

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of Dec 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)
Dec-14	P-Card	Meetings	536		156	28	720			
Dec-14	Expense Claim	Meetings	653			636	1,289	1,670		
							-			
Total			\$ 1,189	\$ -	\$ 156	\$ 664	\$ 2,009	\$ 1,670	\$ -	\$ -

Total for the Month \$ 3,679

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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:		
<ul style="list-style-type: none"> • 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: <u>20/12/2014</u>
MEDICAL AFFAIRS Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount: <u>\$720.37</u>
VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/12/2014	373109820	AIR CAN ██████████ AIR CANADA	321.48	CAD	321.48	.00	.00	ZMD Travel to EDM -PPEC ✓
01/12/2014	373109821	WESTJET ██████████ Westjet Airlines	214.48	CAD	214.48	.00	.00	ZMD Travel - Return from EDM to Calgary - PPEC ✓
03/12/2014	373109819	ACCLAIM HOTEL CALGARY, LODGING HOTELS, MOTELS, RESORTS	158.08	CAD	158.08	.00	.00	ZMD Accom - PPEC ✓
03/12/2014	373329799	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	ZMD Parking - Calgary Airport PPEC ✓

①
②
③
④

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.

V. Tanayose
 Name of Cardholder Designate

Executive Coordinator
 Cardholder Designate Position/Title

[Signature]
 Signature of Cardholder Designate

Dec 29/14
 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

Dec 31/14
 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

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- 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 Yiu
 Name of Approver

 VP Quality + CMO
 Approver Position/Title

[Signature]
 Signature of Approver

Jan 6/14
 Date of Signature

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
 - Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
- Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

 Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Reference #: _____

Reviewed by: _____

Date: _____

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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT :

I N V O I C E

INV NO: [REDACTED]
DATE: 03DEC14
PAGE: 1

FOR: DR VANESSA MACLEAN

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	AIR CANADA	8132 M	GK 03DEC	7:30A	8:30A		
		D8 (300 SERIE)						
		AIR CANADA E						
		AIR CANADA CONFIRMATION [REDACTED]						
		TICKET NUMBER [REDACTED]						
EDMONTON INTL	CALGARY	WESTJET AI	3207 B	HK 03DEC	4:40P	5:43P		
		DH4						
		WESTJET ENCO						

----- C O S T -----

WESTJET AIR	TKT NO [REDACTED]	(INCL 49.48 TAX)	214.48
AIR CANADA	TKT NO [REDACTED]	(INCL 37.48 TAX)	321.48
*** SUB-TOTAL EXCLUDING GST/HST & APT			535.96
*** TOTAL CHARGES THIS INVOICE ***			535.96
PAYMENT BY [REDACTED]	TKT [REDACTED]		214.48
PAYMENT BY [REDACTED]	TKT [REDACTED]		321.48
*** BALANCE DUE THIS INVOICE ****			0.00
BALANCE DUE TO DATE			0.00

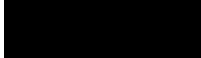

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

CONTINUED ON NEXT PAGE


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

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

LOCATOR : 
OUR REF : 
AGENT :

I N V O I C E

INV NO: 
DATE: 03DEC14
PAGE: 2

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.

Acclaim Hotel Calgary Airport

123 Freeport Blvd NE
 Calgary, AB T3N 0A3
 Ph: 403-291-8000 Fax: 403-532-9400
 www.acclaimhotel.ca



TAX ID: GST #:849702444RT0027

Dr Vanessa Maclean

Room	Folio	CheckIn	CheckOut	Balance
█	█	02/12/2014	03/12/2014	0.00
Government Rate (ID Required)				

Date	Room	Description / Voucher	Charges	Credits	Balance
02/12/2014		Room Taxable	139.00	0.00	139.00
02/12/2014		DMF - 3.000%	4.17	0.00	143.17
02/12/2014		GST - 5.000%	7.16	0.00	150.33
02/12/2014		ATL - 4.000%	5.73	0.00	156.06
03/12/2014		Mastercard - .. █	0.00	156.06	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			139.00
		DMF - 3%			4.17
		GST - 5%			7.16
		ATL - 4%			5.73

