

# **Official Administrator and Executive Expense Report**

NameDr. Paul GrundyTitleSMD & Chief Program Officer, Cancer Control AlbertaLocationEdmonton

Expenses submitted during the month of September 2015

			Travel (1)					
Source Month-Year Document Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-15 Expense Claim Meetings		101	400	601	1,102			
Total	\$ -	\$ 101	\$ 400	\$ 601	\$ 1,102	\$ -	\$ -	\$ -

## Total for

**the Month** \$ 1,102

Maximum daily single meal expense claimed in the month	\$ 21
Maximum daily base hotel rate claimed in the month	\$ 199
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 DETAIL	S (for AHS Staff ONL	_Y)				A REAL PROPERTY.	Server
<ul> <li>Enter employee # (old) and Employee</li> <li>Indicate N/A in the Employee # (E-Pe</li> <li>If you are a new employee and your</li> </ul>	eople) if your payroll has no	t migrated to the New E	-People payroll system	Т	xpense Date From ravel Period from Out-of-Province Tr		SEPT 3/15 (rapplicable
Name: PAUL GRUNDY			Position (Title):	CPO + SM	A CAN	CER.	
Location	Dept: CANC	ER. DOFA Level:	f applicable)	Union:	Busine	ss Phone #:	Ext: /
Employee # (E-People):		-					
ECTION E: FINANCE CODING &	TOTAL CLAIM						
CAPITAL PROJECT CODING ONLY	Project Numb → Expenditure Or				Task Number xpenditure Type _		
Total - Section B: Trav	el - Pg 2	Total - Se	ction C&D: Other & Fore	ign Expenses -	Pg 3		IDSEMENT
Pg Bal Location Functiona	I Total	Bal Location	Eurotianal Cantra (EC)	Secondary/	Total	TOTAL REIMBU	JRSEMENT
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C 101 0002 711101000	0014995						09
2D 1	L 1101.74					TOTAL CLAIM	997
R	199709	**Use	er to enter Coding & \$ Amoun	ts			1097.09 ·
NOTE: This section auto fills from particular	ge 2A, 2B, 2C & 2D	NOTE: T	hese fields do not automatical	ly fill for Section C	& D		1101.74 4
ECTION F: AUTHORIZATION							
attest that I have read and understand the "Travel, Hospitality & Work attest the expenses enclosed in this claim are for valid business purp					this policy.		
attest that expenses submitted in this claim have been incurred by us	ing a cost effective method, Therwise rationa	ale and support analysis provided a	above. <u>Travel, Hospita</u>	ality and Working Session Ex	penses Policy - Documen	t# 1122	
I, by signing this form, attest that I am compliant to all the above sta Employee Signature:	tements (and)	ACT.		Date Ser	8/15.		
ttest that I have read and understand all applicable policies of Albert	a Health Services that pertain to these expen	ises, and confirm expenses being claime	ed are in compliance with such policies.	Date Office	- troi		
ttlest the expenses enclosed in this claim are for valid business purp ttlest that expenses submitted in this claim have been incurred by us				h Services or any other Organiza		claim form with receipts should be sent i r directly to Accounts Payable for process	
Approved By (PRINT ONLY):			DOFA Level	Position #		Phone #	Ext
I, by signing this form, attest that I am compliant to all the above sta Signature:	tements		Title		~	Date	
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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

