

## Official Administrator and Executive Expense Report

**Name** Todd Gilchrist  
**Title** VP, Human Resources  
**Location** Edmonton  
 Expenses submitted during the month of August 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)
Aug-15	Expense	Meetings					-		476	
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 476	\$ -

**Total for the Month** \$ 476

Maximum daily single meal expense claimed in the month \$ -  
 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: 1-Aug-15 To 20-Aug-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel No

Name: TODD GILCHRIST Position (Title): Vice President  
 Location: \_\_\_\_\_ Dept: Human Resources DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
 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	0005	71105000026	\$475.61						\$475.61		
2B												
2C												
2D												
				\$475.61								

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 (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: [Signature] 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): Vickie Kaminski DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: [Signature] Title: President & CEO Date: Sept 11/15

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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 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

09704 pos(Rev2014-06) Sept 10/15 Amundson J. Howard

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> 101   0005   71105000026	<b>Emp # (E-People)</b> [REDACTED]	Page <b>2A</b>
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*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						
18-Aug-15	Travel to Red Deer (RDRH) to attend HR Direct Reports Retreat and return to Edmonton	AB - Provinc	Meeting	Yes								\$8.50	①	310.00
18-Aug-15	Attendance at budget meeting with Alberta Health	AB - Local	Meeting	Yes								\$6.00	④	
19-Aug-15	Travel to Red Deer (RDRH) to attend HR Direct Reports Retreat	AB - Provinc	Meeting	Yes					⑤	\$131.01		\$8.50	②	155.00
20-Aug-15	Attendance at HR Direct Reports Retreat	AB - Provinc	Meeting	Yes								\$8.50	③	155.00
<b>SUBTOTALS</b>										\$131.01		\$31.50		Total Kms 620.00

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → details of travel location to &amp; from must be included above under the purpose of travel column Rates applicable <b>\$0.505</b> per km for under 5,000km/yr or <b>\$0.47</b> per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km <b>OR</b> rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$      \$313.10</p> <p align="right">Travel \$ Subtotal      \$162.51</p> <p align="right">Auto fills on page 1 - <b>TOTAL TRAVEL \$</b>      \$475.61</p>
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</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)**





TownePlace Suites by Marriott  
Red Deer

6822 - 66th Street | Red Deer, Alberta T4P 3T5  
phone 403.341.3589

5

R. Gilchrist

room: [REDACTED]

room type: [REDACTED]

number of guests: 1

clerk:

rate: \$119.00

arrive: 19Aug15      time: 05:46PM      depart: 20Aug15      time:      folio number: [REDACTED]

Date	Description	Charges	Credits
19Aug15	room charge	119.00	
19Aug15	gst 81574 3216 rt0002	6.01	
19Aug15	alberta tourism levy	4.81	
19Aug15	destination marketing fee	1.19	
20Aug15	Visa [REDACTED] card #: [REDACTED] amount: 131.01 auth: [REDACTED] signature on file this card was electronically swiped on 19aug15		131.01
	balance:	0.00	

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Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE                      EXPIRATION TIME

19/08/15 08:02 AM

AMOUNT PAID

\$ 8.50 73290000 08:02 AM

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE



**DETACH RECEIPT FROM TICKET**

DATE ISSUED    TIME ISSUED    AMOUNT PAID

18/08/15 08:02 AM \$ 8.50

CREDIT CARD NUMBER

CC

Alberta Health Services

**RECEIPT**

①

**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE                      EXPIRATION TIME

20/08/15 07:48 AM

AMOUNT PAID

\$ 8.50 73290000 07:48 AM

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE



**DETACH RECEIPT FROM TICKET**

DATE ISSUED    TIME ISSUED    AMOUNT PAID

19/08/15 07:48 AM \$ 8.50

CREDIT CARD NUMBER

CC

Alberta Health Services

**RECEIPT**

②

HR Direct Reports  
Retreat at Red  
Deer Regional  
Hospital - Parking

**LEAVE ON DASH - THIS SIDE UP**

EXPIRATION DATE                      EXPIRATION TIME

21/08/15 07:48 AM

AMOUNT PAID

\$ 8.50 73250000 07:48 AM

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE



**DETACH RECEIPT FROM TICKET**

DATE ISSUED    TIME ISSUED    AMOUNT PAID

20/08/15 07:48 AM \$ 8.50

CREDIT CARD NUMBER

CC

Alberta Health Services

**RECEIPT**

③

**RECEIPT**

Transportation Services

GST R 107448219  
Ph # 780 497 5875

License Plate Number

[Redacted]

Expiration Date/Time

**06:00 AM**  
**AUG 19, 2015**

④

Attendance at  
Budget meeting  
with Alberta  
Health

Purchase Date/Time: 04:46pm Aug 18, 2015  
Total Due: \$6.00      Rate: \$6 Evening Rate  
Payment Type: Card

Ticket # [Redacted]  
S/N #: 30003240002  
Setting: Alberta College 1  
Mach Name: Alberta College 1

Visa

Auth # [Redacted]

PARKING RECEIPT    PARKING RECEIPT    PARKING RECEIPT    PARKING RECEIPT



### Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request			
Describe the purpose of the working session The Vice President Human Resources is conducting a three day strategic planning meeting with his Direct Reports. This strategic planning session is a result of recent structural changes within the Human Resources Department. Due to confidentiality of this strategic planning session, an external facilitator has been secured.			
Name of Event VP HR Team Strategic Planning Meeting		Date of Request (yyyy-Mon-dd) 2015-Jul-21	
Event Lead (Name, Position, Department) Todd Gilchrist, Vice President, Human Resources			
Location of Venue Red Deer Hospital			
Event Date(s) August 18-20, 2015			
Number of Attendees		8	
Guest Speaker(s)/Facilitators		Title/Role	Organization
Juliana Janine Cantwell		Facilitator	Juna Consulting
Proposed Budget	Venue cost Not applicable		
	Meals \$900.00		
	Non - Alcoholic Beverages \$100.00		
	Other \$2,000 Specify nature of expense Accommodation and Mileage		
	GST (if applicable)		
Total planned event budget \$ \$3,000			
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 0000000000	
101	712 0005	712 05000026	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Deborah Rhodes	Position Title VP Corporate Services & CFO	DOFA Level
	Signature Deborah Rhodes		Date July 28/15