

Official Administrator and Executive Expense Report

Name Noela Inions

Title Chief Ethics & Compliance Officer

Location Edmonton

Expenses submitted during the month of March 2015

							Tr	avel (1)								
Month-Year	Source Document	Purpose	Airfa	nre	Mea	ıls	Accor	mmodation	ther avel	Total T	- ravel	De	ofessional velopment (2)	Working Sessions Hosting and Hospitality (3)	Othe (4)	r
Mar-15 I	Expense Claim	Meetings						379	131		510	\$	2,751			
Total			\$	-	\$	_	\$	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

* Inna	employee # (a	fd) and Employee # (E-	People) if your pa	yroll has mi	grated to the Ne	aw E-People payroll system	- F	Expense Date From	i; 23-02-15 To	78.00
• If your	A INW HI HIM C	mployee # (E-People) ployee and your payroll	ff vour dayrolf has	not minnets	of to the New F.	Dannia navanii avetam		Travel Period from:	14-02-15 To is	17-03-15
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СПОК	E: FINANC	E CODING & YOT	AL CLAIM							-
APITAL	PROJECT	CODING ONLY →	Project Nu	mber			Project	Task Number		
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									Case Cast! Vidatilità	
									TOTAL CLAIM	\$3,261.1
District Control of Co			\$510.14		**ilea	r to enter Coding & \$ Amount		£2.754.00	11	- 17
NOTE:	This section a	uto film from page 2A,	28, 2C & 2D			ese fields do not automatical		\$2,751.00		
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	a submitted in this claim	e have been incurred by using a cost	efective method, otherwise re	sonese and support	and specialists is browded a			spanses Policy-Document	£1122	
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	500 State (10 DX 70)	applicable policies of Alberta Heelin B	eryices that pertain to these to	perses, and confe	m expersion burry claimed	are in compliance with such policies.	- with a second	ch 30, 20,	1.5	
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tof (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of

Please sand completed claim form (with receipts and other required backup) to: Alberta Health Services 19030-187 St, Horth Towar, 10th Floor, Accounts Payable, Edmonton, AB TSJ 3E4 - 1 of 3-

EXPENSE OF AIM DETAILS

	ntor Elmanos Codina							-						
If expenses	inter Finance Coding iOL COOK To sincurred ere for multiple FC's please use pages 2E	,2C,2D (a	fler pg3) a	is there sh	Emp # (E-F ould be one F	C per page	OR	f more lines	ane required	for the same	e FC use the	ese addition	P al pages. E	age 2A Enler total
w annount o	17 Sept. 190 1101 September 1819 taxes (89. GS1). Sec	ZINOBIY/E	xpense co	des are no	t required in t	his section	as the	y are pre-det	ermined by the	he aystem.				
	B: TRAVEL EXPENSES NOTE: If expense policien (column Prov.) where expenses were incurred (Out of N.An			Megories su	ch as Hospitality,	Working Ses	sion, Re	location, Contin	uing Education, I	Business Insura	now go to SEC	HONG	-	
Ensure separate lines are used for claim items that differ in Province, US and Out of North America. Prov. US.					Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column,									
	Business Reason for Travel - Detailed Description				Further Explanation is REQUIR				The second livery with the second	The second secon	THE PROPERTY AND PERSONS AND P	ction on this	page	
Date dd-mmm-yy	Reguland (include destination, who attended-(if meet),	Out of N.Amer	What is travel	Cost		Allowance	_			ring claimed i stated in Ap		Receital Corr		100
j wa	why travel was necessary and detailed explanation of resean). A description of just "Meeting" will be returned for clarification.	where expenses incurred?	related to?	Muthod Used? YesfNo	Moni Ali Moni Type with Value	Allowence	Heat Heat Type	with Receipt	rati Airfara	onale la requi	red Taxi	Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
24-02-15	Attended meeting of Corporate Ethics Mangement Council, of the Conference Board of Cenada - Red Arrow Bus (Estromon to Calgary) - AMA rate	AB - provinced	Martin						Name of the last o			\$65.50	ව	
25-02-15	Attended meeting of Corporate Ethics Mangement Council of the Conference Board of Canada - Red Arrow Bus [Calgary to Edmonton) - AMA rate			yes								\$65.50	0	
24-02-15	Altended meeting of Corporate Ethics Mangement Council, of the Conference Board of Cenade - casterence attended rate			no					P Court. My (Print)	\$245.30 (2			
15-03-15	Presentor at AHS Conference, "Good Gossip: Do You Heer "What?" Hear?", conference hold, conference organized by AHS Health Professions Strategy & Practice - on line (lowest) sets	4	V	yes						\$133.84	3)	w.		
	SUBTOTALS								-	\$379.14	- при	\$431,00		Total Kma
							<u> </u>							
	→ details of travel location to & from must be Rates applicable \$0.505 per km for under 5.000km/s	a included	above unde	or the pumpa	se of travel ook	ımn			Enter \$	0.806 km, \$0.		te per Union . Geece deteils		
		_ ci verri	Set Kill for S	19: 3.000h	M or per dillo	II ALIGNIA	!						MHeage \$	
Not	te: Total will auto fill into po 1, Section E, if form comp	leted elec	tronically -	Additional	log 2's can b	e found afte	er Pagi	3 3				Travel	\$ Subtotal	\$510.14
				52 82 EV 102		-				Auto	fills on pag	e 1 - TOTAL	TRAVEL \$	\$510.14
(<u>Anv analy</u> Hotel Arts w	is Required for expenses that are not Cost Ef (sis supporting the method to assess cost eff (ras the hotel where the CEMC meeting was held. The ligary were sold out at this time (email attached), so the	AMA bas	e rate is \$3	60/nite: ti	he Governme	nt rate is \$3	49/nit	e. The meet	ing organizer	base rate is :	\$229/nite. 1	The organize	er advised ti	nat all

