

AHS Board and Executive Expense Report

Name: Dr. Michael Mulholland

Title: Zone Medical Director Central Zone (Acting)

Location: Red Deer

Expenses approved during the month of March 2023

| | | | | | | Tra | evel (1) | | | | | | | | |
|--------------------|--|---|-------|-----|-------|-------|-----------|--------------|-------------|---------------|----------------------------------|---|--|-----|-----------|
| Approved MMM-YY | Source Document | Purpose | Airfa | are | Meals | Accor | nmodation | ther avel | Tot Trav | | Professiona Developmen (2) | | Working Sessions Hosting and Hospitality (3) | Oth | ner !) |
| Mar-23 | P-Card Expense Claim Direct Bill | Meetings Membership Dues Meetings | | | | | | 591 | | - 591 - | | | | | |
| Total | | | \$ | - | \$ | - \$ | - | \$ 591 | \$ | 591 | \$ | - | \$ - | \$ | |

Total for

the Month \$ 591

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



MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

| Practitioner Name: Dr Michael Mulho | olland | | AHS Medical Staff: | Yes No | Phone Number with Area Code: | |
|---|-----------------------|-------------------------|----------------------------|---------|---------------------------------|---------------|
| Prof Corp: No Name: | | | Email Address: | 163 110 | | |
| Primary Work Location: | Red Dee | er | Primary Zone: C | entral | | |
| Committee, Project or Event Name | Meeting Event Date | Participation Method | Meeting Commitment Time | Stipend | Travel Expenses (if applicable) | Comments |
| Coronation Town Council | 27-Feb-23 | In Person | 2-4 Hrs | ı | YES Proceed to pg2 | |
| Olds Town Council | 24-Jan-23 | In Person | 2-4 Hrs | | YES Proceed to pg2 | |
| CMO Strategic Planning meeting | 17-Oct-22 | In Person | 4+ Hrs | | YES Proceed to pg2 | |
| Health Minister Community Engagement - Stettler | 20-Sep-22 | In Person | 2-4 Hrs | | YES Proceed to pg2 | |
| Health Minister Community Engagement - Rimbey | 21-Sep-22 | In Person | 2 Hr or Less | | YES Proceed to pg2 | |
| Health Minister Community Engagement | 22-Sep-22 | In Person | 2-4 Hrs | | YES Proceed to pg2 | |
| | | | | | | |
| | | | Stipend Total | \$ 0.00 | | |
| Required Participation Review/Confir | mation: Canno | ot be signed b | y claimant | | | |
| Dr. Francois Belanger VP Qua | ality & CN | ЛО | | | | March 3, 2023 |
| Name Title | - | | Signature | | | Date |
| Please send | the comple | eted invoid | ce and receipts | (if app | licable) to: | |
| | | | | | | |
| | | | | Prep | ared By: | |

Dr Michael Mulholland

Expense Claim Details - Medical Staff Reimbursment for Approved AHS Committee/Project/Event Patricipation

| ATTN: Please enter PER DATE, not pe | er category | | eals -Per Die Refer Below | | | Transportation | on & Accom | nmodation | | | | Mileage |
|---|-------------------------|---------|------------------------------|---------|---------|----------------|------------|-----------|---------|------|-------|------------------------------------|
| Committee/ Project/ Event Name | Expense Date (MM/DD/YY) | В | L | D | Hotel | Airfare | Taxi | Parking | Rental | KM | Rate | Destination (To & From) |
| Town of Coronation Town Council | 2/27/23 | | | | | | | | | 350 | 0.505 | Red Deer to Coronation return |
| Town of Olds Town Council | 1/24/23 | | | | | | | | | 120 | 0.505 | Red Deer to Olds return |
| CMO Strategic Planning Meeting | 10/17/22 | | | | | | | | | 280 | 0.505 | Red Deer to Calgary Airport return |
| Health Minister Community Engagement - Stettler | 9/20/22 | | | _ | | | | | | 170 | 0.505 | Red Deer to Stettler return |
| Health Minister Community Engagement - Rimbey | 9/21/22 | | | | | | | | | 130 | 0.505 | Red Deer to Rimbey return |
| Health Minister Community Engagement - Olds | 9/22/22 | | | • | | | | | | 120 | 0.505 | Red Deer to Olds return |
| | | | | | | | | | | | 0.505 | |
| | | | | - | | | | | | | 0.505 | |
| Sub Totals: | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 1170 | 0.50 | |

Expense Limits – Note this is summary information only. For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf

Travel and accommodation are to be booked with the AHS travel provider to ensure AHS/government rates. Expenses to be paid by the individual claimant and then submitted via this expense claim for consideration for reimbursement.

Travel – Section 3.1, 3.2, 3.3, 5, 9.1, 9.2, 9.3, 9.4, and Appendix A

- Travel expenses can be minimized by utilizing technology (teleconference, video conference, Telehealth) where it meets business objectives.
- Individuals are expected to consider the cost effectiveness of their travel expenses. Cost effectiveness does not necessarily mean the most inexpensive method of travel; consideration of time, impact to service delivery and safety should be considered when assessing cost effectiveness.
- Where use of technology is not an effective means of achieving the desired business objectives, the following is a list to consider when selecting a mode of transportation: a) AHS fleet vehicle, b) rental vehicle or bus, c) personal vehicle, d) airfare.
- Regular commuting between residence and designated home site(s) will not be reimbursed. AHS will reimburse mileage for approved business travel from residence to an alternate work site or bus/car rental agency/airport only for the portion of mileage that is above their normal commute (or the shorter of the two distances).
- Mileage incurred while traveling between sites is eligible for reimbursement
- Mileage reimbursement are at the general rate of \$0.505/km for 5,000 km/calendar year and below, \$0.47/km for over 5,000 km/calendar year.
- Vehicle owners responsible for any losses that may occur.
- Airfare within Alberta should not exceed \$600 for a roundtrip or \$1,000 roundtrip within Canada (inclusive of all fees and taxes). Travel outside Canada requires pre-approval by an AHS VP and cannot exceed \$2,000. Seat selection will not be reimbursed. Must be Economy class.
- Taxi fare limit of \$100 within city limits and including gratuity of up to 20%

Meal Allowance - Section 8.1, Appendix A

 Individuals traveling on AHS approved business may only claim meals through a meal allowance and cannot claim using the receipt method for reimbursement.

| Expense Type: | Within Canada | Outside of Canada |
|---------------|---------------|-------------------|
| Breakfast | \$10.50 | \$13.70 |
| Lunch | \$13.00 | \$17.00 |
| Dinner | \$24.00 | \$31.00 |

Accommodations - Section 8.2 and Appendix A

- Reimbursed at the actual cost of the room including applicable taxes and surcharges (with receipt provided).
- Hotel base room rate shall not exceed \$200 (South, Calgary, Central and Edmonton Zone) and \$250 (North Zone).

| | Totals: |
|---------------|-----------|
| Total Stipend | \$ 0.00 |
| Total KM Rate | \$ 590.85 |
| Total Expense | \$ 0.00 |
| Total Payment | \$ 590.85 |