

Official Administrator and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health & Senior Medical Director
Location Edmonton
 Expenses submitted during the month of May 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)
May-14	Expense Claim	Meetings	333	12		362	707	848		
Total			\$ 333	\$ 12	\$ -	\$ 362	\$ 707	\$ 848	\$ -	\$ -

Total for the Month \$ 1,555

Maximum daily single meal expense claimed in the month \$ 12
 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

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 only have an Employee # (E-People)

Expense Date From: 1-May-14 To 31-May-14
 Travel Period from: _____ To _____
 Out-of-Province Travel

Name: Dr. Gerry Prady Position (Title): Senior Medical Officer of Health
 Location: _____ Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

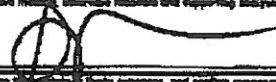
CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ Expenditure Type _____

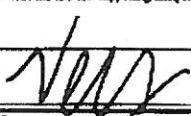
Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0308	71552000123	\$706.55	101	0306	71552000133	66010000	\$848.00	\$706.55	\$848.00	
2B										Less Cash Advance		
2C												
2D												
				\$706.55					\$848.00		TOTAL CLAIM	\$1,554.55

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 understood 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.

Employee Signature:  Date: 2-Jun-14

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature:  Title: VP Quality and CMO Date: June 2/14

I attest that I have read and understood 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 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

Enter Finance Coding 101 0306 71552000123 Emp # (E-People) [REDACTED] Page **2A**

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 = Int'l)
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? Yes/No	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						
5-May-14	Travel to Telus Plaza for meeting with Dr. Talbot and return to Coronation Plaza	AB	Meeting	Yes								\$5.00		16.00
6-May-14	Travel to Calgary for PPAH Meeting and return	AB	Meeting	Yes					\$333.11					
8-May-14	Travel to University of Alberta for Dental PH Conference and return to Coronation Plaza	AB	Conf	Yes										14.00
9-May-14	Travel to Cross Cancer Clinic for media event and return to Coronation Plaza	AB	Meeting	Yes										14.00
28-May-14	Travel to SSP for COEC meeting and return to Coronation Plaza	AB	Meeting	Yes								\$20.00		15.00
30-May-14	Travel to Calgary for Dental PH meeting and return	AB	Meeting	Yes	L-\$11.60	\$11.60								608.00
SUBTOTALS						\$11.60			\$333.11			\$25.00		Total Kms 667.00

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 \$ **\$336.84**

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 **\$369.71**

Auto fills on page 1 - TOTAL TRAVEL \$ **\$706.55**

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)

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People) XXXXXXXXXX		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for <u>travel, gas, etc.</u>, go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p style="text-align: center;">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
1-May-14	Annual Fees - Royal College Physicians and Surgeons Canada	101	0306	71552000133	66010000	Yes			\$848.00	\$848.00

SECTION D: FOREIGN CURRENCY										ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)	
										If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.	
Please click on the following link for the Bank of Canada exchange rate using the date of expense			Bank of Canada Currency Converter →			Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column					
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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value	

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)

Expenses Paid (Retain a copy for your records)

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

Expiration Date/Time

06:00 PM
MAY 28, 2014

Purchase Date/Time: 08:23am May 28, 2014
Total Parking: \$19.05
Total gst: \$0.95
Total Due: ~~\$20.00~~
Total Paid: \$20.00
Rate: \$20 - Early Bird
Payment Type: [REDACTED]
Ticket # [REDACTED]
S/N #: [REDACTED]
Setting: [REDACTED]
Mach N: [REDACTED]

Auth #: [REDACTED]

GST #887315638RT0001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm May 28, 2014
Purchase Date/Time: 08:23am May 28, 2014
Total Parking: \$19.05
Total gst: \$0.95
Total Due: \$20.00
Total Paid: \$20.00
Rate: \$20 - Early Bird
Payment Type: Card
Ticket #: [REDACTED]
Setting: Lot [REDACTED]
Mach Name: [REDACTED]

Auth #: [REDACTED]

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rec# 36259
05/05/14 08:22 [REDACTED]
05/05/14 07:23 in 05/05/14 08:22 out

Regular Rate \$ 4.56
Total Tax \$ 0.24
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash Tender \$ 5.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

Your booking is confirmed. Booking reference: [REDACTED]

An email booking confirmation has been sent to: gerry.predy@alberthealthservices.ca.

Use your booking reference to **retrieve your official Itinerary/Receipt at aircanada.com**.

Passengers Mr Gerald Nicholas Predy

Flight	From	To	Departure	Arrival	Airfare	Options	Taxes, fees a charges	Travel Insura	Grand Tot
[REDACTED]	[REDACTED]	[REDACTED]	07:00 Tue 10-Jun 2014	07:44 Tue 10-Jun 2014					Canadian dol
			16:30 Tue 10-Jun 2014	17:21 Tue 10-Jun 2014					

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Mr Gerald Nicholas Predy
gerry.predy@alberthealthservices.ca
 Mobile: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
[REDACTED]	[REDACTED] Tue 10-Jun 2014 07:00	[REDACTED] Tue 10-Jun 2014 07:44	0	0hr44	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED] Tue 10-Jun 2014 16:30	[REDACTED] Tue 10-Jun 2014 17:21	0	0hr51	[REDACTED]	[REDACTED]	[REDACTED]

Operated by:

¹ Air Canada Express - Jazz

Passenger Information**1: Mr Gerald Nicholas Predy : Adult (16+), Ticket Number:** [REDACTED]

Air Canada - Aeroplan : [REDACTED]

Meal Preference: [REDACTED]

Payment Card: [REDACTED]

Special Needs: [REDACTED]

Seat Selection: [REDACTED] [REDACTED]

Paid , [REDACTED] [REDACTED]

Paid

Congratulations on your selection of a [REDACTED]. Please read the **Terms and conditions**.**Purchase Summary****Fare Summary****Total charge for 1 adult****Air Transportation Charges**Departing Flight (Tango) **97.00**
(including surcharges)Return Flight (Tango) **97.00**
(including surcharges)

Options 54.00

Taxes, Fees and Charges 85.11

Total Airfare Charge 333.11

Travel Insurance (declined) 0.00

Grand Total - Canadian dollars \$333.11**Payment Information**[REDACTED] - Amount paid: **\$333.11**

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$276.41 (Airfare - per ticket)
- Air Canada: \$56.70 (Advance Seat Selection - per ticket)

Ticket number(s): [REDACTED]

Fare Rules**Departing Flight** [REDACTED]**Return Flight** [REDACTED]• **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes at check-in or at the airport** are subject to availability and are permitted only for same-day flights at a fee of \$75 CAD/USD per direction, per passenger.
- **Same-day standby** is available **only** to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

• **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the

Gerry Predy

From: On Line Annual Dues Payment [dues@rcpsc.edu]
Sent: Thursday, May 01, 2014 8:13 AM
To: Gerry Predy; Financial Services; IMIT
Subject: RCPSC Annual Dues Payment On-line

This message is confirmation that Gerald Nicholas Predy paid annual dues on-line using the RCPSC website.

Here's the information submitted:

Gerald Nicholas Predy
RCPSC Number: [REDACTED]
Email Address: gerry.predy@albertahealthservices.ca

Annual Dues Payment amount: 848.00

Total Amount of Transaction: 848.00

Paid by: [REDACTED]

Authorization Reference #: [REDACTED]

Authorization Result: [REDACTED] \$848.00