

Official Administrator and Executive Expense Report

Name Carmel Turpin
Title Vice President Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of March 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)
Mar-15	P-Card	Meetings				72	72			
Mar-15	Direct Billing	Meetings	363				363			
Total			\$ 363	\$ -	\$ -	\$ 72	\$ 435	\$ -	\$ -	\$ -

Total for the Month \$ 435

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

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:	20/03/2015
Cardholder's Name	Cardholder's Position/Title		
COPRORATE	SEVENTH STREET PLAZA	Total Statement Amount	\$72.00
Cardholder's Dept	Cardholder's Site/Location		
CARMEL.TURPIN@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/03/2015	883455540	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from Edmonton Airport to Residence (attended Cancer Provincial Advisory Council in Calgary on January 10, 2015).

Signature(s)		
<p>Cardholder Designate (if Applicable) 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>Jennifer Hamstra</u> Name of Cardholder Designate</p> <p><u>J. Hamstra</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>March 31, 2015</u> Date of Signature</p>	
<p>Cardholder 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>TURPIN, CARMEL</u> Name of Cardholder</p> <p><u>Carmel Turpin</u> Signature of Cardholder</p>	<p><u>VP COMM. ENGAGE & COMMS</u> Cardholder Position/Title</p> <p><u>March 31/15</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) 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>Susan Best</u> Name of Approver Designate</p> <p><u>SBest</u> Signature of Approver Designate</p>	<p><u>Exec. Assistant</u> Approver Designate Position/Title</p> <p><u>March 31/15</u> Date of Signature</p>	
<p>Approver 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>Deborah Rhodes</u> Name of Approver</p> <p><u>Deborah Rhodes</u> Signature of Approver</p>	<p><u>VP Corporate Services</u> Approver Position/Title</p> <p><u>Mar-31/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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) And where applicable: <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>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

CARMEL TURPIN.

Jan. 10, 2015

Apr Rec

PRESTIGE TRANS: JRTATION
10135 21 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item #: 1131
C PURCHASE
Dr 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: 2015/05/04 Time: 00:44:42
Response: AUTH [REDACTED]

CUSTOMER ONLY

✓
January 10, 2015 (\$72.00)

- Taxi from Edmonton Airport to Residence (attended Cancer Provincial Advisory Council 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: Carmel Turpin

Reporting Period for the Month of: March 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-16	Direct Billing	Transportation	Airline Ticket from Edmonton to Calgary on March 18 and return (Invoice [REDACTED] attended Calgary Health Trust Meeting and Emerging Leaders Meeting with President and CEO	Marlin Travel	362.96
	Choose One	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$362.96

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: March 16, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN
AC [REDACTED]

Wednesday, March 18, 2015

← Air

AIR CANADA Flight: 8133 W CLASS
From: EDMONTON INTL AB 07:00 AM Equipment: DH4
To: CALGARY AB 07:53 AM Mile(s) Flown: 163
Stops: 0 Arrival: 18Mar15
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION 10F

← Air

AIR CANADA Flight: 8150 W CLASS
From: CALGARY AB 03:30 PM Equipment: DH4
To: EDMONTON INTL AB 04:25 PM Mile(s) Flown: 163
Stops: 0 Arrival: 18Mar15
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION 9F

Cost:

AIR CANADA WEB [REDACTED]
AIR CANADA WEB [REDACTED] 288.00
Tax: 74.96
Ticket Total: 362.96