



Capital
Health

APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: <u>ALLAUDIN MERALI</u>	Employee Number:	Union Name:
Position: <u>EXEC. VP & CFO</u>	Department: <u>FINANCE & Admin</u>	
Business Phone: <u>407-3652</u>	Period From: <u>DEC 1 to DEC 31/05</u>	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ If GST included
201	9000	71135000006	62410000			34.70	<input type="checkbox"/>
201	9000	71135000006	49510000			73.82	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						108.52	<input type="checkbox"/>

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.	
Employee Signature: <u>Allaudin Merali</u>	Date: <u>Feb. 23/06</u>

Approved By: <u>ALLAUDIN MERALI</u> (Print name)	Title: <u>EXEC. VP & CFO</u>	Phone # <u>407-3652</u>
(Signature)		Date
Approved By: <u>HEILA WEATHERILL</u> (Print name)	Title: <u>CEO</u>	Phone #
(Signature)		Date <u>March 2/06</u>

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

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[illegible]

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
Lunch	\$16.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Cash
(leaf)
Card

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LD LONDON CENTER 780 944 4523
LOOKING FOR WORK? www.londondrugs.com

HP TWINPACK #56/57 68.99 G
**** TAX 4.83 BAL 73.82
VF Visa 73.82
AUTH: 013614

CHANGE .00
(P)ST .00
(G)ST 4.83

10/17/05 15:57 0023 11 0067 4042
**
THANK YOU
LONDON DRUGS LTD. G.S.T. #R103378972

Toner for Printer

CREDIT CARD TRANSACTION RECORD

LD LONDON CENTRE
10531-51ST AVENUE
EDMONTON, AB
T6H0K5

ROYAL BANK: 0030400521813
CHSH FED: 011 EMPLOYEE: 4042

AMOUNT \$73.82

Visa PURCHASE

05/10/17 15:56:00 AUTH: 013614
REFERENCE: 66010465 0019320260 S

01 APPROVED - THANK YOU 027

X
CUSTOMER'S SIGNATURE