

Official Administrator and Executive Expense Report

Name Doug Tupper
Title Chair, Quality Assurance & Patient Safety Advisory Committee
Location Calgary
 Expenses submitted during the month of September 2014

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-14	Expense	Meetings		47		322	369			7
Total			\$ -	\$ 47	\$ -	\$ 322	\$ 369	\$ -	\$ -	\$ 7

Total for the Month \$ 376

Maximum daily single meal expense claimed in the month \$ 35
 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:	Doug Tupper	Vendor# (if known)		Expense Period Month:	September 2014
Address:	[REDACTED]	City:	Edmonton	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

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	71110300004	45000000	6 \$47.62
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$321.82
Other (D)	101	0005	71110300004	41090000	\$7.30
TOTAL PAYMENT					\$376.74

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 with all the above statements	Date	Phone#
Doug Tupper	<i>Doug Tupper</i>	Oct 7/14	[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#
Janet Davidson	Official Administrator	22/10/14	
Signature: <i>Janet Davidson</i>	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 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 concerns about the collection, use or disclosure of your health personal information, please contact Mark Paika, Director Accounts Payable at 780-735-0506 or email Mark.Paika@albertahealthservices.ca

Deborah Rhodes

Deborah Rhodes, Acting CFO

Oct-20/14
DATE

Carry forward from Section 1

Name:	Doug Tupper	Vendor# (if known)		Expense Period Month:	September 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)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
03-04/09/2014	Quality & Safety Advisory Committee	Yes	L-\$11.60	\$11.60	D	5 \$36.02		\$7.30	530	
25-Sep-14	Meeting with Verna Yiu (parking)	Yes					\$14.00		17	
26-Sep-14	Audit and Finance Advisory Committee Meeting (Parking)	Yes					\$23.00		17	
Total: (amount auto fills to page 1)			\$11.60			5 \$36.02	\$0.00	\$37.00	\$7.30	564.00

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ 284.82
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Audit Finance
Advisory Committee
PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
SEP 26, 2014

Purchase Date/Time: 08:44am Sep 26, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket # [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$23 - Early Bird
Payment Type: Card

GST #887315638RT0001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm Sep 26, 2014
Purchase Date/Time: 08:44am Sep 26, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1
Rate: \$23 - Early Bird
Payment Type: Card

MTG with
DR YIU
PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
10:04 AM
SEP 25, 2014

Purchase Date/Time: 08:04am Sep 25, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Ticket # [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$14 - 2 Hours
Payment Type: Card

GST #887315638RT0001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 10:04am Sep 25, 2014
Purchase Date/Time: 08:04am Sep 25, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1
Rate: \$14 - 2 Hours
Payment Type: Card

**ATRIUM CAFE & SKY
LIGHT LOUNGE**

[REDACTED] #Party 1
[REDACTED] 17:48 09/03/14
ATRIUM CAFE

1 CUP SOUP DAILY 4.00
1 ATLANTIC SALMON 25.00
1 !FIRE ENTREE: 0.00
Sub Total: 29.00
GST : 1.45
Guest 1 TOTAL: 30.45

Sub Total: 29.00
GST : 1.45
09/03 18:20 TOTAL: 30.45

TIP: -----

TOTAL: -----

ROOM #: -----

PRINT NAME: -----

SIGNATURE: -----

PLEASE PAY SERVER

GST#: 895126332 RT
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for more information
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www.dinedelta.com

DELTA CALGARY SOUTH
ATRIUM CAFE
135 SOUTH AND DRIVE SE
CALGARY AB T2J 5X5
(403) 278-5050

SALE

Clerk # [REDACTED]
MD: 4298983
TID: B4298983 REF#: 00000003
Batch #: [REDACTED] SEQ: 072001001003
09/03/14 18:22:26
APPR CODE: [REDACTED] CVC: Y
VISA [REDACTED]

00 - APPROVED - 001

VISA CREDIT
AID: A0000000031010
TVR: 00 80 00 80 00
TSI: F8 00

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