	*			EAT	PENSE CLA	AIM DETAI	LS							
	Inter Finance Coding	71110	10000X	>	Emp # (E-								P	age 2A
If expense \$ amount	s incurred are for <b>multiple FC's</b> please use pages 2 on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se	B,2C,2D (a condary/E	after pg3) a	s there sh les are no	ould be one i t required in	FC per page	OR	if more lines	are require	d for the same	e FC use the	ese addition	al pages. E	Enter total
SECTION	B: TRAVEL EXPENSES NOTE: If expension	ses do not fa	Il into these c	ategories suc	ch as Hospitality	, Working Ses	sion. Re	location Contin	ting Education	ne system.				
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	Business Reason for Travel - Detailed Description	Prov, US, or			F	urther Exp	anati	on is REQUIF	RED in the "F	Rationale is R	equired" sec	ction on this	page	
Date dd-mmm-yy	Required (include destination, who attended-(If meal),	Out of N.Amer	What is travel	Cost Effective	Meal	(Allowance	OR R	eceipt)		eing claimed in t stated in App		Rental Car	,	
uu	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where expenses	related to?	Method Used?	F	lowance		with Receipt		onale is requi		Bus/LRT/ Parking /	Per Diem	Mileage
		incurred?		Yes/No	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Fuel	Allowance	(km)
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	Dept Head Oncology.													
~	Travel Edmonton > Calgary.									ก				
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26-8-15	- Lund - In Voima + myself.	AB	υ	yes.	K		L	200	/					
	SUBTOTALS				29.95			2005		400				Total Kms 550
	MILEAGE - Business Kilomet	e included	above under	the numos	e of travel colu	Imn			Enter \$	0.505 km, \$0.4		e per Union fileage details		and a
	Rates applicable <b>\$0.505</b> per km for <u>under 5,000km/y</u>	r or \$0.47 p	er km for <u>ov</u> e	er 5,000km	/yr or per Unio	n Agreement							Mileage \$	277 75
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### EXPENSE CLAIM DETAILS

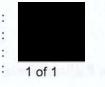
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	A description of just "Meeting" will be returned for clarification	expenses incurred?		Used? Yes/No	Meal Type with value	Allowance	Maai Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel	Allowance	
31-8-15	Executive Meeting / Clinic Businers Rules Meeting	NB	Burg	Yes	00 D- <del>30</del>	2075								
	Businers Rules Meeting			•										
	TBCC.													
31-8-15	TBCC	PB	12	Yes						(	5410			
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31-8-15	TBCC > Airport Airport Parking	AB	57	Yes							(	25	,	
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					- 2C of 3 -									

r <del>et</del>	*			EXE	PENSE CLA	IM DETAI	LS							
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25-8-15	Taxi Airport > Hotel	AB	Busines	yes						481	5			1-
26-8-15	Hotel > Southport	AB	ij	Yes						0257	0			1-
26-8-15	Southpart > Hotel	MB	b	yes						3283	9			-
368-15				Jes	D-20	20.75								-
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27-8-15	Airport Parking	AB	1	Ves						(	5000			-
	•	;		a							100			1
	SUBTOTALS	<u> </u>			2800-	19.95				\$ 1443	5000		Total Kms	
	MILEAGE - Business Kilomet	re Rate for	Personally-	Owned Ve	hicle	<u> </u>		1	Enter \$	0.505 km, \$0.47 km <u>OR</u> (		Agreement		-
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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 #



<b>Dr Paul Grund</b>	V
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Date

Description	Additional Information		Charges	
	Fairmont	Proside	ant's Club	
	Departur	: •	08-27-15	
	Arrival	:	08-25-15	

08-25-15	Room Charge	199.00	1.2
08-25-15	Calgary Destination Marketing F	5.97	
08-25-15	Alberta Tourism Levy (4%)	8.20	
08-25-15	Room GST	10.25	
08-26-15	Room Charge	199.00	
08-26-15	Calgary Destination Marketing F	5.97	
08-26-15	Alberta Tourism Levy (4%)	8.20	
08-26-15	Room GST	10.25	
08-26-15	American Express	446.8	84

	Total	446.84 446.84
	Balance Due	0.00
20.50		
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0.00		100,100/1
		0 4H9//
	20.50 0.00 0.00 20.50	Balance Due 20.50 0.00 0.00

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.everyonesanoriginal.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 Mall, 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 ou 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'al accepté la livraison du journal The Giobe and Mail. Si J'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,005 par jour (du Lundi au Vendredni) et de 2,005 le Samedi. (Dans les hôtels participants.)

Credits

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

Lunch P. GRUNDY + SUNIL VERNA OLLY FRESCO'S INC 10301 SOUTHPORT LANE PHONE: 403 259 - 3002 FAX: 403 259 - 4002 DATE 08/26/2015 WED TIME 11:39 \$6.43 DELI T1 \$6.43 \$1.89 DRINK T1 \$1.89 MISC TAXABLE T1 \$7.14 \$3.63 DRINKS T1 \$3.63 SUBTOTAL \$19.09 GST \$0.95 TOTAL \$20.05 Deb/Crd CARD \$20.05 THANKYOU!

