

## Board and Executive Expense Report

**Name** Dr. Chris Eagle  
**Title** President & CEO  
**Location** Edmonton

Expenses submitted during the month of January 2013

			Travel (1)				Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
December 2012	Expense Claim	Monthly cellular charges	-	-	-	-	-	-	-	140
January 2013	Expense Claim	Recruitment lunch	-	59	-	-	59	-	-	-
January 2013	P-Card	Various meetings	-	-	577	29	606	-	-	-
<b>Total</b>			\$ -	\$ 59	\$ 577	\$ 29	\$ 665	\$ -	\$ -	\$ 140

**Total for the Month** \$ 805

Maximum meal expense claimed in the month \$ 59 2 people  
Maximum daily hotel rate claimed in the month \$ 229  
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

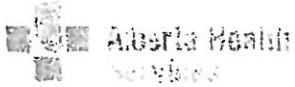
### 3) Hosting and Hospitality expenses

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



**TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM**

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

\* Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 \* Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 \* If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 22-Dec-12 To: 21-Jan-13  
 Travel Period from: 22-Dec-12 To: 21-Jan-13 (if applicable)  
 Out-of-Province Travel: No

Name: Dr. Chris Eagle Position (Title): President and Chief Executive Officer  
 Location: [Redacted] Savant: St. Plaza Dept: Executive Office DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Phone #: [Redacted] Ext: [Redacted]  
 Employee # (E-People): [Redacted] Employee # (Regular/old # prior to E-People migration): [Redacted]

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary Expense	Total Expense			
2A	101	0923	71110101658	\$59.36	101	0923	71110101058	04020000	139.91	Total Section B	\$59.36	
2B										Total Section C&D	\$139.91	
2C										Less Cash Advance		
2D										<b>TOTAL CLAIM</b>	<b>\$199.27</b>	
				\$59.36	**User to enter Coding & \$ amounts				139.91			

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 NOTE: These fields do not automatically fill for Section C&D

**SECTION F: AUTHORIZATION**

If applicable, print the name of the person (other than claimant) that prepared the claim, along with phone number so if there are any questions contact can be easily made.  
 Employee and approver signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): LAURA LEE CLARKE Phone #: [Redacted] Ext: [Redacted]

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.  
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.  
 Employee Signature: [Signature] Date: 21 Jan 2013

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122).  
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved by (PRINT ONLY): STEPHEN LOCKWOOD DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: [Signature] Title: AHS BOARD CHAIR Date: Jan 23/13

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Health and Personal Information on this form is collected by AHS under the authority of section 36(1) of the Health Information Act (HIA) and sections 33(1) and 34(2) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, questions or consent about the collection, use or disclosure of your health and personal information, please contact Mark Falter, Director, Accounts Payable at 780-735-0508 or email Mark.Falter@albertahealthservices.ca



**EXPENSE CLAIM DETAILS**

*If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.*

SECTION C: OTHER EXPENSES		Emp # (E-People)			Emp # (prior to E-people)			Page 3	
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.                      → If expenses are for travel, gas, etc., go to Section B on pg 2.                      • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p>									
<p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	Continuing Education <small>Select type from dropdown menu (if applicable)</small>	GST is ON till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
16-Dec-12	Monthly Cellular Charges	101	0923	71110101058	64020000		\$139.91	\$139.91	

SECTION D: FOREIGN CURRENCY		<small>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)                      If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</small>							
<small>Please click on the following link for the Bank of Canada exchange rate using the date of expense</small>		<small>Bank of Canada Currency Converter → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column</small>							
Date dd-mmm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense <small>eg. 41000000 (8 characters)</small>	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)  
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization  
 - 3 of 3 -

*Handwritten mark*

Bimbur

Recruitment lunch @ CFO office

\*\*\*\*\*  
CHECK # 350772      DATE 1/03/13  
TABLE # 19            TIME 12:33PM  
\*\*\*\*\*

--      DINING : Tanya Lee      --

ITEMS ORDERED	AMOUNT
1 SALMON	21.00
1 LIFT BURGER	17.00
5 AMERICANO	15.00

\*\*\*\*\*

SUBTOTAL	53.00
HST	6.36

-----  
**TOTAL DUE            59.36**  
 -----

# OF GUESTS

2

LIFT BAR GRILL VIEW  
333 Menchion Mews, Vancouver, BC  
604-689-5438

JOIN OUR PREFERRED GUEST LIST AND  
ENTER TO WIN A \$100 GIFT CERTIFICATE

GRATUITY NOT INCLUDED IN BILL

[www.liftbarandgrill.com](http://www.liftbarandgrill.com)

