

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-14	P-Card	Meetings	232		(446)	164	(50)	16		
Sep-14	Expense	Meetings				160	160			
Total			\$ 232	\$ -	\$ (446)	\$ 324	\$ 110	\$ 16	\$ -	\$ -

Total for the Month \$ 126

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

TODD, KATHRYN	VICE PRESIDENT	Billing Reporting Period: 20/09/2014
Cardholder's Name	Cardholder's Position/Title	
RESEARCH, INNOVATION &	SEVENTH STREET PLAZA	Total Statement Amount: (\$34.49)
Cardholder's Dept	Cardholder's Site/Location	
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]
Cardholder's e-mail address		

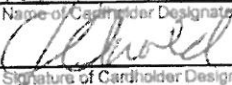
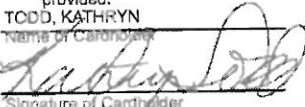
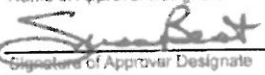
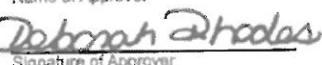
Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/08/2014	362088712	ACT*RegOnline Test Acc, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	-712.00	USD	-762.23	.00		Refund from Salt Lake City Utah Conference/Hotel Fees - Kathryn could not attend. Full refund issued
26/08/2014	362202158	ACT*RegOnline Test Acc, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	295.00	USD	331.86	.00	.00	Noel Kelly from Analytics Group went to Utah Conference in Kathryn's place. Kathryn paid for his registration fees only! \$295 US
08/09/2014	363648055	WESTJET 8382101282874, Westjet Airlines	232.18	CAD	232.18	13.96	.00	W/J Flight from YEG to YYC on Sept 11., W/J credit used of \$60.90
11/09/2014	364164097	ATS GROUP, LIMOUSINES AND TAXICABS	75.00	CAD	75.00	3.57		Cab from Home to YEG for Calgary Meeting at HSC Uof C
18/09/2014	364765610	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	51.70	CAD	51.70	2.46	.00	Cab from YYC to HSC at UofC for Meeting
19/09/2014	364765611	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.20	.00	AACHT Meeting at Telus Centre - all day meeting

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
16/09/2014	364417650	ADV PARKING00600004U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.58	.00	Parking for HRIC Meeting at ATB Place North Tower - Machine did not dispense parking ticket

Sept 30/14
Sent to P.D.
JHE

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. 		
<u>Yvonne Arnold</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Exec Admin Assist.</u> Cardholder Designate Position/Title <u>Sept 23/14</u> 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. 		
<u>KATHRYN</u> Name of Cardholder  Signature of Cardholder	<u>VICE PRESIDENT</u> Cardholder Position/Title <u>Sept 24/2014</u> 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. 		
<u>Susan Best</u> Name of Approver Designate  Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title <u>Sept. 25/14</u> 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. 		
<u>Deborah Rhodes</u> Name of Approver  Signature of Approver	<u>VP Corp Serv. + CFO</u> Approver Position/Title <u>Sept. 29/14</u> 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: _____

Noel Kelly Registration



If you are registering a group of individuals but do not yet know the names of those individuals, you can add place holder information into the fields for now so that you can complete registration (i.e. Jon Doe 1, Jon Doe 2) and take advantage of the early bird group pricing. You will then be able to return later to complete the information for each individual.

The Healthcare Analytics Summit

Wednesday, September 24, 2014 9:00 AM - Thursday, September 25, 2014 6:00 PM

The Grand America Hotel

555 S Main St

Salt Lake City, Utah 84111

United States

(800) 621-4505

[Event Details](#)

Thank you for registering! From all of us who have been planning this incredible summit, thank you for making plans to attend and to contribute to what we truly expect to be a seminal event where the most advanced health system leaders and industry thought leaders gather to tackle pressing topics pertaining to how analytics can transform healthcare.

We commit to you to do everything we can to make this the best analytics summit you have ever attended. We have weaved together each of the keynote and breakout sessions into an experience that will stimulate new ideas and connections between all attendees.

Now, to truly make this happen, we ask for your help to send us comments and questions leading up to the event and to engage with us and other attendees. We will regularly communicate with you and we will be rolling out an advanced event application that you can download to your mobile device to help you engage with other attendees prior to and during the summit.

Best wishes to you. We look forward to seeing you in September.

Regards,

Paul Horstmeier

Senior Vice President

Health Catalyst

To Book Your Lodging at the Grand America Hotel
Please call: 800-437-5288 or book [online](#)

Personal Information

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Registration ID: [REDACTED]

Registrant: Noel Kelly

Lead, Enterprise Analytics & Business Intelligence Services Enterprise Information Exchange
Informat
Alberta Health Services
[REDACTED]

Registration Date: 5/23/2014 12:52 PM

Registrant Type: Early Bird Individual

Status: Confirmed

Work Phone: [REDACTED]

Cell Phone: [REDACTED]

Email: noel.kelly@albertahealthservices.ca

How did you hear about this conference?: Through a
colleagueI hereby grant permission to this organization, and it's agents or employees, the right to use
photographs or video taken of me during this event. ✓

What is your primary functional role?: Operational

Dietary Restrictions: Other

Please Explain:: No pork or
seafood

Fees

Fee	Quantity	Unit Price	Amount
Fee			
Early Bird Individual	1	\$295.00	\$295.00
Subtotal:			\$295.00
Total:			\$295.00

Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	5/23/2014	\$712.00	\$712.00
Online Credit Card Payment [REDACTED] Details	5/23/2014	(\$712.00)	\$0.00
Credit Due to Cancellation [REDACTED]	8/25/2014	(\$712.00)	(\$712.00)
Online Credit Card Refund [REDACTED] Details	8/25/2014	\$712.00	\$0.00
Charge Due to Uncancellation [REDACTED]	8/26/2014	\$295.00	\$295.00
Online Credit Card Payment [REDACTED] Details	8/26/2014	(\$295.00)	\$0.00
Current Balance:			\$0.00

Payment Method

Payment Method: Credit Card (MasterCard)

The online credit card payment for this event will be listed on your credit card statement with the name RegOnline
Test Acc.


Refund Information

If you need to cancel more than 45 days prior to the event, please get in touch with us for a full refund. HAS@healthcatalyst.com If you need to cancel less than 45 days prior to an event but more than 10 days before the event, please contact us at HAS@healthcatalyst.com. In that event, we will work with you to refund a portion of the cost based in part on the costs and expenses already incurred to hold your seat. For cancellations less than 10 days in advance of the event, we cannot issue a refund and no refunds of any kind are available.

****Due to higher than expected demand and limited capacity, not all may be able to attend. For this reason we encourage early booking but are also reserving priority ticketing for healthcare leaders, professionals, and teams for whom this summit has been best designed.**

Catalyst reserves the right to deny registration to any individual or entity for any reason.



Transforming Healthcare Through Analytics  September 24-25, Salt Lake City



eTicket ReceiptPrepared For
TODD/KATHRYN MS

WESTJET RESERVATION CODE

ISSUE DATE

08Sep2014

TICKET NUMBER

ISSUING AIRLINE

WESTJET

ISSUING AGENT

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
11Sep	WESTJET WS 104	EDMONTON INTL AB, CANADA	CALGARY INTL AB, CANADA	Class PREMIUM ECONOMY Seat Number 01D - (CONFIRMED) Baggage Allowance 2PL Booking Status USED TO FLY Fare Basis WAR
	Operated by: WESTJET	Time 8:15am	Time 9:10am	

Payment/Fare Details

Form of Payment

CREDIT CARD - MASTERCARD :

Endorsement / Restrictions

REF-RESTRCTS APPLY SEE TXT

Fare Calculation Line

YEA WS YYC230.00CAD230.00END

Fare

CAD 230.00

Taxes/Fees/Carrier-Imposed Charges

CAD 7.12 CA1 (AIR TRAVELLERS SECURITY
CHARGE)

CAD 13.96 XG (GOODS AND SERVICES TAX (GST))

CAD 30.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))

CAD 3.00 YQF (OTHER AIR TRANSPORTATION
CHARGES)

CAD 9.00 YQI (OTHER AIR TRANSPORTATION
CHARGES)

(3)

Total Fare

CAD 293.08

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001

GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight.
- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our airline partners; it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our code-share baggage info page.
- Positive identification is required at check-in; ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Should you miss the first flight on your booking, or fail to show up for another flight on a multi-segment booking, you'll lose your seat on remaining flights and the fare, fees, charges and taxes will not be refunded.
- For more information on your flight with WestJet visit travel info or go directly to the most common searches:
 - Fares, taxes and fees (Change/cancel guidelines, baggage fees, service fees and other taxes and fees)
 - Baggage allowances (Carry-on, checked, sporting goods, restricted items)
 - ID requirements (For adults, children and infants on domestic, transborder and international flights)
 - Seat selection (How it works, changing your seat and more)
 - Inflight services (Buy on board, up! magazine and more)
 - Inflight entertainment (Channel line-up, and pay-per-view movies and TV programs)
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our contact us page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

W/J Credit
used \$60.00
Balance owing
\$232.15

ORIGINAL SUBMITTED MAY 16/14.
- MIS PLACED, RESUBMITTING
JUNE 25/14. *ja.*

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	Destination: Salt Lake City, Utah
Name: Kathryn Todd		Employee #: [REDACTED]	Report To: CEO
Department: RIA		Office Location: [REDACTED]	Business Phone #: [REDACTED]
What former entity payroll systems is the employee currently being paid from? (Please ✓ one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0006	71840400017	62314000
Dates: From (day/month) 23/09 (year) 2014 to (day/month) 26/09 (year) 2014			
Purpose of Trip: Healthcare Analytics Summit 2014			
Employee Signature: <i>x Kathryn Todd</i>			Date:
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) <i>VICKIE KAMINSKI</i>		Title: <i>PRESIDENT & CEO</i>	Phone #: [REDACTED]
Signature: <i>Vickie Kaminski</i>		Date: <i>June 9/14</i>	Phone #: [REDACTED]
Approved By: (please print)		Title:	Phone #
Signature:		Date:	

B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 4 Nights at \$139 US +Taxes (Approx)	\$700.00
2. Meals		
3. Registration	Early Bird Price	295.00
4. Airfare or Other Travel Costs	Approx	1,000.00
5. Other Expenses (please specify)		
Cabs To and From Airports		250.00
Total Estimated Travel Costs		\$2,245.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

ATS GROUP
4608 101 ST NW T88-989
EDMONTON, AB
T6E 5G3

Purchase

MasterCard

Entry Method: 1

Amount: \$ 65.00
Tip: \$ 10.00
Total: \$ 75.00

2014/09/11

Seq #: [REDACTED]

Amount: [REDACTED]

Res: [REDACTED]

ATB PLACE
1111, CARGO BLDG
AGREE TO PAY TAXI
12:39:08

APPROVED
Thank You

Customer Copy

IMPORTANT

Print this copy for your records

GST-Receipt 123

ASSOCIATED CAB ALTA LTD
387 41 AVE NE (483) 299-1111
INSIDE THE PROFESSIONALS

DATE: 2014/09/11
PICK-UP TIME: 08:21
DROP-OFF TIME: 12:39
TRIP ID: [REDACTED]
LOCATION: 073888-45024183
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 43.70
EXTRA (\$): 8.00
SUBTTL (\$): 43.70

TIP (\$): 8.00

TOTAL (\$): 51.70

SIGNATURE: [REDACTED]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

CAB FROM YYC TO
HSC @ UGC FOR
MTG.

ATB PLACE
1111, CARGO BLDG
AGREE TO PAY TAXI

IN: 19.09.14 08:21
PAY: 19.09.14 12:39
AMOUNT: \$ 75.00

TRANSACTION

RECORD

Card # [REDACTED]

Card Entry: CHIP

Account: MASTERCARD

Trans: PURCHASE

Amount: \$25.00

Auth: [REDACTED]

Sequence: [REDACTED]

Term ID: 002

Date: 14/09/19

Time: 12:39:08

APPROVED

BY ENTERING A VERIFIED

1111, CARGO BLDG
AGREE TO PAY TAXI

ARCHT MTG
TELUS BLDG
(ALL DAY)

CAB FROM HOME TO AIR
FER MTGS IN CALG AND
THEN ON TO BANFF
FOR SCOT JAMBREE

September 26, 2014

Public Expense Disclosure Department

Attention: Public Disclosure

RE: Missing Receipts – September PCard

1) ADV Parking – Sept 16, 2014 - \$12.00 ✓

I hereby attest that this expense was related to AHS business which occurred on September 16, in Edmonton. The \$12.00 receipt was not dispensed from the parking machine. The meeting attended was for the HRIC at the ATB Place North Tower. This claim was not previously submitted for reimbursement.

I declare that the above statement is true and accurate and I trust this information will suffice.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kathryn Todd', written in dark ink.

Kathryn Todd

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

<ul style="list-style-type: none"> • 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: 17-2014-09 To 17-2014-09 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel	
Name: Kathryn Todd		Position (Title): Vice President, Research, Innovation and Analytics	
Location: [REDACTED]	Dept: RIA	DOFA Level: [REDACTED] (if applicable)	Union: _____ Business Phone #: Feb-13 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	0006	71840400017	\$159.58						\$159.58		
2B												
2C												
2D												
				\$159.58								
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

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: [Signature] **Date:** Sept 24/2014

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): Deborah Rhodes **DOFA Level:** [REDACTED] **Position:** [REDACTED] **Phone:** [REDACTED]

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

Signature: Deborah Rhodes **Title:** VPCorpServ + CFO **Date:** Sept. 29/14

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:** _____

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

Sept 30/14
Sent to [Signature]

EXPENSE CLAIM DETAILS



Enter Finance Coding				101 0006 71840400017	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, <u>DO NOT</u> 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											
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							
17-Sep-14	Drive to Red Deer (RTN) for meeting with Co-Chair on COEC	AB - Local	Meeting	Yes											316.00
SUBTOTALS															Total Kms 316.00
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 <small>(see Mileage details to the left)</small>			\$0.505			
									Mileage \$			\$159.58			
									Travel \$ Subtotal						
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									Auto fills on page 1 - TOTAL TRAVEL \$			\$159.58			
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)															



Directions to 43 Michener Close, Red Deer, AB
T4P 1E6
158 km – about 1 hour 43 mins



9117 100A Avenue Northwest, Edmonton, AB

1. Head **southwest** on **100a Ave NW** toward **92 St NW**
go 48 m
total 48 m
-  2. Turn left onto **92 St NW**
go 130 m
total 180 m
-  3. Turn right onto **Cameron Ave NW**
About 1 min
go 500 m
total 700 m
4. Continue onto **95 St NW**
go 54 m
total 750 m
-  5. Turn left onto **101 Ave NW**
go 170 m
total 950 m
6. Continue onto **Grierson Hill NW**
About 58 secs
go 800 m
total 1.7 km
-  7. Take the ramp to **Low Level Bridge**
go 120 m
total 1.9 km
-  8. Turn right onto **Low Level Bridge**
go 350 m
total 2.2 km
9. Continue onto **Connors Rd NW**
go 190 m
total 2.4 km
-  10. Slight right onto **Scona Rd NW**
About 1 min
go 1.0 km
total 3.4 km
11. Continue onto **99 St NW**
About 8 mins
go 5.1 km
total 3.6 km
-  12. Turn right onto **Whitemud Dr NW**
About 1 min
go 650 m
total 9.2 km
-  13. Turn left onto **Calgary Trail NW/AB-2 S**
Continue to follow **AB-2 S**
About 1 hour 10 mins
go 140 km
total 149 km
-  14. Take exit **401** toward **67 Street/Red Deer**
About 49 secs
go 700 m
total 150 km
-  15. Turn left onto **David Thompson Hwy**
About 4 mins
go 3.3 km
total 153 km
-  16. Turn right onto **AB-2A S**
About 2 mins
go 1.6 km
total 155 km
-  17. Turn left onto **55 St**
About 3 mins
go 1.7 km
total 157 km
18. Continue onto **40 Ave**
About 55 secs
go 750 m
total 157 km
-  19. Turn left toward **Michener Close**
About 1 min
go 450 m
total 158 km
-  20. Turn left toward **Michener Close**
go 61 m