

Official Administrator and Executive Expense Report

Name Carmel Turpin
Title Vice President Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of January 2015

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings			170	323	493			
Jan-15	Direct Billing	Meetings	1,023				1,023			
Total			\$ 1,023	\$ -	\$ 170	\$ 323	\$ 1,516	\$ -	\$ -	\$ -

Total for the Month \$ 1,516

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 151
 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

Instruction:			
<ul style="list-style-type: none"> • 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 			
TURPIN, CARMEL	VP COMM. ENGAGE & COMMS	Billing Reporting Period:	20/01/2015
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$493.03
COPPRORATE	SEVENTH STREET PLAZA	Last 6 digits of the P-Card #: XXXXXXXXXX	
Cardholder's Dept	Cardholder's Site/Location		
CARMEL.TURPIN@ALBERTAHEALTHSERVICES.CA			
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/12/2014	375387552	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from SSP to YEG to attend Calgary Health Trust Honourees for 2014 Event on November 17, 2014.
23/12/2014	375387553	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from YEG to Residence (attended Calgary Health Trust Honourees for 2014 Event on November 17, 2014).
23/12/2014	375387564	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from Residence to YEG to meet with portfolio staff in Calgary on November 20, 2014.
11/01/2015	376654296	SHERATON CAVALIER, SHERATON HOTELS	169.53	CAD	169.53	8.07		1 night accommodation (met with staff in Calgary and attend Cancer Provincial Advisory Council).
14/01/2015	377149558	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	44.00	CAD	44.00	2.10	.00	Taxi from Southport to Sheraton Hotel (attended Cancer Provincial Advisory Council).
16/01/2015	377149557	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	63.50	CAD	63.50	3.02	.00	Taxi from Calgary Airport to Southport (met with staff in Calgary).

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Signatures

Cardholder Designate (If Applicable)

By signing this statement

- 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.

Jennifer Hometra
Name of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title

J. Hometra
Signature of Cardholder Designate

Jan. 21, 2015
Date of Signature

Cardholder

By signing this statement

- 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 charged 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.

TURPIN, CARMEL
Name of Cardholder

VP COMM. ENGAGE & COMMS
Cardholder Position/Title

Carmel Turpin
Signature of Cardholder

Jan. 22/15
Date of Signature

Approver Designate (If Applicable)

By signing this statement

- 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.

Susan Best
Name of Approver Designate

Exec. Assistant
Approver Designate Position/Title

Susan Best
Signature of Approver Designate

Jan. 30/15
Date of Signature

Approver

By signing this statement

- 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.

Deborah Rhodes
Name of Approver

VP Corp Services + CFO
Approver Position/Title

Deborah Rhodes
Signature of Approver

Feb. 2/15
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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)
- 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.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

November 17, 2014 (\$72.00)

- Taxi from SSP to YEG to attend Calgary Health Tr Honourees for 2014 Event.

①

Nov. 17 / 2014
SSP > Ap

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000
DUPLICATE

Term Id:4502412509440
Item #:0894
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00 ✓

CARNEE TURPIN

I agree to pay above total
as per cardholder or merchant
agreement. Retain this copy
for your records.

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/12/23 Time: 00:14:34
Response: AUTH [REDACTED]

November 17, 2014 (\$72.00)

- Taxi from YEG to Residence (attended Calgary Health Trust Honourees for 2014 Event).

②

November 20, 2014 (\$72.00)

- Taxi from Residence to YEG to meet with portfolio staff in Calgary.

③

CARNEE TURPIN.
Nov 20 / 2014
Uptown Estates > Ap

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:0897
M/C PURCHASE
Op Id:114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00 ✓

Ref. #: [REDACTED]
Auth. #: [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/12/23 Time: 06:41:05
Response: AUTH [REDACTED]

CUSTOMER COPY

Sheraton Cavalier Hotel Calgary
 2620 32 Avenue N.E.
 Calgary, AB T1Y 6B8
 403-291-0107
 http://www.starwood.com/



Turpin, Carmel

Page Number [REDACTED]
 Guest Number [REDACTED]
 Folio ID [REDACTED]
 No. Of Guest [REDACTED]
 Room Number [REDACTED]

Arrive Date 01-09-2015 17:08
 Depart Date 01-10-2015 10:49
 Agent [REDACTED]

Invoice

Tax Identification GST- r100846435

Date	Reference	Description	Charges	Credits
01-09-2015	[REDACTED]	Room Charge (CT)	\$151.00	
01-09-2015	[REDACTED]	Alberta TL Tax	\$6.04	
01-09-2015	[REDACTED]	DMF	\$4.94	
01-09-2015	[REDACTED]	GST	\$7.55	
01-10-2015	MC	Mastercard		\$-169.53
		** Total	\$169.53	\$-169.53
		** Balance	\$0.00	

For Authorization Purpose Only

CARMEL TURPIN

Date	Credit Card	Code	Authorized
01-09-2015	[REDACTED]	[REDACTED]	196.30

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.




