

## 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 February 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)
Feb-15	P-Card	Meetings			319		319			
Feb-15	Expense Claim	Meetings		53		357	410			
<b>Total</b>			\$ -	\$ 53	\$ 319	\$ 357	\$ 729	\$ -	\$ -	\$ -

**Total for the Month**    \$        729

Maximum daily single meal expense claimed in the month    \$        21  
 Maximum daily base hotel rate claimed in the month         \$        149  
 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

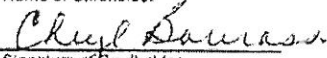
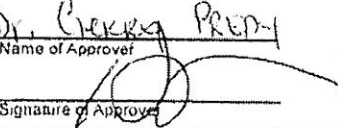
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
BOURASSA, CHERYL	CHIEF PROGRAM OFFICER	Billing Reporting Period	20/02/2015
Cardholder's Name	Cardholder's Position/Title		
POPULATION, PUBLIC &	SOUTHPORT TOWER	Total Statement Amount	\$319.22
Cardholder's Dept	Cardholder's Site/Location		
CHERYL.BOURASSA@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/01/2015	378676435	METTERRA HOTEL, LODGING HOTELS, MOTELS RESORTS	319.22	CAD	319.22	15.20		Senior Leaders meeting Edmonton



<b>Signatures</b>	
<b>Cardholder Designate (If Applicable)</b>	
By signing this statement	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title
_____ Signature of Cardholder Designate	_____ Date of Signature
<b>Cardholder</b>	
By signing this statement	
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
BOURASSA, CHERYL Name of Cardholder	CHIEF PROGRAM OFFICER Cardholder Position/Title
 Signature of Cardholder	Feb 23 2015 Date of Signature
<b>Approver Designate (If Applicable)</b>	
By signing this statement	
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
_____ Name of Approver Designate	_____ Approver Designate Position/Title
_____ Signature of Approver Designate	_____ Date of Signature
<b>Approver</b>	
By signing this statement	
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
Dr. Cheryl Proulx Name of Approver	Senior Mktg Approver Position/Title
 Signature of Approver	Mar 2/15 Date of Signature
<b>Submit approved statement with attachments to Accounts Payable:</b>	
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable only:</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

**M**  
**metterra**  
HOTEL ON WHYTE

Ms Cheryl Bourassa



Guest Name

Room Number: [REDACTED]  
Arrival Date: 01-26-15  
Departure Date: 01-28-15  
Page No: 1 of 1

**INFORMATION INVOICE**

Folio No:

01-28-15

Date	Description	Charges	Credits
01-26-15	Room	149.00	
01-26-15	Destination Marketing Fee - 3%	4.47	
01-26-15	Tourism Levy - 4%	6.14	
01-27-15	Room	149.00	
01-27-15	Destination Marketing Fee - 3%	4.47	
01-27-15	Tourism Levy - 4%	6.14	
<b>Total</b>		<b>319.22</b>	<b>0.00</b>
<b>Balance</b>		<b>319.22</b>	

**Signature:** \_\_\_\_\_

I agree that my liability for all charges 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 of the full amount of these charges. G.S.T. #105631154 RT 0001



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: 21-Jan-15 To 20-Feb-15  
 Travel Period from: 26-Jan-15 To 28-Jan-15 (if applicable)  
 Out-of-Province Travel

Name: Cheryl Bourassa Position (Title): Executive Director, E/DM  
 Location: Dep: My DOFA Level: (if applicable) Union: Business Phone #:   
 Employee # (E-People):

**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				\$409.85						\$409.85		
2B												
2C												
2D												
				\$409.85							<b>TOTAL CLAIM</b>	\$409.85

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

\*\*User to enter Coding & \$ Amounts

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 the 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: Cheryl Bourassa Date: Feb 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): Dr. Cheryl PREDY DOFA Level: Position #: Date: Mar. 2, 2015  
 Signature: Title: Date:

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 \_\_\_\_\_

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 (Cut of N America = Interl)  
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						
25-Jan-15	Travel to and from Edmonton for Senior Leadership meeting	AB - Provincial	Meeting	Yes										630.00
26-Jan-15	Dinner after Budget meeting	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
27-Jan-15	Dinner after Senior Leadership meeting	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								
28-Jan-15	Lunch after steering committee meeting	AB - Provincial	Meeting	Yes	L-\$11.60	\$11.60								
27-Jan-15	Taxi to Robins Learning Centre	AB - Provincial	Meeting	Yes						\$18.60				
27-Jan-15	Taxi to hotel	AB - Provincial	Meeting	Yes						\$20.00				
<b>SUBTOTALS</b>						\$53.10				\$38.60				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  
(see Mileage details to the left)

\$0.505

Mileage \$ \$318.15

Travel \$ Subtotal \$91.70

Auto fills on page 1 - TOTAL TRAVEL \$ \$409.85

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)



Co-op Taxi Line  
(780)425-2525  
www.co-optaxi.com

Terminal 483/66034035  
Driver  
15/01/27 15: [REDACTED]

VISA  
Card : [REDACTED]  
VISA CREDIT  
CHIP CARD  
AID : A0000000031010  
TVR : 0080006000  
VERIFIED BY PIN  
Ref # [REDACTED]  
Auth # [REDACTED]

		PURCHASE
FARE	15.00	15.00
TIP	3.00	3.00
-----		
TOTAL	\$	18.00

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain a  
copy for your records

Merchant Copy

CAPITAL TAXI INC. JASWANT  
9762 51 AVE NW  
EDMONTON AB T6E 0A9

Terminal: 483/66034035  
Card: [REDACTED]  
VISA PURCHASE  
CREDIT  
App Label: VISA CREDIT  
AID: A0000000031010  
TVR: 0080006000

[REDACTED]  
APPROVED 000  
THANK YOU

AMOUNT 20.00

No signature required

[REDACTED]  
Date: 2015/01/27 Time: 05:25:33

\*\*\*CUSTOMER COPY\*\*\*