

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
Location Edmonton

Expenses submitted during the month of December 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			127	635	762			
Dec-14	Expense Claim	Meetings				160	160			
Dec-14	Direct-Billing	Meetings	254				254			
Total			\$ 254	\$ -	\$ 127	\$ 795	\$ 1,176	\$ -	\$ -	\$ -

Total for the Month \$ 1,176

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 115
 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

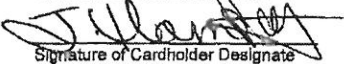
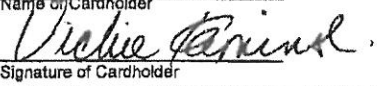

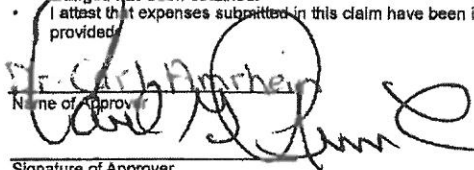
Instruction:

- 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

KAMINSKI, VICKIE Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	20/12/2014 Billing Reporting Period:
CORPORATE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	\$1,887.01 Total Statement Amount
LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		\$762.20
		Last 6 digits of the P-Card #: XXXXXXXXXX

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Foreign	Description
20/11/2014	371788704	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG on Oct. 24th to attend HealthCareCAN Board Meeting in Ottawa (AHS fully reimbursed by employee).
20/11/2014	371788705	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to residence on Oct. 27th - attended HealthCareCAN Board Meeting (AHS fully reimbursed by employee).
24/11/2014	372072879	VANCOUVER TAXI, LIMOUSINES AND TAXICABS	38.30	CAD	38.30	1.87		Participated in a Panel Presentation - Accreditation paying for cost - fully reimbursed by Accreditation Canada
24/11/2014	37206282	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.88		Taxi from Southport to attend Council of Chairs Meeting (with Carmel Turpin).
24/11/2014	37206283	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	85.70	CAD	85.70	3.13		Taxi from Calgary Airport to Southport to meet with staff and attend meeting with ACH Foundation representatives.
01/12/2014	372018201	SHERATON RED DEER HOTEL, LODGING HOTELS, MOTELS, RESORTS	128.80	CAD	128.80	.00		1 night Accommodation to speak at and attend the Red Deer Regional Health Foundation's Festival of Trees Event.
01/12/2014	372000843	IMPARK0020101U, AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.26		Parking at ATB Place to attend meeting with Minister, Deputy Minister and Official Administrator.
08/12/2014	374524128	OTTAWA AIRPORT TAXI 47, LIMOUSINES AND TAXICABS	58.32	CAD	58.32	1.87		Taxi from Ottawa Airport to Hotel-attended CHLN (org. paying for cost-AHS will be fully reimbursed).
10/12/2014	374529388	BLUE LINE 1270 TAXI LAB, LIMOUSINES AND TAXICABS	40.43	CAD	40.43	1.88		Taxi from hotel to Ottawa Airport-attended CHLN (org. paying for cost-AHS will be fully reimbursed).
11/12/2014	374128387	FAIRMONT CHATEAU LAURI, FAIRMONT HOTELS	378.78	CAD	378.78	18.98		1 night accommodation - attended CHLN (org. paying for cost-AHS will be fully reimbursed).
15/12/2014	374530768	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG to work out of the Calgary Office on October 31st.
15/12/2014	374530769	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to SSP - worked out of the Calgary Office (October 31st).
15/12/2014	374530770	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG to attend the OHA Annual Meeting in Toronto-Nov. 2nd (AHS will be fully reimbursed).
15/12/2014	374530771	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to SSP - attended OHA Annual Meeting in Toronto-Nov. 4th (AHS will be fully reimbursed).
15/12/2014	374530772	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	82.00	CAD	82.00	4.38		Taxi from residence (V. Kaminski and C. Turpin) to YEG to meet with staff and attend Festival of Trees Gala in Fort McMurray.
15/12/2014	374530773	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	82.00	CAD	82.00	4.38		Taxi from YEG to residence (along with C. Turpin) - met with staff in Fort McMurray and attended Gala (November 18th).
15/12/2014	374530774	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG to attend meetings with staff in Calgary and attend the Council of Chairs Meeting (November 21st).
15/12/2014	374530775	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG to participate in a Panel Discussion for Accreditation Canada in Vancouver (AHS will be fully reimbursed).
15/12/2014	374530776	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	82.00	CAD	82.00	4.38		Taxi from YEG to residence (V. Kaminski and C. Turpin) attended Council of Chairs meeting in Calgary (November 21st).
15/12/2014	374530777	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to residence-participated in a Panel Discussion for Accreditation Canada in Vancouver (AHS will be fully reimbursed).
15/12/2014	374530778	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG to attend CHLN in Ottawa (org. paying for cost-AHS will be fully reimbursed).
15/12/2014	374530779	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to SSP-attended CHLN in Ottawa (org. paying for the cost-AHS will be fully reimbursed).
18/12/2014	374630780	IMPARK0020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.67		Parking at ATB Place to attend Joint Meeting with Ministry and AHS Staff.

Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Jennifer Hamstra</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Executive Secretary</u> Cardholder Designate Position/Title <u>Jan. 09, 2015</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 		
<u>KAMINSKI, VICKIE</u> Name of Cardholder  Signature of Cardholder	<u>PRESIDENT & CEO</u> Cardholder Position/Title <u>Jan 13 / 15</u> Date of Signature	
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Deborah Rhodes</u> Name of Approver Designate  Signature of Approver Designate	<u>VPCorporate Services 4-CFO</u> Approver Designate Position/Title <u>Jan. 27/15</u> Date of Signature	pfo
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
 Signature of Approver	<u>Official Administrator</u> Approver Position/Title <u>Jan. 29, 2015</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

October 24, 2014 (\$72.00)

- Taxi from residence to YEG to attend HealthCareCAN Board Meeting in Ottawa – AHS fully reimbursed by employee.

October 27, 2014 (\$72.00)

- Taxi from YEG to residence (attended HealthCare CAN Board Meeting in Ottawa) – AHS fully reimbursed by employee.

VICKIE KAMINSKI.

Res > Ap-
Oct-24/2014.

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5888

Term Id: 4502412509440
Item #10825
M/C PURCHASE
Ce Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00 ✓

Net. # [REDACTED]
Auth. # [REDACTED]

Book on line at
EOTPRESTIGE.COM
Thank you for being our guest.
651 86218769

Date: 2014/11/20 Time: 09:10:59
Response: AUTH [REDACTED]

CUSTOMER COPY

VICKIE KAMINSKI.

Oct-27/2014.
Ap > Res.

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5888

Term Id: 4502412509440
Item #10825
M/C PURCHASE
Ce Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00 ✓

Net. # [REDACTED]
Auth. # [REDACTED]

Book on line at
EOTPRESTIGE.COM
Thank you for being our guest.
651 86218769

Date: 2014/11/20 Time: 09:24:26
Response: AUTH [REDACTED]

CUSTOMER COPY

Written Attestation

October 24, 2014 – Taxi Service (\$72.00)

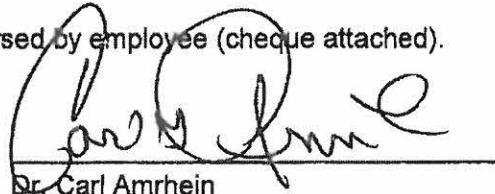
October 27, 2014 – Taxi Service (\$72.00)

Total (\$144.00)

- Expenses (taxi service) – AHS fully reimbursed by employee (cheque attached).



Vickie Kaminski
Authorization



Dr. Carl Amrhein
Claim Approver

Date Signed: Jan 20/15

Date Signed: Jan. 29, 2015

VANCOUVER TAXI
790 CLARK DR
VANCOUVER BC

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2014/11/24
TIME 0535 11:43:29
CLERK ID [REDACTED]
RECEIPT NUMBER [REDACTED]

③

PURCHASE AMOUNT \$34.30
TIP \$5.00
TOTAL \$39.30 ✓

MasterCard
A0000000041010
E22ECAE57B539FAD
000000B000-EB00
70F34F94DA90CB872

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST*105485080

604*871*1111

Charged to P-card.

