

Official Administrator and Executive Expense Report

Name David O'Brien
Title Senior Program Officer, Community, Seniors Health, Addictions & Mental Health
Location Calgary, Southport Tower.
 Expenses submitted during the month of July 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) |
| Jul-14 | P-Card | Meetings | | | | 27 | 27 | | | |
| Jul-14 | Expense | Meetings | | | | 89 | 89 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 116 | \$ 116 | \$ - | \$ - | \$ - |

Total for the Month \$ 116

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

| | | |
|--|---|--------------------------------------|
| O BRIEN, DAVID Cardholder's Name | SENIOR PROGRAM OFFICER Cardholder's Position/Title | Billing Reporting Period: 20/07/2014 |
| COMMUNITY, SENIORS, Cardholder's Dept | SOUTHPORT Cardholder's Site/Location | Total Statement Amount: \$26.40 |
| DAVID.OBRIEN@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 |
|------------------|-----------|------------------------------|-----------------------|----------|--------------|-----|---------|------------------------------------|
| 25/06/2014 | 356483940 | ESSO, GAS / SERVICE STATIONS | 26.40 | CAD | 26.40 | .00 | | RBB Desired State Workshop Mig EDM |

| | | |
|--|---|-------------|
| Signature | | |
| 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. | | |
| <u>Marlene Hicks</u> Name of Cardholder Designate <u>Marlene Hicks</u> Signature of Cardholder Designate | <u>Exec Assistant</u> Cardholder Designate Position/Title <u>07-22-2014</u> 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. | | |
| <u>O BRIEN, DAVID</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder | <u>SENIOR PROGRAM OFFICER</u> Cardholder Position/Title <u>July 25/14</u> 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. | | |
| <u>Name of Approver Designate</u> <u>Signature of Approver Designate</u> | <u>Approver Designate Position/Title</u> <u>Date of Signature</u> | |
| 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. | | |
| <u>Rick Trimp</u> Name of Approver <u>[Signature]</u> Signature of Approver | <u>VP Province-Wide Clinical Supports, Programs & Services</u> Approver Position/Title <u>July 28 2014</u> 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: _____ |

#01

EVERRIDGE ESSO
45 EVERRIDGE DRIVE
CALGARY, AB T2Y 4R5

00302301

VRN:R121461107

06/25/2014 09:48 AM
Register: 2 Trans #: 5735 09:12: 12R
Your cashier: [REDACTED]

REGLR CA PUMP# 6
20.644 L @ \$ 1.279/L \$26.40 10
TST Incl In Fuel \$1.26

Subtotal = \$26.40

Total = \$26.40

Change Due = \$0.00

Credit \$26.40

PE: PURCHASE
COUNT: MCARDFLEET
TH: 101024-E INVOICE: TYY15007

\$26.40

B- A0000000041010

E- 0000001000

G- 0000001000

C1 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

Store Copy

Thank You

Travel to Edmonton.
fuel for AHS Fleet
Vehicle.

Vendor did not accept
ARI fuel card.

Paid by P-Card



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: 20-Jun-14 To 31-Jul-14
Travel Period from: 20-Jun-14 To 31-Jul-14 (if applicable)
Out-of-Province Travel No

Name: David O'Brien Position (Title): Senior Program Officer
Location: Southport Tower 6th Floor Dept: CSAMH DOFA Level: [REDACTED] (if applicable) Union: OOS Business Phone: [REDACTED]
Employee # (E-People): [REDACTED]

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

| Pg | Bal Unit | Location | Functional Centre (FC) | Total Expense |
|----|----------|----------|------------------------|---------------|
| 2A | 101 | 0005 | 71110100024 | \$89.09 |
| 2B | | | | |
| 2C | | | | |
| 2D | | | | |
| | | | | \$89.09 |

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 |
|----------|----------|------------------------|--------------------|---------------|
| | | | | |
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| | | | | |

**User to enter Coding & \$ Amounts

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

TOTAL REIMBURSEMENT

| | |
|--------------------|----------------|
| Total Section B | \$89.09 |
| Total Section C&D | |
| Less Cash Advance | |
| TOTAL CLAIM | \$89.09 |

SECTION F: AUTHORIZATION

I certify 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.
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.

