

Official Administrator and Executive Expense Report

Name Dr. Paul Grundy
Title SMD & Chief Program Officer Cancer Control Alberta
Location Edmonton
 Expenses submitted during the month of August 2014

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-14	Expense Claim	Meetings & Conference		155	804	299	1,258			-
Aug-14	Direct Billing	Meetings	282				282			
Total			\$ 282	\$ 155	\$ 804	\$ 299	\$ 1,540	\$ -	\$ -	\$ -

Total for the Month \$ 1,540

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 239
 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: 21-Jul-14 To 20-Aug-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Dr. Paul Grundy Position (Title): CPO & SrMD CancerControl Alberta
 Location: Sun life Place Dept: CancerControl DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ 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	0000	71110000012	\$984.00						\$1,258.30		
2B	101	0000	71110000012	\$274.30								
2C	101	0000	71110000012									
2D												
				\$1,258.30								


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

**User to enter Coding & \$ Amounts

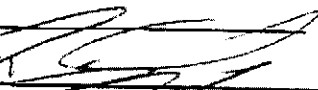
NOTE: These fields do not automatically fill for Section C & D

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 expenses being claimed are in compliance with the principles and mandatory 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 rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature:  Date: 21-Aug-14
 Title: _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

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): Rick Trimp
 Signature:  Title: VP, Province Wide clinical Supports, Programs & Services Date: 16 Sept 14
 DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

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): _____
 Signature: _____ Title: _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 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 T8J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 7111000012

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 *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-mmm-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						
28-Jul-14	Series of meetings in Calgary from July 29 - August 1/14 (3 days/4 nights)	AB - Provincial	Meeting	Yes						\$803.86 (1)				
28-Jul-14	Taxi from Home to the Edmonton Airport	AB - Provincial	Meeting	Yes						\$50.60 (2)				
28-Jul-14	Taxi from Calgary Airport to Hotel	AB - Provincial	Meeting	Yes						\$44.00 (3)				
29-Jul-14	Per Diem for meals while in Calgary for Minister Home re: Calgary Cancer Centre Scope Recommendations + AH, AI, UofC and the Foundation, Canadian Cancer Society meeting, 1:1 with W. Henschel	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55								
29-Jul-14	Taxi from Calgary Hotel to McDougall Centre	AB - Provincial	Meeting	Yes						\$7.48 (4)				
29-Jul-14	Taxi from McDougall Centre to Canadian Cancer Society Offices	AB - Provincial	Meeting	Yes						\$19.60 (5)				
29-Jul-14	Taxi from Canadian Cancer Society to Calgary Hotel	AB - Provincial	Meeting	Yes						\$16.91 (6)				
SUBTOTALS						\$41.55				\$803.86	\$138.59			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 \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)

\$0.505

Mileage \$

Travel \$ Subtotal

\$984.00

Auto fills on page 1 - TOTAL TRAVEL \$

\$984.00

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)

Dr. Grundy booked the Fairmont Palliser for 4 nights and paid for 3 nights and received the fourth night free.

EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101 0000 71110000012</u>	Emp # (E-People) XXXXXXXXXX	Page 2B
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*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


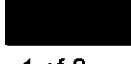
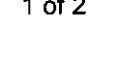
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				Completion of the "Cost Effective Method Used" Column is REQUIRED . If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page											
Date dd-mmm-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 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							
30-Jul-14	Per Diem for meals while in Calgary for NCCC DYAD Weekly Touchbase Meeting, Planning Meeting Cancer PAC Sept 28/27, CancerControl Meeting	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55									
30-Jul-14	Taxi from Calgary Hotel to Southport Tower Offices	AB - Provincial	Meeting	Yes							\$24.10				
31-Jul-14	Per Diem for meals while in Calgary for Calgary Cancer Centre - Research Space, Dyad Meeting, SCN, Weekly Meeting: Paul, Gail, Jane, QAC Structure	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55									
1-Aug-14	Per Diem for meals while in Calgary for Speaking to 4th year nursing students (specializing in peds and adult oncology), Wellspring Calgary	AB - Provincial	Educ	Yes	BD-\$29.95	\$29.95									
1-Aug-14	Taxi from Calgary Hotel to University of Calgary	AB - Provincial	Educ	Yes							\$20.38				
1-Aug-14	Taxi from University of Calgary to Tom Baker Cancer Centre	AB - Provincial	Meeting	Yes							\$11.16				
1-Aug-14	Taxi from Tom Baker Cancer Centre to Calgary Airport	AB - Provincial	Meeting	Yes							\$43.13				
1-Aug-14	Taxi from Edmonton Airport to Home	AB - Provincial	Meeting	Yes							\$62.50				
SUBTOTALS						\$113.05					\$161.25				Total Kms

