

## Official Administrator and Executive Expense Report

**Name** Dr. Vanessa Maclean  
**Title** Zone Medical Director, South Zone  
**Location** Lethbridge

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	2,698		496	420	3,614			
Oct-14	Expense Claim	Meetings				945	945			
<b>Total</b>			\$ 2,698	\$ -	\$ 496	\$ 1,365	\$ 4,559	\$ -	\$ -	\$ -

**Total for the Month**     \$     4,559

Maximum daily single meal expense claimed in the month     \$     -  
 Maximum daily base hotel rate claimed in the month     \$     179  
 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>20/10/2014</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$3,614.27</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>	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2014	384938877	RADISSON AIRPORT HOTEL, RADISSON	167.28	CAD	167.28	7.97		ZMD Accom - CMO Off Site mtg ✓
23/09/2014	385192461	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	2,621.01	CAD	2,621.01	124.81	.00	Purchase Commuter Pass -ZMD Travel ✓
23/09/2014	385192462	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	10.00	CAD	10.00	.48	.00	S/C Integra Air - Commuter Pass Purchase ✓
23/09/2014	385323831	MEDICINE HAT LODGE, BEST WESTERN HOTELS	127.68	CAD	127.68	6.08		ZMD Accom- Weekly Site Visit ✓
23/09/2014	385972785	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	-124.81	CAD	-124.81	-6.94	.00	Refund - GST Charged on Commuter Pass ✓
30/09/2014	385854328	EXPEDIA*188493758987, TRAVEL AGENCIES AND TOUR OPERATORS	200.96	CAD	200.96	.00	.00	ZMD Accom - PPEC ✓
02/10/2014	386319588	WESTJET*0005865890725, Westjet Airlines	191.48	CAD	191.48	.00	.00	IM/IT -Late mtg- no flights home ✓
09/10/2014	386662566	Enterprise (780)980-23, ENTERPRISE RENT-A-CAR	62.21	CAD	62.21	2.98		Rental Car - IM/IT mtg ✓
03/10/2014	386562588	HERTZ CANADA, HERTZ CORPORATION	340.46	CAD	340.46	.00	.00	Rental Car - No flights from Edmonton - Fly to YYC then drove to YQL ✓

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
02/10/2014	386319585	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking - IM/IT Mtg ✓

**Cardholder Designate (if Applicable)**  
By signing this statement

- 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.

Indi Tamayose  
Name of Cardholder Designate

Executive Coordinator  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

21/10/14  
Date of Signature

**Cardholder**  
By signing this statement

- 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.

MACLEAN, VANESSA  
Name of Cardholder

SOUTH ZONE MEDICAL  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

Oct 22/14  
Date of Signature

**Approver Designate (if Applicable)**  
By signing this statement

- 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.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**  
By signing this statement

- 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.

Dr. Verna Yiji  
Name of Approver

VP Quality + CMO  
Approver Position/Title

[Signature]  
Signature of Approver

Oct 30/14  
Date of Signature

<p><b>Attach:</b></p> <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)</li> </ul> <p>And where applicable:</p> <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>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Reference #: _____	Reviewed by: _____	Date: _____
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Radisson

09-18-14

Vanessa Maclean



①

Room No. :

Arrival : 09-18-14

Departure : 09-19-14

Page No. : 1 of 1

Folio No. :

Conf. No. :

Cashier No. :

**INFORMATION INVOICE**

Membership No. :

A/R Number :

Group Code :

Company Name : Alberta Health Services (AHS)

09-19-14 03:15:00 AM EST

Date	Text	Charges	Credits
09-18-14	Room	149.00	
09-18-14	Marketing Fee	4.47	
09-18-14	GST Tax	7.67	
09-18-14	Alberta Tourism Levy	6.14	
09-19-14	Mastercard		167.28
<b>Total</b>		<b>167.28</b>	<b>167.28</b>
<b>Balance</b>			<b>0.00</b>

