

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title Associate Chief Medical Leadership, Workforce & Medical Affairs
Location Calgary
 Expenses submitted during the month of March 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)
Mar-15	P-Card	Meetings	158				158			
Mar-15	Expense Claim	Meetings		12		41	53			
Total			\$ 158	\$ 12	\$ -	\$ 41	\$ 211	\$ -	\$ -	\$ -

Total for the Month \$ 211

Maximum daily single meal expense claimed in the month \$ 12
 Maximum daily base hotel rate claimed in the month \$ -
 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:		
<ul style="list-style-type: none"> 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>RAMSTEAD, DEBRA</u> Cardholder's Name	<u>EXECUTIVE ASSISTANT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/03/2015</u>
<u>PROVINCIAL MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CALGARY SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,889.01</u> <u>\$ 157.50</u>
<u>DEBRA.RAMSTEAD@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	
[REDACTED]									
24/02/2015	381724220	AIR CAN [REDACTED] AIR CANADA	52.50	CAD	52.50	.00	.00	R. Nichol Sponsorship mtg Mar 19 Edmonton change fee	
24/02/2015	381724221	AIR CAN [REDACTED] AIR CANADA	52.50	CAD	52.50	.00	.00	R. Nichol Sponsorship mtg Mar 19 Edmonton change fee YEG to YYC	
[REDACTED]									
18/03/2015	384195925	AIR CAN [REDACTED] AIR CANADA	52.50	CAD	52.50	.00	.00	R. Nichol meetings Edmonton Mar 19 change fee YEG to YYC	

Signatures	
Cardholder Designate (if Applicable) By signing this statement: <ul style="list-style-type: none"> I hereby certify that I have reviewed and recognized 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. 	
Name of Cardholder Designate	Cardholder Designate Position/Title
Signature of Cardholder Designate	Date of Signature
Cardholder By signing this statement: <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. 	
Name of Cardholder RAMSTEAD, DEBRA	EXECUTIVE ASSISTANT
Signature of Cardholder	Date of Signature
Approver Designate (if Applicable) By signing this statement: <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. 	
Name of Approver Designate	Approver Designate Position/Title
Signature of Approver Designate	Date of Signature
Approver By signing this statement: <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. 	
Name of Approver Dr. Verna Yung	VP Quality & CHO
Signature of Approver	Date of Signature Mar 27/15
Submit approval of statement with attachments to Accounts Payable	
Attach: <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: 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 meet), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Accounts Payable only	
Reference #	Reviewed by
Date	

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference 

Name: Mr Rowland Nichol
E-mail: DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA
Form of payment: 

Customer Care
Air Canada Reservations
 1-888-247-2262
Air Canada Flight Information
 1-888-422-7533


[International Reservations](#)

Alert me of flight changes
[Flight notification](#)

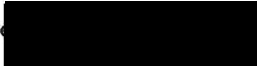
Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8134	Calgary (YYC)	Edmonton International (YEG)	DH4	Economy (G)	Confirmed
<i>Operated by:</i>	Thu 19-Mar 2015	Thu 19-Mar 2015			
<i>Air Canada Express-Jazz</i>	08:30	09:25			
Seat number(s) requested:	7D				

Passenger Information

Passenger 1
Name: Mr Rowland Nichol
Ticket number: 

Purchase Summary

Passenger: 1 Ticket number: 

Date of issue: 24-Feb 2015
Fare Amount in Canadian dollars: 149.00
(including navigational & other charges)
Taxes, Fees & Charges

R. Nichol Follow-up Sponsorship Meeting
 Edmonton March 19, 2015
 YYC to YEG

Combined Taxes *see fare calculation below (XT)

PD

Total Fare in :

No Additional collection

Options

Change fee in Canadian dollars	50.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	2.50

Ticket particularities:
AC ONLY/NON-REF/CHGE FEE

*Fare calculation:
19MAR15YYC AC YEA Q12.00R137.00CAD149.00 END ROE1.00 PD7.12CA
9.31XG30.00SQ

Canadian tax registration numbers:
XG Canada Goods and Service Tax (GST) #10009-2287
RC Canada Harmonized Sales Tax (HST) #10009-2287
XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: Mr Rowland Nichol	
Air Canada Baggage Rules Apply For Flights: AC8134	1st bag: Complimentary 2nd bag: \$25.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to 1st and 2nd bags fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to the 2nd bag fee. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to the 2nd bag fee. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

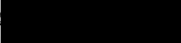
Customers may be reassessed checked baggage fees when itineraries include an enroute stopover in excess of 24 hours.