RECEIPT
GST NO. R122556194
PARKING
PREC

EXIT No. A1
IN: 12/03/14 06:09
OUT: 12/03/14 18:33
DURATION: 0 12: 24
PAID: \$ 28.35
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

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: 7-Dec-14 To 11-Dec-14
 Travel Period from: 7-Dec-14 To 11-Dec-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	0000	71110500063	62,688.09	101	0006	71110500063	61500000	653.39		2,323.09	
2B					101	0006	71110500063	61500000	1669.70			
2C												
2D												
					**User to enter Coding & \$ Amounts					2,323.09		
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 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.

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: [Signature] Date: Dec 1/14

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

Approved By (PRINT ONLY): Dr. Verma Yiu DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: [Signature] Title: VP Quality and Chief Medical Officer Date: Dec 30/14

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

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

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES Emp # (E-People) Page 3

- Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Workdays, Respite, Recreation, Continuing Education, Business Insurance, and miscellaneous expenses.
- If expenses are for travel, gas, etc., go to Section B on pg 2.
- ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (Include who attended-(if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bsl Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON bill slip/receipt, enter total amount in this column WITH GST	GST is NOT on bill slip/receipt, enter total amount in this column	TOTAL OTHER \$

SECTION D: FOREIGN CURRENCY ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense [Bank of Canada Currency Converter](#) → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-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	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the limited stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bsl Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
3-Nov-14	Flight - Orlando FL USA - Annual National Forum on Quality Improvement in Health Care Return	101	0006	71110500063	61500000	Yes	\$577.20	US	1.1320	653.39 ✓
3-Nov-14	Registration - Orlando FL USA - Annual National Forum on Quality Improvement in Health Care Return	101	0006	71110500063	61500000	Yes	\$1,475.00	US	1.1320	\$1,669.70 ✓

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)

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

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-Dec-14 To 31-Dec-14
 Travel Period from: 1-Dec-14 To 31-Dec-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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0014	71110106046	\$636.38					
2B									
2C									
2D									
				\$636.38					

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

TOTAL REIMBURSEMENT	
Total Section B	\$636.38
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$636.38

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: Dec 31/14

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: Jan 6/14

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.

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Signature: Title: Date:

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EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110106046	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 = Inter)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.



Date dd-mm-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							
2-Dec-14	Medicine Hat -- ZMD Weekly Site Visit	AB	Meeting	Yes										168.00 ✓
2-Dec-14	Medicine Hat to Calgary - Travel to Airport for Edmonton Mtg - PPEC	AB	Meeting	Yes										291.00 ✓
3-Dec-14	Calgary to Lethbridge - Return from PPEC	AB	Meeting	Yes										223.00 ✓
15-Dec-14	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes										336.00 ✓
30-Dec-14	Medicine Hat - Return - ZMD Weekly Site Visit	AB	Meeting	Yes										336.00 ✓
SUBTOTALS													Total Kms 1364.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicles → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.605 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 \$ \$636.38	
Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$ \$636.38	

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)

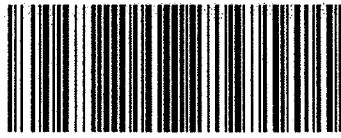
Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy
- Pre-Approval form **MUST** be attached to the actual expense claim