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.  
 Enroll and learn more at the front desk or at clubcarlson.com

**Thank You For Staying With Us**

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

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

Radisson Hotel & Conference Centre Calgary Airport East  
 6620 36th Street NE  
 Calgary, AB T3J 4C8  
 Telephone: (403) 475-1111 Fax: (403) 719-3855  
 GST #: 82338 3401 RT0001

*Purchase in one way  
Integra flights  
- Lethbridge to Edmonton*

**Jodi Tamayose**

**From:** res@integraair.com  
**Sent:** September 23, 2014 2:31 PM  
**To:** Jodi Tamayose  
**Subject:** Commuter Package Invoice

**Importance:** High

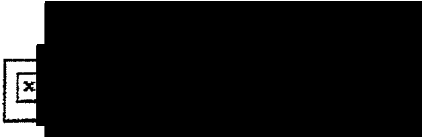
(2)

## Invoice



**Date: 09/23/2014**

i>>



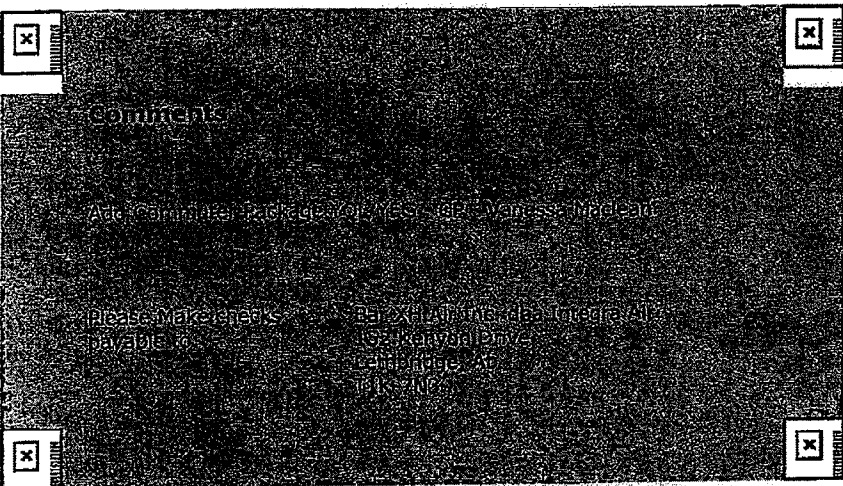
[www.integraair.com](http://www.integraair.com)

MASTERCARD

LETHBRIDGE  
AB

**Paid By: MASTERCARD**  
**PO:**

Quantity	Description	Price	Amount
1	Add Commuter Package YQL/YEG - CP - Vanessa Maclean	\$2,496.20	\$2,496.20



Subtotal:	\$2496.20
GST(100411966RG0001):	\$124.81
<b>Total:</b>	<b>\$2621.01</b>

**Save Time - Save Money**  
**"It's Smarter to Charter"**

*1 year exp. as part of commuter pass. 10 one way passes.*

**Jodi Tamayose**

**From:** res@integraair.com  
**Sent:** October 21, 2014 11:22 AM  
**To:** Jodi Tamayose  
**Subject:** Misc.Invoice #  
**Importance:** High

3

»

# Invoice

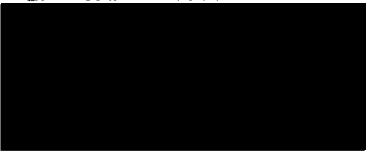


[www.integraair.com](http://www.integraair.com)



