

Official Administrator and Executive Expense Report

Name Penny Rae
Title Chief Information Officer
Location Calgary

Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings			163	180	343			
Jul-15	Direct Billing	Meetings	537				537			
Total			\$ 537	\$ -	\$ 163	\$ 180	\$ 880	\$ -	\$ -	\$ -

Total for the Month \$ 880

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 145
 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

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>RAE, PENELOPE</u> Cardholder's Name	<u>CHIEF INFORMATION OFFICER</u> Cardholder's Position/Title	<u>20/07/2015</u> Billing Reporting Period
<u>INFORMATION TECHNOLOGY</u> Cardholder's Dept	<u>QUARRY PARK</u> Cardholder's Site/Location	<u>\$342.48</u> Total Statement Amount
<u>PENNY.RAE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/06/2015	39541682	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	61.00	CAD	✓ 61.00	2.90		Taxi on June 25 from EIA to CN Tower
26/06/2015	39477062	CO OP TAXI LINE LTD. LIMOUSINES AND TAXICABS	60.00	CAD	✓ 60.00	2.80		Taxi on June 26 from CN Tower to EIA
25/06/2015	394967533	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	182.79	CAD	✓ 182.79	7.75		Edm hotel the night of June 25
26/06/2015	394650534	THE CALGARY AIRPORT AU. AUTOMOBILE PARKING LOTS AND	58.70	CAD	✓ 58.70	2.80		Parking at the CIA on June 25-26

①
②
③
④

✓
P/B

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Down A Rond</u> Name of Cardholder Designate</p> <p><u>Down A Rond</u> Signature of Cardholder Designate</p>	<p><u>Executive Assistant</u> Cardholder Designate Position/Title</p> <p><u>JULY 21, 2015</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services 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 me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>RAE, PENELOPE</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CHIEF INFORMATION OFFICER</u> Cardholder Position/Title</p> <p><u>JULY 21, 2015</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services 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 from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Susan Best</u> Name of Approver Designate</p> <p><u>Susan Best</u> Signature of Approver Designate</p>	<p><u>Exec. Assistant</u> Approver Designate Position/Title</p> <p><u>July 23/15</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services 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 from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>Deborah Rhodes</u> Signature of Approver</p>	<p><u>VP Corp Services & CFO</u> Approver Position/Title</p> <p><u>July 23/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable.		
<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

AIRPORT TAXI SERVICE
4608 101 ST. (780)547070
EDMONTON, AB
T6E 5G9

Term ID: 05566333

Purchase

[Redacted]

MASTERCARD

Entry Method: C

(1)

Invoice # [Redacted]

Amount: \$ 55.00

Tip: \$ 6.00

Total: \$ 61.00 ✓

2015/06/25

07:33:36

Seq #: [Redacted]

Appr Code: [Redacted]

Resp Code: [Redacted]

MasterCard
A0000000041010
77 83 18 E4 23 08 FA 5D
00 00 00 00 00
E8 00
3C 28 B7 5A 9D C1 64 08

Taxi on June 25 from the Edm. International Airport to CN Tower to attend the following mtgs.: (1) Mobility Services Vendor Presentations (2) SUDP Steering Committee (3) Farewell dinner for Sarah Muttitt. On June 26 attended Mobility Services Final Consensus meeting.

APPROVED
Thank You

Customer Copy

~ IMPORTANT ~
retain this copy for your records

GST #19970716

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Taxi on June 26th from CN Tower to
Edm. International Airport after attending:
(1) Mobility Services Vendor Presentations
and consensus mtg. (2) Farewell dinner
for Sarah Muttitt (3) SUDP Steering Committee

Terminal 452/66233569
Driver 4346
15/06/26 11:01:06

2

MASTERCARD

Card :

