

## Official Administrator and Executive Expense Report

**Name** Sharon Lehr  
**Title** Chief Program Officer, Operational Benchmarking & Efficiency  
**Location** Edmonton  
 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	Expense	Meetings		12		246	258			
Jul-15	Direct Billing	Meetings	353				353			
<b>Total</b>			\$ 353	\$ 12	\$ -	\$ 246	\$ 611	\$ -	\$ -	\$ -

**Total for the Month** \$ 611

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

# 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: 2-Jul-15 To 20-Jul-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Sharon Lehr Position (Title): Chief Program Officer, Operational Benchmarking & Efficie  
 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	0006	71110100074	\$258.40								
2B												
2C												
2D												
				\$258.40								
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					**User to enter Coding & \$ Amounts							
					NOTE: These fields do not automatically fill for Section C & D							
										TOTAL CLAIM \$258.40		

## 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: Sharon Lehr Date Aug 12, 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 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): Vickie Kaminski DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
 I, by signing this form, attest that I am compliant to all the above statements  
 Signature: Vickie Kaminski Title \_\_\_\_\_ Date Aug 15/15

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.  
 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

## EXPENSE CLAIM DETAILS

<b>Enter Finance Coding</b>		<b>101 0006 71110100074</b>	<b>Emp # (E-People)</b>		<b>Page 2A</b>										
If expenses incurred are for <b>multiple FC's</b> please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip, <b>DO NOT separate any taxes</b> (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.															
<b>SECTION B: TRAVEL EXPENSES</b> <span style="float:right"><b>NOTE:</b> If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C</span>															
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l) 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 <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> 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							
2-Jul-15	Taxi from Seventh Street to Royal Alex Hosp. & return - Benchmarking Orientation Sessions, Edmonton Zone (2 receipts \$8.00 & \$12.00)	AB - Local	Meeting	Yes								\$20.00			
8-Jul-15	Flight to Calgary, Benchmarking Orientation Sessions at Rockyview Hospital - Taxi from Airport to Hospital.	AB - Local	Meeting	Yes	L-\$11.60	\$11.60						\$58.90			
8-Jul-15	Taxi from Rockyview Hosp. to Foothills Medical Centre for Benchmarking Orientation Sessions & return to airport (2 receipts \$23.20 & 45.00) Parking at Edmonton Airport	AB - Local	Meeting	Yes								\$68.20	\$25.00		
10-Jul-15	Taxi from Seventh Street Plaza to Royal Alex Hosp. & return - Benchmarking Orientation Sessions, Edmonton Zone (2 receipts \$10.80 & \$11.40)	AB - Local	Meeting	Yes								\$22.20			
16-Jul-15	Taxi from Seventh Street Plaza to Royal Alex Hosp. & return- Benchmarking Orientation Sessions, Surgery Dept., (2 receipts, \$15.00 & \$12.00)	AB - Local	Meeting	Yes								\$27.00			
20-Jul-15	Taxi from Seventh Street Plaza to Royal Alex Hosp. & return- Benchmarking Orientation Sessions, Womens Health (2 receipts \$15.00 & \$10.50)											\$25.50			
<b>SUBTOTALS</b>						\$11.60						\$221.80	\$25.00		Total Kms
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to & from must be included above under the purpose of travel column Rates applicable <b>\$0.505</b> per km for <u>under 5,000km/yr</u> or <b>\$0.47</b> per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>									Enter \$0.505 km, \$0.47 km <b>OR</b> rate per Union Agreement (see Mileage details to the left)						
									Mileage \$						
									Travel \$ Subtotal						
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									Auto fills on page 1 - TOTAL TRAVEL \$						
<b>Rationale is Required for expenses that are not Cost Effective</b> <b>(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)</b>															



780.462.3456

GST#

Date: 02.07.15 Amount:

Driver: \_\_\_\_\_ Car#: \_\_\_\_\_

From: 101, 102

To:

10135-31 Avenue, Edmonton, AB T6N 1C2

Taxi from Seventh Street Plaza  
to Royal Hosp.

*YELLOW CAR*

780.462.3456

GST#

Date:

Driver

From:

To:

10135-31 Avenue, Edmonton, AB T6N 1C2

Taxi from Royal Alex Hosp.  
to Seventh Street Plaza.

*Thank You* for choosing

## ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the  
Calgary International Airport  
international arrival door.

Driver \_\_\_\_\_ Date 8 July 20  
Car # \_\_\_\_\_ Amount \$ 58.90  
GST Included # \_\_\_\_\_

Taxi from Calgary Airport  
to Rockyview Hosp.

