

Official Administrator and Executive Expense Report

Name Deb Rhodes
Title Vice President Corporate Services & Chief Financial Officer
Location Edmonton
 Expenses submitted during the month of March 2015

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Mar-15	Expense Claim	Meetings			402	14	416			
Total			\$ -	\$ -	\$ 402	\$ 14	\$ 416	\$ -	\$ -	\$ -

Total for the Month \$ 416

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 179
 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

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-Jan-15 To 31-Mar-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Deborah Rhodes Position (Title): VP Corporate Services & CFO
 Location: _____ Dept: _____ 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	101	0000	71110100093	\$416.17						\$416.17		
2B												
2C												
2D												
				\$416.17								

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

TOTAL CLAIM \$416.17

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. 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: Deborah Rhodes Date: March 30, 2015

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

Approved By (PRINT ONLY): Vickie Kaminski DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: Vickie Kaminski Title: President & CEO Date: 3/31/15

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): _____ 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 forward 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 0000 71110100093

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 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? 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 / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
27-Jan-15	Parking at Royal Alexandra Hospital to attend AHS Senior Leadership Team Meeting	AB	Meetings	Y								\$14.25		
23-Feb-15	One night accommodation at the Delta Edmonton Centre - Lab Appeal Meetings that ran all day and evening Feb 23-25	AB	Meetings	Y						\$200.96				
24-Feb-15	One night accommodation at the Delta Edmonton Centre - Lab Appeal Meetings that ran all day and evening Feb 23-25	AB	Meetings	Y						\$200.96				
SUBTOTALS										\$401.92		\$14.25		Total Kms

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 \$0.606 km, \$0.47 km OR rate per Union Agreement
 (see Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$416.17

Auto fills on page 1 - TOTAL TRAVEL \$ \$416.17

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)

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

28/01/15 08:37 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

27/01/15 08:37 AM \$14.25

AMOUNT PAID

\$14.25 96640000 08:37 AM

CREDIT CARD NUMBER

CC

AHS Senior
Leaders mtg
@ RAH



Alberta Health
Services

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

Alberta Health Services

RECEIPT


DELTA
 EDMONTON CENTRE
 SUITE HOTEL

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

AB HEALTH SERVICES
 Mrs Deborah D Rhodes

Canada

Room: [Redacted]
 Folio: [Redacted]
 Cashier: [Redacted]
 Arrival: 02-24-15
 Departure: 02-25-15

Date	Description	Additional Information	Charges	Credits
02-24-15	Room charge		179.00	
02-24-15	Room - GST		9.22	
02-24-15	Room - Tourism Levy		7.37	
02-24-15	Room - Destination Mkt. Fee		5.37	
02-25-15	Visa	[Redacted]		200.96
Total			200.96	200.96
Balance Due			0.00	CDN

GST Summary	
Registration No: 899111215	
Room	9.22
F&B	0.00
Other	0.00
Total	9.22

*Accommodation
 to attend full day
 and evening
 Lab Appeal mtgs
 Feb 23, 24 + 25, 2015*

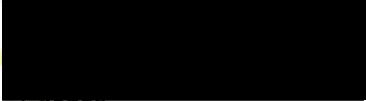
Guest Signature: _____

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.

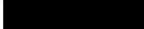
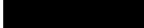


DELTA
 EDMONTON CENTRE
 SUITE HOTEL


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

AB HEALTH SERVICES
 Mrs Deborah D Rhodes



Canada

Room: 
 Folio: 
 Cashier: 
 Arrival: 02-23-15
 Departure: 02-24-15

Date	Description	Additional Information	Charges	Credits
02-23-15	Room charge		179.00	
02-23-15	Room - GST		9.22	
02-23-15	Room - Tourism Levy		7.37	
02-23-15	Room - Destination Mkt. Fee		5.37	
02-24-15	Visa			200.96
Total			200.96	200.96
Balance Due			0.00	CDN

GST Summary	
Registration No:	899111215
Room	9.22
F&B	0.00
Other	0.00
Total	9.22

Accommodation to
 attend full day +
 evening meetings
 - Lab Appeal
 Feb. 23, 24, 25, 2015

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.