

## Official Administrator and Executive Expense Report

**Name** Dr. Blair O'Neill  
**Title** ACMO, Strategic Clinical Networks  
**Location** Edmonton  
 Expenses submitted during the month of June 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-15	Expense Claim	Meetings				577	577			
Jun-15	Direct Billing	Meetings	341				341			
<b>Total</b>			\$ 341	\$ -	\$ -	\$ 577	\$ 918	\$ -	\$ -	\$ -

**Total for the Month** \$ 918

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.

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)**

<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>				<b>Expense Date From:</b> 01-05-145 <b>To:</b> 6-Jun-15	
<b>Name:</b> Dr. Blair O'Neill				<b>Position (Title):</b> Associate Chief Medical Officer- SCNs	
<b>Location:</b> [REDACTED]		<b>Dept:</b> [REDACTED]		<b>DOFA Level:</b> [REDACTED] (if applicable)	
<b>Employee # (E-People):</b> [REDACTED]		<b>Union:</b> [REDACTED]		<b>Business Phone #:</b> [REDACTED] <b>Ext:</b> [REDACTED]	

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

<b>CAPITAL PROJECT CODING ONLY →</b>		<b>Project Number</b> [REDACTED]		<b>Project Task Number</b> [REDACTED]	
<b>Expenditure Organization</b> [REDACTED]		<b>Expenditure Type</b> [REDACTED]		<b>Expenditure Type</b> [REDACTED]	

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	Total Section B	Total
2A	101	0000	71110000012	\$576.52						\$576.52	\$576.52
2B											
2C											
2D											
				\$576.52	**User to enter Coding & \$ Amounts						
<b>NOTE:</b> This section auto fills from page 2A, 2B, 2C & 2D					<b>NOTE:</b> These fields do not automatically fill for Section C & D						

**SECTION F: AUTHORIZATION**


I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

**Employee Signature:**  **Date:** July 8/15

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I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

**Approved By (PRINT ONLY):** Dr. Verna Yiu **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone:** [REDACTED]

**Signature:**  **Title:** VP, Quality & Chief Medical Officer **Date:** July 9/15

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I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 above.

**Approved By (PRINT ONLY):** [REDACTED] **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone #:** [REDACTED] **Ext:** [REDACTED]

**Signature:** [REDACTED] **Title:** [REDACTED] **Date:** [REDACTED]

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 administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4



## EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0000

71110008012

Emp # (E-People)

Page 2A

If expenses incurred are for **multiple FC's** please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

## SECTION B: TRAVEL EXPENSES

**NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Int'l)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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 on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
6-May-15	Transportation Taxi for May 6 & 7th Meetings in Calgary	AB - Provinc ial	Meeting	Yes							\$293.25 ✓			
12-Jun-15	Mileage - Edmonton to Calgary and Return to Edmonton to attend Critical Care SCN (CC SCN) – CZ Critical Care Operational (CZ CC Ops) Leadership Meeting- June 12, 2015	AB - Provinc ial	Meeting	Yes										560.94 ✓
SUBTOTALS											\$293.25			Total Kms 560.94

## MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

\$0.505

Mileage \$ 283.27

Travel \$ Subtotal 293.25

Auto fills on page 1 - TOTAL TRAVEL \$ 576.52

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

## Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

①

MAY 6<sup>th</sup> 7<sup>th</sup> Mtgs  
in Calgary.

LIED LIMO/ASSOCIATE  
41 AVENUE NE T2E:  
CALGARY AB  
21640631

PURCHASE

015  
[REDACTED]  
Card  
BLAIR O NEILL  
T990031011 SCOTTABAI

[REDACTED]  
[REDACTED]  
NRN C

\$25  
\$31  
\$293.25  
(10) APPROVED-THANK YOU  
\$293.25  
Payment this card for your

Itemized receipt  
not provided by  
Vendor

## Meetings attended

- PPEC Mtg
- CMD Clinical Compensation  
Strategy Planning Session
- CMD Portfolio Mtg
- Mtg w/ Dr. Joe Vert
- Mtg w/ Dr. Johnson

The taxi fare exceeded \$100  
because he was attending Mtgs  
in Calgary for 2 days at  
various locations in the  
city.

## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

### Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

<b>Name :</b>	Blair O'Neill	<b>Reporting Period for the Month of :</b>	June 10 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Jun-15	Direct Billing	Airline Ticket	Travel to Calgary to Attend Health Economics Final Presentations	Choose from Drop-down List	340.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 340.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: June 9, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
DR BLAIR ONEILL  
AC [REDACTED]

Wednesday, June 10, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 10Jun15  
Seat(s): 06D  
AIR CANADA E

Flight: 8133 G CLASS  
07:00 AM Equipment: CRJ JET  
07:48 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 10Jun15  
Seat(s): 04D  
AIR CANADA E

Flight: 8172 W CLASS  
05:30 PM Equipment: D8 (300 SERIES)  
06:22 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT

Tax: 74.96  
Ticket Total: 340.96

266.00

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: June 9, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	340.96
<b>Less Credit Card Payments:</b>	340.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.