Will get reimbursement sent to me from Accreditation Canada

November 24, 2014 (\$39.30)

- Participated in a Panel Discussion for Accreditation Canada – Accreditation Canada paying for this cost – fully reimbursed by Accreditation Canada.

Written Attestation

November 24, 2014
Taxi Service (\$39.30)

- Expense (taxi service) paid for by Accreditation Canada – AHS reimbursed by employee (cheque attached).



Vickie Kaminski
Authorization



Dr. Carl Amrhein
Claim Approver

Date Signed: Jan 20/15

Date Signed: Jan 29, 2015

Sheraton Red Deer
 3310 50 Avenue
 Red Deer, AB T4N 3X9
 Canada
 Tel: 403-346-2091 Fax: 403-340-0255

*P-card expenditure
 Red Deer Hospital for
 Festival of Trees draiser*



Vickle Kaminski
 [Redacted]

Page Number : [Redacted] Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 26-NOV-14 15:34
 Depart Date : 26-NOV-14 21:39
 No. Of Guest : [Redacted]
 Room Number : [Redacted]
 Club Account : [Redacted]

Tax Invoice

Tax ID : R849702444
 Sheraton Red Deer 26-NOV-14 21:39 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
26-NOV-14	[Redacted]	Room Chrg Retail	115.00	
26-NOV-14	[Redacted]	GST Room Charge	5.75	
26-NOV-14	[Redacted]	Tourism Levy	4.60	
26-NOV-14	[Redacted]	SRD Destination Marketing	1.15	
26-NOV-14	[Redacted]	MasterCard / Diners Intl		-126.50
		** Total	126.50	-126.50
		*** Balance	0.00	

GST Summary	GST# R849702444	Amount (CAD)
GST Room Revenue		5.75
GST Food & Beverage		0.00
GST Telephone		0.00
GST Other		0.00
Tell us about your stay www.sheraton.com/reviews		5.75

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room Chgs	Food & Bev	Telephone	Total	Payment
11-26-2014	126.50	0.00	0.00	126.50	-126.50
Total	126.50	0.00	0.00	126.50	-126.50

Continued on the next page

6

November 26, 2014 (\$126.50)

- 1 night accommodation—to speak at and attend the Red Deer Regional Health Foundation's Festival of Trees Event.

Sheraton Red Deer
3310 50 Avenue
Red Deer, AB T4N 3X9
Canada
Tel: 403-346-2091 Fax: 403-340-0255



Vickie Kaminski



Page Number	:	[REDACTED]	Invoice Nbr	:	[REDACTED]
Guest Number	:	[REDACTED]			
Folio ID	:	[REDACTED]			
Arrive Date	:	26-NOV-14	15:34		
Depart Date	:	26-NOV-14	21:39		
No. Of Guest	:	[REDACTED]			
Room Number	:	[REDACTED]			
Club Account	:	[REDACTED]			

November 21, 2014 (\$65.70)

- Taxi from Calgary Airport to Southport to meet with staff and attend meeting with Alberta Children's Hospital Foundation representatives.

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/21
PICK-UP TIME: 11:08
DROP-OFF TIME: 11:23
TRIP ID: 8
LOCATION: 073000-45024183707
CAR NUMBER: 1375
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) 54.00
EXTRA (\$) 0.00
SURTTL (\$) 1.70

55.70

TIP (\$) 4.00 (4)

TOTAL (\$) 60.00 ✓

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/21
PICK-UP TIME: 07:56
DROP-OFF TIME: 08:25
TRIP ID: 8
LOCATION: 073000-45024183707
CAR NUMBER: 1375
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$) 59.70
EXTRA (\$) 0.00
SURTTL (\$) 6.00

TIP (\$) 6.00 (5)

TOTAL (\$) 65.70 ✓

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

"RECEIPT
Impark Lot 101
Stall #15
Expiration Date/Time
EXP 07:11PM
DEC 01, 2014

Purchase Date/Time: 06:11pm Dec 01, 2014
Total Parking: \$5.71
Total gst: \$0.29
Total Due: \$6.00
Total Paid: \$6.00

Rate: 1 hour - \$6.00
Payment Type: Card ✓

Setting: Lot 101
Mach Name: Meter 3
GST #887316638RT0001
NO IN AND OUT PRIVILEGES

E-PT PARKING RECEIPT PARKING #1

November 21, 2014 (\$60.00)

- Taxi from Southport to attend Council of Chairs Meeting (with Carmel Turpin).

