

Official Administrator and Executive Expense Report

Name Dr. Paul Grundy
Title Chief Program officer and Senior Medical Director Officer Cancer Control Alberta
Location Edmonton
 Expenses submitted during the month of January 2015

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	Expense Claim	Meetings		63	600	212	875			
Total			\$ -	\$ 63	\$ 600	\$ 212	\$ 875	\$ -	\$ -	\$ -

Total for the Month \$ 875

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 200
 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-Dec-14 To 20-Jan-15
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Dr. Paul Grundy Position (Title): CPO & SrMD
 Location: _____ Dep: _____ 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	\$874.45						\$874.45		
2B	101	0002	71110000012									
2C	101	0002	71110000012									
2D	101	0002	71110000012									
				\$874.45							TOTAL CLAIM	\$874.45

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 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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: Paul Grundy Date: Feb 2/15

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 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 the claimant or on their behalf.
 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): Dr. Francois Belanger DOFA Level: _____ Title: _____
 Signature: _____ Date: Feb 11 2015
 Phone: _____ Ext: _____

I, by signing this form, attest that I am compliant to all the above statements.
 Signature: _____ Title: _____ Date: _____

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 Procedure 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 T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 7111000012 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.

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							
7-Jan-15	Dr. Grundy took a cab from his home in Edmonton to the Edmonton International Airport to fly to Calgary to attend meeting in Calgary Jan 7 - 10, 2015	AB - Provincial	Meeting	Yes											
7-Jan-15	Dr. Grundy took a cab from Calgary Airport to the Sheraton Cavalier Hotel where he was staying while in Calgary Jan 7 - 10, 2015	AB - Provincial	Meeting	Yes											
8-Jan-15	Dr. Grundy took a cab from the Sheraton Cavalier Hotel to TBCC for the following meetings: Cancer/Control Medical Directors Meeting, Outstanding ERC, CCP Executive Steering Committee Meeting and	AB - Provincial	Meeting	Yes											
8-Jan-15	Dr. Grundy took a cab from TBCC to the Sheraton Cavalier Hotel where he was staying while in Calgary Jan 7 - 10, 2015	AB - Provincial	Meeting	Yes											
8-Jan-15	Per Diem for breakfast, lunch and dinner while in Calgary attending meetings January 8, 2015	AB - Provincial	Meeting	Yes	A-\$41.55	\$41.55									
9-Jan-15	Per Diem for breakfast and lunch while in Calgary attending meetings January 9, 2015	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80									
10-Jan-15	Dr. Grundy took a cab from the Edmonton International Airport to home	AB - Provincial	Meeting	Yes											
10-Jan-15	Dr. Grundy stayed at the Sheraton Cavalier Hotel Calgary while he stayed in Calgary for a series of meetings January 7 - 10, 2015	AB - Provincial	Meeting	Yes						\$600.00					
SUBTOTALS						\$62.35				\$600.00	\$212.10				Total Kms

<p>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</p>	<p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p>
	Mileage \$
	Travel \$ Subtotal \$874.45
<p>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>	<p>Auto fills on page 1 - TOTAL TRAVEL \$ \$874.45</p>

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)

Airport → Home

AIRPORT TAXI SERVICE
4626 101 ST. (780) 396-7276
EDMONTON, AB
T6E-5G5

Term ID: 25379210

Purchase

[Redacted]

AMEX Entry Method: C
Invoice [Redacted]

Amount: \$ 55.00
Tip: \$ 8.25
Total: \$ 63.25

2015/01/10 18:48:22
Seq #: [Redacted]
Appr Code: [Redacted]
Resp Code: 00/025

AMERICAN EXPRESS
A000000025010001
67 1F E2 48 87 3C S1 4B
00 00 00 00 00
FB 00
56 A4 17 2A E9 12 57 90

APPROVED
Thank You

Customer Copy
- IMPORTANT -
retain this copy for your records
GST 804979582 RT0001

Airport → Hotel

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

(2)

DATE: 2015/01/07
PICK-UP TIME: 23:05
DROP-OFF TIME: 23:22
TRIP ID: 8
LOCATION: 073000-45624103707
CAR NUMBER: [Redacted]
CARD TYPE: [Redacted]
CARD: [Redacted]
EXPIRY: [Redacted]
AUTH: [Redacted]

