

Official Administrator and Executive Expense Report

Name Ian Phelps
Title Senior Medical Director, EMS
Location Medicine Hat
 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	529	53	215	399	1,196			
Total			\$ 529	\$ 53	\$ 215	\$ 399	\$ 1,196	\$ -	\$ -	\$ -

Total for the Month \$ 1,196

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 191
 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:	

**MEDICAL AFFAIRS
TRAVEL/MEETING EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION (Check one only)

Sole Proprietor Professional Corporation

Invoice Date: 13-May-14 Invoice #: _____

Vendor Name: Dr. Ian Phelps Vendor# (if known): _____

Address: [Redacted] City: Brooks

Province/State: AB Postal Code: [Redacted] Country: Canada

Reason for Expense &/or Business Case: May 9: Patient Family Advisory Group Meeting: Yarscona Hotel

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required
Cells that are locked (Complete calculations) are shaded Aqua Cells requiring selection from dropdown menu are shaded Orange

SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)

Corp/BU/Org e.g. 101	Location (If applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050440	Expense/ Secondary Acct e.g. 69500001	Expense Sub - Total	GST (If applicable)	TOTAL
101	0000	71110000012		\$1,083.30	\$113.32	\$1,196.62
<input checked="" type="checkbox"/> Canadian \$	<input type="checkbox"/> US \$	<input type="checkbox"/> Other Currency	TOTAL PAYMENT	\$1,083.30	\$113.32	\$1,196.62

SECTION 3: AUTHORIZATION

Requisitioned by (Print Name): Lindsay Perry Position Title/Program Group: Executive Administrative Assistant Date: 13-May-14 Phone#: [Redacted]

- I attest that I have read the "Travel, Hospitality & Working Session Expense Policy(1122)" of Alberta Health Services and hereby confirm that the expenses 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 rational and supporting analysis is provided.
- I attest that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
- I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.

Claimant signature: [Signature] Position Title/Program Group: Senior Medical Director/EMS Date: 13-May-14 Phone#: [Redacted]

- I attest that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses 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 rational and supporting analysis is provided.
- I attest that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
- I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.

Approved by (Print Name): Kirk Trimp Signature: [Signature] Date: 5/23/2014 Phone#: [Redacted]

Title/Program Group: President - CEO (Interim) DOFA Level: [Redacted] Position#: [Redacted]

- GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1118 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122**
- 1) All employee claims must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
 - 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
 - 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required
 Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is
 Required in the "Rational is Required" section below

SECTION 4: MEDICAL AFFAIRS - TRAVEL EXPENSE CLAIM PORTION

Date	Purpose of Expense	GST	Fuel	Hotel	Parking /Taxi	Meal Type	Meals	Other	Rental Car/Airfare	Cost Effective method used?	Mileage km
May 8 & 9	Item #1, #2- flight/chg fee	\$94.46							\$435.00	Yes	
8-May-14	Item #3- Hotel	\$9.85		\$204.87						Yes	
May 8 & 9	Sum of Items #'s: 4+5+6+7	\$9.01			\$199.39					Yes	
May 8 & 9	perdiem meals:1xB,2xL,1xD						\$53.15			Yes	
May 8 & 9	Brooks-Calgary-Brooks									Yes	378.00
SUBTOTAL		\$113.32		\$204.87	\$199.39		\$53.15		\$435.00		378.00

Enter \$0.505, \$0.47 OR rate per Union Agreement (see Mileage details below)	0.505
Mileage \$	\$ 190.89

SECTION 5: MEDICAL AFFAIRS STAFF COMMITTEE MEETING EXPENSES

BU/Unit	Location	Functional Centre	Expense Account	Approved AHS Committee Name	Meeting Date	Cost effective Method Used	Stipend	Other Expenses
SUBTOTAL								

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

Section 4 Subtotal	\$	892.41
Section 4 GST Total	\$	113.32
Section 5 Subtotal		
Mileage Total	\$	190.89
Total Payment	\$	1,196.62

MEAL PER DIEM RATES
 B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
\$0.505 per km for under 5,000km/yr
\$0.47 per km for over 5,000km/yr
 or per Union Agreement

- Reference Links**
- [Delegation of Authority for Financial Commitments Authorization Table](#)
 - [Policy #1118 - Delegation of Authority for Financial Commitments](#)
 - [Policy #1122 Travel, Hospitality & Working Session Expenses](#)
 - [AHS Chart of Account Mapping Tool \(this page also has a link for BAS Representatives\)](#)

ITEM #1

Flight Booking

[Return to My Bookings](#)

Booking Reference:

Flight Itinerary

Flight	From	To	Stops	Aircraft	Fare Type	Upgrade status
AC8150 ¹	Calgary (YYC) Thu 8-May 2014 15:30	Edmonton, Edmonton Int'l (YEG) Thu 8-May 2014 16:20	0	CRJ	Tanda, S	-
AC8151 ¹	Edmonton, Edmonton Int'l (YEG) Fri 9-May 2014 16:00	Calgary (YYC) Fri 9-May 2014 16:50	0	CRJ	Tanda, L	-

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Ian Phelps: Adult (12+), Ticket Number

