

Official Administrator and Executive Expense Report

Name Dr. Chris Eagle

Title Advisor to the Official Administrator

Location Edmonton

Expenses submitted during the month of April 2014

						Travel	(1)						
Date	Source Document	Purpose	Airfar	e	Meals	Accommo	dation	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
•	Expense Claim P-Card	Meetings Meetings					190	32	3	328 190			
Total			\$	- \$	-	\$	190	\$ 32	3 \$	518	\$ -	\$ -	\$

Total for

the Month \$ 518

Maximum daily single meal expense claimed in the month

Maximum daily base hotel rate claimed in the month \$ 169

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

Alberta Health Services

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION	A: EMPLO	YEE DETAILS (for AHS Staff ON	ILY)						- TAIL	
• Enter e	mployee # (ol	d) and Employee # (E-People) if your pay	roll has m	igrated to the I	New E-People p	payroll system		Expense Date From	n: 21-Mar-14 1	o 20-Apr-14
 Indicat 	e N/A in the Ei	mployee # (E-People	e) if your payroll has i	not migrate	ed to the New L	E-People payro	l system		Travel Period from:	To_	(if applicable)
Name: Dr.		loyee and your payro	oll is E-People you w	ill only hav	e an Employe		- (Tial-).		Out-of-Province Tra	avel	
Location:			Dept:				n (Title):	Advisor to the Offi			
			Берг.		DOFA Leve	H:	(if applicable)	Union:	Busines	ss Phone #:	Ext:
Employee #		00672053									
SECTION	E: FINANC	E CODING & TO	TAL CLAIM								
CADITAL	DDO IFOT O	CONIC CHILLY	Project Nur	nber				Project	Task Number		
CAPITAL	PROJECT	ODING ONLY →	Expenditure (Drganizati	on .		7307	- 3 8	Expenditure Type		
	Total - So	ction B: Travel -	Da 2		T-4-L O		011 0.5				
_ Bal	Total - Se	Functional	NAME OF THE OWNER.		Total - S	ection C&D:	Other & Fore	eign Expenses -		TOTAL REIM	BURSEMENT
Pg Unit	Location	Centre (FC)	Total Expense	Bal Unit	Location	Functional	Centre (FC)	Secondary/ Expense	Total	Total Castina B	1 2000 05
2A 101	0005	71110300000	\$328.25					Lapense	Expense	Total Section B	\$328.25
2B		71110300000	Ψ020.20	-						Total Section C&I)
				-						Less Cash Advanc	e
2C										TOTAL CLAIM	6220.25
2D										TOTAL CLAIN	\$328.25
			\$328.25	1.7	**Us	ser to enter Co	ding & \$ Amoun	its			
		to fills from page 2/	A, 2B, 2C & 2D		NOTE:	These fields do	not automatical	Ily fill for Section C	& D	100	
	: AUTHOR		5 55 4400								
I attest the expenses	enclosed in this claim a	re for valid business purposes for	ssion Expense Policy (1122)" of Alt r Alberta Health Services and that I	his claim has not	been previously claime	ed by me or on my behalf i	ampliance with the principle: from Alberta Health Services	s and mandatory requirements o s or any other Organization.	of this policy.		
I attest that expense	submitted in this claim	have been incurred by using a co	ost effective method, otherwise rati	onale and suppor	ting analysis is provided	d above			Expenses Policy - Document	# 1122	
I, by signing this f	rm, attest that I am cor Employee Si	npliant to all the above statement: gnature:	Ob					Date Cys	1122 20	١ ما	
		pplicable policies of Alberta Health		enses, and confi	rm expenses being clair	med are in compliance wit	h such policies			<u> </u>	
I attest the expenses I attest that expense	enclosed in this claim a submitted in this claim	re for valid business purposes for have been incurred by using a co	Alberta Health Services and that took offective method, otherwise rations	his claim has not onale and suppor	been previously claimer ting analysis is provider	ed by the claimant or on th d above.	eir behalf from Alberta Healt	th Services or any other Organiz		claim form with receipts should be se directly to Accounts Payable for pro-	
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			h Services that pertain to these exp							4	
			Alberta Health Services and that to est effective method, otherwise ratio				eir behalf from Alberta Healt	th Services or any other Organiz	zation.		
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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