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column</p> <p align="center">Rates applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>						
<p align="center">Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: right;">Mileage \$</td> <td></td> </tr> <tr> <td style="text-align: right;">Travel \$ Subtotal</td> <td align="right">\$274.30</td> </tr> <tr> <td style="text-align: right;">Auto fills on page 1 - TOTAL TRAVEL \$</td> <td align="right">\$274.30</td> </tr> </table>		Mileage \$		Travel \$ Subtotal	\$274.30	Auto fills on page 1 - TOTAL TRAVEL \$	\$274.30
Mileage \$							
Travel \$ Subtotal	\$274.30						
Auto fills on page 1 - TOTAL TRAVEL \$	\$274.30						

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)



133 9th Avenue SW,
 Calgary, AB, Canada T2P 2M3
 T (403) 262-1234 F (403) 260-1260
 G.S.T. Registration # 846543619

Room : 
 Folio # : 
 Cashier # : 
 Page # : 1 of 2


①

Dr Paul Grundy



Arrival : 07-28-14
 Departure : 08-01-14



Date	Description	Additional Information	Charges	Credits
07-28-14	Room Charge		199.00	
07-28-14	Calgary Destination Marketing F		5.97	
07-28-14	Alberta Tourism Levy (4%)		8.20	
07-28-14	Room GST		10.25	
07-29-14	Room Charge		239.00	
07-29-14	Calgary Destination Marketing F		7.17	
07-29-14	Alberta Tourism Levy (4%)		9.85	
07-29-14	Room GST		12.31	
07-30-14	Room Charge		79.00	
07-30-14	Calgary Destination Marketing F		2.37	
07-30-14	Alberta Tourism Levy (4%)		3.25	
07-30-14	Room GST		4.07	
07-31-14	Room Charge		199.00	
07-31-14	Calgary Destination Marketing F		5.97	
07-31-14	Alberta Tourism Levy (4%)		8.20	
07-31-14	Room GST		10.25	
08-01-14	American Express			803.86

Average cost per night = \$200.97

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
 United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
 États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
 Merci d'avoir choisi les Hôtels Fairmont



133 9th Avenue SW,
 Calgary, AB, Canada T2P 2M3
 T (403) 262-1234 F (403) 260-1260
 G.S.T. Registration # 846543619

Room : [REDACTED]
 Folio # : [REDACTED]
 Cashier # : [REDACTED]
 Page # : 2 of 2

*
 Dr Paul Grundy
 [REDACTED]

Arrival : 07-28-14
 Departure : 08-01-14

Date	Description	Additional Information	Charges	Credits
Total			803.86	803.86
Balance Due			0.00	

GST Summary

Room	36.88
F&B	0.00
Other	0.00
Total	36.88

Thank you for choosing Fairmont Hotels & Resorts.
 To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.
 We also invite you to share memories of your experience on our community forum - visit www.everyonesnoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.

Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.

Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesnoriginal.com (anglais seulement).

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
 United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
 États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

②

Home → Airport

YELLOW CAB
 21 AM HW
 61-15
 REC

[REDACTED]

[REDACTED]

[REDACTED]

TOTAL CAD\$50

Yellow Cab

Approved
 Amount 44.00
 Tip 6.60
 Total 50.60

Ref.
 Auth
 Res.
 TSP
 TSI

Auth#

CALL LINE AT CONTACT P
 & YOU FOR BEST

658 1004 0/0

2014
 0988

Date 2014/07/28 Time 20:00:36

*CUSTOMER COPY

③ Airport → Hotel

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/07/28
PICK-UP TIME: 22:05
DROP-OFF TIME: 22:24
TRIP ID: 8
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 38.38
EXTRA (\$): 0.00
SUBTTL (\$): 38.38