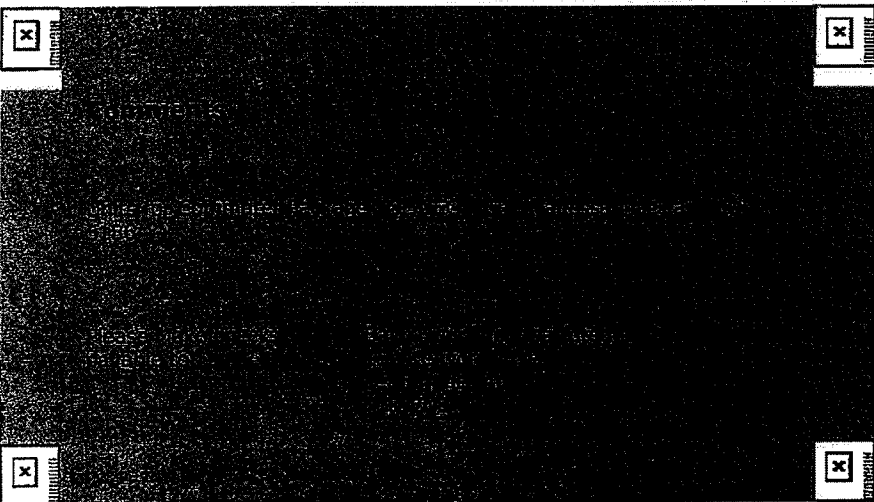
**Date: 09/23/2014**

CP - VANESSA MACLEAN



**Paid By: MASTERCARD**  
**PO:**

Quantity	Description	Price	Amount
1	Units for Commuter Package YQL/YEG - CP - Vanessa Maclean - [Redacted]	\$10.00	\$10.00



Subtotal:	\$10.00
GST(100411966RG0001):	\$0.00
<b>Total:</b>	<b>\$10.00</b>

**Save Time - Save Money**



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

(4)

*2 MED WATERSLIDE*

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

Vanessa Dr. MacLean

Page #

Res. #

Checked in

Checked out

Nights

Room Rate

Room

Mon Sep 22/14 - 10:13pm

Tue Sep 23/14 - 7:33am

1

114.00

Date	Description	Reference	Charges	Credits
Sep22	GOVERNMENT RATE		114.00	
Sep22	GST		5.70	
Sep22	Room Tax		4.56	
Sep22	Destination Marketing Fee		3.42	
Sep23	PAID BY MASTERCARD			127.68
			-----	-----
			0.00	127.68
				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



(5)

9/23/2014 2:34:36 PM

# Misc Invoice MCO

LOCATOR  
CUSTOMER  
CREDIT CARD NUMBER  
CREDIT CARD EXPIRY



### ADJUSTED ITEMS

ITEM	DESCRIPTION	QUANTITY	PRICE EACH	AMOUNT

Does not get charged GST

SUBTOTAL: 0.00  
 PST: 0.00  
 GST: -124.81  
 TOTAL: -124.81

\* REFUND  
 \* Charged GST - on computer  
 pass purchase  
 AHS is GST  
 exempt

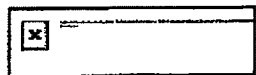


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PPEC  
ZMD Accommodation

Jodi Tamayose

From: Expedia.ca <Expedia@ca.expediamail.com>  
Sent: September 29, 2014 9:04 PM  
To: Jodi Tamayose  
Subject: Sandman Hotels & Suites Calgary West, Calgary - Sep 30, 2014 (Itinerary # [REDACTED])



This Expedia Itinerary was sent from vanessa maclean. If you have access to this account, you can view the most up-to-date version.

**Access your itinerary anywhere.** GET THE FREE APP

## Sandman Hotels & Suites Calgary West, Calgary

30 Sep 2014 - 1 Oct 2014 | Itinerary # [REDACTED]

### Sandman Hotels & Suites Calgary West BOOKED

Tue 30/Sep/2014 - Wed 1/Oct/2014 . 1 room | 1 night

Your reservation is booked. No need to call us to reconfirm this reservation.



View hotel details  
125 Bowridge Dr NW, Calgary, AB, T3B 3R6 Canada  
Tel: 1 (403) 288-6033, Fax: 1 (403) 288-6063

#### Check-in

- Check-in time starts at 4 PM
- Your room will be guaranteed for late arrival.