December 1, 2014 (\$6.00)

- Parking at ATB Place to attend meeting with the Minister, Deputy Minister and Official Administrator.

December 10, 2014 (\$40.43)

- Taxi from hotel to Ottawa Airport - attend Canadian Health Leadership Network (organization will be paying for this cost and AHS will be fully reimbursed).

BLUE LINE TAXI
(613) 238 1111

9

TERMINAL ID: 324-303-846
VEHICLE ID: 1220
DRIVER ID: [REDACTED]
TRIP NUMBER:
PASSENGERS: [REDACTED]
12-10-2014
START: 06:04

END: 06:05
FARE AMOUNT: \$ 33.85
SURCHARGE AMOUNT: \$ 1.50
TIP AMOUNT: \$ 5.08

TOTAL : \$ 40.43 ✓

MASTER CARD SALE : [REDACTED]
APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB

OTTAWA AIRPORT TAXI
613-527-1239
TAXI DE L'AEROPORT D'OTTAWA

TERMINAL ID: 024 563 405
VEHICLE ID: 1120
DRIVER ID: [REDACTED]
TRIP NUMBER:
PASSENGERS: [REDACTED]
12-09-2014
START: 17:42

END: 17:44
FARE AMOUNT: \$ 32.89
SURCHARGE AMOUNT: \$ 1.50
TIP AMOUNT: \$ 4.93 ✓

TOTAL : \$ 39.32 ✓

MASTER CARD SALE : [REDACTED]
APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB

8



December 09, 2014 (\$39.32)

- Taxi from Ottawa Airport to Hotel – attended Canadian Health Leadership Network (organization will be paying for this cost and AHS will be fully reimbursed).

Fairmont CHÂTEAU LAURIER

1 Rideau Street
Ottawa, ON, Canada K1N 8S7
T (613) 241-1414 F (613) 562-7030
G.S.T. / H.S.T Registration #843511775

Room/Chambre : [REDACTED]
Folio # : [REDACTED]
Invoice # : [REDACTED]
Cashier/Cassier # : [REDACTED]
Page # : 1 of 1

Ms Vickie Kaminski
[REDACTED]

Arrival/Arrivée : 12-09-14
Departure/Départ : 12-10-14

Date	Description	Additional Information/Supplémentaire	Charges	Credits
12-09-14	Refreshment Centre Mineral	[REDACTED]	8.48-	
12-09-14	Room Charge		319.00	
12-09-14	Destination Marketing Fee		9.57	
12-09-14	Room HST (13%)		42.71	
12-10-14	MasterCard	[REDACTED]		379.76
Total			379.76	379.76

Balance Due/Solde

0.00

GST Summary / Sommaire		HST Summary / Sommaire	
Room/Chambre	0.00	Room/Chambre	42.71
F&B/Restauration	0.00	F&B/Restauration	0.98
Other/Autres	0.00	Other/Autres	0.00
Total	0.00	Total	43.69

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Mr. Claude Sauvé, General Manager, at Claude.Sauve@fairmont.com. We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi les Hôtels Fairmont.

Pour donner votre opinion sur votre séjour, veuillez contacter M. Claude Sauvé, Directeur général, à Claude.Sauve@fairmont.com. Nous vous invitons également à partager les souvenirs de votre expérience sur notre forum - www.everyonesanoriginal.com.

December 9, 2014 (\$379.76)

- 1 night accommodation - attended Canadian Health Leadership Network (organization will be paying for this cost and AHS will be fully reimbursed).