Employee Information					
First Name Vanessa		Last Name Maclean		Employee Number n/a	
Phone Number [REDACTED]		Reports To VP Quality & Chief Medical Officer			
Department Office of the CMO & Medical Affairs		Office Location Chinook Regional Hospital			
Travel Details					
Purpose of Trip IHI National Forum					
Destination Orlando		From 6-Dec-2014	To 11-Dec-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0006		Functional Centre / Primary 71110500063		
Project Coding					
Project	Task	Expense Type		Expense Org	
Estimate of Expenses					
Category	Description	Amount			
Accommodation Charge	5 nights @ \$235 USD/night + taxes & fees	\$1,300.00			
Meals	6 days @ \$41.55 CA	\$250.00			
Registration	Pre-Conference (\$450 + \$650), Conference (\$1100) USD	\$2,400.00			
Airfare	Round Trip Airfare	\$700.00			
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Round Trip Taxi	\$120.00			
Other Expenses (please specify)					
		Currency <input checked="" type="checkbox"/> CDN <input type="checkbox"/> USD <input type="checkbox"/> OTHER		\$4,770.00	
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$4,770.00
*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table) authorization table					
Employee Signature 		Date (dd-Mon-yyyy) 16-Oct-2014	Phone Number [REDACTED]		
Approved by (Print Name) Vema Yiu	Signature 	Date (dd-Mon-yyyy) 20/10/2014	Phone Number [REDACTED]		
Title VP Quality & Chief Medical Officer		Position Number [REDACTED]	DOFA Level [REDACTED]		
Approved by (Print Name)		Date (dd-Mon-yyyy)	Phone Number		
Title		Position Number	DOFA Level		

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YOUR ITINERARY AND RECEIPT



To access your boarding pass at the airport, print email now and scan at a Delta self-service kiosk.

Please review before your trip:

Check in for your flight up to 24 hours prior to departure at delta.com or with the Fly Delta app - also check flights, change seats, reserve car and hotels, and much more.

Make changes to eligible electronic tickets through My Trips at delta.com.

If you need to contact Delta for assistance please call [1-800-221-1212](tel:1-800-221-1212) or visit delta.com/help.

Thanks for choosing Delta
 Flight Confirmation: [REDACTED] Ticket # [REDACTED] [CHECK IN ONLINE >](#)

Your Flight Information

Sun 07DEC				
LV 1:07pm	GREAT FALLS	AR 2:35pm	SALT LAKE CITY	DELTA 4647* ECONOMY (L)
LV 5:15pm	SALT LAKE CITY	AR 11:29pm	ORLANDO INTL	DELTA 1180 ECONOMY (L) Food Available For Purchase
Wed 10DEC				
LV 5:15pm	ORLANDO INTL	AR 8:19pm	SALT LAKE CITY	DELTA 1158 ECONOMY (L) Food Available For Purchase
LV 9:12pm	SALT LAKE CITY	AR 10:53pm	GREAT FALLS	DELTA 4760* ECONOMY (L)
*Flight 4647 Operated by SKYWEST DBA DELTA CONNECTION				
*Flight 4760 Operated by SKYWEST DBA DELTA CONNECTION				

Offset your Carbon Emissions

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Your Flight Details [Manage Trip >](#)

Passenger Details	Flights	Seats
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ALICE VANESSA MACLEAN

>Add SkyMiles #
>Join SkyMiles



***Visit delta.com or use the Fly Delta app to view, select or change your seat
If you purchased an Economy Comfort seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Receipt Information

Billing Details

Passenger: ALICE VANESSA MACLEAN	Payment Method: 	Ticket Number:
FARE:	494.88 USD	
Taxes/Carrier-imposed Fees:	82.32	
Ticket Amount:	577.20 USD	

This ticket is non-refundable unless issued at a fully refundable fare. Some fares may not allow changes. If allowed, any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

Details - Taxes/Carrier-imposed Fees

Total:	82.32
Itemized:	11.20 AY 18.00 XF 16.00 ZP 37.12 US

Fare Details

GTF DL X/SLC DL ORL247.44LD21A0NQ DL X/SLC DL GTF247.44LD21A0NQ
USD494.88END ZP GTFSLCMCOSLC XF GTF4.5SLC4.5MCO4.5SLC4.5

Ticketing Details

Passenger:	Ticket #:	Place of Issue:	Issue Date:	Expiration Date:
ALICE VANESSA MACLEAN		LAXWEB	03NOV14	03NOV15

Baggage Fees

i Thank you for being a valued customer. The fees below are based on your original ticket purchase information. If you qualify for free or discounted checked baggage, this will be taken into account when you check in.