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

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

Employee Signature:

Harlene Hicks

Date

July 22, 2014

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.
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 claim form with receipts should be sent by the approved directly to Accounts Payable for processing.

Approved By (PRINT ONLY):

DAVID O'BRIEN

DOFA Level

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

Signature:

[Signature]

Title

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.
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):

Rick Trimp

DOFA Level

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

Signature:

[Signature]

Title

VP Province-Wide Clinical Supp. Prog. Sks Date 7/22/14

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

EXPENSE CLAIM DETAILS

Page 2A

| | | | |
|----------------------|------------|-------------|--------------------|
| Enter Finance Coding | <u>101</u> | <u>0005</u> | <u>71110100024</u> |
|----------------------|------------|-------------|--------------------|

Emp # (E-People)

Enter Finance Coding 101 0005 71110100024 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.

Expenses such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

SECTION B: TRAVEL EXPENSES

NOTE:

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, etc.

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? Y/N | 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 / <u>Fuel</u> | Per Diem Allowance | Mileage (km) |
|-------------------|--|---|----------------------------|---------------------------------|-----------------------------|-----------|-------------------|--------------|--|-------|------|--|--------------------|--------------|
| | | | | | Meal Allowance | | Meal with Receipt | | Airfare | Hotel | Taxi | | | |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | | | | | | |
| 14-Jul-14 | P150 Meeting with Bethany Care Home Representatives, purchased fuel for AH S Fleet Vehicle, Lost ARI Fuel card, waiting for replacement | AB | Meeting | Yes | | | | | | | | \$44.22 | | |
| 14-Jul-14 | P150 Meeting with Bethany Care Home Representatives, purchased fuel for AH S Fleet Vehicle, Lost ARI Fuel card, waiting for replacement | AB | Meeting | Yes | | | | | | | | \$44.87 | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| SUBTOTALS | | | | | | | | | | | | \$89.09 | | Total Kms |

SUBTOTALS

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

→ details of travel location to & from must be included above under the purpose of travel.

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

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

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$

| | |
|--------------------|---------|
| Travel \$ Subtotal | \$89.09 |
|--------------------|---------|

| | |
|--|---------|
| Auto fills on page 1 - TOTAL TRAVEL \$ | \$89.09 |
|--|---------|

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)

PETRO-CANADA
5020 56TH. STREET
WETASKIWIN
Alberta T9A 1V9

GST: 844078717 (780) 352-5074
2014-07-14 PC0361902:3666501 16:05
TERMINAL: 023666501 OPER: A
PAYPOINT: 023666501

| FUEL | (L) | (\$/L) | (\$) |
|------------|--------|--------|--------|
| Pump 3 | | | |
| REGULAR | 37.422 | 1.199 | 44.87* |
| Total Owed | | | 44.87 |

TOTAL PAID
CREDIT CARD \$ 44.87

*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 2.14

C 0010010010 00 027

00 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records
CUSTOMER COPY

Survey! Earn Points
& chance to Win Gas
1-866-826-7779 or
petro-canada.ca/hero

SOUTH TRAIL ESSO
9835 MACLEOD TR. SW
CALGARY, AB T2J 0P6

00302600

VRN:R121461107

REGLR CA PUMP# 6
27.699 L @ \$ 1.199/L \$33.21 101
GST Incl In Fuel \$1.58

FULL WASH \$12.49 101
WITH FUEL 1 \$-2.00

Subtotal = \$43.70
GST = \$0.52

Total = \$44.22

Change Due = \$0.00

Credit \$44.22

TYPE: PURCHASE
ACCOUNT \$44.22

01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your records

Customer Copy

Thank You

YOUR CAR WASH
CODE IS: 99652
2014-07-14 16:05