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

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 or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.8% per month after one month. (18.00% per annum)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been obliged for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (All participating hotels.)

Je me porte personnellement responsable du règlement total de cette note en cas ou la compagnie, l'association ou son représentant décliné en refusant le paiement. Les comptes en arriérés sont sujets à un intérêt de 1,8% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

VICKIE KAMINSKI
Oct. 31/2014.
Res> AP
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6A-1C2
780-463-5000

Term Id:4502412509440
Item #10860
M/C PURCHASE
Op Id:11495
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]

BOOK ON LINE AT
EQMPRESTIGE.COM
Thank you for being our guest
697 862184769

Date: 2014/12/15 Time: 05:12:22

Response: [REDACTED]

CUSTOMER COPY

11 ✓

VICKIE KAMINSKI
Oct. 31/2014.
AP> SSP
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6A-1C2
780-463-5000

Term Id:4502412509440
Item #10861
M/C PURCHASE
Op Id:11495
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]

BOOK ON LINE AT
EQMPRESTIGE.COM
Thank you for being our guest
697 862184769

Date: 2014/12/15 Time: 05:30:07

Response: AUTH [REDACTED]

CUSTOMER COPY

12 ✓

October 31, 2014 (\$72.00)

- Taxi from residence to YEG to work out of the Calgary Office.

October 31, 2014 (\$72.00)

- Taxi from YEG to SSP – worked out of the Calgary Office.

VICKIE KAMINSKI

Nov. 02 / 2014.

Red Ap

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4582412509440
Item #: 0862
M/C PURCHASE
Op Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

13

✓

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
BST 8621847E9

Date: 2014/12/15 Time: 25:21:31
Response: AUTH [REDACTED]

CUSTOMER COPY

November 2, 2014 (\$72.00)

- Taxi from residence to YEG to attend an Ontario Hospital Association Annual Meeting in Toronto (AHS will be fully reimbursed).

VICKIE KAMINSKI

Nov. 04 / 2014.

Apd SSP

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4582412509440
Item #: 0863
M/C PURCHASE
Op Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

14

✓

[REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
BST 8621847E9

Date: 2014/11/15 Time: 05:32:46
Response: AUTH [REDACTED]

CUSTOMER COPY

November 4, 2014 (\$72.00)

- Taxi from YEG to SSP -attended Ontario Hospital Association Annual Meeting in Toronto (AHS will be fully reimbursed).

Nov 15/2014.
Vickie + CARNEI.
10016-117 st > Redlp.

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1G2
780-463-5000

Term Id:4502412589440
Item #:0864
N/C PURCHASE
Op Id:114995
Card [REDACTED]

15

APPROVED
AMOUNT CAD\$92.00 ✓

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

Date: 2014/12/15 Time: 05:24:15
Response: AUTH [REDACTED]

CUSTOMER COPY

November 15, 2014 (\$92.00)

- Taxi from residences (V. Kaminski and C. Turpin) to YEG to meet with staff, tour hospital and attend Festival of Trees Gala in Fort McMurray.

Vickie + CARNEI.

Nov 16/2014.
Ap > Residence.

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1G2
780-463-5000

Term Id:4502412589440
Item #:0865
N/C PURCHASE
Op Id [REDACTED]
Card [REDACTED]

16

APPROVED
AMOUNT CAD\$92.00 ✓

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

Date: 2014/12/15 Time: 05:25:51
Response: AUTH [REDACTED]

CUSTOMER COPY

November 16, 2014 (\$92.00)

- Taxi from YEG to residences (V. Kaminski and C. Turpin) – met with staff, toured hospital and attended Festival of Trees Gala in Fort McMurray.

Nov. 21/2014
VICKIE KAMINSKI
Residence > AP

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0066
N/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Net. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
CS: 862184769

Date: 2014/12/15 Time: 17:20
Response: [REDACTED]

CUSTOMER COPY

17

✓

VICKIE + CARMEL

Nov. 21/2014

Ap7 Residence

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0068
N/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$92.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
CS: 862184769

Date: 2014/12/15 Time: 05:40:50
Response: [REDACTED]

CUSTOMER COPY

19

✓

November 21, 2014 (\$72.00)

- Taxi from residence to YEG to meet with staff in Calgary and attend the Council of Chairs Meeting.

