

## Official Administrator and Executive Expense Report

**Name** Barbara Burton  
**Title** Official Administrator Committee Member  
**Location** Edmonton  
 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 Claim	Meetings	532			82	614			
<b>Total</b>			\$ 532	\$ -	\$ -	\$ 82	\$ 614	\$ -	\$ -	\$ -

**Total for the Month** \$ 614

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



AHS - AP Processing - Internal Use Only
Voucher #
Naming Convention
TAXNR Applicable? - If yes, indicate line & amt.

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

### SECTION 1: PAYEE INFORMATION

Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	June 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case	Attend HRC meeting in Calgary				

### SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Or g	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$19814.20
Other (D)	101	0005	71110300004	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$19814.20</b>

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

### SECTION 3: AUTHORIZATION

I attest that I 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. 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.

Claimant (Print Name):	Signature: [Signature]	Date:	Phone#:
Barbara Burton		[REDACTED]	[REDACTED]

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed 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 Name):	Position Title/Program Group:	Date:	Phone#:
Dr. John Cover	Official Administrator	[REDACTED]	[REDACTED]

Signature: [Signature]	DOFA Level:
	[REDACTED]

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 2) Non-compliant and incomplete/improperly authorized payment requests 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 3(1) and 3(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 Paik, Director Accounts Payable at 780-735-0308 or email: Mark.Paik@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB, T2W 3N2, Attention: Lou DeCoste

### Carry forward from Section 1

Name:	Barbara Burton	Vendor# (if known)		Expense Period Month:	June 2014
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					

AP Quality & Compliance

Rev 2 eff February 06 2014

AUG 29 2014

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Deborah Rhodes, Acting CFO

Date

Date	starting point, details of expenditure	method used?	Meal Type	Allowance	Meal Type	With Receipt	moderation (D)	Fuel, Parking, Taxi (C)	itemize (D)	km (E)	Meeting Fee (F)
16 Jun 14	Flight to Calgary and return. Ticket from previous meeting that was changed when held in Edmonton							\$532.20			
18 Jun 14	Parking at airport							\$25.00			
18 Jun 14	taxi to Southport							\$56.10			
								\$614.10			
Total: (amount auto fills to page 1)				\$2.00		\$3.00	\$0.00		\$0.00	0.00	\$0.00

OA & COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB, T2W 3N2, Attention: Lou DeCosta

## Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.  
**Please bring your itinerary-receipt to the airport.**

### Main Contact Information

**Name:** Ms Barbara Burton  
**E-mail:** BURTONSHOME@TELUS.NET  
**Form of payment:** [REDACTED]

### Booking reference: [REDACTED]

**Customer Care**  
**Air Canada Reservations**  
 1-888-247-2262  
**Air Canada Flight Information**  
 1-888-422-7533

International Reservations  
 Alert me of flight changes  
Flight notification

### Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8133	Edmonton International (YEG)	Calgary (YYC)	CRJ	G	Confirmed
<i>Operated by:</i>	Wed 18-Jun 2014	Wed 18-Jun 2014			
<i>Air Canada Express-Jazz</i>	07:00	07:46			
Seat number(s) requested:	2F				
AC8148	Calgary (YYC)	Edmonton International (YEG)	DH4	G	Confirmed
<i>Operated by:</i>	Wed 18-Jun 2014	Wed 18-Jun 2014			
<i>Air Canada Express-Jazz</i>	14:30	15:20			
Seat number(s) requested:	7F				

### Passenger Information

**Passenger 1**  
 Name: **Ms Barbara Burton** Ticket number: [REDACTED]  
 Frequent Flyer Pgm: **Air Canada Aeroplan** Program number: [REDACTED]

## Purchase Summary

**Passenger: 1 Ticket number** [REDACTED]

<b>Date of issue</b>	27-May 2014
<b>Fare Amount in Canadian dollars:</b>	326.00
<i>(including non-optional &amp; other charges)</i>	
<b>Taxes, Fees &amp; Charges</b>	
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	4.60
Combined Taxes *see fare calculation below (XT)	PD
<b>Total Fare in Canadian dollars:</b>	96.60A
<b>Options</b>	
Change fee in Canadian dollars	100.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	5.00
<b>Ticket particularities:</b>	
AC ONLY/NON-REF/CHGE FEE	

**\*Fare calculation:**  
 18JUN14YEA AC YYC Q12.00R151.00AC YEA Q12.00R151.00CAD326.00  
 END ROE1.00 PD14.25CA15.16XG55.00SQ  
**Canadian tax registration numbers:**  
 XG Canada Goods and Service Tax (GST) #10009-2287  
 RC Canada Harmonized Sales Tax (HST) #10009-2287  
 XQ Quebec Sales Tax (QST) #1000-043-172

## Fare Rules Summary

\$532.20

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

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

## Important Information & Conditions

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](#) and [US Secure Flight Program](#) US Secure Flight Program for important information on documents and identification required for travel.

### Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're travelling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip

TRANSACTION RECEIPT  
Checker Yellow Cabs  
316 Meridian Road SE  
Calgary, AB, T2A 1X0  
403-299-9999

Taxi Service

TYPE: Visa  
CARD: [REDACTED]  
EXP: [REDACTED]

DATA: SWIPED  
Terminal ID: 000015070A26  
DATE: 2014/06/18 13:15:43  
AUTH: [REDACTED]

TFID: 11175448  
DRV: 8709  
VEH: 856  
GST: 868497796  
Meter Start Time:  
13:50:17  
Meter Stop Time:  
13:14:52  
Distance: 29.8 Km

FARE 1: \$ 48.48  
FLAT : \$ 0.00  
TAX : \$ 2.42  
TOTAL FARE: \$ 50.90  
PAYMENT AMOUNT: \$ 50.90  
TIP: \$ 6.00

TOTAL PAYMENT: \$ 56.90  
Purchase Auth Complete

GST# R128599776

Edmonton Airports

Can-T53 2T2 Edmonton  
Tax CodeCA5%

PDF 1st Fl 18/06/14 15:14  
Receipt [REDACTED]

Short-term parking fee  
MC No. 053271  
18/06/14 05:56 -  
19/06/14 05:55 -  
Period 140m  
(Tax) \$25.00  
Total \$25.00

Payment Received  
MC [REDACTED] \$25.00

Type: Swiped  
Sub Total \$25.81  
Tax 5% 1.19