

Official Administrator and Executive Expense Report

Name Dr. Vanessa Maclean
Title Zone Medical Director, South Zone
Location Lethbridge
 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	P-Card	Meetings			511	90	601			
Total			\$ -	\$ -	\$ 511	\$ 90	\$ 601	\$ -	\$ -	\$ -

Total for the Month \$ 601

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

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

<u>MACLEAN, VANESSA</u> Cardholder's Name	<u>SOUTH ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2014</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$600.93</u>
<u>VANESSA.MACLEAN@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>██████████</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/05/2014	██████████	WILPARK CANADA INC., AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.38		Parking - PPEC Mtg
27/05/2014	██████████	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	127.68	CAD	127.68	.00	.00	Accom - ZMD Weekly Site Visit MH
30/05/2014	██████████	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95	.00	Parking - IM/IT Meeting
11/06/2014	██████████	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	127.68	CAD	127.68	.00	.00	Accom-ZMD Weekly Site Visit
16/06/2014	██████████	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	255.36	CAD	255.36	.00	.00	Accom - SZ Flood Prep/ZMD Weekly Site Visit
18/06/2014	██████████	Enterprise (780)980-23, ENTERPRISE RENT-A-CAR	62.21	CAD	62.21	2.96		Rental Car - IM/IT Meeting Edmonton

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Yodi Tamayo</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Coordinator</u> Cardholder Designate Position/Title</p> <p><u>June 23/14</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>MACLEAN, VANESSA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>SOUTH ZONE MEDICAL</u> Cardholder Position/Title</p> <p><u>June 24/14</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Dr. Verna Tili</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>June 25/14</u> Date of Signature</p>	
Submit approved 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>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

PPEC

1

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

County of Lethbridge

Airport Parking

GST #106989023

Space # : 91

Transaction #:

[REDACTED]

Date : May/7/14

Time : 04:50 PM

Paid : \$8.00

Card : [REDACTED]

Parking Expires At:

MAY/8/14

04:56 AM

Please Retain Ticket.
Lock your vehicle and
secure all valuables.



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

ZMLD WEEKLY SUE VISIT

2

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Vanessa. MacLean



Ab Health Services
T1J 1W5

Page #	1
Res. #	[REDACTED]
Checked in	Mon May 26/14 - 11:04pm
Checked out	Tue May 27/14 - 7:54am
Nights	1
Room Rate	114.00
Room	[REDACTED]

Date	Description	Reference	Charges	Credits
May26	GOVERNMENT RATE		114.00	
May26	GST		5.70	
May26	Room Tax		4.56	
May26	Destination Marketing Fee		3.42	
May27	PAID BY [REDACTED]			127.68
			-----	-----
			0.00	127.68
				127.68

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

Phone: (403) 529-2222 Admin Fax: (403) 529-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095
www.medhatlodge.com



STAGEWEST Hospitality
SINCE 1944



Prokey. 1M/1T only

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

(3)

Expiration Date/Time

06:00 PM
MAY 30, 2014

Purchase Date/Time: 08:41am May 30, 2014
Total Parking: \$19.05
Total gst: \$0.95
Total Due: \$20.00
Total Paid: \$20.00
Ticket # [REDACTED]
S/N #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

Rate: \$20 - Early Bird
Payment Type: Card

[REDACTED]

Auth #: [REDACTED]

GST #687315636RT001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm May 30, 2014
Purchase Date/Time: 08:41am May 30, 2014
Total Parking: \$19.05
Total gst: \$0.95
Total Due: \$20.00
Total Paid: [REDACTED]
Ticket #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

Rate: \$20 - Early Bird
Payment Type: Card

[REDACTED]

Auth #: [REDACTED]



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

ZAD JILL VISIT

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

(4)

Dr. Vanessa MacLean

[REDACTED]

Ab Health Services
T1J 1W5

Page #	1
Res. #	[REDACTED]
Checked in	Wed Jun 11/14 - 9:07pm
Checked out	Thu Jun 12/14 - 7:52am
Nights	1
Room Rate	114.00
Room	[REDACTED]

Date	Description	Reference	Charges	Credits
Jun11	GOVERNMENT RATE		114.00	
Jun11	GST		5.70	
Jun11	Room Tax		4.56	
Jun11	Destination Marketing Fee		3.42	
Jun12	PAID BY [REDACTED]			127.68
			0.00	-----
			127.68	127.68

Thank you for staying with us. Please come again!
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Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	5.70
Room Tax	4.56

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095
www.medhatlodge.com



STAGEWEST Hospitality
SINCE 1944



HUMAN ZHD - JZ. Front desk
ZHD Weekly Site
Visit

Jodi Tamayose

From: Medicine Hat Lodge <frontdesk@medhatlodge.com>
Sent: June 23, 2014 9:57 AM
To: Jodi Tamayose
Subject: \Guest Account Inquiry

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Dr. Vanessa MacLean

Page # 1

[REDACTED] Pt
[REDACTED] Ab

Res. # [REDACTED]

Ab Health Services...

Checked in Mon Jun 16/14 - 9:41pm

Checked out Wed Jun 18/14 - 6:59am

TIX 7N6

Nights 2

Room Rate 114.00

Room [REDACTED]

Date	Description	Reference	Charges	Credits
Jun16	GOVERNMENT RATE		114.00	
Jun16	GST		5.70	
Jun16	Room Tax		4.56	
Jun16	Destination Marketing Fee		3.42	
Jun17	GOVERNMENT RATE		114.00	
Jun17	GST		5.70	
Jun17	Room Tax		4.56	
Jun17	Destination Marketing Fee		3.42	
Jun18	PAID BY [REDACTED]			255.36

		0.00	255.36	255.36

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 163576021RT0002

Charge Summary:

GST	11.40
Room Tax	9.12

ZMD - Rental car Page 1 of 1 1M/IT atg.



Member# _____ Password: _____

Rental Receipt - Thank you for your business

INTEGRA AIR
 VANESSA MACLEAN

Contract Number: [REDACTED]
 Receipt Date: May 30, 2014

Enterprise Location: EDMONTON INTL ARPT
 LEDUC, AB T9E8B7
 CA
 Tel.: (780) 980-2338

Driver: VANESSA MACLEAN

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
May 29, 2014 @ 7:25 pm	May 30, 2014 @ 6:00 pm	HYUN SONA	6,515	7,000	485
Total km					485

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	47.00	47.00
VLF				0.79
Subtotal:				CAD 47.79

DUPLICATE

Taxes and Surcharges				
Charge Description	Quantity	Per	Rate	Total
CFC				4.00
GST				2.96
CFC				7.46
Subtotal:				CAD 62.21
Total Charges:				CAD 62.21

Payment Information				
[REDACTED]				62.21
Subtotal:				CAD 62.21
Total Payment Amount:				CAD 62.21

If you have any questions about this receipt please contact our support staff at (780) 980-2338 or Email us