TIP (\$): 5.70

TOTAL (\$): 44.08

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

DUPLICATE -
CUSTOMER'S COPY

④ Hotel → The Bowtell Home Mtg

CALGARY UNITED CABS
5660 10TH STREET NE
SUITE 8
CALGARY AB T5E 0W7
(403) 777-1111

SALE

ST: 829476373670001
REF: [REDACTED]
SEQ: [REDACTED]
CODE: 884381

AMOUNT \$6.50
TIP \$0.98
TOTAL \$7.48

00 - APPROVED - 000

AMERICAN EXPRESS
AID: A000000025010801
TVR: 00 00 00 80 00
TSE: F8 00

CUSTOMER COPY

⑤ McBowtell Home Mtg
→ Can. Comm. Ser. Mtg
ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/07/28
PICK-UP TIME: 09:42
DROP-OFF TIME: 09:56
TRIP ID: 8
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
DRIVER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 17.10
EXTRA (\$): 0.00
SUBTTL (\$): 17.10

TIP (\$): 0.50

TOTAL (\$): 19.60

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

⑥ Canadian Carve Society
→ Hotel
UNIT 8
CALGARY AB T2E 8W7
(403) 777-1111

SALE

MID: 5569122 GST: 829476373RT0001
TID: E5569122 REF# [REDACTED]
Batch [REDACTED] SEQ: 025001001003
07/29/14 11:19:55
APPR CODE [REDACTED]
AMERICAN EXPRESS [REDACTED]

AMOUNT \$14.70
TIP \$2.21
TOTAL \$16.91

00 - APPROVED - 000

AMERICAN EXPRESS
AID: A000000025010801
TVR: 00 00 00 80 00
TSI: F8 00

CUSTOMER COPY

⑦ Hotel → Southport
= TRANSACTION RECEIPT =

DELTA CAB LTD.
BOOK TAXI ON LINE AT
WWW.DELTACAB.CA
483-278-9999

ACCT TYPE: CREDIT CARD
CARD NUMBER: [REDACTED]

DATE/TIME:
14/07/30 11:49:29
AUTH#: [REDACTED]

VEH/DRV: 8471 / 8276
GST#: 819315388
TXN ID: 338885

FARE: \$ 20.18
FLAT: \$888.88
EXTRAS: \$888.88
GST: \$ 1.88

FA+FL+EX+TAX: \$ 21.18
TIP: \$ 3.88
DISCOUNT: \$888.88

TOTAL: \$ 24.18

SIGNATURE:

⑧ Hotel → U of C

LOAN (M...)
5660 10...
UNIT 8
CALGARY AB T2E 8W7
(403) 777-1111

SALE

MID: 5569122 GST: 829476373RT0001
TID: E5569122 REF# [REDACTED]
Batch [REDACTED] SEQ: 025001001003
08/01/14 11:19:55
APPR CODE [REDACTED]
AMERICAN EXPRESS [REDACTED]

AMOUNT \$17.70
TIP \$2.66
TOTAL \$20.36

00 - APPROVED - 000

THANK YOU

CUSTOMER COPY

⑨ uofc → TBCC
CALGARY UNITED CABS
5660 40TH STREET NE
SUITE 8
CALGARY AB T2E 8W7
(403) 777-1111

SALE

MID: 5569122 GST: 829476373RT0001
TID: AG569122 REF# [REDACTED]
Batch # [REDACTED] SEQ: 009001001020
08/01/14 14:01:24
APPR CODE: [REDACTED]

AMOUNT \$9.70
TIP \$1.46
TOTAL \$11.16

00 - APPROVED - 000

AMERICAN EXPRESS
AID: A000000025010801
TVR: 00 00 00 80 00
TSI: F8 00

CUSTOMER COPY

10

TBCC -> Airport

CALGARY UNITED CABS
5660 10TH STREET NE
SUITE 8
CALGARY AB T2E 8W7
(403) 777-1111

SALE

MID: 5569122 GST: 829476233RT0004
TID: AG569122 REF# [REDACTED]
Batch # [REDACTED] SEQ: 009001001021
08/01/14 [REDACTED] 15:32:15
APPR CODE [REDACTED]
AMERICAN EXPRESS [REDACTED]

