

Official Administrator and Executive Expense Report

Name Carmel Turpin
Title VP Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings			469	97	566			
Jul-15	Expense Claim	Meetings		95			95			
Jul-15	Direct Billing	Meetings	248				248			
Total			\$ 248	\$ 95	\$ 469	\$ 97	\$ 909	\$ -	\$ -	\$ -

Total for the Month \$ 909

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 209
 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:

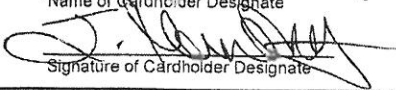
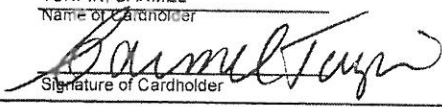
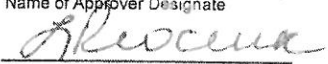
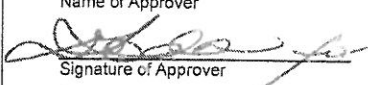
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

TURPIN, CARMEL	VP COMM. ENGAGE & COMMS	Billing Reporting Period:	20/07/2015
Cardholder's Name	Cardholder's Position/Title		
COPPORATE	SEVENTH STREET PLAZA	Total Statement Amount:	\$565.95
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
06/07/2015	395839002	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	64.70	CAD	64.70	3.08		Taxi from Calgary Airport to Southport to work out of Calgary Office
07/07/2015	395955477	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	31.97	CAD	31.97	1.52		Taxi from Hotel to Whitehorn Multiservice Bldg to attend EMS staff function with CEO.
08/07/2015	396155864	ALOFT CALGARY UNIVERSI, aloft(aloft hotels)	469.28	CAD	469.28	70.39	.00	Two nights accomodation to attend meetings and staff events in Calgary with CEO.

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Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
<u>Jennifer Namstra</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Executive Secretary</u> Cardholder Designate Position/Title <u>July 21, 2015</u> Date of Signature	
Cardholder By signing this statement <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. 		
<u>TURPIN, CARMEL</u> Name of Cardholder  Signature of Cardholder	<u>VP COMM. ENGAGE & COMMS</u> Cardholder Position/Title <u>July 23/15</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <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. 		
<u>Lorinda Prociuk</u> Name of Approver Designate  Signature of Approver Designate	<u>Executive Associate</u> Approver Designate Position/Title <u>07/28/15</u> Date of Signature	
Approver By signing this statement <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. 		
<u>Vickie Kaminski</u> Name of Approver  Signature of Approver	<u>President's CEO</u> Approver Position/Title <u>2015 JUL - 28</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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. 		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: _____

ASSOCIATED TAB
404-35 AVENUE N E T1C2N7
CALGARY AB
22143100

1111 PURCHASE
07-06-2015
Acct # [REDACTED]
Exp Date [REDACTED]
Name: CARMEL [REDACTED]
A0000000041010

Trace [REDACTED]

Inv. # [REDACTED]
Auth # [REDACTED]

Purchase \$55.70
Tip \$5.00
Total \$64.70

(00) APPROVED THANK YOU

Retain this copy for your records

July 6, 2015 (\$64.70)

- Taxi from Calgary Airport to Southport to work out of the Calgary Office.

315 MERIDIAN ROAD SE
CALGARY, AB T2A 1x2

TERMINAL ID: 314-651-379
MERCHANT ID: 432765KD
VEHICLE ID: 1504
DRIVER ID: 6669
GST ACCOUNT NO: 835389164
TRIP NUMBER: [REDACTED]
PASSENGERS:

07-07-2015
START: 06:39 END: 06:53
DISTANCE: 125.00 RATE: 1
FARE AMOUNT: \$ 26.48

TAX AMOUNT: \$ 1.32
TIP AMOUNT: \$ 4.17

TOTAL : \$ 31.97

MASTER CARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

July 7, 2015 (\$31.97)

- Taxi from Hotel to Whitehorn Multiservices Building to attend EMS staff function with CEO.