GST # 865680482

<p>1 <b>January 3/2013 (\$59.34)</b></p> <ul style="list-style-type: none"> <li>Recruitment Lunch with Chief Financial Officer Candidate</li> </ul>
---

2



CHRIS J. EAGLE

BILL DATE : 16-Dec-12  
PAGE 1 of 3

CLIENT N° [REDACTED]

*Reimburse*



**Tips to help you stay connected when traveling**

If you're looking to call /message back to Canada/US, dial "+1" before the phone number. To dial "+" on iPhone/Android, press and hold the zero. To dial "+" on a BlackBerry, press ALT then the letter "O"

To find out if international roaming is active on your phone, text TRAVEL to 7626. You can add international roaming using your TELUS online account

To save when travelling outside of Canada, purchase Travel Passes by logging into your online account

You can reach us anytime when traveling by calling \*611, free from your mobile phone. You can also call 1-866-771-9666 (US), 1-416-940-5995 (International) - charges may apply

To learn more, please visit [telusmobility.com/travel](http://telusmobility.com/travel)

**Go paper free and save a tree**

Sign up for paperless billing and get 24/7 secure access to your bill, tools to manage your account and email or text reminders when your bill is ready - all while helping the environment. Register for paperless billing by logging into your account at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) and selecting "go paperless".

Thank you for choosing TELUS.

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Contract Term : 3 yr

iPhone 100 - Double mins	\$ 100.00
Data and Other Services	\$ 4.25
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	6.66
Total Taxes	\$ 6.66
<b>Total Current Charges</b>	<b>\$ 139.91</b>

**YOUR LAST BILL**

Amount of Last Bill 16-Nov-12	\$ 141.93
Payments	\$ -141.93
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ 0.00</b>

Payment received after 13-Dec-12 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 139.91**

**② December 16/2012 (\$139.91)**

• Monthly Cellular Charges (Dec 17-Jan 16)



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount if received by 11-Jan-13
[REDACTED]	16-Dec-12	\$ 139.91

Payable on receipt

PTLPS01A E S 39384  
000000189  
CHRIS J. EAGLE

*PAID  
Reimburse  
GJP*

Amount of Payment  
**\$ 139.91**

Please make cheques payable to TELUS  
Please do not staple

00555 900

96

PTLPS01A 39384 HRI - 2 - 1 - 9 - - 206415



Questions about your bill?

Read the info below and visit [www.telusmobility.com/support](http://www.telusmobility.com/support) for answers to frequently asked questions.

Need more details?

View your e.Bill at [www.telusmobility.com/youraccount](http://www.telusmobility.com/youraccount) for complete detailed billing and much more at no cost. While you're there go paper free and save a free. Together we can reduce paper use.

Billing

Monthly service fees are billed one month in advance. Usage is billed in arrears. Service charges on your first invoice will be for the number of days in the first month that your units were active.

View your detailed bill free of charge online at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) or subscribe to receive it in paper format for a monthly charge. Detailed billing includes the following sections :

- Bill Summary: Categorized summary of all your charges
- Account Detail: Specific review of service charges and taxes
- Group Summary: Breakdown of costs for the individual subscribers
- Individual Detail: Overview of specific details for each subscriber
- Airtime Detail: Lists phone calls made for each subscriber.

Service and Billing Inquiries

- If you have any questions you can contact TELUS by
- visiting our online support centre at [www.telusmobility.com/support](http://www.telusmobility.com/support)
  - visiting our Self Serve website at [www.telusmobility.com/youraccount](http://www.telusmobility.com/youraccount)
  - dialing \*611 from your TELUS wireless handset (free call)
  - calling us:

Toll Free: 1-866-558-2273 (free call)

Payment Options

- You can pay your TELUS Account in the following ways:
- At most financial institutions (online, in person or by phone)
  - Online through e.Bill at [telusmobility.com/youraccount](http://telusmobility.com/youraccount)
  - Credit card payments over the phone
  - Mail a cheque or money order in the Business Reply Envelope supplied
  - Sign up for preauthorized payment online at [telusmobility.com/youraccount](http://telusmobility.com/youraccount) or over the phone

Please allow sufficient time for payments to reach TELUS by the date shown on the account statement. Seven business days may be required for mail and three days for bank payments. Payments will be credited to the account on the date of their receipt by TELUS. Bills are due upon receipt. Late charges of 2% compounded monthly (26.82% per annum) will be applied if payment is not received by the date shown on the account statement. Items returned for insufficient funds are subject to a \$25.00 administration charge. Security deposits are not shown on your bill.

