

Official Administrator and Executive Expense Report

Name Dr. Carl Amrhein
Title Official Administrator
Location Edmonton

Expenses submitted during the month of December 2014

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Dec-14	Expense Claim	Meetings		45	201	416	662			
Dec-14	Direct Billing	Meetings	731				731			
Total			\$ 731	\$ 45	\$ 201	\$ 416	\$ 1,393	\$ -	\$ -	\$ -

Total for the Month \$ 1,393

Maximum daily single meal expense claimed in the month \$ 45 2 people
 Maximum daily base hotel rate claimed in the month \$ 179
 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:	
T4A/NR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Dr. Carl G. Amrhein	Vendor# (if known)		Expense Period Month:	Nov and Dec 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:	Canada	Phone #:	[REDACTED]
Reason for Expense &/or Business Case	Expenses incurred in relation to my work as Official Administrator of Alberta Health Services and filed in accordance with the Public Service Relocation and Employment Expenses Regulation.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$45.14
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$617.07
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL PAYMENT					\$662.21

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	Date	Phone#
Carl G Amrhein	[Signature]	17 April 2015	
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#
Christine Couture	Deputy Secretary to Cabinet, Deputy Clerk Exec Council	April 20/15	[REDACTED]
Signature	DOFA Level	Position#	
[Signature]			

- 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 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

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

Carry forward from Section 1

Name:	Dr. Carl G. Amrhein	Vendor# (if known)		Expense Period Month:	Nov and Dec 2014
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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

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)	Payroll Only OA Committee Meeting Fee (F)
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
21-Nov-14	Cab from home to YEG re: meetings in Calgary (Prestige Transportation)	Yes					\$72.00				
21-Nov-14	Cab from YEG to home re: meetings in Calgary (Prestige Transportation)	Yes					\$72.00				
21-Nov-14	Cab from YYC to AMP Financial office for meeting (Associated Cab Alta Ltd.)	Yes					\$50.00				
21-Nov-14	Cab from AMP Financial office to University of Calgary for meeting (Associated Cab)	Yes					\$25.00				
27-Nov-14	Parking downtown for breakfast meeting with Andreas Laupacis (receipt)						\$9.00				
27-Nov-14	Breakfast: Carl Amrhein and Andreas Laupacis (Chop)	Yes			B	\$45.14					
4-Dec-14	Cab from Foothills Hospital to Hyatt Regency Hotel (Checker/Yellow Cab)	Yes					\$25.00				
4-Dec-14	Cab from YYC to University of Calgary to Hyatt Regency Hotel (Associated Cab)	Yes					\$70.00				
5-Dec-14	Accommodation at Hyatt Regency Hotel for attendance at meetings in Calgary (Hyatt Regency Hotel)	Yes				\$201.07					
5-Dec-14	Cab from Hyatt Regency Hotel to YYC (Checker/Yellow Cab)	Yes					\$43.00				
5-Dec-14	Parking at YEG for two days while attending meetings in Calgary (Edmonton Airports)	Yes					\$50.00				
Total: (amount auto fills to page 1)			\$0.00			\$45.14	\$201.07	\$416.00	\$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:

14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

DR. CARL ANRHEIN.
Nov. 21 / 2014.
Ap 7 8718-120st

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509440
Item #: 1101
VISA PURCHASE
Op Id: 111005
Card [REDACTED]

APPROVED
AMOUNT CAD\$72.00

Ref. # [REDACTED]
Auth. # [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2015/02/27 Time: 11:25:48
Response: AUTH [REDACTED]

CUSTOMER COPY

Cab to airport

DR. CARL ANRHEIN.
Nov. 21 / 2014.
14704-41 Ave 7 AP.

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509440
Item #: 1100
VISA PURCHASE
Op Id [REDACTED]
Card [REDACTED]

APPROVED
AMOUNT CAD\$72.00

Ref. # [REDACTED]
Auth. # [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2015/02/27 Time: 11:23:58
Response: AUTH [REDACTED]

CUSTOMER COPY

Cab home

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/21
PICK-UP TIME: 07:53
DROP-OFF TIME: 08:22
TRIP ID: 8
LOCATION: [REDACTED]
CAR NUMBER: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 50.00
EXTRA (\$): 0.00
SUBTTL (\$): 50.00

TIP (\$):

TOTAL (\$):

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Cab from
airport to AMP
Financial office

Thank You for choosing *Markus to U of C*
ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international



Driver: [REDACTED] Date: *Nov 21, 14*
Car #: [REDACTED] Amount: *\$25.00*
GST Included # _____

