

Official Administrator and Executive Expense Report

Name Dr. Vanessa Maclean
Title Zone Medical Director, South Zone
Location Lethbridge
 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	P-Card	Meetings	613		127		740			
May-14	Expense Claim	Meetings				1,141	1,141			
Total			\$ 613	\$ -	\$ 127	\$ 1,141	\$ 1,881	\$ -	\$ -	\$ -

Total for the Month \$ 1,881

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 114
 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:** 30-May-14
Travel Period from: 1-May-14 **To:** 30-May-14 (if applicable)
Out-of-Province Travel

Name: Dr. Vanessa Maclean **Position (Title):** Zone Medical Director

Location: [REDACTED] **Dept:** [REDACTED] **DOFA Level:** [REDACTED] (if applicable) **Union:** [REDACTED] **Business Phone #:** [REDACTED] **Ext:** [REDACTED]

Employee # (E-People): [REDACTED]

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	0014	71110106046	\$1,141.16						\$1,141.16		
2B												
2C												
2D												
				\$1,141.16								

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

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 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:** May 28/14

Approved By (PRINT ONLY): Dr. Verna Yiu **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone #:** [REDACTED] **Ext:** [REDACTED]

Signature:  **Title:** VP Quality + CMO **Date:** June 2/14

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110108048	Emp # (E-People) [REDACTED]	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 <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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															
				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											
1-May-14	Travel to Medicine Hat - Return - Attend PMI Course and Zone Medical Director weekly site visit	AB	Educ	Yes														336.00	✓
6-May-14	Travel to Medicine Hat - Return - Zone Medical Director weekly site visit	AB	Meeting	Yes														336.00	✓
13-May-14	Travel to Medicine Hat - Return - Zone Medical Director weekly site visit	AB	Meeting	Yes														336.00	✓
16-May-14	Travel to Pincher Creek - Return - ZMD attend Pincher Creek Physician Meeting	AB	Meeting	Yes														218.00	✓
20-May-14	Travel to Medicine Hat - Return - Zone Medical Director weekly site visit	AB	Meeting	Yes														336.00	✓
26-May-14	Travel to Oyen for Palliser HAC; then to Brooks for Brooks MIC then to Medicine Hat for ZMD Site Visit Return 27/05/14	AB	Meeting	Yes														866.00	✓
SUBTOTALS																		Total Kms 2428.00	

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 <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr or per Union Agreement</u>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>
	\$0.470 ✓
	Mileage \$ \$1,141.16

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 \$ \$1,141.16
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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)



Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

MACLEAN, VANESSA Cardholder's Name	SOUTH ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period: <u>20/05/2014</u>
<u>[REDACTED]</u> Cardholder's Dept	<u>[REDACTED]</u> Cardholder's Site/Location	Total Statement Amount: <u>\$739.50</u>
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/05/2014	[REDACTED]	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	126.54	CAD	126.54	.00	.00	Accom - ZMD Site Visit and PMI ✓
06/05/2014	[REDACTED]	AIR CAN 0142134183316, AIR CANADA	677.96	CAD	577.66	.00	.00	Flight - Dr. Maclean - PPEC ✓
16/05/2014	[REDACTED]	CUSTOM TRAVEL SOLUTION, TRAVEL AGENCIES AND TOUR OPERATORS	35.00	CAD	35.00	1.67	.00	S/C - AC Flight booked for Dr. Maclean - PPEC ✓

①
②
③

Signature

Cardholder Designate (If Applicable)
By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Jodi Tarnopse
Name of Cardholder Designate

Executive Coordinator
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

26/5/14
Date of Signature

Cardholder
By signing this statement

- 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 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

MACLEAN, VANESSA
Name of Cardholder

SOUTH ZONE MEDICAL
Cardholder Position/Title

[Signature]
Signature of Cardholder

28 May 2014
Date of Signature

Approver Designate (If Applicable)
By signing this statement

- 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 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver
By signing this statement

- 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 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Vernon [Signature]
Name of Approver