Refund / Reimbursement

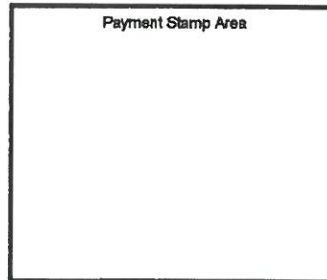
The charges billed on this statement will be deemed to be correct if not disputed by you within thirty (30) days of the bill date. A credit balance of less than or equal to \$5.00 will not be refunded. Unless otherwise indicated, all credit amounts include applicable GST/HST, QST and PST.

GST/HST# 81275 8878 RT0001  
QST# 121 164 2781 TQ0001

TELUS is a trade-name for TELUS Communications Company.

PTLPS01A 39384 206416

Payment Stamp Area



TELUS  
PO BOX 8950 STN TERMINAL  
VANCOUVER BC V6B 3C3

CHRIS J. EAGLE

CLIENT N° [REDACTED]



BILL DATE : 16-Dec-12  
PAGE 3 of 3

ACCOUNT DETAIL	
CHRIS J. EAGLE	
Current Charges - Detail	

Contract Term : 3 yr expires Mar 24,2013

Monthly Service Plans Dec 17 to Jan 16

Service Plan Name	Total
iPhone 100 - Double mins	100.00
<b>Total</b>	<b>\$ 100.00</b>

Additional Local Airtime Service

\*Free Airtime Includes: bonus minutes, birthday calling, evenings & weekends, free incoming, \*911 and In Network Calling

Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	188:00	84:00	104:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges

Service	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	109:00	0:00	109:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Data and Other Services

Service	Total Events	Event Type	Total
Text Msg - Sent	3	Msg	0.75
Data Usage	756.213	MB	0.00
Text Msg - Received	14	Msg	3.50
<b>Total</b>			<b>\$ 4.25</b>

Value Added Services

Service	Total
200 mins Cdn LD @ 10¢ (Dec 17 to Jan 16)	20.00
3 GB included data (Dec 17 to Jan 16)	Free
Feature Bundle - Small (Dec 17 to Jan 16)	7.00
Visual Voicemail for iPhone (Dec 17 to Jan 16)	Free
<b>Total</b>	<b>\$ 27.00</b>

Other Charges and Credits

Charges and Credits	Total
Summary Paper Bill Fee	2.00
<b>Total</b>	<b>\$ 2.00</b>

Taxes

Taxes	Total
GST	6.66
<b>Total</b>	<b>\$ 6.66</b>

**Total Current Charges \$ 139.91**

PTLPS01A 39384 HRI - 2 - 2 - 9 - 208417



**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

EAGLE, CHRIS Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period:	20/01/2013
CORPORATE OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$605.23
CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
17/01/2013	306248702	PETROCAN, FUEL DISPENSER, AUTOMATED	28.70	CAD	28.70	.00		FUEL (FLEET VEH) - CALGARY TRIP
17/01/2013	306248703	KENSINGTON RIVERSIDE I, LODGING HOTELS, MOTELS, RESORTS	576.53	CAD	576.53	.00	.00	VARIOUS MTGS IN CALGARY

See attached for description details on each transaction.



**Signatures**

**Cardholder Designate (if Applicable)**  
By signing this statement:

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Laura Lee Clarke  
Name of Cardholder Designate

Executive Assistant  
Cardholder Designate Position/Title

Jan 21/2013  
Date of Signature

Laura Lee Clarke  
Signature of Cardholder Designate

**Cardholder**  
By signing this statement:

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

EAGLE, CHRIS  
Name of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

21 Jan 2013  
Date of Signature

[Signature]  
Signature of Cardholder

**Approver Designate (if Applicable)**  
By signing this statement:

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Patti Grier  
Name of Approver Designate

