

## Official Administrator and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer Capital Management (Acting)  
**Location** Calgary

Expenses submitted during the month of December 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-14	Expense Claim	Meetings				226	226			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 226	\$ 226	\$ -	\$ -	\$ -

**Total for the Month**     \$        226

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)**

• 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-Nov-14 To 21-Dec-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Brian Stevenson Position (Title): Chief Program Officer, Capital Management  
 Location: Edmonton, SSP Dept: Capital Management DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

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

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

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0006	71110500053	\$225.74					
2B									
2C									
2D									
				\$225.74					

**TOTAL REIMBURSEMENT**  
 Total Section B \$225.74  
 Total Section C&D \_\_\_\_\_  
 Less Cash Advance \_\_\_\_\_  
**TOTAL CLAIM** \$225.74

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 \*\*User to enter Coding & \$ Amounts  
 NOTE: 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.

I, by signing this form, attest that I am compliant to all the above statements.  
 Employee Signature: [Signature] Date: Dec 22/14  
 Travel, Hospitality and Working Session Expenses Policy - Document# 1122

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): Deborah Rhodes DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: [Signature] Title: VP Corporate Services & CFO Date: Dec. 30/14  
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

I, by signing this form, attest that I am compliant to all the above statements.  
 Signature: \_\_\_\_\_ Title \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_ Date \_\_\_\_\_

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 10030-167 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4  
 - 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110500053

Emp # (E-People)

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 = Inter?)  
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	Prov, US, 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						
25-Nov-14	Edmonton to Red Deer - Present at the CHES Clarence White Conference	AB - Provinc	Meeting	Yes										340.00 ✓
29-Nov-14	SSP to AI Offices - round trip (Health Capital Senior Executive Committee Meeting)	AB - Local	Meeting	Yes										6.00 ✓
27-Nov-14	SSP to GRH - round trip (ESCO Startup Meeting)	AB - Local	Meeting	Yes										6.00 ✓
2-Dec-14	SSP to AI Offices - round trip (Joint Capital Steering Committee mtg)	AB - Local	Meeting	Yes										6.00 ✓
3-Dec-14	SSP to AHE - round trip (ESCO Startup Meeting)	AB - Local	Meeting	Yes										40.00 ✓
15-Dec-14	SSP to AI Offices - one way (Major Capital Projects Meeting)	AB - Local	Meeting	Yes										3.00 ✓
16-Dec-14	SSP to AHE - round trip (Protective Services COE team retreat)	AB - Local	Meeting	Yes										40.00 ✓
18-Dec-14	SSP to AI Offices - round trip (CCP Executive Steering Committee mtg - mtg was cancelled at last minutes but trip had already been made)	AB - Local	Meeting	Yes										6.00 ✓
<b>SUBTOTALS</b>														Total Kms 447.00

**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 \$ \$225.74

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ \$225.74

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)