VP Quality + CRM
Approver Position/Title

[Signature]
Signature of Approver

June 2/14
Date of Signature

Should apply to Statement with attachments to Accounts Payable

<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Accounts Payable only

Reference #: _____	Reviewed by: _____	Date: _____
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PMI-9
ZMD site visit

Jodi Tamayose

From: Medicine Hat Lodge <frontdesk@medhatlodge.com>
Sent: May 26, 2014 9:40 AM
To: Jodi Tamayose
Subject: \Guest Account Inquiry

Vanessa MacLean



Page # 1
Res. # [REDACTED]
Checked in [REDACTED]
Checked out [REDACTED]
Nights 1
Room Rate 114.00
Room [REDACTED]

Date	Description	Reference	Charges	Credits
May01	GOVERNMENT RATE		114.00	
May01	GST		5.70	
May01	Room Tax		4.56	
May01	Destination Marketing Fee		2.28	
May02	PAID BY [REDACTED]			126.54
			-----	-----
		0.00	126.54	126.54

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	5.70
Room Tax	4.56

Jodi Tamayose

*PPEC
Flight - Dr Maclean*

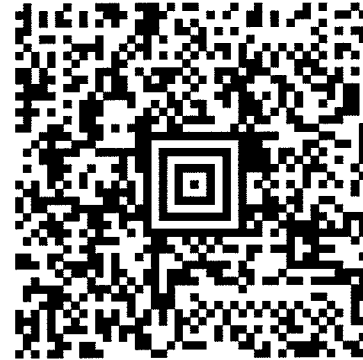
From: Air Canada <confirmation@aircanada.ca>
Sent: May 6, 2014 1:39 PM
To: Jodi Tamayose
Subject: joni is sending you the itinerary for your next trip from YQL to YYC.

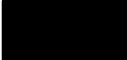
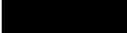
***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA 
Itinerary/Receipt

From: 

Scan this barcode to check in at any Air Canada check in kiosk.



Booking Date: **May 6, 2014** Passengers: **Dr Vanessa Maclean**
Agent Name: 
Agent ID: 

Hotels in Calgary

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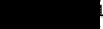



Booking Information

Booking Reference: 

Main Contact:
Custom Travel Solutions

1-403-2721000

Customer Care
Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Upgrade status
	Lethbridge (YQL) Wed 07-May 2014 05:30	Calgary (YYC) Wed 07-May 2014 06:15	0	0hr45		-
	Calgary (YYC) Wed 07-May 2014	Lethbridge (YQL) Wed 07-May	0	0hr44		-

18:10

2014
18:54

Operated by:

¹ Air Canada Express - Air Georgian

Passenger Information

1: Dr Vanessa Maclean : Adult (16+), Ticket Number: [REDACTED]	
Frequent Flyer Prog : [REDACTED]	Meal Preference : [REDACTED]
Payment Card: [REDACTED]	Special Needs: [REDACTED]
Seat Selection: [REDACTED]	

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Base Fare	494.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	EXEMPT
Air Travellers Security Charge (ATSC)	14.96
Total airfare and taxes before options (per passenger)	577.96
Number of passengers	1
Grand Total - Canadian dollars	\$577.96

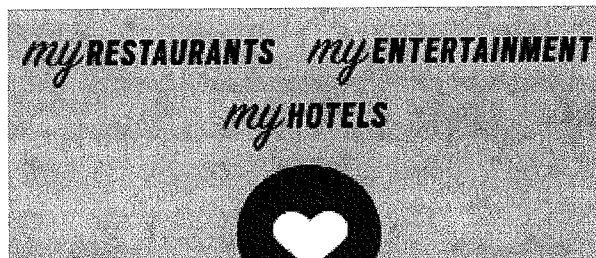
enRoute City Guide

Calgary

Calgary grew up fast through successive energy booms, so it still feels a lot like a small prairie town - albeit a small prairie town with more than a million people that's now Western Canada's engine of commerce...

[**▶ Read the complete guide**](#)

What do you think of our new City Guide feature?



