

Official Administrator and Executive Expense Report

Name Deb Rhodes
Title Acting Vice President, Corporate Services & CFO
Location Edmonton
 Expenses submitted during the month of June 2014

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Jun-14	Expense Claim	Meetings		51	228	391	669			
Total			\$ -	\$ 51	\$ 228	\$ 391	\$ 669	\$ -	\$ -	\$ -

Total for the Month \$ 669

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 209
 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

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 have an Employee # (E-People)

Expense Date From: 11-Jun-14 To 12-Jun-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Deborah Rhodes Position (Title): Acting VP Corporate Services & CFO
 Location: SSP, Edmonton Dept: Finance DOFA Level: █ (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		
2A	101	0006	7110500013	\$669.26						Total Section B	\$669.26
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$669.26
				\$669.26	**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 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: Deborah Rhodes **Date:** June 27, 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): Name: Vickie Kaminski DOFA Level █ Position # █ Phone # _____ Ext _____
Signature: Vickie Kaminski **Title:** President and Chief Executive Officer **Date:** June 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 By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
Signature: _____ **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 (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please forward 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 <u>101</u> <u>0006</u> <u>71105000013</u>	Emp # (E-People) ██████████	Page 2A
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*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.

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						
11-Jun-14	Travel to Calgary for meetings on June 12 -Finance Manager's Retreat at SHC and Planning and Priorities Mgmt. Retreat at Rockyview Hosp.		Meeting	Yes	D-\$20.75	\$20.75						750.00		
12-Jun-14	One night accommodation & meals for above meetings				BD-\$29.95	\$29.95			\$227.81					
12-Jun-14	Parking at South Health Campus for Finance Managers Retreat									\$12.00				
SUBTOTALS						\$50.70			\$227.81	\$12.00		Total Kms 750.00		

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 <i>(see Mileage details to the left)</i>	\$0.505
Mileage \$	\$378.75
Travel \$ Subtotal	\$290.51
Auto fills on page 1 - TOTAL TRAVEL \$	\$669.26

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

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)



Travelodge Calgary Airport
 2750 Sunridge Blvd. NE
 Calgary, AB T1Y 3C2
 tel: (403) 291-1260 fax: (403) 291-9170

06-12-14

Deborah Rhodes 10030 - 107 ST. Edmonton AB	PO No.	:		Room No.	:	██████████
	Folio No.	:	██████████	Arrival	:	06-11-14
	A/R Number	:		Departure	:	06-12-14
	Group Code	:		Conf. No.	:	██████████
	Company	:		Rate Code	:	██████████
	Wyndham Rewards	:		Page No.	:	1 of 1
	Invoice No.	:				

Date	Description	Charges	Credits
06-11-14	Room Charge	209.00	
06-11-14	Room GST	10.45	
06-11-14	Tourism Levy Tax	8.36	
06-12-14	██████████		227.81
Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 866-996-7937.		Total	227.81
		Balance	0.00

Guest Signature: _____

Please contact the Manager about any issues with your stay. Travelodge or affiliates may contact you about goods and services unless you call 877-321-7653 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Travelodge website about privacy.

The whole team would like to thank you for choosing the Travelodge Calgary Airport.
 We greatly appreciate your business and hope to see you again soon.

Hotel room was greater than \$200.00 due to last minute booking and a Petroleum Conference in Calgary.

RECEIPT

Alberta Health
Services
South Campus

RECEIPT A85
ENTRY DATE/TIME:
12.06.14 09:34
EXIT DATE/TIME:
12.06.14 12:29
PARK-DUR.: HRS:MIN
0:02:55

AMOUNT:
12.00
METHOD OF PAYMENT: :
VISA



*Parking Receipt for Finance
Manager's Retreat held at
South Health Campus*