Air Canada - Aeroplan: Meal Preference: Regular

Special Needs: None

Seat Selection: (Preferred),

Purchase Summary

Total charge for 1 adult			Details
Air Transportation Charges			
Base Fare (including surcharges)		240.00	
Options		45.00	
Taxes, Fees and Charges		86.96	
Grand Total - Canadian dollars		5371.96	

Flight - Calgary - Edmonton (and return)
 Re: Patient Family Advisory Group Meeting, May 9/14

ITEM # 2

AIR CANADA
AIRPORT FEE RECEIPT
TICKET NO: 0142133687514
NAME: PHELPS/IANMR
DATE OF ISSUE: 09MAY2014

PNR RECLOC:
ISSUED BY :

COUPON 1 OF 1
[REDACTED]



	AMOUNT	GST	HST	QST	TOTAL
SAME DAY CHANGE FEE	150.00	07.50	00.00	00.00	157.50
GRAND TOTAL	150.00	07.50	00.00	00.00	157.50

*D Fee to
AHS
Flight Change*

FORM OF PAYMENT: IN CANADIAN DOLLARS [REDACTED]
GST/TPS HST/TVH NO. 100092287 RT000 QST/TVQ NO. 1000-043-172 RT000
FEES ARE NON-REFUNDABLE








Re: Patient Family Advisory Group Meeting (May 9/14)




**CHATEAU
LACOMBE**
HOTEL

ITEM # 3

05-09-14

Dr Ian Phelps 	Folio No. :		Room No. :	
	A/R Number :		Arrival :	05-08-14
	Group Code :		Departure :	05-09-14
	Company :		Conf. No. :	
	Membership No. :		Rate Code :	
			Page No. :	1 of 1

Date	Description	Charges	Credits
05-08-14	Room Charge	191.25	
05-08-14	ERDMF-3%	5.74	
05-08-14	Tourism Levy	7.88	
05-08-14	Room GST	9.85	
05-09-14	Visa 		214.72
Total		214.72	214.72
Balance		0.00	

Guest Signature: X _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

GST Summary:

Room	9.85
F&B	0.00
Misc.	0.00

G.S.T. Registration Number: R816322242

*Re: Patient Family Advisory Group Meeting,
(May 9/14)*

ITEM #4

Airport Transfer

ATS GROUP
4608 101 STREET NW T6E5G9
EDMONTON AB
22946210

1111 PURCHASE 1111

05-08-2014 16:55:53

Acct # [REDACTED] C

Exp Date 03/16 Card Type [REDACTED]

Name: IAN PHELPS

[REDACTED]

Trace # [REDACTED] Operator [REDACTED]

Inv. # [REDACTED]

Auth # [REDACTED] RRN [REDACTED]

TVR [REDACTED] TSI F900

TC [REDACTED]

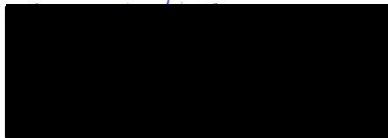
Purchase \$66.00

Tip \$8.00

Total \$74.00

(00) APPROVED-THANK YOU
(PIN VERIFIED)

Retain this copy for your records
Merchant copy



Re: Patient Family Advisory
Group Meeting (May 9/14)

ITEM # 5

AIRPORT TAXI SERVICE
1000 10th St
RICHMOND VA
01229568323

AIRFARE PURCHASE

05-09-2014 10-09-14

Acct # [REDACTED] C

Exp Date 11/14 Card Type MC

MERCHANT BUSINESS

[REDACTED] MASTERCARD

Trans # 000 Special 000

Inv. # [REDACTED]

Auth # [REDACTED] RRN [REDACTED]

Purchase \$11.00

Tip \$3.00

Total \$14.00

(66) 10000 00 0000 0000
(00) 000000 0000 0000

Re: Patient Family Advisory Group Meeting
(May 9/14)

Retain this copy for your records
Customer copy

ONE 800-800-8000
700-800-7070

ITEM #6

Airport Transfer

ATS GROUP
4608 101 STREET NW T6E5G9
EDMONTON AB
22946210

|||| PURCHASE ||||

05-09-2014 13:47:21
Acct # [REDACTED] C
Exp Date 03/17 Card Type [REDACTED]
Name: IAN PHELPS



Trace # [REDACTED] Operator [REDACTED]

Inv. # [REDACTED]
Auth # [REDACTED] RRN [REDACTED]
TVR [REDACTED] TSI E800
TC [REDACTED]

Re: Patient Family Advisory Group
Meeting (May 9/14)

Purchase \$62.00
Tip \$8.00

Total \$70.00

(00) APPROVED-THANK YOU
(PIN VERIFIED)

Retain this copy for your
records
Merchant copy

ITEM# 7.

RECEIPT
GST NO. R122556194

EXIT No. [REDACTED]
IN: 05/08/14 13:30
OUT: 05/09/14 16:13
DURATION: 1 02: 35
PAID: \$ 50.48
(GST INCLUDED)

Calgary Airport Parking.

*Re: Patient Family Advisory
Group Meeting (May 9/14).*

REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

Parking
Calgary International Airport Parkade