

Official Administrator and Executive Expense Report

Name Barbara Burton
Title Human Resources Advisory Committee
Location Edmonton
 Expenses submitted during the month of November 2015

| | Travel (1) | | | | | | | | | |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| | | | | | | | | | | |
| Month-Year | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Nov-15 | Expense Claim | Meetings | | | | 24 | 24 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 24 | \$ 24 | \$ - | \$ - | \$ - |

Total for the Month \$ 24

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



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|--|--|
| AHS - AP Processing - Internal Use Only | |
| Voucher # | |
| Naming Convention: | |
| T4/ANR 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: | Nov-15 |
| Address: | [REDACTED] | City: | Edmonton | Province: | AB |
| Postal Code: | [REDACTED] | Country: | Canada | Phone #: | [REDACTED] |
| Reason for Expense &/or Business Case | | | | | |

| 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 | 71110300000 | 45000000 | \$0.00 |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$24.00 |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL PAYMENT | | | | | \$24.00 |

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

[REDACTED]

| 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: I, by signing this form, attest that I am compliant to all the above statements | Date | Phone# |
| Barbara Burton | [Signature] | 15-12-2015 | [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 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 Name) | Position Title/Program Group | Date | Phone# |
| Linda Hughes | Board Chair | 5/01/16 | [REDACTED] |
| Signature: I, by signing this form, attest that I am compliant with all the above statements | DOFA Level | Position# | |
| [Signature] | | | |

1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to depar
2) 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 sect (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, questions or concern about the coll Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

Deborah Rhodes, VP Corporate Services & CFO
Position [REDACTED]

| Carry forward from Section 1 | | | | |
|--|----------------|--------------------|-----------------------|-------|
| Name: | Barbara Burton | Vendor# (if known) | Expense Period Month: | 42309 |
| 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 | | | | |

| Date | starting point, details of expenditure | method used? | | | | | Mileage (B) | Fuel, Parking, Taxi (C) | Itemize (D) | km (E) | Meeting Fee (F) |
|---|--|--------------|-----------|------------|-----------|--------------|-------------|-------------------------|-------------|--------|-----------------|
| | | | Meal Type | Allow-ance | Meal Type | With Receipt | | | | | |
| 25=11-15 | Parking for HRAC meeting | Yes | | | | | \$24.00 | | | | |
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| | | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | | \$0.00 | | \$0.00 | \$0.00 | \$24.00 | \$0.00 | 0.00 | \$0.00 |

| | | | |
|---|--------------|----------------------|------|
| OA & COMMITTEE MEMBER Mileage Rate | 0.505 | Total Mileage | \$ - |
|---|--------------|----------------------|------|

For payment please submit to the Official Administrator office:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

05:50 PM
NOV 25, 2015

Purchase Date/Time: 02:50pm Nov 25, 2015
Total Parking: \$22.86
Total gst: \$1.14
Total Due: \$24.00 Rate: \$24 - 3 hours
Total Paid: \$24.00 Payment Type: Card
Ticket:
S/N #: 50002451104
Setting: Lot 256
Mach Name: Meter 1



can Express Auth #
GST #887315638RT0001