

Official Administrator and Executive Expense Report

NameDoug TupperTitleChair, Quality Assurance & Patient Safety Advisory CommitteeLocationCalgary

Expenses submitted during the month of April 2015

							Travel (1)							
Month-Year	Source Document	Purpose	Ai	rfare	M	leals	Accommodation)ther ravel	Total Travel	Profess Develop (2)		Working Sessions Hosting ar Hospitalit (3)	i nd	Other (4)
Apr-15	Expense Claim	Meetings		752		53		355	1,160					
Total			\$	752	\$	53	\$ -	\$ 355	\$ 1,160	\$	-	\$	- (\$
Total for			_											

Total for the Month \$ 1,160

Maximum daily single meal expense claimed in the month	\$ 21
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
	Vo	ucher #			

Naming Convention:

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

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION Vendor# Name: **Expense** Period Doug Tupper (if known) Month: Apr-15 Address: City: Province: Edmonton AR **Postal Code:** Country: Phone #: **Reason for Expense** &/or Business Case SECTION 2: FINANCE CODING & TOTAL CLAIM Corp/BU/O Location Description Functional Expense/ Total PO (If applicable) Centre/Primary Secondary Acct (Note: This column will auto fill) Meals (A) 101 0005 71110300000 45000000 \$53,15 1 101 Travel Exp (B+C+E) 0005 71110300000 62212000 \$1,106.09 Other (D) 101 0005 71110300000 41090000 \$0.00 TOTAL PAYMENT \$1,159.24 Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form) SECTION 3: AUTHORIZATION 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. 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. 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# aus Doug Tupper no Real 13 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. 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. 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 (Frint Name) osition Title/Program Group Date Phone# Dr. Carl Anirhein Official Administrator Position# Signature: I, by signing this form, t,that i um 🖓 pliant with all the above statements **DOFA** Level 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/improperty authorized payment requisitions will be returned without processing. Health and Personal inf 77/11 state Lingth Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privac please

Deborah Rhodes, Vice President Corporate Services & Chief Financial Officer

Date:	Phone Number
May 1, 2015	

Position Number:

DOFA Level

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

Name:	Doug Tupper			Vendori (if known	1)			Expense Month:			
Con	npletion of the "cost effecti						ou select " d" section		nn, Furth	er Explai	nation is
SECTIC	ON 4A: OFFICIAL ADMIN	ISTRATO	OR & CO	DMMITT	EE ME	MBER -	TRAVEL	EXPENSE CL/	MIA		
	Description: (include	0	Meai (A	llowance	OR Rec	eipt)(A)					Payroli C
Date	purpose of trip, mode of	Cost Effective	Allow	/ance	nce With Re		Accom-	Transportation (Flight, Car Rental,	Other	Mileage	DA .
Date	travel, starting point, details of expenditure)	method used?	<u>Meai.</u> Iype	Allow- ance	<u>Meal</u> Type	With Receipt	(B)	Fuel, Parking, Taxi (C)	(itemize) (D)	<u>km</u> (E)	Committ Meeting I (F)
1-Apr-15	Taxi from Oro Valley House to Tuncon, AZ Airport.	Yes	BL-\$20 80	\$20.80	7			ø \$97.73	/		
1-Apr-15	Airfare from Tuscon, AZ to Edmonton & Return to attend the Finance and Audit & Risk Advisory Committee Meetings.	Yee						\$751.53	1		
1-Apr-15	Taxi from Edmonton Airport to Residence.	Yes						ల <mark>్ \$68.00</mark>	/		and the second
2-Apr-15	r anong and whenge from Residence to SSP and return to att and the Finance and Audit & Risk Advisory Committee Monting	Yes						g <mark>\$30.00</mark>	\checkmark	17	
2-Apr-15	Attended the Finance Advisory Committee Meeting and the Audit & Risk Adivisory Committee Meeting.										and Constantial South Annual South Constantial South Constantial South Constantial South Constantial South Const
2-Apr-15	Attended the Human Resources Advisory Committee Meeting.										
3-Apr-15	Taxi from Residence to Edmonton Airport.	Yes	LD-\$32.35	\$32.35 V				D \$60.00	1		4 Miles and a manufacture and a manufacture of the second s
3-Apr-15	Taxi from Tuscon Airport to Oro Valley House.	Yee						\$90.24	J		
16-Apr-15	Attended the Human Resources Advisory Committee Meeting.										
	Total: (emount auto fills to	page 1)		\$53 15	2	\$0.00	\$0.00	\$1,097.50	, \$0.00	17 00	