Continued on the next page

(4)

January 9, 2015 (\$169.53)

- 1 night accommodation (met with staff in Calgary and attended Cancer Provincial Advisory Council).

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
TRUST ON THE PROFESSIONALS

DATE: 2015/01/08
PICK-UP TIME: 16:30
DROP-OFF TIME: 17:00
TRIP ID: 60085
LOCATION: 073000-4502410370
METER NUMBER: 0711
METER TYPE: 
DRIVER: 
PHONE: 

FARE (\$) : 42.0
EXTRA (\$) : 0.0
SUBTTL (\$) : 42.0

TIP (\$) : 2.00

TOTAL (\$) : 44.00 ✓

SIGNATURE: _____



FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB

⑤
Southport to Sheraton
CUSTOMER'S COPY *Coalter*

January 9, 2015 (\$44.00)

- Taxi from Southport to Sheraton Hotel (attended Cancer Provincial Advisory Council).

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
TRUST ON THE PROFESSIONALS

DATE: 2015/01/08
PICK-UP TIME: 12:00
DROP-OFF TIME: 12:00
TRIP ID:
LOCATION: 073000-4502410370
METER NUMBER: 18
METER TYPE: 4606
DRIVER: 
PHONE: 

FARE (\$) : 61.0
EXTRA (\$) : 0.0
SUBTTL (\$) : 61.0

TIP (\$) : 2.00

TOTAL (\$) : \$ 63.50 ✓

SIGNATURE: _____

⑥
Airport to Southport
FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB

CUSTOMER'S COPY

January 9, 2015 (\$63.50)

- Taxi from Calgary Airport to Southport (met with staff in Calgary).

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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Deborah Rhodes

Reporting Period for the Month of: January 8, 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-01-09	Direct Billing	Transportation	Booked two trips from Edmonton to Calgary for Jan. 9 and Jan, 22, and return. Credit of \$997.71 was used from ticket [REDACTED]	Marlin Travel	\$1,022.92
2015-01-09	Choose One	Transportation	Jan. 22, flight was cancelled and credit will be used at a later date.		
	Choose One	Choose One		Total Paid in the Month	\$1,022.92

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: January 8, 2015
Page: 1/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

Friday, January 9, 2015

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 09Jan15
WESTJET ENCO

Flight: 3251 ECONOMY CLASS
10:45 AM Equipment: DH4
11:48 AM Mile(s) Flown: 153

Hotel

Check In: 09Jan2015
Check Out: 10Jan2015
CALGARY AB
SHERATON HOTELS CORP
SHERATON CAVALIER C
2620 32ND AVE N.E., CALGARY
AB, T1Y 6B8
CA
Tel: 4032910107
Fax: 4032912834
Confirmation: [REDACTED]
Corporate Id: [REDACTED]

Rooms 1
1 Nights(s)
J1K
Rate: 151.00 CAD per Night
Guaranteed for late arrival

Saturday, January 10, 2015

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

Invoice Number: [REDACTED]
Date: January 8, 2015
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Saturday, January 10, 2015

✈ Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10Jan15
WESTJET ENCO

Flight: 3291 ECONOMY CLASS
06:25 PM Equipment: DH4
07:23 PM

Mile(s) Flown: 153

Thursday, January 22, 2015

✈ Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 22Jan15

Flight: 104 H CLASS
07:45 AM Equipment: 73W
08:45 AM

Mile(s) Flown: 153

✈ Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 22Jan15

Flight: 347 H CLASS
10:50 PM Equipment: 73W
11:41 PM

Mile(s) Flown: 153

Cost:

TKT [REDACTED] E-TKT EXCHANGED	[REDACTED]	120.11
	Tax:	5.10
	Ticket Total:	125.21

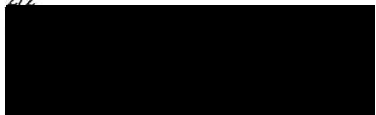
Total:

Grand Total:	125.21
Less Credit Card Payments:	125.21
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Date: January 08, 2015
 Page: 2/2
 Our Reference:
 Your Reference:



CONFIRMATION STATEMENT OF ACCOUNT

Thursday, January 22, 2015

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 22Jan15

Flight: 347 **H CLASS**
10:50 PM Equipment: 73W
11:41 PM

Mile(s) Flown: 153

Item	Cost			Pax	Nts	
	Cost	Tax				
EXCHANGED TICKET VALUE	-737.89	-259.82		1	1	-997.71
ADMINISTRATIVE FEE/PENALTY	100.00	0.00		1	1	100.00
FLIGHT TICKET	738.00	284.92		1	1	1022.92
Total Charges:						125.21
Less Previous Payments:						125.21
Balance Due:						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 2ECO