

## Official Administrator and Executive Expense Report

**Name** Todd Gilchrist  
**Title** VP, Human Resources  
**Location** Edmonton  
 Expenses submitted during the month of June 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)
Jun-15	Expense Claim	Meetings		56	173	663	892			
Jun-15	Direct Billing	Meetings	776				776			
<b>Total</b>			\$ 776	\$ 56	\$ 173	\$ 663	\$ 1,668	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,668

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 154  
 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: 1-Jun-15 To 30-Jun-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel No \_\_\_\_\_

Name: TODD GILCHRIST 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	71105000026	\$392.03						\$892.03		
2B												
2C												
2D												
				\$892.03							<b>TOTAL CLAIM</b>	\$892.03

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

**SECTION F: AUTHORIZATION**

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (TM22)" 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.

I, by signing this form, attest that I am compliant to all the above statements.  
 Employee Signature: *[Signature]* Date: *July 8/15*

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): Vickie Kaminski DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
 Signature: *[Signature]* Title: President & CEO Date: *July 14, 2015*

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

JH

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71105000026

Emp # (E-People) [REDACTED]

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.

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

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						
① 1-Jun-15	Attend 811 launch meeting at Plaza 124	AB - Local	Meeting	Yes								\$4.00		
1-Jun-15	Attend Alberta Clinicians Council meeting at Royal Executive Hotel, Leduc	AB - Local	Meeting	Yes										72.00 ✓
15-Jun-15	Attend North Zone HR Team meeting in Westlock	AB - Provinc	Meeting	Yes										182.00 ✓
17-Jun-15	Attend Central Zone HR Team meeting in Red Deer	AB - Provinc	Meeting	Yes										308.00 ✓
② ③ 18-Jun-15	Attend South Zone HR Team meeting in Medicine Hat	AB - Provinc	Meeting	Yes	L-\$11.60	\$11.60 ✓					\$17.78 ✓	\$25.00		
④ ⑤ 23-Jun-15	Attend Calgary Zone HR Team meeting	AB - Provinc	Meeting	Yes	LD-\$32.35	\$32.35				\$172.89 ✓		\$30.00		300.00
24-Jun-15	Attend meetings with various teams in Calgary	AB - Provinc	Meeting	Yes	L-\$11.60	\$11.60								300.00
<b>SUBTOTALS</b>						\$55.55				\$172.89	\$17.78	\$59.00		Total Kms 1162.00 ✓

**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

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) \$0.505

Mileage \$ \$586.81

Travel \$ Subtotal \$305.22

Auto fills on page 1 - TOTAL TRAVEL \$ \$892.03

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**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)

548

Attendance at  
811 meeting- Plaza 124

Plaza 124 re:  
811 meeting

①

Impark Lot [REDACTED]

10:44 AM  
JUN 01, 2015

Purchase Date/Time: 08:44am Jun 01, 2015  
Total Parking: \$3.01  
Total gst: \$0.19  
Total Due: \$4.00      Rate: \$4 - 2 Hours  
Total Paid: \$4.00      Payment Type: Card  
Ticket #: [REDACTED]  
SN #: [REDACTED]  
Setting: Lot [REDACTED]  
Mach Name: [REDACTED]

RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

[REDACTED] Visa

Auth #: [REDACTED]

GST #887315538RT0001  
NO IN AND OUT PRIVILEGES

Travel to Medicine Hat to attend meeting/videoconference with South Zone HR Team - June 18/15

Medicine Hat Hosp  
to Airport

**RECEIPT**      DATE June 18  
 From: M.H. Airport  
 To: M.H. Hospital  
 Driver: [REDACTED]  
 Amount: 7.90      Car# 1  
 Thank You      Have a Nice Day

Deluxe Central  
Taxi  
656 1/2 3 ST SE

Medicine Hat, AB

DATE JUN 18, 2015  
 TIME 14:39  
 CAB# [REDACTED]  
 DRIVER [REDACTED]

JOB ID [REDACTED]  
 METER [REDACTED]  
 FROM HOSPITAL  
 666 5 ST SW  
 MEDICINE HAT  
 ALBERTA  
 AB MN

TO MEDICINE HAT, ALBERTA (A)  
 MEDICINE HAT  
 ALBERTA  
 AB

START 14:38  
 END 14:37

FARE 7.98  
 TOTAL 7.98  
 TIP 1.00      2.00

TOTAL 9.00      8.98

VOUCHER # \_\_\_\_\_

VOUCHER AMT \_\_\_\_\_

RECEIPT FOR PAYMENT

CUSTOMER'S COPY

Thank you for your business!  
 GST# R12189818

MASER CARE CABS  
 232 MAPLE AVE S.E. T1A3A4  
 MEDICINE HAT AB  
 21369736

1111 PURCHASE 1111

06-18-2015  
 Acct # [REDACTED]  
 Exp Date [REDACTED] Card Type  
 Name: TODD R GILCHRIST  
 000000031010 Visa Cre

Trace # [REDACTED]  
 FY2136973601

RRN 00156

Purchase \$7.90  
 Tip \$0.79  
 Total \$8.69

(00) APPROVED-THANK YOU

Retain this copy for your records  
 Customer copy

Parking at (3)  
 Edmonton Airport

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
 Tax CodeCAS%

Exit Lane 18/06/15 18:30  
 Receipt [REDACTED]