MasterCard

CHIP CARD

AID : A0000000041010

TVR : 0000008000

Ref #

Auth #

		PURCHASE
FARE	: \$	54.00
TIP	: \$	6.00
TOTAL	: \$	60.00

✓

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

Customer Copy

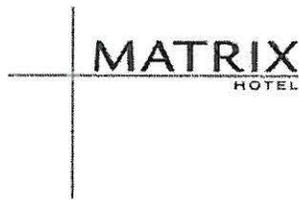
RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 06/25/15 04:52
OUT: 06/26/15 13:11
DURATION: 1 08: 19
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

Parking at the Calgary International Airport from
June 25-26 while attending the following mtgs. in Edm. :
(1) Mobility Services Vendor Presentations
and consensus mtg. (2) Farewell dinner
for Sarah Muttitt (3) SUDP Steering Committee

4

YOUR VISIT



3

Mrs. Penelope Rac

[Redacted]

Room Number: [Redacted]
Arrival Date: 06-25-15
Departure Date: 06-26-15
Page No: 1 of 1

Guest Name

INVOICE

Folio N [Redacted]

06-26-15

Date	Description	Charges	Credits
06-25-15	Room Revenue	145.00	
06-25-15	Destination Marketing Fee - 3%	4.35	
06-25-15	Tourism Levy - 4%	5.97	
06-25-15	Room GST - 5%	7.47	
06-26-15	Mastercard [Redacted]		162.79
Total		162.79	162.79
Balance		0.00	

Edmonton hotel the night of June 25th after attending (1) Mobility Services Vendor Presentations (2) SUDP Steering Committee meeting and (3) Farewell dinner for Sarah Muttitt

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

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. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- 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

Name : Penny Rae	Reporting Period for the Month of : April 28th to July 20, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-Jun-15	Direct Billing	Airline Ticket	Flight from Calgary to Edm on June 25 to attend Mobility Services Presentations (flight subsequently cancelled and changed to Air Canada as earlier flight required)	Marlin Travel	164.48
15-Jun-15	Direct Billing	Airline Ticket	Flight from Edm. To Calgary on June 26 after attending Mobility Services Presentations and Final Consensus meeting, SUDP Steering Committee, and farewell dinner for Sarah Muttitt	Marlin Travel	181.48
24-Jun-15	Direct Billing	Airline Ticket	Flight from Calgary to Edm on June 25th to attend Mobility Services Presentations and Final Consensus meeting, SUDP Steering Committee and Farewell Supper for Sarah Muttitt	Marlin Travel	191.48
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 537.44

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

Invoice Number:

Date:

Page:

Our Reference:

June 15, 2015

1/2

INVOICE

For

MRS PENELOPE RAE

AC

WS

Thursday, June 25, 2015

✈ Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 25Jun15

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3394 M CLASS

07:00 AM Equipment: DH4

07:53 AM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: June 15, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:			
TKT-	[REDACTED]	E-TKT	[REDACTED]
			115.00
		Tax:	49.48
		Ticket Total:	164.48
Total:			
		Grand Total:	164.48
		Less Credit Card Payments:	164.48
		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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: June 15, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS PENELOPE RAE
AC [REDACTED]
WS [REDACTED]

Friday, June 26, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 26Jun15
Seat(s): 06A
AIR CANADA E

Flight: 8143 G CLASS
12:00 PM Equipment: D8 (300 SERIES)
12:54 PM

Mile(s) Flown: 163

Cost:
[REDACTED] E-TKT [REDACTED] 144.00

Tax: 37.48

Ticket Total: 181.48

Total:

Grand Total: 181.48
Less Credit Card Payments: 181.48
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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

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: June 24, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS PENELOPE RAE
AC [REDACTED]
WS [REDACTED]

Thursday, June 25, 2015

← Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 25Jun15
Seat(s): 05C
AIR CANADA E

Flight: 8130 V CLASS
06:00 AM Equipment: D8 (300 SERIES)
06:52 AM

Mile(s) Flown: 163

Cost:
TKT [REDACTED] E-TKT [REDACTED] 154.00

Tax: 37.48

Ticket Total: 191.48

Total:

Grand Total: 191.48
Less Credit Card Payments: 191.48
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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