

## AHS Board and Executive Expense Report

**Name** Gregory Cummings  
**Title** Chief Zone Officer  
**Location** Westlock

Expenses submitted during the month of October 2016

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-16	Expense Claim	Meetings		109	366		475			
<b>Total</b>			\$ -	\$ 109	\$ 366	\$ -	\$ 475	\$ -	\$ -	\$ -

**Total for the Month**      \$        475

Maximum daily single meal expense claimed in the month      \$        21  
Maximum daily base hotel rate claimed in the month            \$        119  
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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

Revised Claim  
(Dec. 1/16)

**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: 3-Oct-16 To 31-Oct-16  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Gregroy Cummings Position (Title): Chief Zone Officer, North Zone  
 Location: Westlock Admin Building Dept: North Zone DOFA Level: \_\_\_\_\_ (if applicable) Union: MOOS Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

**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	101	0004	71110100064	\$474.60						\$474.60		
2B												
2C												
2D												
				\$474.60								

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 affirm that I have read and understood the "Travel, Hospitality & Working Session Expense Policy" (2016) 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 reasonable and supporting analysis is provided above.

Employee Signature: \_\_\_\_\_ Date: 1.12.16

Approved By (PRINT ONLY): Deb Gordon DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: VP and Chief Health Operations Officer Date: 2016 DEC-5

I affirm that I have read and understood 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 reasonable 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(1b) of the Health Information Act (HIA) and sections 33(b) 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**

<b>Enter Finance Coding</b> 101    0004    71110100064	<b>Emp # (E-People)</b> [REDACTED]	Page <b>2A</b>
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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!) 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 <b>REQUIRED</b> . If you select "No" in this column, <b>Further Explanation is REQUIRED</b> in the "Rationale is Required" section on this page										
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	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						
3-Oct-16	Travel & SiteTours to Manning and High Level		Meeting	Yes	LD-\$32.35	\$32.35								
3-Oct-16	Travel & Site Tours to Manning and High Level		Meeting	Yes					✓	\$133.28				
4-Oct-16	Travel & Site Tours to High Level, Fort Vermilion and La Crete		Meeting	Yes	LD-\$32.35	\$32.35								
4-Oct-16	Travel & Site Tours to High Level, Fort Vermilion and La Crete		Meeting	Yes					✓	\$102.96				
5-Oct-16	Travel & Site Tours to Peace River and Slave Lake		Meeting	Yes	LD-\$32.35	\$32.35								
5-Oct-16	Travel & Site Tours to Peace River and Slave Lake		Meeting	Yes					✓	\$129.71				
6-Oct-16	Travel & Site Tour to Wabasca		Meeting	Yes	L-\$11.60	\$11.60								
<b>SUBTOTALS</b>						\$108.65				\$365.95				Total Kms

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable <b>\$0.505</b> per km for under 5,000km/yr or <b>\$0.47</b> per km for over 5,000km/yr or per Union Agreement	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>
<b>Mileage \$</b>	
<b>Travel \$ Subtotal</b> \$474.60	
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b> \$474.60	

**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)**

THE MIRAGE HOTEL & RESORT  
9616 HIGHWAY 58  
HIGH LEVEL AB T8H 12H  
788-821-1000



(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM

WWW.BESTWESTERNHIGHLEVEL.COM

TERM ID: [REDACTED] BATCH: [REDACTED]  
EMPLOYEE ID: [REDACTED] SHIFT: [REDACTED]  
CLERK NAME: [REDACTED]

**Completion**

INVT: [REDACTED]  
VISA [REDACTED] CHG [REDACTED]  
App [REDACTED] Visa Credit [REDACTED]  
AID [REDACTED]

**PLUS**

Total: CAD\$ 133.28

APPROVED [REDACTED]  
04-Oct-16 01:36:05

CUSTOMER COPY  
THANK YOU  
COME AGAIN

(306) 882-2301

Diamond

Room # [REDACTED]

Conf # [REDACTED]

Arrival

10/03/16

Departure

10/04/16

Room Type

SNS-1 QUEEN NSMK

Guests

1 / 0

Payment

Visa/Master

Acct

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
10/03/16	LR	[REDACTED]	ROOM CHRG REVENUE			\$119.00
10/03/16	LR	[REDACTED]	TOURISM LEVY			\$4.76
10/03/16	LR	[REDACTED]	GST			\$5.95
10/03/16	LR	[REDACTED]	Tourism Improvement Fee			\$3.57
10/04/16	LR	[REDACTED]	PAYMENT VISA			\$133.28

Balance Due	\$0.00
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THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH UNREGISTERED PERSON OR PET IN THE ROOM HAS A PENALTY OF \$250.00

SMOKING IN NON-SMOKING ROOMS IS STRICTLY PROHIBITED, VIOLATORS WILL BE CHARGED \$250.00

G.S.T.# RT881518518

EACH BEST WESTERN™ BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Signature \_\_\_\_\_



**SAWRIDGE INN**  
AND CONFERENCE CENTRE  
PEACE RIVER

MR Greg Cummings  
[Redacted]

Room No. : [Redacted]  
 Arrival : 04-10-16  
 Departure : 05-10-16  
 Page No. : 1 of 1  
 Folio No. : [Redacted]  
 Conf. No. : [Redacted]  
 Cashier No. : [Redacted]  
 User ID : [Redacted]  
 Invoice Number : [Redacted]  
 Reference: [Redacted]

INVOICE

A/R Number :  
 Group Code :  
 Company Name : Alberta Health Services

Thank You For Staying With Us 05-10-16

Date	Text	Charges	Credits
04-10-16	Room Charge	99.00	
04-10-16	Tourism Levy 4%	3.96	
05-10-16	Visa Pin Pad [Redacted]		102.96

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Total	102.96	102.96
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Balance 0.00

Tax Details:  
 GST # 8045 70083 RT0001



10-06-16

<b>Alberta Health Services</b> 10101 south port rd sw Calgary AB T2W 3N2 Canada  Cummings, Greg	Folio No. :	██████████	Room No. :	██████████
	A/R Number :	██████████	Arrival :	10-05-16
	Group Code :	██████████	Departure :	10-06-16
	Company :	Alberta Health Services	Conf. No. :	██████████
	Membership No. :	██████████	Rate Code :	██████████
	Invoice No. :	██████████	Page No. :	1 of 1

Date	Description	Charges	Credits
10-05-16	*Accommodation	119.00	
10-05-16	GST (806941001RT001) 5% - I	5.95	
10-05-16	Tourism Levy 4% - Room	4.76	
10-06-16	Visa ██████████		129.71
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>129.71</b>
		<b>Balance</b>	<b>0.00</b>

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

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel Slave Lake  
1551 Main Street SE  
PO Box 427  
Slave Lake, Alberta, T0G2A0 Canada  
Telephone: (780) 849-4819 Fax: (780) 849-5045