AMOUNT \$37.50
TIP \$6.63
TOTAL \$43.13

00 APPROVED - 000

AMERICAN EXPRESS
AID: A000000025010801
TVR: 00 00 00 80 00
TSL: FB 00

CUSTOMER COPY

11

AIRPORT TAXI SERVICE
4608 101 ST. (7808907070)
EDMONTON, AB
T6E-5G9

Term ID: 05275036

Purchase

[REDACTED]

AMEX Entry Method: C

Invoice # [REDACTED]

Amount: \$ 55.00
Tip: \$ 7.50

Total: \$ 62.50

2014/08/01 18:27:31

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 00/025

AMERICAN EXPRESS
A000000025010801
B0 C4 DE 97 98 7A 04 F5
00 00 00 00 00
FB 00
5F 1F 0E FB 19 DF 4F BB

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

GST838430684

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

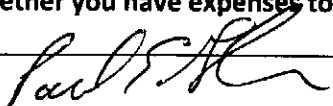
The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes No

 Name: Dr. Paul Grundy
 

Reporting Period for the Month of: August 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-07-22	Direct Billing	Transportation	Dr. Grundy's trip to Calgary on (Jul 31-Aug 1) changed to Jul 28 - Aug 1/14 as on July 29 th . Dr. Grundy has a meeting with Minister Horne re: Calgary Cancer Centre Scope Recommendations + AH, AI, UofC and the Foundation, Canadian	Marlin Travel's flight change fees	\$72.00

			Cancer Society, 1;1 Stephen Lawrence, CancerControl and ACF and other meetings for Wednesday, Thursday and Friday in Calgary		
2014-07-24	Direct Billing	Transportation	Dr. Grundy's trip to Ottawa on August 19 to a meeting of the Tribunal Council for the Canadian Nuclear Safety Commission changed to August 20-21, 2014.	Marlin Travel's flight change fees	\$105.00
2014-08-13	Direct Billing	Transportation	Return flight from Ottawa changed to a direct flight.	Marlin Travel's flight change fees	\$105.00
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$282.00

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

July 22, 2014

Page:

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Our Reference:

Your Reference:

INVOICE

For

DR PAUL GRUNDY

AC

Monday, July 28, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8157

W CLASS

09:00 PM Equipment: D8 (300 SERIES)

09:52 PM

Mile(s) Flown: 153

Friday, August 1, 2014

✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8154

G CLASS

05:00 PM Equipment: D8 (300 SERIES)

05:51 PM

Mile(s) Flown: 153

Cost:

AIR CANADA

22.00

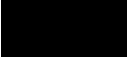
AIR CANADA

50.00

To: ALBERTA HEALTH SERVICES



Invoice Number:



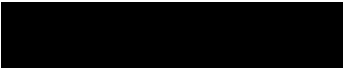
Date:

July 22, 2014

Page:

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Our Reference:



Your Reference:

INVOICE

Total:

Grand Total:	72.00
Less Credit Card Payments:	72.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

GST Reg#: 885101915

Branch: [REDACTED]

Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]

Date: July 24, 2014

Page: 1/3

Our Reference: [REDACTED]


Your Reference: [REDACTED]

INVOICE

For
DR PAUL GRUNDY

AC [REDACTED]

Wednesday, August 20, 2014

 Air

AIR CANADA

From: EDMONTON INTL AB

To: TORONTO PEARSON

Stops: 0

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 16D

Flight: 154 G CLASS
05:45 PM Equipment: A320
11:19 PM

Mile(s) Flown: 1676

Thursday, August 21, 2014

 Air

AIR CANADA

From: TORONTO PEARSON

To: OTTAWA ON

Stops: 0


AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 18D

Flight: 472 G CLASS
12:30 AM Equipment: E90
01:33 AM

Mile(s) Flown: 226

 Air

AIR CANADA

From: OTTAWA ON

To: TORONTO PEARSON

Stops: 0

Flight: 463 W CLASS
06:00 PM Equipment: A320
07:05 PM

Mile(s) Flown: 226

To: ALBERTA HEALTH SERVICES



Invoice Number:



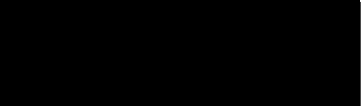
Date:

July 24, 2014

Page:

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Our Reference:



Your Reference:

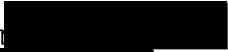
INVOICE

Thursday, August 21, 2014

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 19D



Air

AIR CANADA

From: TORONTO PEARSON

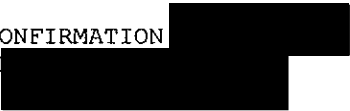
To: EDMONTON INTL AB

Stops: 0

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 22D



Flight: 159 W CLASS

08:55 PM Equipment: A320

11:08 PM

Mile(s) Flown: 1676

Cost:

AIR CANADA

100.00

AIR CANADA

1.00

Tax:

4.00

Ticket Total:

5.00

Total:

Grand Total:

105.00

Less Credit Card Payments:

105.00

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

To: ALBERTA HEALTH SERVICES



Invoice Number:



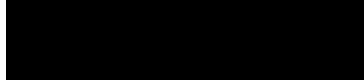
Date:

July 24, 2014

Page:

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Our Reference:



Your Reference:

INVOICE

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: August 13, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For DR PAUL GRUNDY
AC [REDACTED]

Thursday, August 21, 2014

Air

AIR CANADA Flight: 143 W CLASS
From: OTTAWA ON 06:15 PM Equipment: E90
To: EDMONTON INTL AB 08:39 PM Mile(s) Flown: 1776
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 22D

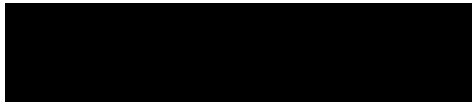
Cost: AIR CANADA [REDACTED] 50.00

Total:

Grand Total:	50.00
Less Credit Card Payments:	50.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	105.00
Total Charges Previous Invoices:	105.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

To: ALBERTA HEALTH SERVICES



Invoice Number:



Date:

August 13, 2014

Page:

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Our Reference:



Your Reference:

INVOICE

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..

...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
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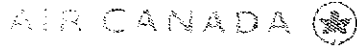
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services [Travel Policy](#)
- Pre-Approval form **MUST** be attached to the actual expense claim

Employee Information					
First Name Paul		Last Name Grundy		Employee Number [REDACTED]	
Phone Number [REDACTED]			Reports To Rick Trimp		
Department CancerControl Alberta (CCA)			Office Location [REDACTED]		
Travel Details					
Purpose of Trip Dr. Grundy to present to the tribunal of the Canadian Nuclear Safety Commission (the Commission) in Ottawa on August 19th and 20th. To give an update to the Commission on the misplaced source incident of April 2, 2014 at Cross Cancer Institute					
Destination Ottawa ON		From Monday, August 18, 2014		To Wednesday, August 20, 2014	
Finance Coding / Accounting Distribution					
Corp/BU/Org 101		Location / Site 0000		Functional Centre / Primary 7111000012	
Project Coding					
Project	Task	Expense Type		Expense Org	
Estimate of Expenses					
Category		Description			Amount
Accommodation Charge		Two night stay in Delta Ottawa City Centre, Ottawa			\$428.32
Meals		All meal per diems for two days; Mon 18 - Tues 19 (\$41.55 x2)			\$83.10
Registration					\$0.00
Airfare		See attached print out for estimate as of June 27/2014			\$850.09
Taxi/Rental Car/Fuel/Parking/Bus/LRT		Parking at the Edmonton Airport			\$50.00
Other Expenses (please specify)					
		Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER			\$1,411.51
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$1,411.51
*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					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)					
Employee Signature			authorization table		
[Signature]		Date (dd-Mon-yyyy)		Phone Number	
		27-06-2014		[REDACTED]	
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	
Rick Trimp		[Signature]		02/07/2014	
Title		Position Number		DOFA Level	
Vice President, Province Wide Clinical Support Programs and Services		[REDACTED]		[REDACTED]	
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	
		[Signature]			
Title		Position Number		DOFA Level	

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



Home

Search Select Review Passengers Purchase Seats Itinerary

Review Flight Details

Time remaining to complete this page: 9:25

The grand total shown includes all taxes, fees, fuel surcharges where applicable and other charges. Fares shown are the best available uniform rates at this time for the number of tickets requested and the selected travel times and dates. Prices are not guaranteed until payment has been processed, and tickets have been issued.

