

### Official Administrator and Executive Expense Report

Name Penny Rae

**Title** Chief Information Officer (Acting)

**Location** Calgary

Expenses submitted during the month of May 2014

							Travel (1)								
Date	Source Document	Purpose	Ai	rfare	Mea	als	Accommodation	n	Other Travel		Total Travel	rofessional evelopment (2)	Working Sessions Hosting and Hospitality (3)	C	other (4)
	.4 Expense Claim .4 P-Card	n Meetings Meetings		408		30					30 408				
Total			\$	408	\$	30	\$ -	-	\$	-	\$ 438	\$ -	\$ -	\$	-

**Total for** 

the Month \$ 438

Maximum daily single meal expense claimed in the month \$ 21

Maximum daily base hotel rate claimed in the month \$ 
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

RUN DATE: 05/26/2014

# P-Card details Online ® Cardholder Statement Report

Cardholder's Name  Cardholder's Post  Cardholder's Dept  Cardholder's Site	sition/Title	Billing	Reporting Peri	node:					
Cardholder's Deot Cardholder's Site	Cardholder's Position/Title			J.	20/05/2014				
Controller 3 Site	/Location	Total Statement Amount			\$407.66				
PENNY RAE@ALBERTAHEALTHSERVICES.CA									
Cardholder's e-mail address		Last 8	digits of the P-	Card #					



RUN DATE: 05/26/2014

P-Card details Online ® Cardholder Statement Report

Signatures		
Cardholder Designate (if Applicable)		
By signing this statement  Thereby certify that I have reviewed and recognited this statement		
<ul> <li>I hereby certify that I have reviewed and reconciled this statement is Program User Guide and Training. I have allocated the transaction</li> </ul>	n BMO Online to the best of my ability (s) to the proper cost centre.	in accordance to AHS Corporate Policies.
Dawn A Rang		Sistant
Name of Cardholder Designate	Cardholder Designate Position/Title	_
Dun Harring	May 26 20	VA
Signature of Cardholder Designate	Date of Signature	<u> </u>
Cardholder	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
By signing this statement		
<ul> <li>I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy.</li> </ul>	Working Session Expense Policy (112	22)" of Alberta Health Services and confirm
. I attest the expenses enclosed in this claim are for well husbass of	urposes for Alberta Health Services an	d that this claim has not been previously
claimed by me or on my behalf from Alberta Health Services or any charged is attached.	other Organization. A personal chequi	e for any personal expenses inadvertently
<ul> <li>I attest that expenses submitted in this claim have been incurred by provided.</li> </ul>	using a cost effective method, otherw	ise rationale and supporting analysis is
RAE, PENELOPE	ACTING CHIEF INFORMATION	
Name of Caronolder	Cardholder Position/Title	-
dae	May 27, 2014	4
Signature of Cardholder	Date of Signature	-
Approver Designate (If Applicable)		
By signing this statement		
<ul> <li>I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy.</li> </ul>	Working Session Expense Policy (112	2)" of Alberta Health Services and confirm
THE STATE OF THE S		-
<ul> <li>lattest the expenses enclosed in this claim are for valid business puclaimed by the claimant or on their behalf from Alberta Health Servicioned</li> </ul>	res or any other Organization. A perso	d that this claim has not been previously nat cheque for personal expenses inadvertently
<ul> <li>I attest that expenses submitted in this claim have been incurred by</li> </ul>	using a cost effective method, otherwi	is a rationale and supporting analysis is
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Ousan Dest	Exce-PSSISta Approver Designate Position/Title	nt
Name of Approver Designate	Approver Designate Position/Title	_
Da Best	June 4. 2014	
Signature of Approver Designate	Date of Signature	-
Approver By signing this statement		
lattest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with an hospitality and expenses."	Morking Session Evennes Bollow (11.2)	2V of Albanda Haranta O
expenses being claimed are in compliance with such policy.	Troining desiron expense runcy (112.	2) of Alberta Health Services and confirm
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<ul> <li>I attest that expenses submitted in this claim have been incurred by provided.</li> </ul>	using a coat effective method, otherwis	se rationale and supporting analysis is
D. D.	10	The second secon
Deborah Khodes F	Acting VY Corp So	erv
Name of Approver	Approver Position/Title	
Deborah Rhades	June 4/14	
Signature of Approver	Date of Signature	•
Submit approved statement with attachments to Accounts Payable:		
Attach:		Address:
<ul> <li>Original (or scanned) itemized receipts with documented business reas where required</li> </ul>	ons including names of participants	200000000000000000000000000000000000000
Signed Cardholder Statement Report (or copies of electronic signatures     And where applicables.		Alberta Health Services Accounts Payable
And where applicable.	if signatures are not on report)	7th Street Plaza
<ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> </ul>		10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<ul> <li>Return, refund and/or credit receipts</li> </ul>		Editorial), AB 130 3E4
Disputes letter		
<ul> <li>Business reasons for travel require detailed descriptions – include wher meal), why travel was necessary and detailed explanation of reason.</li> </ul>	e travelled to, who attended (if	
Accounts Psychic only:		
Reference #: Reviewed by:		