Cab from AMP
Financial office to
Univ. of Calgary

CHECKER-YELLOW CAB
316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID:
VEHICLE ID:
DRIVER ID:
GST ACCOUNT ID:
TRIP NUMBER:
PA:

START: 12:00 END: 13:19
DISTANCE: 79.00 RATE: 1

FARE AMOUNT: 18.00

*Foothills Hosp
to Hotel*

TOTAL: \$ 18.00

TIP AMOUNT: \$ -

GRAND TOTAL: \$ 28.00

CASH RECEIPT

THANK YOU
CHECKER-YELLOW CAB
(403) 299 9999
WWW.THECHECKERGROUP.COM



*Thank You for choosing
Airport to Hotel*
ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrival door.



Driver: [redacted] Date: *2014-12-04*

Car #: [redacted] Amount: *70\$*

GST Included # [redacted]

*Cab - Airport - UofC -
Hotel*

*Cab - Foothills
Hosp to Hotel*



Hyatt Regency Calgary
 700 Centre Street SE
 Calgary, AB T2G 5P6
 Ph: 403-717-1234
 Fax: 403-537-4444

INVOICE

Payee Dr Carl G Dr Amrhein

Canada

Confirmation No. [REDACTED]

Group Name

Booking No. [REDACTED]

Room No. [REDACTED]
 Arrival 12-04-14
 Departure 12-05-14
 Page No. 1 of 1
 Folio Window 1
 Folio No. [REDACTED]

Date	Description	Charges	Credits
12-04-14	# Guest Room	179.10	
12-04-14	* # DMF Levy 3.0%	5.37	
12-04-14	* # Alberta Room Tax 4.0%	7.38	
12-04-14	* # Room - GST 5.0%	9.22	
12-05-14	* # Visa [REDACTED]		201.07
Total		201.07	201.07

Guest Signature

Balance

0.00

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Regency Calgary. Your feedback is very important to us. For any comments regarding your stay, please feel free to contact our Manager on Duty via email at QualityCALRC@hyatt.com

For inquiries concerning your bill please call 888-587-4589.

For the best rates available, please visit us at www.hyattregencycalgary.com

Please remit payment to:
 Hyatt Regency Calgary
 Balboa Hotels Ltd.
 PO Box 10104, STN A
 Toronto, ON
 M5W 2B1

Hyatt Gold Passport Summary

Membership: [REDACTED]
 Bonus Codes: [REDACTED]
 Qualifying Nights: 1
 Eligible Spend: 179.10
 Redemption Eligible: 0.00

* Not Point Earning Eligible
 # Not Point Redemption Eligible
 ^ May Contain Ineligible Inclusions

Driver # [REDACTED] Car # [REDACTED]
 To: Hotel to Airport
 From: _____
 Date: 2014-12-05 Amount: 43.00
 GST# _____

Cab - Hotel to Airport

GST# R128599776
 Edmonton Airports
 Can-T5J 2T2 Edmonton
 Tax Code CA5%
 POF 1s [REDACTED] 2/14 08:40
 Receipt [REDACTED]
 Short-term parking tkt
 DL - No. [REDACTED]
 04/12/14 04:31
 06/12/14 04:30
 Period 2d0h0'
 (Tax) \$50.00
 Total \$50.00
 Payment Received \$50.00
 [REDACTED]
 XXXXX
 Merch: [REDACTED]
 Auth: [REDACTED]
 Type: Swiped
 Sub Total \$47.62
 Tax 5% \$2.38
 038F1188 - 1/1

airport parking

*Parking at
 Edm. Airport*

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- **Indicate whether you have expenses to report in this section for this reporting period:** Yes No

Name: Carl Amrhein

Reporting Period for the Month of: December 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-12-02	Direct Billing	Transportation	Attendance at meetings in Calgary	Marlin Travel	\$394.96
2015-12-29	Direct Billing	Transportation	Attendance at meetings in Calgary	Marlin Travel	\$335.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$730.92

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: December 29, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For

DR CARL G AMRHEIN

Saturday, January 10, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 10Jan15
AIR CANADA E
E TICKET [REDACTED]
SEAT 3D [REDACTED]

Flight: 8133 S CLASS
07:00 AM Equipment: D8 (300 SERIES)
07:56 AM Mile(s) Flown: 153

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10Jan15
AIR CANADA E
E TICKET [REDACTED]
SEAT 1D [REDACTED]

Flight: 8148 W CLASS
01:30 PM Equipment: CRJ JET
02:20 PM Mile(s) Flown: 153

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	261.00
	Tax:	74.96
	Ticket Total:	335.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: December 29, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	335.96
Less Credit Card Payments:	335.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: December 2, 2014
Page: 1/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For [REDACTED]
DR CARL G AMRHEIN
AC [REDACTED]

