

## 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 August 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)
Aug-14	Expense Claim	Meetings				298	298			
Aug-14	Direct Billing	Meetings	401				401			
<b>Total</b>			\$ 401	\$ -	\$ -	\$ 298	\$ 699	\$ -	\$ -	\$ -

**Total for the Month**     \$        699

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 # (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: 12-Aug-14 To 26-Aug-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Dr Tom Noseworthy Position (Title): Associate Chief Medical Officer - SCNs

Location: \_\_\_\_\_ Dept: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Employee # (E-People): n/a

**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		
2A	101	0000	71110000012	<b>\$297.60</b>						Total Section B	<b>\$297.60</b>
2B										Total Section C&D	
2C										Less Cash Advance	
2D										<b>TOTAL CLAIM</b>	<b>\$297.60</b>
				<b>\$297.60</b>	**User to enter Coding & \$ Amounts						

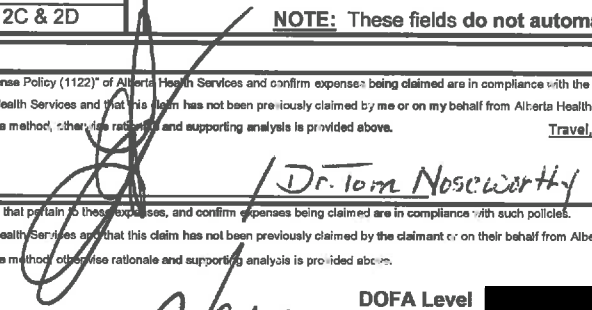
**NOTE:** This section auto fills from page 2A, 2B, 2C & 2D

**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:**  Dr. Tom Noseworthy Date 27-Aug-14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

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

**Signature:**  Title VP, Quality & Chief Medical Officer Date Sept 5/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

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 71110000012</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Page <b>2A</b>
---	--	----------------

*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.*

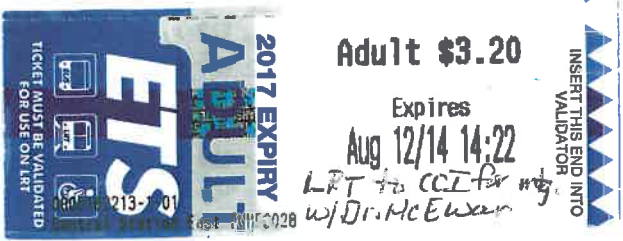
**SECTION B: TRAVEL EXPENSES**      **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description (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						
12-Aug-14	Transportation: LRT to CCI to attend meeting w/Dr Sandy McEwan	AB - Provinc	Meeting	Yes								\$3.20 ✓		
12-Aug-14	Transportation: LRT from CCI to Home	AB - Provinc	Meeting	Yes								\$3.20 ✓		
14-Aug-14	Transportation: Taxi from SSP to Renaissance Hotel at the Edmonton Int'l Airport to speak at Research Priorities and Implementation Planning meeting	AB - Provinc	Meeting	Yes								\$72.00 ✓		
14-Aug-14	Transportation: Taxi from Renaissance Hotel at the Edmonton Int'l Airport to AH to attend SWES meeting	AB - Provinc	Meeting	Yes								\$72.00 ✓		
21-Aug-14	Transportation: LRT from SSP to WMC to attend mtg with Dr Mador & Deb Gordon	AB - Provinc	Meeting	Yes								\$3.20 ✓		
26-Aug-14	Transportation: Taxi from Home to Renaissance Hotel at the Edmonton Int'l Airport to attend meeting to discuss Health Canada Project	AB - Provinc	Meeting	Yes								\$72.00 ✓		
26-Aug-14	Transportation: Taxi from Renaissance Hotel at the Edmonton Int'l Airport to SSP	AB - Provinc	Meeting	Yes								\$72.00 ✓		
<b>SUBTOTALS</b>											\$288.00	\$9.60		Total Kms

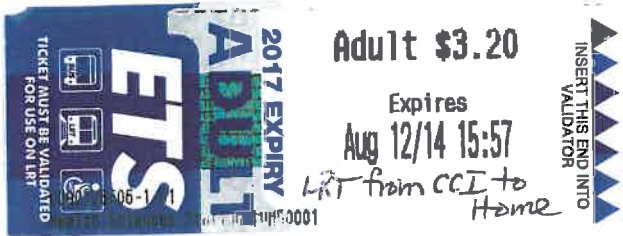
<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p align="center">→ details of travel location to &amp; from must be included above under the purpose of travel column</p> <p align="center">Rates applicable <b>\$0.505</b> per km for <u>under 5,000km/yr</u> or <b>\$0.47</b> per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u></p>	<p align="center">Enter <b>\$0.505 km, \$0.47 km OR rate per Union Agreement</b>  <i>(see Mileage details to the left)</i></p>						
<p align="center"><b>Note:</b> Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="right" colspan="2"><b>Mileage \$</b></td> </tr> <tr> <td align="right" colspan="2"><b>Travel \$ Subtotal</b></td> </tr> <tr> <td align="right" colspan="2"><b>Auto fills on page 1 - TOTAL TRAVEL \$</b></td> </tr> </table>		<b>Mileage \$</b>		<b>Travel \$ Subtotal</b>		<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	
<b>Mileage \$</b>							
<b>Travel \$ Subtotal</b>							
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>							