November 21, 2014 (\$92.00)

- Taxi from YEG to residences (V. Kaminski and C. Turpin) attended Council of Chairs Meeting in Calgary,

VICKIE KAMINSKI
Nov. 24] 2014.
Res? 2?

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6N-1C2
788-463-5888

Term Id:4502412589440
ILEN #18869
N/C PURCHASE
Op Id:111006
Card #:

APPROVED

AMOUNT CAD\$72.00

Ret. [REDACTED]
Auth. [REDACTED]

Book on line at
ED/PRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/12/15 Time: 05:38:45
Response: AUTH [REDACTED]

CUSTOMER COPY

18

✓

VICKIE KAMINSKI.

Nov. 24] 2014.

Ap? Res?

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6N-1C2
788-463-5888

Term Id:4502412589440
ILEN #18869
N/C PURCHASE
Op Id:111006
Card #:

APPROVED

AMOUNT CAD\$72.00

Ret. [REDACTED]
Auth. [REDACTED]

Book on line at
ED/PRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/12/15 Time: 05:41:23
Response: AUTH [REDACTED]

CUSTOMER COPY

20

November 24, 2014 (\$72.00)

- Taxi from residence to YEG to participate in a Panel Discussion for Accreditation Canada in Vancouver (AHS will be fully reimbursed).

November 24, 2014 (\$72.00)

- Taxi from YEG to residence – participated in a Panel Discussion for Accreditation Canada in Vancouver (AHS will be fully reimbursed).

December 9, 2014 (\$72.00)

- Taxi from residence to YEG to attend Canadian Health Leadership Network in Ottawa (org. paying for the cost – AHS will be fully reimbursed).

VICKIE KAMINSKI.

Dec. 09/2014

Res> ap.

PRESTIGE TRANSPORTATION
18135 31 Avenue SW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 14582412509440
Item # 0020
A/C PURCHASE
Ac Id: 111200
Card # [REDACTED]

(2)

APPROVED
AMOUNT CAD\$72.00 ✓

Ref. # [REDACTED]
Auth. # [REDACTED]

Call us 24/7 at
ECONESTRIM.COM
Thank you for being our guest
881 662184769

Date: 2014/12/15 Time: 05:43:57
Response: AUTH [REDACTED]

CUSTOMER COPY

VICKIE KAMINSKI.

Dec. 10/2014

Ap> SSP.

PRESTIGE TRANSPORTATION
18135 31 Avenue SW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 14582412509440
Item # 0020
A/C PURCHASE
Ac Id: 111200
Card # [REDACTED]

(22)

APPROVED
AMOUNT CAD\$72.00 ✓

Ref. # [REDACTED]
Auth. # [REDACTED]

Call us 24/7 at
ECONESTRIM.COM
Thank you for being our guest
881 662184769

Date: 2014/12/15 Time: 05:49:12
Response: AUTH [REDACTED]

CUSTOMER COPY

December 10, 2014 (\$72.00)

- Taxi from YEG to SSP - attended Canadian Health Leadership Network in Ottawa (org. paying for the cost – AHS will be fully reimbursed).

RECEIPT
Impark Lot 101

Expiration Date/Time
EXP 12:16PM
DEC 16, 2014

Purchase Date/Time: 08:16am Dec 16, 2014
Total Parking: \$22.85
Total gst: \$1.15
Total Due: \$24.00 Rate: 4 hours - \$24.00
Total Paid: \$24.00 Payment Type: Card

Setting: Lot 101
Mach Name: Meter 3
GST #687315638RT0001
NO IN AND OUT PRIVILEGES

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

23

December 16, 2014 (\$12.00) ✓

- Parking at ATB Place to attend Joint Meeting with Ministry and AHS staff. Note: Parking machine must have produced wrong receipt as the receipt taken was for the same date but for \$24.00 and wrong credit card number.


