Alberta Health Services

Official Administrator and Executive Expense Report

 Name
 Dr. Chris Eagle

 Title
 Advisor to the Official Administrator

 Location
 Edmonton

 Expenses submitted during the month of May 2014

						Travel (1)	1			1		
Date	Source Document	Purpose	Airfar	e	Meals	Accommodat	ion	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	4 Expense Claim 4 P-Card	Meetings Meetings				1	56	233 32	233 188			
「otal			\$	- \$	-	· \$ 1	.56	\$ 265	\$ 421	\$ -	\$ -	\$
	\$ 421											
Total for the Month Maximum da		xpense claimed in the mont	:h \$	_								

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

139

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

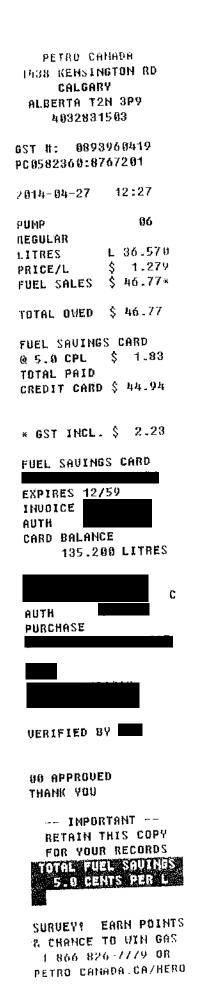
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		Total - Sect	tion B: Travel -	Pa 2		Total - S	ection C&D: Other & For	eign Expenses	- Pg 3	TOTAL REIMB	URSEMENT
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2B										Less Cash Advance	*
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		AUTHORI			<u>, , , , , , , , , , , , , , , , , , , </u>						
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-14 - 44	net I heve reak			1 June 13 Closed Contractor data	ationale and supportin	g analysis is provide	d above. <u>Travel, Hos</u>	phality and Working Sassio	n Expanses Policy - Docume	ent <u># 1122</u>	
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- 1 of 3-EXPENSE CLAIM DETAILS

amount or	Iter Finance Coding 101 0005 incurred are for multiple FC's please use pages 2B, a slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec B: TRAVEL EXPENSES NOTE: If expenses NOTE: If expenses wdown (column Prov) where expenses were incurred (Out of N.Am	s do not fail erica = Inter'i	into these cat	es are not legaries such	required in th as Hospitality, V	Vorking Sessi	on, Relo	the "Cost E	ng Education, I	hod Used" C	e go to SECTI Iolumn is RE	ONC		
ect from oron sure separate	tines are used for claim items that dimer in Province, US and Cor of	Prov, US,	ca.		Fu	-		12	select "No" ED in the "F	in this column ationale is Re	n, equired" sec		page	
Date	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal),	or Out of N.Amer	What is travel	Cost Effective			If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Carl Bus/LRT/	Per Diem Allowance	Mileage (km)		
d-mmm-yy	(include destination, who attained (in theor), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where expenses incurred?	related to?	Method Used? Yes/No	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel		
7-Apr-14	Fuel for fleet vehicle to travel to Calgary to attend meeting (Dr. Cowell)	AB	Meeting	Yes						<u> </u>	ĺ ╆·──·─	\$44.94 🗸	┣	
8-Apr-14	Fuel for fleet vehicle to travel to Calgary to attend meeting (Dr. Cowell)	AB	Meeting	Yes				· · · · · · · · · · · · · · · · · · ·		 	<u> </u>	\$26.02		
15-May-14	Mileage to travel to Red Deer to attend Medical Staff Engagement in Quality (MESQ) meeting.	AB	Meeling	Yes			ļ 		 		 	<u> </u>	<u> </u>	320.00
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						<u> </u>		 _{				_		Total Kms
	SUBTOTALS	<u></u>		· · · · · ·								\$70,95		320.00
	MILEAGE - Business Kilor	netre Rate	for Person:	ally-Owned	l Vehicle			<u> </u>	Eni	er \$0.505 km,	\$0.47 km <u>OR</u> <u>(se</u>	rate per Uni e <u>Mileage de</u>	on Agreement tails to the left)	<u> </u>
	MILEAGE - Business Kild 	المربوا مستليه المراجع		der the bur	DOSE OF ILLIVELL	nion Agreem	e <u>nt</u>					Te	Mileage \$ avel \$ Subtota	<u></u>
 ,	Note: Total will auto fill into pg 1, Section E, if form co	mpleted e	lectronicall	y - Additio	nal pg 2's cat	n be found :	after P	age 3			Auto fills on		TAL TRAVEL	
	ale is Required for expenses that are not Cost alysis supporting the method to assess cost	Effective												

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April 27, 2014 (\$44.94)

• Fuel for fleet vehicle to travel to Calgary to attend meeting with Dr. Cowell

PETRO CANADA 37553 HWY 2 SOUTH RED DEER ALBERTA T4E 181 4833476556 <u>856305073</u> E CRT M 2814-84-28 17:04 03 PUMP REGULAR L 20.344 LITRES 1.279 PRICE/L 纮 \$ 26.02× FUEL SALES \$ 26.02 TOTAL OWED PAID TOTAL CREDIT CARD \$ 26.02 1.24 * GST INCL. # s



00 APPROVED Thank You

> -- IMPORTANT --Retain this copy For your records

SURVEY! EARN POINTS & CHANCE TO WIN GAS 1-868-826 7779 OR PRITRO-CANADA.CAZHERO

April 28, 2014 (\$26.02)

 Fuel for fleet vehicle to travel to Calgary to attend meeting with Dr. Cowell



Instructio	ព:

