

## Official Administrator and Executive Expense Report

**Name** Doug Tupper  
**Title** Chair, Quality Assurance & Patient Safety Advisory Committee  
**Location** Calgary  
 Expenses submitted during the month of June 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-14	Expense	Meetings		21	173	471	665			
<b>Total</b>			\$ -	\$ 21	\$ 173	\$ 471	\$ 665	\$ -	\$ -	\$ -

**Total for the Month**    \$        665

Maximum daily single meal expense claimed in the month    \$        12  
 Maximum daily base hotel rate claimed in the month        \$        154  
 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



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention	
TAMNR Applicable? - if yes, indicate line & amt	

## OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Doug Tupper	Vendor# (if known)		Expense Period Month:	May-June 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense (if Business Case)					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Comp/Code (eg)	Location (if applicable)	Functional Centre/Primary	Expense Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$20.80
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$636.97
Other (D)	101	0005	71110300004	41000000	\$7.35
<b>TOTAL PAYMENT</b>					<b>\$665.12</b>

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

\_\_\_\_\_

SECTION 3: AUTHORIZATION			
<p>I, the undersigned, 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.</p> <p>I affirm the expenses disclosed 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.</p> <p>I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p>			
Claimant (Print Name)	Signature: I, by signing this form, affirm that I am compliant with the above statements	Date	Phone#
Doug Tupper	<i>Doug Tupper</i>	June 24/14	[REDACTED]
<p>I, the undersigned, 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.</p> <p>I affirm the expenses disclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me (as a representative of their service) from Alberta Health Services or any other Organization.</p> <p>I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p>			
Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Dr. John Crowell	Official Administrator	June 24/14	[REDACTED]
Signature: I, by signing this form, affirm that I am compliant with all the above statements	DOFA Level	Position#	
	[REDACTED]	[REDACTED]	

1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for missing information.  
 2) Non-compliant and incomplete/incomplete payment requisitions will be returned without processing.

Health and personal information on this form is collected by AHS under the authority of section 20(1) of the Health Information Act (HIA) and sections 20(1) and 24(2) of the Freedom of Information Act (FOIA) and is disclosed to the public for the purpose of administering AHS Programs to the program. For more information, questions or concerns about the collection, use or disclosure of your health personal information, please contact Mark Palko, Director, Access to Information at 780-730-0806 or email: Mark.Palko@albertahealthservices.ca

*Deborah Rhodes*  
 Deborah Rhodes, Acting CFO  
 AP Quality & Compliance

Created November 01, 2013  
 Rev 2 eff April 17, 2014

*AP 3 006-  
 Page 1*

**Carry forward from Section 1**

Name:	Doug Tupper	Vendor# (if known)	Expense Period Month:	May-June 2014
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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 above

**SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM**

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)( A )				Accommodation ( B )	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) ( C )	Other (Itemize) ( D )	Mileage km ( E )	Payroll Only OA Committee Meeting Fee ( F )
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
1-May-14	Meeting with Verna Yiu at SSP (parking)	Yes					\$7.50		17		
12-May-14	Meeting with Accreditation Canada at SSP (parking)	Yes					\$14.00		17		
21-May-14	Audit and Finance Advisory Committee Meeting (parking)	Yes					\$27.00		17		
3 & 4/06/14	Quality Assurance & Patient Safety Advisory Committee Meeting in Calgary (parking and personal per diem)	Yes	BL-\$20.80	\$20.80			\$172.89	\$8.00	\$7.35	631	
5-Jun-14	Audit and Finance Advisory Committee Meeting (parking)	Yes					\$23.00			17	
18-Jun-14	Human Resources Advisory Committee Meeting (parking)	Yes					\$23.00			17	
<b>Total: (amount auto fills to page 1)</b>			\$20.80		\$0.00		\$172.89	\$102.50	\$7.35	716.00	

<b>OA COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 361.58
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM  
JUN 18, 2014

Purchase Date/Time: 08:42am Jun 18, 2014

Total Parking: \$21.90

Total gst: \$1.10

Total Due: \$23.00

Total Paid: \$23.00

Ticket #: [REDACTED]

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$23 - Early Bird

Payment Type: Card

Auth #: [REDACTED]

GST #887315638RT0001

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Jun 18, 2014

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Mach Name: Meter 1

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Payment Type: Card

Auth #: [REDACTED]

11 FHC MTG  
PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM  
JUN 05, 2014

Purchase Date/Time: 08:37am Jun 05, 2014

Total Parking: \$21.90

Total gst: \$1.10

Total Due: \$23.00

Total Paid: \$23.00

Ticket #: [REDACTED]

S/N #: 500012451104

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Payment Type: Card

Auth #: [REDACTED]

PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM  
MAY 21, 2014

Purchase Date/Time: 09:36am May 21, 2014

Total Parking: \$25.71

Total gst: \$1.29

Total Due: \$27.00

Total Paid: \$27.00

Ticket #: [REDACTED]

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$27 - All Day

Payment Type: Card

Auth #: [REDACTED]

GST #887315638RT0001

RECEIPT

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Total Due: \$27.00

Total Paid: \$27.00

Ticket #: [REDACTED]

Setting: Lot 256

Mach Name: Meter 1

Rate: \$27 - All Day

Payment Type: Card

Auth #: [REDACTED]

PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time

11:51 AM  
MAY 12, 2014

Purchase Date/Time: 09:51am May 12, 2014

Total Parking: \$13.33

Total gst: \$0.67

Total Due: \$14.00

Total Paid: \$14.00

Ticket #: [REDACTED]

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$14 - 2 Hours

Payment Type: Card

Auth #: [REDACTED]

GST #887315638RT0001

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 11:51am May 12, 2014

Purchase Date/Time: 09:51am May 12, 2014

Total Parking: \$13.33

Total gst: \$0.67

Total Due: \$14.00

Total Paid: \$14.00

Ticket #: [REDACTED]

Setting: Lot 256

Mach Name: Meter 1

Rate: \$14 - 2 Hours

Payment Type: Card



**DELTA**  
CALGARY SOUTH

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

GOVT AB  
Douglas Tupper  
[Redacted]  
Canada

Room: [Redacted]  
Folio: [Redacted]  
Cashier: [Redacted]  
Arrival: 06-03-14  
Departure: 06-04-14

Date	Description	Additional Information	Charges	Credits
06-03-14	Room Charge		154.00	
06-03-14	DMF		4.62	
06-03-14	Room GST		7.93	
06-03-14	Tourism Levy		6.34	
06-04-14	Atrium Cafe Charges	Line# [Redacted] : CHECK# [Redacted]	<del>21.85</del>	
06-04-14	Visa	[Redacted]		194.74

*pay per diem*

GST Summary	
Registration No:	895126332
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

Total	194.74	194.74
Balance Due	0.00	CDN

*172.89*

*194.74  
- 21.85  
-----  
172.89*

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.