

Official Administrator and Executive Expense Report

Name David Diamond
Title Chief External Relations Officer
Location Edmonton

Expenses submitted during the month of December 2013

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Dec-13	Expense Claim	Meetings				1,490	1,490			
Total			\$ -	\$ -	\$ -	\$ 1,490	\$ 1,490	\$ -	\$ -	\$ -

Total for the Month \$ 1,490

Maximum meal expense claimed in the month \$ -
 Maximum daily 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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

AHS - Edmonton
Accounts Payable
JAN 06 2014

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: 19-Dec-13 To: 12-Dec-13
Travel Period from: 19-Dec-13 To: 12-Dec-13 (if applicable)
Out-of-Province Travel

Name: David Diamond Location: Edmonton Dept: Executive Office DOFA Level: _____ Position (Title): Chief External Relations Officer
Employee # (E-People): _____ Union: _____ Business Phone #: _____ Ext: _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____

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	0302	7181000000	\$1,489.75					
2B									
2C									
2D									
				\$1,489.75					

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	\$1,489.75
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$1,489.75

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 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: 19-Dec-13
Travel, Hospitality and Working Session Expenses Policy - Document # 1122

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 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.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level _____ Position # _____
Signature: [Signature] Phone # _____ Ext _____
Date: JAN 03 2014

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 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.

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

Enter Finance Coding **101 0302 7181000009**

Emp # (E-People) XXXXXXXXXX

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.

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? 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						
9-Sep-13	ACC Meeting, Executive Royal Inn, Nisku	AB	Meeting	yes										70.00
17-Oct-13	Meeting with Dr. Cowell, Calgary	AB	Meeting	yes										590.00
22-Oct-13	Leadership Team Meeting in Calgary	AB	Meeting	yes										590.00
24-Oct-13	Meeting with MLA Rob Anderson, Airdrie	AB	Meeting	yes										540.00
29-Oct-13	Oct 29-31 Leadership Team Offsite Meeting In Stettler and Red Deer	AB	Meeting	yes										364.00
4-Nov-13	Meeting with Dr. John Cowell, Calgary	AB	Meeting	yes										590.00
12-Nov-13	Meeting with MLA Jacquie Fenske, Vegreville	AB	Meeting	yes										206.00
SUBTOTALS														Total Kms 2950.00

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 \$0.505 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) **\$0.505**

Mileage \$ **\$1,489.75**

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal

Auto fills on page 1 - **TOTAL TRAVEL \$ \$1,489.75**

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)