FARE (\$) : 28.50
EXTRA (\$) : 0.00
SUBTTL (\$) : 28.50

TIP (\$) : 4.00

TOTAL (\$) : 32.50

SIGNATURE: *Paul [Redacted]*

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

CUSTOMER'S COPY

Home → Airport

YELLOW CAB
18135 31 AVENUE NW
EDMONTON AB T6H-1A9
780-457-3456

Term ID: 150712470700
Lem H. Joo
AMERICAN EXPRESS
PURCHASE
Pr ID: 79947

APPROVED

FARE (\$) : CAD\$47.00
TIP : CAD\$7.17
TOTAL : CAD\$54.97

Re [Redacted]
Au [Redacted]
Re [Redacted]
TUR: 4000000000
TST: FB00

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

651 100403070
Date: 2015/01/07 Time: 19:31:59
Response: AUTH [Redacted]

CUSTOMER COPY

TBCC → Hotel

316 MERTON ROAD SE
CALGARY, AB T2A 1A2

TERMINAL ID: 316-515-4580
MERCHANT ID: [Redacted]
VEHICLE ID: [Redacted]
DRIVER ID: [Redacted]
GST ACCOUNT #: [Redacted]
TRIP NUMBER: [Redacted]
PASSENGERS: [Redacted]

01-00-2015
START: 19:16
DISTANCE: 120.00

FARE AMOUNT: \$ 29.11

TAX AMOUNT: \$ 1.21
TIP AMOUNT: \$ 1.60

TOTAL: \$ 29.21

AMEX SALE: [Redacted]
APPROVAL NUMBER: [Redacted]

PASSENGER COPY

THANK YOU
1-800-299-1999
WWW.THECHECKERGROUP.COM

CHECKER
YELLOW

Hotel → TBCC

(3)

316 MERTON ROAD SE
CALGARY, AB T2A 1A2

316-515-4580
[Redacted]

TERMINAL ID: [Redacted]
MERCHANT ID: [Redacted]
VEHICLE ID: [Redacted]
DRIVER ID: [Redacted]
GST ACCOUNT #: [Redacted]
TRIP NUMBER: [Redacted]
PASSENGERS: [Redacted]
01-00-2015
START: 19:16
DISTANCE: 120.00
FARE AMOUNT: [Redacted]

TAX AMOUNT: \$ 1.21
TIP AMOUNT: \$ 1.60
TOTAL: \$ 29.21
AMEX SALE: [Redacted]
APPROVAL NUMBER: [Redacted]

PASSENGER COPY

1-800-299-1999
WWW.THECHECKERGROUP.COM

CHECKER
YELLOW
CABS

6

Sheraton Cavalier Hotel Calgary
2620 32 Avenue N.E.
Calgary, AB T1Y 6B8
403-291-0107
http://www.starwood.com/



Grundy, Paul

Page Number
Guest Number
Folio ID
No. Of Guest
Room Number

Arrive Date 01-07-2015 23:24
Depart Date 01-10-2015 08:06
Agent

Invoice

Tax Identification GST- r100846435

Date	Description	Charges	Credits
01-07-2015	Room Charge (CT)	\$179.67 ✓	
01-07-2015	Alberta TL Tax	\$7.19 ✓	
01-07-2015	DMF	\$5.88 ✓	
01-07-2015	GST	\$8.98 ✓	
01-08-2015	Room Charge (CT)	\$179.67 ✓	
01-08-2015	Alberta TL Tax	\$7.19 ✓	
01-08-2015	DMF	\$5.88 ✓	
01-08-2015	GST	\$8.98 ✓	
01-09-2015	Room Charge (CT)	\$179.67 ✓	
01-09-2015	Alberta TL Tax	\$7.19 ✓	
01-09-2015	DMF	\$5.88 ✓	
01-09-2015	GST	\$8.98 ✓	
01-09-2015	Room Service	\$24.23 ✓	
01-10-2015	American Express		\$-629.39
01-10-2015	American Express		\$-0.00
	** Total	\$629.39	\$-629.39
	** Balance	\$0.00	

just claim per client

For Authorization Purpose Only

DR P GRUNDY

Date
01-07-2015

Credit Card Code

Authorized

~~700.71~~
\$600.00

Continued on the next page