

## 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-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-15	Expense Claim	Meetings		21		76	97			
<b>Total</b>			\$ -	\$ 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

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: 4-May-15 To 31-May-15  
 Travel Period from: 13-May-15 To 13-May-15 (if applicable)  
 Out-of-Province Travel No

Name: TODD ILCHRIST Position (Title): Vice President  
 Location: Dept: DOFA Level: (if applicable) Union: Business Phone:  
 Employee # (E-People):

SECTION E: 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		
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	0005	7110500026	\$96.45						\$96.45		
2B												
2C												
2D												
				\$96.45								

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 \$96.45

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" or 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 below.

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: [Signature] Date: June 2/15

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 below.

Approved By (PRINT ONLY): Deb Rhodes DOFA Level: Position #: Phone #:

I, by signing this form, attest that I am compliant to all the above statements

Signature: [Signature] Title: VP Corp Services & CEO Date: June 2/15

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 below.

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 (FIPPA) 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





# Travel to Calgary to attend Executive Education Program

Taxi from Calgary Airport to U of Calgary

①

Parking at Edmonton Airport

②

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 289-1111  
INSIST ON THE PROFESSIONALS

DATE: 2015/05/13  
PICK UP TIME: 07:31  
DROP-OFF TIME: 08:03  
TRIP ID: 8  
LOCATION: R73888-45824183787  
CAR NUMBER: [REDACTED]  
DRIVER: [REDACTED]  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$) : 46.78  
TAXA (\$) : 0.00  
SURTIL (\$) : 46.78

GST# R128599776

Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%

Exit Lane 13/05/15 19:50  
Receipt [REDACTED]

Short-term parking tkt  
HL - No: [REDACTED]  
13/05/15 19:50  
14/05/15 05:34  
Period 1d0h0'  
(Tax) \$25.00  
Total \$25.00

Payment Received \$25.00  
VISA [REDACTED]

Type: Swiped  
Sub Total \$23.81  
Tax 5% \$1.19

TIP (\$) : 4.00

TOTAL (\$) : 50.70

SIGNATURE: \_\_\_\_\_

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

CUSTOMER'S COPY