EXPENSE CLAIM DETAILS

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

SECTION	C: OTHER EXPENSES				Emp#	(E-People)						Page 3	
-> ii exben	s to be claimed in this section incluses are for <u>travel, gas, efc., go fo Sec</u> FR' excenses isted below MUST have a se	tion B on pa 2 -		tv & Hosti	ng Watsina Session	s. Bestuitment E	elocation, Contin	ruino Educad	ion. Business Insurance, a	and <u>miscellane</u>	XIS SXXXIIIOS		
	Subtotal *Other Expe	nses" for <u>each</u> function	nal cen	tre ser	parately and e	nter <u>each su</u>	btotal Into	column "	Section C Total"	n page 1 S	ection E		
	Business Reason for Expense - Octal (Include who abanded-(If meal/Hospitality)	led Description Required			inance Coding		Completion of	f the "Cost E	Practive Method Used" (moseds the Policy limit sta the "Rationals is Req	Johann is REQU ted in "Appendi	IRED. If you select X A*, Further Explin	"Mo" in this column o mation is REQUIRED	
Oatte dd-mmm-yy	What expense was and pertendent of and deligible evaluation of		Bel Unit Location		cation Fund	Functional Centre		Coel Effective Stathod Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST in CM still a Harrocelpt, namer stotal terrocered in thick columns WITH GST	CEST is NOT on till slip/receipt, enter total amount is this column	TOTAL OTHER \$	
6-Mar-15	6-Mar-15 Linw Society of Alberta: Membership Fee; LSA membership is sequirement for position		101		1006 71	110550608	blozoad	yes		\$2,751.00		\$2,751.00	

university .	and the second s												
								1					
SECTION	D: FOREIGN CURRENCY								15 (conversion not Indic inse in CDN \$ in sitter Se			A	
	n the following link for the Bank of ange rate using the date of expense	Bank of Canada Curre	ncy Conv			foreign country	in 'From cell',	and Cana	dian Dollar in To celf change rate - anter th	Enter date o	f expense in bot	a date cells then slums	
Date dd-mann-yy	Business Reason for Travel - Details (Include destination, who alls why travel was recessary and details	anded-(if meal),	100,000,000,000			Secondaryi Expense eg. 41000000	Cost Effective Method	Completion of the "Cost Effective filethod Used" Column is REQUIRED. If you seled "h this column or the smount being claimed exceeds the Policy limit stated in "Appendix A", Fi Explanation is REQUIRED in the "Rationals is Required" section on this page				"Appendix A", Further	
оо-наменуу	A description of just "Meeting" will be		Bal Unit	Location	Functional Cantre	(6 characters)	Used? Yes/No	Foreign Co Amou		ype Exchange Rate		Canadian Value	
·								 					
Rationale Any analy	is Required for expenses that an	e not Cost Effective sess cost effectivenes	s shoul	d be at	tached to the	claim form)	<u> </u>	-					
									<u>una</u>				