AL - UNITED CAB ALTA LTD  
307 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

DATE: 2015/07/08  
PICK-UP TIME: 09:04  
DROP-OFF TIME: 09:37  
TRIP ID: 8  
LOCATION: [REDACTED]  
CAR NUMBER: [REDACTED]  
DRIVER: [REDACTED]  
AUTH: [REDACTED]

FARE (\$):	58.90
EXTRA (\$):	0.00
SUBTTL (\$):	58.90

TIP (\$): \_\_\_\_\_

TOTAL (\$) : \_\_\_\_\_

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

CUSTOMER'S COPY

[illegible]

\*\*\* INST. REL. LPT \*\*\*

1.  $\mathcal{H}^1$  is a Hilbert space.  
 2.  $\mathcal{H}^1$  is a separable Hilbert space.  
 3.  $\mathcal{H}^1$  is a reflexive Hilbert space.  
 4.  $\mathcal{H}^1$  is a Banach space.  
 5.  $\mathcal{H}^1$  is a normed space.  
 6.  $\mathcal{H}^1$  is a linear space.  
 7.  $\mathcal{H}^1$  is a vector space.  
 8.  $\mathcal{H}^1$  is a topological space.  
 9.  $\mathcal{H}^1$  is a metric space.  
 10.  $\mathcal{H}^1$  is a complete metric space.

**CHECKER**  
YELLOW  
CAB

Taxi from Rockyview Hosp  
to Foothills Medical Centre

**Thank You** for Choosing

*Do not Drink & Drive Call Us*

403-777-1111



Driver: \_\_\_\_\_ Car # \_\_\_\_\_

Date 8 Jul 15 Amount \$ 245

From: \_\_\_\_\_

To: \_\_\_\_\_

GST Included # \_\_\_\_\_

Taxi from Foothills medical Centre  
to Calgary Airport

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd FL 08/07/15 17:58  
Receipt 020470

Short-term parking tkt

DL - No. 084218

08/07/15 07:10

09/07/15 07:09

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received  
VISA

\$25.00

Merch: 83005240013

Auth: [REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

02169180 - 1/1

Parking at Edmonton Airport

YELLOW CAB

780.462.3456

GST# \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$10.80

Driver: \_\_\_\_\_ Car#: [REDACTED]

From: 10030

To: \_\_\_\_\_

10135-31 Avenue, Edmonton, AB T6N 1C2

Ⓢ

Taxi from Seventh Street Plaza  
to Royal Alex Hosp.

YELLOW CAB

780.462.3456

GST# \_\_\_\_\_

Date: 10/07/15 Amount: \$11.40

Driver: [REDACTED] Car#: [REDACTED]

From: Royal Alex

To: 1057 Jasper

10135-31 Avenue, Edmonton, AB T6N 1C2

Ⓢ

Taxi from Royal Alex Hosp.  
to Seventh Street Plaza

"The Preferred Choice"

12402946 20154463 RR Donnelley ©2008. All rights reserved. 9355

CHARGE TO:

ACCOUNT NO.

**YELLOW CAB** (780) 462-3456

**PRESTIGE CABS** (780) 462-4444

ADMINISTRATION (780) 465-8500

GST # 100403070

G.S.T.#

FR

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

AUTH. NO.	DRIVER	UNIT NO.
		221
TIME	DAY	MO. YR.
	17	07 15

☐  
☐  
☐  
☐

FARE	15.00
INT'L	
GRATUITY	
TOTAL	15.00

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

MERCHANT COPY

Taxi from Seventh Street plaza.  
to Royal Alex Hosp

**YELLOW CAR** 780.462.3456

GST# \_\_\_\_\_

Date: July 18 / 15 Amount: \$12.00

Driver: \_\_\_\_\_ Car#: \_\_\_\_\_

From: Royal Alex - ~~THE~~

To: \_\_\_\_\_

10135-31 Avenue, Edmonton, AB T6N 1C2

Taxi from Royal Alex Hosp  
to Seventh Street Plaza

**YELLOW CAB** 780.462.3456

GST# \_\_\_\_\_

Date: JULY 20/15 Amount: 15.00

Driver: \_\_\_\_\_ Car#: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

10135-31 Avenue, Edmonton, AB T6N 1C2

Taxi from Seventh Street Plaza  
to Royal Alex Hosp

**YELLOW CAB** 780.462.3456

GST# \_\_\_\_\_


Date: July 20/08 Amount: 10.50

Driver: [REDACTED] Car#: [REDACTED]

From: \_\_\_\_\_

To: \_\_\_\_\_

10135-31 Avenue, Edmonton, AB T6N 1C2



Taxi From Royal Alex Hosp  
to Seventh Street Plaza



## 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**

<b>Name :</b>	Sharon Lehr	<b>Reporting Period for the Month of :</b>	Jul-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
08-Jul-15	Direct Billing	Airline Ticket	Flight to Calgary and return (Invoice Number [REDACTED]) Presented Benchmarking Orientation Sessions at Rockyview Hospital and Foothills Medical Clinic	Marlin Travel	\$352.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 352.96

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: July 3, 2015

Page: 1/2

Our Reference:

## INVOICE

For

MS SHARON LEHR

AC

Wednesday, July 8, 2015

 Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 08Jul15

Flight: 104 M CLASS

08:15 AM Equipment: 73W

09:03 AM

Mile(s) Flown: 163

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 08Jul15

Seat(s): 06D

AIR CANADA E

Flight: 8154 W CLASS

05:00 PM Equipment: D8 (300 SERIES)

05:52 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT

122.00

Tax: 49.48

Ticket Total: 171.48

TKT- E-TKT

144.00

Tax: 37.48

Ticket Total: 181.48



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

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

## INVOICE

**Total:**

<b>Grand Total:</b>	352.96
<b>Less Credit Card Payments:</b>	352.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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](http://WWW.MARLINTRAVEL.CA).