enses incurred are for multiple FC's please use pages 28,2C,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 pages of the same page of the system. 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 of the policy limit stated in Appendix "A" parking I parking I page (km) and	E	nter Finance Coding 101 0005	7111030	0000		Emp # (E-F	eople)							Pa	ige 2A
ION B: TRAVEL EXPENSES Motific resources on the second flat are those comprotes such as Posperior (Durd IV America - Herry) More and an advantum (Durnium Party) inflate approach are as a party inflate approach for some unit of the inflate infla	xpenses mount a	incurred are for multiple FC's please use pages 2E n slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	3,2C,2D (a condary/E	after pg3) as xpense cod	s there sho les are not	ould be one F I required in t	C per page his section	OR it	f more lines y are pre-det	are required ermined by th	for the same	FC use the	se additions		-
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Business Reason for Travel - Detailed Description Regular (include destination of past past) A discription of past investigate disabled explanation of reason, A discription of past investigate disabled explanation of reason, a destination of past past past past past past past past		odown (column Prov.) where expenses were incurred (Out of N.An	nerica = Intel of North Ame	r'i) erica.			Compl	etion c	If the "Cost E	Effective Met	hod Used" (in this colum	Column is Ri n,	EQUIRED.		•
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MilEAGE - Business Kilometre Rate for Personally-Owned Vehicle A details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 Auto fills on page 1 - TOTAL TRAVEL \$ \$328.25															
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I.i.															

RUN DATE: 04/24/2014

P-Card details Online ® Cardholder Statement Report

Instruction: • Attached • Cardhol	i ALL origina der AND Ap	al detailed receipts and supporting docum prover's signatures required where indica	ents in the same	e order as	It appears on th	is state	ment			
EAGLE, CHRIS		PRESIDENT & CEO	PRESIDENT & CEO				00104	00/04/0044		
Cardholder's		Cardholder's Position/	Cardholder's Position/Title			od:	20/04/2014			
Cardholder's Dept		Cardholder's Site/Loca	Cardholder's Site/Location			unt:	\$189.73			
CHRIS.EAGI	LE@ALBER	TAHEALTHSERVICES.CA				с				
Cardholder's				Last 4	6 digits of the P	Card #	_==			
Statement o	f Transacti	ons								
Transaction		Merchant Name & Description	Trans Original Amount		Trans Amount	GST	1	Description		
Date 04/04/2014		DELTA CALGARY SOUTH, DELTA HOTELS	189.73	CAD	189.73	.00.		One Night Accomodation to attend meetings in Calgary		

J.