#### Important Hotel Information

This reservation is non-refundable and cannot be cancelled or changed.

- View your online itinerary for additional rules and restrictions.

For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

**Room** Suite, 1 King Bed with Sofabed, Non Smoking

Includes: Free Parking Free Wireless Internet

Reserved for vanessa maclean  
1 adult

Requests 1 king and 1 sofa bed, non-smoking room

#### Price Summary

**Total \$200.96**  
Collected by Expedia

Room Price **\$200.96**  
1 night **\$179.00**  
Taxes & Fees **\$21.96**

All prices quoted in CAD.

#### Additional Hotel Services

The below fees and deposits only apply if they are not included in your selected room rate.

The following fees and deposits are charged by the property at time of service, check-in, or check-out.

- Breakfast fee: between CAD 8 and CAD 15 per person (approximately)
- Pet fee: CAD 20 per night

The above list may not be comprehensive. Fees and deposits may not include tax and are subject to

MIT

Extended my  
Had to change original  
return.

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: October 2, 2014  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For:**  
DR VANESSA MACLEAN

Thursday, October 2, 2014

Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0  
WESTJET ENCO

Flight: 3288 Q CLASS  
09:10 PM Equipment: DH4  
10:00 PM

Mile(s) Flown: 153

Cost:		
TKT [REDACTED]	E-TKT	[REDACTED] 142.00
		Tax: [REDACTED] 49.48
		<b>Ticket Total:</b> 191.48

Total:		
		<b>Grand Total:</b> 191.48
		Less Credit Card Payments: 191.48
		Credit / Balance Due To This Invoice: 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 CITIZENSHIP AND PHOTO ID... OTHER.....

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

Invoice Number: [REDACTED]  
Date: October 2, 2014  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

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).

*RENTAL CAR*  
*11/1/14*



8

Member#:	Passw ord:
<input type="text"/>	<input type="text"/>
<input type="button" value="Login"/>	<a href="#">Forgot?</a>



**Rental Receipt - Thank you for your business**

INTEGRA AIR  
VANESSA MACLEAN

Contract Number: XXXXXXXXXX  
Receipt Date: **Oct 2, 2014**

**Enterprise Location:** EDMONTON INTL ARPT  
LEDUC, AB T9E8B7  
CA  
Tel.: (780) 980-2338

**Driver:** VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Oct 1, 2014 @ 3:32 pm	Oct 2, 2014 @ 11:59 am	NISN ALTI	3,513	3,590	77
<b>Total km</b>					<b>77</b>

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	47.00	47.00
VLF				0.79
				Subtotal: CAD 47.79
<b>Taxes and Surcharges</b>				
CFC				4.00
GST				2.96
CFC				7.46
				Subtotal: CAD 62.21
<b>Total Charges:</b>				<b>CAD 62.21</b>

Payment Information		Total
CREDIT CARD	MC	62.21
		Subtotal: CAD 62.21
<b>Total Payment Amount:</b>		<b>CAD 62.21</b>

If you have any questions about this receipt please contact our support staff at (780) 980-2338 or [Email us](#).



(A)

non in late mtg - No flight Sage Pof2  
Lethbridge - 2

PRINT

HERTZ CANADA LTD  
Phone: 800-654-4173  
Fax:  
Web: www.hertz.com



RA No/No de Contrat: [REDACTED]  
Invoice/FactureDate: [REDACTED]  
Invoice/Facture: [REDACTED]

Renter/Locataire: VANESSA MACLEAN  
Account/Compte: [REDACTED]  
MC  
CDP No.:  
CDP Name:  
ALBERTA

**Inquiries/Pour Tout Renseignement:**

HERTZ CANADA LTD.  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120  
UNITED STATES  
GST Number/Numero TPS: R102337847

VANESSA MACLEAN



RENTAL REFERENCE/REFERENCES DE LOCATION

RA No/No de Contrat: [REDACTED]  
Reservation: [REDACTED]

