

AHS Board and Executive Expense Report

Name: Gordon Winkel
Title: Advisory Committee Member
Location: Calgary
 Expenses approved during the month of May 2023

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
May-23	P-Card Expense Claim	Meetings		82	460	306	848			
	Direct Bill	Meetings					-			
Total			\$ -	\$ 82	\$ 460	\$ 306	\$ 848	\$ -	\$ -	\$ -

Total for the Month \$ 848

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 205
 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)

Expense Date From: 25-Apr-23 To 27-Apr-23

Travel Period from: _____ To _____ (if applicable)

Out-of-Province Travel _____

Name: Gord Winkel Position (Title): OA Advisory Member

Location: _____ Dept: _____ DOA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____

Employee # (E-People): N/A

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					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	█	█	█	\$848.35						\$848.35	
2B											
2C											
2D											
				\$848.35	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$848.35	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D						

SECTION F: AUTHORIZATION - NOTE: Electronic or digital signatures are not accepted

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: _____ **Date:** May 04, 2023

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): Colleen Purdy **DOA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____

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

Signature: _____ **Title:** VP Corporate Services & CFO **Date:** May 05, 2023

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. John Cowell **DOA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____

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

Signature: _____ **Title:** Official Administrator **Date:** May 09, 2023

EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101</u> <u>0005</u> <u>71110300000</u>	Emp # (E-People) _____	Page 2A
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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'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

AHS Travel, Hospitality, and Working Session Expenses Policy #1122
Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy
AUPE-AUX, HSAA & UNA - for meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International). Please see links below.

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 Inter'l where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal Allowance (Enter Allowance Amounts per AHS Travel Policy or appropriate Collective Agreement)				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)	
					Within Canada		Outside Canada		Airfare	Hotel	Taxi				
					Meal Type	Allowance	Meal Type	Allowance							
25-Apr-23	Milage from residence (Leduc County) to Southport Calgary - Apr 25 to Attend the OA Advisory Committee Meeting for Apr 26 and 27, 2023 and Return	AB - Prov'l	Meeting	Yes											606.00
25-Apr-23	Apr 25 and 26, 2 nights accommodation to attend the OA Advisory Committee Meeting for Apr 26 and 27, 2023	AB - Prov'l	Meeting	Yes						\$460.32					
25-Apr-23	Per Diem - Supper Only for Apr 25-23 for the OA Advisory Committee Meeting	AB - Prov'l	Meeting	Yes	Dinner	\$24.00									
26-Apr-23	Per Diem -All Meals for Apr 26-23 for the OA Advisory Committee Meeting	AB - Prov'l	Meeting	Yes	All-BLD	\$47.50									
27-Apr-23	Per Diem - Breakfast Only for Apr 27-23 for the OA Advisory Committee Meeting	AB - Prov'l	Meeting	Yes	Breakfast	\$10.50									
SUBTOTALS										\$460.32					Total Kms 606.00

<p style="text-align: center;">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p style="text-align: center;">→ details of travel location to & from must be included above under the purpose of travel column</p> <p style="text-align: center;">Rates applicable \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u></p>	<p style="text-align: center;">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p style="text-align: right;">\$0.505</p>
<p style="text-align: right;">Mileage \$ \$306.03</p>	
<p style="text-align: right;">Travel \$ Subtotal \$542.32</p>	
<p style="text-align: right;">Auto fills on page 1 - TOTAL TRAVEL \$ \$848.35</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

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)


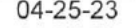

Gord Winkel




135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Mr Gordon Winkel

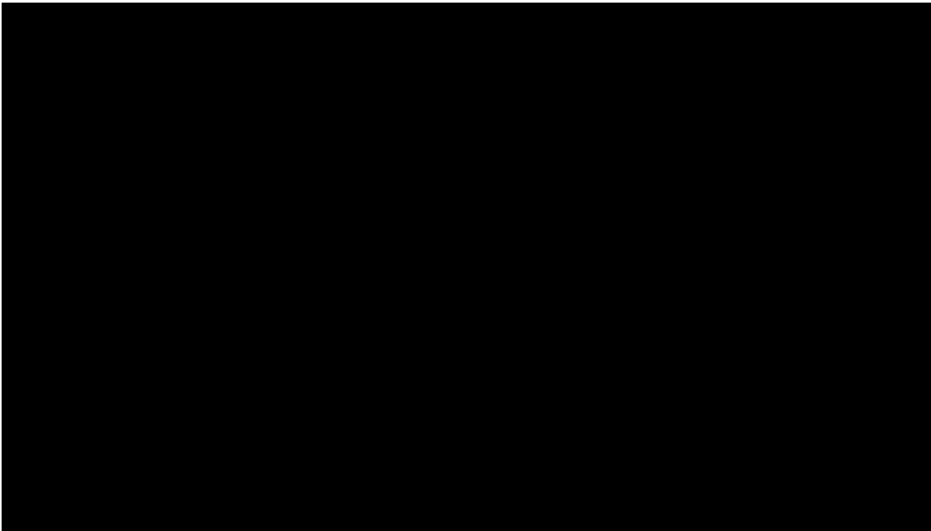


Room: 
Folio: 
Cashier: 
Arrival: 04-25-23
Departure: 04-27-23

Date	Description	Additional Information	Charges	Credits
04-25-23	Standard Rate		205.00	
04-25-23	DMF		6.15	
04-25-23	Tourism Levy		8.45	
04-25-23	Rooms - GST		10.56	
04-26-23	Standard Rate		205.00	
04-26-23	DMF		6.15	
04-26-23	Tourism Levy		8.45	
04-26-23	Rooms - GST		10.56	
04-27-23	Visa	 XX/XX	LOGGING	460.32

GST Summary	
Registration No:	895126332
Room	21.12
F&B	0.00
Other	29.20
Total	50.32

Total	460.32	460.32
Balance Due	0.00	CDN



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.