

AHS Board and Executive Expense Report

Name Doug Tupper
Title Chair, Quality Assurance and Patient Safety Advisory Committee
Location Calgary

Expenses submitted during the month of January 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-16	Expense Claim	Meeting				58	58			
Total			\$ -	\$ -	\$ -	\$ 58	\$ 58	\$ -	\$ -	\$ -

Total for the Month \$ 58

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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Doug Tupper			Expense Period Month:	Dec-15 & Jan-16
Address:	[REDACTED]	City:	Edmonton		
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Expenses related to Board Meetings.				

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	\$58.17
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$58.17

SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies 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 Board 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 below.

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>	27-01-16	[REDACTED]

I attest that I have read and understand all applicable policies of 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 Board 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 below.

Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair <i>Linda Hughes</i>
Signature: I, by signing this form, attest that I am compliant with all the above statements:	Date
<i>Linda Hughes</i>	Jan. 29/16

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 administration AHS Services in our program.

Jan. 28/16

Deborah Rhodes
 Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] OFA Level: [REDACTED]

Carry forward from Section 1

Name: **Doug Tupper** Expense Period Month: **Dec-15 & Jan-16**

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 below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD 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				
21-Dec-15	Meeting with Board Chair.	yes					\$16.00	✓	17	
7-Jan-16	Attendance at Quality & Safety Committee Meeting.	yes					\$25.00	✓	17	
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$41.00	\$0.00	34.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 17.17
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For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Meeting with
Board Chair

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

02:48 PM
DEC 21, 2015

Purchase Date/Time: 12:48pm Dec 21, 2015
Total Parking: \$15.24
Total gst: \$0.76
Total Due: \$16.00
Total Paid: \$16.00
Rate: \$16 - 2 Hours
Payment Type: Card
Ticket # [redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

[redacted] Visa
Auth #: [redacted]
GST #887315638RT0001

Quality & Safety
Committee

RECEIPT

NO IN AND OUT PRIVILEGES
LOT 32

License Plate Number



Expiration Date/Time

06:00 PM
JAN 07, 2016

Purchase Date/Time: 09:32am Jan 07, 2016
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00
Total Paid: \$25.00
Rate: \$25 - all day
Payment Type: Card
Ticket # [redacted]
S/N #: 50 012210401
Setting: Lot 32
Mach Name: Meter 2

[redacted] Visa
Auth #: [redacted]
GST #887315638RT0001

PARKING RECEIPT
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