

Official Administrator and Executive Expense Report

Name Don Sieben
Title Chair, Audit & Finance Advisory Committee
Location Edmonton
 Expenses submitted during the month of April 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)
Apr-15	Expense Claim	Meetings				50	50			
Total			\$ -	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -

Total for the Month \$ 50

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	
14ANR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	DON SIEBEN Prof Corp		Vendor# (if known)	Expense Period Month:	April 15
Address:	[REDACTED]		City:	EDMONTON	Province:
Postal Code:	[REDACTED]		Country:		Phone #:
Reason for Expense &/or Business Case	Audit & Risk Committee, Finance Committee HUMAN RESOURCE COMMITTEE				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Com/BU/Org	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	150.00
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$ 50.00

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#
DON SIEBEN	[Signature]	4/28/15	

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#
Dr. Carl [Signature]	Official Administrator	May 11 2015	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with the above statements	DOFA Level:	Position#	

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 regulations 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(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 760-735-0508 or email: Mark.Palka@albertahealthservices.ca

Deborah Rhodes
Deborah Rhodes, Vice President
Corporate Services & Chief Financial Officer

Date: April 30/15 Phone Number: [REDACTED]
Position Number: [REDACTED] DOFA Level: [REDACTED]

Carry forward from Section 1

Name: CONKLO SIEREN Prof Corp Vendor: (if known) Expense Period Month: April 15

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 DA Committee Meeting Fee (F)
			Allowance		With Receipt						
			Meal Type	Allow: ance	Meal Type	With Receipt					
4/2/15	Audit + Risk Committee						} 30.00				
4/6/15	FINANCE COMMITTEE							✓			
4/13/15	HUMAN RESOURCE Committee										
4/16/15	HUMAN RESOURCE Committee						20.00	✓			
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$50.00	\$0.00	0.00		

OA COMMITTEE MEMBER Mileage Rate 0.505 Total Mileage

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

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
APR 02, 2015

Purchase Date/Time: 09:45am Apr 02, 2015

Total Parkings \$28.57

Total Tax: \$1.43

Total Due: \$30.00

Total Paid: \$30.00

Rate: \$30 - All Day
Payment Type: Card

Tick:

SN:

Setting: Lot 256

Machine Name: Meter 1

Card: Visa

Auth:

GST #667315536RT0001

VALID ONLY IF PROPERLY DISPLAYED ON STREET SIDE OF ROAD
THIS SIDE UP

PLACE ON DASH THIS SIDE UP

Expires 16 Apr 15 06:00 PM \$ 20.00C
Paid \$ 20.00C

Impark LOT 383-2
Lot 383-2/10034 - 1st Street
GST 88731-5536-RT0005

KEEP THE PARKING PERMIT

PROOF OF PAYMENT

RECEIPT