

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 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	P-Card	Meetings			968		968			
Dec-14	Expense Claim	Meetings		83	296		379			
Total			\$ -	\$ 83	\$ 1,264	\$ -	\$ 1,347	\$ -	\$ -	\$ -

Total for the Month \$ 1,347

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 224
 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

BOURASSA, CHERYL Cardholder's Name	CHIEF PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/12/2014
POPULATION, PUBLIC & Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:	\$968.12
CHERYL.BOURASSA@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/11/2014	371766373	DELTA EDMONTON CENTRE, DELTA HOTELS	189.73	CAD	189.73	.00		CS Executive training and other meetings
27/11/2014	372515925	FANTASYLAND HOTEL, LODGING HOTELS, MOTELS, RESORTS	488.32	CAD	488.32	.00	.00	AEMA Summit
30/11/2014	372676372	HOLIDAY INN HOTEL & SU, HOLIDAY INNS	290.07	CAD	290.07		13.81	BCM planning meeting



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

CHIEF PROGRAM OFFICER
Cardholder Position/Title

Cheryl Bourassa
Signature of Cardholder

Dec 18, 2014
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.
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Dr. George Proch
Name of Approver

Senior MCH
Approver Position/Title

[Signature]
Signature of Approver

Dec 18, 2014
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) And where applicable:
 - 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: _____



DELTA

EDMONTON CENTRE
SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5
Tel: 780-429-3900 Fax: 780-421-3259

Mrs Cheryl Bourassa

Room:

Folio:

Cashier:

Arrival:

Departure:



11-17-14

11-18-14

Canada

Date	Description	Additional Information	Charges	Credits
11-17-14	Room Charge		169.00	
11-17-14	Room - GST		8.70	
11-17-14	Room - Tourism Levy		6.96	
11-17-14	Room - Destination Mkt. Fee		5.07	
11-18-14	Mastercard			189.73

Total	189.73	189.73
Balance Due	0.00	CDN

GST Summary

Registration No:	899111215
Room	8.70
F&B	0.00
Other	0.00
Total	8.70

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



FANTASYLAND HOTEL

 AT WEST EDMONTON MALL, EDMONTON, CANADA

Bourassa, Cheryl

Confirmation Number: [REDACTED]

Room Number: [REDACTED]

Room Type: [REDACTED]

No. of Guests: 1

ARRIVAL	DEPARTURE	RATE PLAN	Credit Card
11/23/2014	11/27/2014	GROUP	[REDACTED]

DATE	DESCRIPTION	AMOUNT (CAD)
11/25/2014	Room Charge	224.00
11/25/2014	Alberta Tourism Levy	8.96
11/25/2014	GST 845861368 RT	11.20
11/26/2014	Room Charge	224.00
11/26/2014	Alberta Tourism Levy	8.96
11/26/2014	GST 845861368 RT	11.20
TOTAL DUE:		488.32



Cheryl Bourassa
 [Redacted]
 Canada

A/R Number
 Group Code
 Folio/Invoice No. /
 Reference #

Room No. [Redacted]
 Arrival 11-27-14
 Departure 11-29-14

Page No. 1 of 1
 Cashier No. [Redacted]
 User ID [Redacted]

Date	Description	Charges	Credits
11-27-14	*Accommodation	129.99	
11-27-14	GST	6.50	
11-27-14	Tourism Levy 4%	5.20	
11-27-14	Destination Marketing 3%	3.90	
11-28-14	*Accommodation	129.00	
11-28-14	GST	6.45	
11-28-14	Tourism Levy 4%	5.16	
11-28-14	Destination Marketing 3%	3.87	
11-29-14	MasterCard		290.07

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihgrewardsclub.com/review. We look forward to welcoming you back soon.

Total	290.07	290.07
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Hotel & Suites® West Edmonton
 11330-170th Street
 Edmonton Alberta T5S 2X1
 Telephone: (780) 444-3110 Fax: (780) 444-3188
 G.S.T.# 806941001RT0001

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: 15-Nov-14 To 31-Dec-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Cheryl Bourassa Position (Title): Executive Director, E/DM
 Location: _____ Dept: Emergency/ Disaster Mgmt DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____
 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					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				\$379.20					
2B									
2C									
2D									
				\$379.20	**User to enter Coding & \$ Amounts				

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT	
Total Section B	\$379.20
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$379.20

SECTION F: AUTHORIZATION

I declare that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (11277 of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I attest that the expenses included 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, whenever rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document 11277

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: Cheryl Bourassa Date: Dec 23, 2014

I declare 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 that the expenses included 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, whenever rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Gerry Priddy DOFA Level: _____ Position #: _____
 Signature: _____ Title: SRVICE MGR Date: Dec 29/14

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

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 Procedure 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

09704 pos[Rev2014-06]

Enter Finance Coding _____ 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 drop-down (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

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						
27-Nov-14	Coste orange work group - Edmonton	AB - Provincial	Meeting	Yes	BD-\$29.95	\$29.95	BD							
28-Nov-14	Edmonton business community meetings -	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55	BL							
22-Dec-14	Travel to Edmonton for Aboriginal meeting	AB - Provincial	Meeting	Yes										630.00
22-Dec-14	edmonton meal - Aboriginal meeting	AB - Provincial	Meeting	Yes	L-\$11.60	\$11.60								
SUBTOTALS						\$83.10								Total Kms 630.00

<p>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</p>		<p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p>	\$0.470
		Mileage \$	\$296.10
		Travel \$ Subtotal	\$83.10
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>		Auto fills on page 1 - TOTAL TRAVEL \$	\$379.20

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)