### Dawn Rand From: Air Canada [confirmation@aircanada.ca] Sent: May 12, 2014 7:36 AM To: Penny Rae Subject: Air Canada - 22-May: Calgary - Edmonton (booking ref: - seat selected Airfare Calgary/Edmonton Return from \*\*\*\*\* PLEASE DO NOT REPLY TO THIS May 22nd to May 23rd to attend all day IT Leadership Meeting and Executive **Education Program - Final Presentations** Itinerary/Receipt Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board. Scan this barcode to check in at any Air Canada × check in klosk. Hotels in Edmonton Why book your hotel stay at From (per night) From (per night) aircanada.com? Lowest price guaranteed Great choice of hotels Aeroplan Mile offer exclusive to aircanada.com **BEST WESTERN** The Fairmont Hotel Comfort Inn & Cedar Park Inn: Macdonald: Suites: **More Hotel Offers** × × Hotels provided by WWTMS. × Want travel insurance? Protect yourself and your family against unforeseen circumstances. Need a car in Edmonton? Great rates and additional Aeroplan Miles. **Booking Information Customer Care Booking Reference:** Air Canada 1-888-247-2262 Electronic Ticketing confirmed. This is your official Flight Arrivals and

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Mrs Penelope J Rae penny rae@albertahealthservices ca Mobile:
Home:
Work:
At destination:

Online Services

Manage my booking online (view/change my booking; select seats\*).

### Select Seats

# Maple Leaf Lounge | Meal Vouchers | On My Way

Alert me of flight status changes directly to my mobile phone or email. Flight Arrivals & Departures - check online if my flight is on time. Check-in online and print my boarding pass.

\* Can my booking be changed online?

# **Flight Itinerary**

Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal
ŧ	Calgary (YYC) Thu 22-May 2014 06:00	Edmonton, Edmonton Int'l (YEG) Thu 22-May 2014 06:51	0	0hr51		Tango, S	
	Edmonton, Edmonton Int'l (YEG) Fri 23-May 2014 15:00	Calgary (YYC) Fri 23-May 2014 15:51	0	Ohr51		Flex, G	

**Passenger Information** 

1: Mrs Penelope J Rae : Adult (10	i+), Ticket Number:	
Air Canada - Aeropian :	Meal Preference :	
Payment Card:	Special Needs:	
Seat Selection:	halding the second	

# **Purchase Summary**

Fare Summary		_
Passenger Type	Adult	
Air Transportation Charges		
Departing Flight - <u>Tango</u>	130.00	
Return Flight - Flex	165.00	
Surcharges	24.00	
Taxes, Fees and Charges	mental energy	
Canada Airport Improvement Fee	55.00	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	19.41	
Air Travellers Security Charge (ATSC)	14.25	
Total airfare and taxes before options (per passenger)	407.66	
Number of passengers	1	
Travel Insurance (declined)	0.00	
Grand Total - Canadian dollars	\$407.66	