RENTAL DETAILS/DETAILS DE LA LOCATION

Rate/Tarif: IN/RETOUR: ICAL OUT/DEPART: ICAL  
Rent/Location: 10/02/2014 22:25 LOC# 812511  
CALGARY AP, CANADA  
Return/Retour: 10/03/2014 18:00 LOC# 812823  
LETHBRIDGE, CANADA

Car/Voiture: [REDACTED]  
Veh. No.: [REDACTED]  
Charged/Factures: C MI/KM In/Retour: 19,358  
Rent/Location: C Out/Depart: 18,990  
Reserved/Reservee: C Driven/Parc.: 368

RENTAL CHARGES/FRAIS DE LOCATION

DAYS/JOUR(S) 1 @ 272.99 272.99  
SUBTOTAL/SOUS-TOTAL 272.99  
AIRPORT FACILITIES FEE 6.00  
LICENSE & TAX REIMBURSEMENT 0.41  
CONCESSION PASS THRU FEE 42.97  
ENERGY SURCHARGE 0.88  
AIR CONDITION RECOVERY FEE 1.00  
GST/TPS 5.00% 16.21

MISC INFORMATION/INFORMATIONS DIVERSES

CC AUTH: [REDACTED] DATE: 0000/00/00 AMT: 541.00

AMOUNT DUE/NET A PAYER 340.46 CAD

THANK YOU FOR RENTING FROM HERTZ  
MERCI D'AVOIR LOUE CHEZ HERTZ

**Written Attestation for Lost Receipt**

**Date/Purpose/Amount - October 2, 2014 / Parking / \$18.00**

**Location: Edmonton Impark - Seventh Street Plaza**

**Meeting Description – IM/IT Executive Committee**

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed



\_\_\_\_\_  
Employee Authorization



\_\_\_\_\_  
Dr. Verna Yiu  
Claim Approver

Date Signed: Oct 24/14

Date Signed: Oct 30/14

**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-Oct-14 To 31-Oct-14  
 Travel Period from: 1-Oct-14 To 31-Oct-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: (if applicable) Union: Business Phone #: Ext:

Employee # (E-People):

**SECTION E: 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	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	\$944.70						\$944.70	
2B											
2C											
2D											
				\$944.70						Less Cash Advance	
					**User to enter Coding & \$ Amounts					TOTAL CLAIM	\$944.70
					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 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: Oct 24/14

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): Dr. Verna Yiu DOFA Level: Position #: Phone #: Ext:

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

Signature: [Signature] Title: VP Quality and Chief Medical Officer Date: Oct 24/14

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    71110108046	<b>Emp # (E-People)</b> [REDACTED]	Page 2A
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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 than one 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																
1-Oct-14	Calgary - Return - PPEC	AB	Meeting	Yes													448.00 ✓							
10-Oct-14	Medicine Hat - Return ZMD Weekly Site Visit	AB	Meeting	Yes													338.00 ✓							
14-Oct-14	Medicine Hat - Return - Zone Medical Director Weekly Site Visit	AB	Meeting	Yes													338.00 ✓							
15-Oct-14	Taber - Return - SZ Leaders Strategic Planning	AB	Meeting	Yes													110.00 ✓							
17-Oct-14	Taber - Return - SZ Physician Leaders Strategic Planning Session	AB	Meeting	Yes													110.00 ✓							
21-Oct-14	Medicine Hat - Return - Zone Medical Directors Weekly Site Visit	AB	Meeting	Yes													338.00 ✓							
28-Oct-14	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes													338.00 ✓							
<b>SUBTOTALS</b>																								Total Kms 2010.00

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → 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 <i>(see Mileage details to the left)</i>
	Mileage \$ 844.70
	Travel \$ Subtotal
	<b>Auto fills on page 1 - TOTAL TRAVEL \$ 844.70</b>

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

**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)