

Official Administrator and Executive Expense Report

Name Mauro Chies
Title Chief Program Officer, Clinical Support Services & Senior Operating Officer Diagnostics Imaging services(Acting)
Location Edmonton
 Expenses submitted during the month of February 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)
Feb-15	Expense Claim	Meeting				90	90			
Total			\$ -	\$ -	\$ -	\$ 90	\$ 90	\$ -	\$ -	\$ -

Total for the Month \$ 90

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



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-Feb-15 To 28-Feb-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Mauro Chies Position (Title): CPO, Clinical Support Services
 Location: _____ Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 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	0006	71415100027	\$89.48						\$89.48		
2B												
2C												
2D												
				\$89.48							TOTAL CLAIM	\$89.48

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 attest that I have read and understood the "Travel, Hospitality & Working Session Expense Policy (1222)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and regulatory 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 submit and supporting analysis is provided above.

Travel, Hospitality and Working Session Expense Policy - Document# 1122

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

Employee Signature: [Signature] Date: _____

I attest that I have read and understood all applicable policies of Alberta Health Services that pertain to travel 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 submit and supporting analysis is provided above.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

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

Signature: [Signature] Title: VP Quality and CMO Date: Mar 18 / 15

I attest that I have read and understood all applicable policies of Alberta Health Services that pertain to travel 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 submit 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 Procedure to Pay program.

Please send completed claim form (with receipts and other required backup) to Alberta Health Services 16030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0000 71418100027**

Emp # (E-People) [REDACTED]

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 Prev) where expenses were incurred (Out of N.America = Int'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-mm-yy	Business Reason for Travel - Detailed Description Required (Include destination, who attended (if meet), 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.America 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						
4-Feb-15	travel to/from Edmonton Airport, for travel to Calgary for RADIS Contract mtg	AB - Provincial	Project	Yes										60.38
4-Feb-15	parking at Edmonton Airport, during travel to Calgary for RADIS Contract mtg	AB - Provincial	Project	Yes							\$25.00			
12-Feb-15	travel to/from Leduc (East Western Plus Inc, for AB Client Pathways Steering Committee mtg)	AB - Local	Meeting	Yes										67.30
SUBTOTALS											\$25.00			Total Kms 127.68

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 \$0.805 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.805 km, \$0.47 km OR rate per Union Agreement
 (see Mileage details to the left)

\$0.805

Mileage \$ 854.48

Travel \$ Subtotal \$25.00

Auto fills on page 1 - TOTAL TRAVEL \$ 879.48

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)

