & cancelled tkt att'd).*



<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE           ACCEPTED:.....DECLINED:.....

DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD.. ...PROOF OF CANADIAN CITIZENSHI

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WI

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY   GTRMM 11506 UNDERWRITTEN BY MAI

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL   1 888 342 3292 OUTSIDE OF TOLL FREE

OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).

## Karen Ramkhelawan

---

**From:** Karen Ramkhelawan  
**Sent:** Friday, September 13, 2013 7:02 PM  
**To:** [REDACTED]  
**Subject:** RE: Air Canada Credit - Dr Noseworthy

Many thanks.

[REDACTED]

---

**From:** Sandra Kopeck [[mailto:\[REDACTED\]](#)]  
**Sent:** Friday, September 13, 2013 2:36 PM  
**To:** Karen Ramkhelawan  
**Subject:** Air Canada Credit - Dr Noseworthy

Hi Karen,

Details below.

Air Canada reference [REDACTED]

Ticket number [REDACTED]

\$517.96 (less change fees)

Expires Sep 9, 2014

Sandra

Ticket cancelled Sept. 2013 for \$517.96 credit  
(representing cost of tkt at \$527.96 minus Marlin  
Travel's \$10.00 booking fee.)

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 9, 2013  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
DR THOMAS NOSEWORTHY  
[REDACTED]

Monday, September 16, 2013

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 1D

Flight: 8163  
10:45 PM Equipment: D8 (300 SERIES)  
11:37 PM

Q CLASS on Sept 18<sup>th</sup>  
Mile(s) Flown: 153

- Tkt originally booked for  
Dr. Noseworthy to fly from  
Edmonton-Calgary on Sept 16<sup>th</sup> for  
PhD exam in Sept 17<sup>th</sup> then return  
to Edmonton to co-chair AACHT mtg

- tkt subsequently cancelled  
for credit when Dr. Noseworthy  
named VP & COO for the North  
Sector as he must remain in  
Edmonton to attend mtgs.

Tuesday, September 17, 2013

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5D

Flight: 8225  
07:30 PM Equipment: DH4  
08:20 PM

Mile(s) Flown: 153

(at rd is the credit)

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]  
Date: September 9, 2013  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Cost:	
[REDACTED]	448.00
Tax:	69.96
Ticket Total:	517.96
[REDACTED]	10.00
Total:	

Grand Total:	527.96
Less Credit Card Payments:	527.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



# Payment Requisition

<b>AHS - AP Processing - Internal Use Only</b>
Naming Convention:
Voucher #
T4A/NR Applicable? - If yes, indicate line & amt

**Please Note: Only 1 Invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)**

**This Form should only be used for exceptions to Markview or if no invoice exists.**

<b>PAYEE INFORMATION</b> (Check one only) <input checked="" type="checkbox"/> Vendor <input type="checkbox"/> Patient <input type="checkbox"/> Other (example Volunteer)			
Invoice Date	21-Jul-14	Invoice Number	[REDACTED]
Vendor Name	Airport Towne Car Service		
Address	37 Royal Oak Cove NW	City	Calgary
Province/State	AB	Postal Code	T3G 4X7
		Country	Canada
Are original attachments to be mailed with cheque? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Payment Details:	Non-Po Invoice <input checked="" type="checkbox"/>	Service PO Pmt <input type="checkbox"/>	No Invoice <input type="checkbox"/>
Reason for Expense &/or Business case:	Transport/cab for Dr Tom Noseworthy while in Calgary		

If claiming for meals/travel/accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" Rationale is Required  
 Cells that are locked (complete calculations) are Aqua. Cells requiring selection from dropdown menu are shaded Orange

### FINANCE CODE/ACCOUNTING DISTRIBUTION

(Departments must provide Complete Coding)

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 below

Corp/BU/Org (If applicable) e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used? Y/N	Expense Sub - Total	GST (If applicable)	Total
101	0000	71110000012	62310000	yes	\$79.24		\$79.24
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	<b>TOTAL PAYMENT</b>		<b>\$79.24</b>		<b>\$79.24</b>

### CAPITAL PROJECT CODING

(If more space is needed for coding, please attach an additional sheet)

Project	Task	Expense Type	Expense Org.	Cost Effective? Y/N	Expense Sub - Total	GST (If applicable)	Total
Canadian <input type="checkbox"/>	US <input type="checkbox"/>	Other <input type="checkbox"/>	<b>TOTAL PAYMENT</b>				

Rationale is Required for expenses that are not Cost Effective: (Supporting analysis and documentation must be attached to form)

### AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
Karen Ramkhelawan	Exec Asst to ACMO, Strategic Clinical Networks	24/07/2014	[REDACTED]
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 the 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 Name)	Signature	Date	Phone#
Dr Verna Yiu		July 25/14	[REDACTED]
Title/Program Group	DOFA Level	Position#	
VP, Quality & Chief Medical Officer	[REDACTED]	[REDACTED]	

- 1) All employee reimbursements must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health or personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

1104316 ALBERTA LTD (Car Service)  
37 Royal Oak Cove NW  
Calgary AB T3G4X7

Safe & Reliable Car Service provider

Dr. Noseworthy CORPORATE  
KAREN Ramkhelawan  
EDMONTON AB

Invoice # [REDACTED]  
Invoice Date July 21, 2014  
**Amount Due \$79.24 CAD**

Item	Description	Unit Cost	Quantity	Line Total
Sedan Service	July 18 - 4:15 am - Dr. Noseworthy - Dr. [REDACTED]	68.90	1	68.90

**Subtotal 68.90**  
**Gratuity 15% 10.34**  
**Total 79.24**  
**Amount Paid -0.00**  
**Amount Due \$79.24 CAD**

*Cab from Home to Calgary  
airport to fly to Edmonton  
for mtg w/ CEO; attend  
Analytics Oversight Council  
mtg.*