Baggage Policy

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: 

Name: Mr Rowland Nichol
E-mail: DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA
Form of payment: 

Customer Care
Air Canada Reservations
 1-888-247-2262
Air Canada Flight Information
 1-888-422-7533

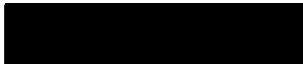
[International Reservations](#)

Alert me of flight changes
[Flight notification](#)

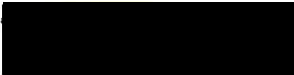
Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8153	Edmonton International (YEG)	Calgary (YYC)	DH4	Economy (G)	Confirmed
<i>Operated by:</i>	Thu 19-Mar 2015	Thu 19-Mar 2015			
<i>Air Canada Express- Jazz</i>	18:00	18:53			
Seat number(s) requested:	9D				

Passenger Information

Passenger 1
Name: Mr Rowland Nichol
Ticket number: 

Purchase Summary

Passenger: 1 Ticket number: 

Date of issue: 24-Feb 2015
Fare Amount in Canadian dollars: 149.00
(including navigational & other charges)
Taxes, Fees & Charges

Combined Taxes *see fare calculation below (XT)

PD

Total Fare in :

No Additional collection

Options

Change fee in Canadian dollars
 Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

50.00
 2.50

Ticket particularities:
 AC ONLY/NON-REF/CHGE FEE

*Fare calculation:
 19MAR15YEA AC YYC Q12.00R137.00CAD149.00 END ROE1.00 PD7.12CA
 9.31XG30.00SQ

Canadian tax registration numbers:
 XG Canada Goods and Service Tax (GST) #10009-2287
 RC Canada Harmonized Sales Tax (HST) #10009-2287
 XQ Quebec Sales Tax (QST) #1000-043-172

R. Nichol Follow-up Sponsorship Meeting
 Edmonton March 19, 2015
 YEG to YYC

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: Mr Rowland Nichol	
Air Canada Baggage Rules Apply For Flights: AC8153	1st bag: Complimentary 2nd bag: \$25.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to 1st and 2nd bags fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to the 2nd bag fee. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to the 2nd bag fee. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Customers may be reassessed checked baggage fees when itineraries include an enroute stopover in excess of 24 hours.

Baggage Policy

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference 

Name: Mr Rowland Nichol
E-mail: DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA
Form of payment: 

Customer Care
Air Canada Reservations
 1-888-247-2262
Air Canada Flight Information
 1-888-422-7533

[International Reservations](#)

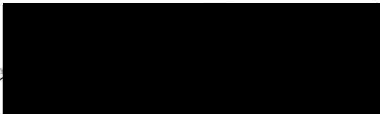
Alert me of flight changes
[Flight notification](#)

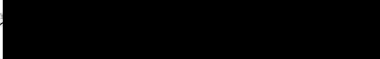
Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8169	Edmonton International (YEG)	Calgary (YYC)	DH3	Economy (V)	Confirmed
<i>Operated by:</i>	Thu 19-Mar 2015	Thu 19-Mar 2015			
<i>Air Canada Express-Jazz</i>	17:00	17:56			


Passenger Information

Passenger 1

Name: Mr Rowland Nichol **Ticket number:** 

Frequent Flyer Pgm: Air Canada Aeroplan **Program number:** 

Purchase Summary

Passenger: 1 Ticket number 

Date of issue 18-Mar 2015

Fare Amount in Canadian dollars: 154.00
(including navigational & other charges)

Taxes, Fees & Charges

Canada Goods and Services Tax (GST/HST #10009-2287) (XG) 0.25
 Combined Taxes *see fare calculation below (XT) PD

Total Fare in Canadian dollars: 5.25A

Options

Change fee in Canadian dollars 50.00
 Canada Goods and Services Tax (GST/HST #10009-2287) (XG) 2.50

