

Official Administrator and Executive Expense Report

Name Cheryl Bourassa
Title Chief Program Officer Population, Public & Aboriginal Health (Acting)
Location Edmonton

Expenses submitted during the month September of 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) |
| Sep-14 | P-Card | Meetings | | | 624 | 6 | 630 | | | |
| Sep-14 | Expense Claim | Meetings | | 155 | | 318 | 473 | | | |
| Total | | | \$ - | \$ 155 | \$ - | \$ 318 | \$ 1,103 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,103

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 139
 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 | | | |
| <u>BOURASSA, CHERYL</u> | <u>CHIEF PROGRAM OFFICER</u> | Billing Reporting Period: | <u>20/09/2014</u> |
| Cardholder's Name | Cardholder's Position/Title | | |
| <u>POPULATION, PUBLIC &</u> | <u>SOUTHPORT TOWER</u> | Total Statement Amount: | <u>\$630.24</u> |
| Cardholder's Dept | Cardholder's Site/Location | | |
| <u>CHERYL.BOURASSA@ALBERTAHEALTHSERVICES.CA</u> | | Last 6 digits of the P-Card #: | <u>██████████</u> |
| Cardholder's e-mail address | | | |

| Statement of Transactions | | | | | | | | |
|---------------------------|-----------|---|-----------------------|----------|--------------|-----|---------|---|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 12/09/2014 | 363997752 | PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES | 6.00 | CAD | 6.00 | .29 | | Edmonton Parking - Alberta Population and Public Health Council Meeting |
| 12/09/2014 | 364164047 | COURTYARD BY MARRIOTT, COURTYARD INNS | 624.24 | CAD | 624.24 | .00 | .00 | Edmonton - Courtyard Marriott Hotel - APPH Council Mtg, APPH Leaders Cmte Mtg, IT Leadership Meeting and other meetings |

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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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 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.

BOURASSA, CHERYL
Name of Cardholder

Executive Director / E/DM
Cardholder Position/Title

Cheryl Bourassa
Signature of Cardholder

Sept 24/14
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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

DR CERRY PREJOY
Name of Approver

Senior Mgt.
Approver Position/Title

[Signature]
Signature of Approver

SEPT. 25/14
Date of Signature

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: _____



Courtyard by Marriott

10011 184th St
Edmonton, AB T5S 0C7
T 780.638.6070

C. Bourassa

Room [REDACTED]

Room Type [REDACTED]

Number of Guests: 1

Rate: \$139.00

Clerk: -

Arrive: 08Sep14

Time: 06:35PM

Depart: 12Sep14

Time:

Folio Number: [REDACTED]

Date

Description

Charges

Credits

| | | | |
|---------|---------------|--------|--------|
| 08Sep14 | Room Charge | 139.00 | |
| 08Sep14 | Marketing Fee | 4.17 | |
| 08Sep14 | Gst 813149820 | 7.16 | |
| 08Sep14 | Tourism Levy | 5.73 | |
| 09Sep14 | Room Charge | 139.00 | |
| 09Sep14 | Marketing Fee | 4.17 | |
| 09Sep14 | Gst 813149820 | 7.16 | |
| 09Sep14 | Tourism Levy | 5.73 | |
| 10Sep14 | Room Charge | 139.00 | |
| 10Sep14 | Marketing Fee | 4.17 | |
| 10Sep14 | Gst 813149820 | 7.16 | |
| 10Sep14 | Tourism Levy | 5.73 | |
| 11Sep14 | Room Charge | 139.00 | |
| 11Sep14 | Marketing Fee | 4.17 | |
| 11Sep14 | Gst 813149820 | 7.16 | |
| 11Sep14 | Tourism Levy | 5.73 | |
| 12Sep14 | [REDACTED] | | 624.24 |

Amount: 624.24 [REDACTED] Signature on File
This card was electronically swiped on 08Sep14

Balance: 0.00

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

12/09/14 11:28 AM

12/09/14 08:28 AM \$ 6.00

AMOUNT PAID

CREDIT CARD NUMBER

\$ 6.00 73280000 08:28 AM

CC

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.



NON TRANSFERABLE



Alberta Health Services

RECEIPT

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: 1-Sep-14 To 15-Sep-14
 Travel Period from: 8-Sep-14 To 12-Sep-14 (if applicable)
 Out-of-Province Travel

Name: Cheryl Bourassa Position (Title): Executive Director
 Location: Dept: Emergency/Disaster Mn DOFA Level: (if applicable) Union: Business Phone: Ext:

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 | | | | | 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 Section C&D | |
| 2A | 101 | 0005 | 71134000003 | \$472.75 | | | | | | \$472.75 | | |
| 2B | | | | | | | | | | | | |
| 2C | | | | | | | | | | | | |
| 2D | | | | | | | | | | | | |
| | | | | \$472.75 | | | | | | | | |

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.

Employee Signature: Cheryl Bourassa Date: Sept 23, 2014

Approved By (PRINT ONLY): Dr. Gerry Pedy DOFA Level: [Redacted]

Signature: [Redacted] Title: Senior MOH Date: Sept 24/14

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

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 0005 7113400003

Emp # (E-People) [REDACTED]

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 | | | | | | |
| 8-Sep-14 | Edmonton Meetings - APPH Council and other Meetings | AB - Provinc | Meeting | Yes | D-\$20.75 | \$20.75 | | | | | | | | |
| 9-Sep-14 | Edmonton Meetings - APPH Council and other Meetings | AB - Provinc | Meeting | Yes | BD-\$29.95 | \$29.95 | | | | | | | | |
| 10-Sep-14 | Edmonton Meetings - AHS Population and Public Health Leader & other Meetings | AB - Provinc | Meeting | Yes | A-\$41.55 | \$41.55 | | | | | | | | |
| 11-Sep-14 | Edmonton Meetings - PPAH senior Leaders and other meetings | AB - Provinc | Meeting | Yes | A-\$41.55 | \$41.55 | | | | | | | | |
| 12-Sep-14 | Edmonton Meetings - IT Leadership and other meetings | AB - Provinc | Meeting | Yes | BL-\$20.80 | \$20.80 | | | | | | | | |
| 12-Sep-14 | Mileage to and from Edmonton | AB - Provinc | Meeting | Yes | | | | | | | | | | 630.00 |
| SUBTOTALS | | | | | | \$154.60 | | | | | | | | Total Kms 630.00 |

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 <i>(see Mileage details to the left)</i> | \$0.505 |
| Mileage \$ | \$318.15 |
| Travel \$ Subtotal | \$154.60 |
| Auto fills on page 1 - TOTAL TRAVEL \$ | \$472.75 |

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)