THANK YOU
14031259 9999
WWW.THECHECKERGROUP.COM



Aloft Calgary University
2359 Banff Trail NW
Calgary, AB T2M 4LZ
Canada
Tel: 403-289-1973 Fax: 403-282-1241



Carmel Turpin

Page Number :
Guest Number :
Folio ID :

Invoice Nbr

06-JUL-15 20:45
10-JUL-15 12:00
1
107

Information Invoice

Tax ID : 893755702RT0001

Aloft Calgary Univ 08-JUL-15 06:40

Date	Reference	Description	Charges (CAD)	Credits (CAD)
06-JUL-15		Room Charge	209.00	
06-JUL-15		Goods And Services Tax (GST)	10.76	
06-JUL-15		Alberta Tourism Levy	8.61	
06-JUL-15		Destination Marketing Fee	6.27	
07-JUL-15		Room Charge	209.00	
07-JUL-15		Goods And Services Tax (GST)	10.76	
07-JUL-15		Alberta Tourism Levy	8.61	
07-JUL-15		Destination Marketing Fee	6.27	
08-JUL-15		MasterCard / Diners Int'l		-469.28
** Total			469.28	-469.28
*** Balance			0.00	

Continued on the next page

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July 6 & 7, 2015 (\$469.28)

- Two nights accommodation to attend meetings and staff events in Calgary with CEO. (Exceeds guideline limit by \$9.00 per night as only room available due to Calgary Stampede).

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: 6-Jul-15 To 8-Jul-15
 Travel Period from: To (if applicable)
 Out-of-Province Travel

Name: Carmel Turpin Position (Title): VP, Community Engagement & Communications
 Location: Edmonton Dept: DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Pg</th> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>101</td> <td>0000</td> <td>71110100104</td> <td>\$94.70</td> </tr> <tr> <td>2B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">\$94.70</td> </tr> </tbody> </table>					Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	2A	101	0000	71110100104	\$94.70	2B					2C					2D									\$94.70	Total - Section C&D: Other & Foreign Expenses - Pg 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Secondary/ Expense</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense																										TOTAL REIMBURSEMENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Total Section B</td> <td style="text-align: right;">\$94.70</td> </tr> <tr> <td>Total Section C&D</td> <td> </td> </tr> <tr> <td>Less Cash Advance</td> <td> </td> </tr> <tr> <td>TOTAL CLAIM</td> <td style="text-align: right;">\$94.70</td> </tr> </tbody> </table>		Total Section B	\$94.70	Total Section C&D		Less Cash Advance		TOTAL CLAIM	\$94.70
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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

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: Carmel Turpin **Date:** July 23/15

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): Vickie Kaminski **DOFA Level:** **Position #:** **Phone:** **Ext:**

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

Signature: [Signature] **Title:** President & CEO **Date:** 2015 JUL - 28

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): **DOFA Level:** **Position #:** **Phone #:** **Ext:**

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

Signature: **Title:** **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 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110100104

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 = Inter'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	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						
6-Jul-15	Travel to Calgary to attend meetings and staff events with CEO (July 6,7 & 8) -(Airfare & accommodation claimed on P-Card) - Meals	AB - Local	Meeting	Yes	LD-\$32.35	\$32.35								
7-Jul-15	Attended EMS staff event in Calgary with CEO - (Meals)	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
8-Jul-15	Attended staff meetings in Calgary with CEO - (Meals)	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80								
SUBTOTALS							\$94.70							Total Kms

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 \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

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

Travel \$ Subtotal \$94.70

Auto fills on page 1 - TOTAL TRAVEL \$ \$94.70

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)

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**

Name : Carmel Turpin	Reporting Period for the Month of : Jul-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
06-Jul-15	Direct Billing	Airline Ticket	One Way Airline Ticket from Edmonton to Calgary (Invoice Number [REDACTED] to attend meetings and staff functions in Calgary with CEO.	Marlin Travel	247.48
Total Paid in the Month					\$ 247.48

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: July 3, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN
AC [REDACTED]

Monday, July 6, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 06Jul15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8141 U CLASS
11:00 AM Equipment: D8 (300 SERIES)
11:54 AM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

210.00

Tax: 37.48

Ticket Total: 247.48

Total:

Grand Total: 247.48

Less Credit Card Payments: 247.48

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00