# **Payment Information**

- Amount paid: \$407.66 The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$407.66 (Airfare - per ticket)

Ticket number(s):



Operated by:

1 Air Canada Express -







# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)										
<ul> <li>Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the</li> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the Nev</li> <li>If you are a new employee and your payroll is E-People you will only have an Employ</li> </ul>	v F-People navmil system	1	Expense Date Fro Travel Period from Out-of-Province T	n:22-May-14 To23-May-14 (# applicable						
Name: Penny Rae	Position (Title):	Acting Chief Inform	NAME AND ADDRESS OF THE OWNER, WHEN	ravei No						
Location: Dept: DOFA Let		Union:		ess Phone #: Ext:						
Employee # (E-People):				EAL.						
SECTION E: FINANCE CODING & TOTAL CLAIM										
CAPITAL PROJECT CODING ONLY -> Project Number	No. of the last of	Project 1	Task Number							
Expenditure Organization		E	xpenditure Type							
Total - Section B: Travel - Pg 2 Total -	Section C&D: Other & Fore	ian Expenses -	Pa 3							
Pg Bal Location Functional Total Bal Location Centre (FC) Expense Unit	Functional Centre (FC)	Secondary/	Total	TOTAL REIMBURSEMENT						
2A 101 0005 71125000069 \$29,95		Expense	Expense	Total Section B \$29.95						
2B	<del> </del>			Total Section C&D						
2C				Less Cash Advance						
2D				TOTAL CLAIM \$29.95						
\$29.95 **User to enter Coding & \$ Amounts										
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 than I have read and understand the "Tzevel, Hospitally and Working Session Expense Policy (1122)" of Alberta Healti. Services and confirm any Lightest the appropriate confirmation of the Authority Services and Confirmation of the Authority Service										
was now expenses encaused in this cash are for yeld business purposed for Alberta Health Services and that this cities has not been commonly alaba-	and the same are the case of the same and the same are the same and the same are th	or any when Organization								
sitest that expenses submitted in this claim have bean incurred by using a cost effective method, otherwise rationals and supporting analysis is provided by signing this form, effect that if am compiler to all this above statements	ad above Travel, Hospita	Hty and Working Session Ex	pensas Folicy - Documer	世 1122						
Employee Signature:		Date 27-May-	14							
stiest that I have read and understand the "Travel, Hospitalry and Working Session Explanes (Pility (1122)" of Alberta Health Services and confirst expenses enclosed in this clean are for visid business exposes for Alberta Health Services and that this clean has not been previously clean additionable to the confirmation of the services and that this clean has not been previously clean.	penses being claimed are in compliance with such policy									
attest that expenses submitted in this claim have been incurred by using a crist effective method, otherwise resonate and supporting analysis is provide	ed by the claimant of on their behalf from Alberta Health ad above	Services or any other Ciganizati		claim form with receipts should be sent by the r directly to Accounts Payable for processing						
Approved By (PRINT ONLY): Deborah Rhodes	DOFA Level	Position #		Phone # Ext						
t, by signing this form, attest that i am compliant to all sine above statements. Doboroch Phodus	Title Acting CFO			Date June 4/14						
ettest that I havn read and understand the "Travel, Hraptaldy and Wurking Besson Expense Policy (1122)" of Alborta Health Service; and confirm exp	enses being claimed are in compliance will such pulicy			<u> </u>						
attest the expenses enclosed in this claim are the valid business purposes for Alberta Health Services and that this claim has not been previously dalarity.	ed by the claman) or on their behalf from Alberta Health	Services or awy other Organization	pn							
offest that expenses submitted in this claim have been incurred by using a coat affective method, otherwise rationals not supporting analysis is provide Approved By (PRINT ONLY):										
	DOFA Level	Position #		Phone # Ext						
I, by signing this form, street that I am complete to at the above statements  Signature:  (ealth and Personal information on this form is collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of and a collected by AUS under the authority of a collected by AUS under the	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 (FO'P) Act, respectively, for the purpose of

