

## Official Administrator and Executive Expense Report

**Name** Dr. Vanessa Maclean  
**Title** Zone Medical Director, South Zone  
**Location** Lethbridge  
 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	P-Card	Meetings			385	-	385			
Jul-14	Expense Claim	Meetings				810	810			
<b>Total</b>			\$ -	\$ -	\$ 385	\$ 810	\$ 1,195	\$ -	\$ -	\$ -

**Total for the Month**     \$     1,195

Maximum daily single meal expense claimed in the month     \$     -  
 Maximum daily base hotel rate claimed in the month     \$     229  
 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:**

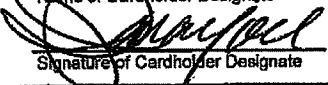

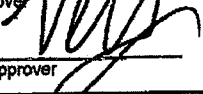
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>MACLEAN, VANESSA</u> Cardholder's Name	<u>SOUTH ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/07/2014</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount: <u>\$384.77</u>
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
02/07/2014	357148711	DELTA CALGARY AIRPORT, DELTA HOTELS	257.09	CAD	257.09	.00	.00	ZMD Accom-MSBRRC ✓
03/07/2014	357292838	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	127.68	CAD	127.68	.00	.00	Accom - ZMD Weekly Site Visit ✓

①  
②



Signatures	
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>	
<u>Indi Tamayo</u> Name of Cardholder Designate	<u>Executive Coordinator</u> Cardholder Designate Position/Title
 Signature of Cardholder Designate	<u>21 July 2014</u> Date of Signature
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>MACLEAN, VANESSA</u> Name of Cardholder	<u>SOUTH ZONE MEDICAL</u> Cardholder Position/Title
 Signature of Cardholder	<u>July 30/14</u> Date of Signature
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
Name of Approver Designate	Approver Designate Position/Title
Signature of Approver Designate	Date of Signature
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>Dr. Verna Yiu</u> Name of Approver	<u>VP Quality + CHS</u> Approver Position/Title
 Signature of Approver	<u>July 31, 2014</u> Date of Signature
<b>Submit approved statements with attachments to Accounts Payable</b>	
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:               <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable Only</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

ZHDACCOM-  
MSBRRC Mtg  
Page: 1 of 1






# DELTA

CALGARY AIRPORT  
2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8  
Tel: 403-291-2600 Fax: 403-250-6121

AB HEALTH SERVICES  
Dr Vanessa Maclean



Room:   
Folio:   
Cashier:   
Arrival: 07-08-14  
Departure: 07-09-14

Date	Description	Additional Information	Charges	Credits
07-08-14	Deposit Transferred at C/I			257.09
07-08-14	Room Charge		229.00	
07-08-14	Room Destination Marketing Fee		6.87	
07-08-14	Room Tourism Levy		9.43	
07-08-14	Room GST		11.79	

Total	257.09	257.09
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Balance Due	0.00 CDN
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GST Summary	
Reg No:807209770 RT0001	
Room	11.79
F&B	0.00
Other	0.00
<b>Total</b>	<b>11.79</b>

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



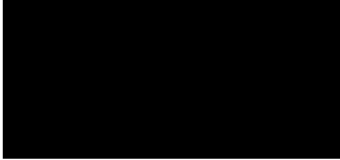
# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

ZMD Accom Weekly site visit

Dr. Vanessa MacLean



Page #

Res. #

Checked in

Checked out

Nights

Room Rate

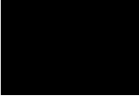
Room



Thu Jul 3/14 - 9:37pm

Fri Jul 4/14 - 9:07am

1



Date	Description	Reference	Charges	Credits
Jul03	GOVERNMENT RATE		114.00	
Jul03	GST		5.70	
Jul03	Room Tax		4.56	
Jul03	Destination Marketing Fee		3.42	
Jul04	PAID BY MASTERCARD			127.68
			0.00	127.68

Thank you for staying with us. Please come again!  
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	5.70
Room Tax	4.56

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*  
SINCE 1944



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-Jul-14 To 31-Jul-14  
 Travel Period from: 2-Jul-14 To 31-Jul-14 (if applicable)  
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director

Location: Chinook Regional Hospital Dept: Medical Affairs DOFA Level: [REDACTED] (if applicable) Union: \_\_\_\_\_ Business Phone #: [REDACTED] Ext: \_\_\_\_\_

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	0014	71110106046	\$809.81						\$809.81		
2B												
2C												
2D												
				\$809.81								

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

\*\*User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

<b>TOTAL REIMBURSEMENT</b>	
Total Section B	\$809.81
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$809.81</b>

**SECTION F: AUTHORIZATION**

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.

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.

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

Employee Signature: [Signature] Date: July 30/14

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

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

Signature: [Signature] Title: VP Quality + CMO Date: July 31/14

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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.

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.

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> 101   0014    71110106046	<b>Emp # (E-People)</b> [REDACTED]	Page <b>2A</b>
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*If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if 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?	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? 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							
3-Jul-14	Medicine Hat - Return - Zone Medical Director Weekly Site Visit	AB	Meeting	Yes										336.00 ✓
8-Jul-14	Medicine Hat to Bassano to Calgary - ZMD Weekly Visit, Physician Meeting / MSBRC Mtg	AB	Meeting	Yes										715.00 ✓
14-Jul-14	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes										336.00 ✓
17-Jul-14	Medicine Hat - Return - ZMD Site Visit	AB	Meeting	Yes										336.00 ✓
<b>SUBTOTALS</b>													Total Kms	1723.00

<p align="center"><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 align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement                  (see Mileage details to the left)    \$0.470</p>
<p align="right"><b>Mileage \$    \$809.81</b></p>	
<p align="right"><b>Travel \$ Subtotal</b></p>	
<p align="right"><b>Auto fills on page 1 - TOTAL TRAVEL \$    \$809.81</b></p>	

**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)