EAGLE, CHRIS	Advisor to the off	icial Administrator	
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/05/2014
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$188.06
CHRIS.EAGLE@ALBERTAHEALTH	SERVICES.CA		
Cardholder's c-mail address		Last 6 digits of the P-Card #:	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	i *.	Trans Amount	GS1	Froigh	Description
28/04/2014		MPARK00030312U QPS, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1,14		Parking Downtown Calgary to attend Meatings
29/04/2014		U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	164.06	CAD	164,00	7.81		i night accommodation in Calgary to altend meetings

P-Card
details Online ®
Cardholder Statement Report

Alberta Health	Cardh	details Online (older Statement Repo
lignsturðs		
Cardbolder Designate (if Applicable)		
By signing this statement	conciled this statement in BMO Online to the best of my ability in a lengted the transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.
 I hereby certify that I have reviewed and recovery the set of th	located the transaction(s) to the proper cost centre.	
Program User Guide and Fraining, Thave a	Survey At the Second	A.
Printer Hamstig	Cardholder Designate Position/Title	
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THE STR	Mun 36, DOIL	
Signature of Cardholder Designate	Date of Signature	
Cardholder		
By signing this statement	"Travel, Hospitality and Working Session Expense Policy (1122)"	of Alberta Health Services and confirm
 Eattest that I have read and understand the expenses being claimed are in compliance 	with such policy.	
 I attest the expenses enclosed in this claim 	with such policy.) are for valid business ourposes for Alberta Health Services and t a Health Services or any other Organization. A personal cheque fo	that this claim has not been previously or any personal expenses inadvertently
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Name of Caropolder	Cardholder Position/Title	
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<u>4.</u> <u>L</u>	Date of Signature	
Signature of Cardholder		
Approver Designate (if Applicable)		
By signing this statement	e "Travel, Hospitality and Working Session Expense Policy (1122))" of Alberta Health Services and confirm
 I attest that I have read and understand the expenses being claimed are in compliance 	e "(rave), Hospitality and Working Coasion approved to 1	
		that this claim has not been previously
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claimed by the claimant of on their penalt	TOIN ADDIEST CONTINUES OF THE ST	
 I attest that expenses submitted in this cla 	im have been incurred by using a cost effective method, otherwis	e rationale and supporting chargers to
provided.		
Deberat White	Approver Designate Position/Title	
Name of Approver Designate		
Deproph Phodes	Date of Signature	
Terran 41 and	Date of Signature	
Signature of Approver Designate		
Approvor By signing this statement		
By signing this second and understand f	te "Travel, Hospitality and Working Session Expense Policy (1122	2)" of Alberta Health Services and confirm
eveenses heinri claimed are in complianc	e with such poncy.	
		that this claim has not been previously
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charged has been obtained.	the sector file and all all all all all all all all all al	se rationale and supporting analysis is
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provided.		
Dr. J Couvell	Official Advan	NStat Mar
	Approver Position/Title	_
Name of Approver		
Vares	Date of Signature	<u>+</u>
Signature of Approver	Date of Signature	
Submit approved statement with attachments	s to Accounts Payable:	
		Address:
Attach: • Oviging (or scanned) itemized receipts with	t documented business reasons including names of participants	Aller to Health Renders
where required		Alberta Health Services Accounts Payable
	opies of electronic signatures if signatures are not on report)	7th Street Plaza
And where applicable:		10th Floor, North Tower, 10030-107 Str
 Operation of one controvals for travel 	b Condear"	Edmonton, AB T5J 3E4
 Personal cheque payable to "Alberta Healt 	U Pelvicea.	
 Return, refund and/or credit receipts 		
Disputes letter	f descriptions - include where travelled to, who attended (if	ļ
 Business reasons for travel require detailed meal), why travel was necessary and detail 	d descriptions – include where travelled to, who attended (if led explanation of reason.	1
Accounts Payable only:		<u>, na serie de la construcción de la En la construcción de la construcción</u>
the second s	Reviewed by:	Date:

Reference #:

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April 28, 2014 (\$24.00)

Parking Downtown Calgary to attend meetings. ۰

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0:01:53 AMOUNT : \$ 24.00 KIND OF PAYMENT: REF. IMPARK THANKS YOU not the mind table

13:44

15:37 28.04.14 PARK-DUR.: HRS:MIN

BOW VALLEY SQUARE RECEIPT

ENTRY TIME:

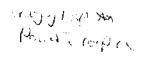
28.04.14 EXIT TIML:

on corp c.c.

Hic Daurionan parking for meeting

Page 1 of 1







169.UNIVERSEN GATE NW CALGARY ALBERTA, CANADA 12N IN4 1.877.498.3203 – 403.220 3203 → 403.284.4184 M HOTELALMACA

EAGLE, CH	HRIS		Room Number: Daily Rate: 139.00 Room Type: No. of Guests: 1 / 0							
ARRIVAL	DEPARTUR	E CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT					
27-Apr-14	28-Apr-14	nation datation <u>s</u> ultana di bite anticonece e	AHS							
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT					
27-Apr-14		PARKING	PARKING CHARGE		\$8.00					
27-Apr-14		ROOM CHARGE	EAGLE, CHRIS		\$139.00					
27-Apr-14		ROOM FEE	ROOM FEE		\$4.17					
27-Apr-14		GST	GST		\$7.16					
27-Apr-14		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY		\$5.73					
28-Apr-14					(\$164.06)					

April 27, 2014 (\$164.06)

• One night accommodation in Calgary to attend meetings.

CREDIT DUE:

(\$0.00)

ISTATURE

TERMIN OUE AND PAYABLE UPON REF. BUTATION, HASKET THAT MY LIABILITY FOR THIS BULL'S NOT MARVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE CLENT THE INDRCATED PERSON OR THRD FARIN FAILS TO FAY FOR AND PART OF THE FULL AND/UPD OF THARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864