No.

outh Hold ASSOCIATED CAB 404-35 AVENUE N E T2E2K7 CALGARY AB 932650000710 1111 PURCHASE ++++ 08-26-2015 17:14:04 Acct C Exp Card Type AM Name: DR PAUL GRUNDY A00000025010801 AMERICAN EXPRESS Trace Inv. # Auth # RRN 001001112 Purchase \$24.60 Tip \$3.69 Total \$28.29 00 APPROVED-THANK YOU Retain this copy for your records Customer copy

3

Aupot > Hole

ASSOCIATED CAB ALIA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

DATE:	2015/08/25
PICK-UP TIME:	20:37
DROP-OFF TIME:	20:56
TRIP ID:	8
LOCATION:	073000-45024103707
CAR NUMBER:	8668
DRIVER:	192336
CARD TYPE:	AMEX
CARD:	
EXPIRY:	
AUTH:	

FARE (\$): 42.18 EXTRA (\$): 0.00 SUBTTL (\$): 42.10

00 6 TIP (\$):\_

4810 TOTAL (\$): SIGNAT

FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

307 - 41 AVE NE (403) INSIST ON THE PROFES	SIONALS
DATE:	2015/08/26
PICK-UP TIME: DROP-OFF TIME:	06°58 07÷15
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EXPIRY AUTH:	
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Hotel > Airpot		
ASSOCIATED CAB ALTA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS	GST# R128599776 Edmonton Airports Can-T5J 2T2 Edmonton	Accept > TBCC ASSOCIATED CAB ALTA LTD 387 - 41 AVE NE (483) 299-1111
DATE: 2015/08/27 PICK-UP_TIME: 07:21	Tax CodeCA5% POF 2nd Fl 27/08/15 09: Receipt 071825	INSIST ON THE PROFESSIONALS
DROP-OFF TIME: 07:38 TRIP ID: 0 LOCATION: 073000-45024103707 CAR NUMBER: 0063 DRIVER: 711514-45024103707 CARD TYPE: AMEX	Short-term parking tkt HL - 25/08/15 19:06 27/08/15 19:05 Period 2d0h0' (Tax) \$50.0	DATE: 2015/08/31 PICK-UP TIME: 14:37 DR0P-OFF TIME: 15:07 TRIP ID: 0 LOCATION: 073000-45024103707 CAD NUMPED: 0834
CARD EXPIRY: AUTH:	Total \$50.0 Payment Received AMEY \$50.0 Merch 1000 1000	CARD TYPE:
FARE (\$):     36.80       EXTRA (\$):     0.00       SUBTTL (\$):     36.80	Auth: Type: Swiped	52 FARE (\$): 47.18 88 EXTRA (\$): 0.00
TIP (\$): \$5 40	(q)	SUBTTL (\$): 47 18
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Paulink	INSIST ON THE PROFESSIONALS DATE: 2015/08/31 PICK-UP TIME: 17:18 DROP-OFF TIME: 17:50	SIGNATURE autor
FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA	TRIP ID:       0         LOCATION:       073000-45024103707         CAR NUMBER:       0324         CARD TYPE:       AMEX         CARD:       EXPIRY:	FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA
CUSTOMER'S COPY	FARE (\$): 43.40	CUSTOMER'S COPY
	EXTRA (\$): 0.00 SUBTTL (\$): 43.40	GST# R128599776 Edmonton Airports
	TIP (\$):6	Can-T5J 2T2 Edmonton Tax CodeCA5% POF 2nd Fl 31/08/15 20:31 Receipt
	TOTAL (\$): 4990	Short-term packing tkt HL - No. 31/08/15 01/09/15 11:22 Period 1d0h0'
	SIGNATOR SIGNAT	(Tax) \$25.00 Total \$25.00
	FOR ONLINE TAXI BOOKINGS VISIT	Payment Received AMEX \$25.00
	OUR WEBSITE@WWW ASSOCIATEDCAB CA	Sub Total \$23.81 Tax 5% \$1.19
	CUSTOMER'S COPY	ØIE