

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-14	P-Card	Meetings	211		128	52	391			
Nov-14	Expense Claim	Meetings				474	474			
<b>Total</b>			\$ 211	\$ -	\$ 128	\$ 526	\$ 865	\$ -	\$ -	\$ -

**Total for the Month** \$ 865

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 114  
 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:**

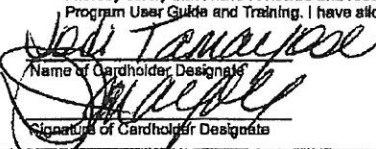
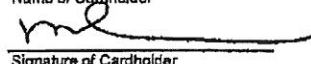

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

MACLEAN, VANESSA Cardholder's Name	SOUTH ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period:	20/11/2014
MEDICAL AFFAIRS Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount:	\$391.37
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
17/10/2014	398143184	AIR CAN 0142140289655, AIR CANADA	211.48	CAD	211.48	.00	.00	Return Flight - Prov Sr. Leadership Meeting ✓
28/10/2014	388168808	MEDICINE HAT LODGE, BEST WESTERN HOTELS	127.68	CAD	127.68	6.08		Accom - ZMD Weekly Site Visit ✓
28/10/2014	359375798	Enterprise (780)860-23, ENTERPRISE RENT-A-CAR	62.21	CAD	62.21	2.49		Rental Car - ZMD - Sr. Leadership Mtg ✓

①  
②  
③

*me*

<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>		
 Name of Cardholder Designate Signature of Cardholder Designate	Executive Coordinator Cardholder Designate Position/Title Nov 25, 2014 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>		
MACLEAN, VANESSA Name of Cardholder  Signature of Cardholder	SOUTH ZONE MEDICAL Cardholder Position/Title Dec 1/14 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 Signature of Approver Designate	Approver Designate Position/Title 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>		
Dr. Verna Hing Name of Approver  Signature of Approver	VP Quality + CMO Approver Position/Title Dec 5/14 Date of Signature	
<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:</li> <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>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Reference #:	Reviewed by:	Date:

prov SE Leaders mtg

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 17, 2014  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
DR VANESSA MACLEAN

Wednesday, October 29, 2014

Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 29Oct14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 7C

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

Mile(s) Flown: 153

Air

AIR CANADA  
From: CALGARY AB  
To: LETHBRIDGE  
Stops: 0 Arrival: 30Oct14  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3B

Flight: 7221 G CLASS  
11:30 PM Equipment: BEH  
12:15 AM

Mile(s) Flown: 116

**Cost:**

AIR CANADA WEB	[REDACTED]	[REDACTED]	174.00
		Tax:	37.48
		<b>Ticket Total:</b>	<b>211.48</b>

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

Invoice Number: [REDACTED]  
Date: October 17, 2014  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	211.48
<b>Less Credit Card Payments:</b>	211.48
<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 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.





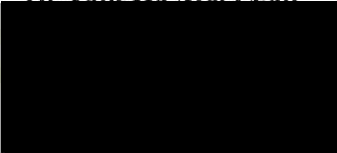
# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMD ACCOM - Weekly Site Visit

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

Dr Vanessa MacLean



Page # [Redacted]  
 Res. # [Redacted]  
 Checked in Mon Oct 27/14 - 10:45pm  
 Checked out Tue Oct 28/14 - 7:37am  
 Nights 1  
 Room Rate 114.00  
 Room [Redacted]

Date	Description	Reference	Charges	Credits
Oct27	GOVERNMENT RATE		114.00	
Oct27	GST		5.70	
Oct27	Room Tax		4.56	
Oct27	Destination Marketing Fee		3.42	
Oct28	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



ZMD Rental Car  
Provincial SR: leadship  
mtg

ENTERPRISE RENT A CAR, 1, 1000 AIRPORT ROAD, LEDUC, AB T9E8M6 (780) 980-2338

RENTAL AGREEMENT REF# SUMMARY OF CHARGES

[REDACTED]

[REDACTED]

RENTER  
MACLEAN, VANESSA

DATE & TIME OUT  
28/10/2014 10:03 AM  
DATE & TIME IN  
29/10/2014 05:25 PM

BILLING CYCLE  
24-HOUR

VEH #1 2014 BUIC LACR 1SLR  
VIN# 1G4GB5G36EF295269  
LIC# K69388  
KM DRIVEN 50

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	29/10 - 29/10	1	DAY	\$47.00	\$47.00
REFUELING CHARGE	29/10 - 29/10				\$0.00
<b>Subtotal:</b>					<b>\$47.00</b>
<b>Miscellaneous Charges/Refunds</b>					
FUEL REFUND					-\$10.00
<b>Taxes &amp; Surcharges</b>					
CONCESSION FEE	29/10 - 29/10			15.6%	\$7.46
CUSTOMER FACILITY CHARGE	29/10 - 29/10	1	DAY	\$4.00	\$4.00
GST	29/10 - 29/10			5%	\$2.96
VLF	29/10 - 29/10	1	DAY	\$0.79	\$0.79
<b>Total Charges:</b>					<b>\$52.21</b>
<b>Total Amount Due</b>					<b>\$0.00</b>

PAYMENT INFORMATION

AMOUNT PAID TYPE  
\$52.21 Mastercard

CREDIT CARD NUMBER

[REDACTED]



### 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-Nov-14 To 30-Nov-14  
 Travel Period from: 3-Nov-14 To 28-Nov-14 (if applicable)  
 Out-of-Province Travel

Name: Dr. Vanessa Maclean Position (Title): Zone Medical Director  
 Location: Dept: DOFA Level: (if applicable) Union: Business Phone:  
 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	\$473.76						\$473.76		
2B												
2C												
2D												
				\$473.76							<b>TOTAL CLAIM</b>	\$473.76

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

#### 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.

Employee Signature: [Signature] Date: Dec 1 / 14  
 Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: Position #: Phone #: Ext: Date: Dec 5 / 14  
 Signature: [Signature] Title: VP Quality and Chief Medical Officer

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

Enter Finance Coding    101   0014    71110108046    Emp # (E-People)    [REDACTED]    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 = Interl)  
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? 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						
4-Nov-14	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes										336.00
13-Nov-14	Medicine Hat - Return ZMD Weekly Site Visit	AB	Meeting	Yes										336.00
14-Nov-14	Medicine Hat - Return - Zone Medical Director Weekly Site Visit	AB	Meeting	Yes										336.00
<b>SUBTOTALS</b>														Total Km 1008.00

**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)    \$0.470 ✓

Mileage \$    \$473.76

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

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$    \$473.76

**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)