

Official Administrator and Executive Expense Report

Name Noela Inions
Title Chief Ethics & Compliance Officer
Location Edmonton
 Expenses submitted during the month of April 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)
Apr-15	Expense Claim	Membership fee					-	\$ 4,725		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,725	\$ -	\$ -

Total for the Month \$ 4,725

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 Data From: 31-03-15 To 31-03-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel No _____

Name: Noela Injans Position (Title): Chief Ethics and Compliance Officer
 Location: _____ Dept: _____ DOFA Level: _____ (if 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	0008	71110550008	66020007	\$4,725.00		\$4,725.00
2B										Less Cash Advance	
2C											
2D										TOTAL CLAIM	\$4,725.00
									**User to enter Coding & \$ Amounts		\$4,725.00

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I affirm 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 affirm the expenses included 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 affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, affirm that I am compliant to all the above statements.
 Employee Signature: [Signature] Date: March 31, 2015

I affirm 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 affirm the expenses included 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 affirm 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 #: _____ Home #: _____ Ext: _____
 Signature: [Signature] Title: VP, Human Resources (Acting) Date: April 28/15

I affirm 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 affirm the expenses included 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 affirm 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: _____
 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

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) [REDACTED]		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Housing, Working Sessions, Recruitment, Relocation, Business Insurance, and miscellaneous expenses.</p> <p>→ If expenses are for travel, gas, etc., go to Section B on pg 2.</p> <p>• 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					
		Bel 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 bill select receipt, enter total amount in this column WITH GST	GST is NOT on bill select receipt, enter total amount in this column	TOTAL OTHER \$
31-03-15	Conference Board of Canada Fee (Corporate Ethics Management Council)	101	0006	71110550008	6602000	Yes		\$4,725.00		\$4,725.00

SECTION D: FOREIGN CURRENCY										
<p>ONLY ENTER IN THE SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)</p> <p>If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</p>										
Please click on the following link for the Bank of Canada exchange rate using the date of expense		Bank of Canada Currency Converter →			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			
		Bel 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



The Conference Board of Canada / Le Conference Board du Canada

HEAD OFFICE / BUREAU SOCIAL
 255 Smyth Drive, Suite
 2000, Ottawa, ON K1H 8H7, Canada
 TEL: (613) 237-2390
 FAX: (613) 237-4337
 www.conferenceboard.ca

Council/Centre

Invoice [REDACTED]

Sold To: Ms. Noela Joy Inions
 Ethics and Compliance Officer
 Alberta Health Services
 [REDACTED]

Ship To: Ms. Noela Joy Inions
 Ethics and Compliance Officer
 Alberta Health Services
 [REDACTED]

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]	[REDACTED]	10/03/2015	[REDACTED]	Due on Receipt	[REDACTED]

Qty Ordered	Item Description	Unit Price	Extended Price
1	CEM Corporate Ethics Management Council Participation fee from June 1, 2015 to May 31, 2016 CONFERENCE BOARD OF CANADA 255 SMYTH RD OTTAWA ON CARD [REDACTED] CARD TYPE VISA DATE 2015/03/31 TIME 4023 16:08:13 RECEIPT NUMBER [REDACTED] PURCHASE TOTAL \$4,725.00 APPROVED [REDACTED] THANK YOU	4,725.00	4,725.00

Line Item Total	Freight
4,725.00	

CARDHOLDER WILL PAY
 CARD ISSUER ABOVE AMOUNT
 PURSUANT TO CARDHOLDER
 AGREEMENT.

Subtotal	Amount	Amount Due
4,725.00		4,725.00

CARDHOLDER COPY

Contact Karla Holmes at [REDACTED] for details.

IMPORTANT - RETAIN THIS
 COPY FOR YOUR RECORDS