#### **EXPENSE CLAIM DETAILS**

E	inter Finance Coding 101 0005	7112500	00069		Emp # (E-	Donala)									
If expense	s incurred are for multiple FC's please use pages 2	B 2C 2D (	affec no 31 a	c those ab	ould be see								P	age 2A	
	s incurred are for multiple FC's please use pages 2 on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se	condary/E	xpense cod	des are no	t required in	this section	as the	T More Ilines	are required	for the sam	e FC use th	ese addition	al pages. E	Enter total	
SECTION	B: TRAVEL EXPENSES NOTE: If expenses	ses do not fa	all into these ca	ategories suc	th as Hospitality	Whrking See	ino Rel	ocation Continu	ina Education E	ne system.					
Select from dro	polium (column Pray ) where expanses were incurred (Cut of N.A.	marian - Inta	-01L		- Toop landy	TTO MING COS	1011, 1101	ocation, Continu	ing Education, E	susiness insurar	nce go to SECT	ION C	-		
Ensure separat	e lines are used for claim items that differ in Province, US and Out	of North Am	erica.			Completion of the "Cost Effective Method Used" Column is REQUIRED.									
		Prov. US.			If you select "No" in this column										
Date	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	Out of N.Amer where expenses	What is				planation is REQUIRED in the "Rationale is Required" section on this					page			
dd-mmm-yy			travel related to?	Cost	-	I (Allowance OR Receipt)			policy limit	t stated in Ap	s above the pendix "A"	Rental Carl			
				Method Used?			Meal with Receipt			onale is required		Bus/LRT/ Parking /	Per Diem Allowance	Mileage	
		incurred?		Y/N	Meal Type with value	Allowance	Mee! Type	with receipt	Airfare	Hotel	Taxi	Fuel Fuel	Allowance	(km)	
22-May-14	Travel to Edmonton to attend all day information Technology Leadership Meeting	AB	Meeting	No	BD	29.95	BD	\$29.96							
	Travel back to Calgary after attending interviews and meeting with Alberta Health (Minister & Deputy Minister)														
									-						
				-											
									-						
}										-					
							-								
	SUBTOTALS		name of the second			29.95		\$29.95						Total Kms	
	MILEAGE - Business Kilomet	re Rate for	Personally-	Owned Vel	hicle				Enter \$6	0.505 km, \$0.4				\$0,505	
	→ details of travel location to & from must b Rates applicable \$0.505 per km for under 5,000km/y	or \$0.47 p	above under er km for ave	the purpose or 5.000km/	of travel colu	mn Aareement		- 1			(see N	fileage details	to the left)	66.565	
						T STOCKHOTIC				-			Mileage \$		
Note	: Total will auto fill into pg 1, Section E, if form compl	eted elect	ronically - A	Additional (	og 2's can be	found after	Page	3				Travel	\$ Subtotal	\$29.95	
						- Touris area	, age			Auto	fills on pag	e 1 - TOTAL	TRAVEL \$	\$29.95	
Rationale I	s Required for expenses that are not Cost Eff	ective			- All - Laboratoria				-						
For the first t	is supporting the method to assess cost effe	ctivenes	s should	be attack	hed to the	laim form	)							- 11	
for last time,	wo items, Capital Management Fleet Vehicle in shop when not carpooling or using an AHS Fleet vehicle. fl	ror repair vino is a h	s so not ava	when co	travel to Red	Deer. Drov	e own	vehicle with	winter tires	rather than r	ent a vehicl	e.			
up on my rea	when not carpooling or using an AHS Fleet vehicle, fl ding (e-mails / documentation) prior to the flight, du	ring the fli	ght and in t	axis to an	d from the ai	rport.	am ab	ie to work at	the airport u	ising either n	ny Blackberi	ry, iPad or la	ptop or just	catching	
				*	- 2A of 3 -	Value de Compa					-				