Short-term parking tkt  
 HL - No. [REDACTED]  
 18/06/15 06:00  
 19/06/15 05:59  
 Period 1d0h0'  
 (Tax) \$25.00

Total \$25.00

Payment Received  
 VISA \$25.00

Merch [REDACTED]  
 Aut [REDACTED]  
 Type: Swiped

Sub Total \$23.81  
 Tax 5% \$1.19

98030727 - 1/1

*Meetings in  
Calgary with  
Team members*



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
Tel: 403-278-5050 Fax: 403-225-5834



AB HEALTH SERVICES  
Todd Mr Gilchrist

Room: [Redacted]  
Folio: [Redacted]  
Cashier: [Redacted]  
Arrival: 06-23-15  
Departure: 06-24-15

Date	Description	Additional Information	Charges	Credits
06-23-15	Room Charge		154.00	
06-23-15	DMF		4.62	
06-23-15	Room GST		7.93	
06-23-15	Tourism Levy		6.34	
06-24-15	Visa	[Redacted]		172.89

GST Summary	
Registration No:	895126332
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

# Travel to Calgary for:

1. HR Team meeting with Calgary Zone - June 23
2. Various team meeting with Calgary HR Team - June 23-24/15

ALBERTA HEALTH SERVICES  
SPT-1 GST R124072513  
EXPIRES  
**24 JUN 15**  
**08:47 AM** PAID \$ 15.00C  
ENTRY TIME 23 JUN 15 08:47 AM  
SPACE 10

PLACE ON DASH FACE UP  
PLACE ON DASH FACE UP  
PLACE ON DASH FACE UP

PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE  
PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE  
PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE

Parking at  
Southport  
Tower

ALBERTA HEALTH SERVICES  
SPT-1 GST R124072513  
EXPIRES  
**25 JUN 15**  
**07:33 AM** PAID \$ 15.00C  
ENTRY TIME 24 JUN 15 07:33 AM  
SPACE 31

PLACE ON DASH FACE UP  
PLACE ON DASH FACE UP  
PLACE ON DASH FACE UP

SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE  
PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE  
PLACER SUR LE TABLEAU DE BORD CE CÔTÉ VISIBLE  
PL

Parking at  
Southport  
Tower

(5)

## 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> TODD GILCHRIST	<b>Reporting Period for the Month of :</b> Jun-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
18-Jun-15	Direct Billing	Airline Ticket	Calgary - Executive Education Program Action Learning Project	Marlin Travel	342.96
18-Jun-15	Direct Billing	Airline Ticket	Travel to Mecine Hat to attend South Zone HR Team meeting	Marlin Travel	432.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 775.92</b>



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

Invoice Number: [REDACTED]  
Date: May 6, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

MR TODD GILCHRIST  
AC [REDACTED]

Wednesday, May 13, 2015

### Air

WESTJET AIRLINES **Flight:** 395 M CLASS  
**From:** EDMONTON INTL AB 06:45 AM **Equipment:** 736  
**To:** CALGARY AB 07:33 AM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 13May15  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

### Air

WESTJET AIRLINES **Flight:** 3291 M CLASS  
**From:** CALGARY AB 07:00 PM **Equipment:** DH4  
**To:** EDMONTON INTL AB 07:53 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 13May15  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

## Cost:

TKT-	[REDACTED]	E-TKT	[REDACTED]	244.00
			<b>Tax:</b>	98.96
			<b>Ticket Total:</b>	<b>342.96</b>

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

Invoice Number: [REDACTED]  
Date: May 6, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	342.96
<b>Less Credit Card Payments:</b>	342.96
<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.

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: June 8, 2015  
Page: 1/3  
Our Reference:

## INVOICE

For  
MR RICHARD TODD GILCHRIST

Thursday, June 18, 2015

← Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 18Jun15  
Seat(s): 10C  
AIR CANADA E  
AIR CANADA CONFIRMATION

Flight: 8133 G CLASS  
07:00 AM Equipment: CRJ JET  
07:50 AM

Mile(s) Flown: 163

← Air

AIR CANADA  
From: CALGARY AB  
To: MEDICINE HAT  
Stops: 0 Arrival: 18Jun15  
Seat(s): 02A  
AIR CANADA E  
AIR CANADA CONFIRMATION

Flight: 7229 G CLASS  
09:20 AM Equipment: BEH  
10:13 AM

Mile(s) Flown: 164

← Air

AIR CANADA  
From: MEDICINE HAT  
To: CALGARY AB  
Stops: 0 Arrival: 18Jun15  
Seat(s): 03A

Flight: 7234 G CLASS  
04:00 PM Equipment: BEH  
04:59 PM

Mile(s) Flown: 164

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

Invoice Number: [REDACTED]  
Date: June 8, 2015  
Page: 2/3  
Our Reference: [REDACTED]

# INVOICE

Thursday, June 18, 2015

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

## ← Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 18Jun15  
Seat(s): 02C  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

Flight: 8225 G CLASS  
06:00 PM Equipment: CRJ JET  
06:48 PM

Mile(s) Flown: 163

## Cost:

TKT- [REDACTED] E-TKT [REDACTED] 388.00  
Tax: 44.96  
Ticket Total: 432.96

## Total:

Grand Total: 432.96  
Less Credit Card Payments: 432.96  
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  
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
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