Jodi Tamayose

From: Vanessa Maclean [REDACTED]
Sent: November 18, 2014 2:32 AM
To: Jodi Tamayose
Subject: Fwd: IHI's order confirmation: 26th Annual National Forum on Quality Improvement in Health Care

Here is my receipt for the IHI registration. I will send my flight confirmation shortly. Would you please submit both for reimbursement. You can use my e-signature if needed.

Thanks...Vanessa

On Mon, Nov 3, 2014 at 9:52 AM, <info@ihi.org> wrote:

Institute for Healthcare Improvement

20 University Road, 7th floor
Cambridge, MA 02138
Phone: [\(617\) 301-4800](tel:(617)301-4800)
Fax: [\(617\) 301-4848](tel:(617)301-4848)

Dear Vanessa MacLean,

Here is current information for the enrollment of Vanessa MacLean for the 26th Annual National Forum on Quality Improvement in Health Care.

Below, please find the sessions that Vanessa MacLean has registered for. These session choices may be changed online based on availability.

Enroller: Guest Enroller

Attendee: Vanessa MacLean

Order Information:

Order Number:
(Please retain the order information for your records.)


Total Enrollment Fee: \$1,475.00


Location Information:

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The 26th Annual National Forum on Quality Improvement in Health Care will be held at the World Center Marriott in Orlando, Florida. To receive IHI's special room rate, please identify yourself as part of the "IHI" or "National Forum" group.

Orlando World Center Marriott Resort & Convention Center
8701 World Center Drive
Orlando, Florida 32821


Toll-free: (800) 266-9432 

Marriott's Enhanced Group Reservation center toll free: 1-877-622-3140 


Please note: This hotel typically sells out by June - so be sure to make your reservations early!

In addition to Marriott World Center, IHI uses five overflow hotels for the National Forum, listed below. IHI provides complimentary shuttle service to and from these hotels each day.


Gaylord Palms Resort & Conference Center
6000 Osceola Parkway
Kissimmee, FL 34746

Phone: (407) 586-2000 


Courtyard Orlando Lake Buena Vista in the Marriott Village
8623 Vineland Avenue
Orlando, FL 32821

Phone: (407) 938-9001 


Springhill Suites Orlando by Marriott
8601 Vineland Avenue
Orlando, FL 32821

Phone: (407) 938-9001 

Caribe Royale
8101 World Center Drive
Orlando, FL 32821

Phone: (800) 823-8300 

Buena Vista Suites
8203 World Center Drive
Orlando, FL 32821

Phone: (800) 537-7737 

Selected Sessions:

=====

Tuesday, December 09, 2014

8:00 AM - 9:00 AM K1: Keynote 1: Maureen Bisognano

9:30 AM - 10:45 AM A1: From Crisis to Calling: How Physicians Can Lead

11:15 AM - 12:30 PM B17: Healing the Healers: The Soul and Science of Caregiving

12:40 PM - 1:20 PM LNLDI: Lunch and Learn: Minimizing Disparities to Achieve Health Equity

1:30 PM - 2:45 PM C19: Physician-Led Antidote and Treatment for Success

3:15 PM - 4:15 PM K2: Keynote 2: Atul Gawande

Wednesday, December 10, 2014

8:00 AM - 9:00 AM K3: Keynote 3: Robin Roberts

9:30 AM - 10:45 AM D3: High-Impact Leadership

11:15 AM - 12:30 PM E12: The Danish Patient Safety Journey

1:30 PM - 2:30 PM K4: Keynote 4: Don Berwick

Payment Details:

1: Date: 11-03-2014; Payment Method: Credit Card; Amount Paid: \$1,475.00; CC Holder Name: Vanessa Maclean; CC Type: AmEx CC Number: [REDACTED] Comments: Guest Enroller : CC Vanessa Maclean

(Please note: If you have chosen to pay later, full payment must be received prior to the start of the meeting).

(Please note: If you have submitted payment by check at the time of enrollment, it may take up to 5 business days for the payment to be fully applied.)

Cancellation Policy:

You will receive a full refund of your enrollment fee if you cancel before the start date of the program, or if you substitute one person for another at any time. Regretfully, refunds will not be granted for cancellations made on or after the first day of the program.