**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)**



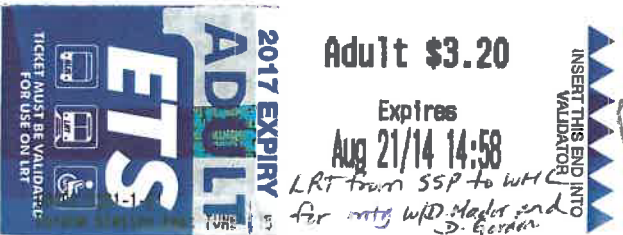
Adult \$3.20

Expires  
Aug 12/14 14:22  
LRT to CCI for mtg  
w/ Dr. McEwen



Adult \$3.20

Expires  
Aug 12/14 15:57  
LRT from CCI to  
Home



Adult \$3.20

Expires  
Aug 21/14 14:58  
LRT from SSP to WH  
for mtg w/ D. Gordon

DR. NOSEWORTHY.

Aug. 14/2014.

SSP > Renaissance Inn

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
788-463-5800

Speak on  
scas at  
Research  
Priorities  
mtg.

APPROVED  
AMOUNT  
CAD \$72.00

Ref. # [redacted]  
Auth. # [redacted]  
Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2014/08/28 Time: 23:30:52  
Response: AUTH

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

DR. NOSEWORTHY.

Aug. 14/2014.

Renaissance Inn > Alberta Health.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
788-463-5800

Attend scas  
mtg at  
Alberta  
Health

APPROVED  
AMOUNT  
CAD \$72.00

Ref. # [redacted]  
Auth. # [redacted]  
Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2014/08/28 Time: 23:33:28  
Response: AUTH

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

Aug. 26/2014.  
Res > Renaissance Inn

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
788-463-5800  
\*\*DUPLICATE\*\*

Term Id: 4582412509440  
Item #: 0635  
VISA PURCHASE  
Op Id: 114995  
Card #: [redacted]

Attend  
mtg. to  
discuss  
Health  
Canada  
Project

APPROVED

AMOUNT

CAD \$72.00

DR. NOSEWORTHY

I agree to pay above total,  
as per cardholder or merchant  
agreement. Retain this copy  
for your records.

Ref. # [redacted]  
Auth. # [redacted]

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST 862184769

Date: 2014/08/28 Time: 23:35:16  
Response: AUTH

\*\*\*DUPLICATE COPY\*\*\*

DR. NOSEWORTHY.

Aug. 26/2014.  
Renaissance Inn > Res.

PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6H-1C2  
788-463-5800

Term Id: 4582412509440  
Item #: 0636  
VISA PURCHASE  
Op Id: 114995  
Card #: [redacted]

Cab  
Home at  
end of  
Health  
Project

APPROVED

AMOUNT

CAD \$72.00

Ref. # [redacted]  
Auth. # [redacted]

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST 862184769

Date: 2014/08/28 Time: 23:40:09  
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: August 2014**

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
August 2014	Direct Billing	Transportation	Airfare to attend meeting	Marlin Travel	\$400.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$400.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8

GST Reg#: 885101015

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

August 15, 2014

Page:

1/2

Our Reference:

Your Reference:

## INVOICE

For  
DR THOMAS NOSEWORTHY  
AC

Wednesday, September 3, 2014

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 6C

Flight: 8130

G CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:52 AM

Mile(s) Flown: 153

*Fly from Calgary to Edmonton on  
Sept. 3rd to attend various  
meetings incl. PRIHS Steering  
Committee, 121 w/ Shaerlene Steyberg,  
mtg. w/ Drs Frank/Yiu/Todd  
and Tracy Wasylak.*

*Fly Edmonton - Calgary at end  
of day to attend various mtgs  
in Calgary for the balance  
of the week incl 121 with  
Dr. Edwards, speak on SCNS at  
MEDEC mtg, etc.*

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 6C

Flight: 8163

G CLASS

10:45 PM Equipment: D8 (300 SERIES)

11:37 PM

Mile(s) Flown: 153

Cost:

326.00

Tax:

74.96

Ticket Total:

400.96