

### **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



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AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	1000

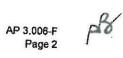
# OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTIO	ON 1: PA	YEE INFOR	REMUNERATION MATION	OIT AITD	-AF LINGE C	PAIIN L	OKW			
Name:	Doug Tu	pper		Vendor# (if known)			Expense Per Month:		44	
Address:				City:	Edmonton		Province:		Jun-15	
Postal Code:		Country:		Phone		AB #:				
and the second second second	or Expense ness Case			to the second se	I	Approximation of the second of				
SECTIO	N 2: FIN	ANCE COD	ING & TOTAL CLAIM							
Desc	ription	Corp/BU/O	Location (If applicable)		nctional re/Primary	Expe Seconda			otal umn will auto fill)	
Meals (A)		101	0005	7111	0300000	45000	0000	60.00		
Travel Exp	(B+C+E)	101	0005	Contraction of the later of the	0300000	62212		\$0.00		
Other (D)	~~~	101	0005	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUM	0300000	41090		\$88.34 \$0.00		
- Ap-						OTAL PAYS			6,34	
Ration	ale is Re	quired for	expenses that are no	4 Cant Effect						
attest the exp ervices or any	enses enclosed other Organiz	d in this claim are ation.	SEC illcable policies of Alberta Health Se for valid business purposes for Albe ave been incurred by using a cost e	rvices that pertain to erta Health Services a	nd that this claim has not i	een previously	claimed by me or	compliance wi	th such policies, rom Alberta Health	
laimant (P	rint Name)	S	ignature: I, by signing this form, =	met that I am complian	to all the above statements		ate	Phone		
oug Tuppe	ır		Day Try				11/49/1		•	
attest that I ha	ave read and u	nderstand all app	icable policies of Alberta Health Se	rvices that pertain to	these expenses, and confir	m expenses bei	or claimed are in r	omolinnen wit	h euch auffal	
attest the expe	enses enclosed	in this claim are to other Organization	for valid business purposes for Albe	rta Health Services ar	d that this claim has not b	een previously o	laimed by the ciai	mant or on th	eir behalf from	
ittest that ex	ubmitt	ed in this claim na	been incurred by using a cost ef	fective method, other	wise rationale and suppor	ting analysis is p	rovided above.		1	
r. Carl Amr	y (Print Nam their		osition Title/Program Group	Р	Date			Phone#		
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1) Assisque 2) Non-comp			the Accounts Pavahla Ch	nacues will NOT be p	ulled and returned to de	partments for n	nalling.			
with and Persivacy (FOIP) A	Debora		O. 1	Da	te:	1/15	Phone Nu		and Protection of sonal information,	
AP	Quality & Co		- Maridia Officel		STATE TAUTIDES.		DOFA Leve	<del></del>	3.006-F Page 1	

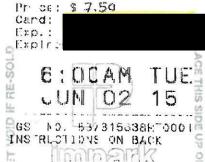
## For payment please submit to the Official Administrator office: 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Von Whiting

Carry f	orward from Section 1		(1)								THE STREET
Name:	Doug Tupper			Vendor (if know	n)		-	9.8	e Period		N.E.
	npletion of the "cost effect	1 244 65 6	### GM 111 L	1192 [549]	COESMICH F	S CONTRACTO	305" @A.M. 14 M.M.	'No" In this colu	mn, Furti	er Explai	nation is
SECTIO	N 4A: OFFICIAL ADMIN	ISTRATO	R & C	ТІММС	EE M	EMBER	- TRAVEL	EXPENSE CI	AIM	580a	
1000-		Cost	Meal (Allowance OR Receipt)(A)					T THE OF	T		
Date	Description: finclude purpose of trip, mode of travel, starting point, details of expenditure)		Allov	vance	With Receipt		Accom-	Transportation	Other	Mileage	
			Moal Type	Allow- ance	Meal Type	With Receipt	modation (B)	(Flight, Car Rental, Fuel, Parking, Taxi) ( C )		<u>km</u> (E)	in the state of th
1-Jun-15	Parking and Mileage to attend the Audit & Risk Committee.	Yes						\$7.50	,	17	
4-Jun-15	Perking and Mileage to attend the Finance Committee and Audit and Risk Committee.	Yes				antentenniana, au		\$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	1	17	
25-Jun-15	Parking and Mileage to attend the Human Resources Advisory Committee.	Yes						\$19.00	/	17	
											-
	Total: (amount auto fills to p	age 1)		se od		50.00	30.00	\$52.00	\$0.00	68 00	

Created: November 01, 2013 Rev 4 eff March 06, 2015



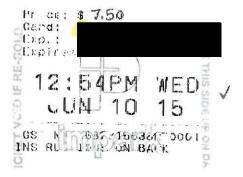












RECEIPT

NO IN AND OUT PRIVILEGES LOT 32

License Plate Number

Purchase Jate/Time: 07:50am Jun 25, 2015 Tota Parking: \$18.10

Tota gst: \$0.90 Tota Due: \$19.00 Tota Paic: \$19.00

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

S/N #: 50 Setting: Lot 32 Mach Namu: Meter 2

GST #887315638RT000