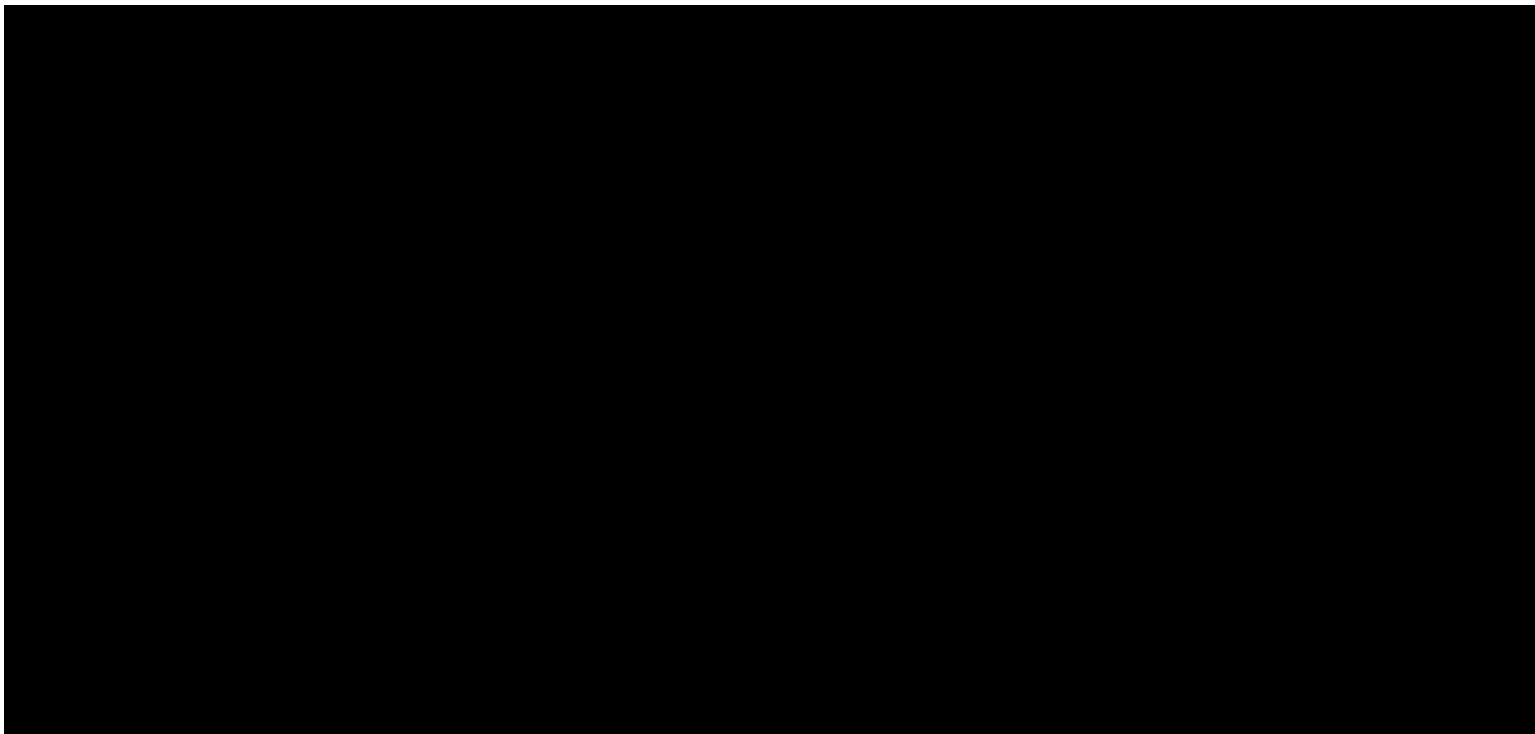
Thursday, December 4, 2014

 Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Dec14

Flight: 238 Q CLASS
06:30 AM Equipment: 73W
07:28 AM

Mile(s) Flown: 163



To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: December 2, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Friday, December 5, 2014

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 05Dec14

Flight: 8132 V CLASS
07:30 AM Equipment: D8 (300 SERIES)
08:30 AM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8D

Cost:

TKT- [REDACTED] TKT [REDACTED]	142.00
	Tax: 49.48
	Ticket Total: 191.48
AIR CANADA WEB [REDACTED]	166.00
	Tax: 37.48
	Ticket Total: 203.48

Total:

Grand Total:	394.96
Less Credit Card Payments:	394.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.