

Official Administrator and Executive Expense Report

Name Todd Gilchrist

Title VP, Human Resources

Location Edmonton

Expenses submitted during the month of May 2015

				Travel (1)								
Month-Yea	Source r Document	Purpose	Airfar	·e	Meals	Accommodation	Other Trave		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-15	Expense Claim	Meetings			21			76	97			
Total			\$	- \$	5 21	\$ -	\$	76	\$ 97	\$ -	\$ -	\$ -

Total for

the Month \$ 97

Maximum daily single meal expense claimed in the month \$ 21

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

SEC	TION.	A: EMPLO	YEE DETAILS	(for AHS Staff (ONLY)				100 cm - 200 cm - 200 cm - 100	*	and the same of th		
:	Enter er indicate	mployee # (o N/A in the E	ld) and Employee #	(E-People) if your p	ayroll has n s not migre	ted to the New	New E-People payroll system E-People payroll system e # (E-People)		Expense Date Fro Travel Period from Out-of-Province To	13-May-15 To 1	31-May-15 3-May-15 le especative)		
		D GILCHRI					Position (Title):	Vice President	COLOR TOWNER I	aver no			
Locatio Dept:						DOFA Level	(if applicable)	Union:	usiness Phone				
Emp	loyee#	(E-People):	110001						-				
SEC	TION	E: FINANC	E CODING & TO	TAL CLAIM			-	-		TO STATE OF THE ST			
CA	PITAL F	PROJECT (CODING ONLY ->	Project No Expenditure	-	lon			t Task Number Expenditure Type	The second secon	. 1		
		Total - Se	ction B: Travel -	Pg 2] [Total - Se	ction C&D: Other & For	eign Expenses	- Pa 3				
Pg	Bal Location Functional Total Centre (FC) Expense			Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	TOTAL REIMBI				
2A	101	0005	71105000026	\$96.45	11-			- ANDONOS	Lapense	Total Section C&D	\$96.45		
2B					11					Less Cash Advance			
2C					11					Less Cash Advance	/		
2D										TOTAL CLAIM	\$96.45		
N	\$96.45 "User to enter Coding & \$ Amounts NOTE: This section auto fills from page 2A, 2B, 2C & 2D NOTE: These fields do not automatically fill for Section C & D												
		AUTHOR				MOTE. II	leae neios do not automatica	ily fill for Section C	: & D	NAMES OF THE STREET, S	7919		
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t states that 1 in a road and ordered and an action of a specificable point and a specificable p													
Approved By (PRINT ONLY): Deb Rhodes DOFA Leve Position #													
Signature: Date June 2/15										2/15			
Latest that I have roud and understand all a likewise policies of Arm to the more than partie to these expenses, and confirm expenses burg claimed are in compliance with such notices. Latest the persons enclosed in this claim are for valid business purposes for Arms to the other and to the persons for Arms to the other and to the persons of the other and to the other and the other													
20		PRINT ONLY		2000			OFA Level	Position #		Phone #	Su+		
ib sga	b. signing this form, stated 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 (H/A) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose

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 15.1 3E4

EXPENSE CLAIM DETAILS

F	nter Finance Coding 101 0005	7140500	nnae 1						oral contract	STEP STEP STEP STEP STEP STEP STEP STEP	Talan managaran	Annual Annua	***************************************			
If expenses incurred are for multiple FC's please use pages 2B.2C.2D (after pg3) as there should be one FC per page QB.4.																
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 Numerica = Intert) Ensure separate lines are used for claim items that claim 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,																
	Business Reason for Travel - Detailed Description	Prov, US, or Out of N.Amer where experiess incurred?	What is		Further Explanation is REQUIRED in the "Rationale is Required" section on this page								page			
Date	Required (include distination, who attended-(if ment),		travel related to?	Cost Effective				ecelpt)) If amount being claimed is above the policy limit stated in Appendix "A"			Rental				
dd-mmm-yy	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification			Method Used?			Meal with Receipt		rationale is required				Per Diem Allowance	Mileage		
				Yes/No	Meal Type with value	Allowance	Meni Type	with receipt	Airfare	Hatel	Taxi	Parking / Fuel	Patowatics	(km)		
13-May-15	Travel to Calgary to attend Executive Education Program (1st day)	AB - Provinc	Educ	Yes	D-\$20.75	\$20.75	√			Û	\$60.70	\$25.00	3)			
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	SUBTOTALS		\$20.75					\$50.70	\$25.00	ŀ	Total Kms					
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle Adetails of travel location to & from must be included above under the purpose of travel column Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage during to the left)																
	Rates applicable \$0.505 per km for under 5,000km/m	or \$0.47 p	er km for <u>ov</u>	er 5,000km	Ar or per Unio	n Agreement							Mileage \$			
Note	a: Total will auto fill into po 1. Section E. if form comp	ional no 2's can be found after Dans 2				Travel \$ Subtotal \$96.45										
	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 \$ \$96.45					
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)																
	PARTY OF THE PARTY										*					

Travel to Calgary to attend Executive Education Program

Airport to U of Calgary

Parking at Education Auport

ASSOCIATED CAB ALTA LTD 307 - 41 AVE ME (403) 289-1111 1NS1ST ON THE PROFESSIONALS

IIAIT: 2015/95/13 /. 87:31 PICK UP TIME: UROP-OFF TIME: TRIP IO: LUCATION: 88.83 873888-45824183787 CAR NUMBER: STIVER: CARD TYPE: FXPTRY: AUTH:

FaRF (\$): 46 78 | xifta (\$): | SUBITE (\$): 8, 88

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TOTAL (\$) 50. 70

SIGNATURE:_

FOR UNLINE TAXI BOOKINGS VISIT OUR NEBSITERNWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

G5T# R128599776

Edmonton Airports

Can-F5J 2T2 Edmonton Tax CodeCA5%

Exit La Receipt /OF/15 19:50 /

Short-term parking tkt HL - No. 13/05/15 14/05/15 CS:34 Period 1d0h0' (Tax) \$25

\$25.00 Total \$25.00

Payment Received \$25.00

ype: Swiped

\$23.81

Sub Total Tax 5%