Chief of Staff/Corporate Secretary  
Approver Designate Position/Title

[Signature]  
Signature of Approver Designate

[Signature]  
Date of Signature

**Approver**  
By signing this statement:

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Stephen Lockwood  
Name of Approver

AHS Board Chair  
Approver Position/Title

Jan 23/13  
Date of Signature

[Signature]  
Signature of Approver

**Submit approved statement with attachments to Accounts Payable:**

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original Itemized receipts</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <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> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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**Accounts Payable only:**

Reference #:	Reviewed by:	Date:
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PETRO-CANADA  
1438 KENSINGTON RD  
CALGARY  
ALBERTA T2N 3P9  
4032831503

GST #: 0093960419  
PC0159225:0767201

2013-01-17 06:07

PUMP 01  
REGULAR  
LITRES L 30.238  
PRICE/L \$ 0.949  
FUEL SALES \$ 28.70\*

TOTAL OWED \$ 28.70

TOTAL PAID  
CREDIT CARD \$ 28.70

\* GST INCL. \$ 1.37

MASTERCARD  
[REDACTED] S  
INVOICE 831608  
AUTH 080739  
PURCHASE  
S 0010010010 00 027

00 APPROVED  
THANK YOU

-- IMPORTANT --  
RETAIN THIS COPY  
FOR YOUR RECORDS

January 17/2013 (\$28.70)

- ① • Fuel for fleet vehicle
- Trip to Calgary (Jan 15-17) for meetings with:
  - Dean, Faculty of Medicine, University of Calgary
  - Provost, University of Calgary
  - Zone Clinical Department Head, Department of Medicine
  - Director, Calgary Institute of Population and Public Health
  - Head, Department of Community Health Sciences
  - Vice President, Research Strategies

*R*

1126 Memorial Drive N.W.  
Calgary, Alberta  
T2N 3E3

Phone: (403) 228-4442  
Fax: (403) 228-9608  
Email: info@kensingtonriversideinn.com  
www.kensingtonriversideinn.com

**GUEST  
ACCOUNT**

KENSINGTON  
RIVERSIDE INN

**EAGLE CHRIS**

EDMONTON, AB

ALBERTA HEALTH SERVICES  
Room # 219 Invoice # 44713

Arrive 01/15/13 Depart 01/17/13

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
01/15/13	PB	25-Parking	2 Nights/Highlander	<u>30.00</u>
01/15/13	PB	2-Room Charg		229.00
01/15/13	PB	10-Tourism Le	On Room Charge	9.16
01/15/13	PB	22-Service Ch		6.87
01/15/13	PB	23-DMF		6.87
01/15/13	PB	50-Chefs Tabl	Check#3482	16.97
01/16/13	MB	2-Room Charg		229.00
01/16/13	MB	10-Tourism Le	On Room Charge	9.16
01/16/13	MB	22-Service Ch		6.87
01/16/13	MB	23-DMF		6.87
01/17/13	MB	92-Mastercard	PAYMENT	-576.53

GST On DMF 0.68  
GST On Parking 1.50  
GST On Room Charge 22.90  
GST On Service Chg. 0.68  
**Tax Reg. # 894582667RT0001**

(details attached)

BILLING INSTRUCTIONS

BALANCE DUE

0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges.  
89458 2667 PR0001

**January 17/2013 (\$576.53)**

• Two night's accommodation, parking, and meal charge) for trip to Calgary (Jan 15-17).

Meetings with:

- Dean, Faculty of Medicine, University of Calgary
- Provost, University of Calgary
- Zone Clinical Department Head, Department of Medicine
- Director, Calgary Institute of Population and Public Health
- Head, Department of Community Health Sciences
- Vice President, Research Strategies

rl



Kensington Riverside Inn  
Calgary, AB  
GST#94582667RT0007

10 QUINN M

Tbl 4/1 Chk 3482 Gst 2  
Jan15'13 09:32AM

Closed Check  
Reprint

2 COFFEE	6.50
2 Reg Juice	8.00
1 OMELETTE	15.00
1 EGGS BENEDICT	16.00
18 %	
18% GRAT	8.19
CHARGE TIP	3.00
219	
ROOM CHARGE	16.97
Subtotal	45.50
Brkfst Vouch	40.00-
Service Chrg	11.19
5.50 GST	0.28
Paid	16.97

Breakfast Meeting w  
Dean Meddings, University of Calgary

Tip \_\_\_\_\_

Total \_\_\_\_\_

Room # \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

2