

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 June 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)
Jun-15	Expense Claim	Meetings				86	86			
Total			\$ -	\$ -	\$ -	\$ 86	\$ 86	\$ -	\$ -	\$ -

Total for the Month \$ 86

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:	
T4/ANR 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:	Jun-15
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/O ID	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	\$86.34
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL PAYMENT					\$86.34

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#
Doug Tupper	<i>Doug Tupper</i>	July 9/15	[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	July 23 2015	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	[REDACTED]

1) All cheques must be submitted by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
 2) Non-comp

Health and Personal Privacy (FOIP) Act
 please contact N

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

Date: July 21/15
 Phone Number: [REDACTED]
 Position Number: [REDACTED]
 DOFA Level: [REDACTED]

and Protection of Personal Information,

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

Carry forward from Section 1

Name: Doug Tupper Vendor# (if known) _____ Expense Period Month: _____

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	Allow-ance	Meal Type	With Receipt				
1-Jun-15	Parking and Mileage to attend the Audit & Risk Committee.	Yes					\$7.50	✓	17	
4-Jun-15	Parking and Mileage to attend the Finance Committee and Audit and Risk Committee.	Yes					\$18.00	✓	17	
10-Jun-15	Meeting with Dr. Yiu to review agenda for next QSAC Meeting scheduled for August 12, 2015.	Yes					\$7.50	✓	17	
25-Jun-15	Parking and Mileage to attend the Human Resources Advisory Committee.	Yes					\$19.00	✓	17	
Total: (amount auto fills to page 1)			\$0.00	\$0.00	\$0.00	\$0.00	\$52.00	\$0.00	68.00	

SP. Meeting of AYK
Committee

IMPARK
PHONE 730-420-1976
EVENING PARKER
Meter : 01 383
no in and out privileges
Time: 3:37P JUN 01

Price: \$ 7.50
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

6:00AM TUE
JUN 02 15

GS# NO. 537315038RT0001
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

Financial Committee
Audit & Risk Comm.
IMPARK
PHONE 730-420-1976
EARLY BIRD
Meter : 01 383
no in and out privileges
Time: 8:47A JUN 04

Price: \$18.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

6:00PM THU
JUN 04 15

GS# NO. 537315038RT0001
INSTRUCTIONS ON BACK

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MTg of the Day
RE next Q&A
meeting
IMPARK
PHONE 730-420-1976
HOURLY PARKER
Meter : 01 383
no in and out privileges
Time: 11:24A JUN 10

Price: \$ 7.50
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

12:54PM WED
JUN 10 15

GS# NO. 537315038RT0001
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

RECEIPT

NO IN AND OUT PRIVILEGES
LOT 32

License Plate Number

[REDACTED]

06:00 PM
JUN 25, 2015

Purchase Date/Time: 07:50am Jun 25, 2015
Total Parking: \$16.10
Total gst: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket #: [REDACTED]
S/N #: 503022001
Setting: Lot 32
Mach Name: Meter 2

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

GST #887315638RT0001

CEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT