

AHS Board and Executive Expense Report

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

Expenses submitted during the month of March 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)
Mar-16	P-Card	Meetings			311		311			
Mar-16	Expense Claim	Meetings				672	672			
Total			\$ -	\$ -	\$ 311	\$ 672	\$ 983	\$ -	\$ -	\$ -

Total for the Month \$ 983

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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>20/03/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CRH</u> Cardholder's Site/Location	Total Statement Amount: <u>\$311.36</u>
<u>VANESSA.MACLEAN@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/03/2016	422088745	MEDICINE HAT LODGE, BEST WESTERN HOTELS	311.36	CAD	311.36	14.69		ZMD Weekly Site Visit ✓


Approved /06

Cardholder Designate (if Applicable)	
<p>By signing this statement</p> <ul style="list-style-type: none"> 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. 	
<p><u>Jodi Tammeuse</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Coordinator</u> Cardholder Designate Position/Title</p> <p><u>April 4/16</u> Date of Signature</p>
Cardholder	
<p>By signing this statement</p> <ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
<p><u>MACLEAN, VANESSA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>MEDICAL DIRECTOR</u> Cardholder Position/Title</p> <p><u>April 4/16</u> Date of Signature</p>
Approver Designate (if Applicable)	
<p>By signing this statement</p> <ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
<p><u>Audrey Maione</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec Asst.</u> Approver Designate Position/Title</p> <p><u>Apr. 6/16</u> Date of Signature</p>
Approver	
<p>By signing this statement</p> <ul style="list-style-type: none"> 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. 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 	
<p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>Please see front page</u> Signature of Approver</p>	<p><u>AI/VP Equality + CMO</u> Approver Position/Title</p> <p>_____ Date of Signature</p>
Attach:	
<ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
Reference #: _____	
Reviewed by: _____	Date: _____



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

ZMD WEEKLY STEVIEL

Dr. Vanessa MacLean



Page #



Res. #

Checked in
Checked out
Nights
Room Rate
Room

Mon Mar 7/16 - 9:43pm
Wed Mar 9/16 - 7:14am
2
139.00



Date	Description	Reference	Charges	Credits
Mar07	GOVERNMENT RATE		139.00	
Mar07	GST		6.95	
Mar07	Room Tax		5.56	
Mar07	Destination Marketing Fee		4.17	
Mar08	GOVERNMENT RATE		139.00	
Mar08	GST		6.95	
Mar08	Room Tax		5.56	
Mar08	Destination Marketing Fee		4.17	
Mar09	PAID BY MASTERCARD			311.36
Total Outstanding			0.00	311.36

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

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 13.90
Room Tax 11.12

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*
SINCE 1944



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MACLEAN, VANESSA	ZMD, South Zone	Lethbridge	671.65

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/7/2016	Physician Meeting		Mileage	77.77	Lethbridge	Brooks		1			154
3/7/2016	ZMD Weekly Site Visit/Meetings		Mileage	55.55	Brooks	Medicine Hat		1			110
3/9/2016	Return home		Mileage	84.84	Medicine Hat	Lethbridge		1			168
3/21/2016	Palliser HAC Meeting		Mileage	114.13	Lethbridge	Bow Island		1			226
3/22/2016	ZMD Weekly Site Visit		Mileage	169.68	Lethbridge	Medicine Hat		1			336
3/29/2016	ZMD Weekly Site Visit		Mileage	169.68	Lethbridge	Medicine Hat		1			336

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	13-Apr-16