

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 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			497		497			
Mar-15	Expense Claim	Meetings		106		637	743			
Total			\$ -	\$ 106	\$ 497	\$ 637	\$ 1,240	\$ -	\$ -	\$ -

Total for the Month \$ 1,240

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

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	CHIEF PROGRAM OFFICER	Billing Reporting Period:	20/03/2015
Cardholder's Name	Cardholder's Position/Title		
POPULATION, PUBLIC &	SOUTHPORT TOWER	Total Statement Amount:	\$497.35
Cardholder's Dept	Cardholder's Site/Location		
CHERYL.BOURASSA@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
25/02/2015	381723253	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.79	CAD	162.79	7.75		Vacancy Finance Meetings & E/DM monthly meeting
05/03/2015	382648261	METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	334.56	CAD	334.56	15.93		AHS council meeting & PPAH Leaders meeting in Edmonton

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. 	
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____
Signature of Cardholder Designate _____	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. 	
BOURASSA, CHERYL Name of Cardholder _____ <i>Cheryl Bourassa</i> Signature of Cardholder _____	CHIEF PROGRAM OFFICER Cardholder Position/Title _____ <i>March 20, 2015</i> 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. 	
Name of Approver Designate _____	Approver Designate Position/Title _____
Signature of Approver Designate _____	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. 	
GERRY PREDEY Name of Approver _____ <i>Gerry Predey</i> Signature of Approver _____	Mr. Mott Approver Position/Title _____ <i>March 20/15</i> 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: _____	

N/A Cheryl Bourassa
Canada

Room Number: XXXXXXXXXX
Arrival Date: 02-24-15
Departure Date: 02-25-15
Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

02-25-15

Date	Description	Charges	Credits
02-24-15	Room Revenue	145.00	
02-24-15	Destination Marketing Fee - 3%	4.35	
02-24-15	Tourism Levy - 4%	5.97	
02-24-15	Room GST - 5%	7.47	
Total		162.79	0.00
Balance		162.79	

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 or the full amount of these charges. G.S.T. #866344302 RT 0001

M

metterra

HOTEL ON WHYTE

Ms Cheryl Bourassa
Canada

Room Number: [REDACTED]
Arrival Date: 03-02-15
Departure Date: 03-04-15
P/O Number:
Page No: 1 of 1

INFORMATION INVOICE

Folio No: [REDACTED]

03-04-15

Date	Description	Charges	Credits
03-02-15	Room	149.00	
03-02-15	Destination Marketing Fee - 3%	4.47	
03-02-15	Tourism Levy - 4%	6.14	
03-02-15	Room GST - 5%	7.67	
03-03-15	Room	149.00	
03-03-15	Destination Marketing Fee - 3%	4.47	
03-03-15	Tourism Levy - 4%	6.14	
03-03-15	Room GST - 5%	7.67	
03-04-15	Mastercard [REDACTED]		334.56
Total		334.56	334.56
Balance		0.00	

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 or the full amount of these charges. G.S.T. #863128575 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-Feb-15 To: 20-Mar-15
Travel Period from: 24-Feb-15 To: 5-Mar-15 (if applicable)
Out-of-Province Travel

Name: Cheryl Bourassa Position (Title): Executive Director, E/DM
Location: Dept: DOFA Level: Union: Business Phone: Ext:
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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A				\$742.55
2B				
2C				
2D				
				\$742.55

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

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & \$ Amounts

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

TOTAL REIMBURSEMENT

Total Section B	\$742.55
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$742.55

SECTION F: AUTHORIZATION

- I declare 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 affirm 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, otherwise reasonable 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

Travel, Hospitality and Working Session Expense Policy - Document# 1122

Date March 20, 2018

- 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 affirm 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, otherwise reasonable 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 Predy

DOFA Level

Position #

Phone

Ext

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

Title Senior MOH

Date Mar 20/18

- 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 affirm 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, otherwise reasonable 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

Page 2A of 3

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 (Out of N.America = Int'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?	Further Explanation is REQUIRED in the "Rationale is Required" section on this page											
				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							
24-Feb-15	Vacancy Finance and EDM monthly meeting in Edmonton	AB - Local	Meeting	Yes	LD-\$32.35	\$32.35									
25-Feb-15	AHS Council and PPAH senior leaders meeting in Edmonton	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80									
25-Feb-15	Milage Calgary to Edmonton - return	AB - Local	Meeting	Yes											630.00
2-Mar-15	AHS Council Meeting in Edmonton	AB - Local	Meeting	Yes	D-\$20.75	\$20.75									
3-Mar-15	PPAH senior leaders meeting in Edmonton	AB - Local	Meeting	Yes	D-\$20.75	\$20.75									
4-Mar-15	PPAH senior leaders meeting in Edmonton	AB - Local	Meeting	Yes	L-\$11.60	\$11.60									
4-Mar-15	Milage Calgary to Edmonton - return	AB - Local	Meeting	Yes											630.00
SUBTOTALS						\$106.25									Total Kms 1260.00

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 \$ \$636.30

Travel \$ Subtotal \$106.25

Auto fills on page 1 - TOTAL TRAVEL \$ \$742.55

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)