Written Attestation

December 9-10, 2014

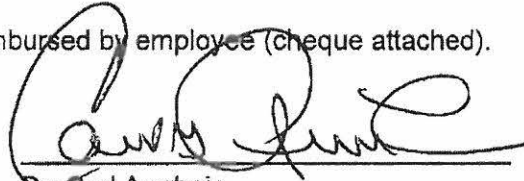
Canadian Health Leadership Network (CHLN)

• Taxi	40.43
• Taxi	39.32
• Hotel	379.76
• Taxi	72.00
• Taxi	<u>72.00</u>
Total	\$603.51

- Above expenses paid for by CHLN – AHS reimbursed by employee (cheque attached).



Vickie Kaminski
Authorization



Dr. Carl Amrhein
Claim Approver

Date Signed: Jan 20/15

Date Signed: Jan 29, 2015

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes No

Name: Vickie Kaminski	Reporting Period for the Month of: December 2014
------------------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-11-21	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary and return on November 21 st (Reference # [REDACTED], Credit used: Invoice [REDACTED])	Marlin Travel	\$182.00
2015-01-19	Direct Billing	Transportation	Airline ticket from Vancouver to Edmonton on October 17. (Calgary meetings cancelled so return flight	Marlin Travel	\$72.00

			booked to Edmonton)		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$254.00

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: November 18, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Friday, November 21, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 21Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 7D

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:50 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 21Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8150 V CLASS
03:30 PM Equipment: DH4
04:19 PM

Mile(s) Flown: 153

Cost:

AIR CANADA	[REDACTED]	132.00
AIR CANADA	[REDACTED]	50.00

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

Invoice Number: [REDACTED]
Date: November 18, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	182.00
Less Credit Card Payments:	182.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

FLIGHT CREDIT APPLIED.
NEW TICKET \$583.25, LESS CREDIT OF \$401.25...
TOTAL COLLECTED \$132 + 50 CHANGE FEE.

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.

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: January 22, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Friday, October 17, 2014

✈ Air

AIR CANADA Flight: 238 V CLASS
From: VANCOUVER BC 12:20 PM
To: EDMONTON INTL AB 02:50 PM
Stops: 0 Arrival: 17Oct14

Cost: [REDACTED] 22.00
AIR CANADA WE [REDACTED] 50.00
AIR CANADA WE [REDACTED]

Total:

Grand Total:	72.00
Less Credit Card Payments:	72.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	257.48
Total Charges Previous Invoices:	257.48
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

January 22, 2015
2/2

INVOICE

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.

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: _____ To _____
 Travel Period from: 26-Nov-14 To 27-Nov-14 (if applicable)
 Out-of-Province Travel

Name: Vickie Kaminski Position (Title): President & CEO
 Location: _____ Dept: Corporate DOFA Lev: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

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				\$160.09						\$160.09		
2B												
2C												
2D												
				\$160.09							TOTAL CLAIM	\$160.09

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

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

**User to enter Coding & \$ Amounts

✓/ps

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: Vickie Kaminski Date Dec. 30, 2014

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

Approved By (PRINT ONLY): Deb Rhodes DOFA Level _____ Position # _____ Phone _____ Ext _____
 Signature: Deborah Rhodes Title Vice President Corporate Services & CFO Date Jan. 30/15

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

Approved By (PRINT ONLY): Dr. Carl Amrhein DOFA Level _____ Position # _____ Phone _____ Ext _____
 Signature: Carl Amrhein Title Official Administrator Date Feb 2, 2015

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding _____ Emp # (E-People) _____ 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 multiple expenses are incurred 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.

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

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? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
26-Nov-14	Mileage - Roundtrip to Red Deer to attend the Festival of Trens Gala.	AB - Provinc	N/A	Yes											317.00
SUBTOTALS															Total Kms 317.00

<p align="center">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 \$0.506 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u></p> <p align="center">Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	Enter \$0.506 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
	Mileage \$	\$160.09
	Travel \$ Subtotal	
	Auto fills on page 1 - TOTAL TRAVEL \$	\$160.09

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)