

### Official Administrator and Executive Expense Report

Name Don Sieben

**Title** Chair, Audit & Finance Advisory Committee

**Location** Edmonton

Expenses submitted during the month of December 2014

			Travel (1)					
Source Date Document Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-14 Expense Claim Meetings				6	6			
Total	\$ -	\$ -	\$ -	\$ 6	\$ 6	\$ -	\$ -	\$ -

## Total for the

Month \$ 6

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:	
T4A/NR Applicable? - If yes, indicate line & amt	

# OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER

SECTION	1: PAY	EE INFORMA	TION							
Name:	Don Siebe			Vendor# (if known)			Expense Period Month:		December	
Address:				City:	Edmonton	Edmonton		<b>9:</b>	Alberta	
Postal Cod	ostal Code:		Country:			Phone #:				
Reason for &/or Busin			uli - W							
SECTION	N 2: FINA	NCE CODING	3 & TOTAL CLA	IM						
Descr	ription	Corp/BU/O Location (If applicable)		Functional Centre/Primary		Expense/ Secondary Acct		<u>Total</u> (Note: This column will auto f		
Meals (A)		101	0005	7	1110300004	4500	45000000		\$0.00	
	(B+C+E)	101	0005	7	1110300004	6221	2000		\$6.00	
	BI EXP (B.O.E)			7	1110300004	4109	0000	\$0.00		
		other (b) 101 0000				TOTAL PAYMENT		\$6.00		
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Deborah Rhodes, Vice President Corporate Services & Chief Financial Officer

Position Number:

December 15/14

**DOFA Level** 

Phone Number:

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	rward from Section 1			Vendor#				Expense	Period		
Name:	Don Sieben			(if known)			Expense Period Month:			December	
Com	pletion of the "cost effect	ve method	used" (	Column i	s requi	red. If yo	ou select " d" section	No" in this colum	nn, Furth	er Explar	ation is
OFOTIO	N 4A: OFFICIAL ADMIN		Carlot and Allenda						IR#	_	
SECTIO	N 4A: OFFICIAL ADMIN	STRATO					INAVEL	EXPENSE CLA	1141		
	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?		llowance			Accom- modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxl) ( C )	Other (Itemize) (D)	Mileage km (E)	Payroll Only OA Committee Meeting Fee (F)
Date			Allow	ance	With	Receipt					
			Meal Type	Allow- ance	Meal Type	With Receipt					
1-Dec-14	AFAC meeting	yes						\$6,00			
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						, 20040000					
	Total: (amount auto fills t	o page 1)		\$0.00		\$0.00	\$0.00	\$6.00	\$0.00	0.00	
	OA COMMITTEE MEMBER Mileage						Rate	0.505	Total I	/lileage	\$ -

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