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Fare Rules

Departing Flight Lethbridge (YQL) To Calgary (YYC) - **Flex**
Return Flight Calgary (YYC) To Lethbridge (YQL) - **Flex**

- **Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 45 minutes prior to departure.
 - **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of

- \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as 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 original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
 - Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a new ticket, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Allowance and Fees

Prepare your checked and carry-on baggage with the help of our [Baggage Guide](#).

Carry-on Baggage

On your Air Canada, Air Canada Express, or Air Canada rouge-operated flight, you are entitled to 1 standard item (max. size: 23 x 40 x 55 cm [9 x 15,5 x 21,5 in]) and 1 personal item (max. size: 16 x 33 x 43 cm [6 x 13 x 17 in]). Maximum weight for each item is 10 kg (22 lb). [View more details](#).

Checked Baggage

Please see below for details on the bags you plan on checking at the baggage counter.

Departing Flight : Lethbridge (YQL) To Calgary (YYC) - Flex		
Return Flight : Calgary (YYC) To Lethbridge (YQL) - Flex		
Regular Baggage Allowance	1st bag:	2nd bag:
	Complimentary	\$20.00 CAD
		+ taxes* per direction
	Max. weight per bag: 23 kg (50 lb)	
	Max. linear dimensions per bag: 158 cm (62 in)	

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to 1st and 2nd bag fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to the 2nd bag fee. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to the 2nd bag fee. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Fee amounts are displayed in the currency of the first departure city on your ticket. On the day of travel, applicable fees will be assessed in the local currency of the country you are travelling from. Certain exceptions may apply where the departure airport does not charge in local currency. The currency exchange rate will be determined by the date of travel. Please note that checked baggage fees may be assessed a second time if your itinerary includes a stopover lasting more than 24 hours.

Note: If you **exceed your baggage allowance** (in number, size and/or weight), additional checked baggage charges will apply. The policy and fees will be those of the carrier identified in the checked baggage information section.

View [Air Canada's additional checked baggage policy](#).

View the [additional checked baggage policy of Air Canada's codeshare and interline partners](#).

Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) page for important information on identification required for travel.

[Check-in and boarding times](#)



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Flight Dr Maclean
PPEC



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Lethbridge, Alberta
T1J 0J5
Phone: 403-382-4699
Fax: 403-382-4691
www.custom.travel

Invoice No. : [REDACTED]
Invoice Date : 5/8/2014
Travel Consultant: [REDACTED]
Page No. : [REDACTED]
Group No. : [REDACTED]

Alberta Health Services
[REDACTED]

Agency Fee

Vendor : Service Fees No. of Passengers : 1
Passengers : MacLean/Vanessa

Service Fee

Service Fees

Description : Airline Fee for Dr. Vanessa Maclean

Reservation Totals	\$	35.00
Prior Invoiced Totals	\$	0.00
This Invoice Totals	\$	35.00
Paid By [REDACTED]	\$	(35.00)
Balance:	\$	0.00

PASSENGERS ARE RESPONSIBLE FOR CONFIRMING FLIGHT TIMES 24 HOURS PRIOR TO SCHEDULED DEPARTURE

**** 20% OFF AIRPORT PARKING AT THE PARK2GO IN CALGARY (North on Barlow Trail) EXCLUSIVELY FOR CUSTOM TRAVEL SOLUTIONS TRAVELLERS. ****

**** PRESENT THIS ITINERARY TO RECEIVE OUR 20% DISCOUNTED RATE OF \$9.55/DAY *****

Simply follow the road signs to the Park2Go facility, located one mile north on Barlow Trail. Log on to www.park2go.ca for more information or to pre-register your vehicle. Promotional code 10169 must be entered for rates to apply.

Suppliers' Terms-The terms and conditions of the Suppliers apply to the Travel Services and are available from us on request. Unless otherwise stated in the documents supplied to you, the Travel Services are non-refundable in whole or in part and have restrictions, fees and penalties relating to changes or cancellations

Please Read Carefully: The customer acknowledges that he/she have been offered and declined RBC Insurance travel insurance protection. This protection includes trip cancellation, baggage, medical and evacuation protection. Since you have declined this valuable protection, you are assuming any financial loss associated with your travel arrangements, including any penalties imposed by suppliers.