

## Official Administrator and Executive Expense Report

**Name** Noela Inions  
**Title** Chief Ethics & Compliance Officer  
**Location** Edmonton  
 Expenses submitted during the month of March 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)
Mar-15	Expense Claim	Meetings			379	131	510	\$ 2,751		
<b>Total</b>			\$ -	\$ -	\$ 379	\$ 131	\$ 510	\$ 2,751	\$ -	\$ -

**Total for the Month** \$ 3,261

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 229  
 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: 23-02-15 To 17-03-15  
 Travel Period from: 14-02-15 To 15-03-15  
 Out-of-Province Travel No

Name: Noela Inlons Position (Title): Chief Ethics and Compliance Officer  
 Location: Dept: DOFA Level: applicable Union: Business Phone:  
 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	0004	7110550008	\$510.14	101	0008	71110550008		\$2,751.00	\$510.14	\$2,751.00	
2B												
2C												
2D												
				\$510.14					\$2,751.00			

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 understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expense being claimed are in compliance with the principles and mandatory requirements of the 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 Expense Policy - Document # 1122

I, by signing this form, attest that I am compliant to all the above statements  
 Employee Signature: [Signature] Date: March 30, 2015

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): Robert Armstrong DOFA Level: Position #: Phone #:  
 Signature: [Signature] Title: VP, Human Resources (Acting) Date: Mar. 31/15

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 10016-167 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0006 7110550008

Emp # (E-People) XXXXXXXXXX

*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 **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 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						
24-02-15	Attended meeting of Corporate Ethics Management Council, of the Conference Board of Canada - Red Arrow Bus (Edmonton to Calgary) - AMA rate	AB - Provincial	Meeting	yes						\$65.50	1			
25-02-15	Attended meeting of Corporate Ethics Management Council, of the Conference Board of Canada - Red Arrow Bus (Calgary to Edmonton) - AMA rate	↓	↓	yes						\$65.50	1			
24-02-15	Attended meeting of Corporate Ethics Management Council, of the Conference Board of Canada - conference attendee rate	↓	↓	no				\$245.30	2					
15-03-15	Presenter at AHS Conference, "Good Gospel: Do You Hear What I Hear?", conference hotel, conference organized by AHS Health Professions Strategy & Practice - on line (lowest) rate	↓	↓	yes				\$133.84	3					
<b>SUBTOTALS</b>								\$379.14		\$431.00		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 \$0.506 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement (see Mileage claims to the left)

Mileage \$

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$510.14

Auto fills on page 1 - TOTAL TRAVEL \$ \$510.14

**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)

Hotel Arts was the hotel where the CEMC meeting was held. The AMA base rate is \$360/night; the Government rate is \$249/night. The meeting organizer base rate is \$229/night. The organizer advised that all hotels in Calgary were sold out at this time (email attached), so this hotel was booked. Attached is supporting documentation.

**EXPENSE CLAIM DETAILS**

*If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.*

<b>SECTION C: OTHER EXPENSES</b>					Emp # (E-People)	Page 3				
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.                  → If expenses are for travel, gas, etc., go to Section B on pg 2.                  • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (Include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason)  A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON all receipts, enter total amount in this column WITH GST	GST is NOT on all receipts, enter total amount in this column	TOTAL OTHER \$
6-Mar-15	Law Society of Alberta Membership Fee; LSA membership is requirement for position	101	0006	71110550006	6602000	yes		\$2,751.00		\$2,751.00

<b>SECTION D: FOREIGN CURRENCY</b>										
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			<a href="#">Bank of Canada Currency Converter</a> →		Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column					
Date dd-mm-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	Finance Coding			Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

**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)

Expenses Paid (Retain a copy for your records)  
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

Noela Inions

CEMC

From: Red Arrow Reservations [itinerary@redarrow.ca]  
Sent: Monday, February 23, 2015 4:00 PM  
To: Noela Inions  
Subject: Invoice

①

Attendance at Corporate Ethics  
Management Council Meeting  
in Calgary

# Invoice

Date: 2015-02-23

ATTN To:

You can reach us at:

NOELA INIONS

Lethbridge



	2015-02-23			2015-02-24	2015-02-25		

Travellers:

INIONS/NOELA

EDMCAL 08:00 YYC Assigned to: 10A	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2015-02-24 at 08:15 Arrives Calgary (CALTO / Calgary Ticket Office) 2015-02-24 at 12:05	3 hrs 50 mins	AMA - Senior	1	62.38	65.50
CEEXP 18:30 YYC Assigned to: 03C	Departs Calgary (CALTO / Calgary Ticket Office) 2015-02-25 at 18:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2015-02-25 at 21:50	3 hrs 20 mins	AMA - Senior	1	62.38	65.50

Payments Received:

2015-02-23	customer: NOELA INIONS	131.00 CAD
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Base Price:	124.76 CAD
Discounts:	0.00 CAD
Service Charges:	0.00 CAD
GST	6.24 CAD
Invoice Total:	131.00 CAD
Commission:	0.00 CAD
Received:	131.00 CAD
Balance:	0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

Holiday Blackout - December 15 2014 to January 5 2015. All changes to reservations including cancellations require at least 24 hours notice prior to departure.

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M, departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

HOTEL

Arts

2

CEMC

Noela Inions

Canada

Room Number : [REDACTED]

Arrival Date : 24-02-15

Departure Date : 25-02-15

Page : 1 of 1

Folio Number :

Confirmation :

Cashier :

INFORMATION INVOICE

Company Name

Group

A/R Number

GST No. : 861182947

25-02-15

Date	Description	Charges	Credits
24-02-15	Room	229.00 *	
24-02-15	Destination Marketing Fee 3%	6.87	
24-02-15	Tourism Levy 4%	9.43	
24-02-15	GST 5% - Room	11.79	
25-02-15	Adj - Room - GST 5%	-11.79	
<b>Total</b>		<b>245.30</b>	<b>0.00</b>
<b>Balance</b>		<b>245.30</b>	<b>CAD</b>

Attendance at Corporate Ethics Mgmt Council meeting in Calgary. See attached email advising of hotels in Calgary being sold out.

\* Meeting being held at Hotel Arts. Accommodation charge has exceeded guidelines, but staying at another hotel would have incurred additional tax charges for 2 days (to/from)

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Hotel Arts and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents. In the event of damage to the Hotel due to the Guest's action or negligence, the Guest shall be liable to the Hotel for compensation of damages. I accept delivery of THE GLOBE AND MALL. If refused a \$1.00+GST(Monday-Friday) and \$2.00+GST(Saturday) credit will be applied to my account.

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



**COAST**  
plaza hotel &  
conference centre™

3

1316 33rd Street Northeast  
Calgary, AB T2A 6B6  
Tel: (403) 248 8888 Fax: (403) 248 0749

Attendance and presenter at  
AHS Conference in Calgary

INIONS, NOELA MS

**Invoice**

Invoice date 3/18/2015  
Invoice number [REDACTED]  
Our reference [REDACTED]  
GST Number R10001

Date	Description	Quantity	Unit Price	Total (Cdn)
3/15/2015	Room Charge	1	119.00	119.00
3/15/2015	GST Taxes	1	6.37	6.37
3/15/2015	Tourism Levy	1	4.90	4.90
3/15/2015	Destination Market Fee	1	3.57	3.57
<b>Total Invoice</b>				<b>133.84</b>
3/16/2015	[REDACTED]			-133.84
<b>Total Paid</b>				<b>-133.84</b>
<b>Total Due</b>				<b>0.00</b>

Total GST 6.37

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

Noela Inlons

LSA

From: Noela Inlons  
Sent: Friday, March 06, 2015 5:33 PM  
To: Noela Inlons  
Subject: FW: Law Society of Alberta Invoice [REDACTED]

From: no-reply@memberpro.net [mailto:no-reply@memberpro.net]  
Sent: Friday, March 06, 2015 5:24 PM  
To: Noela Inlons  
Subject: Law Society of Alberta [REDACTED]



**RECEIPT**

Noela Inlons - OC

Invoice No. [REDACTED]  
Invoice Date 10 Feb 2015

**INVOICED AMOUNT**

Annual Fee - Active Member	2,620.00
GST 5%	131.00
	-----
Total	2,751.00

GST Registration No. 12317 6091 RT0001

**PAYMENTS/ADJUSTMENTS**

Date	Type	Amount
Mar/06/2015	[REDACTED]	-2,751.00
		-----

**BALANCE** 0.00

Important - Confidential Information from the Law Society of Alberta:  
The sender intends that this electronic message is for exclusive use by the person to whom it is addressed. This message may contain information that is confidential or privileged and exempt from disclosure under applicable law. If the reader of this message is not