Rev 4 eff March 06, 2015

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	START: 06:53 END : 06:53 DIST : 0.0 FLAT RATE	CHRD TYPE VISA DATE 2015/04/01 TIME 8003 15:38:20 RECEIPT NUMBER	Expiration Uniterline
D	EXP	PURCHASE	06:00 PM
2.1	SEQ#/TRIP# 19105 AUTH#	TOTAL \$68.00	APR 02, 2015
	FARE \$ 75.00 TOTAL \$ 75.00	VISA CREDIT	Purchase Date/Time: 09:40am Apr 02, 2015 Total Parking: \$28.67 Total gsi: \$1.43
	APPROVED\$ 75.00 \$ 75.00 450	A0000000031010 D11F8F7E86505552 0080008000-E800	Total Due: \$30.00 Total Paid: \$30.00 Total Paid: \$30.00 Ticket # S/N #: 600012451104
	TRANS. APPROVED IMPORTANT:	E009282A20EA4770 0080008000-F800	Setting: Lot 266 Mach Name: Meter 1
	RETAIN A COPY FOR YOUR RECORDS COPY	APPROVED	Car Visa Auth CST #887315638RT0001
		THANK YOU	
	YELLOW CAB COMPANY	CARDHOLDER COPY	Co-op Taxi Line
	PHOENIX 480-888-888	IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS	(780)425-2525 www.co-optaxi.com
	VEHID : DRIVER: DATE: 04/03/15 TIME: 22:24	65T 83209 4528 RT0001	Terminal Driver 15/04/03 13:32:23
	START: 22:20 END: 22:20 DIST: 0.0 FLAT RATE	3	VISA Card : VISA CREDIT
	VISA EXP		CHIP CARD AID : A000000031010 TVR : 0080008000
2	SEQ#/TRIP# 20465 AUTH#		VERIFIED BY PIN (5) Ref # Auth #
	FARE \$ 70.00		PURCHASE
	TOTAL \$ 70.00		FARE : \$ 60.00
	APPROVED\$ 70.00 \$ 70.00 μ > D		TOTAL : \$ 60.00
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Doug Tupper

From:	reservations@email-usairways.com
Sent:	Friday, March 20, 2015 10:45 AM
To:	
Subject	Vour LIS Ainwows flight

Subject: Your US Airways flight

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Buck travel	7/asit/100/s	Crystern Meles	Specials	US Anways Vecalogia
You're confirmed Date issued: Friday, March	20, 2015			
Next stop: the airpo	ort. See terminal information	and <u>find your way</u> .		Scan at any US Airways klowk to check in-
Confirmation code:				
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Thp details	Download to Outle	<u>pok</u>		
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TUS	YEG	Tension, AZ to Wednesday, April 0	Edmonton, Canada 1, 2015	2
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ARRIVE	02:32 PM YEG		(14/31))	Coach
TRAVEL THAT	3h 27m		MEA	MarketPlace 1#
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	5 25.92	· .		
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FLICH F# 4-4	Operated by	US Airways		
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ARRIVE	05:42 PM FHZ	Terminal 4	CABIN	Coach
TRAVEL TIME	3h 17m		い何ん	MarketPlace
			SEVIE	220
	Flight # 484 :	Plane change required in I	РНХ	
	Stop: Change play	s in Proents, AZ (PHS)		to otransfer container a success and
FLIGHT# CC42	The Operated by	Məsa Airlines dba US Airway	s Express	
DEFART	06:50 PM P. 2	Terminal 4	AIKORAFT	CRJ 900
ARRIVE	07:39 PM TUS			Couch
TPAVEL HMP	0h 49m		MEAL	-
			SEATS	<u>18C</u>

1





Total travel cost (1 passengers)

		e 34 42					
	Your fare (Non-refundable)					Adult	
	FUS. to TEG (VA07ZNH3)					\$246.50	
	YEG to TUS (GA14YNH3)					\$217.50	
	Taxes and fee .					\$112.20	
2	Subtotal					\$576.20	
	Number of passengers					x 1	
	Total by passenger type	2840				\$576.20	
ł	Total fare (All passengers)					\$676.20	
_		19					450
						You paid \$578.20	
	Sharged to Douglas A Tupper					\$ 751.53	cm/
		3.8				4 (-1)	
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Bags

Pay for your checked bags when you check in online or at the airport! Read more about bags. 12 Carry ons* Carry-on hag Physoital liam All flights 60 O Or cool bags (rach way) or present." 1st bag 2nd bag Domestic (U.S., Puerto Rico, USVI, Canada) 1215 14.5

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der Foreign Currency	Balance Date: Apr 27, Statement balance for	2015 r selected period was		Account	Type: OWNER
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