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

Signatures							
Cardholder Designate (if Applicable)							
By signing this statement	this statement in BMO Online to the best of my ability in a	accordance to AHS Corporate Policies.					
 I hereby certify that I have reviewed and recordied Program User Guide and Training. I have allocated 	the transaction(s) to the proper cost centre.						
1. 11. 2.	Examples Son	roku					
Jenniter Hamstry	Cardholder Designate Position/Title						
Name of Cardholder Designate	A - 1 00 2 2 2 1	\sim					
Allerall (HON 32,2014						
Signature of Cardholder Designate	Date of Signature						
Cardholder							
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 Lattest that I have read and understand the "Trave 	l, Hospitality and Working Session Expense Policy (1122)	of Alberta Health Services and commi					
avecage being claimed are in compliance with Su	con policy. valid business purposes for Alberta Health Services and t						
I attest the expenses enclosed in this claim are for allowed by me or on my behalf from Alberta Health	n Services or any other Organization. A personal cheque for	or any personal expenses inadvertently					
	been incurred by using a cost effective method, otherwise	rationale and supporting analysis is					
provided. EAGLE, CHRIS	PRESIDENT & CEO						
Name of Cardholder	Cardholder Position/Title						
Odla -	V251 32 2011						
	Date of Signature						
Signature of Cardholder	Date di Digitataro						
Approver Designate (if Applicable)							
	el, Hospitality and Working Session Expense Policy (1122)	of Alberta Health Services and confirm					
 I attest that I have read and understand the "Trave expenses being claimed are in compliance with se 	et, nospitality and vvorking bession expense holicy (1122) tch policy.						
	I'd business awareness for Alberta Health Services and	that this claim has not been previously					
I attest the expenses enclosed in this claim are for the stained by the claimant or on their hehalf from All the stained by the stained	r valid business purposes for Alberta Health Services and perta Health Services or any other Organization. A persona	al cheque for personal expenses inadvertently					
 I attest that expenses submitted in this claim have 	been incurred by using a cost effective method, otherwise	e rationale and supporting analysis is					
provided.	0.15 " 0.00						
Deborah Khodes	The Project Position (Title						
Name of Approver Designate	Approver Designate Position/Title						
Debrock Phodos	Horil 24/14						
Signature of Approver Designate	Date of Signature						
Approver							
By signing this statement		Publishers (see) the deleteration of the three control of the con					
Lattest that I have read and understand the "Trav	el, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm					
expenses being claimed are in compliance with s	uch policy.						
Lattest the expenses enclosed in this claim are for	or valid business purposes for Alberta Health Services and	that this claim has not been previously					
claimed by the claimant or on their behalf from Al	berta Health Services or any other Organization. A person	al chicque for porceria. Superior					
charged has been obtained.	e been incurred by using a cost effective method, otherwis	e rationale and supporting analysis is					
 I attest that expenses submitted in this claim have provided. 							
,	Official Adn	with the					
Dr. John Cowell	OTTICIAL MAIN	ILLUI AICE					
Name of Approver	Approver Position/Title						
War and the same of the same o	Mad 21/14						
Signature of Approver	Date of Signature						
Submit approved statement with attachments to Acc	ounts rayable:						
Attach:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address:					
 Original (or scanned) itemized receipts with docum 	ented business reasons including names of participants	Alberta Health Services					
where required		Accounts Payable					
 Signed Cardholder Statement Report (or copies of 	electronic signatures if signatures are not on report)	7th Street Plaza					
And where applicable: * Copies of pre-approvals for travel * Copies of pre-approvals for travel * Edmonton, AB T5J 3E4							
Personal cheque payable to "Alberta Health Service"	es"	Edmonton, AB 15J 3E4					
 Return, refund and/or credit receipts 							
Disputes letter							
Business reasons for travel require detailed descri	otions – include where travelled to, who attended (if	I					
meal), why travel was necessary and detailed expl	anation of reason.						
Accounts Payable only:							
	Reviewed by:	Date:					
Reference #:	Neviewed by.						



CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5 Tel: 403-278-5050 Fax: 403-225-5834

Room: Folio:

Cashier:

Arrival: Departure: 04-03-14 04-04-14

AB HEALTH SERVICES
Dr Chris Eagle

Date	Description	Additional Information	Charges	Credits
04-03-14	Room Charge		169.00	
04-03-14	DMF		5.07	
04-03-14	Room GST		8.70	
04-03-14	Tourism Levy		6.96	
04-03-14	Tourism Ecvy			189.73
		Total	189.73	189.73
GST Summary			09770350 1274	aze.

GST Summary	
Registration No:	895126332
Room	8.70
F&B	0.00
Other	0.00
Total	8.70

Telges Tip Charts

Hotel c = bill

(F) 650 kms diving an April

Chris

April 03, 2014 (\$189.73)

One night accommodation in Calgary to attend meetings

Guest Signature: