

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research, Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of November 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-15	Expense Claim	Meetings					-			263
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 263

Total for the Month \$ 263

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 161
 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-Nov-15 To 2-Nov-15
 Travel Period from: _____ To 18-Sep-00 (if applicable)
 Out-of-Province Travel

 Name: Kathryn Todd

 Position (Title): Vice President, Research, Innovation and Analytics

Location: _____ Dep: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ t: _____

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0006	71840400017	\$262.76
2B				
2C				
2D				
				\$262.76

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

****User to enter Coding & \$ Amounts**
NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	\$262.76
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$262.76

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.

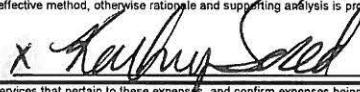
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

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:



Date

March 11/2016

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):

Dr. Verna Yu

DOFA



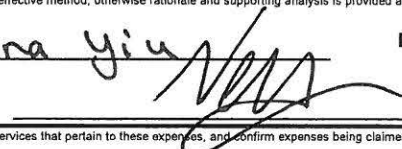
Position #

Phone



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

Signature:



Title

Interim President & CEO

Date

Mar 16/16

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

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, **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

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? 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						
02_Nov 15	Accommodations Executive Retreat Stoneridge Resort, Canmore	AB - Local	Meeting	Yes						\$262.76				
SUBTOTALS										\$262.76				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 \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left) \$0.505

Mileage \$

Travel \$ Subtotal \$262.76

Auto fills on page 1 - TOTAL TRAVEL \$ \$262.76

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)

Stoneridge Resort

30 Lincoln Park
Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Dr Kathryn Todd

Room	Folio	CheckIn	CheckOut	Balance
		11/01/15	11/03/15	0.00
Master Folio		Meeting Room Package Executive		

Date	Room	Description / Voucher	Charges	Credits	Balance
11/01/15		Room Taxable	161.46	0.00	161.46
11/01/15		Resort Fee - 3%	4.84	0.00	166.30
11/01/15		Alberta Tourism Levy - 4%	6.65	0.00	172.95
11/01/15		GST - 5%	8.32	0.00	181.27
11/02/15		Meeting Room Package Executive	239.00	0.00	420.27
11/02/15		GST	12.20	0.00	432.47
11/02/15		Resort Fee	4.87	0.00	437.34
11/02/15		Alberta Tourism Levy	6.69	0.00	444.03
11/03/15			0.00	444.03	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales	400.46		
		Resort Fee - 3%	9.71		
		Alberta Tourism Levy - 4%	13.34		
		GST - 5%	20.52		

Handwritten notes:
 181.87
 262.76
 444.63
 Room rate package includes
 Rm rate 161.46
 mtg room + meals 77.54
 239.00
 KT pd VISA.
 KT's claim =
 room 239.00
 12.20
 4.87
 6.69
 262.76

The room package includes accommodation at a base rate of \$161.46 per night, meals and meeting room usage along with visual/audio supplies/equipment disclosed under "Other"

Check for Specials www.stoneridgeresort.ca

Toll Free Direct 1-877-675-5001

Thank you for Staying with Us!