15

Ticket particularities:

AC ONLY/NON-REF/CHGE FEE

*Fare calculation:

19MAR15YEA AC YYC Q12.00R142.00CAD154.00 END ROE1.00 PI 9.31XG30.00SQ

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287

RC Canada Harmonized Sales Tax (HST) #10009-2287

XQ Quebec Sales Tax (QST) #1000-043-172

R. Nichol Sponsorship mtg
 Edmonton March 19, 2015
 change fee YYC to YEG

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: Mr Rowland Nichol	
Air Canada baggage rules apply. For flight(s): AC8169	1st bag: Complimentary 2nd bag: 25.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to bag fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to bag fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to bag fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Customers may be reassessed checked baggage fees when itineraries include an enroute stopover in excess of 24 hours.

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: 19-Mar-15 To 27-Mar-15
 Travel Period from: 19-Mar-15 To 27-Mar-15 (if applicable)
 Out-of-Province Travel

Name: Rowland Nichol Position (Title): [REDACTED]
 Location: [REDACTED] Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable)
 Employee # (E-People): [REDACTED]

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	\$53.00						\$53.00	
2B											
2C											
2D											
				\$53.00	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$53.00	

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 (1127)" 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# 1127

I, by signing this form, attest that I am compliant to all the above statements.
Employee Signature: **Date:** 25-Mar-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 any other Organization. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.
 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. Verna Yiu [REDACTED] Position [REDACTED] Ext [REDACTED]
Signature: _____ **Title:** VP Quality and Chief Medical Officer **Date:** _____

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): _____ **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 T5J 3E4



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

Please complete this form if you are an employee whose pay rate has increased to the level of a higher pay grade since your last pay raise.
 If you are a new employee and your pay rate is to be raised, you will only have to complete this form if you are an employee whose pay rate has increased to the level of a higher pay grade since your last pay raise.

Expense Date From: 12-Mar-15 To: 27-Mar-15
 Travel Period from: 12-Mar-15 To: 27-Mar-15
 Out-of-Province Travel:

Name: [Redacted] Position (Title): [Redacted]
 Location: [Redacted] Dep: [Redacted] DOFA Level: [Redacted] Unit: [Redacted]

Employee ID: [Redacted]

SECTION B: 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		
Pr	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	100	1000	2112000010	\$53.00						\$53.00		
2B												
2C												
2D												
				\$53.00								

NOTE: This section is to file from page 2A, 2B, 2C & 2D

NOTE: These funds do not automatically fall for Section C & D

SECTION E: AUTHORIZATION

Employee Signature: [Signature] Date: 25-Mar-15

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: [Redacted]

Signature: [Signature] Title: VP Quality and QMS Medical Officer Date: Mar 23/15

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____

Signature: _____ Title: _____ Date: _____

This form is to be completed by the employee who incurred the expense. It is to be submitted to the appropriate manager/department head for approval. The employee must provide receipts for all expenses claimed. Receipts must be submitted with this form. Receipts must be dated and include the amount, description of the expense, and the name of the vendor. Receipts must be submitted to the appropriate manager/department head for approval. The employee must provide receipts for all expenses claimed. Receipts must be dated and include the amount, description of the expense, and the name of the vendor. Receipts must be submitted to the appropriate manager/department head for approval.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110000012 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

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?	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											
				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							
19-Mar-15	Meeting with N. Shipley Edmonton	AB - Local	Meeting	Yes	L-\$11.60	\$11.60							\$26.25		30.00
SUBTOTALS							\$11.60						\$26.25		Total Kms 30.00

<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 <i>(see Mileage details to the left)</i></p> <p>Mileage \$ \$0.505</p>
	<p>Travel \$ Subtotal \$37.85</p>
	<p>Auto fills on page 1 - TOTAL TRAVEL \$ \$53.00</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)

RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 03/19/15 07:36
OUT: 03/19/15 18:19
DURATION: 0 10: 43
PAID: \$ 26.25
(GST INCLUDED)
VISA



THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

Vertical text on the right edge of the page, possibly a barcode or tracking information.