SUN, DEC 7, 2014

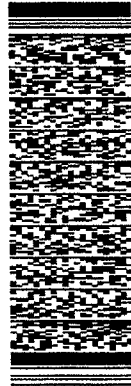
Alice Vaness Maclean



BOARDING DOCUMENT

GTF ▶ SLC

81550



GREAT FALLS (GTF) ▶

Salt Lake City (SLC)

FLIGHT DL4647

Operated by Skywest Airlines

BOARDING

12:42pm

GATE*

-

ZONE

2

SEAT

10D

Economy (L)

Depart Sun, 1:07pm

Arrive Sun, 2:35pm

*Gates may change. Check airport monitors.

Fly Paperless: www.delta.com/app

Ticket#: [REDACTED]

If your travel plans change, please contact Delta. Gate assignments and departure times are subject to change, please check the airport monitors for the most up-to-date flight and gate information. We recommend you arrive at the airport 75 minutes prior to departure for travel within U.S. and 3 hours prior to departure for international flights. It is your responsibility to arrive at the airport with sufficient time to complete baggage check and security clearance.

ORLANDO INTL
DL 1180 MCO 07ABDE 07DEC
DL 4647 SLC **BAG FEE**
PAID

MACLEAN/ALICEVANESS

SUN, DEC 7, 2014

Alice Vaness Maclean



BOARDING DOCUMENT

SLC ▶ MCO

SALT LAKE CITY (SLC) ▶	BOARDING	GATE*	ZONE	SEAT	⌚ Layover	2h 40m
Orlando Intl (MCO)	4:35pm	-	2	12F	Depart	Sun, 5:15pm
FLIGHT DL1180		Terminal Unit 2		Economy (L)	Arrive	Sun, 11:29pm



*Gates may change. Check airport monitors.

Fly Paperless: www.delta.com/app

Ticket#: [REDACTED]

If your travel plans change, please contact Delta. Gate assignments and departure times are subject to change, please check the airport monitors for the most up-to-date flight and gate information. We recommend you arrive at the airport 75 minutes prior to departure for travel within U.S. and 3 hours prior to departure for international flights. It is your responsibility to arrive at the airport with sufficient time to complete baggage check and security clearance.

DELTA
MACLEAN/ALICE VANESS

BOARDING PASS

LD21A0NQ
FLIGHT DATE CLASS ORIGIN DEPARTS
DL1158 10DEC L ORLANDO INTL 515P
OPERATED BY COACH DESTINATION BRD TIME
DELTA AIR LINES INC SALT LAKE CITY 435P

SEAT
11F
EXIT
ZONE 1

DEPARTURE GATE 74 **SUBJECT TO CHANGE**

E6



BAGS
01
MCO22F716/P3

BOARDING PASS

MACLEAN/ALICE VANESS

LD21A0NQ
FLIGHT DATE CLASS ORIGIN DEPARTS
DL1158 10DEC L ORLANDO INTL 515P
OPERATED BY COACH DESTINATION BRD TIME
DELTA AIR LINES INC SALT LAKE CITY 435P

SEAT
11F
EXIT
ZONE 1



BAGS
01

DELTA
MACLEAN/ALICE VANESS

BOARDING PASS

LD21A0NQ
FLIGHT DATE CLASS ORIGIN DEPARTS
DL4760 10DEC L SALT LAKE CITY 912P
OPERATED BY COACH DESTINATION BRD TIME
SKYWEST DBA DELTA CNX GREAT FALLS 847P

SEAT
10D
ZONE 2

DEPARTURE GATE - SEE AIRPORT MONITORS



BAGS
01
MCO22F716/P3

BOARDING PASS

MACLEAN/ALICE VANESS

LD21A0NQ
FLIGHT DATE CLASS ORIGIN DEPARTS
DL4760 10DEC L SALT LAKE CITY 912P
OPERATED BY COACH DESTINATION BRD TIME
SKYWEST DBA DELTA CNX GREAT FALLS 847P

SEAT
10D
ZONE 2



BAGS
01