

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 February 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)
Feb-15	Expense Claim	Meetings		42	201		243			
Feb-15	Direct Billing	Meetings	503				503			
Total			\$ 503	\$ 42	\$ 201	\$ -	\$ 746	\$ -	\$ -	\$ -

Total for the Month \$ 746

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 179
 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)

Name: Dr. Paul Grundy Expense Date From: 21-Jan-15 To: 20-Feb-15
 (if applicable)
 Travel Period from: _____ To: _____
 Out-of-Province Travel

Location: _____ Dept: _____ DOFA Level: _____ of applicable Union: _____ Business Phone #: _____ Ext: _____
 Position (Title): CPO & SrMD
 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	0000	71110000012	\$242.04						\$242.04		
2B	101	0002	71110000012									
2C	101	0002	71110000012									
2D	101	0002	71110000012									
				\$242.04							TOTAL CLAIM	\$242.04

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.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: March 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 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 another 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): Dr. Francois Belanger DOFA Level _____ Title VP and Medical Director, Central and Southern AB ZMD, Calgary Zone Phone # _____ Ext _____

I, by signing this form, attest that I am compliant to all the above statements.

Signature: _____ Date: 11, 19, 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.

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): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____

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 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110000012

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-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						
18-Feb-15	Dr. Grundy stayed at the Aloft Calgary University while in Calgary to attend several in-person meetings in Calgary on Feb 18, 2015	AB - Provincial	Meeting	Yes							\$200.49 (1)			
18-Feb-15	Per Diem for dinner while in Calgary attending meetings	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75 (2)								
19-Feb-15	Per Diem for breakfast and lunch a while in Calgary attending meetings	AB - Provincial	Meeting	Yes	BL-\$20.80	\$20.80 (3)								
SUBTOTALS						\$41.55				\$200.49				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 details to the left)

Mileage \$

Travel \$ Subtotal \$242.04

Auto fills on page 1 - TOTAL TRAVEL \$ \$242.04

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)



Aloft Calgary University, Calgary

18 Feb 2015 - 19 Feb 2015 Itinerary

Aloft Calgary University

Wed 18/Feb/2015 - Thu 19/Feb/2015

CONFIRMED
Confirmation #



We have confirmed your hotel reservation with the property.



Aloft Calgary University
2359 Banff Trail Nw, Calgary, AB, T2M4L2 Canada

For questions about your reservation or payment details, please contact Expedia. For special requests or questions about the property, please call the hotel directly at Tel: 1 (403) 289-1973, Fax: 1 (403) 282-1241

Price Summary

Total	\$200.49
Collected by Expedia	
Room Price	\$200.49
1 night	\$179.00
Taxes & Fees	\$21.49

All prices quoted in CAD.

Check-in Information

- Minimum check-in age is 18
- Your room will be guaranteed for late arrival.

Important Hotel Information

This reservation is non-refundable and cannot be cancelled or changed.

Additional Hotel Services

The below fees and deposits only apply if they are not included in your selected room rate

The following fees and deposits are charged by the property at time of service, check-in, or check-out.

- Breakfast fee: CAD 10 per person (approximately)

The above list may not be comprehensive. Fees and deposits may not include tax and are subject to change.

Room

Confirmation #



Reserved for

Paul Grundy

Requests

1 king bed, non-smoking room

Additional Rules & Restrictions

Check-out time is noon

The list of fees presented may not be comprehensive. Fees and deposits may not include tax and are subject to change.

The price above DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The hotel will assess these fees, charges, and surcharges upon check-out.

Guest Charges and Room Capacity

- This property considers guests of any age to be an adult.
- Availability of accommodation in the same property for extra guests is not guaranteed.

Pricing and Payment

- Your credit card is charged the total cost at time of purchase. Prices and room availability are not guaranteed until full payment is received.
- Some hotels request that we wait to submit guest names until 7 days prior to check in. In such a case, your hotel room is reserved, but your name is not yet on file with the hotel.

Unless specified otherwise, rates are quoted in Canadian dollars.

For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

- Visit our Customer Support page.
- Call us at 1(888) EXPEDIA (+1 888-397-3342) / (+1 616-780-1386)
- For faster service, mention itinerary



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: February 2015
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-02-03	Direct Billing	Transportation	Dr. Grundy flew to Calgary February 27, 2015 to attend the all-day Cancer SCN Core In-Person Meeting in Calgary	Marlin Travel	\$502.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
Total Paid in the Month					\$502.96

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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]

Date: February 3, 2015

Page: 1/2

Our Reference: [REDACTED]

Your Reference: [REDACTED]

INVOICE

For

DR PAUL GRUNDY

AC [REDACTED]

Friday, February 27, 2015

Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 27Feb15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 2C

Flight: 8133 G CLASS

07:00 AM Equipment: DH4

07:53 AM

Mile(s) Flown: 153

Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 27Feb15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 2D

Flight: 8154 M CLASS

05:00 PM Equipment: D8 (300 SERIES)

05:55 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WE [REDACTED]

[REDACTED] 428.00

Tax: 74.96

Ticket Total: 502.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 3, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	502.96
Less Credit Card Payments:	502.96
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.