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or relimbursed / celmbursable by another organization

- 3 of 3-

Noela Inions

(Emc

From: Sent: To:

Red Arrow Reservations [itinerary@redarrow.ca] Monday, February 23, 2015 4:00 PM

Noela Inions

Subject:

Invoice

×

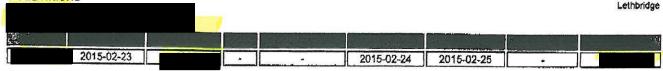
Attendance at Corporate Ethres Management Council Meeting in Calgary

Invoice

Date: 2015-02-23

NOELA INIONS

on cau wath as at



Travellers:

INIONS/NOELA

ENTREME PAR	The same of the second	*			* . * .	r Y
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:	Proceedings of the second	
The state of the s	**************************************	
2015-02-23	customer: NOELA INIONS	131.00 CAD

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



Room Number **Noela Inions** Arrival Date 24-02-15 Departure Date 25-02-15 Canada Page 1 of 1 Folio Number INFORMATION INVOICE Confirmation Company Name Cashier Group A/R Number

GST No.: 861182947

25-02-15

Date	Description		Charg	J88	Credits
24-02-15	Room		229	.00 🏕	_
24-02-15	Destination Marketing Fee 3%			.87	
24-02-15	Tourism Levy 4%			.43	
24-02-15	GST 5% - Room			79	
25-02-15	Adj - Room - GST 5%		-11.	10000000	
		Total	245.	30	0.00
		Balance	245.	30 C	:AD

Attendance at Corporate Ethris Mgmt
Council meeting in Calgary See attacked
email advising of hotels in Calgary
being soldows.

* Meeting being held at Hotel Arts. Advantagement
charge has exceeded guidelines, but staying
at another hotel would have incomed cidditional taxi
Charges Cor 2 days (to/from)

Lagree 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-purty, company or association fails to render full payment of this account, and also for any loss or durrage to the premises or its contents. In the event of durage to the Hotel due to the Cluestiff^{arts} action or negligence, the Guest shall be liable to the Hotel for compensation of damages, I accept delivery of THE CLOBE AND MAIL. If refused a \$1.00+GST(Monday-Friday) and \$2.00+GST(Saturday) credit will be applied to my account.

Guest Signature:	
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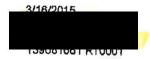
1316 33rd Street NortheastCalgary, AB T2A 6B6Tel: (403) 248 8888 Fax: (403) 248 0749

INIONS, NOELA MS

Attendance and presenter at AHS Conference in Calgary

Invoice

Invoice date Invoice number Our reference GST Number



Guest	INIONS, NOELA MS	Arrival 3/15	5/2015 Departure 3/16/201	Room
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
A 4 A 10 A 4 E		Pro- (1980	Total invoice	133.84
3/16/2015	4			-133.84
			Total Paid	-133.84
		<u> </u>	Total Due	0.00

Total GST

6.37

I sgree 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	The state of the s

LSA

Noela Inions

From:

Noela Inions

Sent:

Friday, March 06, 2015 5:33 PM

To:

Subject:

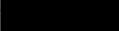
Noela Inions FW: Law Society of Alberta Invoid

From: no-reply@memberpro.net [mailto:no-reply@memberpro.net]

Sent: Friday, March 06, 2015 5:24 PM

To: Noela Inions

Subject: Law Society of Alber





RECEIPT

Invoice No Invoice Date

2015

INVOICED AMOUNT

Annual Fee - Active Member

GST 5%

2,620.00

131.00

Total

2,751.00

GST Registration No. 12317 6091 RT0001

PAYMENTS/ADJUSTMENTS

Date Type Mar/06/2015

Amount -2,751.00

BALANCE

0.00

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