Review your itinerary

Flight	From	To	Date	Depart	Arrive	Stops	Duration	Aircraft	Fare Type	Meal Service
AC1156	Edmonton, Edmonton Int'l (YEG)	Toronto, Pearson Int'l Terminal 1 (YYZ)	Mon 18-Aug	08:00	13:34	0	6hr13	330	Eco, G	F
AC456	Toronto, Pearson Int'l Terminal 1 (YYZ)	Ottawa, Ottawa Int'l (YOW)	Mon 18-Aug	15:10	16:13	0		312	Eco, G	
AC443	Ottawa, Ottawa Int'l (YOW)	Toronto, Pearson Int'l Terminal 1 (YYZ)	Wed 20-Aug	08:00	09:05	0	6hr24	330	Eco, G	
AC175	Toronto, Pearson Int'l Terminal 1 (YYZ)	Edmonton, Edmonton Int'l (YEG)	Wed 20-Aug	10:15	12:24	0		330	Eco, G	F

All Onboard Café purchases made on board Air Canada flights are payable only with Visa, MasterCard and American Express credit cards.

Review final quote details

Modify your search

Fare Summary

Total charge for 1 adult

Air Transportation Charges

Departing Flight (100)
(including taxes and fees)

376.00

Details

Return Flight (100)
(including taxes and fees)

356.00

Taxes, Fees and Charges

118.09

Grand Total - Canadian dollars

850.09

For informational purposes only

Review the fare rules and the general conditions of carriage

Departing Flight Edmonton (YEG) To Ottawa (YOW) - Flex

Return Flight Ottawa (YOW) To Edmonton (YEG) - Flex

Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
- Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

Cancellations:

- Tickets are **non-refundable and non-transferable**.
- Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a **new ticket**, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete **fare rules** applicable to this fare.

View Air Canada's General Conditions of Carriage and Tariffs.

Modify your search

By clicking on 'I accept, Continue' below, you confirm that you have read and accept Air Canada's Tariffs, fare rules and General Conditions of Carriage above.

I accept, Continue

Base fare only

Toll Free Reservations 1-888-890-3222 [meetings & events](#) [gift cards](#) [english](#)

FIND SPECIAL GET
& BOOK/ OFFERS/ PRIVILEGES/

DELTA OTTAWA CITY CENTRE

choose your room type



moderoom
lowest average rate
\$184 CAD/night

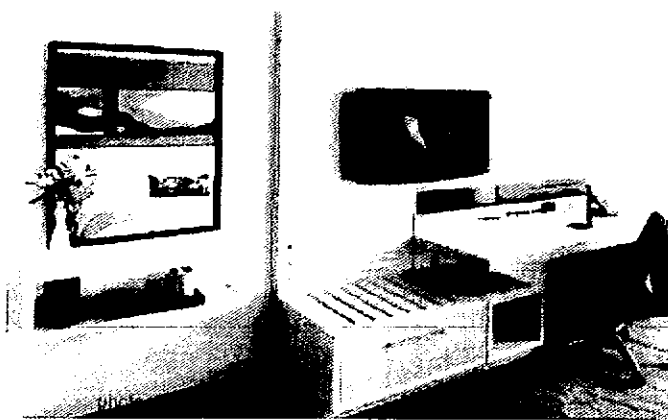


modedeluxe
lowest average rate
\$204 CAD/night



modeclub
lowest average rate
\$234 CAD/night

MODEROOM, 1 QUEEN



choose a room option 1 Queen Bed

available rates [compare rooms](#) [convert currency](#)

BEST AVAILABLE RATE

Includes room only

may we suggest you add



Breakfast

[view details](#)

Room Size Approx. 255-305 sq. ft / 24-28 sq. m
View Varies
Location Throughout hotel up to the 22nd floor

- SmartDesk Work Area
- Sanctuary Bed
- Philosophy Amenities

[room amenities](#)

Mon. Aug 18 \$ 179.00 CAD
Tue. Aug 19 \$ 189.00 CAD
Add-ons \$0.00CAD
Taxes, levies and fees \$60.32CAD

2 nights room cost **\$428.32**CAD

[book now](#)

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