

## 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 May 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)
May-15	Expense Claim	Meetings				97	97			13
<b>Total</b>			\$ -	\$ -	\$ -	\$ 97	\$ 97	\$ -	\$ -	\$ 13

**Total for the Month**    \$        110

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:	Doug Tupper	Vendor# (if known)		Expense Period Month:	Apr/May 2015
Address:	[REDACTED]	City:	Edmonton	Province:	[REDACTED]
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

### SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/O	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$97.34
Other (D)	101	0005	71110300000	41090000	\$12.59
<b>TOTAL PAYMENT</b>					<b>\$109.93</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 with all the above statements	Date	Phone#
Doug Tupper	<i>Doug Tupper</i>	June 4, 2015	[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#
Dr. Carl Amrhein	Official Administrator	June 7, 15	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	[REDACTED]

- All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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

Date: June 5/15

Phone Number: [REDACTED]

Position Number: [REDACTED]

DOFA Level: [REDACTED]



Carry forward from Section 1

Name:	Doug Tupper	Vendor# (if known)	Expense Period Month:	Apr/May 2015
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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				
15-04-15	Purchase of IAnnotate from iTunes to access meeting materials.	Yes						\$12.59	✓	
23-Apr-15	Mileage and Parking for meeting with Dr. Verna Yiu to review QSAC agenda for May 28, 2015						\$16.00	✓	17	
11-May-15	Mileage and Parking for meeting with OA regarding strategic matters.						\$10.00	✓	17	
27-May-15	Mileage and parking to attend Finance Committee meeting.						\$18.00	✓	17	
28-May-15	Mileage and parking to attend Quality & Safety Advisory Committee and Audit & Risk Committee.						\$19.00	✓	17	
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$63.00	\$12.59	68.00	

<b>OA COMMITTEE MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 34.34
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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: Von Whiting

Doug Tupper

**From:** Doug Tupper <[redacted]>  
**Sent:** June-03-15 11:31 AM  
**To:** [redacted]  
**Subject:** FW: [redacted]

**From:** iTunes Store [mailto:do\_not\_reply@itunes.com]  
**Sent:** Sunday, April 12, 2015 21:38  
**To:** [redacted]  
**Subject:** Your receipt [redacted]

①



Invoice

Billed To:  
datupper@telus.net  
Doug Tupper

[redacted]

Order ID: [redacted]  
Receipt Date: 04/10/15  
Order Total: \$12.59  
Billed To: Store Credit

Item	Seller	Type	Unit Price
iAnnotate PDF, v3.1.3 (4+) <a href="#">Write a Review</a> <a href="#">Report a Problem</a>	Branchfire, Inc.	iOS App	\$11.99
		Subtotal:	\$11.99
		G.S.T./H.S.T.:	\$0.60
		Order Total:	\$12.59

✓

Please retain for your records  
Please See Below For Terms And Conditions Pertaining To This Order.

Apple Canada, Inc.  
You can find the iTunes Store Terms of Sale and Sales Policies by launching your iTunes application and clicking on Terms of Sale or Sales Policies  
Tax Registration #R100236199

Answers to frequently asked questions regarding the iTunes Store can be found at <http://www.apple.com/ca/support/itunes/>

[Apple ID Summary](#) • [Purchase History](#)

Apple respects your privacy  
Information regarding your personal information can be viewed at <https://www.apple.com/privacy/>

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Facture

Facturé à :  
datupper@telus.net  
Doug Tupper

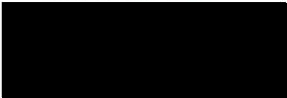
[redacted]

N° de commande [redacted]  
Date de réception : 10/04/15  
Total de la commande : \$12.59  
Facturé à : Crédit du magasin

Meeting with Dr Yiu re QSAC again

RECEIPT  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

05:48 PM  
APR 23, 2015

Purchase Date/Time: 03:48pm Apr 23, 2015

Total Parking: \$15.24

Total gst: \$0.76

Total Due: \$16.00

Total Paid: \$16.00

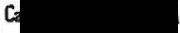
Ticket #

S/N #: 5000240104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$16 - 2 Hours  
Payment Type: Card



Auth

GST #887315638RT0001

2

VOID IF RE-SOLD

Meeting with g/a et al

IMPARK  
PHONE 780-420-1976  
HOURLY PARKER  
Meter: 101 383  
no in and out privileges  
Time: 8:43A MAY 11

Price: \$16.00 ✓  
Card: [Redacted]  
Exp.: [Redacted]  
Expires: [Redacted]

8:45 AM MON  
MAY 11 15

GST NO: 887315638RT0001  
INSTRUCTIONS ON BACK

3

VOID IF RE-SOLD

VOID IF RE-SOLD

MTG of Finance Committee

IMPARK  
PHONE 780-420-1976  
EARLY BIRD  
Meter: 101 383  
no in and out privileges  
Time: 8:43A MAY 27

Price: \$18.00 ✓  
Card: [Redacted]  
Exp.: [Redacted]  
Expires: [Redacted]

8:00 PM WED  
MAY 27 15

GST NO: 887315638RT0001  
INSTRUCTIONS ON BACK

4

VOID IF RE-SOLD

MTG of QSAC and Audit Risk Com.

RECEIPT

NO IN AND OUT PRIVILEGES  
LOT 32



06:00 PM  
MAY 28, 2015

Purchase Date/Time: 07:43am May 28, 2015

Total Parking: \$18.10

Total gst: \$0.90

Total Due: \$19.00

Total Paid: \$19.00

Ticket #

S/N #: 50002210401

Setting: Lot 32

Mach Name: Meter 2

Rate: \$19 - Early bird  
Payment Type: Card



Auth

GST #887315638RT0001

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