

## AHS Board and Executive Expense Report

**Name** Dr. Vanessa MacLean  
**Title** Zone Medical Director South Zone  
**Location** Lethbridge

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	P-Card	Meetings			295	13	308			
Jan-16	Expense Claim	Meetings				1,150	1,150			
<b>Total</b>			\$ -	\$ -	\$ 295	\$ 1,163	\$ 1,458	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,458

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 154  
 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.



**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>MACLEAN, VANESSA</u> Cardholder's Name	<u>MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/01/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CRH</u> Cardholder's Site/Location	Total Statement Amount: <u>\$307.47</u>
<u>VANESSA.MACLEAN@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <u>                    </u>	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 12/01/2016	415528234	MEDICINE HAT LODGE, BEST WESTERN HOTELS	122.08	CAD	122.06	5.8%		ZMD Accom- MH Wkly Site Visit ✓
② 13/01/2016	415740576	DELTA CALGARY SOUTH, DELTA HOTELS	172.85	CAD	172.85	.00	.00	ZMD Accom- CMO Meeting ✓
③ 18/01/2016	418050782	ADV PARKING00600007A, AUTOMOBILE PARKING LOTS AND GARAGES	12.30	CAD	12.50	.60	.00	Parking - Edm - Zone Leaders Mtg ✓

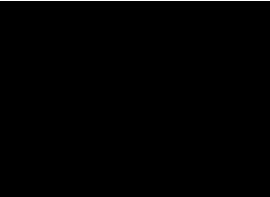
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</li> </ul>		
<u>Stanaiose</u> Name of Cardholder Designate  <u>[Signature]</u> Signature of Cardholder Designate	<u>Executive Coordinator</u> Cardholder Designate Position/Title  <u>Jan 22/16</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• 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. A personal cheque for any personal expenses inadvertently charged is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>MACLEAN, VANESSA</u> Name of Cardholder  <u>[Signature]</u> Signature of Cardholder	<u>MEDICAL DIRECTOR</u> Cardholder Position/Title  <u>Jan 22/16</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• 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. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Audrey Maione</u> Name of Approver Designate  <u>[Signature]</u> Signature of Approver Designate	<u>Exec Admin Coord.</u> Approver Designate Position/Title  <u>Jan. 28/16</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• 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. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Dr. Francois Belanger</u> Name of Approver  <u>[Signature]</u> Signature of Approver	<u>A/VP Quality + CMO</u> Approver Position/Title  <u>Feb 2016</u> Date of Signature	
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:                             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Reference #: _____	Reviewed by: _____	Date: _____

**Jodi Tamayose**

ZMD ACCOM -  
WIKI side visit  
Dr. Yew TOUR

**From:** Medicine Hat Lodge <frontdesk@medhatlodge.com>  
**Sent:** Friday, January 22, 2016 11:29 AM  
**To:** Jodi Tamayose  
**Subject:** \Guest Account Inquiry

Vanessa. MacLean



Page # [REDACTED]  
Res. # [REDACTED]  
Checked in Mon Jan 11/16 - 10:12pm  
Checked out Tue Jan 12/16 - 7:37am  
Nights 1  
Room Rate 109.00  
Room [REDACTED]

Date	Description	Reference	Charges	Credits
Jan11	GOVERNMENT RATE		109.00	
Jan11	GST		5.45	
Jan11	Room Tax		4.36	
Jan11	Destination Marketing Fee		3.27	
Jan12	PAID BY MASTERCARD			122.08
	<b>Total Outstanding</b>	0.00	122.08	122.08

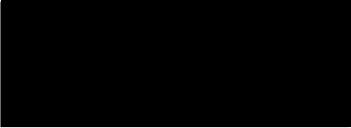
Thank you for staying with us. Please come again!  
Call 1 (800) 661-8095 to make your next reservation with us.

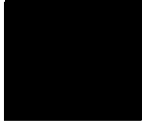
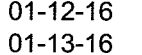
  
**DELTA**  
 CALGARY SOUTH

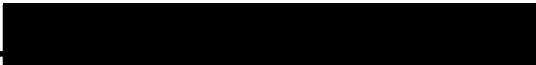
135 Southland Drive S.E Calgary, Alberta, T2J 5X5  
 Telephone: 403-278-5050 Fax: 403-225-5834

*CMO mtg Calgary*

ALBERTA HEALTH SERVICE FAMILY MEDICINE  
 Vanessa Maclean



Room:   
 Folio:   
 Cashier:  
 Arrival: 01-12-16  
 Departure: 01-13-16

Date	Description	Additional Information	Charges	Credits
01-12-16	Room Charge		154.00	
01-12-16	DMF		4.62	
01-12-16	Tourism Levy		6.34	
01-12-16	Rooms - GST		7.93	
01-13-16	Master Card			172.89
<b>GST Summary</b>				
Registration No: <b>895126332</b>				
	Room		7.93	
	F&B		0.00	
	Other		10.96	
	<b>Total</b>			<b>18.89</b>
			<b>Total</b>	<b>172.89</b>
			<b>Balance Due</b>	<b>0.00 CDN</b>

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

*Parking Edm  
Zone heading  
only.*

ADV PARKING00600007A  
10231 - 103 STREET  
EDMONTON, AB T5J4C9  
7809095466

**SALE**

MID: 5773667  
TID: 105 REF#: [REDACTED]  
Batch #: 660  
01/18/16 12:03:09  
APPR CO [REDACTED]  
MASTERCARD [REDACTED]

**AMOUNT \$12.50**

APPROVED

MasterCard  
AID: A000000041010  
TVR: 04 00 00 80 00  
TSI: E8 00

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACLEAN, VANESSA	ZMD, South Zone	Lethbridge	1,150.39

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/5/2016	ZMD Weekly Site Visit		Mileage	169.68	Lethbridge	Medicine Hat		1			336
1/7/2016	ZMD Patient Engagement Session		Mileage	117.16	Lethbridge	Taber		1			232
1/11/2016	ZMD Site Visit with CEO		Mileage	169.68	Lethbridge	Medicine Hat		1			336
1/13/2016	ZMD -COEC, JVC and CMO Portfolio		Mileage	259.57	Medicine Hat	Calgary		1			514
1/19/2016	ZMD Weekly Site Visit		Mileage	169.68	Lethbridge	Medicine Hat		1			336
1/20/2016	ZMD Cardston Medical Staff meeting; Travel to Kainai to meet with Blood Tribe; Return to Lethbridge		Mileage	94.94	Lethbridge	Cardston		1			188
1/25/2016	ZMD Weekly Site Visit		Mileage	169.68	Lethbridge	Medicine Hat		1			336
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
BELANGER, FRANCOIS		Approve		25-Feb-16							