

## Official Administrator and Executive Expense Report

**Name** Don Sieben  
**Title** Chair, Audit & Finance 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				50	50			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 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:	
T4A/NR Applicable? - If yes, indicate line & amt	

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

SECTION 1: PAYEE INFORMATION					
Name:	<i>Don Sieben</i>	Vendor# (if known)		Expense Period Month:	<i>Nov/15</i>
Address:	[REDACTED]	City:	<i>Edmonton</i>	Province:	<i>AB</i>
Postal Code:	[REDACTED]	Country:	<i>CA</i>	Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corn/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	<del>\$50.00</del>
Other (D)	101	0005	7111030000	41090000	\$0.00
<b>TOTAL PAYMENT</b>					<b>\$50.00</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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
<i>DON SIEBEN</i>	<i>[Signature]</i>	<i>11/16/15</i>	
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#
<i>Linda Hughes</i>	<i>Board Chair</i>		[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
<i>[Signature]</i>			

- 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 Office: *Deborah Rhodes Dec 1/15*  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edm  
 Deborah Rhodes, Vice President  
 Corporate Services & Chief Financial Officer

Created: November 01,  
Rev 5 eff Sept 14, 2015

Carry forward from Section 1

Name: **DONSIEBEN** Vendor# (if known) Expense Period Month: **Oct/Nov/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 )
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
10/28/15	HRAC									
11/25/15	FAC							25.00	✓	
11/26/15	A+LAC							25.00	✓	
11/25/15	HRAC									
								50.00		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$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:  
 14<sup>th</sup> 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

**06:00 PM**  
**NOV 25, 2015**

Purchase Date/Time: 08:50am Nov 25, 2015  
Total Parking: \$23.81  
Total gst: \$1.19  
Total Due: \$25.00      Rate: \$25 - Early Bird  
Total Paid: \$25.00      Payment Type: Card  
Ticket # [REDACTED]  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1

[REDACTED] Visa      Auth # [REDACTED]  
GST #887315638RT0001

**RECEIPT**  
**IMPARK LOT 256**  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 PM**  
**NOV 26, 2015**

Purchase Date/Time: 08:40am Nov 26, 2015  
Total Parking: \$23.81  
Total gst: \$1.19  
Total Due: \$25.00      Rate: \$25 - Early Bird  
Total Paid: \$25.00      Payment Type: Card  
Ticket # [REDACTED]  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1

[REDACTED] Visa      Auth # [REDACTED]  
GST #887315638RT0001